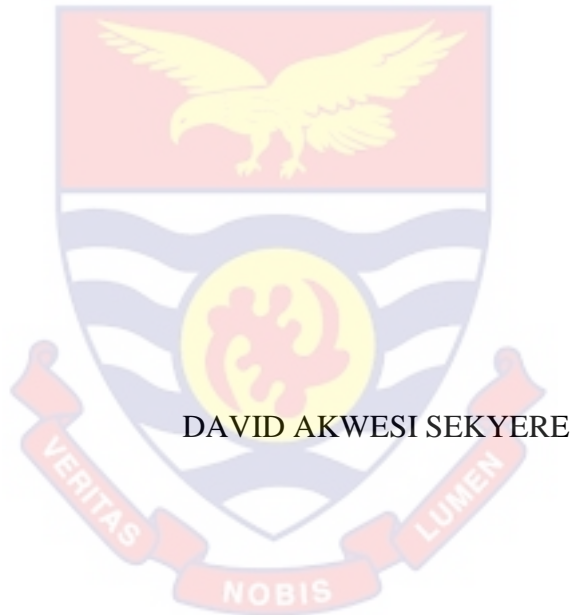


UNIVERSITY OF CAPE COAST

WORK-LIFE BALANCE AND PSYCHOLOGICAL WELLBEING OF
NURSES IN THE CAPE COAST TEACHING HOSPITAL

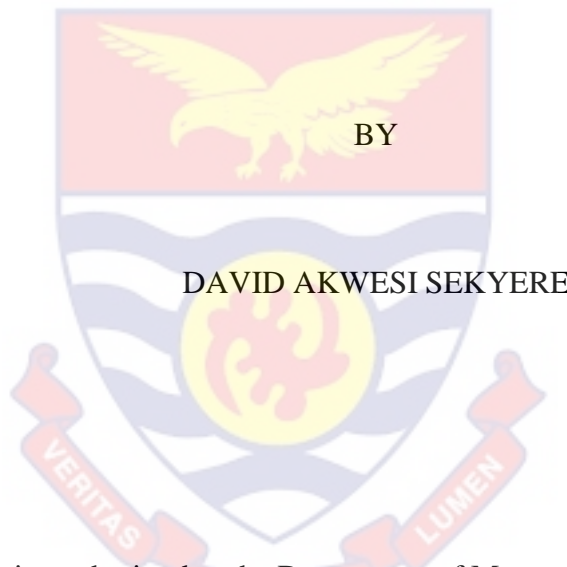


DAVID AKWESI SEKYERE

2025

UNIVERSITY OF CAPE COAST

WORK-LIFE BALANCE AND PSYCHOLOGICAL WELLBEING OF
NURSES IN THE CAPE COAST TEACHING HOSPITAL



Dissertation submitted to the Department of Management of the School of
Business, College of Humanities and Legal Studies, University of Cape Coast
in partial fulfilment of the requirements for the award of Master of Business
Administration degree in Management

JANUARY 2025

DECLARATION

Candidate's Declaration

I hereby declare that this dissertation is the result of my own original research and that no part of it has been presented for another degree in this University or elsewhere.

Candidate's Signature Date

Name: David Akwesi Sekyere

Supervisor's Declaration

I hereby declare that the preparation of the dissertation was supervised in accordance with the guidelines on supervision of dissertation laid down by the University of Cape Coast.

Supervisor's SignatureDate.....

Name: Dr. Aborampah Amoah-Mensah

ABSTRACT

The study sought to address the role that work life balance plays in ensuring psychological wellbeing of nurses within the Cape Coast Teaching Hospital in the Central region of Ghana. Specifically, the study assessed the effects of work-life balance indicators including; family support, organisational support, co-worker support, reduced part time, time management and workload management on psychological wellbeing indicators such as positive relation, self-acceptance, happiness, autonomy and personal growth. It employed quantitative approach using an explanatory design. Nurses within the study area were given questionnaires. The study employed descriptive and inferential statistical tools to analyse the responses. The study revealed that family support, time management and workload management are the work-life indicators that have a positive significant effect on positive relation and self-acceptance. It further found a positive significant effect of family support and time management on happiness. Also, autonomy was influenced by time management and reduced part time. Finally, family support, organisational support, time management and social also had a positive significant effect on personal growth. The study recommended that, management should organise staff and family get together programmes and discuss measures that the family can put in place in order to improve on their support for the nurses. It is further recommended that management should put policies and measures in place in order to make the working environment a conducive place for the nurses.

KEY WORDS

Nurses

Psychological wellbeing

Work life balance

ACKNOWLEDGEMENTS

I wish to convey my sincere gratitude to Dr. Aborampah Amoah-Mensah, my supervisor, for his professional guidance, advice, and encouragement during this study. Also, I want to sincerely thank my friends and colleagues for their unwavering support and encouragement during my programme.

I would also want to express my deep sense of gratitude to all my lecturers at the University of Cape Coast. I am also grateful to my family especially my parents for their advice, unflinching support, guidance, contributions and encouragement throughout the research. Finally, I owe a huge debt of gratitude to all nurses and staff of CCTH for partaking in this study.

TABLE OF CONTENTS

	Page
DECLARATION	ii
ABSTRACT	iii
KEY WORDS	iv
ACKNOWLEDGEMENTS	v
TABLE OF CONTENTS	vi
LIST OF TABLES	ix
LIST OF FIGURES	x
CHAPTER ONE: INTRODUCTION	
Background to the Study	1
Statement of the Problem	5
Purpose of the Study	6
Research Objectives	6
Research Hypotheses	7
Significance of the Study	7
Delimitations of the Study	8
Limitations	9
Definition of Terms	9
Organisation of the Study	10
CHAPTER TWO: LITERATURE REVIEW	
Introduction	11
Theoretical Review	11
Work-Family Conflict Theory	11
Conceptual Review	15

Work-life Balance and Psychological Wellbeing	16
Empirical Review	23
Work-Life Balance and Positive Relation	23
Work-Life Balance and Self-Acceptance	25
Work-Life Balance and Happiness	26
Work-Life Balance and Autonomy	28
Work-Life Balance and Personal Growth	29
Conceptual Framework	30
Chapter Summary	31
CHAPTER THREE: RESEARCH METHODS	
Introduction	32
Research Paradigm	32
Research Approach	32
Research Design	34
Study Area	35
Population	36
Sample Size and Sampling Procedure	37
Data Collection Instrument	38
Validity and Reliability	39
Data Collection Procedure	40
Data Processing and Analysis	41
Ethical Considerations	42
Chapter Summary	42
CHAPTER FOUR: RESULTS AND DISCUSSION	
Socio-Demographic Characteristics of Respondents	44

Work-Life Balance and Positive Relation	47
Work-Life Balance and Self-acceptance	51
Work-life Balance and Happiness	56
Work-life Balance and Autonomy	59
Work-life Balance and Personal Growth	64
Work-life Balance and Psychological Wellbeing	68
Chapter Summary	72
CHAPTER FIVE: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS	
Introduction	73
Summary	73
Conclusions	76
Recommendations	78
Suggestions for Further Research	79
REFERENCES	80
APPENDICES	96

LIST OF TABLES

Table		Page
1	Reliability of Instruments	40
2	Background characteristics of respondents	45
3	Model Summary	47
4	ANOVA ^a	49
5	Coefficients ^a	50
6	Model Summary	52
7	ANOVA ^a	53
8	Coefficients ^a	54
9	Model Summary	56
10	ANOVA ^a	57
11	Coefficients ^a	58
12	Model Summary	60
13	ANOVA ^a	61
14	Coefficients ^a	62
15	Model Summary	65
16	ANOVA ^a	66
17	Coefficients	67
18	Model Summary	69
19	ANOVA ^a	70
20	Coefficients	71

LIST OF FIGURES

Figure	Page
1 Conceptual Framework	31

CHAPTER ONE

INTRODUCTION

In recent years, the significance of work-life balance in improving individuals' welfare and overall quality of life has garnered considerable attention. Considering that job and family are the two most significant aspects of individuals' lives, work-life balance is a critical problem affecting wellness. Any conflict stemming from the demands of professional and familial obligations adversely affects workers' well-being.

Background to the Study

In modern culture, the significance of work-life balance has increased, especially in high-stress professions such as nursing. The delivery of healthcare is significantly reliant on nurses, who often endure extended shifts and substantial workloads. The demanding profession of nursing requires constant multitasking, emotional labour, and significant responsibility. Nurses often encounter stress-inducing situations such as managing critically ill patients, demanding work schedules, and challenging work environments. Insufficient support and self-care might adversely affect nurses' psychological well-being due to extended exposure to such challenges. Nurses often encounter psychological health issues such as anxiety, melancholy, emotional fatigue, and a deterioration in overall wellness. Griffiths (2020) noted that around 36% of nurses exceeded 40 hours of work per week.

A similar poll conducted by the American Nurses Association (2019) indicates that 55% of nurses regularly engage in overtime labour. Furthermore, the research indicated that 54% of nurses saw inadequate staffing as a significant barrier to achieving work-life balance. Aiken et al. (2015) reported

that 37.1% of nurses exhibited considerable emotional exhaustion, while 34.2% had elevated levels of depersonalisation, both indicative of burnout. A 2019 study conducted by the Royal College of Nursing (RCN) in the United Kingdom revealed that 60% of nurses indicated having less influence over their shifts. This study demonstrates that nurses may possess little control over their schedules, especially in circumstances involving rigid shift rotations or when confronted with unforeseen alterations or mandatory overtime. The absence of control may hinder nurses' ability to arrange personal activities and allocate time for family and friends. Galatsch et al. (2021) demonstrate that nurses struggle to maintain relationships, engage in family activities, and pursue personal interests due to professional obligations. These challenges may impact their overall well-being and mental health.

Work-life balance is the equilibrium between professional responsibilities and personal commitments, including family, leisure, and self-care. From the employee's viewpoint, work-life balance entails the challenge of reconciling professional obligations with personal and familial duties (Amin, 2013). From the employer's viewpoint, work-life balance pertains to cultivating a robust corporate culture that enables employees to concentrate on their responsibilities during work hours. Work-life balance is effectively integrating paid work with other significant pursuits, like family time, sports and leisure activities, volunteering, or pursuing higher education. The equilibrium between work and personal life has emerged as a significant concern in professional environments characterised by conflicting responsibilities and obligations (Clark, 2000). Research indicates that achieving equilibrium between professional and personal life may provide

tangible benefits for both organisations and employees. It may facilitate the establishment of robust communities and lucrative companies.

A work-life balance schedule enables nurses to allocate equal time and effort to their personal and professional lives, facilitating rejuvenation and participation in activities that enhance their well-being. This includes engaging in significant relationships with loved ones and friends, pursuing hobbies, exercising, and obtaining enough sleep. Nurses may mitigate stress, prevent exhaustion, and enhance their mental resilience by maintaining a good work-life balance. Numerous studies indicate that work-life balance positively influences nurses' productivity, job satisfaction, and retention rates. Research by Geiger-Brown et al. (2012) indicates that nurses with an improved work-life balance have greater job satisfaction and exhibit reduced intentions to resign. Furthermore, a study by Rothenberger et al. (2016) shown that nurses who effectively achieved a work-life balance had less emotional exhaustion and increased personal fulfilment.

Healthcare companies and politicians have recognised the need of work-life balance for nurses and have implemented programs to support it. Flexible scheduling options, supportive work environments, and resources for stress management and self-care are among them (Galatsch, et al., 2021). Implementing these techniques enables healthcare businesses to foster a culture that values and prioritises nurse wellbeing, therefore mitigating nursing burnout, improving job performance, and raising retention rates, all of which positively influence patient care outcomes. To foster a work climate that enables nurses to balance their professional and personal lives, businesses must prioritise the development and implementation of supportive policies and

practices. Nurses must maintain a good work-life balance, since it significantly impacts their psychological well-being and job satisfaction. Nurses experiencing difficulties in achieving work-life balance may be more susceptible to burnout, stress, fatigue, and diminished job performance (Guest, 2002).

Conversely, those who effectively manage their work and personal life tend to experience elevated job satisfaction, increased productivity, and improved general mental health (Adisa, Mordi & Mordi, 2014). Nonetheless, balancing professional responsibilities with familial obligations is a significant challenge for nurses at the Cape Coast Teaching Hospital and other healthcare facilities nationwide, adversely affecting their personal well-being and professional efficacy (Clendon & Walker, 2017). Moreover, the dominant cultural and social standards impose additional constraints on Ghanaian nurses. Conventional gender standards often assign women the responsibilities of household duties and childcare. This expectation puts pressure on female nurses, who constitute a significant portion of the nursing staff at Cape Coast Teaching Hospital, to reconcile familial and professional obligations. The lack of support from extended family or community resources exacerbates the challenges nurses have in achieving a satisfactory work-family balance (Adisa et al., 2014).

Consequently, it is essential to implement a comprehensive approach including regulatory reforms, organisational support, and cultural changes to facilitate nurses in effectively managing their professional and familial obligations. The research seeks to evaluate the work-life balance of nurses at

the Cape Coast Teaching Hospital (CCTH) to give evidence-based results that may inform policy decisions for management enhancement.

Statement of the Problem

Nurses are integral to Ghana's healthcare system, significantly enhancing the population's well-being. They are at the forefront of patient care, providing essential services across diverse healthcare environments, including hospitals, clinics, and community health centres. A good work-life balance is crucial for nurses to maintain their physical and mental well-being, enhance job satisfaction, and provide high-quality patient care (Adriaenssens, De Gucht & Maes, 2015). Achieving equilibrium between professional and personal life is essential for preventing burnout, sustaining productivity, and guaranteeing enduring careers in nursing (Kelly, Runge & Spencer, 2019). Nurses in Ghana, notably those at the Cape Coast Teaching Hospital, are recognised for their demanding work schedules, extended hours, and significant stress exposure, which complicates their ability to combine professional and personal life (Ghana Health Service, 2020). Consequently, many nurses have encountered heightened stress and burnout, with deteriorating physical health, impaired relationships, and diminished job satisfaction.

Ofori & Frimpong (2018) further showed that these repercussions have adversely affected nurses' well-being and the quality of patient care nationwide, including at the Cape Coast Teaching Hospital. The investigations provided evidence of both geographical and contextual gaps in the current knowledge. Some studies, albeit concentrating on nurses in the health sector, were conducted in different locations and nations, such as Lakshmi,

Ramachandran & Boohene (2012) in Indian hospitals and Prabhashani & Rathnayaka (2017) in Sri Lankan hospitals. Additionally, others looked on sectors outside of nursing in healthcare, such as Annan (2020), who examined staff at the Ghana Audit Service.

Therefore, it is unsuitable to implement their proposal within the parameters of this research, since it may be deceptive. This research seeks to elucidate the link between work-life balance and the psychological health of nurses, considering the identified geographical and contextual gaps. It is essential for healthcare organisations and policymakers at Cape Coast Teaching Hospital to acknowledge the significance of work-life balance in nursing and to implement supportive measures that facilitate nurses in attaining an optimal equilibrium between their personal and professional lives. This research investigates the impact of work-life balance on the psychological wellness of nurses at Cape Coast Teaching Hospital.

Purpose of the Study

The purpose of the study was to examine the effect of work life balance on the psychological wellbeing of nurses within the Cape Coast teaching hospital.

Research Objectives

The objectives are to:

1. investigate the effect of work-life balance on positive relation among nurses at the CCTH.
2. examine the effect of work-life balance on self-acceptance among nurses at the CCTH.

3. analyse the effect of work-life balance on happiness among nurses at the CCTH.
4. investigate the effect of work-life balance on autonomy among nurses at the CCTH.
5. examine the effect of work-life balance on personal growth among nurses at the CCTH.

Research Hypotheses

Based on the objectives, study hypothesis that:

- H₁: Work-life balance has a significant effect on positive relation among nurses at the CCTH.
- H₂: Work-life balance has a significant effect on self-acceptance among nurses at the CCTH.
- H₃: Work-life balance has a significant effect on happiness among nurses at the CCTH.
- H₄: Work-life balance has a significant effect on autonomy among nurses at the CCTH.
- H₅: Work-life balance has a significant effect on personal growth among nurses at the CCTH.

Significance of the Study

The drive for this study was to assess whether nurses work-life balance has an effect on their psychological wellbeing. As such, the findings of this study would be crucial for both the healthcare industry and the well-being of nurses. Nurses play an important role in providing high-quality patient care, and their psychological well-being has a direct impact on the care they provide. By understanding the elements that contribute to work-life balance

and psychological health, healthcare organisations may develop successful policies and interventions to enhance nurses' well-being, minimise burnout, and increase retention rates. Furthermore, the findings would provide relevant data and insight on the antecedents of work-life balance among nurses that would help management of the Ghana health sector identify and resolve hitches, plan and evaluate labour life balance programs for the ultimate benefit of their staff in general.

Again the study would contribute to existing knowledge in this area as well as expose researchers to the appropriate methods to utilise when carrying out a study of this kind. Moreover, the outcome of this study is expected to provide suggestions to address possible negative effects of work-life balance among nurses in the Cape Coast teaching hospital. The findings would equally enhance the effort of policy makers in the Ghana health sector in the performance of their roles in enhancing their human resources. And finally, recommendations from this study would give direction and serve as a guide for future research.

Delimitations of the Study

The study focused on the nurses in the Cape Coast teaching hospital. Therefore, the source of data obtained consist of only the nurses within this scope. The study's scope was therefore delimited to nurses in the Cape Coast teaching hospital. However, Grady, McCarthy, Darcy & Kirrane (2008) stressed that the concept of work-life balance in its broad sense covers all aspect of employees personal and work life, suggesting that work-life balance should focused on individual, families, society, community and workplace as a whole. However, due to the constraint of time, resources and word count limit,

the study excluded community and societal aspect focusing only on the nurses, their families and workplace and its impacts on their psychological health.

Limitations

Due to the scanty research conducted on work-life balance and nurses' psychological health in the context under study, it was difficult to adequately rely on direct related literature to either support or disapprove findings of the study. However, this was minimised by using related literature conducted elsewhere. The study was further constrained by sampled respondents' refusal to engage in the survey as a result of their anonymity being violated. Also, respondents were hesitant to provide specific details for fear of disclosing secret information to rivals. This restriction was lifted after proof was shown to them that it was primarily for educational reasons.

Furthermore, the study was hampered by issues with accessibility, time, and availability. The larger sample size required for this experiment could not be obtained because the researcher lacked the requisite financial and material resources. Finally, the study did not have control over the views and opinions of its respondents. This implies that information obtained from respondents could lead to a misleading results.

Definition of Terms

Work-life balance: Work-life balance is the equilibrium or harmony that an individual strives to attain between their professional and personal obligations.

Psychological health: Psychological health, usually referred to as mental health, is a state of well-being that includes an individual's emotional, cognitive, and social functioning.

Positive Relation: The capacity to create and preserve wholesome, encouraging bonds with family members and co-workers, which improves both personal and professional lives.

Self-acceptance: Having a more balanced and contented existence via acknowledging and accepting one's own strengths and limits.

Happiness: A balanced sense of happiness and well-being resulting from a healthy work-life balance.

Autonomy: The capacity to make autonomous judgements about one's personal and professional life, which fosters balance and a sense of control.

Personal growth: is the ongoing process of developing oneself both personally and professionally in order to enhance one's quality of life in general.

Organisation of the Study

Five chapters make up the study's arrangement and presentation. The introduction portion of chapter one covers the background of the study, research problem, goals of the study, research questions, significance of the study, scope of the study, and organisation of the study. With reference to both theoretical and empirical sources, chapter two covers the important literature that is currently available. In chapter three, the methodology for the study is fully outlined. In-depth coverage is given to the study's design, demographics of the sample, sampling strategy, research tools, data collection procedure, and data analysis technique. The results of the data analysis are summarized in chapter four, which also covers the study's main conclusions. The summary or key results, suggestions for further research, and recommendations for further research on the topic are all presented in chapter five.

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter would look at the literature that has already been written on this topic. The literature study would examine the theoretical underpinnings, the health sector in Ghana, the concept of work-life balance and psychological health of nurses, all of which would be crucial in determining the research method. The study would also provide additional light on previous empirical investigations and their conclusions to support or disapprove the study's findings.

Theoretical Review

There was the need for a theoretical backup in order to place the study well in literature. In view of this, the study concentrated on theories that recognises the philosophy and concept of work-life balance and how its affect the psychological health of employees. The study therefore employed the work-family conflict theory as the overreaching theories underpinning the study.

Work-Family Conflict Theory

The work-family conflict theory, commonly referred to as the work-life conflict theory was developed by Rosabeth Moss Kanter in 1977, and it looks at the difficulties people have while attempting to strike a balance between the demands of work and those of family or personal obligations (Amstad, Meier, Fasel, Elfering&Semmer, 2011). It acknowledges that duties and responsibilities in these areas frequently clash for a person's time, attention, and energy, resulting in conflict and perhaps harmful effects on their

wellbeing (Carlson, Grzywacz & Zivnuska, 2009). According to the work-family conflict hypothesis, nurses may experience conflicts between their professional obligations and their personal or family lives as a result of their demanding and sometimes emotionally taxing vocation. In addition to having demanding jobs with high levels of stress, nurses sometimes juggle various duties and obligations outside of work, such as providing care for family members (Allen, Herst, Bruck, & Sutton, 2000).

Work Interfering with Family (WIF) and Family Interfering with Work (FIW) are the two primary causes of work-family conflict. Work Interfering with Family occurs when a nurse finds it challenging to complete their family or personal obligations as a result of job expectations like lengthy hours or a heavy workload. Feelings of regret, annoyance, and strained ties with family members may follow from this. On the other side, FIW happens when job commitments collide with personal or family demands, such taking care of a sick kid or attending significant family events. Nurses may feel stressed and anxious about ignoring their job obligations or maybe being disciplined (Grandey, Cordeiro, & Crouter, 2005). Nursing staff that face work-family conflict may experience serious psychological effects. Conflict between work and family is regularly linked to poor psychological outcomes among nurses, according to research. Nurses may face higher stress, burnout, and decreased job satisfaction when work and family obligations clash. They could find it difficult to keep control of their life and feel overburdened by the conflicting obligations (Butler, Tregenza, Sanson-Fisher, & Reid, 2018).

According to research Allen et al., (2011) further showed that nurses who experience high levels of work-family conflict are more likely to express

symptoms of depression, anxiety, and burnout. The difficulties experienced by the nursing profession might be made worse by this conflict by increasing work discontent and intentions to quit (Grandey, Cordeiro, & Crouter, 2005). Chronic work-family conflict can have detrimental effects over time, including emotional weariness, sadness, anxiety disorders, and a decline in general psychological health. In addition to physical health problems, damaged family connections, and worse job performance, nurses may also encounter other problems (Allen et al., 2000). Organisations may put supportive policies and practises in place to encourage greater work-life balance and lessen friction between work and family. These might include encouraging a culture that emphasises work-life balance and supports workers' personal commitments, as well as flexible work arrangements like part-time scheduling or job sharing (Clark, 2000).

In conclusion, the work-family conflict theory aids in our comprehension of the difficulties nurses encounter in juggling their personal and professional lives. Nurses' psychological health may be significantly impacted by the tension between these areas, which can result in increased stress, burnout, and diminished wellbeing. Work-family conflict must be identified and resolved if nurses are to improve their general well-being and deliver high-quality patient care.

Self-Determination Theory

Self-Determination Theory (SDT), propounded by Deci and Ryan (1985), provides a robust framework for understanding the relationship between work-life balance and psychological well-being. The theory posits that human motivation and well-being are driven by the fulfillment of three

basic psychological needs: autonomy, competence, and relatedness. Autonomy refers to the need for individuals to feel in control of their actions and choices, competence involves the desire to experience mastery and effectiveness in activities, and relatedness pertains to the need for meaningful connections with others (Deci & Ryan, 2000). When these needs are satisfied, individuals experience optimal functioning and psychological well-being.

The theory assumes that individuals are inherently motivated to grow and develop, and that external conditions can either support or thwart this intrinsic motivation. In the context of work-life balance, SDT suggests that achieving balance between professional and personal life allows individuals to satisfy their psychological needs, leading to enhanced well-being. For nurses in the Cape Coast Teaching Hospital, a balanced work-life arrangement can foster a sense of autonomy by giving them control over their schedules, enhance competence by allowing them time to recover and perform effectively, and strengthen relatedness through opportunities for meaningful social interactions both at work and at home.

Empirical studies support the applicability of SDT to work-life balance and psychological well-being. For instance, Van den Broeck et al. (2010) found that work environments that support psychological needs enhance employee well-being and reduce burnout. Similarly, Gagné and Deci (2005) highlighted that fulfilling the need for autonomy at work leads to better mental health outcomes and improved job satisfaction. In a study focusing on healthcare professionals, Trépanier et al. (2015) demonstrated that satisfying psychological needs at work is linked to lower levels of stress and higher job

satisfaction, underscoring the relevance of SDT in understanding the dynamics of work-life balance.

Furthermore, in the nursing profession, work-life balance is critical due to the demanding nature of the job. Studies have shown that long hours and high work demands can lead to burnout, negatively impacting psychological well-being (Holland et al., 2019). Applying SDT, it can be argued that when nurses are provided with flexible schedules and supportive work environments that facilitate autonomy, competence, and relatedness, their psychological well-being improves, reducing the likelihood of burnout and promoting job satisfaction. This is supported by Ryan and Deci (2017), who noted that environments that thwart psychological needs can lead to decreased motivation and increased stress, whereas environments that support these needs foster resilience and overall well-being.

In conclusion, Self-Determination Theory offers a comprehensive lens for examining the relationship between work-life balance and psychological well-being. By focusing on the fulfillment of autonomy, competence, and relatedness, the theory underscores the importance of creating supportive work environments for nurses. Empirical evidence further validates the applicability of SDT in healthcare settings, highlighting its potential to inform interventions aimed at promoting psychological well-being through improved work-life balance.

Conceptual Review

The main concepts or variables for the study was reviewed at this section. This was done to have a clear understanding of the concepts under consideration.

Work-life Balance and Psychological Wellbeing

Work-life balance is the goal of maintaining a person's personal and professional lives in harmony (Kalliath & Brough, 2008). It entails skillfully juggling the obligations and demands of both job and personal life in order to achieve happiness, fulfilment, and well-being in both. The concept of "work-life balance" emphasises the significance of not having work take over all facets of one's life. It emphasises how important it is for people to balance their personal and professional responsibilities by giving their time and attention to their families, relationships, hobbies, self-care, and personal growth (Delecta, 2011). Having a healthy work-life balance may improve your physical and mental well-being, lower your stress levels, increase your productivity and job satisfaction, strengthen your relationships, and make your life more fulfilling overall (Lockwood, 2003).

Finding a balance between work and personal life requires a lot of personal judgement because it depends on each person's unique situation, priorities, and beliefs. Work hours, schedule flexibility, workload, commuting time, the availability of support services, business culture, and individual preferences are among the variables that affect work-life balance (Sirgy & Lee, 2018). By implementing policies and practises that promote flexible work arrangements, encouraging time off and breaks, and maintaining a healthy work environment, employers and organisations play a significant role in promoting work-life balance (Guest, 2002). It is crucial to understand that maintaining a work-life balance doesn't always entail allocating the same amount of time to both. Finding a balance that satisfies a person's demands

and enables them to complete their obligations while also attending to their own wants and well-being is the goal (Guest, 2002).

Nursing professionals who successfully manage their job demands while having a meaningful personal life are said to have achieved work-life balance. This is the balance between their professional obligations and personal commitments. For nurses, striking a healthy work-life balance is essential because it improves their general wellbeing, job happiness, and, ultimately, the standard of patient care. Intense emotional and physical demands, long hours, unpredictable shifts, and high patient loads are all common in the demanding field of nursing. These elements may cause stress at work, burnout, and adverse effects on nurses' personal life. But a healthy work-life balance can assist nurses in reducing stress, enhancing job satisfaction, and avoiding professional and interpersonal disputes (Laschinger & Leiter, 2006).

Nurses can employ a variety of tactics and activities to encourage work-life balance. Among them includes; Flexible work schedules, giving nurses the choice between full- or part-time employment, self-scheduling, and flexible hours might help them better balance their personal and professional duties; Also, having enough nurses on staff can help avoid overworked nurses, overtime, and the danger of burnout. Nurses can finish their duties during normal hours and still have time for personal interests when there is enough staffing; It crucial to have a positive workplace culture that supports work-life balance. Nurses' well-being may be improved through fostering open communication, cooperation, rewarding success, and encouraging self-care activities; Employee assistance programmes can also help nurses maintain a

good work-life balance by providing counselling services, stress management classes, and tools to deal with both personal and professional issues.

Providing training and resources to improve nurses' time management and prioritisation abilities might help them properly divide their time between work and personal responsibilities; Finally self-care and well-being initiatives can as well help nurses maintain a healthy work-life balance by encouraging them to engage in self-care activities including exercise, mindfulness, and relaxation methods. The importance of nurses' work-life balance must be acknowledged by healthcare organisations, nursing leaders, and legislators, who must then put supportive measures in place. Organisations can encourage a healthy work-life balance, improve job satisfaction, and maintain a strong nursing staff by creating a good work environment and addressing the particular problems encountered by nurses (Jennings, 2008).

The term "psychological well-being" describes the general state of a person's psychological functioning as well as their capacity to feel good emotions, find fulfilment in their lives, and perform psychologically at their best (Waterman, 1993). Happiness, life satisfaction, self-esteem, good emotions, personal development, resilience, and life fulfilment are just a few examples of the many elements it contains (Diener, Lucas & Oishi, 2018). Psychological well-being is a broad notion that extends beyond the absence of mental disease and concentrates on fostering thriving and good mental health. The American Psychological Association (2020) indicated that "psychological wellbeing," also known as "mental wellbeing" or "emotional wellbeing," refers to a person's general mental health as well as their capacity to deal with life's problems. It emphasises the existence of pleasant emotions, resilience,

and the achievement of one's potential rather than just the absence of mental illness. Numerous elements, such as individual qualities, social connections, and environmental conditions, have an impact on psychological wellbeing (Ryan & Deci, 2001).

A vital component of human existence, psychological wellness includes several aspects of mental health, emotional stability, and general life pleasure. It describes a condition of mental well-being and resilience that enables people to handle stress, uphold healthy relationships, and experience personal growth. In the realms of psychology, healthcare, and public policy, the importance of psychological well-being has been extensively acknowledged. The knowledge and promotion of psychological wellbeing have substantially benefited from the study of positive psychology, a branch of psychology that places an emphasis on human characteristics and pleasant experiences. The goal of this field's researchers and practitioners is to pinpoint the elements that promote thriving and provide solutions that will improve psychological wellbeing (Seligman, 2011).

A healthy psychological state can help prevent the emergence of mental illnesses such as anxiety, sadness, and drug misuse (Keyes, 2007). It improves people's capacity for stress management, mood regulation, and positive feeling, which supports overall psychological resilience (Fredrickson, 2001). Additionally, improved cognitive performance, creativity, and problem-solving abilities are all linked to good mental health (Diener & Chan, 2011). In addition to having a large impact on mental health, psychological wellness also significantly affects physical well-being. According to research, people who are more psychologically healthy typically have better physical

health outcomes, such as reduced rates of cardiovascular illnesses, a lower risk of death, and greater immunological function (Boehm & Kubzansky, 2012). Optimism and life satisfaction are two positive psychological states that have been linked to healthier lifestyle decisions, improved sleep, and decreased inflammation (Chida & Steptoe, 2008).

The state of one's mental health has a favourable impact on interpersonal interactions. Greater social connectivity, empathy, and prosocial behaviour are associated with positive feelings and life satisfaction (Cohn, Fredrickson, Brown, Mikels, & Conway, 2009). According to Lyubomirsky, King & Diener (2005), people who are in excellent psychological health are happier and more likely to create and keep rewarding relationships. They also have more stable marriages and stronger social networks. In order to maximise individual performance and output in a variety of domains, psychological wellness is essential. According to several studies (Harter, Schmidt, & Keyes, 2003), workers who are in good psychological health have better levels of job satisfaction, engagement, and organisational commitment. Enhancing creativity, problem-solving skills, and decision-making abilities promote innovation and productivity (George & Zhou, 2007). These factors are influenced by positive emotions and mental health.

The challenging field of nursing demands unwavering commitment and emotional fortitude. In charge of providing patient care, nurses frequently deal with high levels of stress, lengthy shifts, and difficult circumstances. Therefore, it is essential for nurses to put their mental health first in order to guarantee the best patient results and job happiness. It is crucial to keep one's psychological health in tip-top shape. It affects many facets of a person's life,

including performance, relationships, physical health, and mental health. Nurses may develop resilience, have greater levels of life satisfaction, and favourably impact their personal and professional endeavours by supporting their psychological wellness. Therefore, a top priority for both personal and public health programmes should be promoting psychological wellness. The relevance of promoting and safeguarding nurses' psychological wellness is discussed below.

- **Enhancing Professional Performance:** Studies have repeatedly proven that nurses who have high levels of psychological wellness perform better in their jobs. A 2012 research by Pulido-Martos, Augusto-Landa, and Lopez-Zafra found a link between psychological health and nursing skill. Better patient outcomes are ultimately the result of nurses who have improved psychological health because they are more likely to demonstrate effective problem-solving skills, critical thinking skills, and improved decision-making ability.
- **Promoting Resilience:** Resilience, which is the capacity to deal with stress, adversity, and traumatic experiences, refers to the capacity to cope with and recover from these occurrences. It is crucial for nurses to maintain psychological wellness. The emotional difficulties that come with nursing, such as dealing with patient deaths or challenging relationships with patients and their families, are better handled by resilient nurses. Nurses with stronger psychological health showed greater resilience and were less likely to develop burnout or compassion fatigue, according to a research by Mealer, Jones & Newman (2012).

- **Positive Effect on Patient Care:** The level of care that nurses deliver is directly influenced by their psychological health. According to research, nurses who are under psychological distress are more likely to make mistakes, feel less satisfied with their jobs, and have less empathy for patients (Embriaco et al., 2007; Van Bogaert et al., 2013). Contrarily, nurses who are in the best possible psychological shape frequently exhibit improved interpersonal skills, empathy, and patient-centered care (West et al., 2016). Improved patient outcomes and general satisfaction with healthcare services are outcomes that are influenced by these factors.
- **Creating Supportive Work Environments:** The psychological health of nurses must be prioritised by organisations, and this may be done through developing supportive work environments. The establishment and maintenance of nurses' psychological welfare may be aided by the application of measures including mentoring programmes, frequent debriefing sessions, and access to counselling services (Laschinger et al., 2016). Additionally, supporting self-care practises, fostering work-life balance, and providing chances for professional growth are crucial in avoiding burnout and improving job satisfaction.

In conclusion, nurses' psychological well-being is critical to their professional performance, resilience, and patient care quality. Healthcare organisations must recognise the importance of supporting nurses' psychological well-being through various interventions and strategies. By prioritising nurses' mental health, organisations can foster an environment that promotes optimal patient outcomes and overall healthcare excellence.

Empirical Review

This part provided an overview of relevant works that are related to the study's objectives. Nurses working in public health was the centre of the assessment, the review looked at work-life balance and psychological wellbeing of these nurses. This was done in order to evaluate previous works by comparing and contrasting their findings.

Work-Life Balance and Positive Relation

The process of attaining a harmonic integration of professional and personal responsibilities so that neither one continuously overwhelms the other is known as work-life balance. Contrarily, a positive relation is one that is created and maintained to promote both personal and professional success as well as healthy, supportive partnerships. Developing excellent relationships in a variety of sectors has been repeatedly related to achieving a harmonious work-life balance. Positive engagement and well-being in relationships are often elevated in persons who successfully balance work and personal obligations, whether in marriage satisfaction, parental dynamics, social connections, or professional contacts. Maintaining a healthy balance between personal and professional life is essential for personal fulfilment and for fostering strong relationships in social circles, the workplace, and families. Recently, as people have tried to combine their personal and professional obligations, there has been a lot of focus on the significance of keeping a healthy work-life balance.

Several scholars such as like Frone et al. (1992) and Greenhaus & Beutell (1985) have investigated the relationship between work-life balance and marital satisfaction. According to their research, those who manage their

personal and professional lives more effectively report feeling more satisfied in their marriages. Allen et al. (2000) and Kossek & Ozeki (1998) conduct research on the influence of work-life balance on parental relationships. According to the data, parents who manage their job and family duties well have more good connections with their children and partners. Hill et al. (2001) and Thompson et al. (1999) investigate the impact of work-life balance on wider social ties. These studies show that those who prioritise work-life balance have stronger social ties and a greater feeling of well-being.

Clark (2000) and Kelly and Moen (2007) conducted studies on the implications of work-life balance on professional relationships. According to the findings, employees who maintain a healthy work-life balance have higher job satisfaction and stronger interpersonal relationships at work. Clark (2000) and Kelly and Moen (2007) conducted studies on the implications of work-life balance on professional relationships. According to the findings, employees who maintain a healthy work-life balance have higher job satisfaction and stronger interpersonal relationships at work. The assumption that preserving a healthy work-life balance is favourably connected with many aspects of relationships is consistently supported by the empirical data presented in this research. People who successfully balance the demands of work and personal life typically have more favourable interactions in both domains, from marital happiness to parental ties and wider social connections. The study therefore hypothesised that:

H₁: Work-life balance has a significant effect on positive relation among nurses at the CCTH.

Work-Life Balance and Self-Acceptance

Work-life balance is the process of attaining a harmonic integration of work and personal responsibilities so that neither one continuously overwhelms the other. While self-acceptance is the practice of accepting one's own limits and strengths can help one develop a stronger, more balanced sense of self. Achieving work-life balance enables people to give their personal health first priority, promoting harmony between their personal and professional lives. This balance creates room for introspection and self-care, which eventually leads to a higher level of satisfaction and self-acceptance. According to research by Siregar, Pasaribu, Nasution, Zulkarnain, and Harahap (2023), self-acceptance and perceived family support are positively correlated. People with strong family support scores were higher on the self-acceptance scale. They emphasised that it is thought that giving family members both practical and emotional assistance might improve a person's ability to accept who they are by giving them a sense of stability and belonging.

Theoretical viewpoints indicate that by lowering stress and strengthening a sense of control over one's life, efficient time management may aid in the development of self-acceptance. Yi and Hwang (2013) carried up a study to investigate the connection between self-acceptance and efficient time management. The findings showed that people with higher degrees of self-acceptance were more likely to report having superior time management abilities. The development of self-acceptance is said to be greatly aided by the creation of supportive social networks and relationships that validate and

affirm one another. Vincke and Bolton's (1994) cross-cultural study shown that self-acceptance is positively correlated with Workload management.

A comprehensive analysis of the empirical data reveals that a person's self-acceptance is greatly impacted by a number of work-life balance indicators, including Workload management, time management, family support, part-time work reduction, and other pertinent elements. Comprehending these dynamics yields significant insights for entities and individuals endeavouring to augment holistic well-being inside the framework of work-life equilibrium. The study therefore hypothesised that:

H₂: Work-life balance has a significant effect on self-acceptance among nurses at the CCTH.

Work-Life Balance and Happiness

Maintaining a healthy balance between work and personal obligations is known as work-life balance. It is important to make sure that neither side takes precedence over the other. Happiness is experienced when one's personal and professional goals are met, which leads to a sense of general contentment and well-being. This section explores the complex link between individuals' subjective well-being and work-life balance indicators, including time management, family support, and other relevant aspects. The goal is to offer insights into the particular components that lead to happiness in the context of striking a balance between work and personal life by synthesising the body of existing studies. A methodical study of the literature was carried out to find pertinent research from reliable books, databases, and journals. Search terms including "work-life balance," "happiness," and "subjective well-being" were employed to identify pertinent publications. According to Msuya and Kumar

(2022), a person's job type which includes things like workload and autonomy determines how work-life balance affects happiness.

In their investigation on the function of organisational policies, Butt, Altaf, Chohan, and Ashraf (2019) discovered that happier workers were those who thought their organisations supported work-life balance more. According to Şahin and Şahin Altun's cross-sectional study from 2020, there is a significant positive relationship between happiness and the perceived support from family. The study emphasises how family ties may mitigate the negative effects of work-related pressures. In-depth interviews by North, Holahan, Moos, and Cronkite (2008) revealed the stories of people who said their happy family life was the reason for their contentment. The qualitative data clarified the family members' practical and emotional assistance. In a long-term investigation, Geyser (2013) examined the function of efficient time management. Results showed that people with greater levels of satisfaction reported having superior time management abilities, indicating a relationship between well-being and perceived control over time. Work-life balance's effect on happiness depends on a number of variables, such as time management, family support, and other markers. This complex link emphasises the necessity of all-encompassing strategies to promote wellbeing in both the personal and professional spheres. The study therefore hypothesised that:

H₃: Work-life balance has a significant effect on happiness among nurses at the CCTH.

Work-Life Balance and Autonomy

Work-Life Balance is the process of creating a harmonious combination of professional and personal duties while ensuring that neither sector continually dominates the other. Autonomy is the capacity to make autonomous decisions and have control over one's professional and personal life, which fosters a sense of independence and self-determination. This investigation explores the complex link between workplace autonomy and work-life balance indicators, including time management, family support, and reduced part-time work. This review attempts to clarify the manner in which these elements affect people's autonomy and decision-making in professional contexts by synthesising the body of previous knowledge. Research has repeatedly shown that job autonomy and family support are positively correlated (Thompson and Prottas, 2006, for example). Strong family support networks are associated with higher degrees of autonomy in people, maybe as a result of less outside pressures (Thompson et al., 2006). In a similar view, Seiffge-Krenke and Pakalniskiene (2011) established that a person's sense of autonomy is influenced by familial support, which functions as a mediator. Family members' emotional and practical support might boost one's self-assurance and ability to make decisions at work.

According to Janeslätt, Ahlström, and Granlund's (2019) research, enhanced autonomy is associated with efficient time management. Those who manage their time well reported feeling more in charge of their job, which promotes autonomy. In their 2012 study, Halldén, Gallie, and Zhou examined the connection between autonomy and reduced part-time employment. They found that, in comparison to full-time employees, part-timers frequently feel

less autonomous. There might be a number of reasons for this disparity, including little participation in decision-making. This review focuses on the complex interactions that exist between autonomy and work-life balance indicators. Organisations that place a high priority on family support, efficient time management, and thoughtful regulations about decreased part-time employment may cultivate an atmosphere that increases worker autonomy and, in turn, leads to a more capable and motivated staff. Based on this the study hypothesised that:

H₄: Work-life balance has a significant effect on autonomy among nurses at the CCTH.

Work-Life Balance and Personal Growth

Work-Life Balance is the process of creating a harmonious combination of professional and personal duties while ensuring that neither sector continually dominates the other. Personal growth is the continuous process of self-improvement, learning new abilities, and developing one's potential in both personal and professional parts of life. In today's world, finding a healthy work-life balance and pursuing personal development go hand in hand. This research examines important metrics that encourage personal development, such as family support, time management skills, less part-time job commitments, and Workload management systems. Several studies have highlighted how important family support is for promoting personal growth. Individuals who feel good familial support are more likely to have greater personal progress, according to research by Robitschek and Kashubeck (1999). This assistance reduces stress and creates a favourable

atmosphere for achieving individual objectives. Managing your time well becomes essential while trying to improve as a person.

A longitudinal research by Adair and Allen (1999) found that those who were good at managing their time also reported feeling more personally grown. The pursuit of knowledge, skill growth, and goal achievement are made possible by the capacity to divide time between work and personal interests effectively. A strong Workload management system is essential for determining the course of personal development. According to a qualitative research by Newcomb (1990), people who are a part of encouraging social networks are more willing to take chances, take on new tasks, and make personal advancements. Social networks provide support, constructive criticism, and a wealth of shared experiences. Therefore, it is clear from these research that one may establish a supportive environment for personal growth by utilising techniques like family support, time management skills, cutting back on part-time job, and building social networks. Both individuals and organisations should understand how work and personal life are intertwined in fostering holistic growth. Therefore, the study hypothesised that:

H₅: Work-life balance has a significant effect on personal growth among nurses at the CCTH.

Conceptual Framework

A conceptual framework, which is a group of ideas, is utilised to explain how the research variables are related (Mugenda & Mugenda, 2003). Figure 1 depicts the framework that was created expressly to describe how the study's independent and dependent variable relate to one another.

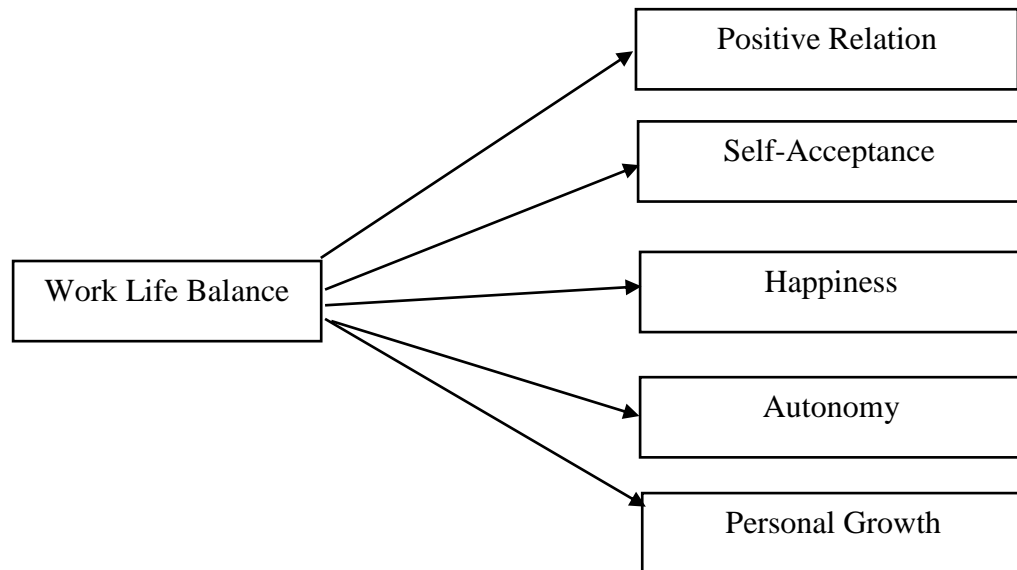


Figure 1: Conceptual Framework

Source: Authors construct (2023)

From Figure 1, psychological wellbeing consisting of positive relation, self-acceptance, happiness, autonomy and personal growth is dependent on work-life balance (family support, organisational support, co-worker support, reduced part time, time management and Workload management). As such, any change, either positive or negative, in any of the work-life balance indicators is likely to cause a change in any of the psychological wellbeing indicators of nurses at the Cape Coast Teaching Hospital (CCTH). The framework was supported by reviews such as (Brown, 2023; Chen, Yu & Liu, 2020; Abdullah, Yuen & Rahman, 2018).

Chapter Summary

The chapter went over all of the relevant literature in order to provide explanations for the study's conclusions. The Role theory and the Work-family Conflict Theory were explicitly discussed in this chapter. It also included a conceptual discussion, and empirical reviews. The methods employed in this study will be discussed in the following chapter.

CHAPTER THREE

RESEARCH METHODS

Introduction

This chapter focused on gathering information for the issues being examined using appropriate tools, techniques, and methods. Specifically, the researcher discussed the design of the study, area or context the study was conducted, population, sample size and sampling method employed, research instruments and data analysis. This chapter also addressed concerns including validity, reliability, and ethical implications. The study approach is described at the outset of the chapter with the remaining headings describing the data collection and analysis methodologies.

Research Paradigm

Saunders et al (2016) stated that positivism relates to the philosophical system that approaches issues which can be scientifically verified and also could provide basis for generalization. This indicates that, generation of facts is one that is not influenced by human interpretation. Developing hypotheses in this paradigm is based on existing theory. These hypotheses are tested and confirmed, in whole or part, or refuted, leading to the further development of theory which then may be tested by further research (Creswell, 2009; Saunders et al, 2016). To achieve the objectives of this study, it was appropriate to use this paradigm since these objectives were based on theories to analyse the study's objectives and relationships.

Research Approach

The use of a design in a study is difficult without a specific approach to the investigation. As a result, the methodology of a study is crucial in every

scientific investigation. A research or a study's approach is a study plan or technique that covers everything from general assumptions to precise data gathering, analysis, and discussion procedures (Creswell, 2014). Creswell indicates that there are three (3) major approaches to conduct a research: quantitative, qualitative and mixed methods research. A qualitative research approach seeks knowledge and insights into how people perceive events. It is essentially an inductive data analysis that moves from specific to general themes and patterns (Yin, 2009). Creswell further indicated that, it also examines a plan, activity, procedure, person, or team in their natural environment.

On the other hand, a quantitative approach to research is one in which quantitative techniques such as descriptive tools as well as inferential statistical tools are employed to describe concerns in the study (Salaria, 2012; Creswell, 2014). According to Ellis (2010), quantitative research is used to populate statistics from a large sample size in order to obtain statistically a valid consumer insight outcome. With this technique, the study is able to gather and analyse data quantitatively in order to achieve its goal. A quantitative method, according to Creswell (2014), use quantitative tools to explain concerns in a study and is also useful for investigating cause and effect correlations between variables. Because the outcomes of a study are scientific rather than subjective, this approach allows them to be generalized to the entire population.

Finally, the mixed method requires doing research that incorporates the gathering, analysis, and integration of both quantitative and qualitative data. It is used when the purpose of the study is to assist people understand the

research topic better (Salaria, 2012). It is worth noting that the approach chosen is determined by the objective of the study. As a result, the study utilised the quantitative method in order to meet its goal of assessing the effect of one variable on another. The quantitative approach, according to Creswell and Creswell (2017), allows for the utilization of both descriptive tools and inferential statistics in describing crucial concerns in the study. It helps to analyse cause and effect relationships and also helps in generalising results.

Research Design

A research design is viewed as a plan for carrying out a study with the greatest amount of control over aspects that may interfere with the validity of the findings (Grove, Burns, & Grey, 2012). Diaz-Kope, Miller-Stevens and Henley (2019) define research design as the overarching strategy you select to rationally and coherently combine the many study components, ensuring you will effectively respond to the research question; as such, it acts as the road map for data collection, measuring and analysing process. Creswell (2014) and Saunders, Lewis and Thornhill (2009) indicated that, explanatory/causal design (quantitative study), exploratory design (qualitative study) and descriptive design (mixed study) are the three major types or forms of research design.

Exploratory study aims to gather secondary or primary data in an unstructured manner, which will then be interpreted using informal methods. Exploratory research designs, out of the three types of research designs, require the fewest number of scientific technique and rigor due to their objectives and structure. Exploratory research designs include in-depth interviews, focus groups, and projective methods, to name a few. Explanatory

design, on the other hand, entails quantitative analysis because it aims to create correlations between variables that the study aims to achieve. Finally, a descriptive design according to Hair, Black, Babin, Anderson and Tatham (2010) is one whose goal is to create a precise picture of people, events, or circumstances.

The authors added that, choosing a particular research design is dependent on the study's approach or method. As such, the purpose of one's study determines the appropriate approach to employ (Saunders et al., 2015). Considering the purpose of the study coupled with its quantitative approach, the study adopted the causal research design. This is because, this design allows the study to examine cause and effect relationships between variables using inferential statistical tools (Saunders et al., 2015), as required in all the objectives. This design also allows the use of descriptive tools in analysing respondents' demographic features.

Study Area

The study was conducted within the Cape Coast Teaching Hospital (CCTH) in the Central region of Ghana. The Cape Coast Teaching Hospital (CCTH) is a well-known medical facility in Cape Coast, Ghana. The hospital, which opened in 2003, serves as a key referral centre for healthcare services in Ghana's Central Region and nearby areas. CCTH plays an important role in improving the health outcomes of the local people by focusing on education, research, and specialised medical treatment. Emergency care, inpatient and outpatient treatments, surgery, maternity care, and specialised clinics are all available at the hospital. It is linked with the University of Cape Coast's School of Medical Sciences, where medical students get clinical training and

instruction. The Cape Coast Teaching Hospital has contemporary facilities and a staff of highly experienced healthcare experts devoted to providing patients with superior treatment.

The nature of services the hospital provides places a huge responsibility on its staff. Nurses are at the forefront providing essential care and support to patients, the nature of their profession includes long working hours, high patient volumes, and emotionally challenging situations which usually leads to physical and mental exhaustion. As a result, creating a work-life balance is critical to ensuring the well-being and job satisfaction of Cape Coast Teaching Hospital nurses. Nurses can minimise stress and avoid burnout by creating a balance between their professional and home life. This, in turn, improves their capacity to serve patients with high-quality treatment. Furthermore, work-life balance enables nurses to engage in self-care activities such as exercise, relaxation, and spending time with family and friends, all of which are beneficial to their health.

Population

Each research focuses on a certain area of interest, from which data is gathered. According to Creswell (2014), a population is a set of things or persons who share comparable qualities and attributes based on a researcher's research objectives and hence qualify for inclusion in the study. The term "population" in research refers to the total group of people or components who share certain traits and are of interest to the researcher in a certain study. It is the bigger target population that a study's findings will be generalised (Kumar, 2019). The study's population comprised all nurses within the Cape Coast Teaching hospital. The study targeted these specific individuals to acquire

information about their work-life balance and how it is affecting their psychological wellbeing. Information on the hospital database revealed a total of six hundred and twelve (612) nurses working the hospital (HRM Report, 2022). These individuals therefore constituted the target population for the study.

Sample Size and Sampling Procedure

According to Creswell (2009), sampling technique is the process of choosing study subjects. Given the relatively large number of beneficiaries in the Greater Accra region, covering them all would be practically impossible. According to Saunders et al. (2009), the basic principle of sampling is to pick certain parts of a population from which inferences about the entire population may be formed. Sampling is less costly, and less time-consuming (Saunders & Lewis, 2009). Therefore, with a total population of 612 within the various departments in the Cape Coast Teaching Hospital, Krejcie & Morgan (1970) sampling technique was employed and that gave a sample size of 234.

To choose respondents from the sample frame, simple random sampling was utilised. This is a frequent approach for probability sampling. Probability sampling is commonly necessary since the purpose of quantitative analysis is to generalise the results for the population of the selected sample (Zickmund, 2000; Minasny & McBratney, 2006). All qualifying respondents in the sample frame were allocated random numbers using a computer software (Microsoft Excel). Random numbers were created in order to pick the responders. The total number of nurses obtained from the health facility were assigned numbers and these numbers were coded into excel to help generate the sample for the study.

Data Collection Instrument

To gather data for the study, a primary data collecting method was used, namely a structured questionnaire. A structured questionnaire, in the opinion of Saunders et al. (2009), requires each respondent to complete the exact same questions in a predetermined order. A structured questionnaire is useful for quantitative research since it allows for objective replies to be obtained for statistical analysis (Saunders et al., 2009). A structured questionnaire, according to Saunders, Lewis, and Thornhill requires each respondent to complete the same set of questions in a specified order. (Kumar, 2018). All of the survey criteria were related to essential concepts such as work-life balance and psychological wellbeing. According to Malhotra and Birks (2007), questionnaire surveys are the most common method of data collecting in research, and they may be used to track metrics important to corporate administration and expansion. The questionnaire was designed with the unique research aims and hypotheses of the study in mind.

The questionnaire was formatted and only closed-ended necessary and direct questions were used to allow respondents to analyse each option independently of the others. The questionnaire was therefore structured in three (3) sections with Section A soliciting for information on respondent's demographic characteristics in relation to sex, age and educational level, among others. Sections B contained questions on work-life balance. Items under these sections were put on a 5-point rating Likert- like scale with 1 representing least agreement and 5 being highest agreement. Likewise, items under section C solicited for information on measuring the indicators on psychological wellbeing. Items under these sections were also put on a 5-point

rating Likert-like scale, with one (1) representing least agreement and 5 representing highest agreement.

Validity and Reliability

Validity and reliability are two important ideas in research since they determine the credibility and trustworthiness of the results. They guarantee that the data obtained and the study results are accurate, consistent, and generalizable to a broader population. The validity of a study is concerned with whether the desired research constructs or variables are correctly captured and represented. It evaluates how well the study design and instruments measure what they claim to measure. The validity of the research instrument were ensured by undertaking various approaches to validate and refine the instrument (questionnaire). Face validity, for example, was handled by having peers with strong research backgrounds read the surveys carefully in order to find and correct errors. In bid to achieve content validity, the instrument was further thoroughly scrutinised by an expert (supervisor) for final corrections, if any, before using it.

Reliability on the other hand refers to the consistency and stability of the measurements or results gained from a research. It determines if the study findings can be repeated and whether the data collecting instrument are reliable. According to Makasi, Govender, and Munyoro (2014), it is the degree to which results are consistent across time. They stated that if the findings of a study can be replicated using a comparable approach, the research instrument is regarded reliable. Reliability of this study's research instrument was achieved by conducting a reliability test using Cronbach Alpha and the result is presented in the Table 1 below. The value of the Cronbach Alpha

determines the extent to which a study's research instrument is reliable (Saunders *et al.*, 2015). Specifically, a reliability test with Cronbach alpha (α) of (0.7) or more is classified as acceptable. Based on the Cronbach's alpha values obtained in Table 1, it is deemed that the research instruments were reliably measured.

Table 1: Reliability of Instruments

Variable	Cronbach's Alpha	No of Items
Family Support	0.952	5
Organisational Support	0.942	5
Co-worker support	0.944	5
Reduced P. Time	0.942	5
Time management	0.955	5
Workload management	0.881	5
Positive relation	0.908	5
Self-Acceptance	0.865	5
Happiness	0.936	5
Autonomy	0.935	5
Personal Growth	0.908	5

Source: Field survey (2023)

Data Collection Procedure

Due to the objective character of the study, questionnaire administration was used to collect data from the target group. Before undertaking the data collection exercise, permission letter signed by the Head of Department of Management, University of Cape Coast, was obtained and attached to the questionnaire. This was done in order to prevent respondents from having doubts about the credibility of the whole data collection exercise. After obtaining permissions from appropriate authorities, the questionnaires were then randomly distributed to the respondents. To ensure maximum and

timely response rate, a period of ten (10) working days was allocated for the data collection exercise and this was basically due to the busy schedules of the nurses in the hospital.

It should be noted that the data gathering activity was carried out individually from November 10th to November 20th, 2023. Due to the respondents' busy schedules, the surveys were delivered at break times (12:30pm-1:30pm). Respondents were free to complete the surveys at their leisure. The data were then retrieved from the respondents on a daily basis during the exercise. Out of the 234 questionnaires distributed to the respondents, 217 of them were retrieved from them. This obtained a response rate of 93 percent. During the collection, the exercise was hampered by the refusal of certain health workers to participate for a variety of reasons, including confidentiality concerns and restrictive scheduling. This difficulty lead to delays in accessing some of the respondents, as well as issues retrieving the questionnaires distributed. This problem was reduced, however, by offering guarantees and enabling them to complete the surveys during their limited spare hours. Trained assistants were also engaged to help distribute the questionnaire throughout the various departments in the hospital.

Data Processing and Analysis

The data collected in the field was first modified to check for consistency and inconsistencies in the replies. It was then coded, with numbers representing words, and processed with the Statistical Package for Social Sciences (SPSS) version 24. The processed data was then analysed using both descriptive (frequencies, percentages) and inferential (regression) statistical tools. These tools were prompted by the research objectives and for

instance, the descriptive tools were used to analyse the demographic features of the respondents whereas the regression tool helped analyse the cause and effect relationship. Thus the regression tool helped in addressing the research objective one to five.

Ethical Considerations

According to Neuman (2014), the key norms of data collecting should include voluntary involvement, the right to privacy, anonymity, and confidentiality. In terms of voluntary participation, none of the respondents were coerced into participating in the data gathering exercise. This was accomplished by alerting responders that they may engage in the exercise willingly, rather than being forced to do so. Also, right to privacy was achieved by allowing the respondents to fill the questionnaire on their own but left unclear statements unanswered for further explanations through their own convenient medium.

Anonymity was also maintained by not allowing respondents to provide their names, phone numbers, or other sensitive personal information on the questionnaire. Respondents were told that none of their demographic information will be made public. Moreover, confidentiality was also ensured by assuring respondents that all information provided would be kept confidential and thus none of them would be used for purposes other than this study. In view of these, all ethical rules/considerations were met in the study.

Chapter Summary

This chapter discussed the methods utilised to achieve the research's goal. Precisely, the chapter addressed key elements of the methods employed in the study in terms of research methodology, population, sampling

technique, instrument and procedures for gathering data, validity and reliability, processing and analysis of data. Because of its goal, the study used a quantitative technique and an explanatory character. In order to fulfil its goal, the next chapter offered the study's findings and data discussion. This chapter examined the techniques used to attain the research's purpose.

CHAPTER FOUR

RESULTS AND DISCUSSION

This chapter discusses the study's findings and results. The findings are based on the data obtained via surveys. The findings and discussions presented in this section are based on the effects that work-life balance has on the psychological wellbeing of nurses. The effects of work-life balance on various indicators of psychological wellbeing are discussed in this chapter.

Socio-Demographic Characteristics of Respondents

The demographics features of the respondents were analysed in this part of the section. This was done to obtain details information on the study respondents. These characteristics included the respondents' sex, age, educational level, job position and number of years respondents have worked. The results are presented in Table 2 below. It was observed from Table 2 that majority of nurses within the Cape Coast Teaching Hospital are females. This is because a total number of 168 representing 77.4 percent out of the total 217 are females whiles the remaining 49 representing 22.6 percent are males.

Table 2: Background characteristics of respondents

Sex	Frequency	Per cent
Male	49	22.6
Female	168	77.4
Total	217	100.0
Age		
18 - 30 years	56	25.8
31 - 40 years	98	45.2
41 - 50 years	54	24.9
51-60 years	9	4.1
Total	217	100.0
Educational Qualification		
Certificate	9	4.1
Diploma	48	22.1
Bachelor	141	65.0
Postgraduate	19	8.8
Total	217	100.0
Job Position		
Senior Staff	134	61.8
Junior Staff	83	38.2
Total	217	100.0
Years Worked		
Less than 6 years	12	5.5
6 - 10 years	65	30.0
11 - 20 years	136	62.7
Above 20 years	4	1.8
Total	217	100.0

Source: Field survey (2023)

In relation to respondents' age, the majority (98) of the respondents (45.2%) were between the ages of 31 and 40. This was followed by those between the ages of 18 and 30 years which obtained a total of 56 representing 25.8 percent of the respondents. 54 of them representing 24.9 were between the ages of 41 to 50 years with the remaining 9 representing 4.1 of the respondent between the ages of 51 to 60 years. These findings indicates that majority of the nurses in CCTH are matured enough to provide valid information for the study.

With regards to the educational level of respondents, the majority of the respondents (141) have obtained a bachelors degree, accounting for 65.0 percent of the total. Following that, 22.1 percent of respondents had obtained a diploma, 8.8 percent had completed postgraduate studies while 9 representing 4.1 percent had certificate degrees. This means that, a number of the respondents within the study area have undergone formal education, indicating that they have the prerequisite knowledge to provide the necessary information needed for the studies.

Also, in relation to respondents' job position, majority of them 138 representing 61.8 were senior staff while 83 representing 38.2 are junior staff. These results indicate that majority of the respondents have worked in the hospital for a long time indicating that they have adequate knowledge on the subject of work-life balance and psychological wellbeing. This is because, obtaining a senior staff position shows that they have spent a number of years in the hospital hence having a lot of knowledge in this subject area.

Finally, the number of years the respondents have worked in hospital also revealed that majority (136) representing 62.7 have worked within 11 to 20 years in hospital, this was followed by 30 percent of them who have worked for 6 to 10 years. Also 12 of the respondents representing 5.5 percent have worked for 1 to 5 years while the remaining 1.8 percent have worked for more than 20 years. This finding shows that the respondent have been working as nurses for a long period of time hence the issue of work-life balance is critical to ensure that they have a good working conditions.

Work-Life Balance and Positive Relation

The first research objective was to assess the effect of work-life balance on positive relation. Work-life balance was measured using indicators such as family support, organisational support, co-worker support, reduced part time, time management and Workload management. The psychological wellbeing considered here is positive relation. The aim of this section was to measure the individual effect of the work-life balance indicators on positive relation as a psychological wellbeing indicator. The work-life balance indicators (family support, organisational support, co-worker support, reduced part time, time management and Workload management) were the independent variables while the positive relation was the dependent variable. Linear regression was used to analyse the data. Three tables were used to discuss the regression analysis: model summary, ANOVA, and coefficient. The R-square (R^2) coefficient of determination was used to evaluate the model. This represented the fraction of the dependent variable's variation that can be explained linearly by the independent variables (Cohen, 1992). Table 3 summarized the output from the model.

Table 3: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.485 ^a	.235	.213	4.8197

a. Predictors: (Constant), FS, SS, OS, TM, RPT, CWS
Source: Field survey (2023)

The degree and path of the linear association between the dependent variable (positive relation) and the independent variables (family support, organisational support, time management, reduced part time and co-worker

support) were indicated by the Pearson product moment correlation coefficient R . As shown in Table 3, positive relation and the combination of all indicators of work-life balance was associated, with a medium correlation of .485a, as showed in the table as R . The proportion of variance in the dependent variable explained by the regression model is represented by R squared, which stands for coefficient of determination. The combination of the work-life balance indicators explained around 23.5 percent of the variation in positive relation as a psychological factor. These finding suggests that work-life balance is a significant factor of ensuring positive relation among nurses at CCTH.

In addition, an adjustment of work-life balance in the regression model or equation described the variation in the positive relation with an Adjusted R square of 21.3 percent. This means that any changes made to these work-life balance indicators will causes about 21.3 percent change in the positive relation of nurses at the Cape Coast teaching hospital. Thus, the government and the hospital management body are encouraged to continuously improve on the work-life balance of these nurses in order to improve on their psychological wellbeing.

Table 4 also showed the ANOVA findings, which used the F -statistic to calculate the test significance for R and R square. The F -statistic was calculated by dividing the regression mean square (MSE) by the residual mean square (RMS). The table shows if the regression model can explain variation in the dependent variable. As a result, if the F -statistics significance value is low, then the independent variable (work-life balance) does an excellent job of explaining the variation in the dependent variable (positive relation).

Table 4: ANOVA^a

Model		Sum of	df	Mean	F	Sig.
		Squares		Square		
1	Regression	1490.910	6	248.485	10.697	.000 ^b
	Residual	4855.048	209	23.230		
	Total	6345.958	215			

a. Dependent Variable: PR

b. Predictors: (Constant), FS, SS, OS, TM, RPT, CWS

Source: Field survey (2023)

Table 4 shows that the F-stat of 10.697 had a sig (p) value of 0. 000b. This indicates that the R and R square between work-life balance and positive relation were statistically significant, implying that work-life balance can have a considerable impact on the positive relation of nurses within the Cape Coast teaching hospital. The linear regression model can so determine the difference in the dependent variable (positive relation). This is in line with the works of Hill et al. (2001) and Thompson et al. (1999) studies show that those who prioritise work-life balance have stronger social ties and a greater feeling of well-being.

Finally, the SPSS output's labelled coefficients table (Table 5) provided information that was useful in understanding the regression equation. The unstandardized coefficient column was used to produce the functional regression equation, implying that the study's purpose is to anticipate and forecast. As a result, the work-life balance indicators that was significant has an unstandardised coefficient of .289, .567 and .315, and the constant term was 6.793. The study's standardized coefficients were also .322, .636 and .299. Based on these findings, the study reported the following regression equation for predicting positive relation (PR) and work-life balance (WLB).

$$PR = 6.793 + 0.289FS + 0.567TM + 0.315SS$$

Table 5: Coefficients^a

Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
1	(Constant)	6.793	1.318		5.155	.000
	FS	.289	.059	.322	4.864	.000
	OS	-.284	.156	-.320	-1.821	.070
	CWS	-.205	.170	-.228	-1.201	.231
	RPT	-.202	.140	-.213	-1.442	.151
	TM	.567	.137	.636	4.138	.000
	WM	.315	.091	.299	3.449	.001

a. Dependent Variable: Positive Relation (PR)

Source: Field Survey (2023)

A confidence level of 95% was assumed, indicating that an error of 5% was allowed. Hence, a sig value of 0.05 or less is significant and vice versa. The first objective was to assess the effect of work-life balance on psychological wellbeing of nurses. Work-life was represented by six (6) factors including; family support (FS), organisational support (OS), co-worker support (CWS), reduced part time (RPT), time management (TM) and Workload management (SS). The psychological factor considered in the objective one was positive relation. Based on the decision rule, when sig values of any of the indicators of work-life balance is less than 0.05, then its coefficient is significant and vice versa. Therefore, from Table 5, it can be observe that family support, time management and Workload management had a sig values of .000, .000 and .001 respectively. It can therefore be concluded that, out of the six work-life balance indicators, family support, time

management and Workload management can significantly predict the variations in the positive relation of nurses at CCTH.

Based on the values for the slope and the intercept in the resulting regression equation, the following statements were made; according to the intercept, often labelled as the constant, the expected mean value of positive relation when indicators of work life balance = 0 was 6.793. Also based on the slope (using unstandardised coefficient), it can be deduced that, for any unit improvement in family support, positive relation of nurses will increase by 28.9 percent. Likewise a unit improvement in time management will result in an increase of 56.7 percent in positive relation, and finally, a unit improvement in Workload management will increase positive relation by 31.5 percent.

It is to note that, this finding was in line with studies by Allen et al. (2000) and Kossek and Ozeki (1998) whose research concluded that parents who manage their job and family duties well have more good connections with their children and partners. Also, Hill et al. (2001) and Thompson et al. (1999) also revealed that those who prioritise work-life balance have stronger social ties and a greater feeling of well-being.

Work-Life Balance and Self-acceptance

The second objective sought to examine the effect of work-life balance on self-acceptance as an indicator of psychological wellbeing. Work-life balance was represented by family support, organisational support, co-worker support, reduced part time, time management and Workload management. The aim of this objective was to measure the individual effect of the work-life balance indicators on self-acceptance as a psychological wellbeing indicator.

Linear regression was used to analyse the data. Three tables were used to discuss the regression analysis: model summary, ANOVA, and coefficient. The R-square (R^2) coefficient of determination was used to evaluate the model. This represented the fraction of the dependent variable's variation that can be explained linearly by the independent variables (Cohen, 1992). Table 6 summarised the output from the model.

Table 6: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.417 ^a	.174	.150	4.860

a. Predictors: (Constant), FS, SS, OS, TM, RPT, CWS
Source: Field survey (2023)

The degree and path of the linear association between the dependent variable (self-acceptance) and the independent variables (family support, organisational support, time management, reduced part time and co-worker support) were indicated by the Pearson product moment correlation coefficient R. As shown in Table 6, self-acceptance and the combination of all indicators of work-life balance was associated, with a medium correlation of .417a. The proportion of variance in the dependent variable explained by the regression model is represented by R squared, which stands for coefficient of determination. The combination of the work-life balance indicators explained around 17.4 percent of the variation in self-acceptance as a psychological factor. These finding suggests that work-life balance is a significant factor of ensuring self-acceptance among nurses at CCTH.

In addition, an adjustment of work-life balance in the regression model or equation described the variation in the self-acceptance with an Adjusted R

square of 15.0 percent. This means that any changes made to these work-life balance indicators will causes about 15.0 percent change in the self-acceptance of nurses at the Cape Coast teaching hospital. Thus, the government and the hospital management body are encouraged to continuously improve on the work-life balance of these nurses in order to improve on their psychological wellbeing.

Table 7 also showed the ANOVA findings, which used the F-statistic to calculate the test significance for R and R square. The F-statistic was calculated by dividing the regression mean square (MSR) by the residual mean square (RMS). The table shows if the regression model can explain variation in the dependent variable. As a result, if the F-statistics significance value is low, then the independent variable (work-life balance) does an excellent job of explaining the variation in the dependent variable (self-acceptance).

Table 7: ANOVAa

Model		Sum of	Df	Mean	F	Sig.
		Squares		Square		
1	Regression	1036.490	6	172.748	7.312	.000 ^b
	Residual	4937.510	209	23.624		
	Total	5974.000	215			

a. Dependent Variable: Self-acceptance (SA)

b. Predictors: (Constant), SS, FS, OS, TM, RP CWS

Source: Field survey (2023)

Table 7 shows that the F-stat of 7.312 had a sig (p) value of 0. 000b. This indicates that the R and R square between work-life balance and self-acceptance were statistically significant, implying that work-life balance can have a considerable impact on the self-acceptance of nurses within the Cape Coast teaching hospital. The linear regression model can so determine the

difference in the dependent variable (self-acceptance). This is in line with the work by Siregar et al. (2023) who discovered self-acceptance and perceived family support are positively correlated. People with strong family support scores were higher on the self-acceptance scale.

Finally, the SPSS output's labelled coefficients table (Table 8) provided information that was useful in understanding the regression equation. The unstandardized coefficient column was used to produce the functional regression equation, implying that the study's purpose is to anticipate and forecast. As a result, the work-life balance indicators that was significant has an unstandardised coefficient of .187, .449, and .371, and the constant term was 9.788. Based on these findings, the study reported the following regression equation for predicting self-acceptance (SA) and work-life balance (WLB).

$$SA = 9.788 + 0.187FS + 0.449TM + 0.371SS$$

Table 8: Coefficients^a

Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
1	(Constant)	9.788	1.329		7.366	.000
	FS	.187	.060	.214	3.113	.002
	OS	-.309	.157	-.359	-1.967	.050
	CWS	-.174	.172	-.200	-1.014	.312
	RPT	-.211	.141	-.229	-1.494	.137
	TM	.449	.138	.519	3.250	.001
	WM	.371	.092	.362	4.028	.000

a. Dependent Variable: Self-acceptance (SA)

Source: Field survey (2023)

Based on the decision rule, when sig values of any of the indicators of work-life balance is less than 0.05, then its coefficient is significant and vice versa. Therefore, from Table 8, it can be observe that family support, time management and Workload management had a sig values of .000, .001 and .000 respectively. It can therefore be concluded that, out of the six work-life balance indicators, family support, time management and Workload management can significantly predict the variations in the self-acceptance of nurses at CCTH.

Based on the values for the slope and the intercept in the resulting regression equation, the following statements were made; according to the intercept, often labelled as the constant, the expected mean value of self-acceptance when indicators of work life balance = 0 was 9.788. Also based on the slope (using unstandardized coefficient), it can be deduced that, for any unit improvement in family support, self-acceptance of nurses will increase by 18.7 percent. Likewise a unit improvement in time management will result in an increase of 44.5 percent in self-acceptance, and finally, a unit improvement in Workload management will increase self-acceptance by 37.1 percent.

It is to note that, this finding was in line with studies by Yi and Hwang (2013) who revealed that people with higher degrees of self-acceptance were more likely to report having superior time management abilities. The development of self-acceptance is said to be greatly aided by the creation of supportive social networks and relationships that validate and affirm. Additionally, Vincke and Bolton's (1994) cross-cultural study shown that self-acceptance is positively correlated with Workload management in a variety of cultural situations.

Work-life Balance and Happiness

The third research objective sought to examine the effect of work-life balance on “happiness” as an indicator of psychological wellbeing. Work-life balance was represented by family support, organisational support, co-worker support, reduced part time, time management and Workload management. The aim of this objective was to measure the individual effect of these work-life balance indicators on happiness as a psychological wellbeing indicator. Linear regression was used to analyse the data. Three tables were used to discuss the regression analysis: model summary, ANOVA, and coefficient. The R-square (R^2) coefficient of determination was used to evaluate the model. This represented the fraction of the dependent variable's variation that can be explained linearly by the independent variables (Cohen, 1992). Table 9 summarised the output from the model.

Table 9: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.666 ^a	.444	.428	4.104

a. Predictors: (Constant), FS, SS, OS, TM, RPT, CWS

Source: Field survey (2023)

The Pearson product moment correlation coefficient was used to measure the degree and path of the linear association between the dependent variable (happiness) and the independent variables (family support, organisational support, time management, reduced part time and co-worker support). As shown in Table 9, happiness and the combination of all indicators of work-life balance was associated, with a strong correlation of .666a. The proportion of variance in the dependent variable explained by the regression

model is represented by R squared, which stands for coefficient of determination. The combination of the work-life balance indicators explained around 44.4 percent of the variation in happiness as a psychological factor. These finding suggests that work-life balance is a significant factor of ensuring happiness among nurses at CCTH.

Also, an adjustment of work-life balance in the regression model or equation described the variation in the happiness with an Adjusted R square of 42.8 percent. This means that any changes made to these work-life balance indicators will causes about 15.0 percent change in happiness of nurses at the Cape Coast teaching hospital. Thus, the government and the hospital management body are encouraged to continuously improve on the work-life balance of these nurses in order to improve on their happiness.

Table 10 also showed the ANOVA findings, which used the F-statistic to calculate the test significance for R and R square. The F-statistic was calculated by dividing the regression mean square (MSR) by the residual mean square (RMS). The table shows if the regression model can explain variation in the dependent variable. As a result, if the F-statistics significance value is low, then the independent variable (work-life balance) does an excellent job of explaining the variation in the dependent variable (happiness).

Table 10: ANOVA^a

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	2809.202	6	468.200	27.802	.000 ^b
	Residual	3519.613	209	16.840		
	Total	6328.815	215			

a. Dependent Variable: Happiness (H)

b. Predictors: (Constant), FS, SS, OS, TM, RPT, CWS

Source: Field survey (2023)

Table 10 shows that the F-stat of 27.802 had a sig (p) value of 0.000b. This indicates that the R and R square between work-life balance and happiness were statistically significant, implying that work-life balance can have a considerable impact on the happiness of nurses within the Cape Coast teaching hospital. The linear regression model can so determine the difference in the dependent variable (happiness). This is in line with the work by Butt, Altaf, Chohan, and Ashraf (2019) discovered that happier workers were those who thought their organisations supported work-life balance more.

Finally, the SPSS output's labelled coefficients table (Table 8) provided information that was useful in understanding the regression equation. The unstandardized coefficient column was used to produce the functional regression equation, implying that the study's purpose is to anticipate and forecast. As a result, the work-life balance indicators that was significant has an unstandardized coefficient of .231 and .407 and the constant term was 7.576. Based on these findings, the study reported the following regression equation for predicting happiness (H) and work-life balance (WLB).

$$H = 7.576 + 0.231FS + 0.407TM$$

Table 11: Coefficients^a

Model		Unstandardized Coefficients		Standardized Coefficients Beta	T	Sig.
		B	Std. Error			
1	(Constant)	7.576	1.122		6.753	.000
	FS	.231	.051	-.257	-4.563	.000
	OS	-.139	.133	-.157	-1.045	.297
	CWS	.100	.145	.112	.692	.490
	RPT	.179	.119	.189	1.500	.135
	TM	.407	.117	.457	3.489	.001
	WM	.146	.078	.138	1.873	.062

a. Dependent Variable: Happiness (H)

Source: Field survey (2023)

Based on the decision rule, when sig values of any of the indicators of work-life balance is less than 0.05, then its coefficient is significant and vice versa. Therefore, from Table 11, it can be observe that family support and time management had a sig values of .000 and .001 respectively. It can therefore be concluded that, out of the six work-life balance indicators, only family support and time management can significantly predict the variations in the happiness of nurses at CCTH.

Based on the values for the slope and the intercept in the resulting regression equation, the following statements were made; according to the intercept, often labelled as the constant, the expected mean value of happiness when work life balance = 0 was 7.576. Also based on the slope (using unstandardized coefficient), it can be deduced that, for any unit improvement in family support, happiness of nurses will increase by 23.1 percent. Likewise a unit improvement in time management will result in an increase of 40.7 percent in happiness.

It is to note that, this finding was in line with studies by Şahin and Şahin (2020) whose research findings indicates that there is a significant positive relationship between happiness and the perceived support from family. Moreover, Geyser (2013) found that work-life balance's effect on happiness depends on a number of variables, such as time management, family support, and other markers.

Work-life Balance and Autonomy

The fourth research objective sought to examine the effect of work-life balance on “autonomy” as an indicator of psychological wellbeing. Work-life balance was represented by family support, organisational support, co-worker

support, reduced part time, time management and Workload management. The aim of this objective was to measure the individual effect of these work-life balance indicators on “autonomy” as a psychological wellbeing indicator. As a result the indicators of work-life balance acted as independent variables while the dependent variable was represented by “autonomy.” Linear regression was used to analyse the data. Three tables were used to discuss the regression analysis: model summary, ANOVA, and coefficient. The R-square (R^2) coefficient of determination was used to evaluate the model. This represented the fraction of the dependent variable's variation that can be explained linearly by the independent variables (Cohen, 1992). Table 12 summarised the output from the model.

Table 12: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.685 ^a	.469	.453	4.151

a. Predictors: (Constant), FS, SS, OS, TM, RPT, CWS
Source: Field survey (2023)

The degree and path of the linear association between the dependent variable (autonomy) and the independent variables (family support, organisational support, time management, reduced part time and co-worker support) were measured using the Pearson product moment correlation coefficient R. As shown in Table 12, autonomy and the combination of all indicators of work-life balance was related, with a strong correlation of .685a. The proportion of variance in the dependent variable explained by the regression model is represented by R squared, which stands for coefficient of determination. The combination of the work-life balance indicators explained

around 46.9 percent of the variation in autonomy as a psychological factor. These finding suggests that work-life balance is a significant factor of ensuring autonomy among nurses at CCTH.

Also, an adjustment of work-life balance in the regression model or equation described the variation in the “autonomy” with an Adjusted R square of 45.3 percent. This means that any changes made to these work-life balance indicators will cause about 45.3 percent change in autonomy of nurses at the Cape Coast teaching hospital. Thus, the government and the hospital management body are encouraged to continuously improve on the work-life balance of these nurses in order to improve on their “autonomy”.

Table 10 also showed the ANOVA findings, which used the F-statistic to calculate the test significance for R and R square. The F-statistic was calculated by dividing the regression mean square (MSR) by the residual mean square (RMS). The table shows if the regression model can explain variations in the dependent variable. As a result, if the F-statistics significance value is low, then the independent variable (work-life balance) does an excellent job of explaining the variation in the dependent variable (autonomy).

Table 13: ANOVA^a

Model		Sum of	df	Mean	F	Sig.
		Squares		Square		
1	Regression	3130.044	6	521.674	30.276	.000 ^b
	Residual	3549.487	206	17.231		
	Total	6679.531	212			

a. Dependent Variable: Autonomy

b. Predictors: (Constant), FS, SS, OS, TM, RPT, CWS

Source: Field survey (2023)

Table 13 shows that the F-stat of 27.802 had a sig (p) value of 0.000b. This indicates that the R and R square between autonomy and work-life balance were statistically significant, implying that work-life balance can have a considerable impact on the autonomy of nurses within the Cape Coast teaching hospital. The linear regression model can so determine the difference in the dependent variable (autonomy).

Finally, the SPSS output's labelled co-efficient table (Table 14) provided information that was useful in understanding the regression equation. The unstandardized coefficient column was used to produce the functional regression equation, implying that the study's purpose is to anticipate and forecast. As a result, the work-life balance indicators that was significant has an unstandardized coefficient of -.199, -.355, .283 and .783 and the constant term was 7.379. Based on these findings, the study reported the following regression equation for predicting “autonomy” (A) and work-life balance (WLB).

$$A = 7.379 - 0.199FS - 0.355OS + 0.283RPT + 0.783TM$$

Table 14: Coefficients^a

Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
1	(Constant)	7.379	1.144		6.451	.000
	FS	-.199	.051	-.215	-3.861	.000
	OS	-.355	.139	-.388	-2.551	.011
	CWS	-.120	.149	-.130	-.806	.421
	RPT	.283	.122	.291	2.315	.022
	TM	.783	.123	.850	6.381	.000
	WM	.077	.080	.070	.963	.337

a. Dependent Variable: Autonomy (A)

Source: Field survey (2023)

Based on the decision rule, when sig values of any of the indicators of work-life balance is less than 0.05, then its coefficient is significant and vice versa. Therefore, from Table 14, it can be observe that family support, organisational support, reduced part time and time management had a sig values of .000, .011, .022 and .000 respectively. It can therefore be concluded that, out of the six work-life balance indicators, family support, organisational support, reduced part time, and time management can significantly predict the variations in the autonomy of nurses at CCTH.

Based on the values for the slope and the intercept in the resulting regression equation, the following statements were made; according to the intercept, often labelled as the constant, the expected mean value of Autonomy when indicators of work life balance = 0 was 7.379. Also based on the slope (using unstandardized coefficient), it can be deduced that, for any unit improvement in family support, autonomy of nurses will reduce by 19.9 percent, also, a unit improvement in organisational support will result in a reduction of autonomy by 35.5 percent. On the other hand, a unit reduction in part time will result in an improvement in autonomy by 28.3 percent. And finally, a unit improvement in time management will result in an increase of 78.3 percent in nurse's autonomy.

It is worth mentioning that, even though family support and organisational support was significant, their coefficient showed a reverse relationship with autonomy. Indicating that an improvement in either family support or organisational support will cause a reduction in autonomy among nurses at CCTH. This can be argue that, due to the geographical setting of the respondents, support from the family does not necessary guarantee that a

person's autonomy will improve amongst the family, social members or at the work place. Likewise, an organisational support does not make an individual autonomous in the work place where hierarchy places a major role.

It is to note that, some of the relationships established from this objective was inconsistent with existing research that has repeatedly shown that job autonomy and family support are positively correlated. For example (Thompson et al., (2006) revealed that strong family support networks are associated with higher degrees of autonomy in people. In a similar vein, Seiffge-Krenke and Pakalniskiene (2011) established that a person's sense of autonomy is influenced by familial support. However, the works of Janeslätt et al. (2019) supported this study findings that autonomy is associated with efficient time management.

Work-life Balance and Personal Growth

The study's fifth objective sought to assess the effect of work-life balance (family support, organisational support, co-worker support, reduced part time, time management and Workload management) on "personal growth" as an indicator of psychological wellbeing. The aim of this objective was to measure the effect of the various indicators of work-life balance on personal growth of nurses within the CCTH. As a result the indicators of work-life balance acted as independent variables while the dependent variable was represented by "personal growth." Linear regression was used to analyse the data. Three tables were used to discuss the regression analysis: model summary, ANOVA, and coefficient. The R-square (R^2) coefficient of determination was used to evaluate the model. This represented the fraction of the dependent variable's variation that can be explained linearly by the

independent variables (Cohen, 1992). Table 15 summarised the output from the model.

Table 15: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.428 ^a	.184	.160	5.003

a. Predictors: (Constant), FS, SS, OS, TM, RPT, CWS
Source: Field survey (2023)

The Pearson product moment correlation coefficient was employed to assess the linear relationship between the dependent variable (personal growth) and the independent variables (family support, organisational support, time management, reduced part time and co-worker support). Table 15 revealed that work-life balance indicators and personal growth had a moderate relationship with a magnitude of .428^a. The proportion of variance in the dependent variable explained by the regression model is also represented by R squared, which stands for coefficient of determination. The combination of the work-life balance indicators explained around 18.4 percent of the variation in personal growth as a psychological factor. This indicates that the indicators of work-life balance can significantly predict the variations in personal growth.

Again, an adjustment of work-life balance in the regression model or equation described the variation in the “personal growth” with an Adjusted R square of 16.0 percent. This means that any changes made to these work-life balance indicators will cause about 16.0 percent change in personal growth of nurses at the Cape Coast teaching hospital. Thus, the government and the hospital management body are encouraged to continuously improve on the

work-life balance of these nurses in order to improve on their “personal growth.”

Table 16 also showed the ANOVA findings, which used the F-statistic to calculate the test significance for R and R square. The F-statistic was calculated by dividing the regression mean square (MSR) by the residual mean square (RMS). The table shows if the regression model can explain variations in the dependent variable. As a result, if the F-statistics significance value is low, then the independent variable (work-life balance) does an excellent job of explaining the variation in the dependent variable (personal growth).

Table 16: ANOVA^a

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	1176.548	6	196.091	7.833	.000 ^b
	Residual	5232.114	209	25.034		
	Total	6408.662	215			

a. Dependent Variable: Personal Growth (PG)

b. Predictors: (Constant), FS, SS, OS, TM, RPT, CWS

Source: Field survey (2023)

Table 16 shows that the F-stat of 7.833 had a sig (p) value of 0. 000^b. This indicates that the R and R square between personal growth and indicators of work-life balance were statistically significant, implying that work-life balance can have a considerable impact on the personal growth of nurses within the Cape Coast teaching hospital. The linear regression model can so determine the difference in the dependent variable (personal growth).

Finally, the SPSS output's labelled co-efficient table (Table 17) provided information that was useful in understanding the regression equation.

The unstandardized coefficient column was used to produce the functional regression equation, implying that the study's purpose is to anticipate and forecast. As a result, the work-life balance indicators that was significant has an unstandardized coefficient of .241, .323, .425 and .350 and the constant term was 8.608. Based on these findings, the study reported the following regression equation for predicting “autonomy” (A) and work-life balance (WLB).

$$PG = 8.608 + 0.241FS + 0.323OS + 0.425TM + 0.350SS$$

Table 17: Coefficients

Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
1	(Constant)	8.608	1.368		6.293	.000
	FS	.241	.062	.267	3.908	.000
	OS	.323	.162	-.363	-1.997	.047
	CWS	-.063	.177	-.070	-.356	.722
	RPT	-.239	.145	-.251	-1.648	.101
	TM	.425	.142	.475	2.989	.003
	WM	.350	.095	.330	3.686	.000

a. Dependent Variable: Personal Growth (PG)

Source: Field survey (2023)

With the confidence interval of 95%, when sig (p) values are less than 0.05, then the coefficient is significant and vice versa. From Table 17, it can be observe that family support, organisational support, time management and Workload management had a sig values of .000, .047, .003 and .000 respectively. It can therefore be concluded that, out of the six work-life balance indicators, family support, organisational support, time management

and Workload management can significantly predict the variations in the nurses' personal growth.

Based on the values for the slope and the intercept in the resulting regression equation, the following statements were made; according to the intercept, often labelled as the constant, the expected mean value of personal growth when indicators of work life balance = 0 was 8.608. Also based on the slope (using unstandardized coefficient), it can be deduced that, for any unit improvement in family support, personal growth of nurses will improve by 24.1 percent, also, a unit improvement in organisational support will result in an improvement of personal growth by 32.3 percent. Moreover, a unit improvement in time management will result in an improvement in personal growth by 35.0 percent. And finally, a unit improvement in Workload management will result in an increase of 35.0 percent in nurse's autonomy.

It is to note that, this finding was in line with studies by Robitschek and Kashubeck (1999) who indicated that managing your time well becomes essential while trying to improve as a person. Also, Adair and Allen (1999) found that those who were good at managing their time also reported feeling more personally grown. A work by Newcomb (1990), supported this findings by indicating that people who are a part of encouraging social networks are more willing to take chances, take on new tasks, and make personal advancements.

Work-life Balance and Psychological Wellbeing

This objective measured the effect of work-life balance as a composite on psychological wellbeing also as a composite variable. This was done to ascertain the overall effect of work-life balance on psychological wellbeing of

nurses' at the Cape Coast teaching hospital. As such work-life balance was the independent variable while psychological wellbeing was the dependent variable. Linear regression was used to analyse the data. Three tables were used to discuss the regression analysis: model summary, ANOVA, and coefficient. The R-square (R^2) coefficient of determination was used to evaluate the model. This represented the fraction of the dependent variable's variation that can be explained linearly by the independent variables (Cohen, 1992). Table 18 summarised the output from the model.

Table 18: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.425 ^a	.181	.177	18.31462

a. Predictors: (Constant), WLB
Source: Field survey (2023)

The relationship between the independent and dependent variables were determined using Pearson product moment correlation coefficient R. Table 18 revealed that work-life balance and psychological wellbeing had a moderate relationship with a magnitude of .425^a. The proportion of variance in the dependent variable explained by the regression model is also represented by R squared, which stands for coefficient of determination. The work-life balance explained around 18.1 percent of the variations in psychological wellbeing. This indicates that work-life balance can significantly predict the variations in psychological wellbeing.

Again, an adjustment of work-life balance in the regression model or equation described the variation in the psychological wellbeing with an Adjusted R square of 17.7 percent. This means that any changes made to

work-life balance will cause about 17.7 percent change in the psychological wellbeing of nurses at the Cape Coast teaching hospital. Thus, the government and the hospital management body are encouraged to continuously improve on the work-life balance of these nurses in order to improve on their psychological wellbeing.

Table 19 also showed the ANOVA findings, which used the F-statistic to calculate the test significance for R and R square. The F-statistic was calculated by dividing the regression mean square (MSR) by the residual mean square (RMS). The table shows if the regression model can explain variations in the dependent variable. As a result, if the F-statistics significance value is low, then the independent variable (work-life balance) does an excellent job of explaining the variation in the dependent variable (psychological wellbeing).

Table 19: ANOVA^a

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	15629.437	1	15629.437	46.596	.000 ^b
	Residual	70774.769	211	335.425		
	Total	86404.207	212			

a. Dependent Variable: PWB

b. Predictors: (Constant), WLB

Source: Field survey (2023)

Table 19 shows that the F-stat of 46.596 had a sig (p) value of 0.000^b. This indicates that the R and R square between work-life balance and psychological wellbeing were statistically significant, implying that work-life balance can have a considerable impact on the psychological wellbeing of nurses within the Cape Coast teaching hospital. The linear regression model

can so determine the difference in the dependent variable (psychological wellbeing).

Lastly, the SPSS output's labelled co-efficient table (Table 20) provided information that was useful in understanding the regression equation. The unstandardized coefficient column was used to produce the functional regression equation, implying that the study's purpose is to anticipate and forecast. As a result, work-life balance was significant and had an unstandardized coefficient of .296 and the constant term was 47.147. Based on these findings, the study reported the following regression equation for predicting “psychological wellbeing” (PWB) and work-life balance (WLB).

$$\text{PWB} = 8.47.147 + 0.296\text{WLB}.$$

Table 20: Coefficients

Model		Unstandardized		Standardized	T	Sig.
		Coefficients		Coefficients		
		B	Std. Error	Beta		
1	(Constant)	47.147	4.231		11.143	.000
	WLB	.296	.043	.425	6.826	.000

a. Dependent Variable: PWB

Source: Field survey (2023)

It is assumed that when sig (p) values are less than 0.05, then the coefficient is significant and vice versa. From Table 20, it can be observe that work-life balance had a sig values of .000. It can therefore be concluded that, work-life balance can significantly predict the variations in the nurses' psychological wellbeing of nurses within the Cape Coast teaching hospital. Moreover, the value of the intercept indicates that, the expected mean value of

psychological wellbeing when indicators of work life balance = 0 was 47.147. Additionally, slope shows that for any unit improvement in work life balance, psychological wellbeing of nurses will improve by 29.6 percent.

It is to note that, this finding was in line with studies by Latz and Rediger (2015), Goyal and Babel (2015). Goyal and Babel (2015), for instance, found that, employees who felt that their professional and personal lives were more balanced expressed greater levels of psychological wellbeing. Latz and Rediger (2015), also found college professors who reported having a better work-life balance had greater levels of psychological wellbeing.

Chapter Summary

It could be deduced that, the independent variables thus work-life balance had positive significant impact on the psychological wellbeing of nurses within the Cape Coast Teaching Hospital. This shows that work-life balance is an excellent predictor of nurse wellbeing. This provides compelling evidence that management of the hospital should continue to implement and improve on the work-life balance of their nurses in order to help improve on their psychological wellbeing. The study's summary, conclusions, and suggestions were presented in the following section.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Introduction

This section summarizes the primary findings, draws conclusions from the study's findings, and makes policy recommendations as well as suggestions for future research.

Summary

The general objective of this work was to examine the effect of work life balance on the psychological wellbeing of nurses within the Cape Coast teaching hospital. Specifically, the study sought to:

1. investigate the effect of work-life balance on positive relation among nurses at the CCTH.
2. examine the effect of work-life balance on self-acceptance among nurses at the CCTH.
3. analyse the effect of work-life balance on happiness among nurses at the CCTH.
4. investigate the effect of work-life balance on autonomy among nurses at the CCTH.
5. examine the effect of work-life balance on personal growth among nurses at the CCTH.

For the purpose of the study's objective, it employed a quantitative research approach and an explanatory research design. A structured questionnaire was utilized to collect data from 217 pensioners out of 234 randomly picked respondents, resulting in a response rate of 93 percent. These people were chosen at random from a population size of 612 nurses within the

Cape Coast teaching hospital. The data was processed using IBM SPSS version 24 and descriptive techniques like frequencies, percentages as well as inferential tools like linear regression were used to analyse the data. The primary findings and the outcomes mentioned in Chapter 4 are summarized as follows:

The first objective was to examine the effect of work-life balance on positive relation as a psychological factor. Work-life balance was represented with indicators such as family support, organisational support, co-worker support, reduced part time, time management and Workload management. The study revealed that out of the six work-life balance indicators, “family support, time management and Workload management” can significantly predict the variations in the positive relation of nurses at CCTH. The magnitude of each of the predictors on positive relation (psychological wellbeing) was positive.

Also, the second objective looked at the effect of work-life balance on self-acceptance as a psychological factor. Work-life balance was again represented with indicators such as family support, organisational support, co-worker support, reduced part time, time management and Workload management. Again it was revealed that “family support, time management and Workload management” can positively and significantly predict the variations in the self-acceptance of nurses at CCTH.

The third objective sought to address the relationship between family support, organisational support, co-worker support, reduced part time, time management and Workload management as indicators of work-life balance and happiness as a psychological wellbeing. The results showed that, out of all the indicators of work-life balance, only family support and time management

can significantly and positively predict the variations in the happiness of nurses at the CCTH.

Moreover, the fourth objective sought to examine the effect of work-life balance on “autonomy” as an indicator of psychological wellbeing. Work-life balance was represented by family support, organisational support, co-worker support, reduced part time, time management and Workload management. The results showed that family support, organisational support, reduced part time, and time management had a significant effect on autonomy. Whiles reduced part time and time management showed a positive significant relationship, family support and organisational support revealed an inverse relationship with autonomy.

The fifth objective assess the effect of work-life balance (family support, organisational support, co-worker support, reduced part time, time management and Workload management) on “personal growth” as an indicator of psychological wellbeing. It was revealed that, out of the six work-life balance indicators, family support, organisational support, time management and Workload management can significantly predict the variations in the nurses’ personal growth. The magnitude of each of these four indicators had a direct impact on personal growth.

The final objective measured the effect of work-life balance as a composite on psychological wellbeing also as a composite variable. It was revealed that work-life balance had a positive and significant effect on psychological wellbeing. This implies that, work-life balance is a good predictor of the psychological wellbeing of nurses within the Cape Coast teaching hospital.

Conclusions

The study assessed the effect of work life balance on the psychological wellbeing of nurses within the Cape Coast teaching hospital. Consequently, the following conclusions were reached based on the study's summary of major findings. For the first research objective family support, time management and Workload management were identified to have a significantly effect on positive relation of nurses at CCTH. The study therefore concluded that nurses would find it difficult to ensure positive relation if there is lack of family support, time management and Workload management.

Again, the study concludes that, family support, time management and Workload management are highly related to ensuring nurses self-acceptance level. Encouragement and support from family members and social groups are key to ensuring self-acceptance amongst nurses within the study area. Also, this result supports previous empirical studies that indicate that, family support, time management and Workload management are critical in ensuring self-acceptance among individuals.

With regards to the third research objective, the study concluded that family support and time management are key predictors in ensuring happiness among nurses. The result support existing studies that asserts that family support as a work-life balance indicator is a key factor in ensuring happiness amongst individuals. These result indicates that when individuals are able to manage their time effectively, they are likewise to be happy, likewise an encouragement and support from friend and relatives would make an individual happy.

Moreover, the study concluded with regards to the fourth research objective that, if nurses are able to reduce the time they spend on part time, then they are likely to improve on their autonomy, likewise ability to manage their time would also help improve on their autonomy. However, the study concluded that family support and organisational support had a negative relation with autonomy. These result further indicates that the traditions and geographical setting of these nurses makes it difficult to obtain autonomy from the organisation or from family members. Due to the tradition of giving autonomy to older people in the family, even if they get support from the family their autonomy may not increase. Likewise the hierarchy in the work place thus not allow individuals to gain autonomy even when there is support from the organisational support.

In relation to the fifth research objective, the study concludes that, family support, organisational support, time management and Workload management are key indicators in ensuring the personal growth of these nurses. As such for a successful growth of these nurses, there is the need to put in place measures to ensure that these nurses gain the support of the family, organisational, manage their time well and also gain the support from their social groups.

Finally, existing studies have argued that, work life balance has a positive significant effect psychological wellbeing of workers including health professionals. These assertions supported the study's finding which indicated a positive effect of work life balance on psychological wellbeing of nurses. Based on this result, the study concludes that, psychological wellbeing of

health professionals at the Cape Coast teaching hospital is positively influenced by work life balance.

Recommendations

On the strength of the research findings and conclusions made, the following recommendations are hereby made.

The problem at stake was to examine the effect of work life balance on the psychological wellbeing of nurses within the Cape Coast teaching hospital. Based on the results, the study recommends that management should put measures in place in order to enhance “family support, organisational support, time management, reduced part time and Workload management.” Management should organise staff and family get together programmes and discuss measures that the family can put in place in order to improve on their support for the nurses.

It is further recommended that management should put policies and measures in place in order to make the working environment a conducive place for the nurses. Management should put in place supportive measures by establishing welfare committees and other association to help improve the work-life balance of their employees. Also, management should organise workshops and seminars on time management for the nurses on how. Experts should be brought on board to guide these nurses on how to manage their time effectively.

Moreover, management of the hospital should put measures in place in order to help reduce the number of hours their nurses spend on part time jobs. Management should increase the remunerations of their nurses to help them earn more and reduced the amount they spend on part time jobs. Finally,

management should establish social groups with core values of appreciating each other. Other platforms should be created to enable staff meet and interact frequently with each other.

Suggestions for Further Research

Although the study provides useful insight into work life balance and psychological wellbeing of nurses within the Cape Coast teaching hospital, the results cannot be generalised to the entire hospitals in Ghana. This is because, the study relied on the opinions and suggestions of workers in the Cape Coast teaching hospital within the Central Region of Ghana. The study therefore recommends that, further research should focus on a broader based research by including other hospitals within the region or country as a whole. Therefore, a broader-based study can look at, “Work-life balance and psychological wellbeing of nurses in public hospitals in Ghana.”

REFERENCES

- Abdullah, A., Yuen, F., & Rahman, H. A. (2018). *The impact of work-life balance on psychological well-being in Malaysian employees*. Global Business and Management Research, 10(2), 403-412.
- Adair, J. E., & Allen, M. (1999). *Time management and personal development*. Thorogood publishing.
- Adisa, T. A., Mordi, C., & Mordi, T. (2014). *The challenges and realities of work-family balance among nigerian female doctors and nurses*. Economic insights-trends & challenges, 66(3).
- Adriaenssens, J., De Gucht, V., & Maes, S. (2015). *Exploring the burden of emergency care: predictors of stress-health outcomes in emergency nurses*. Journal of Advanced Nursing, 71(5), 1094-1105. doi: 10.1111/jan.12565
- Aiken, L. H., et al. (2015). Nurses' working hours, patient safety, and overtime: A systematic review. International Journal of Nursing Studies, 52(2), 605-607.
- Aiken, L. H., Sloane, D. M., Smith, H. L., Flynn, L., Neff, D. F., & Lake, E. T. (2020). *Effects of nurse staffing and nurse education on patient deaths in hospitals with different nurse work environments*. Medical Care, 58(4), 366-373.
- Allen, T. D., Herst, D. E. L., Bruck, C. S., & Sutton, M. (2000). *Consequences associated with work-to-family conflict: a review and agenda for future research*. Journal of Occupational Health Psychology, 5(2), 278-308.

- Allen, T. D., Johnson, R. C., Kiburz, K. M., & Shockley, K. M. (2013). *Work–family conflict and flexible work arrangements: deconstructing flexibility*. *Personnel psychology*, 66(2), 345-376.
- American Nurses Association. (2019). *ANA Health Risk Appraisal (HRA) survey*. Retrieved from <https://www.nursingworld.org/practice-policy/work-environment/health-safety/health-risks-2019/>
- American Psychological Association. (2020). *How to choose a psychologist*. Retrieved from <https://www.apa.org/topics/choosing-psychologist>
- Amin, A. M. (2013). *Assessment of quality of work life of nurses in tamale teaching hospital*. University of Ghana, Legon.
- Amstad, F. T., Meier, L. L., Fasel, U., Elfering, A., & Semmer, N. K. (2011). *A meta-analysis of work–family conflict and various outcomes with a special emphasis on cross-domain versus matching-domain relations*. *Journal of Occupational Health Psychology*, 16(2), 151-169.
- Annan, P. E. (2020). *Work-life balance and employee performance in the Ghana Audit Service*. Doctoral dissertation, University of Cape Coast.
- Bandyopadhyay, G. (2018). *Determinants of psychological well-being and its impact on mental health*. *Issues on Health and Healthcare in India: Focus on the North Eastern Region*, 53-95.
- Biddle, B. J. (1986). *Recent developments in role theory*. *Annual review of sociology*, 12(1), 67-92.
- Boehm, J. K., & Kubzansky, L. D. (2012). *The heart's content: the association between positive psychological well-being and cardiovascular health*. *Psychological Bulletin*, 138(4), 655–691.

- Brookes, K., Davidson, P. M., Daly, J., & Halcomb, E. J. (2007). *Role theory: a framework to investigate the community nurse role in contemporary health care systems*. *Contemporary nurse*, 25(1-2), 146-155.
- Brown, L. J. (2023). *Millennials and work-life balance: comparisons across generations*.
- Brown, S., Jackson, M., & Williams, R. (2019). *The role of supervisor support in work-life balance*. *Journal of Organisational Behavior*, 36(2), 234-251.
- Bruyneel, L., Thoelen, T., Rademakers, J., & Vrijhoef, H. J. M. (2021). *The impact of flexible working hours on work-life balance and health among healthcare professionals: a systematic review*. *International Journal of Environmental Research and Public Health*, 18(4), 1794.
- Butler, R. M., Tregenza, J., Sanson-Fisher, R., & Reid, R. L. (2018). *Nurse work engagement and burnout: the contributing effects of professional identity and professional practice environment*. *Journal of Advanced Nursing*, 74(7), 1667-1677.
- Butt, R. S., Altaf, S., Chohan, I. M., & Ashraf, S. F. (2019). *Analysing the role of quality of work life and happiness at work on employees' job satisfaction with the moderation of job stress, empirical research of Jiangsu University*. *International Journal of Scientific and Technology Research*, 8(10), 1905-1915.
- Cape Coast Teaching Hospital. (n.d.). Retrieved from <https://www.moh.gov.gh/facilities/cape-coast-teaching-hospital>

- Carlson, D. S., Grzywacz, J. G., & Zivnuska, S. (2009). *Is work—family balance more than conflict and enrichment?*. Human relations, 62(10), 1459-1486.
- Chang, T., Weiss, A., Marques, L., Baer, L., Vogeli, C., Trinh, N. H., & Yeung, A. (2014). *Race/ethnicity and other social determinants of psychological well-being and functioning in mental health clinics*. Journal of health care for the poor and underserved, 25(3), 1418.
- Chen, F., Yu, S., & Liu, Y. (2020). *Work-life balance and psychological well-being among employees: a cross-sectional study*. Frontiers in Psychology, 11, 2133.
- Chida, Y., & Steptoe, A. (2008). *Positive psychological well-being and mortality: a quantitative review of prospective observational studies*. Psychosomatic Medicine, 70(7), 741–756.
- Christopher, K. A., & Kulig, J. C. (2000). *Determinants of psychological well-being in Irish immigrants*. Western Journal of Nursing Research, 22(2), 123-143.
- Clark, S. C. (2000). *Work/family border theory: a new theory of work/family balance*. Human relations, 53(6), 747-770.
- Clendon, J., & Walker, L. (2017). *Nurses as family caregivers—barriers and enablers facing nurses caring for children, parents or both*. Journal of nursing management, 25(2), 93-101.
- Cohn, M. A., Fredrickson, B. L., Brown, S. L., Mikels, J. A., & Conway, A. M. (2009). *Happiness unpacked: positive emotions increase life satisfaction by building resilience*. Emotion, 9(3), 361–368.

- Coleman, G. (2021). *Antecedents and outcome of work-life balance among officers of the Ghana Police Service in the Cape Coast Metropolis*. Doctoral dissertation, University of Cape Coast.
- Coomber, B., Barriball, K. L., & Gale, J. (2021). *Working conditions, work-life balance and distress in the nursing workforce: a UK-wide cross-sectional study*. *Journal of Nursing Management*, 29(1), 130-139.
- Creswell, J. W. (2014). *A concise introduction to mixed methods research*. SAGE publications.
- Creswell, J. W., & Creswell, J. D. (2017). *Research design: qualitative, quantitative, and mixed methods approaches*. New Jersey, UK: Sage Publications.
- Dangi, S., & Nagle, Y. K. (2015). *Personality factors as determinants of psychological well being among adolescents*. *Indian Journal of Health and Wellbeing*, 6(4), 369.
- Delecta, P. (2011). *Work life balance*. *International journal of current research*, 3(4), 186-189.
- Diaz-Kope, L. M., Miller-Stevens, K., & Henley, T. J. (2019). *An examination of dissertation research: the relationship between gender, methodological approach, and research design*. *Journal of Public Affairs Education*, 25(1), 93-114.
- Diener, E., & Chan, M. Y. (2011). *Happy people live longer: subjective well-being contributes to health and longevity*. *Applied Psychology: Health and Well-Being*, 3(1), 1-43.

- Diener, E., Lucas, R. E., & Oishi, S. (2018). *Advances and open questions in the science of subjective well-being*. Collabra: Psychology, 4(1), 15. <https://doi.org/10.1525/collabra.115>
- Embriaco, N., Azoulay, E., Barrau, K., Kentish, N., Pochard, F., Loundou, A., ... & Papazian, L. (2007). *High level of burnout in intensivists: prevalence and associated factors*. American Journal of Respiratory and Critical Care Medicine, 175(7), 686-692.
- Fredrickson, B. L. (2001). *The role of positive emotions in positive psychology: the broaden-and-build theory of positive emotions*. American Psychologist, 56(3), 218–226.
- Frone, M. R., Russell, M., & Barnes, G. M. (1996). *Work-family conflict, gender, and health-related outcomes: a study of employed parents in two community samples*. Journal of Occupational Health Psychology, 1(1), 57–69.
- Galatsch, M., et al. (2021). *A qualitative exploration of work-life balance among registered nurses in German hospitals*. Journal of Nursing Management, 29(4), 923-930.
- Geiger-Brown, J., Muntaner, C., Lipscomb, J., & Trinkoff, A. (2012). *Demanding work schedules and mental health in nursing assistants working in nursing homes*. Work, 41(1), 204-213.
- George, J. M., & Zhou, J. (2007). *Dual tuning in a supportive context: Joint contributions of positive mood, negative mood, and supervisory behaviors to employee creativity*. Academy of Management Journal, 50(3), 605–622.

- Geyser, I. (2013). *The relationship between time management behaviour, flow, happiness and life satisfaction in the hospitality training environment*. University of Johannesburg (South Africa).
- Ghana Health Service. (2020). *National Nursing and Midwifery Strategic Plan 2020-2024*. Retrieved from https://www.ghanahealthservice.org/downloads/Nursing_Midwifery_Strategic_Plan_2020-2024.pdf
- Goyal, K. A., & Babel, A. A. (2015). *Issues and challenges of work life balance in banking industry of India*. Pacific business review international, 8(5), 113-118.
- Grady, G. McCarthy, A., Darcy, C., & Kirrane, M. (2010). *Work-life balance policies and initiatives in Irish organisation: a best practice management*. Cork: Oak Tree Press.
- Grandey, A. A., Cordeiro, B. L., & Crouter, A. C. (2005). *A longitudinal and multi-source test of the work-family conflict and job satisfaction relationship*. Journal of Occupational and Organisational Psychology, 78(3), 305-323.
- Greenhaus, J. H., & Beutell, N. J. (1985). *Sources of conflict between work and family roles*. Academy of Management Review, 10(1), 76-88.
- Greenhaus, J. H., & Powell, G. N. (2006). *When work and family are allies: a theory of work-family enrichment*. Academy of management review, 31(1), 72-92.
- Griffiths, P., et al. (2020). *Nurse staffing, nursing workload, and patient mortality in intensive care units: an observational study*. Journal of Advanced Nursing, 76(6), 1422-1433.

- Grove, S. K., Burns, N., & Gray, J. (2012). *The practice of nursing research: Appraisal, synthesis, and generation of evidence*. Elsevier Health Sciences.
- Guest, D. E. (2002). *Perspectives on the study of work-life balance*. Social Science Information, 41(2), 255-279.
- Haar, J. M., Sune, A., Russo, M., & Ollier-Malaterre, A. (2019). *A cross-national study on the antecedents of work-life balance from the fit and balance perspective*. Social Indicators Research, 142, 261-282.
- Hair, J. F., Black, W. C., Babin, B. J., Anderson, R. E., & Tatham, R. (2010). *Multivariate data analysis (7th ed.)*. Harlow, England: Pearson Education Limited.
- Halldén, K., Gallie, D., & Zhou, Y. (2012). *The skills and autonomy of female part-time work in Britain and Sweden*. Research in Social Stratification and Mobility, 30(2), 187-201.
- Harter, J. K., Schmidt, F. L., & Keyes, C. L. (2003). *Well-being in the workplace and its relationship to business outcomes: a review of the Gallup studies*. Flourishing: Positive Psychology and the Life Well-Lived, 205–224.
- Herscovis, M. S., Reich, T. C., Parker, S. K., & Bozeman, J. (2021). *Barriers to nurses' support for colleagues' work-life balance*. Journal of Occupational Health Psychology, 26(1), 105-116.
- Hill, E. J., Hawkins, A. J., Ferris, M., & Weitzman, M. (2001). *Finding an extra day a week: the positive influence of perceived job flexibility on work and family life balance*. Family Relations, 50(1), 49–58.

- Janeslätt, G., Ahlström, S. W., & Granlund, M. (2019). *Intervention in time-processing ability, daily time management and autonomy in children with intellectual disabilities aged 10–17 years: a cluster randomised trial*. Australian occupational therapy journal, 66(1), 110-120.
- Jennings, B. M. (2008). *Work stress and burnout among nurses: role of the work environment and working conditions*. Patient safety and quality: An evidence-based handbook for nurses.
- Johnson, R., Thompson, P., & Davis, E. (2020). *The impact of flexible work arrangements on work-life balance*. Journal of Applied Behavioral Science, 48(4), 567-586.
- Kalliath, T., & Brough, P. (2008). *Work–life balance: a review of the meaning of the balance construct*. Journal of management & organisation, 14(3), 323-327.
- Kelly, E. L., & Moen, P. (2007). *Rethinking the clockwork of work: why schedule control may pay off at work and at home*. Advances in Developing Human Resources, 9(4), 487–506.
- Kelly, L., Runge, J., & Spencer, C. (2019). *Predictors of work-life balance in nurses and midwives: a systematic review and meta-analysis*. Journal of Clinical Nursing, 28(19-20), 3343-3356. doi: 10.1111/jocn.14953
- Keyes, C. L. (2007). *Promoting and protecting mental health as flourishing: a complementary strategy for improving national mental health*. American Psychologist, 62(2), 95–108.
- Kossek, E. E., & Ozeki, C. (1998). *Work-family conflict, policies, and the job-life satisfaction relationship: a review and directions for organisational*

behavior-human resources research. Journal of Applied Psychology, 83(2), 139–149.

Kumar, A. (2019). *The menace of neoliberal education reforms: where capitalism, behaviourism, and positivism meet.* In *Curriculum in International Contexts*. London, UK: Palgrave Macmillan.

Kumar, R. (2018). *Research methodology: a step-by-step guide for beginners.* New York, USA: Sage.

Kumar, R. (2019). *Research methodology: a step-by-step guide for beginners.* (5th ed.). Sage Publications.

Kumar, S., Sarkar, S., & Chahar, B. (2023). *A systematic review of work-life integration and role of flexible work arrangements.* *International Journal of Organisational Analysis*, 31(3), 710-736.

Lakshmi, K. S., Ramachandran, T., & Boohene, D. (2012). *Analysis of work life balance of female nurses in hospitals-comparative study between government and private hospital in Chennai, TN., India.* *International Journal of Trade, Economics and Finance*, 3(3), 213.

Laschinger, H. K. S., & Leiter, M. P. (2006). *The impact of nursing work environments on patient safety outcomes: the mediating role of burnout engagement.* *JONA: The Journal of Nursing Administration*, 36(5), 259-267.

Laschinger, H. K., Cummings, G., Leiter, M., Wong, C., MacPhee, M., Ritchie, J., ... & Burkoski, V. (2016). *Starting where we are: a snapshot of the mental health of Canadian nurses.* *International Journal of Mental Health Nursing*, 25(5), 445-456.

- Latz, A. O., & Rediger, J. N. (2015). *Navigating the water: community college faculty and work-life balance*. The Journal of Faculty Development, 29(1), 13-24.
- Lee, H. F., Yeh, T. K., Chang, H. Y., Kuo, S. Y., & Tzeng, W. C. (2020). *Emotional labor, professional commitment, and work-life balance among nurses in Taiwan*. Journal of Nursing Management, 28(2), 372-380.
- Lockwood, N. R. (2003). *Work/life balance. Challenges and solutions*. SHRM Research, USA, 2(10).
- Lyubomirsky, S., King, L., & Diener, E. (2005). *The benefits of frequent positive affect: does happiness lead to success?* Psychological Bulletin, 131(6), 803–855.
- Makasi, A., Govender, K., & Munyoro, T. (2014). *The effects of Corporate Social Responsibility (CSR) on corporate brand positioning*. Mediterranean Journal of Social Sciences, 5(20), 2597.
- Mealer, M., Jones, J., & Newman, J. (2012). *Factors influencing resilience and development of posttraumatic stress disorder in critical care nurses*. American Journal of Critical Care, 21(2), 106-113.
- Msuya, M. S., & Kumar, A. B. (2022). *The role of supervisor work-life support on the correlation between work autonomy, workload and performance: perspective from Tanzania banking employees*. Future Business Journal, 8(1), 26.

- Mumuni, R. (2020). *Work-Life Balance and Psychological Well-Being of Mental Health Nurses in Ankaful Psychiatric Hospital: The Moderating Role of Personality Trait* (Doctoral dissertation, University of Cape Coast).
- Newcomb, M. D. (1990). *Workload management and personal characteristics: a developmental and interactional perspective*. Journal of social and clinical psychology, 9(1), 54-68.
- Newman, A., Bavik, Y. L., Mount, M., & Shao, B. (2021). *Data collection via online platforms: challenges and recommendations for future research*. Applied Psychology, 70(3), 1380-1402.
- North, R. J., Holahan, C. J., Moos, R. H., & Cronkite, R. C. (2008). *Family support, family income, and happiness: a 10-year perspective*. Journal of Family Psychology, 22(3), 475.
- Ofori, R., & Frimpong, J. A. (2018). *The role of nurses in achieving sustainable development goals in Ghana*. Journal of health, population, and nutrition. 37(1), 9. doi:10.1186/s41043-018-0141-7
- Perry, L., Xu, X., Gallagher, R., Nicholls, R., & Sanko, J. S. (2021). *Nurses' work-life balance: an integrative review*. Journal of Advanced Nursing, 77(2), 613-628.
- Prabhashani, R. M. B., & Rathnayaka, R. M. (2017). *Determinants of work life balance among nurses: empirical evidence from Monaragala district general hospital, Sri Lanka*. In 6th International Conference on Management and Economic (pp. 283-289).

- Pulido-Martos, M., Augusto-Landa, J. M., & Lopez-Zafra, E. (2012). *Sources of stress in nursing students: a systematic review of quantitative studies*. International Nursing Review, 59(1), 15-25.
- Robitschek, C., & Kashubeck, S. (1999). *A structural model of parental alcoholism, family functioning, and psychological health: the mediating effects of hardiness and personal growth orientation*. Journal of counseling psychology, 46(2), 159.
- Rothenberger, D. A., Geissler, H., & Hasselhorn, H. M. (2016). *Work stress and professional exhaustion in nursing professionals: the mediating role of internal and external resources*. Journal of Occupational Health Psychology, 21(1), 73-84.
- Royal College of Nursing. (2019). *Safe and effective staffing: nursing against the odds*. Retrieved from <https://www.rcn.org.uk/professional-development/publications/pub-007996>
- Ryan, R. M., & Deci, E. L. (2001). *On happiness and human potentials: a review of research on hedonic and eudaimonic well-being*. Annual Review of Psychology, 52(1), 141-166. <https://doi.org/10.1146/annurev.psych.52.1.141>
- Şahin, F., & Şahin Altun, Ö. (2020). *The relationship between perceived family support and happiness level of patients with schizophrenia*. Journal of Psychiatric Nursing, 11(3), 181-187.
- Salaria, N. (2012). *Meaning of the term descriptive survey research method*. International Journal of Transformations in Business Management, 1(6), 1-7.

- Saunders, M. N., Lewis, P., Thornhill, A., & Bristow, A. (2015). Understanding research philosophy and approaches to theory development.
- Saunders, M., Lewis, P., & Thornhill, A. (2009). *Research methods for business students*. London, UK: Pearson Education.
- Seiffge-Krenke, I., & Pakalniskiene, V. (2011). *Who shapes whom in the family: reciprocal links between autonomy support in the family and parents' and adolescents' coping behaviors*. *Journal of Youth and Adolescence*, 40, 983-995.
- Seligman, M. E. P. (2011). *Flourish: a visionary new understanding of happiness and well-being*. Free Press.
- Sharma, K. N., Karunanidhi, S., & Chitra, T. (2015). *Determinants of psychological well-being among retirees*. *International Research Journal of Social Science*, 4(3), 19-26.
- Shirmohammadi, M., Chan Au, W., & Beigi, M. (2022). *Antecedents and outcomes of work-life balance while working from home: a review of the research conducted during the COVID-19 pandemic*. *Human Resource Development Review*, 21(4), 473-516.
- Siregar, C. T., Pasaribu, Y. M. K., Nasution, S. Z., Zulkarnain, Z., & Harahap, M. (2023, May). *The relationship of family support and self-acceptance of haemodialysis patients in Medan*. In AIP Conference Proceedings (Vol. 2626, No. 1). AIP Publishing.
- Sirgy, M. J., & Lee, D. J. (2018). *Work-life balance: an integrative review*. *Applied Research in Quality of Life*, 13, 229-254.

- Smith, J. M., Johnson, L., & Thompson, R. D. (2019). *The influence of work-life balance on psychological well-being: a moderated mediation model of mindfulness and employee engagement*. Journal of Occupational Health Psychology, 24(2), 225-236.
- Smith, J., Johnson, L., & Anderson, K. (2018). *The impact of organisational culture on work-life balance*. Journal of Applied Psychology, 52(3), 456-473.
- Solomon, M. R., Surprenant, C., Czepiel, J. A., & Gutman, E. G. (1985). *A role theory perspective on dyadic interactions: the service encounter*. Journal of marketing, 49(1), 99-111.
- Stimpfel, A. W., Sloane, D. M., & Aiken, L. H. (2012). *The longer the shifts for hospital nurses, the higher the levels of burnout and patient dissatisfaction*. Health affairs, 31(11), 2501-2509.
- Tetteh, E. N., & Attiogbe, E. J. K. (2019). *Work-life balance among working university students in Ghana*. Higher Education, Skills and Work-Based Learning.
- Thompson, C. A., & Prottas, D. J. (2006). *Relationships among organisational family support, job autonomy, perceived control, and employee well-being*. Journal of occupational health psychology, 11(1), 100.
- Thompson, C. A., Beauvais, L. L., & Lyness, K. S. (1999). *When work-family benefits are not enough: the influence of work-family culture on benefit utilization, organisational attachment, and work-family conflict*. Journal of Vocational Behavior, 54(3), 392-415.

- Van Bogaert, P., Clarke, S., Willems, R., & Mondelaers, M. (2013). *Nurse practice environment, workload, burnout, job outcomes, and quality of care in psychiatric hospitals: a structural equation model approach*. *Journal of Advanced Nursing*, 69(7), 1515-1524.
- Veronese, G., & Pepe, A. (2017). *Sense of coherence as a determinant of psychological well-being across professional groups of aid workers exposed to war trauma*. *Journal of interpersonal violence*, 32(13), 1899-1920.
- Vincke, J., & Bolton, R. (1994). *Social support, depression, and self-acceptance among gay men*. *Human Relations*, 47(9), 1049-1062.
- Walker, S. G. (1987). *Role theory and foreign policy analysis*.
- Waterman, A. S. (1993). *Two conceptions of happiness: contrasts of personal expressiveness (eudaimonia) and hedonic enjoyment*. *Journal of Personality and Social Psychology*, 64(4), 678-691. <https://doi.org/10.1037/0022-3514.64.4.678>
- West, C. P., Dyrbye, L. N., Sloan, J. A., & Shanafelt, T. D. (2016). *Single item measures of emotional exhaustion and depersonalization are useful for assessing burnout in medical professionals*. *Journal of General Internal Medicine*, 31(10), 1146-1149.
- Wilkinson, M. (2013). *Work life balance and psychological well-being in men and women*. Doctoral dissertation (Auburn University).
- Yi, Y. D., & Hwang, G. C. (2013). *The effects of time management behavioral therapy program on self-esteem, stress coping of school maladjusted adolescents*. *Journal of Digital Convergence*, 11(10), 517-526.
- Yin, R. K. (2009). *Case study research: design and methods* (Vol. 5). Sage.

APPENDICES**University of Cape Coast****College of Humanities and Legal studies****School of Business, Department of Management****QUESTIONNAIRE**

Dear Sir/Madam, I am a masters student from the Department of Management at the school of business. I am carrying out my Dissertation work on the topic **“Work-Life Balance and Psychological Wellbeing of Nurses in the Cape Coast Teaching Hospital”** the Central region. Your opinions are really significant to the research. All of the information you submit will be kept completely private. We appreciate you agreeing to take part in the research.

SECTION A: SOCIO-DEMOGRAPHIC INFORMATION

1. Sex

Male ☐ Female ☐

2. Age:

18- 30 years ☐ 31-40 years ☐41-50 years ☐ 51- 60 years ☐

3. Educational Qualification

Certificate ☐ Diploma ☐Bachelor Degree ☐ Postgraduate Degree ☐

Other (Please specify)

4. Job Position

Senior Staff ☐Junior staff ☐

5. Number of years worked at the hospital

Less than 6 years ☐ 6 -10 years ☐11- 20 years ☐ above 20 years ☐

SECTION B: WORK-LIFE BALANCE

On a scale of 1 – 5, Please rate how you agree with the following psychological wellbeing measures. **With 1 – Least Agreement and 5 – Highest Agreement**

Family Support		1	2	3	4	5
FS1	My family gives emotional support and encouragement, especially during difficult work moments.					
FS2	In order to preserve my physical and emotional well-being, my family urges me to prioritise self-care practises like exercise, enough sleep, and relaxation.					
FS3	My family values open and honest communication among members in order to respect one another's obligations, difficulties, and wants in both their personal and professional lives.					
FS4	My family divides domestic tasks among family members to reduce the individual's workload.					
FS5	As a family, they support me in setting aside time for work and honour those boundaries.					
Organisational Support						
OS1	My hospital offers stress management courses, yoga classes, and gym memberships in addition to health programmes that emphasise both physical and emotional well-being.					
OS2	Resources are available at my hospital to assist staff in overcoming both personal and professional obstacles.					
OS3	Employees are encouraged by the hospital to use their vacation time as scheduled.					
OS4	Workloads are tracked at my hospital to avoid burnout.					
OS5	My hospital offers family-friendly policies, like					

	flexible parental leave					
Co-worker Support						
CWS1	My co-workers are considerate of my set work hours and refrain from messaging me about non-urgent work-related matters after work hours.					
CWS2	When I require a day off or in case of an emergency, my co-workers agree to cover for me.					
CWS3	My co-workers urge me to take breaks on a regular basis and to engage in office activities that promote relaxation.					
CWS4	To raise my spirits, my co-workers recognise and appreciate my accomplishments in both my personal and professional lives.					
CWS5	My co-workers are aware of how much work I have on my plate and are willing to help if they see me struggling.					
Reduced Part time						
RPT1	With less hours worked in my part-time job, I have more time to relax, take up new interests, and spend with my family.					
RPT2	By limiting part-time employment, I may better combine my professional and personal life, reducing tensions between professional and personal commitments.					
RPT3	By cutting back on my part-time employment, I will have more time to handle family obligations like child care, school events, and family gatherings					
RPT4	With my part-time hours reduced, I am able to retain and develop social relationships, promoting a balanced and happy social life.					
RPT5	Working fewer hours allows me to focus more intently, which boosts productivity and efficiency.					
Time Management						

TM1	Time management enables me to identify and prioritise chores, allowing me to focus on what genuinely important rather than feeling overwhelmed by a long to-do list.					
TM2	Time management assists me in overcoming procrastination by encouraging a proactive approach to activities and lowering stress from last-minute obligations.					
TM3	Time management allows me to set aside defined blocks of time for work, personal pursuits, and relaxation, resulting in a more balanced existence.					
TM4	Time management allows me to put limitations on work hours and keep work-related activities from invading personal time.					
TM5	I find that by routinely analysing my time, I can see trends, evaluate my priorities, and make necessary changes to preserve a better work-life balance.					
Workload management						
SS1	Workload management allows me to prioritise jobs based on their relevance and urgency, which enhances efficiency and decreases the sensation of overload.					
SS2	Workload management helps me avoid burnout and maintain a sustainable pace of work.					
SS3	Workload management enables me to focus on projects that improve their skills and add to their professional progress.					
SS4`	Workload management allows me to cultivate a strong work culture built on trust, cooperation, and mutual support.					
SS5	A well-managed workload enables me to strike a good balance between their job duties and personal commitments.					

SECTION C: PSYCHOLOGICAL WELLBEING

On a scale of 1 – 5, Please rate how you agree with the following psychological wellbeing measures. **With 1 – Least Agreement and 5 – Highest Agreement**

Positive Relation		1	2	3	4	5
PR1	I have a strong sense of belonging and connectedness to others both at work and outside work					
PR2	In the company of my co-workers, I feel comfortable and at ease without worrying about being discomfort or judged.					
PR3	I cultivate and uphold wholesome, encouraging relationships.					
PR4	My co-workers and I respect and cherish each other's viewpoints, boundaries, and uniqueness.					
PR5	My co-workers and I are able to comprehend and share empathy for one another's thoughts and emotions.					
Self-Acceptance						
SA1	I feel satisfy with my good and bad qualities in relation to my work and family					
SA2	I have a sound and optimistic self-perception.					
SA3	I am gentle and compassionate with myself, even when things are tough.					
SA4	I stay loyal to who I am and make decisions and behaviours that reflect my own values and convictions.					
SA5	I develop resilience to overcome obstacles and disappointments without seriously lowering my sense of value in myself.					
Happiness						
H1	At my workplace, I am generally happy and fulfilled.					
H2	I work in a job that fulfils my passions and ideals and gives me a sense of purpose and contribution.					
H3	I am comfortable and loving the process of collaborating and having conversations with family members and co-workers.					
H4	I'm excited and full of energy when it comes to taking on new tasks and answering intriguing					

	questions.						
H5	I am able to maintain a healthy balance between my personal and professional obligations, making time for leisure, family time, and personal time.						
Autonomy							
A1	I am a self-determining and independent person						
A2	I have some degree of independence and control over the decisions I make, the job I do, and how I complete things.						
A3	I am free of unreasonable restraints or limits, allowing me to act according to my own free choice.						
A4	I assume full responsibility for my actions and decisions.						
A5	I am capable of adapting and responding to changing conditions on my own.						
Personal Growth							
PG1	I am more aware of my own talents and flaws, as well as my values, beliefs, and motivations.						
PG2	I have goals in life and a sense of directedness						
PG3	I often feel a sense of accomplishment and pride in my achievements						
PG4	I feel a sense of accomplishment and pride in my achievements						
PG5	I possess a great degree of self-control and emotional intelligence.						

THANK YOU FOR PARTICIPATING