


**Review Article**

# Work Life Balance of Health Care Workers in the New Normal: A Review of Literature

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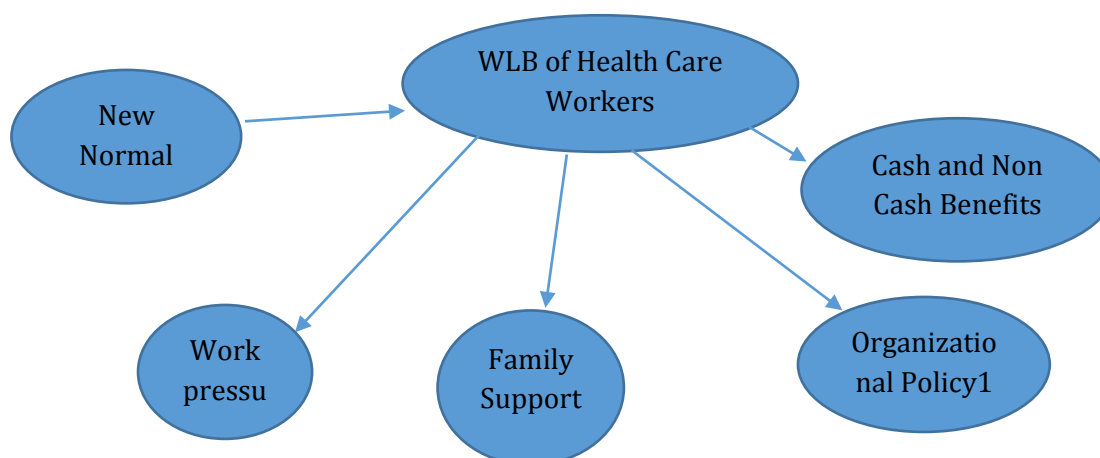
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**ABSTRACT**

Life of a health care worker is very different compared with any other professional. This is distinct not from the perspective of an overwhelming level of personal and professional accomplishment, but from the huge amount of psychological stress and anxiety involved in it. Earlier studies show that health workers, particularly medical practitioners, are vulnerable to mental health developments. Furthermore, workplace stress has been related to emotional exhaustion, which can result in a lack of enthusiasm for work, feelings of powerlessness, depression, and defeat. Emotional factors inherent to the job, responsibilities related to patient needs, feeling of being overburdened, organizational responsibilities, and issues related to working relationships and career growth are commonly identified as occupational stressors among medical professionals. Emotional fatigue is commonly referred to as burnout among professionals. The present paper is an initiative to understand the various dynamics of work life balance during pandemic and to undertake the empirical study on the topic. In this regard, the authors undertook the secondary sources for preparing the paper. The present initiative will be a value addition to the existing literature.

**GRAPHICAL ABSTRACT**

**Introduction**

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Since December 2019, we have been fraught with the devastating effect of unprecedented COVID 19 pandemic. The dark cloud was first witnessed in Wuhan, China, which gradually engulfed the entire world in no time. Rapid spread of the disease and shocking number of deaths have created immense psychological distress like anxiety and fear among people. Early studies conducted on population in China showed that the psychological impact of the COVID19 pandemic was found to be moderate or extreme in case of 53.8 percent of respondents [1, 2]. In addition to the psychological consequences of the social crisis, healthcare professionals (doctors) are subjected to more stresses due to active participation in the treatment of infected patients. They are prone to pronounced risks of getting themselves infected with the deadly virus as well as spreading the same to near and dear ones. Their anxieties for their own safety and well-being of loved ones are obvious. Their emotional and physical burnout over time has exacerbated the number of cases and deaths from disease, the excessive labor burden and the lack of personnel safety equipment [2]. Studies on Chinese health-care professionals have found the incidence of depression, anxiety, and other stress related signs during COVID19 to be 50.7 percent, 44.7 percent, and 73.4 percent, respectively [3]. However, there is little information and knowledge of the medical workers' psychological needs to cope with this disaster. Therefore, more study is highly recommended in order to assess the psychological effects of the Covid19 pandemic on health workers and associated risks and protective factors [2].

The low ratio of health care workers and population and the skewed health care distribution in India have made a valid case for investments in human resource for health (HRH) [4]. A recent World Health Organization (WHO) study estimated India's need of at least 1.8 million physicians, caregivers and siblings for reaching the required minimum of 44.5 jobs for every 10 K population by 2030. The 2017 Indian National Health Policy (NHP) recommended strengthening of current medical education and development of a sound health care provider

framework. Likewise, the 'New India@75', NITI Aayog Strategy aims to create 15 lakh employment in public health by end of FY 2023. India has been witnessing serious scarcity of health workers during the ongoing COVID-19 pandemic. This problem is further compounded due to the demands of Indian health care professionals in OECD countries. A wide variety of practitioners qualified in various medical and health care facilities in India are offered to provide medical services. These medical professionals possess varied educational qualifications and are registered with organisations depending on their fields and practices.

The onset of the COVID-19 pandemic put the health workers including physicians on the front lines of the virus globally. There are many stories and photographs depicting the difficulties of the health workers, who become sick and even die from the virus, available in the public domain [5]. Initial studies emphasized the value of protecting health workers from direct exposures to COVID-19, as well as providing them with appropriate protective kits to avoid COVID-19 infections to ensure their physical well-being. Many self-assured and concerned health care professionals became vulnerable to moral injury as they are unable to provide hassle free services to the suffering patients and their families due to new normal protocols of the pandemic like rationing of scarce care services, isolation and social distancing at work place, teleworking processes and increased use of PPE kits [5]. While many doctors operate in COVID-19 intensive care units, doctors working in non-acute care most often experience anxiety, fear, and guilt as they are not able to provide normal medical services because of COVID19's restrictive protocols. As a result of imposition of prohibitive orders of authorities like work-from-home and lockdowns, doctors face challenges in providing their services to the general public [6]. It is important that doctors and other health care workers be protected for their mental and physical well-being. The WHO acknowledged "Our health care staff is out of work and people are vulnerable to burning in countries around our globe. If we are not

concerned with our medical and vital staff, we have no COVID-19 answer: their needs and welfare must be given priority".

In addition, the health care workers face a lot of difficulties in managing their work life balance during the pandemic. The challenges are manifold, both in work and home fronts. While shortage of adequate trained staff put additional pressure on the available health care personnel, the wrath of patients' and their anxious relatives, and also the glare of media and their zest to make issues out of proportion make the lives of health care workers miserable. Further, their increased responsibilities at home towards families due to restrictive Covid19 protocols have made matter worse for them. As a result, they find themselves physically exhausted and emotionally drained out.

Though stress is inherently high in caring professions, occupational resources that assist health workers in the administration of stress are frequently concentrated on individuals such as training in personal awareness and resilience rather than at work. Programs based on different reactions and doctors' positions have proven to be less successful in the long run than actions to improve the workplace environment in order to reduce tension [7]. Informal support of friends and relatives more often than not protect health care professionals from being burnt out and also help them in dealing with their predicaments effectively. However, lack of an ideal echo system in hospitals and other health care establishments to ensure proper work life balance of the health care professionals and also to effectively address their work life conflicts often lead to a situation in which these professionals do not get the opportunity to access these informal services, thereby adding to their stress. Physicians with positive well-being can contribute for creating an environment in which the quality of health care services is augmented with cost reduction and minimum workforce attrition. The aim of this research was to find out the work life balance of doctors and health care staff in new normal situation in India.

#### *Objective of the Study*

The current study aimed at understanding the factors affecting work life balance of health care workers in the new normal, and also undertaking an empirical study on work life balance of health care workers in Covid-19 pandemic.

#### **Methodology**

The current study was built on the secondary data collected from various websites and through visits to libraries following Covid 19 protocols.

#### **Literature Review**

##### *Work pressure related issues*

In every corner of the universe, the stress of work life balance is seen. When there is no satisfaction with the job, it becomes important. The balance of work life needs stability between work and personal space to reduce the tension between official and domestic life [8]. The ultimate success of any organisation, which varies from one to another, depends on the work conditions of its employees. This can be linked to happiness at work. Secondary data was used for study comprehension and conclusion. Research has indicated that WLB and stress control could be accomplished by job satisfaction factors such as promoting social groups, adapting working conditions, psychologically demanding working conditions, unbiased incentives and employee-driven policies, etc. To conclude the report, work life balance and stress management are proposed as not a problem to be solved, but rather a chronic problem to be handled.

According to a study [9], work life balance of support staff in old age homes is a real challenge because of extremely limited facilities and lack of proper work environment in these workplaces. The work conditions of the workers depend on the discretion of the management. Because of their demanding working environments, these employees find it difficult to maintain a desired level of work life balance. The authors based their study on a qualitative analysis of responses to pre-determined open-ended questions asked from 33 employees of the old-age home care establishments, from both public and private sectors. The interviews started with the topic of work life balance and then moved on to discuss

the specific issues of old-age home care. They compared the responses received from men and women to the issue of work life balance. The results showed two main distinct variables: Age and parenthood. Their older respondents reckoned that because of their grown-up children they were having time for themselves even though their working conditions were difficult. However, single women were found to live in a more complicated work-family situation, in part due to the lack of labor rights and unfavorable work environment.

The results from a study conducted in Saudi Arabia indicated that 52.4% of nurses, particularly primary health care unit (PHCU) nurses, are dissatisfied with their quality of work life [10].

Medical activity is one of our health determinants [11]. The manner in which people take care of their health affects their health and well-being, quality of life and ability to function. Lifestyle and health conduct have important health effects, while a lack of pro-health behaviour, particularly among men, can pose a risk to many conditions and mortality. The research aimed at defining the determinants in the labour market of good health habits for men of 20-65 years of age. A questionnaire-based study was conducted among 600 men working in the labour market to check people's attitudes toward health and health behaviour. The study revealed the factors influencing their health-related actions. The positive health habits of men were linked to good economic status, high self-evaluation of health care, and positive attitudes about living and working life. They were also employees of white collar with good job skills. Based on the study, the surveyed men have been highly evaluated and their wellbeing is distinguished by average health treatment determined by their health behaviours. Men are split into health concerns, in relation to demographic and socio-economic characteristics, personality characteristics, health auto assessment, health care declarations, and the willingness to function. A health education program for men is needed for blue collar employees, as less trained workers.

### *Infrastructure and Family Support*

The relationship between work and life, and between happiness and employee efficiency has been investigated [13]. The research focused on 289 staff from Med Pharma, pharmaceutical industries in Jordan, and a questionnaire-based survey was developed accordingly to evaluate the same. To test the study hypotheses, multiple regressions were carried out. As a result of this study, several recommendations could be extracted for the consideration of managers of organizations, especially those in Jordanian Pharmaceutical industries, in order to promote work life balance and happiness at work, as this will boost employee efficiency. As a result, more emphasis should be placed on life quality factors that are known to influence the results. These components are employee engagement, work satisfaction, and affective organizational commitment.

A multifaceted study of understanding and use of policies for work life balance, cognitive involvement and professed support for organizations has been conducted [14]. The study tested a multi-level model based on boundary management and social exchange theories to explore the impact of mutual employee knowledge and use of organizational work life balance (WLB) policies on employees' seeming administrative support. The results of multi-source data collected from management and non-management staff of thirty Ghanaian establishments confirmed the conjectured conciliation and moderated results. They addressed the implications of the results for work-life management practice and study in Ghana. The academic and real-world consequences for WLB research were explored in light of the study's results. They offered and verified a model of the methods that affected cognitive engagement and perceived organizational support (POS) based on employees' mutual awareness and practice of WLB policies, which played an important role in the relationship between WLB policies and outcomes such as cognitive involvement and POS. With special emphasis on health, the role of other fields of non-working in the WLB has been

scrutinized, along with the relevance to job satisfaction of the working-family balance (WFB) and the work-health balance (WHB) [15]. They investigated how the results of the WFB and WHB differed based on employee characteristics, namely age, gender, parental status, and work ability. This research entailing an online questionnaire was completed by 318 workers. Multiple and moderated regression analyses were used to examine the impact of the WFB and WHB on work satisfaction. According to the results, staff ranked health as significant as family in the WLB. The WHB clarified a greater proportion of the variation in work satisfaction than the WFB. Work skill moderated the effect of the WHB on job satisfaction, while age, gender, and parental status moderated the effect of the WFB on job satisfaction. This research emphasizes the importance of the health domain in the WLB and the importance of recognizing the specificity of different worker groups while considering the WLB.

Studies from Iran and Taiwan have shown that nurses working in outpatient case teams revealed better quality of work life than nurses working in other departments. Nurses working in inpatient departments tend to require shift work, direct patient contact for care, and high time burden, work overload, and environmental conditions thus resulting in lower quality of work life (QWL) [36, 37].

Also, the result of previous studies implied that major influencing factors for dissatisfaction with QWL among nurses were unsuitable work hours, inability to balance work with family needs, insufficiency of breaks time, poor employment, delay in promotion, and insufficient hospital sponsored training [38–40].

#### *Organizational Policy*

It is discussed that the nurses are being dedicated to their patients and colleagues [16]. Often, they place other people's needs ahead of themselves and even before their families' needs. This thoughtfulness for others can lead to stressful conflicts. It also emphasizes the importance of active, evidence-based methods to improve the work life balance. Their self-reflection gets

manifested in their actions. The world acknowledges their selfless conduct and respects their well-being. However, nurses should learn individual techniques for balancing their work life and also their own wellbeing. This training will assist them in succeeding and doing well in roles that offer them comfort and joy outside of the hospital. Recognizing the need for and committing to change are the starting points for developing productive WLB.

The balance of work life of health care professionals at Himachal Pradesh government hospitals has been addressed [34]. Work life policies and incentives are the most obvious parameters of a family-friendly or flexible workplace. Work-family programs and facilities are intended to assist, support, and/or inspire workers in successfully managing their work and family responsibilities. These programs can provide employees and their families with physical, emotional, mental, financial, or even social support. The aim of this study was to look into the various work life balance programs implemented by government hospitals in Himachal Pradesh. The research aimed to identify the programs most commonly used by medical professionals to achieve work life balance. The research was carried out among medical professionals working in various government hospitals in Himachal Pradesh. Organizations can manage a variety of work family supporting programs such as flexi-time, shortened workweeks, and job sharing. Such programs will provide more assistance to individuals attempting to manage employment and other family commitments, thus reducing work-family tension. Organizations can not only minimize work-family tension by enhancing working conditions and implementing these measures, but they can also increase overall job satisfaction, motivation, efficiency, retention, and reduce health care costs, stress-related illnesses, and absenteeism among workers.

A gender-based analysis on problems in working life and doctors' job satisfaction has been carried out [32]. A number of changes in professional roles and limitations was observed in today's context of health care delivery and medical

education. Consequently, the multiplication of the tasks of doctors led the researcher to emphasize their issues of work life. The purpose of the study was to analyse the factors that affect job satisfaction of quality of work life (QWL). The hypothesis was tested using multivariate statistical techniques. The results showed that health departments must concentrate on potential causes, to ensure doctors' job satisfaction based on gender. Authenticity and dignity, mental condition and impact on personal lives have been established as important QWL factors affecting the satisfaction of women at work. The study also included finding certain QWL dimensions that influence the job satisfaction of the male and female physician samples. Therefore, a sample study of female doctors showed that the main predictors of intrinsic, extrinsic and general job satisfaction are self-respect and dignity, mental condition and effect on personal life.

A study delved into how, in today's competitive era, women must fight hard to establish their individuality in both society and professional life [33]. The main challenge in the lives of working women is work life balance. The survey covered the balance between work and life of female doctors in Jharkhand's private hospitals. This research could contribute to understanding the effect on job satisfaction of work life WLB. The regression analysis and ANOVA test were used to test the interaction of the variables. The study found that the balance between work and life had a positive effect on work satisfaction. It is held that achieving harmony between work and life is not an issue; it can be achieved by successful management techniques. The balance of work-life cannot be fixed forever, but it is a challenge to handle. It is shown that women workers show more imbalances in their work and life than men. This may be because of their various responsibilities at home. This research aimed to understand the work life equilibrium of women doctors.

A study provided qualitative information on work life balance of Australian psychiatrists and trainees by conducting an online survey of focus groups [31]. This study examined the well-being

of members in college. The results showed that many doctors struggle to reach a satisfying work life balance. There is a large amount of work that can interfere with family life in a short period. The respondents noted that they might change their external environment to relieve stress, e.g. developing a niche, building variety into work, working part-time, as locums, or private practice. Many doctors have followed positive personalized approaches for relaxation, i.e. social time, reading, and exercise being the most common. However, there were many doctors who thought they had no option to relax. It was recognized that it would be too simple to assign all stress and burnout issues to poor WLB. It was therefore suggested that WLB understanding is an important addition to psychiatric well-being.

A study examined WLB-related variables for employees in Korea, including work time characteristics and WLB-health outcomes [30]. It was well established that the relationship between work life balance (WLB) and health was not adequately studied in Korea. The information was collected from the third Korean Working Conditions Survey, which looked at an illustrative working population. The general features, working time structure, work-related health, and WLB were all examined in this report. The relations between WLB and health outcome variables such as health status, mental health, work-related health risks, sick absenteeism, presentism, WMSD (work-related musculoskeletal disorder), headache/eyestrain, and fatigue were tested using a multivariate logistic regression. The WLB was found to have general characteristics including gender, age, work sector, occupation and job type. In addition, working time features were closely associated with WLB. WLB was also strongly linked to different outcomes for wellbeing. They showed that WLB's health results were very closely linked to Korean jobs. The results indicated that interventions to incorporate work-time strategies for better health are essential.

Another study addressed the possibly complicated and difficult process of changing into independent nursing practice for freshly trained nurses who may be at risk of being burnt out and

leaving work [29]. Issues concerning the well-being of new nurses at work can also affect their personal lives. This study analysed the factors related to the overall employment, safety and health of newly approved nurses in order to support their well-being and avoid the burnout and attrition through thematic analysis in the context of total workers' health. Total workers' health is essentially concerned with identifying and understanding related problems, which lead to safety risk as well as health risks at workplace, which influence the well-being of employees both at work and home. Three key topics, including fitness, work and nursing, formed part of the overall principle of work-life balance. These topics describe the challenges that participants experienced during the transition from student to nurse in order to balance the diverse interactions of job environments and social changes. The participants reported new physical health issues, mental health struggles, physical abuse, a lack of support systems at work, and changes in family and friend relationships. They established protective factors as a result of new relationships with co-workers. These results revealed that new nurses are susceptible to a variety of factors at home and at work that affect their well-being and can contribute to burnout and attrition. The implications included workplace programs focusing on health promotion, community support, and risk reduction through occupational nurse management.

The interconnections of four different dimensions of the satisfaction of European workers in their lives, i.e. satisfaction with their education, the current working environment, their family life and society, was discussed in order to achieve the optimum balanced levels [35]. This research was carried out individually in 34 different EU countries for employees' different profiles, i.e. full-time and part-time jobs, which were distinguished by gender. The technique used for this purpose combined econometric and multi-objective programming intervals to evaluate the compromise between particular aspects of employees' personal and work environment. They showed that the current working climate in full-time workplaces could not encourage a

higher level of employee satisfaction with more than one child. Furthermore, full-time (as opposed to part-time) job activities enable all life satisfaction measurements to be analysed at worse levels in the best possible scenario. The results indicated a paradigm shift in which employees chose to sacrifice other facets of happy living, namely their income and benefits, which meant a healthier personal and work-life compromise. It is clear that unilateral policies, particularly those that do not incorporate family values, serve to make people happy only in their jobs.

Difficult working conditions and a poor balance between work and life are frequently cited as a catalyst, especially in the hospital sector [5]. The research sought to gain insight into the work experience and work-life equilibrium of hospital doctors. This paper provides a qualitative review of free-text responses about working conditions and work-life balance. According to the results, respondent doctors irrespective of their seniority were besieged with achieving work life balance with work-life mismatch and work overload being the most pressing issues. Work life balance has become the standard in Irish hospitals. Based on responses from hospital physicians, this study considered the long-term viability of this way of operating for individual doctors, the medical workforce, and the Irish health system. If health workforce preparation is about putting the right people with the right skills in the right place at the right time to provide treatment, work life balance is about keeping doctors happy and allowing them to stay. Their research emphasized the significance of work-life balance in promoting hospital doctors' well-being and retention. The majority of survey respondents (73%) were feeling the burden of work-life imbalance, and respondents clearly expressed the negative effect on their lives and well-being.

Earlier studies revealed that poor QWL was related to lack of independence to make patient care decisions, increased workload, role conflicts, lack of opportunities for career advancement, low salary, lack of professional autonomy, lack of stakeholders support and insufficient welfare services, attitude of society towards nursing,

higher level of education, and longer professional experience, which were factors that adversely affected the QWL [42-47]

#### *Work Related Cash and Non-Cash Benefits*

A study addressed health care workers' views of their obligation to work during an influenza pandemic [28]. The National Health Service (NHS) in UK has introduced important workforce changes to address the rising and changing demand for healthcare services in response to the pandemic. Health care workers are frequently believed to have an obligation to work despite attendant risks. This is especially true for professionals such as doctors and nurses. The obligation to work always needs to be under scrutiny due to the task of responding to pandemic influenza, where a successful response requires most uninfected health care workers to continue working despite personal risk. The current article presented results from a survey of HCWs (n = 1032) performed by three trusts in West Midlands, UK of National Health Services to determine whether HCWs are likely to work during a pandemic with views on work obligation. HCWs feel that despite personal risks, they have a job obligation, no matter what their occupational status is. In addition, all HCWs have recognized an obligation to work even in challenging situations that strongly correlate with their reported chance of working together. This means that HCWs are closely connected with their sense of duty to decide if they are prepared to operate during a pandemic.

The effect of redistribution on doctors' well-being as well as to identify improvements has been investigated [27]. They conducted a 2-week survey on three NHS trusts asking redeployed physicians to assess their morale, work-life equilibrium, the support and protection they perceived. The questionnaire was answered by 172 redeployed physicians. Out of them, 66.3% felt secured in their current jobs, 65.7% felt contented or neutral, and only 31.4% felt depressed at work. Their teams appreciated 66.3 percent and the general public respected 79 percent. And 64.5% observed an improvement in break duration and 89% thought that their rotas

offered enough respite. The results indicated that the morale of doctors who felt respected, secure, and well-remained in their new position was greater than the predicted. There must be a response to concerns about training opportunities/career development, PPE and family protection. During the COVID-19 pandemic, their research offered a significant insight into the well-being of redeployed physicians. The results indicated that moral standards are higher among doctors surveyed, with doctors feeling well rested during and between shifts. These guidelines may help to minimize the adverse impact of redeployment in the light of other COVID-19 pictures or following pandemics on the well-being of physicians.

According to a study [26], health care professionals faced greater degree of job-related stress than the general public and that their physical and mental health concerns were linked to stress in normal circumstances. Medical professionals are often more likely than other occupational classes to commit suicide, and that work-related stress is a common cause for choosing such extreme steps. Studies often indicate that it is difficult for many doctors to inform their colleagues or employers about their problems with psychological wellbeing. Even in normal circumstances, doctors suffer high levels of job stress, but often are unwilling to report or seek support for mental health challenges, with stigma being frequently cited. The COVID-19 pandemic is placing more pressure on doctors and the health care system in general. Research has shown that the risk for physicians is higher. The researchers have therefore argued that during the COVID-19 outbreak the authorities and the health managers must demonstrate good leadership and support doctors and their families, and call for measures to eliminate stigma in clinics. It can be actively promoted by introducing "Mental Health Assistance" to a high-level management planning session as an ongoing agenda.

A popular approach to be taken to study WLB of physicians during the pandemic covid-19 [25]. While organizational and system factors contribute significantly to poor mental well-



being, individual physicians may take measures to safeguard their wellbeing in this period of difficulty. Doctors should particularly ensure that three of their psychological basic needs are met, i.e. autonomy, belongingness and competence. A lack of perceived influence may increase stress on decision-making. It is necessary to identify these factors and find suitable methods for handling them to stay mentally stable. Doctors may increase their impact by partnering with others to recognize and appreciate improvements. Regulation of self-care behaviours is vital, especially through regular breaks, healthy eating and encouraging colleagues to do the same. The promotion of public awareness, media involvement and activism may also help doctors increase their sense of autonomy. It is also important to aim at improved stress control and coping strategies.

It has been depicted in their paper that psychological diseases (stress, depression, anxiety and insomnia), due to occupational stress, have become increasingly prevalent among the medical professionals globally and their emotional fatigue has been found to be linked to health and wellness failures [24]. The aim of the paper was to analyze different aspects of employment stress of Indian physicians during COVID-19 that could lead to an absence of patient care efficacy. Online research was performed with the assistance of an investigation to capture and assess the psychological answers and related features by Indian medical professionals in the COVID-19 pandemic. It covered three subdivisions dealing with topics related to the following main areas, including socio-demographical statistics, stress at work during COVID-19 and data on the working condition of individuals. The factors identified for higher occupational stress were as follows: Increasing average operational time, increased number of Covid-19 patients, a reduced level of assistance by peers and supervisors, reduced logistic support and lower performance dissatisfaction during Covid-19-related activities. Their research discovered the potential causes of occupational stress that must be considered when dealing with a disaster that has a huge impact on society

globally, in order to preserve physicians' mental wellbeing.

It has been observed that 'Work-life balance' is a term that is frequently used, but rarely described [23]. It might seem like, when health care staff cope with extraordinary situation, the COVID-19 pandemic is a twee term. However, many people will reassess their life decisions once the pandemic is over. This article clarified working-life balance and proposed methods to maximize it within the limits of a busy job in cardiology. It is stated that when the option of choosing a work life balance is eliminated, tension and conflict will emerge. Removal of preference may be subtle or explicit, such as when doctors believe their career advancement as a part-time trainee would be hampered, or when individuals see the requirements of cardiology training as incompatible with their priority of raising a family. Removal of preference, on the other hand, may be obvious or explicit, such as when residences, lives, or families are interrupted, or when personal circumstance—for example, divorce and illness—interferes with training requirements. The study concluded by saying that in a few exceptions, failing to prioritize professional duties is not a breach of patient care. Although medicine is rich and satisfying, diverse and vivid, and packed with both cerebral and emotional challenges, it should only be a part of a doctor's life.

A study on the corona virus crisis in the U.S. revealed how this country lags behind the other major industrialized nations in terms of providing jobs in all sectors with fair access to facilities like paid sick and family leave, employees' flexible scheduling, and acceptable work hours [22]. Many important front-line workers, for example in the health, food and safety sectors, were unable to achieve benefits that promote the work-life balance and play a critical part in helping employees manage work stress and protect their health. The inquiry suggested three evidence-based national proposals to change American policies on work and life: Ensuring that workers have access to pay-sick leave and family vacation, mandating employers to build emergency back-up staffing

infrastructure, and enabling their employees to ask for flexible and fair work hours. Research has suggested that employment discrimination can be mitigated by policies focusing on the 'fair flexibility' principles, which include both employers and workers in decision-making and take account of both work and non-work requirements.

The incidence of burnout among physicians and nurses working on frontline wards (FLW) and those working in usual wards (UW) has been compared [21]. The survey was conducted among 220 representatives of COVID-19 FLW and UW at a ratio of 1:1 with a questionnaire of 49 questions in total. Biodata was collected and compared, such as age, gender, marital status, and the medical staff of Maslach Burnouts Inventory. The health workers employed on the COVID-19 FLW were lower in burnout than the UW personnel for uninfected patients. These results indicate that both the FL ward and the UW staff should be taken account of in the face of the COVID-19 crisis as policies and practices are developed to support the well-being of health workers.

A study summarized the management techniques available to improve resilience among health workers during and beyond the COVID-19 pandemic [20], focusing on self-care and corporate justice. It also emphasized different individual and organizational strategies. As the slow spread of illness in many countries continues to be successful and the workload has decreased because of restrictions to optional operations in many organizations, there is more time and ability to be pro-active in taking actions to minimize or eliminate possible adverse psychological impacts and to enhance, restore and maintain worker wellbeing now and for years to come. The objective of this paper was to review available research on interventions that minimize the COVID19 pandemic's psychological effect on clinicians and recognize pro-active holistic measures that could benefit both health workers in the current crisis and in the future. In order to address this psychological distress, strategies for resilience in clinicians are necessary. The reallocation of support workers needs to be increased; revenue distribution

through the organization must be reallocated, whether physicians feel appreciated and heard; and how agreements with internal and external stakeholders can change the model of reimbursement and compensation.

A study was conducted on the work life balance of resident doctors during COVID-19 [19]. Focus group interviews were performed with physicians, doctors and interns assigned to COVID19 wards in Northern India hospitals. The research entailed 97 doctors, including psychiatrists, radiologists, pediatricians, gynecologists, and medicine, who worked in one of COVID19 wards on one or more shifts. The doctors were assigned responsibilities in two COVID-19 hospitals in Northern India where the study was conducted. The long and boring working hours in the hospital came with the added burden of maintaining and documenting the data of COVID patients. Following the 15-day long service in the hospital, they had to remain isolated for 14 days in a separate accommodation. This long separation from family and friends caused enormous tension in their lives. As a result, their ethical behaviour was significantly affected. For female doctors who had small children, the question of juggling between work and life was particularly difficult. It was concluded that a poor balance between work and life adversely affected doctors' well-being.

In the course of a pandemic, healthcare liability is transferred from the individual patient to the general public. The pandemic of corona viruses reformed the medical landscape and placed a burden on all health care staff, particularly women [18]. The current COVID-19 pandemic has pushed governments and health care systems to devise nuanced strategies for the distribution of scarce resources due to the threatening pressures on the health care system. Women now constitute one-third of the world's most leading health workers, making them relevant in dealing with this global health crisis. In addition, many women balance work-from-home life, personal relations, family care, home, education, childcare, mental and physical health, etc. during the new normal era. It is concluded that the work life balance between these health workers is urgently

necessary. Health care women and organizations must work together to maintain a healthy balance between work and life and to fight this growing threat. In order to benefit the hospitals and patients, hospitals and health practitioners have to make sufficient use of this. Hospitals must ensure that their infrastructure is prepared enough to cope with the advent of digitization to accommodate this new normal and the changes in the next decade. The provision of interoperable health information systems, effective defenses of cyber security, and qualified health care personnel should be included.

A study interviewed 48 Irish hospital doctors working during the first wave of the pandemic and examined their concepts of their own well-being [17]. They observed that the COVID-19 pandemic affected the doctors' physical and mental well-being globally. In the first wave of the pandemic countries all over the world have implemented serious social controls and major reforms in the provision of health care services to arrest the spread of the virus. Despite the possibility of COVID-19 contracting, this study showed that in the first wave of the pandemic many physicians found changes in their physical conditions. In most cases, however, their mental well-being declined due to anxiety, emotional fatigue, remorse, loneliness and inadequate care. These results shed light on doctor well-being during COVID-19, as well as the ways in which the pandemic has influenced them both professionally and personally. The paper ended by discussing how doctors' work lives and well-being can be improved during and after the COVID-19 pandemic.

In terms of work environment, results from the University of Western Ontario found that nurses were dissatisfied with the security department with resultant concerns about safety in the work place. It also found that pays and benefits played a crucial role in determining employees' QWL satisfaction. In addition, unfavorable work environments could lead to low performance and poor interpersonal relationships among nurses that lead them to leave the facility or even the profession itself [37].

### *Concluding Observations*

After going through various past studies, the variable identified included scheduled working hours, flexible working hours, workload, employee morale, sustain corporate awareness, performance at work, working-life norm, quality of work-life, unfavourable working environment stress, tension, employee satisfaction, job satisfaction, excessive work, mental health assistance to doctors, organizational support, depression, anxiety, emotional exhaustion and employment stress, etc.

However, in the given current predicament of health care workers' working conditions, Indian hospitals must solve a variety of issues concerning them before it becomes a crisis. There is a growing recognition that the medical profession needs to respond more to the work-life balance concerns of healthcare workers. Hospitals in India must also foster a work environment that promotes the professional and personal well-being of healthcare workers while reducing competitive pressures between the two realms of life. This necessitates a change in mindset as well as the need to let go of old paradigms. Though hospitals, as well as the government as a whole, are not solely responsible for the balancing of work life, health and well-being of doctors and other health care workers, they do have to recognize the fact that these professionals have to spend more than half of their life in hospitals.

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### **Authors' contributions**

All authors contributed toward data analysis, drafting and revising the paper and agreed to be responsible for all the aspects of this work.

### **Conflict of Interest**

Authors declare that they have no conflict of interest.

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