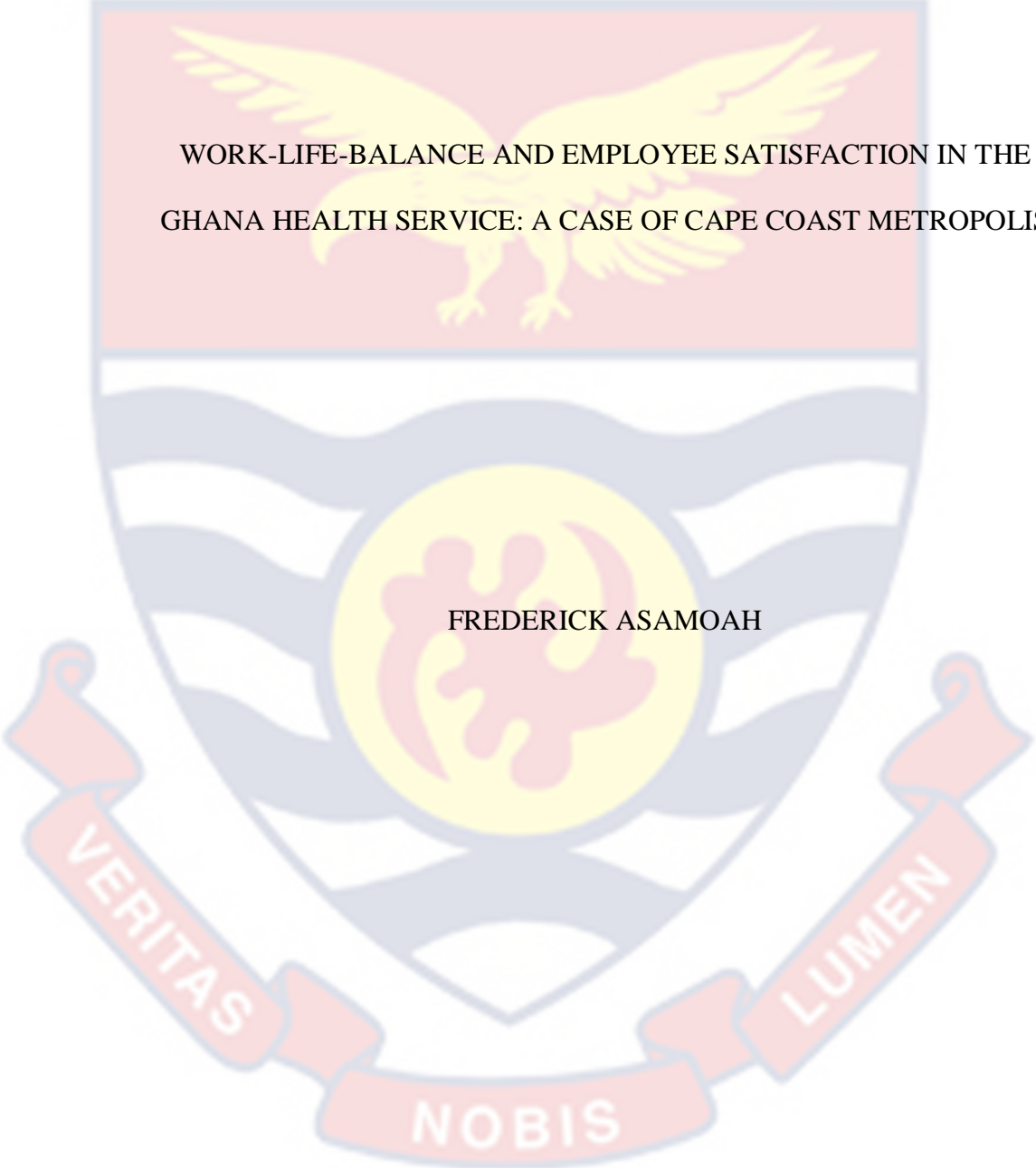


UNIVERSITY OF CAPE COAST



WORK-LIFE-BALANCE AND EMPLOYEE SATISFACTION IN THE  
GHANA HEALTH SERVICE: A CASE OF CAPE COAST METROPOLIS

FREDERICK ASAMOAH

2023

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BY

FREDERICK ASAMOAH

Dissertation submitted to the Department of Human Resource 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 Human Resource Management

MAY 2023

## 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: .....

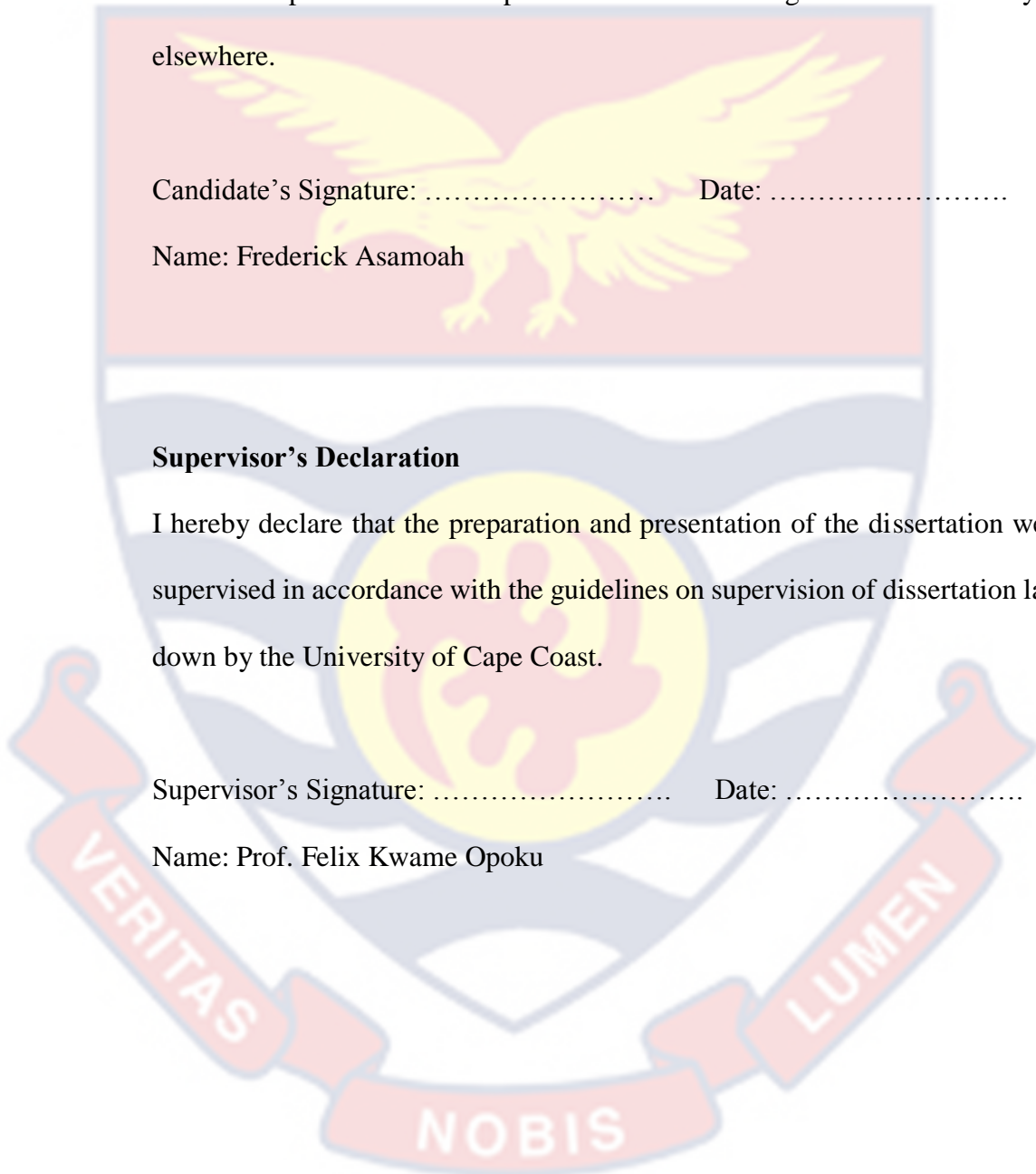
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### Supervisor's Declaration

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

Supervisor's Signature: ..... Date: .....

Name: Prof. Felix Kwame Opoku



## ABSTRACT

With a descriptive outlook, this study investigated the effect of work-life-balance and job satisfaction among health workers within Cape Coast. Specifically, the study sought to examine the factors that determine work-life-balance at the GHS in the metropolis; analyse the influence of poor (negative) work-life-balance on job satisfaction among GHS workers in the metropolis; and finally, to examine the influence of good (positive) work-life-balance on job satisfaction among GHS workers in the metropolis. The study had three hospitals in scope – Adisadel health centre, Ewim Poly Clinic and Cape Coast District Hospital. It adopted the quantitative research approach. Data was gathered from 85 sampled respondent through the use of survey questionnaires. The study found that factors that influence work-life-balance of employees in the selected healthcare facilities included leave policy, management styles, personal lives, flexibility of job, control over work, among others. It was also found that negative work-life-balance does influence Job satisfaction and this influence was found to be statistically significant. Also, positive work-life-balance was also a good predictor of job satisfaction. To improve work-life-balance and the ensuing job satisfaction, the study recommended that management of these three healthcare facilities through the Ghana Health Service, should recruit more health professionals. It is also recommended that the provision and enforcement of mandatory leave for nurses, doctors, etc.

## KEYWORDS

Work Life Balance

Job Satisfaction

Health Workers

Wellbeing

Work Performance

Ghana Health Service



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## DEDICATION

To my Sweetheart, Dorothy Afful and my beautiful daughter, Audrey Nana

Adjoa Frimpomaa Asamoah-Boateng.



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## CHAPTER ONE

### INTRODUCTION

The nature of one's job influences so many facets of people's lives; from financial remuneration, family time and even their ability to lead a healthy lifestyle. Some jobs are known to be more strenuous than others and thus, require more attention. One of such jobs is that of healthcare workers; particularly those directly working within the health and allied health. The present study sought to therefore, investigate the effect of work-life-balance and job satisfaction among workers at the Ghana Health Service (GHS), specifically health workers within the Cape Coast metropolis.

#### **Background to the Study**

Work-life balance is the process of creating and maintaining inclusive and stable work environments in order to manage work and personal responsibilities while increasing employee happiness and performance (Chang et al., 2019). Employees nowadays have numerous overlapping obligations such as education, youth, housekeeping, fundraising, spouse and elderly parent care, which puts a strain on the individuals, houses, and neighbourhoods in which they reside (Sheppard, 2016). Work-life conflict is a critical issue that concerns people, businesses, and society. Extensive work hours and high-stress employment not only make balancing work and family life problematic, but they are also associated with health risks such as increased smoking and alcohol use, weight gain, and anxiety. Work-life conflict has had a number of physical and mental health repercussions (Sheppard, 2016; Chang et al., 2019).

However, it is a critical component of any organization because when employees are balanced, everything else is balanced. As stress is reduced, a more positive mood develops, which has been shown to benefit both physical and mental health (Sheppard, 2016). A happy, healthy community is more upbeat and productive. Work-life balance is about building and sustaining inclusive and stable work environments that allow for a balance of work and personal responsibilities in response to the organization's strategic goal. Employers are becoming more conscious of the financial consequences of overworked practices, including as operational and production costs, absenteeism, punctuality, devotion, and efficiency (Sheppard, 2016). Work-life balance programs are implemented for five primary reasons: high investment returns, recruiting and retention, policy, expenditures, and labour restrictions. As a result, it plays a critical role in both HR and corporate wellness and growth (Sheppard, 2016).

Aside the monetary gains, the innermost gratification of every worker emanates from the satisfaction they get on the job. In view of this, proper work-life balance could not be disassociated in attaining job satisfaction (Schaufeli, 2017). As the workplace becomes more dynamic daily, it is more important than ever for private and public sector employers to strike a better work-life balance to ensure job satisfaction (Wharton, 2016). Globalization and technological progress have increased business competition, prompting companies to prioritise work-life balance programmes to improve employee satisfaction (Bardoel, 2017).

According to Loan (2020), work-life conflict or imbalance occurs when the demands of one segment stretch to the needs of the other or when an

individual is unable to fulfil both segments adequately. At the dawn of the industrial revolution, corporate organisations viewed work and life to be distinct spheres. According to employers and corporate management, employees were supposed to put the organisations interests ahead of their own. This was based on the assumption that their organisations' financial resources and economic empowerment enabled them to fulfil their personal and family roles and functions.

According to Raab (2020), employees with a balanced work and life are more creative, whereas those with an unbalanced work and life are more melancholic (Lu et al., 2019). As a result, the entire notion of work-life balance is based on workers' critical roles as economic and social individuals (Budra & Baleix, 2020). The employee is seen as a company's economic resource as well as a social resource for family and community development, which is at the heart of the work-life balance concept. As a result, the interaction of an employee's economic and social obligations is constantly unbalanced, with one role's functioning dominating the other, affecting the individual's overall performance on both ends.

Job satisfaction is a significant resource in every organisation; as a result, human resource supervisors should maximise their contribution to the business's ambitions and aims in order to sustain effective job satisfaction by removing work-life conflicts (Tarakanovskaya, 2019). According to Bakoti (2016), organisations are largely unconcerned with how employees behave outside of work, whereas employers are concerned with employees' behaviour inside the workplace. However, as time passes, such attitudes are shifting, and



businesses are increasingly recognising the critical role of work-life balance in enhancing job satisfaction and achieving other organisations objectives.

In their line of work, health workers sometimes face a heavy workload, emotional stress, and time constraints, all of which can affect their performance satisfaction (Keenan & McBain, 2007). Individuals and organisations concerned with the quality of work in relation to overall life quality face a major challenge in finding a work-life balance (Gulsen & Ozmen, 2020). The goal is to give workers a high quality of life while still working productively. This is because work and personal life domain inter-role tensions are thought to be mutually exclusive (Toropova, et al., 2021). Families and communities demand these same parents and relatives' attention, care, and guidance at precise periods, just as organisations expect maximum concentration, innovation, and skill from employees within a specified period.

While work-life balance programmes have gained popularity in affluent countries such as the United Kingdom, and the bulk of developing nations, notably in Africa, have yet to fully adopt these so-called programmes, despite evidence of a statistically significant association between work-life balance and job satisfaction (White & Maniam, 2020). Several large private organisations in Ghana have established work-life balance programmes to reduce work-family conflicts, which can hurt job satisfaction (Opoku & Apenteng, 2014). A healthy work-life balance is fostered by companies that establish a cheerful and open work atmosphere, where management expect the best from their employees and respect and thanks are freely provided.

Good working conditions improve the overall affordability and efficiency of the business. In order to maintain a healthy lifestyle, both

categories have social responsibilities that must be balanced with job responsibilities. Employees that lack a certain preferred standard of good work-life balance, tend to have more work, anxiety, long work hours, and insufficient personal time (Dartey-Baah, et al., 2020). As a result, they are less satisfied with their allotted activities and responsibilities at work. Ghana is one of several sub-Saharan African nations achieving significant progress in key health outcome indicators, claims the Ghana Health Service (GHS) (2011). Over half of Ghana's population resides in metropolitan regions, where 68 percent of the health staff is thought to work, while the remaining 32 percent does so in rural areas [Ghana Health Workers Observatory (GHWO), 2011].

Notwithstanding these staffing estimates in the Ghana health industry, the burden of health professionals appears to be a concern in providing effective and efficient healthcare to patients (GHWO, 2011). It is therefore vital for health workers to understand and learn how to ensure positive work-life balance as it can influence their job satisfaction. The third Sustainable Development Goal (SDG) is concerned with promoting wellbeing and guaranteeing healthy lives for all people. SDG #3, which has an emphasis on the recruitment, development, training, and retention of the health workforce in poor countries, is particularly relevant to the study (United Nations Development Program, 2015). As a result, the present study's conclusions and suggestions may help to advance SDG three.

### **Statement of the Problem**

Globally, employees face a range of challenges. The majority of employees experience stress, which is a common ailment. According to Malik et al. (2019), the majority of people have numerous jobs and responsibilities at

work and at home. When work and home duties are not balanced, there is often tension between the two, which can result in stress and even despair if not managed properly. According to the authors, employees' multiple jobs have an effect on their overall well-being at work and at home. This might result in a work-family conflict, which can have a detrimental spill over effect from work to home or vice versa, manifesting as stress, passive-aggressive behaviour, and difficulties focusing on work.

Employees face issues related to their social, economic, psychological, and mental health as a result of work-life conflicts. Job satisfaction is also affected by an employee's incapacity to manage a big workload, which is a major source of occupational stress (Anuradha & Pandey, 2016). Scholars in this discipline have focused their efforts on Ghana's private sector and other cooperative organisations, particularly financial institutions and important telecommunications firms. Government institutions, such as the Ghana Health Service, have garnered less attention, yet even government employees face work-related stress, impairing their performance. Organisations have attempted to increase employees' flexibility in completing their work while also allowing them to fulfil their family obligations to the maximum extent possible (Bakker & Demerouti, 2006).

This confirms a study by the Ghana Health Service that, due to nurse migration to other countries, there is an issue with the number of Ghanaian nurses readily available in the country due to this high level of emigration, which is causing an increase in workload and a decline in employee morale (Ghana Health Service, 2007). It could be argued that the increased pressure leads to their state of helplessness. Such recurrent exposure is crucial

because it may negatively impact the nurses' mental wellness and health, impeding both their personal and professional development. Despite the fact that there are apparent indications of imbalance of work-life among health workers in Cape Coast as a result of an interaction between the researcher and some of the workers, these indications are not well defined by evidence.

Therefore, it remains unclear how a health professional can effectively ensure positive work-life balance. It is in the light of these that this study seeks to fill the gap by investigating work-life balance and job satisfaction among Ghana Health Service workers in Cape Coast, to advance in-depth comprehension of the phenomenon under study by exploring the views of the health workers and providing empirical evidence.

### **Purpose of the Study**

The general objective of the study was to determine the effect of work-life-balance and job satisfaction among workers at the Ghana Health Service (GHS) within the Cape Coast metropolis.

### **Research Objectives**

The study specifically sought to:

1. examine the factors that determine work-life-balance at the GHS in the metropolis;
2. analyse the influence of elements of negative work-life-balance on job satisfaction among GHS workers in the metropolis;
3. examine the influence of elements of positive work-life-balance on job satisfaction among GHS workers in the metropolis.

### Research Questions

Based on the objectives stated above, the following research questions were established:

1. What are the factors that determine work-life-balance at GHS in the metropolis?
2. What is the effect of poor work-life-balance on job satisfaction among GHS workers in the metropolis?
3. What is the effect of good work-life-balance on job satisfaction among GHS workers in the metropolis?

### Research Hypothesis

H0: Elements of positive work-life-balance have positive effects on the job satisfaction of GHS workers in the Metropolis.

H1: Elements of positive work-life-balance does not have positive effects on the job satisfaction of GHS workers in the Metropolis.

H0: Elements of negative work-life-balance have negative effects on the job satisfaction of GHS workers in the Metropolis.

H1: Elements of negative work-life-balance does not have negative effects on the job satisfaction of GHS workers in the Metropolis.

### Significance of the Study

The present study aimed to explore the phenomenon of work-life-balance and job satisfaction among Ghana Health Service workers in Cape Coast. To a Large extent, negative work-life-balance can influence the wellbeing of health workers which adversely affect their job satisfaction hence, the need for health workers be aware and appreciate this phenomenon.

To achieve this, the present study, addressed peculiar issues of work-life-balance and job satisfaction to enrich health professionals' sphere of knowledge concerning the phenomenon under study. Thus, this study would help hospital managements and health directorates to be aware of the negative and positive work-life-balance, realize how they affect job satisfaction and how to improve it.

The study would enhance the knowledge of health workers on how to properly manage their work life and private life. Also, researchers could take advantage of this study by using it as a reference for further investigation in other contexts. Policy makers in the relevant sectors, including the Ministry of Health and Ghana Health Service, among others, will be guided by the study's findings as they develop policies to ensure that health workers receive the assistance they need to successfully balance their professional and personal lives. In general, it will significantly contribute to the discourse on the type of comprehensive national policy for Ghana Health Service workers.

### **Delimitations**

There might be other issues bothering the workers of Ghana Health Service however, this study focused on the work-life-balance and job satisfaction among health workers in Cape Coast. The study was delimited to Ghana Health Service in Cape Coast because the Health Service is largely in charge of administering government-provided health services and putting healthcare policy into action regarding all health workers in Cape Coast. Health workers within the Metropolis were selected due to its proximity as well as the convenience it offers the student researcher.

### **Limitations**

Despite the robust approach to this study, the health workers in this study were from a particular town in the Central Region of Ghana and this geographical constraint inevitably translated as health workers from other regions were not incorporated. Despite this, it has been identified that expanding the investigation beyond the town with reference to future studies, for further study in order to see whether or not comparable results would be discovered to provide a comprehensive picture of the phenomena under study.

### **Definition of Terms**

*Work-life balance:* It describes equilibrium in activities embedded in one's personal/private and professional work/life.

*Job Satisfaction:* It describes the contentment one feels after fulfilling a desire, need, or expectation.

### **Organisation of the Study**

The study consisted of five main chapters. The background of the study, the problem statement, the purpose, the objectives, the research questions, and the importance of the study are all included in chapter one. Chapter two talks about the theoretical and empirical review of concepts in relation with work-life balance and job satisfaction. Chapter three comes with the research methods adopted in conducting the research. Chapter four includes data collection, analysis and discussions. Chapter five captured the summary of findings as well recommendations of the study.

## CHAPTER TWO

### LITERATURE REVIEW

#### Introduction

This chapter offers a general impression of issues that are tangential to the study's variables. It looked at the concept of job satisfaction, its varying dimensions and definitions, the factors that influence its widespread, its effect and how it influences the professions and careers of people from different backgrounds as well as the outcomes of their jobs. It also examined the concept of work-life-balance and explored the relationships that exists between job stress and other elements such as job performance, as espoused by other studies. How the problem exists within the context of the Ghanaian scene is also explored and this chapter brings to lights what has been done so far and the shortfalls of these studies in Ghana. It critically examines the arguments put forth by these studies, their objectives and theories. The said chapter also provides the theoretical, empirical and conceptual underpinning of the study.

#### Theoretical Review

This section discussed the job demand-resources theory since it is directly relatedness to the study's objectives.

#### Job Demand-Resources Theory

The job demand-resources (JD-R) theory was propounded by Bakker and Evangelia (2006) to suggests that when job resources are low, but job demands are high, employees are exposed to high stress and burnouts; thereby, affecting their performance levels (Bakker, Demerouti & Sanz-Vergel, 2014).



The theory was coined out of existing models, such as demand control model and effort reward imbalance model developed by Karasek (1979) and Siegrist (1996) respectively. Bakker and Demerouti (2017) argued that existing models were not valid in all conditions because of the simplicity in them. They reinforced that the effort reward imbalance model concentrated on incentives, such as pay, whereas the demand control model focused on autonomy (Kwon & Kim, 2020). However, most organisations are complex and characterised by lack of resources and high job demands.

Given these criticisms, Bakker and Demerouti the JR-D theory that could be applicable to all people, occupations and organisations; thereby, supporting employees physical and emotional wellbeing to yield better results (Halbesleben & Buckley, 2004). The theory dwells on two key elements: job demands and job resources (Bakker & Demerouti, 2007). The psychological, physical, and social demands of the job include work pressures, workloads, problems with time management, employment insecurity, and interpersonal disputes. On the other side, job resources are the physical or social organizational structures set up to help workers execute their jobs more effectively. These assets include effective management, safe working conditions, tools, interpersonal connections, and education.

According to the job-demand resources theory, employees' exposure to excessive job demands with low job resources could lead to high stress and burnout; whereas exposure to low job demands with abundant resources could lead to positive results including employee motivation and invariably satisfaction (Bakker & Demerouti, 2017). The JD-R theory specifically posits that decreasing job demands with increasing job (and personal) resources lead

to improved employee satisfaction which could translate into positive organisational outcome (Schaufeli, 2017). As a result, this theory emphasizes how crucial it is to strike a balance between job needs and resources since it shows how these two elements must work together to provide a productive workplace.

In line with the study, the JD-R theory asserts that workforce elements can establish a balance between work and personal life roles when they are given optimum resources with adequate or favourable job demands (Schaufeli, Enzmann & Girault, 2017). It further suggests that the presence of work-life-balance leads to encouraging work after-effects that also comprises employee satisfaction and invariably improved work performance. As such, the theory argues that nurses within GHS would struggle to balance their personal life with work roles if they are exposed to high job demands and low job resources. The issues could subsequently affect the nurses' level of satisfaction. Therefore, nurses can remain satisfied when they are adequate resources are provided to them to be able to meet their job demands.

## **Conceptual Review**

### **Concept of Work-Life Balance**

The term work-life balance (WLB) describes striking an equilibrium between career and one's goals. Work-Life-Balance formerly referred to family-friendly policies (Mwangi et al., 2017), but it is now used to indicate policies that go beyond just families to include those affecting a person's social, economic, and psychological welfare amid prioritizing one's personal and professional obligations. Work-Life-Balance, according to Anyim, Shadare and

Adio (2020), entails altering the work schedule so that individuals can benefit more from it and be better suited to their jobs. It also refers to the skilful division of labour between paid employment and all other duties, such as family, personal growth, community involvement, leisure, volunteer work, and recreation (Najamudin, Omar & Zakaria, 2017).

According to Mungania (2017), the extent to which an individual is similarly interested in and content with either his or her employment and home duties is referred to as work-life balance. It also entails striking a balance between labour, whether completed at home or at a job, and free time in order to fully appreciate life (Shahzadi, 2021). Zahoor et al. (2021) noted that the necessity for a work-life balance is emphasized, along with the positive relationships that exist between work and additionally but uniformly critical life pursuits including leisure, family, personal development, and civic interests. Deductively, Work-Life-Balance describes an employee's capacity to successfully balance work and personal responsibilities with the help of their employers.

In relation to the study, although the term work-life balance is not clearly defined, it implies that for employees (i.e., health professionals), home and work life must coexist in harmony in order for them to be content, happy, and healthy. However, health professionals frequently speak about finding it difficult to reconcile their job and personal lives and this situation predominantly affect their satisfaction levels and work outcomes (Najamudin et al., 2017; Zahoor et al., 2021). As such, less nurses would report stress, and more would have better lives at home and at work if a feeling of balance between work and lifestyle demands could be attained. Simply put, Work-Life-

Balance implies correcting the working pattern by which the health workers notably nurses can take better advantages of so that they can fit for their work properly.

### **Dimensions of Work-Life Balance**

This section discussed the two key elements of work-life balance comprising positive work-life balance and negative work-life balance.

#### **Positive Work-Life Balance**

Positive work-life balance (PWLb) is also known as healthy Work-Life-Balance, and it depicts how workers positively establish equilibrium as far as their work and their personal lives are concerned. With the aim of attaining positive work outcome (Wood et al., 2020). It is primarily regarded as a vital element of any healthy work environment; thus, is crucial to minimising job stress and employee depression (Kelly et al., 2020). Work-Life-Balance is perceived as being positive or healthy when organisations provide proper measures to address WL imbalances; thereby, promoting work engagement and employee retention. Employees who have a strong or positive Work-Life-Balance are happier at work and at home. In turn, this lessens stress and the possibility of burnout which are two prevalent health problems at work.

Moreover, according to Dorcoo (2016), employees are believed to assess their workplace based on the gravity and frequency of certain working demands, the type and degree of assistance they receive from co-workers and supervisors, as well as organizational aspects like rules and procedures. Conclusively, positive Work-Life-Balance is subjective and varies from person

to person; thus, it relies on how well an individual believes he or she can positively balance personal obligations outside of work. Also, positive work-life balance is the evenness that develops when an individual gives equal levels of priorities to both their private and career duties and commitments. A healthy work-life balance has several advantages, including less stress, a lower risk of burnout, and an overall improvement of well-being.

### **Negative Work-Life Balance**

Negative Work-Life-Balance describes an individual's failure to balance out responsibilities from work with personal life goals (Hong, 2020). It is also known as unhealthy Work-Life-Balance or Work Life imbalance and is associated with high job stress and negative work outcomes. Studies (Hong, 2020; Chan et al., 2021; Zahoor et al., 2021) have revealed that the rippling effects of poor Work-Life-Balance is strained personal relationships, deteriorating health of employees and reduced job productivity. Bellmann and Hübler (2020) found that negative Work-Life-Balance is prevalent in most organisations due to the ever-increasing job pressures on the employees. Also, the competitive nature of the work environment has pushed organisations to demand more from their employees; leading to long working hours, overtime and inflexible work schedules (Chan et al., 2021). This situation has directly affected the employees' ability to efficiently offset their personal life with work tasks and commitments.

Moreover, employees are thought to overestimate the impact of extremely stressful situations that happen infrequently as well as underestimate the effects of events that are moderately stressful and happen frequently because

they are unable to recognize the frequency with which a specific stressor happens (Abstrae, 2021). These situations if left unattended could expose the employees to work life imbalance and invariably affect their performance outcomes. Iyi (2015) also made the point that while pressure is inescapably a part of professional life, how different people interpret it depends on its origin and shape. However, work pressure is mostly seen by employees as negative or unacceptable because its presence usually exposes them to work life imbalance.

Negative Work-Life-Balance is largely associated with psychological factors (depression, irritability, job dissatisfaction), behavioural (absenteeism, sleep problems), physical factors (headache, upset stomach, changes in blood pressure) and health-related factors. For instance, Post-traumatic stress disorder (PTSD), may be brought on by a recent distressing incident, which could affect the health of the employees in both short and long terms. According to Glazer and Beehr (2005), negative Work-Life-Balance have three individual consequences: physiological, psychological and behavioural, where the physiological aspect includes cardiovascular symptoms, blood pressure, increased heart rate, and back pains. Ladan et al. (2014) found some psychological effects arising from poor work-life balance incorporate but are not restricted to unorganized thinking, rage, frustration, lack of ambition, irritation, having little time for family time, and even withdrawal among the employees.

Moreover, the psychological includes employee job stress, depression, anxiety, and burnout; and behavioural includes workplace violence and reduced employee morality. Also, Negative work-life balance has been linked to confrontations, which include verbal abuse from doctors, other nurses, patients,

and their families, in addition to communication issues. Alomani (2016) rightly pointed out that the health environment is a tremendously demanding job, and elevated amounts of occupational stress have adverse consequences on health workers and organisations.

### **Factors Determining Work-Life Balance**

Existing literature has identified some factors that determine employees' Work-Life-Balance across differing organisational settings. Baral and Bhargava (2009) and Shahzadi (2021) revealed some of these factors to include job resource availability, job demands and job control. These factors were adapted from Karasek's demand-control model and adopted by related studies such as Bakker and Demerouti (2007) and Uddin et al. (2013). According to Bakker and Demerouti (2007), employees can effectively balance their work with personal life when they are given adequate resources with moderate job demands. Bellmann and Hübler (2020) also suggested that Work-Life-Balance can be determined using factors such as leave policies, flexible working hours and job sharing. Also, other factors have been found to include working hours, job level/position and workplace flexibility (Hofäcker & König, 2013).

Kasbuntoro et al.'s (2020) study found workplace quality and job resource as key elements of Work-Life-Balance. Obiageli, Uzochukwu and Ngozi (2015) also revealed four (4) key factors of Work-Life-Balance to include healthcare assistance, accommodating working agreement (compressed hours), general services (employment assistance programmes) and leave arrangement (sick leave, annual leave, parental leave, etc.). Haralayya (2021) and Mwangi et al. (2017) also revealed some factors that determine Work-Life-Balance to

include job training, job knowledge, availability of job assistance programmes (health programmes, counselling services) and conflict management. Zahoor, Abdullah and Zakaria (2021) noted that when employees have adequate control over their jobs with proper management styles, they are highly likely to attain Work-Life-Balance.

Based on the extensive reviews, the ensuing sections discuss the following key factors that determine work life balance: job demand, job resource, job control, leave policy, job flexibility, job quality, management style, communication style, job recognition and reward system.

### **Job Demand**

The term “job demand” refers to all elements of a job that are physically demanding or psychologically demanding (i.e., requiring continuous mental or emotional effort) (Zahoor et al., 2021). Job demand may have favourable or unfavourable effects. Negative reactions can include anxiety, depression or burnout, whilst positive reactions can include inspiration, stimulation, or job satisfaction (Haralayya, 2021). One of the most frequent causes of stress at work has been determined to be job demands. A high risk of stress and unfavourable long-term effects is present, for example, in lengthy work hours, challenging work shifts, high time pressure, ergonomic issues, and uncomfortable physical circumstances. Such pressures' detrimental short- and long-term consequences may be mitigated by employment resources like process control or simple satisfaction from accomplishments.

Job demands can be broken down into a number of categories and expressed in numerous ways. But it's crucial to keep in mind that these



categorization systems are not distinct and, as a result, their meanings are somewhat intertwined (Mwangi et al., 2017). Studies (Han et al., 2020; Janib et al., 2021) have revealed four major types of job demand: cognitive tasks relate with the mental processes associated with information processing (e.g., challenging work); quantitative demands describe job demands such as quantum of work and associated time pressure; physical demands relate with the physical aspects of the job which expose the employee to excessive workloads and finally emotional demands are the behaviours necessary to manage organisationally desired emotions during interpersonal interactions.

### **Job Resources**

Job resources refer to the various psychological, organisational, physical or social facets of a job to reduce job demands and assist work goals (Han et al., 2020). The availability of resources enables employees to achieve organisational objectives and reduce related stress. Job resources can include work relationships, autonomy, learning and development, mentoring and coaching and opportunities for advancement (Bellmann & Hübler, 2020). The components of a job known as "job resources" are useful for achieving workplace objectives and promoting individual development. The positive and purposeful nature of labour makes job resources protective elements in and of themselves. Resources at work are crucial because they enable workers to manage organisational pressures and other demands at work.

In other words, job resources can serve as a buffer between workers and the potentially harmful impacts of excessive work expectations (Shahzadi, 2021). According to Inegbedion et al. (2020), organisations can develop strong

job resources by focusing on offering stimulating work, providing key resources and promoting relational or social resources. This fosters productive work and lessens the negative consequences of organisational pressures like work demands. Studies have demonstrated that positions with adequate resources are linked to lower absence rates and stronger organisational commitment. Low-resource jobs are stressful and have been associated with significantly higher rates of both physical and mental illness (including substance use, depression and anxiety) (Albrecht & Marty, 2020). Resources have, therefore, been linked with higher rates and expenses for compensation claims and absenteeism.

### **Job Control**

"Job control refers to a person's ability to mould events that occur in their workplace, particularly those that are relevant to their own goals" (Wood, Daniels & Ogbonnaya, 2020). It has also been defined as the perception of being able to have some control over one's workplace environment in order to make it more rewarding and less stressful. It also represents the idea that a person has a choice in how they will react to a situation and may thus affect how unpleasant. Employees who feel in control of their jobs may think they have the authority and capability to influence what happens within the businesses they work for. Giving employees job control can boost their performance, as evidenced by numerous studies.

Employees who have job control can decide for themselves how best to utilize their resources. Employees have a tool at their disposal to boost performance to a higher level: job control. Additionally, task control can be seen as a valuable resource with the potential to inspire high levels of

performance and engagement at work (Bakker & Demerouti, 2008). Similarly, as employees learn how to do their duties more efficiently, they also become more competent and confident, which helps to enhance their effectiveness while performing in their roles (Ramli, 2019). Examples of job control include physical movement control, task control, social control, technological control, environment control and freedom from supervision.

### **Leave Policy**

An employee's ability to take a variety of absences is governed by a written document known as a leave policy (Paudel & Sthapit, 2021). It outlines the numerous categories of leaves for different reasons, such as a vacation, illness, maternity, mourning, etc. It outlines the regulations for several things, including the granting of leave, eligibility, availing, and encashment (Naidu & Satyanarayana, 2018). Through language, tone, and warmth, the leave policy conveys the professionalism and culture of the business. Employees have the right to leave, and employers are required to provide it by law. Also, employees must take time off to handle personal things including family gatherings, banking, and other obligations (Abstrae, 2021). Employees also require some break for travel and holidays, which enables them to relax and reenergize before going back to work.

More precisely, paid leaves enable workers to receive assistance when they need it without worrying about losing money. Paid time off enables workers to relax and refuel. An employee-friendly leave policy promotes employee satisfaction, loyalty, and improved productivity, according to research (Paudel & Sthapit, 2021). A clearly stated leave policy that is

consistently followed demonstrates the professionalism of the business. The organisation promoted employee trust and satisfaction by establishing clear norms and transparency in relation to the leave (Abstrae, 2021). For instance, when employees are allowed to go on leave, they are able to attend to their personal matters and this plays a crucial role in balancing their work with personal life.

### **Job Flexibility**

Job flexibility is the extent to which firms' elements are flexible enough to enable them to respond to changes in their environment (Jacob et al., 2008). It also represents the dimension of organisational attribute that have implications for the workers in terms of their capacities to make choices with respect to where, when and for how long they do work-related activities (Ramli, 2019). It has four dimensions: individual, home or family, workplace and community respectively (Andrade, Westover & Kupka, 2019). The individual features contain the various socio-demographic elements (gender, age, educational level) inherent in an employee.

Also, the family features represent family-related elements such as marital status, children's responsibilities and caregiving arrangements. Also, workplace features signify an employee's ability to select when, how and when job-related duties would be executed and finally, community features comprise social relationships and infrastructure (Yucel, 2019). It, therefore, represents the physical features at the workplace which makes the work flexible to carry out. The presence of job flexibility is key to improving employee work attitudes.

## Job Quality

“Job quality entails work that is acknowledged, valued, and significantly contributes to achieving organisational objectives” (Masri & Abubakr, 2019; Rubel & Kee, 2014). This metric encompasses having a voice in one's chosen career path, the ability to control one's job atmosphere, and simple access to opportunities for learning and growth. 'Job quality' is also defined by an individual's capacity to save money, build job stability and assertiveness, and participate in communal life whilst still feeling like a valued member of an organization (Masri & Abubakr, 2019). Creating high-quality work means going above and beyond the requirements of the client or employer. The employee must use his or her skills to carry out tasks to the highest standard if they intend to produce quality work.

Moreover, a job's quality can be increased in a variety of ways, and it can be both a goal and a continuum (Ramli, 2019). Making major strides toward ensuring that many more jobs provide decent employment requires improving communications and connections among a very wide range of stakeholders. Job quality suggests sufficient financial packages to cover living expenses, ensure stable income and provide opportunities to develop assets. It also suggests positive working conditions that are equitable, safe and embrace employees concerns and ideas. According to Wood et al. (2020), job quality is synonymous with stable working hours, health-related benefits such as family/medical leave, life insurance, disability insurance and adequate retirement savings plans.

## Management Style

Management style describes the approach or methods adopted by a manager in achieving organisational goals (Wood et al., 2020). It includes the way a manager plans, controls, delegate, makes decisions and manages his or her employees. It can differ significantly based on the organisation, the degree of management as well as the individual him or herself. A successful manager is one who can adapt their management approach to different situations while concentrating on attaining predetermined goals (Inegbedion et al., 2020). A successful manager may adapt their management style or strategy to suit varied staff members and work environments. A person's management style is shaped by a wide array of factors, including their opinion of the value of their work in the lives of their employees and the internal and external business environments.

Research has revealed that management style can be affected by internal (i.e., within an individual or organisation's control) and or external factors (i.e., outside an individual or organisation's control) (Kalogiannidis, Kontas & Chatzitheodoris, 2021). The internal factors generally include overall organisational culture, priorities, policies, staff skills and employee engagement. The external factors, on the other hand, include competitors, customers, suppliers, employment laws and the economy as a whole (Sulich, Soloduch-Pelc & Ferasso, 2021). In conclusion, management style is a method that managers employ to achieve set goals and it includes their decision-making processes, how they organise and schedule their tasks, and how they exert authority. As such, when management's style is favourable, employees feel less pressured which is crucial to work life balance.

## Communication Style

Communication style describes the communication approach that individuals adopt in a given situation (Jankelová & Joniaková, 2021). The style of communication in a workplace setting is different in several settings or situations. Every individual has his or her own way of speaking and exchanging information with others. Our thoughts, feelings, and opinions can be expressed in a variety of ways according to our communication styles. It's crucial for leaders to keep in mind that communication has many facets and can take many different forms, including both vocal and non-vocal hints like body and facial expressions (Hargie, 2021). To communicate in a way that will be well-received as a manager or team lead, it is critical to comprehend your audience. As such, a poor communication strategy might lead to people not listening and feeling disinterested.

Communication style has been put into four strata: passive, assertive, aggressive and passive-aggressive (Hargie, 2021; Jankelová & Joniaková, 2021). The passive style describes the communication between individuals which focus on meaningful participation, commitment while avoiding or minimising conflicts. The assertive style ensures that communication is intense and has the tendency to impact others. The aggressive dimension dwells on the negative tactic individuals use during communication and finally, the passive-aggressive style describes a communication that is ironic, sulky, sarcastic and indirectly aggressive. People that use this communication style appear passive but inadvertently express anger (Hargie, 2021). As such, employees might feel negative work life balance if the communication style, given the situation, is unfavourable or unacceptable to them and vice versa.

## Job Recognition

A key component of efficient organisational management has always been employee recognition (Akafo & Boateng, 2015). However, in today's competitive job market, it is more crucial than ever for businesses to demonstrate their appreciation for their staff. Job recognition is the practice of praising employees for their outstanding work. Recognition at work essentially tries to advance certain attitudes, routines, or behaviours that result in enhanced performance and successful business outcomes. Job recognition is also the public expression of gratitude for a person's contributions to a company (Widodo & Damayanti, 2020). The most beneficial area a team can concentrate on is recognition, which can take many different forms.

Also, job recognition focuses on the various ways an organisation expresses appreciation or gratitude to its staff for their enormous contributions. It can come in a variety of shapes and may or may not demand payment. The goal of every organisation is for everyone to be able to acknowledge one another (Akafo & Boateng, 2015). However, the scenario and circumstances will determine the most appropriate source for a specific piece of recognition. Job recognition is crucial because it makes employees happier, reduce turnover, improve retention and productivity, boost morale and promote a culture of self-improvement (Widodo & Damayanti, 2020). Employees can be recognised when they exhibit expected behaviours, achieve set targets and exceed expectations.



## Reward System

Reward systems are essential to human resource management because they serve as a means of luring talented individuals to an organization, motivating them, and retaining them longer (Widodo & Damayanti, 2020). It directly affects the organization's financial statement's spending side (and are, in most organisations, the most significant one). Any monetary or otherwise means, and psychological incentives that a corporation offers to its workers as a form of compensation for services rendered by these workers, are collectively referred to as a "reward system" (Kurniawan & Hutami, 2019; Masri & Abubakr, 2019). It also describes the process of coordinating the degree of performance for each task assigned within an organisation. An organisation must develop a suitable reward system in order to inspire and empower employees (Masri & Abubakr, 2019). As such, a rewarding system that is both attractive and transparent is necessary.

Both internal and extrinsic incentives may be used in reward schemes (Widodo & Damayanti, 2020). Extrinsic benefits are items that a person gets as part of their job, such money and comfortable working surroundings. For instance, a lot of people who work for charities make a lot less money than they would if they worked for companies. By doing this, people are eschewing extrinsic incentives in favour of the intrinsic reward of acting in a way that they believe benefits society. Reward schemes support organisational objectives by aligning them with employees' targets and they also ensure that organisations recruit, select and retain adequate number of employees (Kurniawan & Hutami, 2019). Also, reward schemes lead to employee

motivation, helps in complying with ethical and legal regulations and ensures that employees have adequate access to finance.

### **Concept of Job Satisfaction**

Although job satisfaction is the easily one of the most heavily explored constructs in the psychology of work and organisation, its nature and structure are still debatable (Judge et al., 2017). Job satisfaction (JS) is the act of integrating an employee's requirements and their professional ideals (Judge, Zhang & Glerum, 2020). Similarly, Ali and Anwar (2021) described JS is a feeling of satisfaction with one's existing position. It also refers to a "cognitive or emotional response that appears as a response to a single or extended sequence of service interactions". Satisfied workers foster positive attitudes about their occupations, while dissatisfied workers foster negative feelings (Kasbuntoro et al., 2020). When employees are satisfied, they invest time and efforts into accomplishing assigned tasks. It is acknowledged that satisfaction refers to a person's happiness with the perceived output of a firm in proportion to his or her expectations (Bhardwaj, Mishra & Jain, 2021).

According to Dodanwala and Shrestha (2021), job satisfaction reveals the degree to which workers are content or happy with their current jobs and working environment. The issue with job satisfaction is that it does not concentrate on the factors that matter to your most competent employees. An employee who is content may be happy with a job that takes minimal effort. This worker may be content to perform the bare minimal tasks necessary to maintain employment (Lu, Zhao & While, 2019). These workers are probably "very satisfied" with their work, but they frequently lack direction and purpose,

and they might have given a 'good enough' performance. Despite the fact that they are not necessarily adding value, they are not likely to leave the organisation.

Employee satisfaction with his or her job has largely been linked with factors such as compensation, attitude, staff relationships, workload, company culture and work-life balance. As such, an organisation that provide an enabling environment with these factors are highly likely to have very satisfied employees. More precisely, these distinguishing characteristics are crucial for organisations that want to keep their staff content or satisfied in order to lower turnover. For some organisations, highly satisfied workers are those they might be better off doing without. Zaamanan et al. (2020) explained that although this assertion seems counter-intuitive, it is relevant to appreciate the fact that satisfaction does not necessarily imply high employee engagement or performance. As such, more efforts and strategies must be established to ensure that the satisfied employees are highly engaged and perform well.

Job satisfaction also represents the degree of contentment a person feels about his or her employment. This emotion is primarily based on how satisfied someone feels and his or her ability to execute necessary duties. Job satisfaction can be based on the amount of communication within an organisation, and management's treatment of employees (Gong et al., 2020). Job satisfaction generally measures how happy employees (health workers) are with their employment, including whether they like all elements of their occupations or just some of them, such as the type of work they do or the level of supervision. Job satisfaction can generally be divided into two dimensions: affective and cognitive. Measuring job satisfaction in the health sector varies in the degree to

which the health workers measure their feelings about their jobs (affective) and related cognitions (cognitive) (Stamolampros et al., 2019).

### **Types of Job Satisfaction**

This section deliberates the two key main types of job satisfaction. It specifically discusses affective and cognitive job satisfactions under two sub-sections.

#### **Affective Job Satisfaction**

‘Affective job satisfaction’ represents a person's emotional state toward their employment as a whole (Hurtado et al., 2017). It is synonymous with an individual's overall satisfaction towards his or her job and can be accessed via asking the employees the extent to which they like their jobs (Kottwurz et al., 2017). In accordance with the writings of Judge et al. (2017), "affective work satisfaction is a subjective notion that represents an individual's emotional reaction to one's employment". As a consequence, an individual's emotional work satisfaction reflects the degree of joy or happiness that their job offers them. In general, experiences that validate or reinforce a person's sense of self-worth and self-concept produce positive affect, whereas situations that invalidate those feelings produce negative effect (Lu et al., 2019).

Moreover, when people experience acceptance as valued employees of the organisation and have their skills and core values recognised, they feel validated in their self-worth (Yukongdi & Shrestha, 2020). In terms of rewards, employees perceive pay or salary to indicate status and worth and is relevant in paying for desirable goods and services. Emotionally fulfilling employment

either provides intrinsic joys or foster an environment where people feel as though their efforts are making a difference and that their actions have an impact on the accomplishment or failure of objectives. Worker's contentment with co-workers is influenced by how much they enjoy their social contacts at work and how much they reinforce their identity through these connections (like acceptance, worth) (Hakami et al., 2020).

Emotionally rewarding employment either provide intrinsic pleasures or settings that make people feel that they are contributing to something worthwhile and have a say in the accomplishment or failure of objectives and projects (Hakami et al., 2020; Stamolampros et al., 2019). The emotional reaction to a boss depends on how much that boss conveys through words or deeds that one is a valuable and skilled employee (Gong et al., 2020). In conclusion, the affective component of satisfaction involves how people behave in connection to their jobs, such as showing up late, staying late, and making up an illness in order to skip work. It has largely been measured using the brief index of affective job satisfaction (BIAJS) (Hurtado et al., 2017). The scale contains questions to measure an employee's overall satisfaction level with his or her job.

### **Cognitive Job satisfaction**

Cognitive job satisfaction describes an employees' levels of happiness or contentment with specific aspects of their jobs, such as income, working hours and working conditions (Yukongdi & Shrestha, 2020). This aspect of job satisfaction emanates from an employee's comparison of expected or desired standards with work conditions. Simply put, with cognitive job satisfaction, an

employee compares his or her work conditions with existing standards and becomes satisfied if his or her expectations are met. This dimension provides a more logical and objective assessment of the numerous aspects of one's job (Hakami et al., 2020). It can be either unidimensional where only one feature of the job including pay or maternity leave is evaluated, or multidimensional, where numerous parts of the work are evaluated simultaneously.

According to Judge et al. (2017), cognitive work satisfaction assesses how much the job holder thinks certain job features to be satisfying in proportion to other occupations or objectives they have set for themselves, rather than the degree of pleasure that emerges from particular job elements. Although cognitive job satisfaction may contribute to the development of affective job satisfaction, the two notions are unique, not always connected, and have separate causes and outcomes (Ampofo, 2020). An individual's cognitions are centred on his or her expectations, opinions, and beliefs about the organisation. To evaluate the cognitive aspect of job satisfaction in this instance, various items are measured.

In terms of reward system, affectively satisfied employees develop some expectations with respect to their pay systems through negotiations (DiPietro, Moreo & Cain, 2020). As such, their satisfaction levels increase when their expectations in terms of pay are met. Gong et al. (2020) further stressed that work designs with elements like autonomy, accountability, and task identification typically result in high levels of job satisfaction.

Also, in terms of social inducement, co-workers including health workers act in accordance with what is expected of them and how that affects how well the job is done. Cognitive job satisfaction focuses on an employee's

beliefs about his or her profession, including whether it is respectable, mentally challenging or demanding and rewarding. It is measured using the job descriptive index (JDI) with elements such as promotion openings, supervision, co-workers, pay and the actual work (Smith et al., 1969).

### **Empirical Review**

In-depth analyses of relevant studies on work-life balance and job satisfaction were offered in this subsection of the chapter. It specifically discussed the effect of positive Work-Life-Balance on job satisfaction and the effect of negative Work-Life-Balance on job satisfaction. Given the inadequacy of literature directly related to these objectives, the study reviewed similarly related studies.

### **Effect of Positive Work Life Balance on Job Satisfaction**

Yadav and Dabhade (2014) explored Work-Life-Balance and job satisfaction among women working in public banks. Using a secondary data and regression analysis, the study observed Work-Life-Balance to have a constructive influence on job satisfaction. They concluded that job satisfaction among the workers can be achieved if banks focus on Work-Life-Balance. A similar study by Aamir, Hamid, Haider and Akhtar (2016) also revealed that Work-Life-Balance positively relates with job satisfaction and retaining nurses. The study concluded that the presence of Work-Life-Balance leads to improved job satisfaction among the nurses studied. Also, Pandey (2016) concluded in their study that job satisfaction among women doctors can be improved if proper Work-Life-Balance is adopted.

Omar (2016) studied the impact of Work-Life-Balance on job satisfaction using healthcare employees within Malaysia's health Sector. Using the regression analysis, the author found Work-Life-Balance to positively affect job satisfaction. It was concluded that healthcare workers can improve their satisfaction levels when they can successfully juggle their jobs in work and life, in a favourable manner. Kasbuntoro et al. (2020) investigated whether Work-Life-Balance programmes contribute to job satisfaction of banking companies in Jakarta. The result revealed that Work-Life-Balance plays a valuable role in achieving job satisfaction. Thus, positive Work-Life-Balance leads to strong employee satisfaction.

Oosthuizen, Coetzee and Munro (2016) probed the influence of Work-Life-Balance on job satisfaction among information technology employees from some selected companies in South Africa. Using the linear regression to analyse data obtained from 79 permanent employees via questionnaires, the study found Work-Life-Balance to positively impact on job satisfaction. Also, Nabila et al. (2021) examined whether Work-Life-Balance and job stress affect employee satisfaction.

The study, among other objectives, examined Work-Life Balance's impact on employee happiness by gathering primary data via structured questionnaires. The study demonstrated that employee happiness is highly impacted by work-life balance using the multiple regression technique, particularly in public works department in Bandung.

Son and Jung (2019) investigated the role of Work-Life-Balance in job satisfaction and turnover intention among hospital nurses in Japan. The study employed the exploratory comparative approach and obtained primary data



from five general hospitals with 437 nurses. Using the regression tool to analyse the data acquired from the nurses, the study uncovered that work-life balance to improved job satisfaction and minimised turnover intentions. It was concluded that Work-Life-Balance plays significant roles in bettering job satisfaction among nurses. In Ghana, Darko-Asumadu et al., (2018) also found work-life balance too improve the commitment levels among employees in some selected banks. They concluded that banks' ability to help their employees balance work with life roles could lead to positive work outcomes including job commitment.

Similarly, Maurya et al. (2020) investigated the influence of Work-Life-Balance policies on employee job satisfaction and found the former to significantly affect the latter. The study conducted descriptive research, gathered data via structured questionnaires and processed it via linear regression. The study concluded that employee satisfaction can be attained when work-life balance is achieved. Arief and Purwana (2021) investigated the impact of work-life balance and quality of work-life on the satisfaction of employees in Indonesia. According to the study's regression analysis, work-life balance strongly influences job satisfaction, therefore having a better work-life balance will increase your level of job satisfaction among employees in Indonesia. Similar findings were made by Rafsanjani, Nursyamsi and Pono (2019) and Adriano and Callaghan (2020) within the scope of healthcare employees including nursing managers.

### **Effect of Negative Work Life Balance on Job Satisfaction**

Previous studies (Sveinsdottir et al., 2006; Mahmoudi, Vahedi & Hasanim, 2009; Adzapkah, Laar & Fladzor, 2016) have examined the effect of

work life balance (WLB) on job satisfaction (JS) across different setting. Sveinsdottir et al. (2006), for instance, reported that negative Work-Life-Balance such as job stressors and low job control lead to poor employee attitudes including employee dissatisfaction and low job performance, lessened value of nursing care, and worries about patient wellbeing. The study found that nurses frequently work double hours or for seven days or longer without taking a break due to the severe nursing shortage. Additionally, some nurses fill in for their co-workers when they are absent from work due to illness or other social issues; thereby impeding their satisfaction levels.

Also, according to research by Mahmoudi et al. (2009), the degree of depression among nurses working at education hospitals in Karachi, Pakistan, was 15.7 percent light, 36 percent moderate, and 14.5 percent severe. This level of depression was determined using the Beck Depression Questionnaire. A recent study by Ozgur, Gumus, and Gurdag (2011) reported that among 360 nurses from various departments of a public hospital in the Turkish Republic of Northern Cyprus, the incidence of depression was 50.3%. Also, a lack of a healthy work-life balance leads to many health professionals quitting their employment (Sveinsdottir, et al., 2006). A lack of nurses due to significant nurse turnover causes job overload for the remaining nurses, creating a vicious cycle.

Hämmig and Bauer (2009) investigated work-life imbalance and employees' mental health in Switzerland. The authors conducted a cross-sectional study and relied on 3252 males and female employees in Switzerland to examine the prevalence and mental health impact of negative work-life balance. They revealed that employees experienced health problems such as low energy and optimism, sleep disorders, fatigue, depression and negative

emotions due to poor work-life balance. It was, therefore, concluded that work-life imbalance needs to be marginalised to promote better health and mental conditions of employees.

Similarly, Adzapkah et al. (2016) studied how nurses at St. Dominic hospital in Akwatia, Ghana, managed their work stress. 73 nurses from the hospital's nursing and midwifery department were chosen using a purposive sample approach and a questionnaire. To analyse the data, descriptive and inferential statistics were employed, after primary data were collected using structured questionnaires. It was discovered that a poor Work-Life-Balance might result in workplace stress. The study concluded that physical effects of occupational stress experienced by the bulk of the nurses' included headache, high blood pressure and fatigue; the presence of these situations arguably affect the satisfaction levels of the nurses. These are clear indications that poor Work-Life-Balance lead to job dissatisfaction which invariably produce negative outcomes.

Anyebe et al. (2014) examined the tangible impacts of poor work life balance amongst nurses and healthcare professionals in the Nigerian healthcare sector. The authors found that poor work life balance to affect the health workers' satisfaction levels and also produce negative outcomes including headaches, muscles cramps and high blood pressure. Additionally, these workers experienced significant psychological effects from having a poor work-life balance, as 2/5 said they had considered leaving their jobs while 1/5 experienced mental health issues, 1/10 had suicidal thoughts, and 8/10 had physical health problems (Mind, 2016). It found some negative Work-Life-

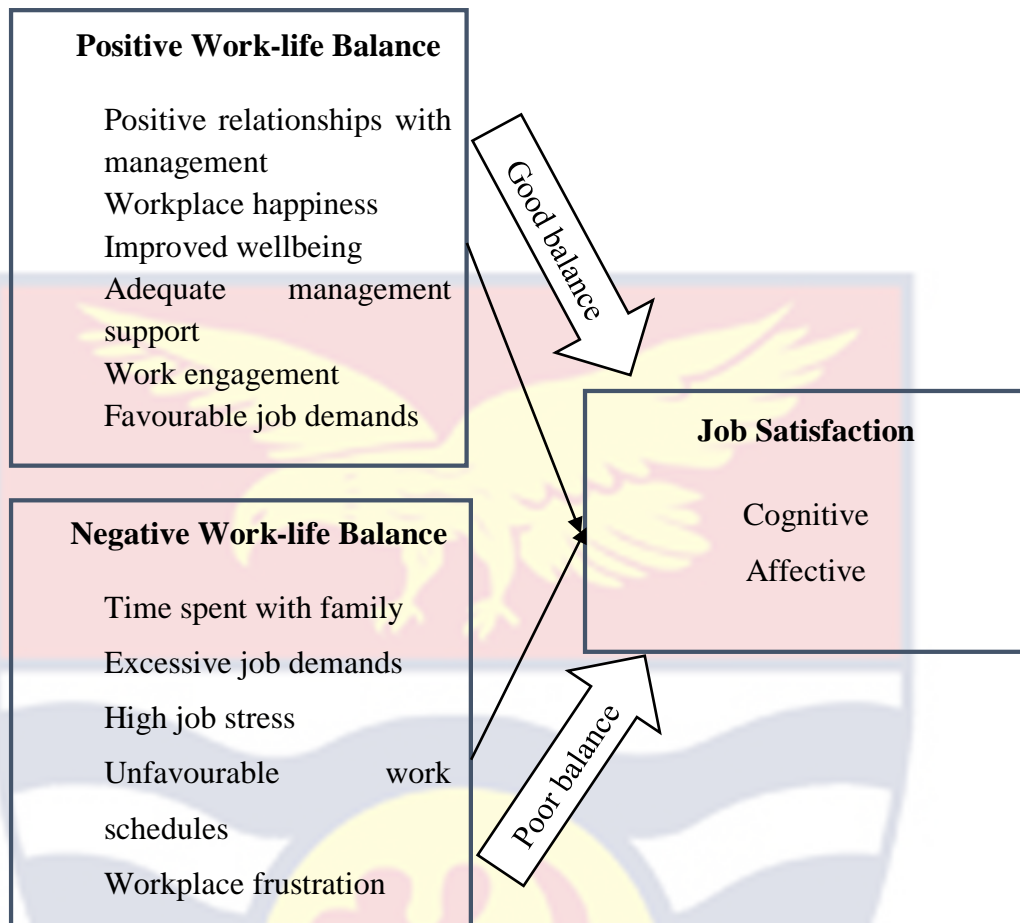
Balance to include long shifts with minimal number of breaks and poor motivation packages.

### **Lessons Learnt from the Literature Review**

It could be deduced that, most of the papers reviewed were carried out within the context of the banking industry. As such, studies particularly focusing on employees especially nurses in the Ghana Health Service remain scanty. Also, previous studies have not clearly established the effects of either negative or positive work-life balance on employee satisfaction; especially within the scope of nurses within GHS. Therefore, inadequacy of literature on this subject matter justifies the need for this present study. In view of this, the study establishes the effects of positive and negative Work-Life-Balance on job satisfaction among nurses of GHS in Ghana.

### **Conceptual Framework**

The conceptual framework was offered in this paragraph and its provision was done to provide clarity and connect the major ideas of the study. In particular, the framework offered a visual representation of the study's goals, which is helpful for planning empirical research. Two fundamental variables— independent (i.e., work-life balance [WLB]) and dependent—were used to create the framework (i.e., job satisfaction [JS]). The conceptual presentation was shown in Figure 1.



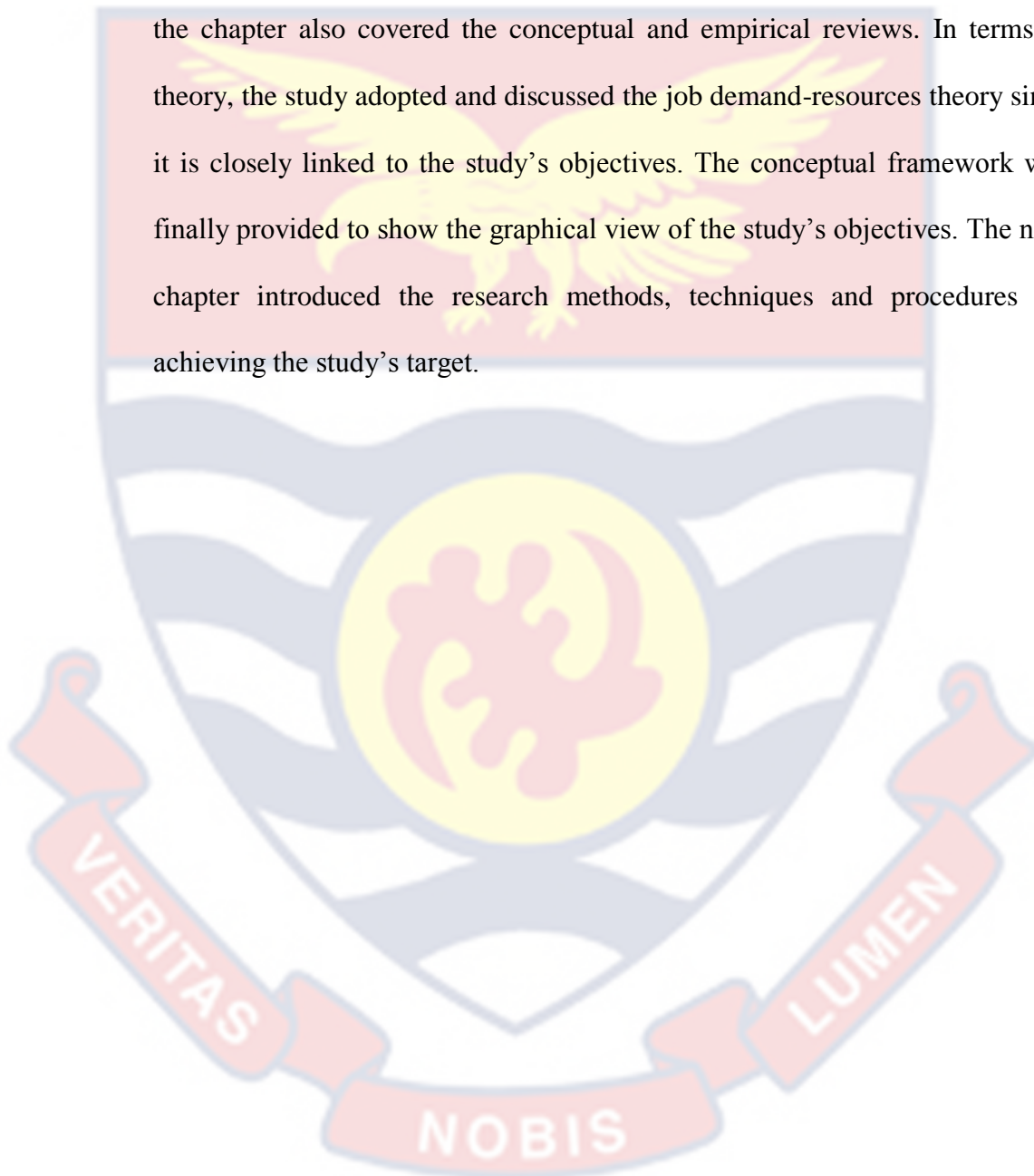
*Figure 1: Conceptual Framework of Work-life Balance and Employee Satisfaction*

Source: Author's Own Construct (2022)

It could be seen in Figure 1 that Work-Life-Balance was represented by positive and negative Work-Life-Balance. The framework emphasises the relationship that exists between the Work-Life-Balance and JS. Deductively, the arrows pointing at JS imply that both negative and positive Work-Life-Balance play crucial roles in causing a change in JS. Simply expressed, a unit change in JS might result from a change in the Work-Life-Balance unit. The framework offers a visual representation of the relationship but not the precise strength and size of the connection between the variables under inquiry.

### Chapter Summary

The chapter discussed relevant information that is needed to understand the study's objectives. It went into detail on the theory that underlies this study. The conceptual framework established the foundation for the conclusion, and the chapter also covered the conceptual and empirical reviews. In terms of theory, the study adopted and discussed the job demand-resources theory since it is closely linked to the study's objectives. The conceptual framework was finally provided to show the graphical view of the study's objectives. The next chapter introduced the research methods, techniques and procedures for achieving the study's target.



## CHAPTER THREE

### RESEARCH METHODS

#### Introduction

The methodologies used to examine the power of work-life balance on job satisfaction were covered in this chapter. Key components including the research methodology, design, population, data collecting equipment, processing, and analysis were also adequately covered.

#### Research Approach

Research approach includes the elements, strategies and processes for carrying out a given research (Ghuri et al., 2020); thus, a vital aspect of every scientific study. Three primary research methodology types—quantitative, qualitative, and mixed methods—have been identified by scholars (Creswell, 2014; Creswell & Clark, 2017). Given the nature of this study, the quantitative approach was adopted due to its ability to examine cause and effect interactions amongst variables of interest (Creswell, 2014). In relation to the study, this approach is suitable for examining the effect of negative and positive work life balance on employee satisfaction. Also, the quantitative approach has uses statistical methods such as descriptive and inferential to clarify what is expected to be understood through detailed investigation (Creswell & Plano Clark, 2011).

Also, the quantitative approach draws inferences about a population by gathering and converting information into numerical form, which is then processed using a software and carefully analysed to provide scientific and concrete outcome (Saunders, Lewis, Thornhill & Bristow, 2015). The approach, according to Creswell and Creswell (2017), produces fact-based results which

are fitting for extrapolating discoveries from a substantial sample size to the broader population. Therefore, the quantitative approach was employed to specifically investigate the potential influence of negative and positive Work-Life-Balance on employee satisfaction.

### **Research Design**

A research design is an outline for conducting any investigation with the greatest amount of control over situations that could skew the results' validity (Creswell, 2014). Research design includes three key dimensions: explanatory, descriptive and exploratory designs (Creswell & Creswell, 2017; Saunders et al., 2015) and the selection of the design is determined by a study's nature or purpose. Therefore, given this research and its objectives, the descriptive research design was employed. The design focuses on gathering information to describe a situation systematically or scientifically and thus, plays a key role in addressing issues related to when, what, how and where. It mostly uses quantitative data to inspect the elements under study. According to Saunders et al. (2015), the descriptive design collects systematic and quantifiable data to statistically analyse a research problem.

Creswell (2014) also stressed that the descriptive research design serves as basis for further research which assists in gathering extensive understanding of research questions. This design is predominantly conducted using the cross-sectional method where information is gathered on different variables at a specific time. It is crucial to describing and comparing different variables in order to provide a more holistic approach to research. Creswell and Creswell (2017) noted that the design uses descriptive elements that include mean and



standard deviation in processing data (i.e., as is the case of objective one). It can also be used to investigate how Work-Life-Balance (i.e., positive and negative) affects employee satisfaction. Regarding its applicability in accomplishing the study's objective, this design was used in the present research.

### **Study Area**

The study was done in the Ghana health service within the Cape Coast Metropolitan Assembly (CCMA). CCMA is among the 260 metropolitan, municipal and district assemblies (MMDAs) in Ghana; one of the 22 MMDAs within the Central region. The metropolitan assembly was initially created as a municipal district in 1988, known then as Cape Coast municipal district. The district is now situated in the southwest corner of the Central region after being upgraded to the status of a metropolitan assembly in 2008. The regional centre of the Central region is now the Cape Coast Metropolitan Assembly and also bordered by Abura/Asebu/Kwamankese district (east), Gulf of Guinea (South), Komenda/Edina/Eguafo/Abirem district (West) and Twifo/Heman/Lower Denkyira district (north). CCMA is among the fastest growing metropolises in the country with several health facilities or services.

The Ghana Health Service (GHS) was established in 1996 under the Act 525 as a government body to provide health services to the general public. This service falls under the Ministry of Health with the mandate of implementing government healthcare policies and also administering health services to Ghanaians and foreigners. It helps to provide quality health services to people by prudently managing available resources. The service also helps in developing relevant health strategies, set technical procedures and promote

healthy living and good health habits among Ghanaians. GHS has directorates across all the capital regions in Ghana including Cape Coast known as the Central regional health directorate. This directorate provides health care services to residents in Central region with several health facilities including health centres, CHPS facilities, polyclinics, and hospitals.

### **Population**

A study's population is made up of a set of individuals with distinct features (Creswell, 2014). In view of this, the study's population comprised health workers including administrative staff in public health institutions within Cape Coast. The study specifically targeted staff who work in three selected public health institutions (i.e., Adisadel health centre, Ewim Poly Clinic and Cape Coast District Hospital) within the metropolis. These three (3) metropolises were chosen because they are among the leading health institutions in the metropolis. Also, these health institutions have relatively large number of staff; thus, gathering data from them can be used for generalisation.

The Regional health directorate report (2021) revealed that Cape Coast District Hospital currently has 326 staff; Ewim Poly Clinic has 162 staff while Adisadel health centre has a staff strength of 90. Therefore, the study's target population size comprised 578 staff from the three designated health facilities within Cape Coast metropolis, Central Region of Ghana. It is to note that the staff comprised nurses, paramedics and administrative staff of these health institutions.

### Sampling Procedure

The method of choosing items from an entire population or a sample frame to epitomise the entire population is referred to as sampling. A sample is a fraction of a population which is used to assess the population's truths (Cramer & Howitt, 2004). It is a technique for selecting a reflective sample of that population in order to analyse the population's characteristics as a whole (Lavrakas, 2008). With this technique, data was gathered from a sample drawn from a population of 578 staff of the three selected health institutions. Using the formula for the finite population as suggested by Yamane (1967), the sample size for this analysis was determined.

$$n = \frac{N}{1 + N(e^2)}$$

Where:

n= desired sample size

N= Population

e = margin of error at 10% (standard value of 0.10)

Therefore, using a target population of 578 at the three selected health institutions, the sample size is presented below:

$$n = \frac{578}{1 + 578(0.10^2)}$$

$$n = \frac{578}{1 + 578(0.01)}$$

$$n = \frac{578}{1 + 5.78}$$

$$n = \frac{578}{6.78}$$

$$n = 85.2507$$

Therefore, the required sample size is 85.

The research employed non-probability sampling methods. The techniques used were accident and purposive sampling techniques. Purposive sampling was used because only individuals that fit the profile were needed for the study, hence, the need to capture only individuals that had the information that were pertinent to the progress of this study, i.e., health workers from the three institutions. These subjects of the study included nurses, medical officers, dentists, optometrist, midwives, etc. Also, accidental sampling technique was used to pick the health workers.

### **Data Collection Instrument**

The most ideal instrument for collecting primary data in any quantitative research is questionnaire. With questionnaire, each respondent answers the same set of questions in a predefined or structured order (Creswell & Clark, 2017). The study specifically adopted the structured questionnaire with close ended questions to gather diverse opinions about the same subject matter from a large population (i.e., > 100) at relative ease and minimised costs. It can be used to collect pertinent data for future analysis that requires descriptive or inferential statistical methods. Questionnaires place lower cognitive loads on responders by reducing the amount of thinking required to complete a task (Creswell, 2017). They also offer easier route to gathering multiple responses, code and analyse them within a reasonable time frame.

The questionnaire is drafted with question items which were put on “a five-point Likert-like scale (1-5), with 1 signifying least agreement and 5 representing highest agreement”. This scale is used to determine the respondents' agreement levels with each statement indicated in the

questionnaire. The scale is also appropriate when descriptive and/or inferential tools like linear regression are needed to analyse data. The questionnaire is specifically separated according to five segments (A to E), with question items. Section A, for instance, consisted of five (5) items intended to gather the demographic information of the identified respondents. The second section contained 10 items to gather information on the factors determining Work-Life-Balance; Sections C and D contained seven (7) items each to measure negative Work-Life-Balance and positive Work-Life-Balance respectively and finally, Section E consisted of seven (7) items to measure job satisfaction. The question items are obtained from related literature and the questionnaire can be found in Appendix A.

### **Validity and Reliability**

Validity and reliability suggest how well the study's instrument assesses the parameters it was designed to measure (Creswell, 2017). Validity specifically refers to the extent to which a concept can be accurately measured in a given study (Thornhill et al., 2009). It also describes how well a technique or method measures something with accuracy. It is generally carried out through peer review, expert review, literature review and pre-testing (Berkowitz et al., 2012). In line with the study, the first draft of the questionnaire was given to three research inclined peers for thorough review. After addressing all their issues raised with respect to content of the questionnaire including grammatical errors, unclear sentences, ambiguous statements, sentence structure, among others, the revised draft was given to four staff of GHS for further review.

The staff specifically ensured that each question item is directly related to or clearly measures Work-Life-Balance and JS within the context of GHS. After their reviews, all irrelevant or poorly structured question items were either removed or modified. Finally, the drafted questionnaire was given to the researcher's supervisor for final review, corrections (where necessary) and approval. The researcher then checked for reliability to measure the instrument's consistency. Reliability focuses on the degree to which the application of a scale or instrument yields dependable outcomes when repeated steps are made (Best & Khan, 2016). Reliability is best assessed by carrying out a pretesting of the instrument and analysing the Cronbach Alpha values.

In relation to this study, the data gotten after pretesting were processed using the SPSS software and analysed via reliability test where the Cronbach Alpha ( $\alpha$ ) values were reported. The rule suggests that reliability is achieved if a construct's  $\alpha$  is  $\geq 0.70$  (Thornhill et al., 2012). This rule, therefore, suggests that constructs with  $\alpha$  values  $< 0.70$  suggests that its items are not reliable; thereby, affecting the overall reliability of the instrument. In a situation like this, the researcher would redevelop the questionnaire for another pretesting until the reliability score is met. Simply put, after obtaining approval from the researcher's supervisor, the pre-testing was first carried out to check for reliability before the actual data collection exercise was done.

### **Data Collection Procedure**

By following established processes or procedures, the primary data via structured questionnaire was gathered from the respondents. The first stage in the data collection procedure was to obtain a letter of introduction from the

Human Resource Management Department. The letter was then sent to the management of GHS at the Central Regional Directorate to obtain permission to conduct the exercise. After approval was given, 90 copies of the instruments were printed and sent to the study areas. The copies of the questionnaires were then sent to the respondents, and they were duly informed that the exercise is purely meant for academic purposes; as such, none of their information will be made public. Due to the difficulties associated with data collection, two research assistants were resourced to assist in the exercise. In all, 85 instruments were administered and also retrieved.

Also, to maintain focus and ensure the gathering of high-quality data, all necessary assistance were given to the respondents. The researcher faced some challenges throughout the duration of the exercise, and this included unwillingness of some respondents to participate, non-responses arising from the respondents' work schedules, difficulties locating all the respondents due to their differing work roles and also hitches in recovering the finished questionnaires from the respondents. Given these possible limitations, the researcher followed the commonly known ethical principles such as honesty, freedom of participation, confidentiality, anonymity and informed content in order to improve the respondents' participation levels. Also, the researcher and his assistants directly administered the questionnaires at the respondents' premises by strictly adhering to all expected requirements of the directorate.

### **Ethical Considerations**

Ethical considerations describe the criteria vital to distinguish between good and unacceptable standards (Connelly, 2014). As a result, so as to improve

the trustworthiness and acceptance of a study's findings, conclusions, and recommendations, researchers must follow basic ethical guidelines. According to Connelly (2014), some ethical considerations include honesty, right to privacy, respondents' voluntary involvement, anonymity, confidentiality, and dealing with plagiarism issues. In relation to the study, all necessary precautions were taken to ensure that all ethical concerns are properly handled. Anonymity, for instance, was achieved by keeping the respondents' identities secret and safe; thus, not exposing them to third parties.

Also, the respondents were guaranteed of the security of the data they provide in order to attain confidentiality. More precisely, the completed questionnaires were kept secret or away from any third party. Potential privacy concerns were avoided by inviting selected participants to complete the questionnaires at their own time and to leave incomprehensible questions blank for further assistance at an agreed upon date. Plagiarism was also addressed by including suitable citations to information collected from papers and other scholars. To avoid relying too much on word-for-word quotes, the information gathered were appropriately paraphrased and also a Turnitin report was generated with a plagiarism score not exceeding 19%. The researcher also adhered to the codes of conducts provided by the directorate during the data collection exercise.

### **Data Processing and Analysis**

The primary data acquired was thoroughly screened and edited to avoid missing values arising from incomplete data or improperly answered questions. After the necessary screening, the valid data was then processed using IBM



SPSS v. 26 software. The processed data was analysed using both descriptive and inferential statistics. The descriptive tool comprising frequencies and percentages were used to establish the basis for describing the respondents' demographic characteristics while its mean and standard deviation values will be used to analyse the study's objective one. The mean score were particularly relevant in interpreting the factors that determine Work-Life-Balance because of its ranking ability. The inferential tool specifically the ordinal regression analysis helped achieve objectives 2 and 3 with respect to the role of Work-Life-Balance on the state of job satisfaction.

According to Creswell and Creswell (2017), the regression tool plays an important role in establishing causal relationships between or among variables of interest. It serves as an important tool for predicting a variable's value (dependent) based on another variable's value (independent). In relation the study, regression is key to predicting the value of job satisfaction based on any change in the value of work life balance. Linear regression can be carried out when normality is achieved (Saunders et al., 2015). They added that normality is achieved when data is gathered from relatively large sample sizes. Meuleman, Loosveldt and Emonds (2015) and Flatt and Jacobs (2019) noted that linear regression can be carried when the data is deemed normal (i.e., obtained from large sample size), has little or no multicollinearity issues, absence of autocorrelation and linear relationship exists. However, due to the assumptions of parametric test not being met, the study adopted a nonparametric alternative – the Ordinal Least Regression Analysis.

### Chapter Summary

From the above discussion on the research methods of the study, it was seen that the descriptive study design and quantitative methodology are adopted considering the study's nature and purpose. In order to collect primary data, self-administered questionnaires are used, processed through the use of SPSS. The study's findings and analysis are presented in the next chapter.



## CHAPTER FOUR

### RESULTS AND DISCUSSION

#### Introduction

The findings are detailed in this chapter. After carefully documenting the introduction, pertinent literature, and methods, this part presents the results and discussion of the results. As stated earlier, the aim of the study was to investigate the effect of work-life-balance and job satisfaction among workers at the Ghana Health Service (GHS) within Cape Coast and thus, data collected was analysed using the SPSS version 25. The demographic data was analysed using both descriptive and inferential statistics, addressing the issues identified as having a potential impact on the work life balance of these employees. This chapter also finds answers to the research questions that are pertinent to the study. Details of the variables are presented in the findings below;

#### Socio-Demographic Characteristics of Respondents

A total sample size of 85 individuals (health workers) was selected for the study, and all (100 percent) of the instruments were retrieved. The instrument was designed using Kobo Tool and it was distributed to all the respondents using via known contacts at the health facility. Exactly 85 successfully filled questionnaires were retrieved from the respondents and analysed. The tables below presents the socio-demographic characteristics of the selected sample, according to specific social variable.

### Sex of Respondents

Table 1 shows the breakdown of the sex respondents. The analysed data revealed that 53 percent of the respondents were females as compared to 47 percent being males – this is a marginal difference, which is quite unlike the status quo but comes as no surprise as the respondents comprised not just nurses but also doctors and even other workers whose area of expertise is tangential to the medical field.

The hospital's gender distribution of medical personnel is not as evenly distributed as it is nationally. Statistics show that, ten years ago, the Ministry of Health in Ghana employed 4,984 (13.5%) and 31,943 (86.5%) male and female nurses, respectively (Appiah et al., 2021). The study included all identified health professions in order to assure inclusivity and representation, therefore it was not surprising that there were not the large discrepancies in sex representation that were anticipated. Furthermore, the data that formed the basis of that assumption was developed approximately ten years ago. That large difference may have been drastically narrowed.

Table 1: Sex of Respondents

Sex	Frequency	Percent
Female	45	53.0
Male	40	47.0
Total	85	100.0

Source: Field Work, 2022

### Age of Respondents

Data gathered also made provisions for the ages of the respondents. From the data gathered (Table 2), 11.7 percent of the respondents were within the age group 18-30 years, and it was also found that about half of the

respondents i.e., 50.5 percent, are within the age group of 31-40 years. Only a handful of the respondents are above the age of 50. This is consistent with the national statistics of Ghana having a youthful population, as identified in already existing literature, including the most current literatures that exist (Duah et al., 2022; Kusi-Mensah et al., 2022).

Table 1: Age of Respondents

Age Groups	Frequency	Percent
18- 30	10	11.7
31-40	43	50.5
41-50	27	32.0
50+	5	5.8
Total	85	100.0

Source: Field Work, 2022

### Highest Education Level of Respondents

Given the nature of the study, it was expected that the respondents would have at least a certificate as qualification for their profession. It was thus found that Most of the responders were degree-holders (44.7 percent). Another 33 percent of the respondents had a certificate, and they were found to be predominantly those within the nursing profession. This information is presented on table 3. It was also found that just 9.4 percent of the respondents had any form of advanced degree particularly, a master's degree in their respective field of profession. And 3.5 percent constituted individuals that had medical degrees.

Table 2: Education Level of Respondents

Education Level	Frequency	Percent
Certificate	28	33.0
Degree	38	44.7
Diploma	8	9.4
Master's degree	8	9.4
Other	3	3.5
Total	85	100.0

Source: Field Work, 2022

### Years of Working at Selected Health Facility

To provide circumspection of the experiences of the respondents, they were also asked to provide data on the number of years they have been employed at the health post they currently work. Majority of the respondents (36.5 percent) have been working at the health care facility for a period between 5 and 10 years but this was not different from those that have been working at the hospital for less than 5 years, which made up the same percentage of the respondents, 36.5 percent of the respondents, hence those that have been working there for a duration between 1 and 10 years make up 73 percent ( $36.5 + 36.5 = 73$ ) of the total respondents. Only 9.4 percent of the respondents identified that they have been there for over two decades.

Table 3: Years of Working at Health Facility

Number of Years	Frequency	Percent
15-20	15	17.6
5-10	31	36.5
Less than five (5)	31	36.5
Over 20 years	8	9.4
Total	85	100.0

Source: Field Work, 2022

### **Objective 1: Factors that determine work-life-balance at the GHS in the metropolis**

For the purpose of this objective, a number of important factors were identified through literature, as having a determining role on the Work-Life-Balance of employees across various facets of economic life. The selected constructs that provided the basis for the Likert scale data were explored using descriptive statistics and their mean values were computed, as well as their standard deviation values. These factors are abbreviated and presented as FWLB (Factors of Work Life Balance) in Table 6 below. Prior to the mean values derived, a reliability test was done to assess the reliability of the scale items under this objective for the present study. This was achieved using Cronbach's test of reliability, which computes the Cronbach Alpha, which ranges from 0 – 1 (Table 5).

According to Taber (2018), Cronbach Alpha ( $\alpha$ ) coefficients that are 0.8 and above are very good. A collection of scale items having an alpha value of .8 and above simply translates as the scale items being very reliable and the results can be relied on. In other words, there is consistency in the items of the scale and its output is reliable (Taber, 2018). However, it is worth noting that notwithstanding the present status quo, a linear connection exists between the quantity of items on a scale and its reliability – the more items we have on a scale, the greater the chances of generating a higher Cronbach's alpha.

Table 4: Reliability Statistics

<b>Cronbach's Alpha</b>	<b>Cronbach's Alpha Based on Standardized</b>	
	<b>Items</b>	<b>N of Items</b>
.883	.885	22

Source: Field Work, 2022

The mean values computed for each determining factor for Work-Life-Balance incorporated issues that ranged from the personal lives of the health workers to issues that are deeply connected to the successes of their profession. From the data analysed, it was found that the highest recorded mean values was for FWLB2 with a mean score of 3.89, this was closely followed by FWLB1 (mean score of 3.86), FWLB3, FWLB4 and FWLB5. Values closer to one indicated disagreement with the indicated statements and values that were closer to five, indicated that the respondent was in agreement with the indicated statement. Generally, there were an overall sense of agreement with the statements as it depicts the true feelings of the respondents. The lowest mean value recorded was 2.67 (FWLB22).

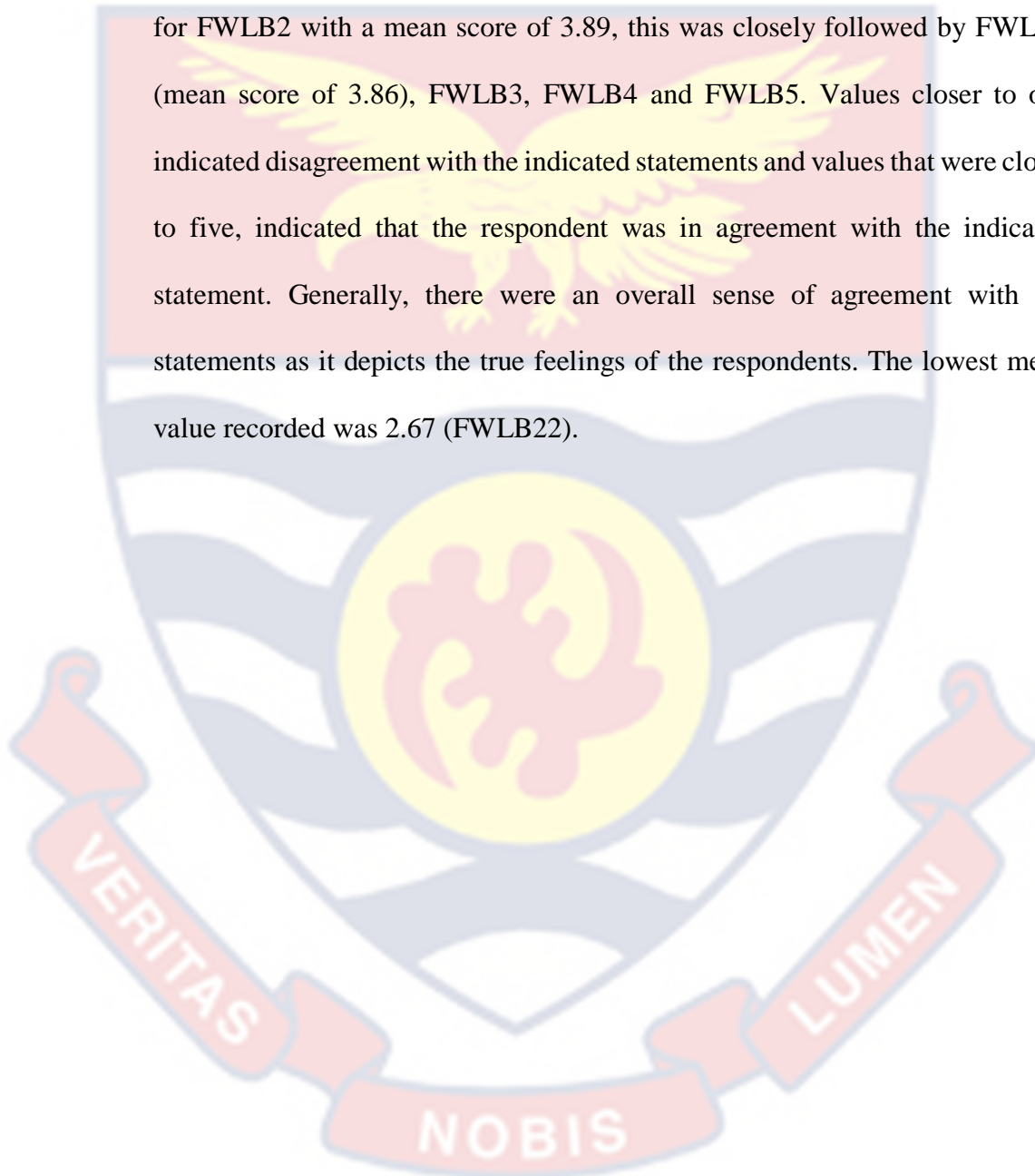




Table 5: Factors that determine work-life-balance

Original Construct	Items	Mean	Std. Deviation	N
1. My ability to balance my work with personal life roles depends on the demanding nature of my job	FWLB1	3.86	1.092	85
2. Availability of resources at my workplace helps me to achieve work life balance	FWLB2	3.89	.984	85
3. The extent to which I control my job enables me to ensure work life balance	FWLB3	3.80	1.005	85
4. The current leave policy at my workplace determines my work life balance	FWLB4	3.80	1.015	85
5. The flexible nature of my job determines my ability to balance my personal life with work roles	FWLB5	3.80	1.015	85
6. I am able to ensure work life balance if my management's style suits me	FWLB6	3.76	1.016	85
7. The style of communication at work determines the way I balance my work with personal life	FWLB7	3.75	.999	85
8. The quality of my job is a determinant of my work life balance	FWLB8	3.84	.982	85
9. I am able to achieve work life balance whenever I am recognised for a good job done	FWLB9	3.71	1.038	85
10. My work life balance is determined by the reward system or package available to me	FWLB10	3.51	1.000	85
11. I am able to equally prioritize the demands of my profession and personal lives	FWLB11	3.58	.966	85
12. I have a strong and positive relationships with my management and co-workers	FWLB12	3.46	1.049	85
13. I feel happy both at my workplace and home	FWLB13	3.56	1.038	85
14. I receive adequate support from supervisor & colleagues which helps me build a healthy work life balance	FWLB14	3.56	.935	85
15. I feel engaged with my work because of my ability to positively balance my personal life with work	FWLB15	3.64	.990	85
16. I spend little time with my family due to poor work life balance	FWLB16	3.08	1.070	85
17. The nature of my work exposes me to high job stress	FWLB17	3.07	1.075	85
18. My work schedules are unfavourable to me	FWLB18	2.95	1.077	85
19. I am exposed to excessive work pressures which leads to negative work life balance	FWLB19	2.96	1.109	85
20. Due to negative work life balance, I usually withdraw myself from co-workers during group engagements	FWLB20	2.86	1.092	85
21. My health condition is deteriorating because of negative work life balance	FWLB21	2.70	1.115	85
22. I usually feel frustrated at work	FWLB22	2.67	1.155	85

Source: Field Work, 2022

## **Objective 2: The influence of negative work-life-balance on job satisfaction among GHS workers in the metropolis**

To achieve objectives two and three, the data gathered were analysed using Regression Analysis, in order to establish the relationship that may exist between the autonomous variables (Positive work life balance and negative work life balance) and the dependent element i.e., Job Satisfaction. Due to the rigid assumptions that accustoms certain regression analyses, prior analysis were done to ascertain whether the assumptions have been adhered to, specifically, whether the dataset is normally distributed across all important variables. Normality test is presented in table 7 below.

### **Tests of Normality**

To ensure that the assumption for a normal dataset under parametric tests was adhered to, the Test of Normality was done, and this gave coefficients for the Kolmogorov-Smirnov statistic and the Shapiro-Wilk statistic. The two vary with respect to sample size; The Kolmogorov-Smirnov statistic is used when the sample size for the analysis is above 100 and the coefficient for the Shapiro-Wilk statistic is adopted when the dataset has samples that are less than 100. Since the present study adopted a sample less than 100, the researcher settled for the Shapiro-Wilk statistic, since it was not more than 100.

From table 7, the Shapiro-Wilk statistic was found not statistically significant, which was the expected outcome, but this was observed for three out of four variables. A dataset is said to be normally distributed when there is no statistical significance amongst the elements of the variables. This was the case for three variables, one of the variables was found to statistically significant

and this was a violation of the assumptions of parametric analyses. Furthermore, there was the issue of randomization – the data were not gathered using a random sampling technique and there was also the parametric assumption of independence of observations; this was not the case as the responses from one particular respondent had the potential to be influenced by other respondents. Hence, there were several parametric test assumptions that were violated. This provided the basis for the adoption of a non-parametric test alternative i.e., The Ordinal Regression.

Table 6: Tests of Normality

	Kolmogorov-Smirnov <sup>a</sup>			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
PWLB	.093	85	.034	.975	85	.055
NWLB	.076	85	.167	.981	85	.171
AJS	.097	85	.021	.978	85	.088
CJS	.088	85	.053	.972	85	.034

a. Lilliefors Significance Correction

### Model Fitting Information & Goodness-of-Fit

One of the basic information derived from the Ordinal Regression Analysis was the nature of the model and how it fits the specific dataset of the present study. Table 8 indicates that the model fitting information was found to be statistically significant. This was indicative by the Sig. value of .000, which was less than the p – value of .05. Hence, it was deduced that the model perfectly fits the data. This information was also complemented by the Goodness-of-fit result, which is presented in table 9. The Pearson and Deviance statistics are signs that show how well the model fits the data. For the specific model, it was found that it did fit the data very well. This is by virtue of its corresponding

alpha ( $\alpha$ ) value being greater than the p – value of .05. Since a non-significant result is an indicator of a good fit, and both the Pearson and Deviance statistic had alpha values of .794 and 1.000, respectively, it is seen that the model does fit the data.

Table 7: Model Fitting

Model	-2 Log Likelihood	Chi-Square	df	Sig.
Intercept Only	568.728			
Final	526.804	41.924	2	.000

Link function: Logit

Source: Fieldwork, 2022

Table 8: Goodness-of-Fit Test

	Chi-Square	df	Sig.
Pearson	1871.941	1923	.794
Deviance	497.561	1923	1.000

Link function: Logit.

Source: Fieldwork, 2022

### Pseudo R-Square

Furthermore, the Pseudo R-square values were computed (Table 10). Particularly, the focus was on the Nagelkerke R-square value which was indicated as being 0.343. This simply means that 34.3 percent of job satisfaction derived by employees of the specific health facilities the study focused on, can be attributed to the elements of work-life-balance. Both Positive and negative work-life-balance make up this proportion (0.343). Another way to put this is that 34.3 percent change in the dependent variable i.e., job satisfaction, is as a

result of the changes in the independent variables (Positive Work-Life-Balance and Negative Work-Life-Balance). It is necessary to bear in mind then that there are other potential factors that influence job satisfaction, these may include financial rewards, fulfilment from the work due to passion for it, etc (Wood et al., 2020).

Table 9: Pseudo R-Square values

	Pseudo R-Square
Cox and Snell	.342
Nagelkerke	.343
McFadden	.070

Link function: Logit.

Source: Fieldwork, 2022

### Parameter Estimates

The important parameter under the Parameter Estimates component was the influence of Negative Work-Life-Balance on Job satisfaction. This is captured in table 11 below. Important statistics include the Estimate, the standard error, and the alpha ( $\alpha$ ) value. As expected, the estimate was negative due to the negative influence of the parameter, on the overall job satisfaction of health workers at all three health facilities within the Cape Coast Metropolitan Area. The identified influence of Negative Work-Life-Balance on Job satisfaction was found to be statistically significant due to the alpha value being less than 0.05 i.e., ( $\alpha$  value <  $p$  value of 0.005). Hence, there is a negative influence of Negative Work-Life-Balance on job satisfaction.

Table 10: Negative Work-Life-Balance (NWLB) Parameter Estimates

	Estimate	Std. Error	Wald	df	Sig.	95% Confidence Interval	
						L.B	U.B
NWLB	-1.081	.227	22.686	1	.000	-1.526	-.636

Source: Fieldwork, 2022

(L.B – Lower Bound), (U.B – Upper Bound)

### Non-Parametric Correlations

Regarding the relationship between Negative Work-Life-Balance (NWLB) and Job Satisfaction (JS), Spearman's correlation co-efficient was computed to help ascertain the strength of the association that exist. It was found that there is a low negative correlation that exists between Job satisfaction and variations in Negative Work-Life-Balance (Table 12). This is represented by the Correlation Coefficient value of -0.386. According to Trout et al. (2018), this falls within the range of what may be considered low correlation (0 – 0.39). There is thus, an inverse relationship between both variables. Therefore, increment in Negative Work-Life-Balance would stimulate a decrease in a health worker's sense of Job Satisfaction.

Table 11: Correlations between Negative Work-Life-Balance and JS

		NWLB	JS
Spearman's rho	NWLB	1.000	-.386**
	Correlation Coefficient		
	Sig. (2-tailed)	.	.000
JS	N	100	100
	Correlation Coefficient	-.386**	1.000
	Sig. (2-tailed)	.000	.
	N	100	100

\*\*. Correlation is significant at the 0.01 level (2-tailed).

Source: Fieldwork, 2022

### Objective 3: The influence of positive work-life-balance on job satisfaction among GHS workers in the metropolis

#### Parameter Estimates

To estimate the influence of Positive Work-Life-Balance on Job Satisfaction, the Parameter estimate was also derived. For Positive Work-Life-Balance, there was discovered to be a favourable link between the independent variable Positive Work-Life-Balance and job satisfaction – any increase in the independent variable would cause a positive change in the dependent variable and this relationship or influence was also found to be statistically significant i.e., ( $\alpha$  value <  $p$  value of 0.005). This is presented in table 13 below. This predicted relationship is further explained further under the discussion section of the chapter.

Table 12: Positive Work-Life-Balance (PWLB) Parameter Estimates

	Estimate	Std. Error	Wald	df	Sig.	95% Confidence Interval	
						L.B	U.B
PWLB	1.120	.250	20.054	1	.000	.630	1.611

Source: Fieldwork, 2022

(L.B – Lower Bound), (U.B – Upper Bound)

#### Non-Parametric Correlations

In addition, the Non-parametric Spearman's Correlation test was also repeated, in order to identify the strength of the association that exists between Positive Work-Life-Balance (PWLB) and Job Satisfaction (JS). The co-efficient also indicated that there is a moderate positive correlation between Positive Work-Life-Balance and Job Satisfaction since the Correlation Coefficient was

0.412, which was marginally higher than the strength of the association between Negative Work-Life-Balance and JS i.e., ( $\alpha$  value <  $\rho$  value of 0.005).

Table 13: Correlation between Positive Work-Life-Balance and JS

		PWLB	JS
Spearman's rho	PWLB	1.000	.412**
	Correlation Coefficient		
	Sig. (2-tailed)	.	.000
JS	N	100	100
	Correlation Coefficient	.412**	1.000
	Sig. (2-tailed)	.000	.
	N	100	100

\*\* . Correlation is significant at the 0.01 level (2-tailed).

Source: Fieldwork, 2022





## DISCUSSION

### Objective 1: Factors that determine Work-Life-Balance of Employees

The study identified important factors that influence Work-Life-Balance through extensively reviewed literature. From the descriptive analysis, there were certain factors that stood out by virtue of their corresponding high mean values that indicated there were generally agreements from the respondents on how those specific issues influence their Work-Life-Balance. As already indicated in the results section of this chapter, the highest observed mean value for the constructs was FWLB2, and its core focus was on the availability of resources for the performance of the roles of health workers within the sampled hospitals. This was identified to be the most important factor they believe, to influence their Work-Life-Balance and this may be due to the nature of the job. The health profession requires caution, care and a high level of professionalism which depends partly on the availability of tools and resources and also on the knowledge and technical capacity of the health workers. Hence, it is no surprise that though this is a minor factor that has not really been seen in literature, as a major factor that influences the Work-Life-Balance of workers, it is nonetheless, important for highly sensitive professions such as the Health Profession.

Also, the study found that some of the other important factors that influence Work-Life-Balance consistently had high mean values. Some of these constructs/items include FWLB1 – ability to balance work with personal life depends on the demanding nature of job (3.86); FWLB3 – The extent of control over the job ensure work life balance (3.80); FWLB4 – leave policy at workplace determines work life balance (3.80); FWLB5 – Work-Life-Balance

is influenced by flexible nature of job (3.80); FWLB6 – Management style influences Work-Life-Balance of employees in the Ghana Health Service (3.76); FWLB7 – The style of communication at work determines the Work-Life-Balance (3.75); FWLB8 – The quality of work is a determinant of Work-Life-Balance (3.84); FWLB9 – Recognition at work has an influence on Work-Life-Balance (3.71); FWLB10 – Work-Life-Balance is determined by the reward system (3.51); FWLB11 – ability to equally prioritize the demands of my profession and personal lives (3.58); FWLB12 – strong relationship with colleagues and supervisors (3.46). The analysis focused on constructs with mean values above 3.5 since this is the value that skews towards agreement with the particular construct, as having an influence on their Work-Life-Balance.

It was no surprise that “ability to balance work with personal life” ranked as one of the highest constructs that was noted as having a high influence on the Work-Life-Balance of the employees. This is perhaps one of the most common factors that have been identified in various facets of literature on the subject matter. As aptly put by Najamudin et al., (2017), the ability to skilfully divide labour between paid employment and all other duties, including family, personal growth, community involvement, leisure, volunteer work, and recreation, helps ensure Work-Life-Balance.

Control over the job was another factor that was identified but perhaps this is not so popular in the general pool of literature. It is imperative to understand that the profession has the potential to influence what is considered as unusually important in ensuring Work-Life-Balance is achieved. In the Health profession, there is the need for these workers to be their best at every given time since the price for a mistake or an error can be fatal or deadly. Hence,

the varying pool of factors that are identified as influential in achieving Work-Life-Balance.

Furthermore, some common factors were also identified, and they include leave policies and flexibility of working hours. These were also found to be important factors in other studies. The findings here are thus, consistent with that of Bellmann and Hübler (2020), who suggested that Work-Life-Balance can be determined using factors such as leave policies, flexible working hours and job sharing. Also, Hofäcker and König, (2013) also identified other quintessential factors. These other factors have been found to include working hours, job level/position and workplace flexibility (Hofäcker & König, 2013).

### **Objective 2: The influence of Negative Work-Life-Balance on Job Satisfaction**

The study's second objective was to evaluate the impact of poor work-life balance on job satisfaction among GHS employees in the city. This was achieved through Inferential Statistics (Ordinal Regress) and also the Spearman Nonparametric Correlation to indicate whether this relationship that was identified is statistically significant or not. The estimated or expected change in log odds of being in a higher (as opposed to a lower) group or category on the dependent variable, after adjusting for the remaining independent factors, is represented by the ordinal regression coefficients. From the analysis, it was found that factors of Negative Work-Life-Balance (NWLB) influenced Job Satisfaction, and this was found to be statistically significant due to the alpha value being less than 0.05 i.e., ( $\alpha$  value <  $p$  value of 0.005). This is presented in Table 11.

The estimate was computed as -1.081 – this negative value was due to the negative influence of the parameter, on the overall job satisfaction of health workers at all three health facilities within the Cape Coast Metropolitan Area. With each unit of increment associated with the independent variable, (in this case being Negative Work-Life-Balance), there is a predicted decrease of 1.081 in the Log odds of being in a higher level on the dependent variable. For further enunciation, it simply translates that as the values of the variable that is independent increases, the likelihood of dropping at a higher level for the dependent variable is lowered. In simpler terms, every additional unit increment in Negative Work-Life-Balance factors reduces the perceived Job Satisfaction (JS) of these health workers by a factor of 1.081.

Furthermore, complementary analysis with Spearman Rho correlation coefficient did indicate that Inverse correlation exists between Negative Work-Life-Balance, and perceived JS and this correlation was found to be statistically significant. This coefficient was -.386, indicating that there is a weak correlation between the variables Negative Work-Life-Balance and JS but even though this correlation is weak, it is significant and cannot be overlooked. Thus, causation cannot be established as there are other potential factors that affect JS, aside Negative Work-Life-Balance. And it is possible to weaken the influence of Negative Work-Life-Balance through the presence of positive factors that are known to influence job satisfaction.

This predictive model may be the case, not just for the selected health workers. Its widespread is highly plausible given the high stress associated with the profession, which may not necessarily translate as excellent service conditions and remunerations. The COVID-19 pandemic was a perfect example

of how stressful the health profession can be and how Job Satisfaction can drastically fall given the absence of certain positive factors that have the potential to improve JS.

There may be additional factors that may result in negative work-life balance. Some of these reasons may include shortage of highly trained and experienced nursing staff. Other sources of negative work balance that may not have been accounted for, may include specific workloads; nurses sometimes work quadruple hours or seven days or longer without taking an "off duty" day. Additionally, some nurses fill in for their co-workers when they are absent from work due to illness or other social issues; thereby impeding their satisfaction levels (Sveinsdottir et al., 2006). The present findings is thus, consistent with numerous findings from earlier studies such as that of Anyebe et al. (2014), where they found that some negative Work-Life-Balance to include long shifts with minimal number of breaks and poor motivation packages (Anyebe et al. 2014).

### **Objective 3: The influence of Positive Work-Life-Balance on Job Satisfaction**

The study's third goal was to determine how well-balanced work and personal lives impacted job satisfaction among Ghana Health Service employees in the district. Ordinal Regress and Spearman Nonparametric Correlation helped achieve this specific objective. From the analysis, it was found that factors of Positive Work-Life-Balance (PWLb) influenced Job Satisfaction significantly, since this association was found to be statistically

significant due to the alpha value being less than 0.05 i.e., ( $\alpha$  value <  $p$  value of 0.05).

The Ordinal Regression Estimated was recorded as 1.120 – indicating a predicted positive association between the determined variable (Job Satisfaction) and the autonomous variable (Positive Work-Life-Balance). For each unit that the independent variable is raised (in this case being Positive Work-Life-Balance), the probabilities of being in a higher level on the dependent variable are expected to rise by 1.120. As a result, this shows that there is the likelihood of the dependent variable decreasing at a larger level as the value of the independent variable rises. For further enunciation, it simply translates that there is a greater chance of dropping at a higher level on the dependent variable when the value of an independent variable rises. In simpler terms, every additional unit increment in Positive Work-Life-Balance factors such as improved conditions of services, remuneration and having enough time for themselves and their family as well, increases the perceived Job Satisfaction (JS) of these health workers by a factor of 1.120.

Furthermore, for the association between Positive Work-Life-Balance and JS, Spearman Correlation coefficient was found to be .412. Which revealed a direct constructive link between both variables and as one increases, the other inevitably increases as well. Thus, this complements the model from the Ordinal Regression. The correlation was found to be moderate since it fell within the range of 0.4 and 0.7, indicating that there is not much of a connection between the factors.

Findings of the present study only affirm what has been known in other studies conducted within the context of other professions and geographical

regions. For instance, the findings here are similar to that of Yadav and Dabhade (2014) who explored Work-Life-Balance and job satisfaction amongst women employed in banks. They made use of secondary data and adopted regression analysis as their inferential statistical method. Their study found Work-Life-Balance had a positive influence on job satisfaction. They also concluded that job satisfaction among the workers can be achieved if banks focus on Work-Life-Balance. Bringing it closer to home, a study that had in its focus, the health profession had something to say about Work-Life-Balance and JS. The study by Aamir et al., (2016) revealed that Work-Life-Balance positively relates with job satisfaction and maintenance of nurses. The study concluded that the existence of a balanced Work-Life leads to improved job satisfaction among the nurses studied, which is in line with the findings of the present study. Furthermore, there is the study of Pandey (2016) who concluded in their study that job satisfaction among women doctors can be improved if proper Work-Life-Balance is adopted.

### **Summary of Chapter**

The study's findings were provided in the chapter and discusses these findings within the context of already existing literature. From its inception, it summarises the demographic attributes of the research subjects selected and also presents the opinions of these respondents according to each objective. The chapter provides readers the opportunity to understand factors that are considered important in manipulating the work-life-balance of health workers in the Metropolis. Furthermore, the chapter explores the relationship that exists between the independent variables (Negative Work-Life-Balance and Positive

Work-Life-Balance) and the dependent one (Job satisfaction) and it found that Negative Work-Life-Balance and Positive Work-Life-Balance both predict and influence JS, and this relationship was found to be statistically significant. It then discusses the findings and contextualises them within the basis of related literature.





## CHAPTER FIVE

### SUMMARY, CONCLUSION AND RECOMMENDATIONS

#### Introduction

This chapter provides a succinct overview of the study – from the objectives that guided the outcomes of the study to its research methods that provided the basis for the collection of primary data and the analysis of the said data and also, it summarises the key findings, draws conclusions from them and puts forth recommendations that would be crucial in improving the problem identified from the study areas selected.

#### Summary

The goal of the study was to ascertain the impact of work-life balance on job satisfaction among employees of the Ghana Health Service (GHS) in the city of Cape Coast. Specifically, it sought to;

1. assess the factors that determine work-life-balance at the GHS in the metropolis;
2. investigate the influence of poor (negative) work-life-balance on job satisfaction among GHS workers in the metropolis;
3. examine the influence of good (positive) work-life-balance on job satisfaction among GHS workers in the metropolis.

The study employed a quantitative research technique to accomplish these goals and with a descriptive outlook, investigated the aforementioned objectives. The descriptive design was selected since the study focuses on gathering information to describe a situation systematically or scientifically. The study had within its focus the Adisadel health centre, Ewim Poly Clinic and

Cape Coast District Hospital) within the Cape Coast metropolis. These three health facilities were chosen because they are among the leading health facilities in Cape Coast. The study also collected the needed data through the use of a survey questionnaire. The study used the Ordinal Least Regression Analysis for the analysis of the quantitative data gathered and it drew on the strength of other studies to assign meaning to the findings of the present study.

### **Key Findings**

According to the study's analysis of the sociodemographic characteristics of the respondents, there were more female respondents as compared to their male counterparts. Additionally, respondents within the age range 18–30 were found to be predominant, and it was discovered that exactly 50% of respondents, or those between the ages of 31 and 40, fell into this category. Fewer than ten respondents are over 50 years old. Additionally, the vast majority of responders held a degree (45 percent) with those having nursing diploma certificates coming next. Moreover, majority of the respondents (37 percent) have been working at the health care facility for a period between 5 and 10 years but this was not so different from those that have been working at the hospital for less than 5 years, which made up 36 percent of the total respondents.

On the basis of factors that influence work-life-balance, the study found that the highest recorded mean values was for FWLB2 with a mean score of 3.89, this was closely followed by FWLB1 (mean score of 3.86), FWLB3, FWLB4 and FWLB5. The 22 selected factors had mean scores that were above half of the rating total (2.5/5.0), with a minimum score of 2.67. The levels of

agreement indicated that these factors are relevant in determining the work-life-balance of these health workers. The most important of these factors including FWLB1 through FWLB9. These factors revolved around issues that include leave policy, management styles, personal lives, flexibility of job, control over work and communication at work. Indicating that these are perhaps the factors that they held more dearly as compared to other provided elements or measure.

Regarding the influence of negative work-life-balance, it was observed that Negative Work-Life-Balance does influence Job satisfaction and this influence was found to be statistically significant. The correlation between Negative Work-Life-Balance and Job Satisfaction was found to be negative, low but statistically significant. Therefore, it is perceived that there are other factors that interject in the correlation between the two variables.

Also, Positive Work-Life-Balance was also a good forecaster of Job Satisfaction. It was found there exists a constructive relationship between the independent variable Positive Work-Life-Balance and job satisfaction. For each unit that the independent variable is raised (in this case being Positive Work-Life-Balance), there is a predicted increase of 1.120 in the Log odds of being in a higher level on the dependent variable (Job Satisfaction). Thus, the data show that when values climb for an independent variable, there is a larger likelihood that the dependent variable will decrease at a greater level. In simpler terms, every additional unit increment in Positive Work-Life-Balance factors such as improved conditions of services, remuneration and having enough time for themselves and their family as well, increases the perceived Job Satisfaction (JS) of these health workers by a factor of 1.120.

## Conclusion

The aim of this study was to determine the effect of work-life-balance and job satisfaction among workers at the Ghana Health Service (GHS) using three health facilities within the Cape Coast metropolis, as the study areas.

From the findings and analysis, Positive Work-Life-Balance (PWLB) was a substantial positive predictor of Job Satisfaction. Also, Negative Work-Life-Balance (NWLB) was a negative substantial predictor of Job Satisfaction. It is important to remember that positive work-life balance has a greater impact on perceived job satisfaction (JS) than negative work-life balance does. Thus, a minute improvement in Positive Work-Life-Balance factors would enhance job satisfaction considerably.

The findings were indications that employees place more emphasis on the need to have a balanced life. As social beings, we have the deep-seated desire to be connected to people socially and this includes building families of our own and as such, we try to make time to invest in these social relationships. However, certain professions make it quite difficult to do that. It then seems individuals must make a choice – they either excel in their profession or their personal lives but not both facets of their lives. A balance must be struck since then and only then would employees be at their very best.

From the study, it seems imperative then that employers within the health sector must focus on improving factors that are key in ensuring Work-Life-Balance. These factors from the analysis include FWLB1 through FWLB9, which focus on issues including but not limited to leave policy, management styles, personal lives, flexibility of job, control over work and communication

at work. A marginal increment in the conditions of these factors would potentially increase job satisfaction in a geometric proportion.

### **Recommendations**

The study recommends the following to help improve conditions of Work-Life-Balance and Job Satisfaction at all three selected healthcare facilities within the Cape Coast Metropolis;

1. First and foremost, there is the need for the management of these three healthcare facilities through the Ghana Health Service to recruit more health professionals, as this would relieve the pressure on the relatively smaller number of employees stationed at the facilities. More workers means lesser overtime and flexible work periods for each of them. This would inevitably provide them with more personal time for their personal activities.
2. Secondly, the study also recommends that the health workers – nurses, doctors, etc., take on mandatory leave. The human resource management team of these hospitals should ensure the availability of mandatory leaves and also enforces taking leaves – all employees must be forced to go on mandatory leaves as this would give them the much-needed leeway for their own personal activities. Some employees are hardly given leaves and in many institutions, the leave policy is quite unfavourable, and this does not encourage the employees to take their leaves. Poor remuneration conditions during their leave does not encourage them go on leave. Hence, improvement of leave policy to

encourage more workers to go on leave would help improve their perceived satisfaction with the job.

3. Finally, the current study found that availability of resources is an element of Work-Life-Balance and as such it is recommended that these management of these health facilities, partner with the District Ghana Health Service outfit at the Cape Coast Metropolitan Assembly (CCMA), to provide workshop training for different specific profession under the Healthcare provisioning Profession and also ensure the availability of resources and equipment since their unavailability may be strongly connected to a poor perception of job satisfaction. Improved training and availability of resources would ensure a significant improvement in the performance of their duties and go a long way to ensure Job Satisfaction.

#### **Suggestion for Further Research**

One particular area for further research that the researcher considers is the role of other potential influencing factors of Job Satisfaction. Since the study found that 34.3 percent of perceived JS can be explained or attributed to just Negative Work-Life-Balance (Negative Work-Life-Balance) and Positive Work-Life-Balance (Positive Work-Life-Balance), there is the need for further studies to explore the other factors that influence JS, correlate them with the known factors i.e., Positive Work-Life-Balance and Negative Work-Life-Balance, and address them accordingly with the goal of improving the Healthcare professions.

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## APPENDIX A

University of Cape Coast

College of Humanities and Legal studies

School of Business, Department of Human Resource Management

## QUESTIONNAIRE

Dear Sir/Madam,

My name is Frederick Asamoah, and I am a master's student at the University of Cape Coast's Department of Human Resource Management. My dissertation is titled "Work-Life Balance and Employee Satisfaction in the Ghana Health Service: A Case of Cape Coast Metropolitan Area." Your opinions are crucial to the study. Your information will all be treated with the utmost confidentiality.

Thanks for accepting to participate in the study.

## SECTION A: SOCIO-DEMOGRAPHIC INFORMATION

## 1. Sex

Male  Female

## 2. Age (in years):

18-30  31-40  41-50  Over 50

## 3. Educational Qualification

Certificate  Diploma

Degree  Master's Degree

Other (Please specify) .....

## 4. Number of years worked

Below 5  5-10  15-20  Over 20

## 5. Indicate your current Job Position:

.....

**SECTION B: FACTORS INFLUENCING WORK-LIFE BALANCE**

On a scale of 1 – 5, please rate how these factors determine your work-life balance at the workplace. **With 1 – Least Agreement and 5 – Highest Agreement**

	Statements	1	2	3	4	5
1	My ability to balance my work with personal life roles depends on the demanding nature of my job					
2	Availability of resources at my workplace helps me to achieve work life balance					
3	The extent to which I control my job enables me to ensure work life balance					
4	The current leave policy at my workplace determines my work life balance					
5	The flexibility nature of my job determines my ability to balance my personal life with work roles					
6	I am able to ensure work life balance if my management's style suits me					
7	The style of communication at work determines the way I balance my work with personal life					
8	The quality of my job is a determinant of my work life balance					
9	I am able to achieve work life balance whenever I am recognised for a good job done					
10	My work life balance is determined by the reward system or package available to me					



**SECTION C: POSITIVE AND NEGATIVE WORK-LIFE BALANCE**

On a scale of 1 – 5, please rate your level of agreement to each of the following statements with respect to positive work life balance. **With 1 – Least Agreement and 5 – Highest Agreement**

	<b>FACTORS</b>	1	2	3	4	5
1	I am able to equally prioritize the demands of my profession and personal lives					
2	Positive work life balance helps me to meet challenging tasks on time					
3	I have a strong and positive relationships with my management and co-workers					
4	I feel happy both at my workplace and home					
5	My sense of wellbeing has improved overtime					
6	I receive adequate support from my supervisor and co-workers which helps me to build a healthy work life balance					
7	I feel engaged with my work because of my ability to positively balance my personal life with work					
8	I spend little time with my family due to negative work life balance					
9	The nature of my work exposes me to high job stress					
10	My work schedules are unfavourable to me					
11	I am exposed to excessive work pressures which leads to negative work life balance					
12	My health condition is deteriorating because of negative work life balance					
13	Due to negative work life balance, I usually withdraw myself from co-workers during group engagements					
14	I usually feel frustrated at work					

**SECTION E: MEASUREMENT OF JOB SATISFACTION**

From a scale of 1-5, kindly indicate your level of agreement to each of the following statements. **With 1 – Least agreement and 5 – Highest Agreement.**

	Statement	1	2	3	4	5
<i>Affective Job Satisfaction</i>						
1	I like my job better than the average person					
2	I mostly feel enthusiastic about my job					
3	I find real exactment in my job					
4	I feel well satisfied with my job					
<i>Cognitive Job Satisfaction</i>						
5	I am satisfied with promotion opportunities at my workplace					
6	I am satisfied with the overall work I do					
7	I feel happy and satisfied with the supervision at the workplace					
8	I am satisfied with the pay or salary structure at health sector					