

Work-Life Balance and Job Satisfaction among Registered Nurses Employed in a Private Healthcare Hospital in Klang Valley, Malaysia

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ABSTRACT

OBJECTIVE: To assess levels of work-life balance and job satisfaction among nurses at a private hospital in the Klang Valley, Malaysia, and to examine any correlation between these two variables.

METHODOLOGY: A quantitative, cross-sectional design was employed using a self-administered questionnaire distributed to 150 registered nurses. The study was conducted between January to March 2025. A proportionate stratified sampling method was used to recruit the samples. The instruments used included items from validated work-life balance and job satisfaction scales, and the data were analyzed using descriptive statistics and Spearman's Rho.

RESULTS: The findings revealed that the majority of nurses reported a medium-high level of job satisfaction and a moderate level of work-life balance. A statistically significant positive correlation was found between work-life balance and job satisfaction ($r = -0.213$, $p = 0.009$), indicating that as work-life balance improved, job satisfaction also increased slightly. Among the demographic variables, only age significantly influenced work-life balance ($p = 0.012$), while department significantly influenced job satisfaction ($p = 0.000$). Other demographic factors, such as marital status and work experience, did not show significant associations.

CONCLUSION: This study provides valuable insights into how work-life balance and job satisfaction interact in the nursing profession within a private healthcare setting. The findings highlight the need for hospital management to implement supportive policies that promote healthier work-life integration and tailored interventions across departments to enhance nurse satisfaction and retention.

KEYWORDS: Work-life balance, job satisfaction, wellbeing, Nurses, shift workers

INTRODUCTION

Work-life balance (WLB) refers to satisfaction and smooth functioning in both professional and personal domains, without conflicts between roles¹. In today's fast-paced healthcare environment, achieving this balance is a challenge, especially for nurses. WLB is the ability to meet job demands while fulfilling personal responsibilities, often tested in healthcare due to demanding and unpredictable roles². Job satisfaction (JS), which reflects how satisfied one is with their job, directly impacts nurses' well-being and patient care. In a field with high burnout rates, fostering WLB and JS is essential³.

Nursing roles have become increasingly complex, involving patient care, administrative tasks, technology adaptation, and professional development. These responsibilities often extend beyond working hours, making WLB difficult¹. It is a dynamic equilibrium where individuals meet job demands while fulfilling

personal responsibilities². For nurses, this balance is challenging due to unpredictable and emotionally taxing work³. WLB is closely tied to JS, which influences well-being, retention, and performance. JS depends on workload, support, autonomy, and recognition⁴. In nursing, dissatisfaction can reduce care quality, increase turnover, and compromise patient safety⁵.

Despite their critical role, nurses often struggle with WLB. Long shifts, emotional labor, and staffing shortages contribute to stress, burnout, and reduced JS. This imbalance affects both nurses' well-being and healthcare outcomes. Understanding the relationship between WLB and JS is vital to developing strategies that support nurses and improve care delivery.

METHODOLOGY

Study Design

This study employed a quantitative cross-sectional survey design to examine the relationships and differences between demographic factors, work-life balance, and job satisfaction among nurses at a private hospital in Klang Valley, Malaysia.

Population and Sample

The main target population for this study includes nurses currently working at a private hospital in the Klang Valley, Malaysia. The sample for this study consisted of 150 Registered nurses currently employed at a private hospital in Klang Valley,

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Malaysia. The study was conducted between January to March 2025. Eligible participants are staff nurses in clinical roles providing direct patient care in departments such as Emergency, ICU, Surgical-Medical, Paediatrics, Maternity, Haemodialysis, and Operating Theatre. Both male and female nurses are included. Excluded are those in managerial or administrative positions, on long-term leave, or in specialized non-clinical roles such as Infection Control, Lactation, Patient Education, or Community Nursing.

Instruments

The study utilized a structured questionnaire comprising three sections:

Section A: Socio-Demographic Data: This section included seven items capturing participants' demographic characteristics: gender, age, ethnicity, marital status, total work experience, tenure, and department. Responses were recorded using a checklist format.

Section B: Work-Life Balance: Fifteen items were adapted from Smeltzer SC et al.⁶ to assess work-life balance across three dimensions.

Work Interference with Personal Life (WIPL), Personal Life Interference with Work (PLIW), Work/Personal Life Enhancement (WPLE).

Responses were rated on a 7-point time-related Likert scale (1 = Not at all, 7 = All the time), allowing researchers to quantify the frequency of work-life balance challenges.

Section C: Job Satisfaction: Sixteen items measured job satisfaction across four domains: Teamwork, Reward and Recognition, Working Hours, and Working Conditions. Participants rated each item on a 5-point Likert scale (1 = Strongly Disagree to 5 = Strongly Agree), enabling identification of key satisfaction drivers. The instrument was adapted from Ahmad NFD 2020⁷ for job satisfaction.

Validity and Reliability

The instruments were adapted from validated sources: Smeltzer SC et al.⁶ for work-life balance and Ahmad NFD 2020⁷ for job satisfaction. Content and face validity were confirmed through expert review and a pre-test among similar respondents. Relevance ratings followed a 4-point scale to ensure item appropriateness.

Data Analysis

Data were analyzed using descriptive statistics (frequency, percentage, mean, standard deviation) to identify trends, and Spearman's Rho correlation to examine relationships between variables. This approach provides insights into how nurses balance professional and personal responsibilities and how this affects job satisfaction.

Ethical Statement

Ethical approval was obtained from the KPJU Research Management Committee (KPJ 022/2025), and hospital permission was obtained. Informed consent, confidentiality, and privacy were ensured. The questionnaire, shared via Google Form on

WhatsApp, included a consent page. Participants remained anonymous, providing only age, work experience, and educational details, without names or email addresses.

RESULTS

Characteristics of Respondent

Table I: Characteristic Respondents

Variable	Category	Frequency (n=150)	Percentage (%)
Gender	Male		8.0
	Female	138	92.0
Age	21-30	74	49.3
	31-40	68	45.3
	41-50	8	5.3
	51-60	0	0
Ethnicity	Malay	144	96.0
	Chinese	0	0
	Indian	6	4.0
	Others	0	0
Marital Status	Single	54	36.0
	Married	91	60.7
	Divorced/ Widowed	5	3.3
Total experience in Nursing?	< 5 years	43	29.0
	5-10 years	51	34.0
	11-15 years	49	33.0
	>15 years	7	5.0
Years of working experience in KPJ Selangor Hospital?	< 5 years	63	42.0
	5-10 years	64	42.6
	11-15 years	19	.6
	>15 years	4	2.6
Department	Emergency	18	.0
	ICU	14	9.3
	Surgical	32	21.3
	Medical	19	.7
	Paediatric	18	.0
	Maternity/ Labour Room/ SCN	18	.0
	Haemodialysis	7	4.7
	Operation Theatre (OT)	24	16.0

Table I shows most respondents were female nurses (92%), with nearly half aged 21-30 (49.3%). Most were Malay (96%) and married (60.7%). In terms of work experience, 29% had less than 5 years, 34% had 5–10 years, 33% had 11–15 years, and 5% had

over 15 years of experience. The highest number of respondents worked in the Surgical department (21.3%), followed by the Operating Theatre (16%).

Table II: Level of work-life balance

Score Category	Range Mean	Frequency (n)	Percentage (%)
Very good	1.00 - 1.85	2	1.3
Rather good	1.86 - 2.71	27	18
Good	2.72 - 3.57	60	40
Neither good nor bad	3.58 - 4.43	39	26
Bad	4.44 - 5.29	19	.7
Rather bad	5.30 - 6.15	1	0.7
Very bad	6.16 - 7.00	2	1.3

Table II highlights that most respondents were female nurses (92%), predominantly Malay (96%), and married (60.7%). Nearly half were aged 21–30 years (49.3%). Work experience varied: 29% had <5 years, 34% had 5–10 years, 33% had 11–15 years, and 5% had >15 years. The largest groups worked in the Surgical department (21.3%) and the Operating Theatre (16%).

Table III: Descriptive analysis findings of work-life balance

Item Code	Item	Mean	SD
WLB1	Work suffers due to personal life.	2.39	3.02
WLB2	Personal matters make work difficult.	2.49	1.53
WLB3	Personal life suffers because of work.	2.62	1.55
WLB4	Too tired to be effective at work.	2.77	1.44
WLB5	Struggle to balance work and nonwork.	2.86	1.51
WLB6	Personal life drains energy for work.	3.01	2.37
WLB7	Neglect personal needs due to work.	3.11	1.59
WLB8	Job makes personal life difficult.	3.15	1.49
WLB9	Put personal life on hold for work.	3.53	1.89
WLB10	Miss personal activities because of work	3.69	1.58
WLB11	Happy with time for nonwork activities.	4.07	1.43
WLB	Job gives energy for personal activities.	4.14	1.33
WLB13	Better mood at work from personal life.	4.20	1.61
WLB14	Personal life gives energy for job.	4.36	1.31
WLB15	Better mood because of job.	4.67	4.21
Overall		3.4	±1.8

Table III shows that respondents rarely experienced personal life interfering with work, as reflected by the lowest mean score (2.39) for "My work suffers because of my personal life" (WLB1). Conversely, the highest mean score (4.67) for "I am in a better mood because of my job" (WLB15) indicates that, despite positive feelings toward their job, the scale design interprets this as lower work-life balance. These findings highlight contrasting perceptions of how work

and personal life interact.

Table IV: Job satisfaction

Score Category	Range Mean	Frequency	Percentage
High	4.01 - 5.00	59	39.3
Medium High	3.01 - 4.00	83	55.3
Medium Low	2.01 - 3.00	7	4.7
Low	1.00 - 2.00	1	0.7

Table V: Descriptive findings on job satisfaction

Code	Item	Mean	SD
WC1	Physical working conditions are good.	4.85	6.75
EP1	I understand my organization's vision.	4.50	2.75
TD1	Training improves my job effectiveness.	4.43	3.32
TD2	Initial hospital training was sufficient.	4.35	4.22
TW1	Co-workers assist when needed.	4.29	0.72
LD1	Supervisor demonstrates commitment to quality.	4.29	3.38
EP2	I contribute to organizational mission.	4.27	2.52
TW2	I get along with colleagues.	4.21	0.72
TD3	Organization supports continued education.	4.18	0.66
TD4	I have opportunities to learn and grow.	4.18	0.68
TW3	I feel part of a team.	4.17	0.73
EP3	My job uses my skills well.	4.17	0.65
EP4	Organization's mission makes my job important.	4.	0.64
WH1	I have flexible work scheduling.	4.09	4.31
C1	Organization keeps employees well-informed.	4.08	3.38
TW4	There is cooperation in the organization.	4.07	0.78
EP5	I am involved in work decisions.	4.06	0.70
TW5	Co-workers are committed to quality.	4.05	0.80
LD2	Supervisor has strong management skills.	4.05	0.90
LD3	Supervisor's expectations are clear.	4.03	0.90
TD5	Ongoing training is provided.	4.03	0.74
LD4	Supervisor addresses my concerns.	3.99	0.88
C2	I know where to get needed information.	3.89	0.79
WC2	I have tools/resources to do my job.	3.89	0.86
WH2	I can balance work and nonwork interests.	3.86	1.04
WH3	I am satisfied with total working hours.	3.81	1.03
C3	Supervisor communicates expectations clearly.	3.81	0.87
WC3	Workload is reasonable.	3.70	0.87
C4	Management explains decisions clearly.	3.65	0.92
RR1	I am satisfied with retirement plan.	3.57	2.59
RR2	I receive recognition for good work.	3.51	1.04
RR3	Promotions/raises are fair.	3.28	1.02
RR4	Base pay is fair.	3.07	1.
RR5	Annual raise is reasonable.	2.99	1.07
Overall		3.9	±1.7

Table IV underlines that most nurses reported medium-high job satisfaction (55.3%), followed by a substantial proportion with high satisfaction (39.3%). Only a small minority experienced medium-low (4.7%) or low (0.7%) satisfaction, indicating that overall job satisfaction among respondents was generally positive.

The findings in Table V show that the highest mean (4.85) indicates the highest level of job satisfaction, which is "My physical working conditions are good" The lowest mean (2.99) indicates the lowest level of work-life balance, which is "The annual raise is reasonable.

Table VI: Spearman's Rho Order Correlation between work-life balance and job satisfaction

	Work Life Balance	Job Satisfaction
Correlation Coefficient	1.000	.175*
Sig. (2-tailed)	-	.032
N	150	150

** Correlation is significant at the 0.05 level (2-tailed).

The findings in Table VI show a statistically significant positive correlation between work-life balance and job satisfaction among nurses, with a Spearman's rho value of 0.175 and a p-value of 0.032. Since the p-value is less than 0.05, the null hypothesis is rejected, indicating that nurses who experience better work-life balance tend to report slightly higher levels of job satisfaction.

Table VII: Relationship between selected demographic profiles and work-life balance

Test	Total N	Test Statistic	df	Sig. (2-tailed)
Spearman's Rho (Age vs WLB)	150	Correlation Coefficient = -0.204	-	0.012
Kruskal-Wallis (Marital Status)	150	5.199	2	0.074
Kruskal-Wallis (Work Experience)	150	28.912	22	0.147
Kruskal-Wallis (Department)	150	7.309	7	0.397

Note: All Kruskal-Wallis test statistics are adjusted for ties. Multiple comparisons were not performed as overall tests did not show significant differences across samples.

The statistical analysis showed that age had a weak negative correlation with work-life balance ($r = -0.204$, $p = 0.012$), indicating that older nurses experience lower balance. Marital status, work experience, and department did not significantly affect work-life balance, as Kruskal-Wallis tests yielded p-values of 0.074, 0.147, and 0.397, respectively. These results suggest that while age influences work-life balance slightly, other demographic factors have no

measurable impact in this setting, likely due to uniform organizational policies and support systems across groups.

Table VIII: Relationship between selected demographic profiles and Job Satisfaction

Test	Total N	Test Statistic	df	Sig. (2-tailed)
Spearman's Rho (Age vs Job Satisfaction)	150	Correlation Coefficient = -0.052	-	0.526
Kruskal-Wallis (Marital Status)	150	0.917	2	0.615
Kruskal-Wallis (Work Experience)	150	23.786	22	0.359
Kruskal-Wallis (Department)	150	26.148	7	0.000

Note: All Kruskal-Wallis test statistics are adjusted for ties. Multiple comparisons were not performed unless overall tests showed significant differences.

Table VIII shows that the analysis revealed that age had no significant correlation with job satisfaction ($r = -0.052$, $p = 0.526$), and that marital status ($p = 0.615$) and work experience ($p = 0.359$) showed no significant differences in satisfaction levels. However, the department had a statistically significant effect ($p = 0.000$), indicating that job satisfaction varies across units, likely due to differences in workload, team dynamics, and leadership practices. Overall, demographic factors such as age, marital status, and tenure do not influence job satisfaction in this setting, while departmental culture plays a critical role.

DISCUSSION

Work-life balance and job satisfaction are two critical factors that influence employee well-being and organizational performance. Work-life balance ensures that individuals can effectively manage professional duties alongside personal responsibilities, reducing stress and improving overall quality of life. Job satisfaction, on the other hand, reflects how positively employees perceive their work environment, compensation, and career growth opportunities. Understanding the relationship between these two aspects is essential, as imbalance or dissatisfaction can lead to burnout, decreased productivity, and higher turnover rates. This study aims to explore how work-life balance impacts job satisfaction among employees, providing insights for better workplace policies and practices.

The demographic profile shows most respondents were female (92%) and Malay (96%), reflecting the nursing workforce in Malaysia 8,9. Work-life balance (WLB) was assessed using a 7-point Likert scale, with most nurses reporting WLB as "Good" (40.0%), followed by "Neither good nor bad" (26.0%) and "Rather bad" (18.0%). Few rated WLB as "Very bad" (1.3%) or "Rather good" (0.7%), indicating ongoing challenges despite some positive perceptions^{9,10}.

The lowest mean score (2.39) for "My work suffers because of my personal life" (WLB1) suggests minimal interference of personal life with work. In contrast, the highest mean score (4.67) for "I am in a better mood because of my job" (WLB15) reflects emotional spillover from work to personal life, signaling reduced WLB. Poor WLB has been linked to nurses' intention to leave their jobs^{11,12}, with unhealthy environments, poor workload management, and lack of support contributing to dissatisfaction^{14,15}, alongside risks of emotional exhaustion when personal well-being is overlooked¹³.

These findings emphasize the need for administrators to review workload, strengthen leadership support, and adopt flexible scheduling to protect nurses' well-being and improve care quality^{7,14}. Job satisfaction levels were generally positive, with most nurses reporting medium-high (55.3%) or high (39.3%) satisfaction, consistent with Yew's findings in Malaysian private hospitals¹⁰. However, dissatisfaction with pay and recognition remains a concern for long-term retention, underscoring the importance of addressing these disparities to sustain a motivated workforce.

This study examined the correlation between work-life balance (WLB) and job satisfaction (JS) among nurses at a private hospital. Using Spearman's Rho, results showed a statistically significant but weak positive correlation ($r = 0.175$, $p = 0.032$), indicating that better WLB is slightly associated with higher JS. Although weak, the correlation supports the alternative hypothesis of a relationship between WLB and JS. Effective WLB enhances nurses' emotional well-being and motivation^{11,16}, and organizational support is linked to higher morale^{15,17}. The weak correlation may reflect hospital efforts such as flexible scheduling¹⁸, but also suggests recognition, career progression, and compensation play stronger roles^{19,20}. Compared to studies reporting stronger correlations, this weaker result may indicate systemic challenges or unmet expectations¹⁸.

Demographic analysis showed a weak negative correlation between age and WLB, with older nurses experiencing lower balance, consistent with prior research^{22,23}. Marital status, work experience, and departmental affiliation had no significant impact, contrasting earlier studies^{24,25}. This uniformity may reflect standardized shifts and support systems across departments²⁶. Age, marital status, and work experience also showed no significant impact on JS, differing from prior findings that linked these factors to higher satisfaction^{8,16}. This lack of association may stem from standardized roles and limited recognition of experience²⁷. However, JS varied significantly across departments, influenced by workload, leadership, and culture^{28,29,30}, suggesting organizational context and departmental dynamics are more critical than demographic variables.

Overall, WLB is an important contributor to JS. Administrators should adopt holistic strategies to

strengthen WLB policies while addressing compensation, recognition, and career development to improve nurse retention and satisfaction.

CONCLUSION

This study examined the link between work-life balance and job satisfaction among nurses at the private Specialist Hospital, finding a weak but significant positive correlation, with age negatively affecting work-life balance and department influencing job satisfaction. At the same time, marital status and tenure showed no impact. Limitations include a single-hospital setting, a small, demographically skewed sample, reliance on self-reported data, and a cross-sectional design, all of which reduce generalizability and depth. Nursing implications call for age-specific support and department-focused strategies, alongside improvements in flexibility, recognition, and career development. Future research should broaden the sample, employ longitudinal and qualitative methods, and examine organizational policies, psychological factors, and departmental culture to achieve a more comprehensive understanding.

Recommendations

It is also recommended that qualitative methods, such as interviews or focus groups, be incorporated to capture richer, more detailed insights into nurses' lived experiences. Furthermore, future studies should examine the influence of organizational policies and practices, including flexible work arrangements, supervisor support, and reward systems, as these factors may significantly shape employees' experiences.

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AUTHOR CONTRIBUTION

Kunjukunju A: Contributed to data validation and manuscript preparation.

Rahman RA: Contributed to data validation and manuscript preparation.

Abdullah Sani NA: Contributed to conceptualization, data collection and data analysis

Kumanan LS: Contributed to conceptualization, data collection and data analysis

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