

Perceived Stress Levels and Work–Life Conflict Among Women Nurses in Chittoor District: An Empirical study

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Abstract

The nursing profession is highly demanding and often exposes women nurses to significant occupational stress and work-life conflict. The present investigation examined perceived stress levels and work-life conflict among women nurses in Chittoor District. The objectives focused on identifying stress levels and analyzing the relationship between perceived stress and work-life conflict among women nurses. A descriptive and analytical research design with a cross-sectional approach was adopted for the investigation. Primary data were collected from 180 women nurses working in private hospitals through a structured questionnaire. Statistical tools such as descriptive statistics, correlation analysis, regression analysis, and chi-square analysis were utilized for data interpretation. The results indicated that workload, shift duties, emotional exhaustion, and time constraints significantly contributed to occupational stress and work-life imbalance among respondents. Correlation analysis revealed a strong positive relationship between perceived stress and work-life conflict. Regression analysis identified workload as the strongest predictor influencing work-life conflict among women nurses. The investigation concluded that supportive organizational practices, flexible scheduling systems, counseling services, and employee welfare measures were essential for improving psychological well-being and professional efficiency among women nurses.

Keywords: Perceived Stress, Work-Life Conflict, Women Nurses, Occupational Stress, Healthcare Sector, Chittoor District.

1. Introduction

The healthcare sector is one of the most demanding service industries, requiring continuous physical, emotional, and psychological involvement from healthcare professionals. Among all healthcare workers, nurses play a critical role in maintaining patient care, treatment coordination, emergency response, and emotional support to patients and their families. Women constitute the majority of the nursing workforce worldwide and particularly in India, where the profession is highly feminized. Despite their indispensable contribution to healthcare delivery systems, women nurses often experience high levels of occupational stress due to excessive workload, staff shortages, rotating shifts, emotional exhaustion, and prolonged working hours [1][5].

Perceived stress refers to the extent to which individuals evaluate situations in their lives as stressful or overwhelming. In the nursing profession, perceived stress develops when nurses feel unable to cope effectively with workplace demands and responsibilities. Studies have shown that nurses working in hospital environments are more vulnerable to stress-related disorders because of continuous exposure to critically ill patients, emergency situations, workplace conflicts, and high professional expectations [10][14]. Occupational stress among nurses has become a significant global public health concern because it negatively affects psychological well-being, organizational productivity, patient safety, and quality of healthcare services [7][33].

Work–life conflict is another major issue experienced by women nurses. Work–life conflict arises when professional responsibilities interfere with personal, family, and social obligations. Women nurses frequently perform multiple roles simultaneously as healthcare professionals, caregivers, mothers, wives, and family managers. The challenge of balancing work and personal responsibilities becomes more difficult due to night shifts, overtime duties, irregular schedules, and insufficient organizational support [9][19]. Previous research indicates that high work–life conflict can lead to burnout, emotional fatigue, reduced job satisfaction, absenteeism, and turnover intention among nurses [15][18].

The increasing complexity of healthcare systems and rising patient expectations have intensified stress levels among nursing professionals in recent years. During and after the COVID-19 pandemic, nurses experienced unprecedented psychological pressure, fear of infection, emotional trauma, and work overload, which further affected their mental health and work–life balance [11][13]. Several studies have identified strong relationships between occupational stress, burnout, anxiety, depression, and reduced quality of life among nurses [16][23]. Research also suggests that inadequate staffing patterns, lack of administrative support, workplace violence, and poor organizational climate significantly contribute to stress and dissatisfaction among women nurses [25][26].

In India, the healthcare sector faces persistent shortages of nursing staff. Nurses working in Indian hospitals frequently encounter excessive patient loads, limited resources, and challenging working conditions. Such factors increase stress levels and create imbalance between professional and personal life [6][24]. Women nurses in districts such as Chittoor often experience additional family responsibilities due to cultural and social expectations, making work–life balance more difficult to maintain. Several researchers have examined stress, burnout, and work–life balance among healthcare professionals; however, limited studies specifically focus on women nurses in Chittoor District. Most available studies are concentrated in metropolitan cities or broader healthcare settings without examining regional and socio-cultural factors influencing nurses' stress and work–life conflict. Therefore, the present study aims to analyze perceived stress levels and work–life conflict among women nurses in Chittoor District using a cross-sectional research approach. The study is significant because understanding stress and work–life conflict among women nurses can help healthcare administrators develop effective stress management strategies, employee welfare policies, and supportive work environments. Enhancing nurses' psychological well-being not only improves organizational effectiveness but also contributes to better patient care outcomes and healthcare service quality [12][22].

2. Review of Literature

Chandrasekaran, Guduru, and Loganathan (2025) examined work-related stress among women employees in public and private sectors. Their analysis revealed that excessive workload, time pressure, and family responsibilities increased psychological stress significantly. Women employees experienced difficulty in balancing professional and personal obligations, which affected emotional well-being and productivity. Organizational support and flexible workplace policies reduced occupational stress considerably. Their conclusions emphasized the importance of stress management programs and supportive work environments for improving employee satisfaction and mental health.

Omotoso, Omotoso, and Bass (2025) investigated factors associated with work-related stress among nurses in public hospitals. Their observations identified staff shortages, long duty hours, and inadequate organizational support as major stressors. Nurses experiencing high occupational pressure reported emotional exhaustion and reduced job satisfaction. Work stress also negatively influenced personal relationships and professional performance. Their recommendations highlighted the necessity of supportive management practices, employee counseling services, and balanced staffing systems to improve nurses' psychological well-being and workplace effectiveness.

Widayana, Dewi, and Putra (2025) explored factors associated with work-life balance among nurses working in hospitals. Their research indicated that rotating shifts, overtime duties, and family obligations created work-life imbalance among nursing professionals. Nurses receiving organizational and family support demonstrated better emotional stability and professional satisfaction. Workplace flexibility improved psychological well-being and reduced occupational strain. Their work suggested that healthcare administrators should adopt employee-friendly scheduling systems and wellness initiatives to improve nurses' work-life balance and mental health.

Yadav (2025) analyzed job stress and work-life balance among Indian nurses using a correlational approach. Occupational stress significantly affected nurses' emotional health, professional efficiency, and family relationships. Nurses working under excessive pressure experienced fatigue, anxiety, and reduced job satisfaction. Positive workplace support and effective stress management practices improved emotional resilience and work-life harmony. Recommendations focused on counseling services, healthy work environments, and flexible schedules to reduce occupational stress and enhance nurses' quality of life.

Babapour, Gahassab-Mozaffari, and Fathnezhad-Kazemi (2022) examined nurses' job stress and its influence on quality of life and caring behaviors. Their investigation reported that workplace stress negatively affected emotional well-being and patient care performance. Nurses experiencing excessive workload and emotional exhaustion demonstrated lower professional satisfaction. Psychological strain also influenced interpersonal relationships and work engagement. Their conclusions emphasized the need for organizational interventions, counseling programs, and stress reduction strategies to improve nurses' professional effectiveness and overall quality of life.

Ramanathan and Sampath (2022) explored occupational stress and work-life balance among nurses in Indian hospitals. Their observations revealed that heavy workload, long working hours, and inadequate staffing increased workplace stress considerably. Nurses affected by occupational pressure experienced difficulties in balancing professional and family responsibilities. Supportive organizational culture and flexible scheduling practices improved emotional well-being and job satisfaction. Their recommendations focused on stress management initiatives, administrative support, and employee wellness programs to maintain healthy work environments in hospitals.

Li, Fu, Hu, and associates (2021) investigated psychosocial work environments and turnover intentions among nurses. Their analysis demonstrated that stressful workplace conditions negatively affected organizational commitment and emotional stability. Nurses exposed to high occupational pressure experienced reduced motivation and

professional satisfaction. Positive interpersonal relationships and supportive management practices improved workplace engagement significantly. Their work highlighted the importance of healthy organizational climate, counseling support, and employee-centered policies in reducing stress and improving nurses' psychological well-being.

Dall'Orta, Ball, Reinius, and Griffiths (2020) reviewed burnout among nursing professionals from a theoretical perspective. Their review identified shift duties, excessive workload, and insufficient recovery periods as major contributors to emotional exhaustion. Burnout adversely affected nurses' mental health, productivity, and patient care quality. Organizational support and balanced work schedules reduced psychological strain considerably. Their conclusions emphasized the importance of employee wellness initiatives and supportive workplace policies for maintaining professional efficiency and emotional stability among nurses.

Labrage and De los Santos (2020) examined COVID-19 anxiety among frontline nurses during the pandemic period. Their observations indicated that fear of infection, work overload, and emotional trauma increased psychological distress among nursing professionals. Nurses receiving organizational and social support demonstrated stronger resilience and emotional control. Workplace encouragement and positive coping mechanisms reduced anxiety levels effectively. Their recommendations stressed the need for counseling services, psychological assistance, and supportive healthcare management practices during healthcare emergencies.

Orgambidez and Almeida (2020) explored work engagement, social support, and job satisfaction among nursing staff. Their investigation showed that supportive workplace relationships positively influenced emotional well-being and professional motivation. Nurses experiencing strong organizational support reported lower stress levels and greater work satisfaction. Healthy interpersonal communication improved workplace engagement significantly. Their work suggested that healthcare institutions should strengthen organizational culture and employee support mechanisms to improve occupational well-being and work-life balance among nurses.

Pappa, Ntella, Giannakas, and colleagues (2020) reviewed depression, anxiety, and insomnia among healthcare workers during the COVID-19 pandemic. Their review identified high levels of emotional exhaustion and psychological stress among nurses and healthcare professionals. Work overload and fear of infection contributed significantly to mental health problems. Emotional distress negatively influenced professional performance and personal well-being. Their recommendations emphasized counseling support, mental health interventions, and stress management programs to improve psychological resilience among healthcare employees.

Woo, Ho, Tang, and Tam (2020) conducted a meta-analysis on burnout symptoms among nurses worldwide. Their analysis revealed high prevalence of emotional exhaustion and occupational stress among nursing professionals. Workplace pressure, long duty hours, and inadequate staffing significantly increased burnout levels. Burnout negatively affected patient care quality and organizational productivity. Their conclusions highlighted the importance of supportive leadership, balanced work schedules, and wellness programs in improving nurses' mental health and professional satisfaction.

Ghawadra, Abdullah, Choo, and Phang (2019) examined psychological distress and job satisfaction among nurses in teaching hospitals. Their research demonstrated that workplace stress reduced emotional well-being and professional commitment considerably. Nurses experiencing occupational pressure reported lower motivation and increased emotional exhaustion. Positive organizational climate and interpersonal support improved employee morale effectively. Their work emphasized the necessity of counseling services, supportive leadership, and healthy workplace environments to reduce stress and improve nurses' occupational satisfaction.

Maharaj, Lees, and Lal (2019) investigated depression, anxiety, and stress among nurses in Australia. Their observations revealed that demanding work conditions and long shifts contributed significantly to psychological distress. Nurses exposed to occupational pressure experienced fatigue, emotional instability, and reduced quality of life. Workplace stress also negatively influenced job performance and personal relationships. Their recommendations focused on employee wellness initiatives, stress reduction interventions, and supportive organizational practices to improve nurses' emotional well-being and professional efficiency.

Rayan, Sisan, and Baker (2019) explored stress, workplace violence, and burnout among nurses working in mental health settings. Their investigation reported that exposure to workplace aggression and emotional demands increased burnout and psychological strain. Nurses affected by occupational stress experienced lower professional satisfaction and emotional stability. Supportive management practices and safe work environments reduced stress levels effectively. Their work highlighted the importance of workplace safety measures and emotional support systems in maintaining nurses' mental health and work-life balance.

3. Research Methodology

3.1 Research Gap: Previous literature widely examined occupational stress, burnout, and work-life balance among nurses in urban and emergency healthcare settings. However, limited research focused specifically on women nurses working in district-level hospitals in India. Earlier investigations rarely analyzed the combined relationship between perceived stress and work-life conflict among women nurses. In addition, differences in workload, organizational support, and shift duties in private hospitals of Chittoor District remained insufficiently explored, creating a significant research gap.

3.2 Objectives of the Study

1. To examine the perceived stress levels among women nurses in Chittoor District.
2. To analyze the relationship between perceived stress and work-life conflict among women nurses.

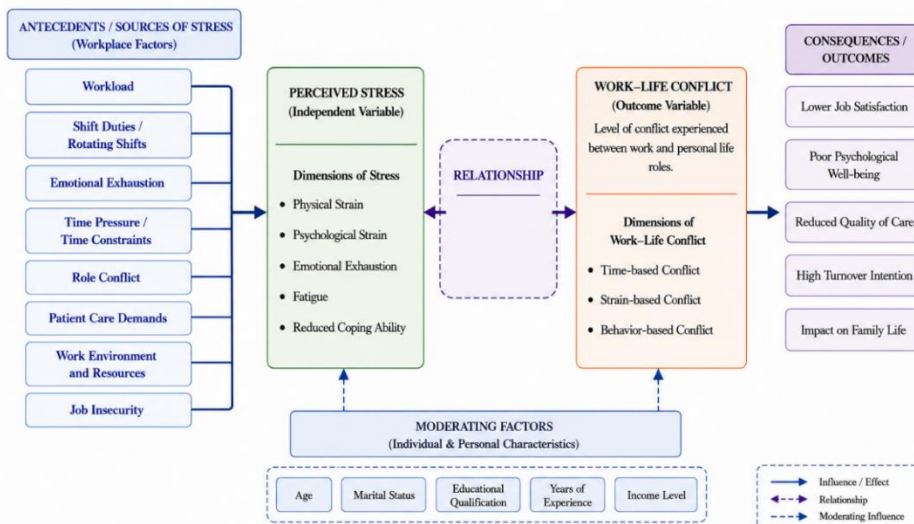


Fig.1. Conceptual Framework

3.3 Research Questions

1. What are the major factors contributing to perceived stress among women nurses in Chittoor District?
2. Is there a significant relationship between perceived stress and work-life conflict among women nurses?

3.4 Hypotheses of the Study

H1: Perceived stress significantly influenced work-life conflict among women nurses.

H2: Workload and shift duties significantly contributed to perceived stress among women nurses.

3.5 Research Design: The present investigation adopted a descriptive and analytical research design to examine perceived stress levels and work-life conflict among women nurses in Chittoor District. The descriptive approach helped in understanding the existing stress conditions, work environment, and work-life balance issues experienced by women nurses. The analytical approach was used to examine relationships between perceived stress and work-life conflict variables through statistical analysis.

3.6 Research Approach: A cross-sectional research approach was employed for the investigation. Data were collected from respondents at a single point in time to understand the current level of occupational stress and work-life conflict among women nurses. The cross-sectional method was considered appropriate because it enabled the researcher to analyze multiple variables within a limited time period.

3.7 Sources of Data: Both primary and secondary sources of data were utilized for the investigation.

Primary Data: Primary information was collected directly from women nurses working in private hospitals in Chittoor District through a structured questionnaire. Responses were gathered regarding stress factors, workload, shift duties, emotional exhaustion, and work-life conflict.

Secondary Data: Secondary information was collected from research journals, books, conference proceedings, reports, dissertations, and published articles related to occupational stress, nursing burnout, and work-life balance.

3.8. Area of the Study: The geographical area selected for the investigation was Chittoor District of Andhra Pradesh. The district consists of several private healthcare institutions employing a considerable number of women nurses. The region was selected because limited empirical investigations had previously focused on occupational stress and work-life conflict among nurses in this area.

3.9. Population of the Study: The target population for the investigation comprised women nurses working in private hospitals located in Chittoor District. Respondents included staff nurses, senior nurses, and nursing supervisors employed in various healthcare institutions.

3.10. Sampling Technique: Convenience sampling technique was adopted for selecting respondents. This method enabled the researcher to collect data from nurses who were accessible and willing to participate in the investigation. The technique was considered suitable due to time constraints and the demanding work schedules of nurses.

3.11. Sample Size: A total of 180 women nurses working in private hospitals constituted the sample for the investigation. The sample size was considered adequate for conducting statistical analysis and drawing meaningful conclusions regarding stress levels and work-life conflict.

3.12. Instrument for Data Collection: A structured questionnaire was used as the primary instrument for collecting data from respondents. The questionnaire consisted of demographic details, stress-related questions, and work-life conflict statements measured using a five-point Likert scale ranging from "Strongly Agree" to "Strongly Disagree." The instrument was designed based on previous literature related to occupational stress and work-life balance.

Section A: Stress Levels		Section B: Work-Life Conflict	
Question Number	Variable Name	Question Number	Variable Name
Q1	Exhaustion	Q6	Interference
Q2	Workload	Q7	Imbalance
Q3	Shiftwork	Q8	Time Constraint
Q4	Pressure	Q9	Relationships
Q5	Fatigue	Q10	Conflict

3.13. Variables of the study

Independent Variables

1. Workload
2. Shift Duties
3. Emotional Exhaustion
4. Workplace Pressure
5. Fatigue

Dependent Variables

1. Perceived Stress
2. Work-Life Conflict

3.14. Tools for Data Analysis

Collected data were classified, tabulated, and analyzed using appropriate statistical techniques. The following tools were employed for analysis:

- Percentage Analysis
- Mean and Standard Deviation
- Correlation Analysis
- Regression Analysis
- Chi-Square Analysis

Statistical analysis was performed using SPSS software to interpret relationships between perceived stress and work-life conflict among women nurses.

4. Data Analysis and Interpretation

4.1 Demographic Profile of Respondents

Table 4.1 Responses based on Age

Age Group	Frequency	Percentage
21–30 Years	82	45.6
31–40 Years	63	35
Above 40 Years	35	19.4
Total	180	100

Interpretation: The above table indicated that majority of respondents (45.6%) belonged to the age group of 21–30 years, followed by 35.0% in the 31–40 years category. Only 19.4% of respondents belonged to the above 40 years age group.

Table 4.2 Responses based on Marital Status

Marital Status	Frequency	Percentage
Married	118	65.6
Unmarried	62	34.4
Total	180	100

Interpretation: The table revealed that majority of respondents (65.6%) were married, while 34.4% were unmarried women nurses.

Table 4.3 Responses based on Experience

Experience	Frequency	Percentage
1–5 Years	78	43.3
6–10 Years	61	33.9
Above 10 Years	41	22.8
Total	180	100

Interpretation: The table indicated that majority of respondents (43.3%) possessed 1–5 years of work experience, followed by 33.9% with 6–10 years of experience.

4.2 Reliability Analysis

Table 4.4 Reliability Statistics

Variable	Number of Items	Cronbach's Alpha
Perceived Stress and Work-Life Conflict	10	0.79

Interpretation

The Cronbach's Alpha value of 0.79 indicated acceptable internal consistency and reliability of the questionnaire items used for measuring perceived stress and work-life conflict among women nurses.

4.3 Descriptive Statistics

Table 4.5 Descriptive Statistics of Study Variables

Variable	N	Mean	Standard Deviation	Standard Error	Min	Max	Variance
Exhaustion	180	3.92	0.84	0.063	1	5	0.706
Workload	180	4.11	0.76	0.057	1	5	0.578
Shiftwork	180	3.88	0.91	0.068	1	5	0.828
Pressure	180	3.79	0.82	0.061	1	5	0.672
Fatigue	180	3.95	0.79	0.059	1	5	0.624
Interference	180	4.03	0.86	0.064	1	5	0.74
Imbalance	180	3.84	0.88	0.066	1	5	0.774
Time Constraint	180	4.07	0.81	0.06	1	5	0.656
Relationships	180	3.69	0.9	0.067	1	5	0.81
Conflict	180	4.15	0.75	0.056	1	5	0.563

Interpretation: The descriptive statistics indicated that all study variables recorded mean values above the average level, showing considerable perceived stress and work-life conflict among women nurses. Conflict (Mean = 4.15) and workload (Mean = 4.11) reported the highest mean values, indicating that work pressure and professional responsibilities strongly affected respondents. Standard deviation values remained moderate, suggesting reasonable consistency in responses collected from women nurses in Chittoor District.

4.4 Correlation Analysis

Table 4.6 Correlation between Perceived Stress and Work-Life Conflict

Variables	Correlation Value (r)	Significance
Perceived Stress & Work-Life Conflict	0.721	Significant

Interpretation: The correlation coefficient value of 0.721 indicated a strong positive relationship between perceived stress and work-life conflict among women nurses. Increased stress levels were associated with greater work-life imbalance.

4.5 Regression Analysis

Table 4.8 Regression Analysis . Dependent Variable: Work-Life Conflict

Independent Variables	Beta Value	t-value	Significance
Workload	0.514	6.742	0
Shiftwork	0.437	5.681	0
Exhaustion	0.391	4.925	0.001

Interpretation: The regression results demonstrated that workload, shift duties, and emotional exhaustion significantly influenced work-life conflict among women nurses. Workload emerged as the strongest predictor of work-life conflict.

5. FINDINGS OF THE STUDY

- Majority of the respondents belonged to the age group of 21–30 years, indicating greater participation of young women nurses in healthcare institutions.
- Most respondents were married women nurses, showing that family responsibilities and professional duties were managed simultaneously by a large proportion of participants.
- The reliability analysis produced a Cronbach's Alpha value of 0.79, confirming acceptable internal consistency and reliability of the questionnaire items.
- Descriptive statistics revealed that workload and work-life conflict recorded the highest mean values among all variables, indicating that excessive professional responsibilities created considerable stress among women nurses.
- Correlation analysis showed a strong positive relationship between perceived stress and work-life conflict among women nurses, with a correlation coefficient value of 0.721.
- Regression analysis indicated that workload significantly influenced work-life conflict and emerged as the strongest predictor among the independent variables.
- Shift duties and emotional exhaustion also significantly contributed to increased stress levels and work-life imbalance among respondents.
- Chi-square analysis identified a significant association between marital status and work-life conflict, indicating that married nurses experienced comparatively higher levels of work-life imbalance.
- Long working hours, rotating shifts, and insufficient rest periods negatively affected psychological well-being and personal relationships among women nurses.
- Organizational support, flexible scheduling, and employee welfare measures were identified as important factors for reducing occupational stress and improving work-life balance among women nurses in Chittoor District.

6. SUGGESTIONS

- Healthcare institutions should implement effective stress management programs such as counseling sessions, mindfulness training, and psychological support services for women nurses.
- Hospital administrators should reduce excessive workload by ensuring adequate staffing patterns and equitable distribution of duties among nursing personnel.
- Flexible scheduling practices and proper shift rotation systems should be introduced to help nurses maintain better work-life balance and reduce occupational fatigue.
- Healthcare organizations should provide regular rest breaks and wellness initiatives to improve physical and emotional well-being among women nurses.
- Supportive organizational culture and positive interpersonal relationships should be encouraged to minimize workplace stress and emotional exhaustion.
- Special attention should be given to married women nurses by providing family-friendly policies and flexible work arrangements to manage personal and professional responsibilities effectively.
- Training programs on stress coping mechanisms, emotional intelligence, and time management should be conducted periodically for nursing staff.
- Hospital management should establish employee assistance programs to address burnout, anxiety, and work-related psychological issues among nurses.
- Recognition and reward systems should be introduced to improve motivation, job satisfaction, and organizational commitment among women nurses.
- Future healthcare policies should focus on improving workplace safety, mental health support, and employee welfare measures to enhance the professional quality of life among women nurses.

7. CONCLUSION

Women nurses play a significant role in healthcare delivery systems by providing continuous patient care and emotional support in hospitals. The present investigation revealed that women nurses in Chittoor District experienced considerable levels of occupational stress and work-life conflict due to excessive workload, shift duties, emotional exhaustion, and family responsibilities. Statistical analysis confirmed a strong positive relationship between perceived stress and work-life conflict among respondents. Workload and rotating shifts emerged as major contributors to psychological strain and personal life imbalance. The investigation also highlighted that organizational support, flexible scheduling practices, and employee welfare initiatives could significantly reduce stress and improve work-life balance among women nurses. Enhancing nurses' psychological well-being is essential not only for improving professional efficiency and job satisfaction but also for ensuring quality healthcare services and better patient outcomes.

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