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Work-life Balance among Nurses in Lunglei Town

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ABSTRACT

Balancing work and life is a crucial aspect of concern in modern day to day living. This study attempts to analyze the situation and factors affecting wellbeing of women in work place, explore the work-life balance and coping strategies by women work force. The study is exploratory in design and mixed method in nature. The sample size is adjusted to 35 keeping in mind the busy and tight duty schedules of nurses. Therefore, convenient sampling method was used to extract the population. Family details, work related concerns and coping strategies were studied. Work-life balance and well-being of nurses were measured with standardised scales respectively. The result of the study indicates that majority falls in the age group between 20-30. Passion for the nursing profession is the primary reason for choosing nursing as a career in which the average monthly income is between ₹37,325/- to ₹62,272/-. There is a significant difference between married and unmarried with regards to work concerns. The statistical results indicate that the respondents positively maintain a good balance between work and life. There is a significant difference between married and unmarried nurses among the domains of psychological

well-being. Unmarried nurses cope better with work-related concerns by seeking guidance from others. The role of religion in coping is also highly significant. The study highlights a positive work-life balance and coping strategies. Yet there is scope for improvement concerning safety and security of work place environment, revised pays and provision for mental health assistance. Future research should continue to explore the phenomena with enlarged sample size and in-depth analysis.

Introduction

Improving the health of the people and community remains the core of the structured healthcare delivery system. Health care is complex and dynamic encompassing diverse collection of knowledge, skills and disciplines bringing together social work, psychology, public health, nursing and medicine.

Majority of the funding comes from government sources by networks of clinics and hospitals at various levels in order to provide free or inexpensive, available and quality healthcare package. Whereas private sectors offer quick, variety and better healthcare facilities but at higher rates which is not affordable by the public at large.

Nurses play a crucial role in the healthcare system serving as frontline providers of care and support at various levels and settings. They are often regarded as the backbone of the healthcare system in India and at the global stage too. Their endless contributions go way beyond basic patient care. Nurses are fundamental to care, nursing service, coordination, networking with other healthcare professionals like social workers, therapist, psychologist and physicians to generate and implement inclusive health care delivery package.

Yet, nurses are victims of blame-game at the structural or bureaucratic levels, over-worked schedule, underpaid and their voices are least heard and taken into consideration. Apart from the professional challenges, they also face physical and psychological issues concerning work-life balance where they have little time and energy to balance their personal, family and social life amidst their rigorous professional duties.

Globally, economic trends bring about women to get more involved in income generating sectors at various levels. The concern now is their safety and balancing work and life. Working women often struggle between professional roles, household or domestic chores, care giving and societal responsibilities which brings

about stress and burnouts. This phenomenon is no other different in India too. Women in the economic sectors undergo tremendous societal pressures in fulfilling their roles as caregivers and homemakers that often conflict with their professional dreams. Our cultural practice of family and social obligations further worsens their situation leading to serious hurdles in their career.

The state of Mizoram, India represents a unique working women characteristics due to its cultural and social dimensions. In spite of being considered more to have economic independence with respect to their counterparts in the other parts of the nation, still their obstacles and challenges encountered holds the same underlying problems. Rigid traditional gender roles and societal obligations lay pressure in management of both professional duties at work place and household responsibilities at home.

Overview of Literature

Health-related human resources is a challenge in India. There is big regional disparity of workforce among rural and urban population resulting in high demands of qualified and competent healthcare professionals which is creating serious problem in reaching out the masses at large. (Rao, et.al,2011)

The wellbeing of health-care employees is often overlooked leading to job stress that results in serious threat to the Quality of Working Life (QWL) of healthcare practitioners. The consequences are lack of interest, commitment, hostility, aggression, absenteeism and turnover which eventually leads to breakdown in productivity. (Mosadeghrad, et.al,2011).

Studies report that certain factors like age, marital status, number of dependents, childcare responsibilities, social support and coping strategies significantly contribute to nurses' overall experiences. There is a significant difference in work–family conflict between single and married nurses in which married nurses experience more adjustment problems. (Arasi, Sathish 2022 & Yang, et.al 2026)

Studies suggest that there is a relationship between work-life balance and psychological well-being in which higher level of satisfactory work-life balance and resiliency reduces psychological traumas like emotional exhaustion, anxiety, stress and burnouts. (Pien, et. al 2021 & Lubis et al, 2026)

Research shows that professional nurses show signs of burnouts due to collective reasons like high job demands, long working hours and insufficient staffing, which further results in reduced job performance, increased turnover intentions and even absenteeism. (Rashmi, & Sharma 2020 & Kooktapeh et,al 2023)

The entire phenomena of work–life balance (WLB) in nursing sector is purely structural in nursing work culture itself encompassing high workload, round the clock shift systems, insufficient staffing and rigid duty

rosters. Positive social support, perceived organizational support, and self-rostering or flexible scheduling prove to enhance work-life balance (Widayana et.al 2025)

Work-Life Balance among nurses is both a product of staff well-being and patient-care issues. Intervention in the two dimensions improves engagement, retention and quality of care whereas negligence worsens the situation and results in burnout rates and turnover risk rises too. (Li et.al 2024)

Research indicates a positive relationship between work–life balance and job satisfaction. Nurses that experience better balance demonstrate better commitment to their works, higher motivation and lower risk of leaving their jobs. Whereas, unattended or poor work–life balance pays off to higher dissatisfaction, absenteeism and migration to other hospitals or even seek for employment oversees. Therefore, improving work–life balance has become an important approach for nurse retention in India. (Chaudhuri et al 2020)

Empirical data reveals that one of the most commonly stated determining factor of work–life imbalance among the nurses in India is excessive workload. Inadequate staffing compels nurses to work overtime, cuts opportunities for rest and limits their precious family time. the nurse-patient ratio remains below recommended levels in several states, resulting in increased patient workload and lengthier working hours. (Nair & Thomas, 2021).

Statement of the problem

Nurses are playing critical role in the healthcare system, but they frequently encounter considerable problems in maintaining a healthy work-life balance. Extended working hours, significant stress levels, and emotional burdens contribute to both physical and mental fatigue, which can affect their overall health and job satisfaction.

This inequity not only effects nurses' personal lives but also their effectiveness at work, possibly resulting in burnout, elevated turnover rates, and reduced quality of patient care.

This study aims to explore the factors that affect work-life balance among nurses, examining the psychological wellbeing and coping strategies.

Methodology

The study was conducted in two hospitals in Lunglei, Mizoram, India namely Christian Hospital, Serkawn and John William Hospital, Chanmari with both hospitals established and run by the church. Christian Hospital Serkawn is a hospital-cum nursing school at Serkawn, Lunglei, Mizoram, operated by the Baptist

Church of Mizoram. Started in the 1919, and formally established in 1923, it was the first hospital and nursing school in Mizoram. Whereas, John William Hospital established in 2015 is a church- based hospital located in Chanmari, Lunglei District in Mizoram, owned by Presbyterian Church of India, Mizoram Synod. They provide excellent healthcare services to individuals of every age. Patients can anticipate receiving exceptional care, operations, and medical interventions at the facility. Across time, the hospitals have built a commendable reputation for its commitment to delivering high-quality care and community health initiatives.

Research design

The study is an exploratory study that aims to throw light on the nature of work with special reference to nursing professionals and their adjustments to work-life.

Sampling

Convenient sampling is used for sample identification as the respondents have rigid working hours and busy duty schedule. The data is collected among nurses of two church-run hospitals in the town. The sample size consisted of 35 nurses who are on duty during the time of the current period of data collection, 18 from Christian Hospital, Serkawn and 17 from John William Hospital, Chanmari.

Tools

For data collection, semi-structured questionnaire was used which consist of five categories namely profile of the respondents, family details, work-related concerns, patterns of work-life balance, psychological well-being and the coping mechanisms.

Scales

For measuring psychological well-being, the Psychological Well-being by CD Ryff (1989) was used. The scale consists of 18 items with a 6-point Likert scale ranging from ‘strongly disagree’ to ‘strongly agree’. The scale is tested for reliability with .670 Cronbach’s Alpha.

Work-life balance self-assessment scale developed by Hayman (2005) was used for measuring Work-life balance among the nurses. The scale consists of 15 items with a 6-point Likert scale ranging from ‘strongly disagree’ to ‘strongly agree’. The scale is tested for reliability with .780 Cronbach’s Alpha.

Results and Discussions

This section deals with the results and discussion of the study. Thy are structured into six parts. They are profile of the respondents, family details, work-related concerns, work-life balance, psychological wellbeing, coping strategies and inter correlation matrix.

Profile of the respondents

Profile of the respondents is presented into categories viz. age group, job status, duration of service and reasons for joining nursing as a career.

The findings reveal that a little less than three fifth (37.1%) both falls in the age group between 20-30 and 31-40 in which unmarried are more. The overall mean age is 65.6 in which unmarried is 63 and for married the mean age is 63.57. A little less than one third (28.6%) have been in nursing professing for at least 11-15 years in which unmarried are more (28.6%). A little more than one third (34.3%) of the respondent's job status are permanent in which married are more (22.9%) than unmarried (11.4%). A little less than half (40.0%) reason for work is passion for profession in which married (22.9%) are more than unmarried (17.1%).

Table 1: Profile of the respondents

S/N	Variables	Marital Status		Total
		Unmarried	Married	N=35
		n=12	n=23	
I	**Age group**			
	23-30	12	1	13
		34.30%	2.90%	37.10%
	31-40	4	9	13
		11.40%	25.70%	37.10%
	41-50	1	5	6
		2.90%	14.30%	17.10%
	51-60	1	2	3
		2.90%	5.70%	8.60%
	Mean age	*63*	*63.57*	*65.6*
II	**Job status**			
	Permanent	4	8	12

		11.40%	22.90%	34.30%
	Contract	6	5	11
		17.10%	14.30%	31.40%
	Casual	7	2	9
		20.00%	5.70%	25.70%
	Substitute	1	2	3
		2.90%	5.70%	8.60%
III	Year of service			
	Less than 5 years	10	0	10
		28.60%	0.00%	28.60%
	5-10 years	3	4	7
		8.60%	11.40%	20.00%
	11-15 years	3	7	10
		8.60%	20.00%	28.60%
	16-20 years	0	3	3
		0.00%	8.60%	8.60%
	More than 20 years	2	3	5
		5.70%	8.60%	14.30%
IV	Reasons for opting nursing			
	Support family	7	4	11
		20.00%	11.40%	31.40%
	Economic independence	3	1	4
		8.60%	2.90%	11.40%
	Career opportunity	2	4	6
		5.70%	11.40%	17.10%
	Passion for profession	6	8	14
		17.10%	22.90%	40.00%

Source: Computed

Family details

Table 2 shows family details which are categorised into type of family, ownership of house, size of family, number of children and average monthly income.

Based on the findings, a little more than three fourth (77.1%) are nuclear family in which unmarried (40.0%) are more. A little less than three fourth (74.3%) owned a house in which unmarried (42.9%) are more. A little more than two third (68.6%) family size is small (1-5 members) in which married and unmarried (34.3%) are equal. A little more than half (51.4%) have no children which composed of unmarried (42.9%) are more than married (8.6%) and a little less than half (48.6%) have a size of 1-5 children in which married (40.0%) are more than unmarried (8.6%). A little less than half (40.0%) average monthly household income is between ₹37,325/- to ₹62,272/- where unmarried (25.7%) are more.

Table 2: Family details

S/N	Variables	Marital Status		Total
		Unmarried	Married	
I	**Type of family**	**n=12**	**n=23**	**N=35**
	Nuclear	14	13	27
		40.00%	37.10%	77.10%
	Joint	4	4	8
		11.40%	11.40%	22.90%
II	Ownership of house			
	Owned	15	11	26
		42.90%	31.40%	74.30%
	Rent	3	6	9
		8.60%	17.10%	25.70%
III	Size of family			
	1-5 member (Small)	12	12	24
		34.30%	34.30%	68.60%
	6-10 members (Medium)	6	5	11
		17.10%	14.30%	31.40%
IV	Number of children			
	N/A	15	3	18

		42.90%	8.60%	51.40%
	1-5	3	14	17
		8.60%	40.00%	48.60%
V	Monthly household income			
	Below ₹1244	0	1	1
		0.00%	2.90%	2.90%
	₹12445 - ₹37324	1	2	3
		2.90%	5.70%	8.60%
	₹37325 - ₹62272	9	5	14
		25.70%	14.30%	40.00%
	₹62273 - ₹98380	2	4	6
		5.70%	11.40%	17.10%
	₹93381 - ₹124488	3	2	5
		8.60%	5.70%	14.30%
	₹124489 - ₹249043	3	2	5
		8.60%	5.70%	14.30%
	Above ₹249044	0	1	1
		0.00%	2.90%	2.90%

Source: Computed

Work-related concerns by marital status

Table 3 shows respondents' concerns with matter relating to works by gender using T-test distribution. The work-related concerns are composed of fifteen (15) domains. Among the respondents' mean scores, the majority (3.23) is '*Displacement of anger/tension at work place upon others at home'* in which unmarried are more (3.41) than married (3.06).

The T-test analysis reveals that there is a significant difference between married and unmarried respondents with regards to '*Acknowledgement of contributions/achievements*.' This could be because unmarried nurses are more productive and develop positive carrier advancement attitude.

Table 3 Work-related concerns by marital status

Work related concerns	Gender	Total	t value	P

	Unmarried		Married					value
	n=18		n=17		N=35			
	Mean	SD	Mean	SD	Mean	SD		
Addressal of grievances	1.78	1.06	1.59	0.8	1.69	0.93	.596	.556
Punctuality to work	1.39	0.7	1.18	0.53	1.29	0.62	1.011	.320
Acknowledgement of contributions/achievements	***1.72***	0.46	***2.41***	1.06	***2.06***	0.87	-2.513	***.017***
Putting extra time to work	1.89	0.47	1.82	0.53	1.86	0.49	.387	.702
Experiencing stress at work	2.22	0.73	2.35	0.86	2.29	0.79	-.485	.631
Experiencing anxiety at work	2.78	0.94	3.12	0.99	2.94	0.97	-1.039	.306
Experiencing discrimination at work place	2.17	1.2	2.59	0.94	2.37	1.09	-1.152	.257
Receiving salary on time	1.39	0.85	1.47	1.07	1.43	0.95	-.251	.803
Safety concerns at work place	1.83	1.15	1.65	1.17	1.74	1.15	.475	.638
Effects of home stress/tensions upon mood/performance at work place	2.78	0.88	2.59	0.87	2.69	0.87	.641	.526
Effects of work stress/tensions upon mood/roles at home	3	0.91	2.94	0.66	2.97	0.79	.218	.829
Displacement of anger/tension at work place upon others at home	3.06	0.87	3.41	0.87	3.23	0.88	-1.209	.235
Effects of work performance upon ill health/sickness of children at home	2.61	1.24	2.35	0.86	2.49	1.07	.710	.483
Bringing one's own lunch box to work	1.33	0.84	1.24	0.66	1.29	0.75	.381	.705
Concern about travelling in work related matters	2.39	0.98	2.06	0.9	2.23	0.94	1.037	.307
Overall mean	2.22	0.35	2.25	0.27	2.24	0.31	-.271	.788

Source: Computed ***p<0.05** ****p<0.01**

Work-life balance by marital status

Table 4 shows respondents' adjustment with work-life balance in their day to day living by marital status using T-test distribution. Work-life balance is composed of fifteen (15) domains. Among the

respondents' mean scores, the majority (4.43) is referring to the statement '*My job gives me energy to pursue personal activities'* in which unmarried (4.67) agreed more than married (4.18).

There is no significant difference between married and unmarried nurses with regards to all the domains of work-life balance. This could be due to the fact that both married and unmarried nurses cope well with their work and personal life which is evident from the relatively high level of mean scores to all the domains of work-life balance parameters.

Table 4 Work-life balance by marital status

Work-life balance	Gender				Total		t value	P value
	Married		Unmarried					
	n=17		n=18		N=35			
	Mean	SD	Mean	SD	Mean	SD		
My job gives me energy to pursue personal activities	***4.18***	1.38	***4.67***	1.14	***4.43***	1.27	-1.149	.259
My job makes personal life difficult	3.35	1.50	3.83	1.20	3.60	1.35	-1.050	.301
I am in a better mood because of personal life	4.06	1.39	3.94	1.35	4.00	1.35	.247	.806
My work suffers because of my personal life	2.76	1.56	2.33	1.61	2.54	1.58	.804	.427
I neglect personal needs because of work	4.29	1.61	3.17	1.86	3.71	1.81	1.915	.064
I find it hard to work because of personal matters	2.76	1.56	3.00	1.64	2.89	1.59	-.433	.668
I miss personal activities because of work	4.47	1.66	4.06	1.39	4.26	1.52	.802	.428
My personal life suffers because of work	3.71	1.79	3.56	1.54	3.63	1.65	.266	.792
I am too tired to be effective at work	3.18	1.70	2.89	1.64	3.03	1.65	.509	.614
I put personal life on hold for work	4.12	1.58	4.33	1.33	4.23	1.44	-.439	.664
My personal life drains me of energy of work	3.12	1.50	3.33	1.78	3.23	1.63	-.387	.701
I struggle to juggle work and non-work	3.76	1.39	3.00	1.53	3.37	1.50	1.541	.133
Personal life gives me energy for my job	4.06	1.09	4.11	1.32	4.09	1.20	-.127	.900
I am happy with the amount of time for non-work activities	4.12	1.50	3.78	1.35	3.94	1.41	.706	.485

I am in a better mood because of my job	3.88	1.32	3.89	1.23	3.89	1.25	-.015	.988
Work life balance overall mean	3.72	0.69	3.59	0.79	3.66	0.74	.512	.612

Source: Computed ***p<0.05** ****p<0.01**

Psychological well-being by marital status

Table 5 represents respondents' status in relation to psychological well-being by marital status using T-test distribution. Psychological well-being is categorized into eighteen (18) domains. Among the respondents' mean scores, the majority (5.23) is '*I think it is important to have new experiences that challenge how you think about yourself and the world'* in which unmarried (4.94) are more than married (5.53).

There is a significant difference between married and unmarried nurses among the domains of psychological well-being with the statement '*In general, I feel I am in charge of the situation in which I live'*. This could be because married nurses are mature enough to handle situations in life.

Table 5 Psychological well-being by marital status

Psychological wellbeing	**Gender**				**Total**		**t value**	**P value**
	Married		**Unmarried**					
	n=17		**n=18**		**N=35**			
	Mean	**SD**	**Mean**	**SD**	**Mean**	**SD**		
I tend to be influenced by people with strong opinions	4.41	1.12	4.22	1.22	4.31	1.16	.479	.635
In general, I feel I am in charge of the situation in which i live	***4.24***	1.03	***3.28***	1.45	***3.74***	1.34	2.241	***.032***
I think it is important to have new experiences that challenge how you think about yourself and the world	***5.53***	1.01	***4.94***	1.39	***5.23***	1.24	1.417	.166
Maintaining close relationship has been difficult and frustrating for me	2.88	1.62	3.89	1.41	3.40	1.58	-1.967	.058
I live life one day at a time and do not really think about the future	2.35	1.37	2.50	1.54	2.43	1.44	-.298	.768

When i look at the story of my life I am pleased with how things have turned out	4.24	1.52	4.00	1.50	4.11	1.49	.461	.648
I have confidence in my opinions even if they are contrary to the general consensus	4.00	1.27	4.28	1.02	4.14	1.14	-.714	.480
The demands of everyday life often get me down	3.88	1.36	3.56	1.42	3.71	1.38	.693	.493
For me life has been a continuous process of learning changing and growth	5.18	0.88	5.28	1.07	5.23	0.97	-.304	.763
People would describe as a giving person willing to share my time with others	4.41	1.12	4.72	1.13	4.57	1.12	-.816	.420
Some people wonder aimlessly through life but I am not one of them	4.29	1.49	4.39	1.33	4.34	1.39	-.198	.844
I like most aspects of my personality	4.29	1.10	4.50	1.20	4.40	1.14	-.527	.602
I judge myself by what I think is important not by the values of what others think is important	4.06	1.14	4.11	1.68	4.09	1.42	-.107	.915
I am quite good at managing the many responsibilities of my daily life	4.76	1.03	4.83	1.04	4.80	1.02	-.195	.846
I give up trying to make a big improvement or change in my life a long time ago	2.94	1.48	4.06	1.83	3.51	1.74	-1.975	.057
I have not experienced many warm and trusting relationship with others	2.47	1.12	3.17	1.54	2.83	1.38	-1.517	.139
I sometimes feel as if I have done all there is to do in life	2.82	0.81	2.94	1.21	2.89	1.02	-.345	.732
In many ways I feel disappointed about my achievements in life	2.35	1.11	2.94	1.63	2.66	1.41	-1.248	.221
Psychological well-being overall mean	4.10	0.37	4.17	0.43	4.14	0.40	-.533	.598

Source: Computed ***p<0.05** ****p<0.01**

Coping mechanisms by marital status

Table 6 shows respondents' strategies to cope with problems regarding work-life balance by marital status using T-test distribution. Coping strategies are categorized into fifteen (15) domains.

Among the respondents' mean scores, the majority (3.60) is *'Reading Bible/Praying'* in which unmarried (3.61) are more than married (3.59).

There is a significant difference between married and unmarried nurses among the domains of coping strategies of seeking guidance. This could be because unmarried respondents have wider exposure to seek guidance from various source especially through the internet sources.

Table 6 Coping strategies by marital status

Coping strategies	Married n=17		Unmarried n=18		Total N=35		t test	P value
	Mean	SD	Mean	SD	Mean	SD		
Attend religious/church activities	**3.41**	0.51	**3.44**	0.51	**3.43**	0.50	.190	.851
Participate in community activities	3.18	0.39	3.06	0.24	3.11	0.32	-1.111	.274
Reading bible/praying	**3.59**	0.51	**3.61**	0.50	**3.60**	0.50	.134	.894
Reading/writing	2.12	0.70	2.17	0.99	2.14	0.85	.169	.867
Engage in hobbies	2.18	0.64	2.11	0.47	2.14	0.55	-.347	.731
Take travelling breaks	1.24	0.44	1.28	0.46	1.26	0.44	.279	.782
Go out for picnic etc	2.41	0.87	2.22	1.00	2.31	0.93	-.596	.556
Indulge in alcohol/substance abuse	1.12	0.33	1.22	0.43	1.17	0.38	.804	.427
Opt for sex/dating/romantic affairs	1.18	0.39	1.39	0.50	1.29	0.46	1.389	.174
Hit the gym	1.00	0.00	1.00	0.00	1.00	0.00	-1.130	.266
Talking out with friends	2.29	0.85	2.00	0.69	2.14	0.77	1.297	.204
Seek guidance	**3.24**	0.44	**3.44**	0.51	**3.34**	0.48	4.388	**.000**
Discuss with spouse	1.53	0.62	2.78	1.00	2.17	1.04	.843	.405
Vent through social media	2.94	1.14	3.22	0.81	3.09	0.98	-.097	.924
Others (specify)	1.35	0.61	1.33	0.59	1.34	0.59	1.556	.129

Source: Computed ***p<0.05** ****p<0.01**

Inter correlation matrix of WRC, WLB, PWB and coping strategies

Table 7 shows Pearson's Inter Correlation Matrix of work-related concerns, work-life balance, psychological well-being and coping strategies. The correlation coefficient between work-related concerns and coping strategies has a moderate positive correlation at 0.05 level with the P value at .402*.

This indicates that work related concerns are associated with coping strategies which shows that the nurses are finding ways and means to cope with their work-related problems and situations.

Table 7 Inter correlation matrix of WRC, WLB, PWB and coping strategies

S/N	Variables	1	2	3	4
1	Work related concerns	1			
2	Work-life balance	.099	1		
3	Psychological well-being	.320	.084	1	
4	Coping strategies	***.402****	-.079	.129	1

*Correlation is significant at 0.05 level

Conclusion

The hours and nature of roles that nurses play is a key component of the healthcare system, affecting not only patient outcomes but also the health and happiness of the nurses. Yet, this input is in contrast with the salary received. The psychological effects of the work vary from individual to individual with their resiliency. However, the work-life balance phenomena is fairly management with religion and family playing deep underlying roles in generating positive vibes for the stressful nurses. Nurses prove their adaptability in handling work responsibilities, performing domestic chores and fulfilling societal obligations. Their professionalism truly demonstrate why they are universally regarded as the backbone of healthcare system.

Implications of the study

The study is not only beneficial for the nurses themselves but also for healthcare organizations and the patients they serve. By gaining a deeper understanding of the challenges nurses face in balancing their personal and professional lives, healthcare institutions can implement policies and practices that improve nurse well-being, reduce burnout, enhance job satisfaction, and ultimately improve patient care. In doing so, the study supports the creation of a more sustainable, effective, and compassionate healthcare system.

Therefore, the study suggests certain intervention strategies like provision for safe and secure work place environment for women especially for nurses, structural reformation concerning status and pays for nurse and promotion of mental health campaign for the improvement of the wellbeing of healthcare workers at work place.

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Ethical consideration

Prior permissions and approval were obtained from the hospital authorities and the participants willingly participate at their own choice with approval that confidentiality is promised by the researchers.

Conflict of interest

The authors declare no competing interests