iJRASET
International Journal For Research in Applied Science and Engineering Technology



INTERNATIONAL JOURNAL FOR RESEARCH

IN APPLIED SCIENCE & ENGINEERING TECHNOLOGY

Volume: 13 **Issue:** IX **Month of publication:** September 2025

DOI: https://doi.org/10.22214/ijraset.2025.74279

www.ijraset.com

Call: 08813907089 | E-mail ID: ijraset@gmail.com

International Journal for Research in Applied Science & Engineering Technology (IJRASET)
ISSN: 2321-9653; IC Value: 45.98; SJ Impact Factor: 7.538
Volume 13 Issue IX Sep 2025- Available at www.ijraset.com

Work-Life Balance and Psychological Well-Being Among Nursing Officers during the Covid-19 Pandemic: A Cross-Sectional Study in a Tertiary Care Hospital in Bhatinda

Lt Col Neelam Chand[1], Lt Col Sunita Devi[2], Maj Babita Kumari[3]
[1]*GD Matron Military Hospital Bhatinda (Principal Worker)*
[2]*Clinical Tutor, CON AH (RR) Delhi (Co Worker)*
[3]*G D Matron, MH Kirkee (Co Worker)*

Abstract: ***Background: The COVID-19 pandemic placed unprecedented psychological and occupational stress on healthcare workers, particularly nursing officers who served on the frontlines. Prolonged exposure to high-risk environments, increased workloads, and emotional fatigue have raised concerns about their mental health and overall well-being.***
Objective: This study aimed to examine the relationship between work-life balance and psychological well-being among nursing officers during the COVID-19 pandemic in a tertiary care hospital in Bathinda, India.
Methods: A descriptive cross-sectional survey was conducted among 43 nursing officers who had direct involvement in COVID-19 patient care. Standardized tools were used: Hayman's Work-Life Balance Scale to assess balance across time, involvement, and satisfaction domains, and Ryff's Psychological Wellbeing Scale to evaluate six dimensions of well-being. Data were analyzed using descriptive statistics and Pearson's correlation.
Results: The mean psychological well-being score was 157.37 ± 14.25, and the mean work-life balance score was 53.30 ± 9.73. A weak positive correlation (r = 0.175, p = 0.131) was observed between psychological well-being and work-life balance, suggesting a modest association.
Conclusion: Work-life balance plays a meaningful role in supporting psychological well-being among nursing officers during health crises. Institutional strategies to enhance balance may improve mental health outcomes.
Keywords: Psychological well-being, work-life balance, Nursing Officers, COVID-19, India.

I. INTRODUCTION

The COVID-19 pandemic has placed immense pressure on healthcare systems globally, with frontline workers experiencing heightened psychological and occupational stress. Among them, nursing officers have been particularly affected due to prolonged work hours, emotional fatigue, and increased exposure to infection risks. These challenges have significantly disrupted their ability to maintain a healthy work-life balance, potentially impacting their mental well-being.

Psychological well-being refers to an individual's capacity for emotional resilience, autonomy, purposeful living, and nurturing interpersonal relationships [4]. In contrast, work-life balance reflects the equilibrium between professional duties and personal life, enabling individuals to manage both domains effectively [6]. Disruptions in this balance have been linked to adverse outcomes such as burnout, anxiety, and diminished job satisfaction among healthcare professionals [10,16].

This study explores the association between work-life balance and psychological well-being among nursing officers employed at a tertiary care hospital in Bathinda, India, during the COVID-19 pandemic. By examining this relationship, the research aims to provide evidence that can guide institutional strategies and mental health interventions to support nursing staff during public health emergencies.

II. METHODS

A. Study Design and Setting

A descriptive cross-sectional study was conducted at a tertiary care hospital in Bathinda, Punjab, India. The study period spanned April 2020 to December 2021, coinciding with the peak of COVID-19 waves in India.

©IJRASET: All Rights are Reserved

B. Participants

The sample included 43 nursing officers who had worked in COVID-19 wards. Inclusion criteria were:

1) Registered nursing officers
2) Minimum 1 year of experience
3) Direct involvement in COVID-19 patient care
4) Willingness to participate

C. Sampling Technique

Non-probability convenient sampling was used due to accessibility constraints during the pandemic.

D. Tools Used

1) Hayman's Work-Life Balance Scale – A 15-item scale assessing time balance, involvement balance, and satisfaction balance.
2) Ryff's Psychological Wellbeing Scale – An 18-item tool measuring autonomy, environmental mastery, personal growth, positive relations, purpose in life, and self-acceptance [4].

E. Data Collection

Participants completed self-administered questionnaires. Ethical clearance was obtained, and informed consent was secured.

F. Statistical Analysis

Data were analyzed using SPSS. Descriptive statistics summarized demographic variables and scale scores. Pearson's correlation tested the relationship between work-life balance and psychological well-being.

III. DATA ANALYSIS

Table 1: Distribution of the study Participants according to Age group
(n=43)

Age in years	Frequency	Percentage
<30 years	13	30.2
30-40 years	27	62.8
>40 years	03	7.0
Total	43	100.0

Diagram 1: Distribution of the study Participants according to Age group
(n=43)

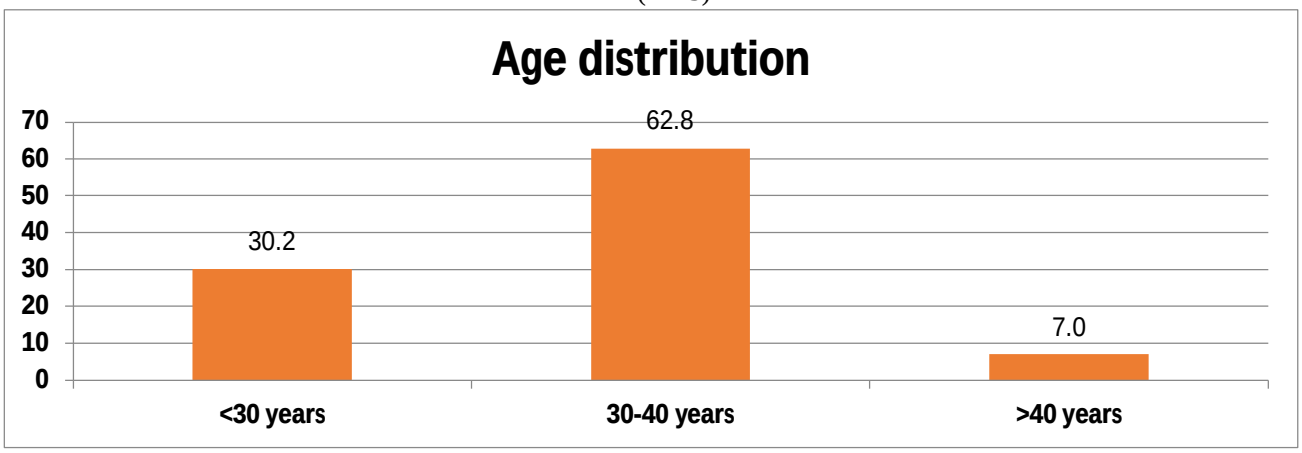


Table 2: Distribution of the study Participants according to Marital status
(n=43)

Marital Status	Frequency	Percentage
Unmarried	07	16.3
Married	35	81.4
Separated	01	2.3
Total	43	100.0

Diagram 2: Distribution of the study Participants according to Marital status (n=43)

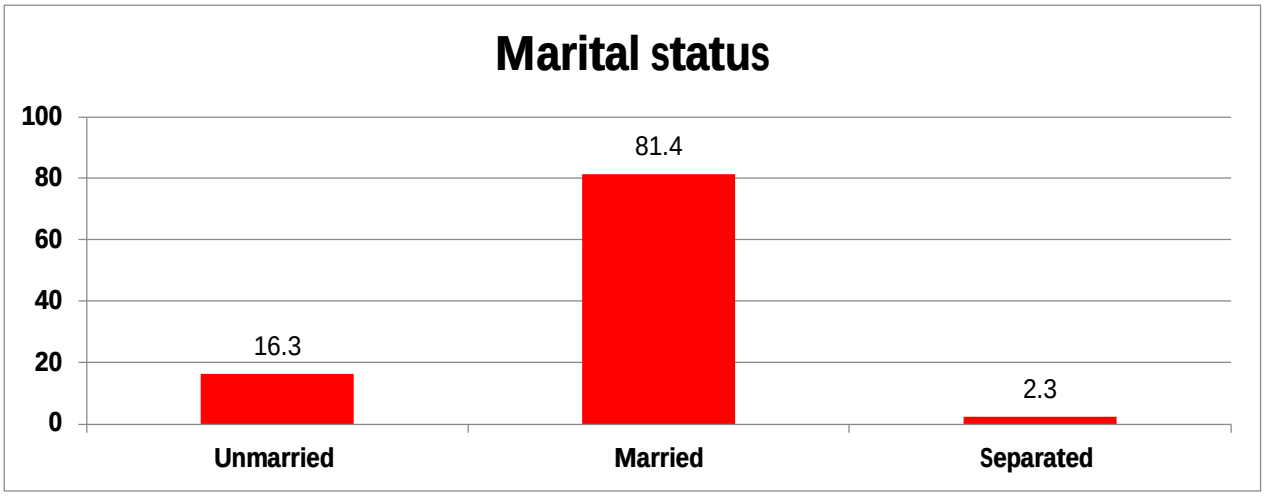
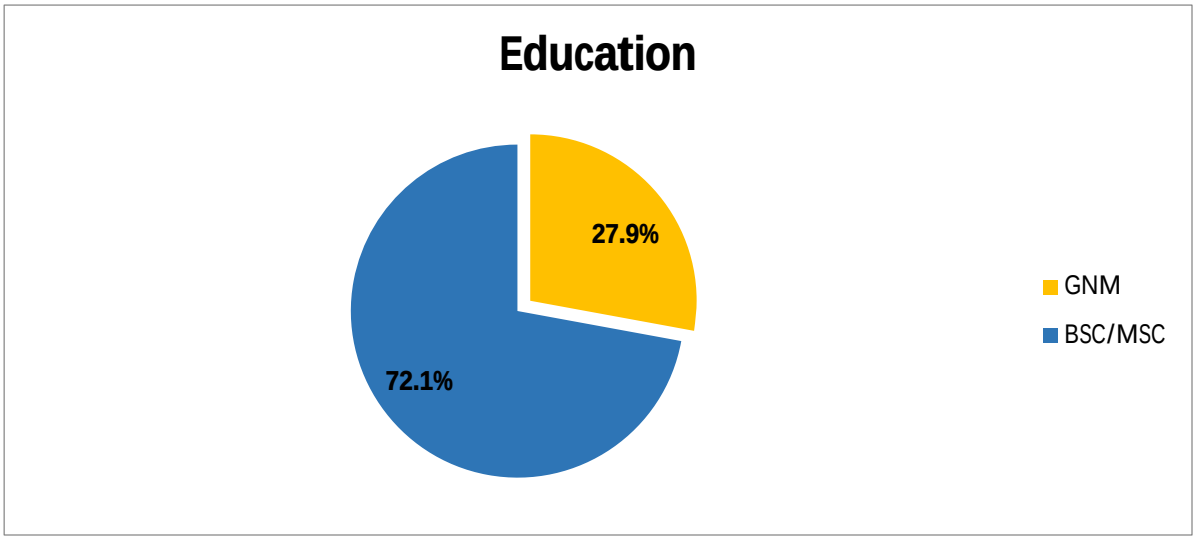


Table 3: Distribution of the study Participants according to Education
(n=43)

Marital Status	Frequency	Percentage
GNM	12	27.9
BSC or MSC	31	72.1
Total	43	100.0

Diagram 3: Distribution of the study Participants according to Education
(n=43)



©IJRASET: All Rights are Reserved | SJ Impact Factor 7.538 | ISRA Journal Impact Factor 7.894 |

Table 4: Distribution of the study Participants according to Experience
(n=43)

Marital Status	Frequency	Percentage
<10 years	19	44.2
>10 years	24	55.8
Total	43	100.0

Diagram 4: Distribution of the study Participants according to Experience
(n=43)

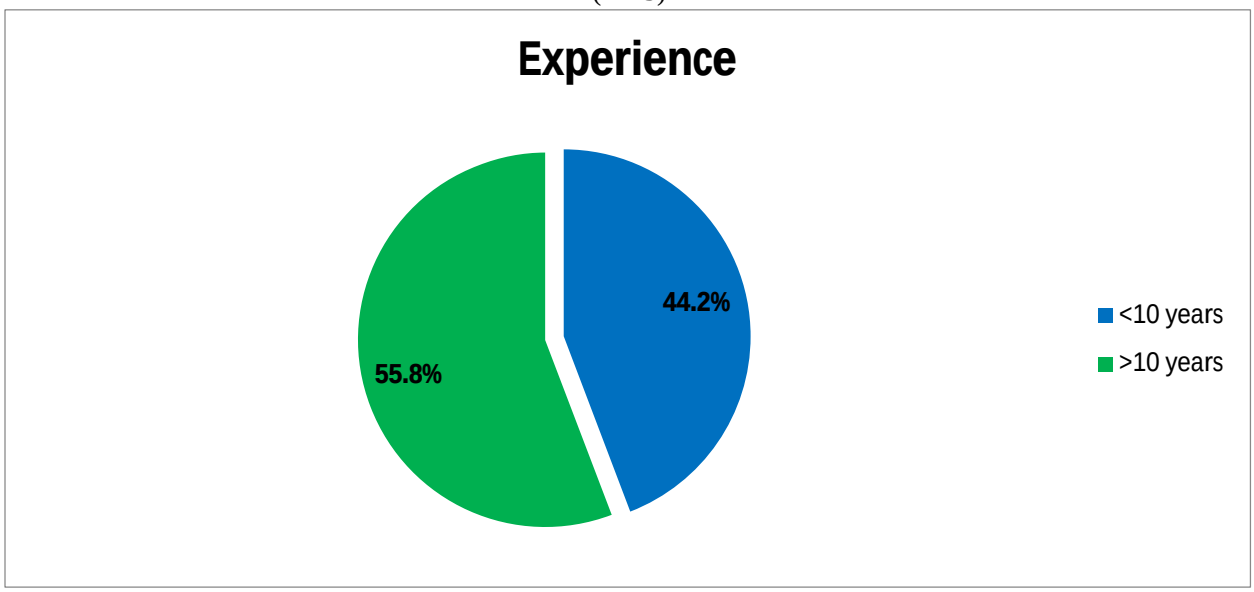


Table 5: Mean Score of Psychological Wellbeing
(n=43)

Psychological Wellbeing Questions	Mean Score	Standard Deviation
1. I am not afraid to voice my opinions, even when they are in opposition to the opinions of most people.	4.21	1.46
2.In general, I feel I am in charge of the situation in which I live.	3.70	1.50
3.I am not interested in activities that will expand my horizons.	3.02	1.75
4.Most people see me as loving and affectionate.	4.79	1.01
5.I live life one day at a time and don't really think about the future because of covid infection.	2.84	1.36
6.When I look at the story of my life, I am pleased with how things have turned out.	3.88	1.16
7. My decisions are not usually influenced by what everyone else is doing.	4.19	1.22
8. The demands of everyday life often get me down	4.02	1.32
9. I think it is important to have new experiences that challenge how you think about yourself and the world.	4.00	1.33
10. Maintaining close relationships has been difficult and frustrating for me.	3.53	1.49
11. I have a sense of direction and purpose in life.	4.37	1.43
12. In general, I feel confident and positive about myself.	4.35	1.40

©IJRASET: All Rights are Reserved | SJ Impact Factor 7.538 | ISRA Journal Impact Factor 7.894 |

13. I tend to worry about what other people think of me.	3.67	1.57
14. I do not fit very well with the people and the community around me.	2.79	1.34
15. When I think about it, I haven't really improved much as a person over the years.	2.77	1.38
16. I often feel lonely because I have few close friends with whom to share my concerns.	3.40	1.43
17. My daily activities often seem trivial and unimportant to me.	3.00	1.35
18. I feel like many of the people I know have gotten more out of life than I have.	3.56	1.58
19. I tend to be influenced by people with strong opinions.	3.93	1.50
20. I am quite good at managing the many responsibilities of my daily life.	4.44	1.20
21. I have the sense that I have developed a lot as a person overtime.	4.60	1.38
22. I enjoy personal and mutual conversations with family members or friends.	4.47	1.59
23. I don't have a good sense of what it is I'm trying to accomplish in life.	2.95	1.53
24. I like most aspects of my personality.	4.81	1.39
25. I have confidence in my opinions, even if they are contrary to the general consensus	4.28	1.40
26. I often feel overwhelmed by my responsibilities	3.70	0.94
27. I do not enjoy being in new situations that require me to change my old familiar ways of doing things.	3.88	1.37
28. People would describe me as a giving person, willing to share my time with others.	4.00	1.46
29. I enjoy making plans for the future and working to make them a reality.	3.91	1.29
30. In many ways, I feel disappointed about my achievements in life.	3.44	1.59
31.It's difficult for me to voice my own opinions on controversial matters.	3.28	1.49
32. I have difficulty arranging my life in a way that is satisfying tome.	3.58	1.52
33. For me, life has been a continuous process of learning, changing, and growth.	4.42	1.40
34. I have not experienced many warm and trusting relationships with others	3.33	1.44
35. Some people wander aimlessly through life, but I am not one of them	4.02	1.64
36. My attitude about myself is probably not as positive as most people feel about themselves.	3.28	1.59
37.I judge myself by what I think is important, not by the values of what others think is important.	3.77	1.65
38. I have been able to build a home and a lifestyle for myself that is much to my liking	3.74	1.45
39. I gave up trying to make big improvements or changes in mylife a long time ago.	2.72	1.50
40. I know that I can trust my friends, and they know they can trust me.	4.49	1.39
41. I sometimes feel as if I've done all there is to do in life.	3.12	1.14
42. When I compare myself to friends and acquaintances, it makes me feel good about who I am.	4.14	1.37

©IJRASET: All Rights are Reserved | SJ Impact Factor 7.538 | ISRA Journal Impact Factor 7.894 |

Table 6: Mean Score of Work life Balance
(n=43)

Psychological Wellbeing Questions	Mean Score	Standard Deviation
1.My personal life does not suffer because of work in covid ward	3.33	1.36
2.I do not neglect personal needs because of work	3.53	1.56
3.My job in covid ward does not make my personal life difficult	3.19	1.56
4.I do not put personal life on hold for work	3.28	1.47
5.I do not miss personal activities because of work in covid ward	2.86	1.42
6.I do not struggle to juggle work and non-work	3.37	1.22
7.I am happy with the amount of time for non-work activities	3.35	1.41
8.My personal life does not drains me of energy for work	4.02	1.30
9.I am not too tired to be effective at work	3.95	1.31
10. My work does not suffer because of my personal life	4.33	1.49
11.It is not hard to work in covid ward because of personal matters	3.56	1.42
12.My personal life gives me energy for my job even after covid infection	4.00	1.45
13.My job gives me energy to pursue personal activities	3.40	1.53
14.I have better mood at work in covid ward because of personal life	3.88	1.14
15.I have better mood because of my job even after covid infection	3.26	1.33

Table 7: Correlation between Psychological Wellbeing and Work life Balance
(n=43)

Variables	Mean	Standard Deviation
Psychological Wellbeing	157.37	14.25
Work life balance	53.30	9.73
Pearson Correlation Co-efficient (r)	0.175	
Significance	0.131	

Mean Psychological Wellbeing score was 157.37 ± 14.25 and Mean Work life balance score was 53.30 ± 9.73.Psychological Wellbeing and Work life balance had positive correlation between them (r = 0.175) So we can interpret that better the Psychological Wellbeing, better the Work life Balance.

IV. RESULTS

The demographic profile of the participants revealed that the majority (62.8%) were aged between 30 and 40 years. Most respondents were female (86%) and married (81.4%). Regarding educational qualifications, 72.1% held either a Bachelor's or Master's degree in nursing, and 55.8% had more than 10 years of clinical experience.

The mean score for psychological well-being was 157.37 with a standard deviation of 14.25, while the mean score for work-life balance was 53.30 with a standard deviation of 9.73.

Correlation analysis indicated a weak positive relationship between psychological well-being and work-life balance ($r = 0.175$, $p = 0.131$). Age was found to have a negative correlation with both psychological well-being ($r = -0.221$) and work-life balance ($r = -0.178$). Furthermore, participants with higher educational qualifications (BSc/MSc) demonstrated significantly better psychological well-being scores ($p < 0.05$).

V. DISCUSSION

The findings suggest that Nursing Officers with better work-life balance tend to report higher psychological well-being, although the correlation is modest. This aligns with global studies indicating that balanced personal and professional lives contribute to emotional resilience [7, 10, 18].

©IJRASET: All Rights are Reserved | SJ Impact Factor 7.538 | ISRA Journal Impact Factor 7.894 |

The negative correlation with age may reflect increased responsibilities and cumulative stress among older nurses. Younger nurses may possess greater adaptability or receive more institutional support [19, 24].

Educational attainment emerged as a protective factor, possibly due to better coping strategies and access to resources. Similar trends were observed in studies from China and Turkey [13, 14].

The pandemic has exacerbated occupational stress, with nurses facing long hours, PPE discomfort, and emotional fatigue. Institutions must recognize these burdens and implement supportive measures such as flexible scheduling, mental health counseling, and peer support programs [17, 25].

VI. RECOMMENDATIONS

Based on the findings of this study, the following recommendations are proposed to enhance psychological well-being and work-life balance among nursing officers, particularly during public health emergencies:

1) Institutional Support Programs: Hospitals should implement structured mental health support systems, including regular counseling sessions, stress management workshops, and peer support groups tailored for nursing staff.

2) Flexible Scheduling and Shift Rotation: Administrators should consider more flexible duty rosters and equitable shift rotations to reduce burnout and allow nurses adequate time for personal recovery and family engagement.

3) Professional Development Opportunities: Offering continuing education and skill-building programs can empower nurses, especially those with lower educational qualifications, to build resilience and improve psychological outcomes.

4) Recognition and Incentives: Acknowledging the efforts of nursing officers through awards, incentives, and public appreciation can boost morale and reinforce a sense of purpose.

5) Regular Assessment of Well-being: Institutions should periodically assess the psychological health and work-life balance of their staff using validated tools, enabling early intervention and policy adjustments.

6) Policy Integration: Findings from such studies should inform hospital policies and national nursing guidelines to ensure that workforce sustainability and mental health are prioritized during crises.

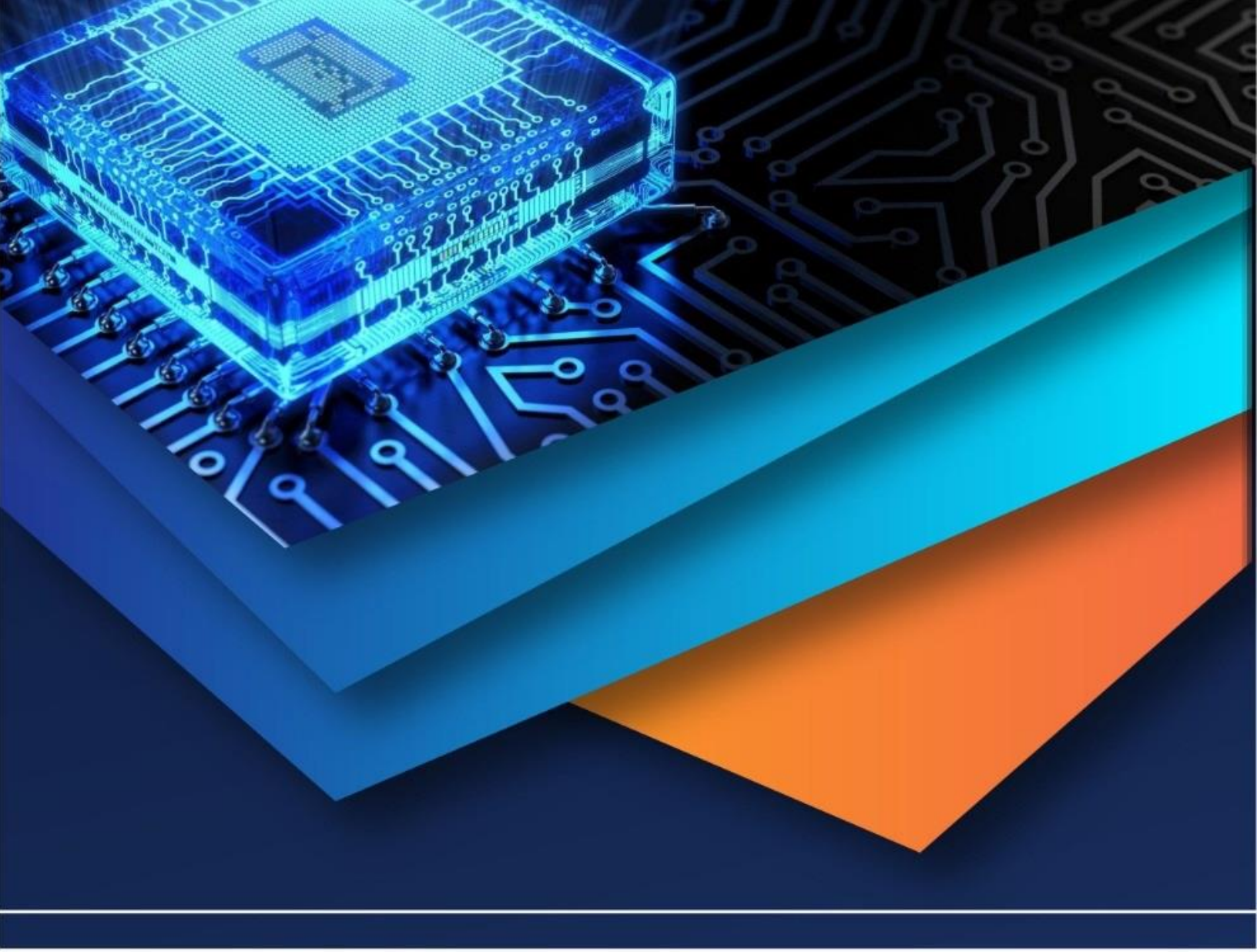
REFERENCES

[1] Chen P, Mao L, Nassis G, Harmer P, Ainsworth B, Li F. Coronavirus disease (COVID-19): The need to maintain regular physical activity while taking precautions. J Sport Health Sci. 2020;9(2):103–4.
[2] Nie A, Su X, Zhang S, Guan W, Li J. Psychological impact of COVID-19 outbreak on frontline nurses: A cross-sectional survey study. J Clin Nurs. 2020;29(21–22):4217–26.
[3] Aksu B. Determination of organizational stress level and psychological well-being of nurses [master's thesis]. Istanbul: Istanbul Okan University, Institute of Health Sciences; 2020.
[4] Ryff CD, Keyes CLM. The structure of psychological well-being revisited. J Pers Soc Psychol. 1995;69(4):719–27.
[5] Cooper CL, Cartwright S. Healthy mind; healthy organization—A proactive approach to occupational stress. Hum Relat. 1994;47(4):455–71.
[6] Mahendran AV, Panatik SA, Nordin N. The influence of work-life balance on burnout among nurses. Indian J Public Health Res Dev. 2019;10(11):3338–42.
[7] Brooks SK, Webster RK, Smith LE, Woodland L, Wessely S, Greenberg N, et al. The psychological impact of quarantine and how to reduce it: rapid review of the evidence. Lancet. 2020;395(10227):912–20.
[8] Bonanad C, García-Blas S, Tarazona-Santabalbina FJ, Díez-Villanueva P, Ayesta A, Forés JS, et al. Coronavirus: la emergencia geriátrica de 2020. Rev Esp Cardiol. 2020;73(7):569–76.
[9] Ahorsu DK, Lin CY, Imani V, Saffari M, Griffiths MD, Pakpour AH. The fear of COVID-19 scale: development and initial validation. Int J Ment Health Addict. 2020;27:1–9.
[10] Labrague LJ, De los Santos J. Fear of COVID-19, psychological distress, work satisfaction and turnover intention among frontline nurses. J Nurs Manag. 2020;29:395–403.
[11] Lai J, Ma S, Wang Y, Cai Z, Hu J, Wei N, et al. Factors associated with mental health outcomes among health care workers exposed to coronavirus disease 2019. JAMA Netw Open. 2020;3(3):e203976.
[12] Chen Q, Liang M, Li Y, Guo J, Fei D, Wang L, et al. Mental health care for medical staff in China during the COVID-19 outbreak. Lancet Psychiatry. 2020;7(4):e15–6.
[13] Hong S, Ai M, Xu X, Wang W, Chen J, Zhang Q, et al. Immediate psychological impact on nurses working at 42 government-designated hospitals during COVID-19 outbreak in China: A cross-sectional study. Nurs Outlook. 2021;69(1):6–12.
[14] Kardes V. Psychological and behavioural evaluation during and after the pandemic. Turk Diabetes Obes J. 2020;4(2):160–9.
[15] Porten K, Faensen D, Krause G. SARS outbreak in Germany 2003: Workload of local health departments and their compliance in quarantine measures—implications for outbreak modeling and surge capacity. J Public Health Manag Pract. 2006;12(3):242–7.
[16] Magnavita N, Soave PM, Ricciardi W, Antonelli M. Occupational stress and mental health among anesthetists during the COVID-19 pandemic. Int J Environ Res Public Health. 2020;17(21):8245.
[17] Greenberg N, Docherty M, Gnanapragasam S, Wessely S. Managing mental health challenges faced by healthcare workers during COVID-19 pandemic. BMJ. 2020;369:m1211.

©IJRASET: All Rights are Reserved | SJ Impact Factor 7.538 | ISRA Journal Impact Factor 7.894 |

[18] Giusti EM, Pedroli E, D'Aniello GE, Badiale CS, Pietrabissa G, Manna C, et al. The psychological impact of the COVID-19 outbreak on health professionals: A cross-sectional study. Front Psychol. 2020;11:1684.
[19] Sun H, Wang S, Wang W, Han G, Liu Z, Wu Q, et al. Correlation between emotional intelligence and negative emotions of front-line nurses during the COVID-19 epidemic: A cross-sectional study. J Clin Nurs. 2021;30(3–4):385–93.
[20] Catton H. Global challenges in health and health care for nurses and midwives everywhere. Int Nurs Rev. 2020;67(1):4–6.
[21] Oztekin S, Aydin O, Aydemir Ö. Validity and reliability of the Turkish Form of the DSM-5 Specific Phobia Intensity Scale. Anatol J Psychiatry. 2017;18:31.
[22] Secer I, Ulas S, Ozlu ZK. The effect of the fear of COVID-19 on healthcare professionals' psychological adjustment skills: Mediating role of experiential avoidance and psychological resilience. Front Psychol. 2020;11:278.
[23] Shigemura J, Ursano RJ, Morganstein JC, Kurosawa M, Benedek DM. Public responses to the novel 2019 coronavirus (2019-nCoV) in Japan: Mental health consequences and target populations. Psychiatry Clin Neurosci. 2020;74(4):281–2.
[24] Hu D, Kong Y, Li W, Han Q, Zhang X, Zhu LX, et al. Frontline nurses' burnout, anxiety, depression, and fear statuses and their associated factors during the COVID-19 outbreak in Wuhan, China: A large-scale cross-sectional study. EClinicalMedicine. 2020;24:100424.
[25] Sasangohar F, Jones SL, Masud FN, Vahidy FS, Kash BA. Provider burnout and fatigue during the COVID-19 pandemic: Lessons learned from a high-volume intensive care unit. Anesth Analg. 2020;131(1):106–11.
[26] Sexton JB, Thomas EJ, Helmreich RL. Error, stress, and teamwork in medicine and aviation: Cross-sectional surveys. BMJ. 2000;320(7237):745–9.
[27] Apaydın Ç. The relationship between faculty members' work dependency levels and work-life balance and work-family life balance [doctoral thesis]. Ankara: Ankara University, Institute of Educational Sciences; 2011.
[28] Mehrotra S, Jambunathan P, Jindal M, Gupta A, Kapoore K. Cross-sectional survey to assess the knowledge regarding coronavirus disease (COVID-19) among health care professionals. Med J Armed Forces India.
[29] Gupta S, Prasad AS, Dixit PK, Padmakumari P, Gupta S, Abhisheka K. Survey of prevalence of anxiety and depressive symptoms among 1124 healthcare workers during the coronavirus disease 2019 pandemic across India. Med J Armed Forces India. 2021;77(Suppl 2):S404–12.
[30] Jose S, Dhandapani M, Cyriac MC. Burnout and resilience among frontline nurses during COVID-19 pandemic: A cross-sectional study in the emergency department of a tertiary care center, North India. Indian J Crit Care Med. 2020;24(11):1081–8.
[31] Yayla A, Eskici İlgin V. The relationship of nurses' psychological well-being with their coronaphobia and work–life balance during the COVID-19 pandemic: A cross-sectional study. J Clin Nurs. 2021;30:3153–62.

©IJRASET: All Rights are Reserved | SJ Impact Factor 7.538 | ISRA Journal Impact Factor 7.894 |



10.22214/IJRASET

45.98

IMPACT FACTOR: 7.129

IMPACT FACTOR: 7.429

INTERNATIONAL JOURNAL FOR RESEARCH

IN APPLIED SCIENCE & ENGINEERING TECHNOLOGY

Call : 08813907089 (24*7 Support on Whatsapp)