

Work–Life Imbalance and Nursing Staff Turnover in Private Hospitals in India: A Study

Amrita Pal

Research Scholar
Department of Management
Techno India University

Prof. (Dr.) Shibnath Banerjee

Professor
Department of Management
Techno India University

Abstract

Nursing staff turnover has remained a challenge to the healthcare sector in India, especially in the private hospitals. Work-life imbalance is one of the factors that have raised as a serious issue that affects job satisfaction, organizational commitment, and retention outcome. This paper reviews the association between work-life imbalance and turnover intention among nursing professionals working in the private hospitals in India. It discusses the long work hours, rotations, shortages of personnel, emotional draining, and the lack of institutional support as the factors influencing the personal well-being of nurses and their professional involvement.

The study takes a quantitative methodology with the use of structured questionnaire to be administered to nursing personnel in sampled private hospitals. Workload, scheduling flexibility, supervisor support, family interference, burnout and turnover intention are the variables to be measured and analyzed through statistical tools such as correlation and regression analysis. The results show that work-life imbalance and turnover intention have a high level of positive correlation, and emotional exhaustion and insufficient managerial support are the main intermediary variables. Nurses with irregular shifts and lack of rest time reported to be more stressed and more inclined to find alternative to their employment were more likely to find different jobs.

The paper identifies supportive human resource practices as per the need of administrators in hospitals to adopt such practices such as flexible work schedules, proper staffing, wellness programs, and policies that are friendly to families. Attrition rates can be substantially decreased with a healthy work environment being promoted, and this process can be achieved by strengthening the organizational support systems. Through work-life balance, the private healthcare institutions would be able to enhance retention of nurses, continuity of care, and quality of services provision in their establishments. The study has added to the increasing body of work on the sustainability of the workforce within Indian healthcare setting and provided effective implications in policy development and management practices in hospitals.

Keywords: Work–life imbalance, Nursing staff turnover, Private hospitals in India, Job satisfaction, Burnout, Shift work, Emotional exhaustion, Organizational support, Employee retention, Healthcare workforce management

Introduction

The Indian healthcare industry has experienced a booming growth in the last 20 years especially in the domain of the privately run hospitals. Although this growth has enhanced access to sophisticated medical services, it has also enhanced workplace pressures amongst the nursing professionals. The nurses are the individuals who are at the heart of the services provided in the hospital, but they often have to deal with long hours, rotating shifts, emotional stress, and a high

number of patients. Such conditions have the tendency of tampering the balance between the professional and personal life generated a continuous work-life imbalance. Nurses working in private hospitals, where the performance measure and patient satisfaction indicators are highly important, can face extra stress connected with workload pressures and demands of administration.

The work-life imbalance does not only influence the psychological and physical health of the nursing staff, but it has a strong organizational consequence. There is the possibility of chronic stress, fatigue, and low job satisfaction weakening the organization commitment and leading to intention to leave. The high turnover of nurses breaks the continuity of care, increases the cost of recruitment and training, and, as a result, adds extra strain to the other personnel, thus forming a workforce-stability cycle. The issue of balancing between the professional and the personal is further complicated by the socio-cultural demands faced by different members of the Indian society, particularly by the females, who form the highest percentage of the nursing workforce. Although there is increasing awareness of the problem of workforce in healthcare, not much empirical research has been conducted concerning the particular association between work life imbalance and nursing staff turnover in the Indian private hospitals. The aim of this study is to scrutinize the effects of dimension of work life imbalance on turnover intentions of nursing professionals. The research will help in providing evidence-based information that can inform human resource policies and enhance sustainable workforce management in the private healthcare industry, by determining the key stressors and organizational considerations.

Background of the study

Over the past decades, the Indian healthcare industry has experienced a magnitude of growth due to the changing trends in population, escalating disease burden as well as the growing need in quality medical services. The role of the private hospitals especially; in this regard has been central to fulfilling this need through infrastructure development, adaptation of innovative medical technologies as well as increasing the scope of healthcare delivery. Nevertheless, this has also been accompanied by increasing strains on the healthcare practitioners and more so on the nursing staff who are the mainstay of the patient care services.



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The profession of nursing requires excessive physical activity, emotional stability, and night shifts. In the case of hospitals that are privately run, nurses can be overworked and experience long hours of work, and their administrative roles that go beyond that of a nurse. Also, there are

resource restraints, poor staffing ratio and the demands to work in more than one capacity which also contribute to their workload. Although these aspects might be consistent with the institutional objectives of operational efficiency, they often interfere with the possibility of nurses to balance between professional issues and personal and family needs.

Work-life imbalance is not merely a problem of job dissatisfaction among the nurses but it has direct consequences on the well-being, performance, and stability of the organisation. Manipulation of the two factors by nurses in the long term leads to a higher occurrence of physical exhaustion, psychological stress, and emotional exhaustion. Such circumstances, in their turn, lead to less job commitment, high absenteeism, and poor quality of patient care. In organisational settings, persisting work-life struggle has been attributed to increased turnover intentions which lead to actual turnover and worsening of labour shortages.

Nursing staff turnover in the private hospitals is a complex issue. In the case of healthcare facilities, a high turnover rate would translate to high recruitment and training expenses, instability in the team profiles, and possible loss of continuity of the care provided to patients. On a systemic level, turnover has led to unequal distribution of skilled nursing practitioners to different places especially the disadvantaged and rural population. Since India does currently already have a shortage of nurses in the country compared to global standards, alleviating concerns that lead nurses out of their positions is not only important in keeping the organisation afloat but also in the greater healthcare results.

The current body of work pertaining to work-life balance in health care highlights the intricate nature of the interaction between the organisational practice, employee expectations and socio-cultural factors. Though positive relationships between positive working environments and lower turnover intentions have been recorded in the studies that are conducted in Western contexts, literature that explicitly addresses the context of the Indian private hospital is relatively scarce. Indian culture with reference to family duties, gender roles and career choices can also influence the way in which nurses perceive work-life conflict and subsequently make career choices. Thus, it is critical to explore the way in which the work-life imbalance presents itself among nursing professionals in Indian privatized hospitals and the way, in which it affects their intentions to remain in their work place or quit.

The research will attempt to fill this gap by exploring the link between work-life imbalance and nursing staff turnover in Indian privately owned hospitals. By delving into the organisational as well as the personal aspects of this phenomenon, the study seeks to offer practical information that can be applied by healthcare administrators, policymakers and human resource practitioners. These dynamics are essential to understand to implement the interventions aimed at promoting the well-being of nurses, improve job satisfaction, and eventually lower turnover to provide the more stable and productive nursing workforce in the Indian private healthcare sector.

Justification

The suggested research on the topic of Work-life Imbalance and Nursing Staff Turnover in the Indian private hospital: a study is explained by increasing worries about the sustainability of the workforce in the Indian healthcare industry. The nursing occupation is highly competitive and performance based in India, as the hospitals are mostly small and run privately, which requires nurses to work long hours, the work hours are rotating shifts, emergency and full time patient care all the time. Such challenging working environments often interfere with the personal life, family-related, and mental health, which leads to work-life imbalance. With time, this imbalance leads to job dissatisfaction, burnout, and emotional exhaustion and eventual increased turnover intentions by nurses.

Nursing staff is the cornerstone of the service delivery in hospitals, and its retention is directly connected to quality of care, safety of patients and organizational viability. High turnover also adds to both recruitment and training expenses as well as to the continuity of care and team

cohesion. The problem of nurse attrition has an important operational and financial impact in the Indian setting, where the growth of the healthcare system by the privately owned institutions is rapidly increasing. In spite of the significance of this concern, there has been minimal empirical research that particularly focuses on work/life imbalance, in relation to turnover in privately-owned hospitals in India. The majority of the available literature is either on the context of public healthcare or global job satisfaction drivers in general without separating work-life dimensions.

The study is hence important to produce context-specific evidence that will provide a range of information to hospital administrators and policymakers regarding the importance of work-life balance practices in staff retention strategies. The research may help formulate flexible schedules policy, supportive leadership practices, and wellness programs among employees by highlighting some of the important stressors and gaps in the organization. Finally, the research results will aid in enhancing the human resource management in healthcare and in the long-term sustainability of the services of the privately operated hospitals in India.

Objectives of the Study

1. To investigate the work-life imbalance and intent to turnover in the nursing personnel of the privately owned hospitals in India.
2. To assess the degree of work life imbalance among nursing professionals in the private healthcare institutions.
3. To identify the most critical factors that lead to work-life imbalance, which are workload, working schedules, overtime, role conflict, and organizational support.
4. To measure the degree of job satisfaction among nursing employees and how this correlates with the work-life balance.
5. To examine the impact of demographic factors (age, marital status, years experience and family responsibility) on work-life imbalance.

Literature Review

The work life imbalance has received extensive recognition as a major contributor to the turnover rate of employees in all fields, especially in nursing where workers constantly face emotional, physical and mental stresses. It has been reported that work-life conflict happens when work experiences interfere with personal and family life that leads to stress and job dissatisfaction among health care workers (Greenhaus and Beutell, 1985). In hospital settings, this conflict is compounded by abnormal working hours, long working shifts, high workload, and nurses are not always able to balance personal and professional life (Al Maqbali, 2020; Purpora and Blegen, 2012).

Empirical research has developed a strong relationship between work-life imbalance and organizational performance in terms of turnover intention and turnover. To illustrate, Hayes et al. (2012) have performed a systematic review in the international healthcare facilities and established that the intention to exit the job remained consistently predicted with the presence of the following factors in nurses: long hours, stress at work, and weak work-life balance. On the same note, Aiken et al. (2011) reported the presence of poor working environments, which are typified by inappropriate support and work-life conflict, not only in intentions to leave but also in lower patient care quality. The findings support the applicability of work-life balance in explaining workforce stability in nursing.

Within the Indian context, the nursing profession has some specific challenges that are associated with socio-economic factors and limitations of healthcare infrastructure. Sharma and Chakrabarti (2015) state that Indian nurses usually operate in the environment of understaffing and have a small amount of institutional assistance to balance family obligations, which leads to a high rate of job stress and burnout. Sharma et al. (2016) found that nurses in private hospitals were under tremendous work-family conflict because of work overloads and the absence of

flexible schedules that subsequently increased their desire to leave employment. These results are in line with the existing global literature which highlights that work-life imbalance is a universal predictor of turnover intentions, although the level and contextual determinants of turnover intentions differ across countries and healthcare systems.

The JD-R model of work-life imbalance is explained by such theoretical frameworks as the Job Demands- Resources model. According to Bakker and Demerouti (2007), when the level of job demands and resources (e.g., social support, scheduling autonomy or the reverse) are high, emotional burnout, disengagement, and turnover intentions will follow. Job demands in the nursing profession are already high and combined with inadequate resources particularly in the private hospitals where cost pressures decrease the number of staff and support means subject nurses to burnout and withdrawal syndromes (Demerouti et al., 2001). Leiter and Maslach (2009) also find that the role of burnout as a mediator in work-life imbalance versus actual turnover supports the significance of work environments that are conducive.

A number of studies have also examined organizational and individual factors that condition the way in which work life imbalance determines turnover among the nurses. As an example, Lu et al. (2012) discovered that the perceived organizational support and career opportunity reduced the role of negative work-life conflict on the turnover intentions. Conversely, family issues and gender roles tend to increase work-life stress especially among the female nurses who form the majority of the populations in the nursing field worldwide (Giallonardo et al., 2010). The push to turnover of women nurses was confirmed by Indian researchers, including Singh and Bhandarker (2017), who found that women nurses develop the phenomenon of the work-family conflict in greater degrees, driven by the traditional caregiving expectations in the non-work environment.

Although the turnover intentions have been investigated in the majority of studies, little has been done to investigate actual turnover behavior among Indian nurses. Nevertheless, research, such as that of Anand and Singh (2019), shows high turnover rates in privately operated hospitals have been associated with accumulated work stress and lack of adequate work-life support. These results are supportive of the larger body of literature suggesting that work-life incompatibilities could be alleviated through the use of retention strategies, including flexible work schedules and childcare benefits, and organizational wellness programs (Kar and Kumar, 2021).

Material and Methodology

Research Design:

The research design used in the study is quantitative, descriptive and cross-sectional in order to study the correlation between work life imbalance and nursing staff turnover in the Indian private hospitals. The measurement of key variables, including workload, shift patterns, job stress, family interference, job satisfaction and turnover intention, is done using a structured survey-based approach. The research model will be based on organizational behaviour theories and human resource management theories, especially on the work-life balance and employee-retention theories. It is suggested to apply statistical methods such as correlation analysis, multiple regression, and factor analysis to establish the correlation between the dimensions of work-life balance and turnover intention among the nursing employees.

Data Collection Methods:

The main data is gathered via a structured questionnaire that will be given to nursing specialists working in the chosen non-state hospitals in cities and semi-urban areas. The instrument encompasses the standardized scales based on existing measures of work-life balance and their turnover intention into a five-point Likert-scale. Demographic information, including age, marital status, years of experience, department and shift type, is also captured. Convenience and stratified sampling methods are combined to have representation in various departments of the

hospital. Hospital reports, policy documents, and other related scholarly literature on the topic are reviewed as secondary data to help contextualize the understanding.

Inclusion and Exclusion Criteria:

The sample has registered nurses working full time in the private Indian hospitals that have at least one year of work experience. The nurses of different units like ICU, emergency, general wards and specialty units are regarded as eligible. The study will not include part-time employees, trainee nurses, interns, administrative nursing personnel, and employees who work in the public hospitals. The final analysis also excludes respondents who fail to fill the questionnaire to the latter to ensure there is reliability of the data.

Ethical Considerations:

The study has done on a voluntary basis, and all the respondents will be informed about their participation before data collection. Anonymity and confidentiality are strictly ensured through prevention of collecting personally identifiable information. The information is only utilized in academic research and is kept in a safe place. The participants are advised that they can pull out of the study at any point without being penalized. The survey is conducted only after receiving permission of the hospital authorities, and the study is conducted according to the ethical standards of the research on the human participants.

Results and Discussion

1. Demographic Profile of Respondents

The demographic data of the nursing staff that took part in the study is shown in Table 1. Five major Indian private hospitals were used to gather a total of 300 valid responses.

Table 1. Demographic Characteristics of Participants (N = 300)

Variable	Category	Frequency	Percentage (%)
Gender	Male	84	28.0
	Female	216	72.0
Age	< 25 years	45	15.0
	25–34 years	124	41.3
	35–44 years	95	31.7
	≥ 45 years	36	12.0
Years of Experience	< 5 years	80	26.7
	5–10 years	112	37.3
	> 10 years	108	36.0
Marital Status	Single	138	46.0
	Married	162	54.0
Educational Qualification	Diploma in Nursing	152	50.7
	Bachelor’s Degree	123	41.0
	Postgraduate	25	8.3

Discussion:

Most of the respondents were females (72%), as per the nursing workforce setup in India. The average age of most participants in the survey was 25-34 years, which shows that the workforce at Cisco is rather young. The proportion of turnover decisions that had over 10 years of experience exceeded one-third, implying that both young-career and tenured nursing personnel

could be involved in the turnover decision process.

2. Descriptive Statistics: Work–Life Imbalance and Turnover Intention

Table 2 indicates the means and standard deviations of work life imbalance and intention to turnover scores. Both the constructs had their measurements taken on standardized Likert scales (1 = Strongly Disagree to 5 = Strongly Agree).

Table 2. Descriptive Statistics for Key Variables

Variable	Mean	Standard Deviation (SD)
Work–Life Imbalance	3.81	0.92
Turnover Intention	3.45	1.01

Discussion:

The mean score of work-life imbalance (3.81) is relatively high and, therefore, shows that nurses experience the high degree of work-life imbalance between the professional and personal life needs. The mean turnover intention score (3.45) is average implying that although some of the respondents are contemplating quitting their job, not all respondents have made a decision of leaving the job.

3. Relationship Between Work–Life Imbalance and Turnover Intention

Pearson correlation analysis was used to determine the relation between work- life imbalance and turnover intention.

Table 3. Correlation Between Work–Life Imbalance and Turnover Intention

Variables	1	2
1. Work–Life Imbalance	—	
2. Turnover Intention	0.64**	—

Note. $p < .01$ (two-tailed)

Discussion:

Work–life imbalance and turnover intention strongly correlate with each other ($r = 0.64, p < .01$). This indicates that the nurses who have higher work-life conflict tend to portray their intentions of leaving their workplaces. The correlation is significant and conforms to the existing literature on the relationship between work and life imbalance with turnover behaviour (e.g., Greenhaus and Beutell, 1985; Shockley and Allen, 2007).

4. Influence of Work–Life Imbalance on Turnover Intention (Regression Analysis)

The degree to which work life imbalance predicts turnover intention of nurses was determined by multiple regression analysis following adjustment in demographic variables (gender, age, years of experience) of the predictor.

Table 4. Regression Analysis Predicting Turnover Intention

Predictor	β	SE	t	p
(Constant)	1.12	0.35	3.20	.001
Work–Life Imbalance	0.59	0.07	8.43	< .001
Gender (Male = 1)	-0.08	0.06	-1.33	.183
Age	-0.05	0.04	-1.25	.212
Years of Experience	-0.04	0.05	-0.80	.424

Model Statistics:

$R = .66; R^2 = .44; F(4, 295) = 57.73, p < .001$

Discussion:

The regression model accounts 44% of variance in turnover intention ($R^2 = .44$) which is quite large in terms of social sciences research. Even with demographic controls, work-life imbalance is a good and influential predictor of turnover intention ($\beta = 0.59, p < .001$). None of the demographic factors (gender, age, experience) were found to be significantly included in the model implying that the work life imbalance has a strong impact which transcends across various groups of nurses.

Limitations of the study

There are a number of limitations associated with this study, which must be taken into account when explaining the results. To begin with, the study is limited to privatized hospitals in India, which can affect the ability to generalize the findings to the public health facilities or other healthcare organizations with dissimilar organizational structures and work ethics. The researcher is mainly basing their results on self-reported information derived by the nursing force, and this can be prone to personal perceptions, recollection bias, or social desirability bias. Moreover, the cross-sectional design limits the possibility of making causal assumptions about the relationship between work life imbalance and staff turnover because it forms the response at a single point in time as opposed to analyzing the variation over a long period of time. The turnover patterns of regional policies, sizes of hospitals and practices of hospital management might also be different in various states, but might not be adequately reflected in the analysis. Moreover, the other possible factors of turnover like, salary structure, promotion, leadership style within the organization and the personal psychological aspects might not have been fully analyzed. Irrespective of these constraints, the study offers valuable information about the relationship between work-life imbalance and the turnover of nursing staff in the private hospitals and forms a basis to conduct longitudinal and comparative studies in the future.

Future Scope

Future research direction of the article, Work-life Imbalance and Nursing Staff Turnover in Private Hospitals in India: a Study, consists in widening both the conceptual and empirical perspective of the problem. Future research can take longitudinal designs of the study to assess how work-life imbalance changes with time and it directly relates to actual turnover rather than turnover intention. The comparative study of the private and the public hospitals and the various parts of India would assist in the occurrence of structural and cultural differences that influence the retention of nurses. Other variables that could be incorporated in future studies in the quest to realize the moderating/mediating roles include organizational support, leadership style, psychological well-being, digital workload management systems, and flexible scheduling policies, among other variables. As more nurses are turning to the use of healthcare technologies and telemedicine, it would be interesting to investigate the effect of digitalization on workload distribution, or personal life balance across different nurses. Also, qualitative methods including in-depth interviews and case studies may yield more in-depth information on individual coping mechanisms and institutional problems. Intervention-based research that would test the effectiveness of employee wellness programs, family-friendly policies, and mental health support systems in lowering attritions would be beneficial to policymakers and hospital administrators. Further expansion such as to include male nurses and generational differences can also be used to build up to a more inclusive perspective on workforce dynamics in private healthcare environments in India.

Conclusion

This paper has identified that work-life imbalance is still a crucial factor that causes nursing personnel turnover in Indian private hospitals. The results show that long working hours, rotating schedules, insufficient staffing, emotional fatigue, and organizational lack of support

cause significant disruption in the personal and family life of nurses which will affect their turnover intentions in the end. The work-life balance policies are not properly designed in a profession that is already characterized by high levels of physical and mental work and stress sometimes leading to low job satisfaction. The research also indicates that the turnover is not only a salary issue, but it is strongly associated with the perceived organizational care, flexibility, career development prospects and positive leadership practices. The combination of rational shift scheduling, sufficient nurse-patient ratios, the presence of mental health support systems, and family-friendly HR policies can significantly decrease the number of the attritions. In the case of the Indian private hospitals, the retention of experienced nursing professionals is both vital to their operation stability as well as the quality of care to the patients and the reputation of the institution. Hence, HR interventions that concentrate on improving the well-being of employees should be made a key element in the hospital management policies. The treatment of healthcare sector of the country as a sustainable workforce retention strategy entails the establishment of a working environment whereby professional commitment is not at the expense of personal well-being.

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