

Research Article

Individual and Organisational Determinants of Work-Life Balance and Quality of Work-Life (Qwl) among Nurses and Pharmacists in Government Hospital

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Abstract

Discovering the right mix between an individual's work domain and other areas of life's domain is crucial for nurses and pharmacists to maintain the right frame of mind and enjoy a sustained quality of work-life. This study investigates the determinants of both work-life balance and quality of work-life among public healthcare facilities and individual employees. The study evaluated this with five hypotheses on longitudinal research design to survey 198 nurses and pharmacists in Federal Medical Center, Ebute Meta, Lagos. The study utilized a simple random strategy to administer its questionnaires to these participants. The study used a multivariate multiple regression technique to underscore the hypotheses. The study demonstrated that refined workload, opportunity for managing stress, and self-management are predictors of work-life balance germane to nurses and pharmacists in the public healthcare facility. Time management, technology, and change management are organizational factors that predict work-life balance in the Federal Medical Center. While rewards and compensation, nurses' and pharmacists' development and well-being are individual factors that are critical for elevating their quality of work-life. Organisational support, a healthy work environment, and organizational culture are organizational paradigm shifts that promote quality of work-life from an organizational lens. The study concluded that the management of public hospitals should maintain a reduced workload and work pressure on healthcare employees if robust performance, quality of work-life and patient outcomes are to be achieved among professional healthcare employees.

Keywords: Change Management. Employee Well-being. Quality of Work-life. Work-life Balance. Work Environment.

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1. Introduction

Quality of work life (QWL) has gained prominence in the literature as an indicator of the overall human experience in the workplace (Agustina, Yusuf, Sutiyan, Ardianto, & Norvadewi, 2024). It plays a key role in any organization and has an effect on the people, their work, job satisfaction, performance and self-development, as well as the organization's development (Ogakwu, Ede, Manafa, Okeke, & Onah, 2024). Any organization that fails to take cognizance of its employees' quality of work life may likely fail to retain its best hands. Quality of work life basically refers to the relationship between the employees and the ecosystem in which an individual employee works. It focuses on creating a working environment where employees work cooperatively and achieve results collectively. Quality of work life is sometimes considered a sub-concept of the broad concept of quality of life, which refers to the overall quality of an individual's life (Ajabd, Alharbi, Alkubati, Marzouk, Alenizi, & Alanazi, 2023). Quality of life includes factors such as income, health, social relationships, and other factors such as happiness and fulfilment. Quality of work life (QWL) describes the extent to which members of a work organization can satisfy important personal needs through their experience in the organization. It is an overall quality of an individual's working life that seeks to strike a balance between the employees, employers and other facets of life such as work-life balance (Noda, 2021).

Work-life balance is therefore, germane to the measurement of the quality of the work life of an individual employee. Work-life balance attempts to maintain a state of equilibrium in which the demands of both a person's job and personal life are equal. Work-life balance is a concept including proper prioritizing between work (career, ambition, work role, workload etc.) and lifestyle (health, pleasure, leisure, etc.) (Palumbo, Manna & Cavallone, 2021). Work-life balance also could be described as a comfortable state of equilibrium achieved between an employee's primary priorities of their employment position and their private lifestyle. It is worthy of note that when a desirable quality of work-life is achieved along the path of work-life balance it allows employees to derive satisfaction on the job and deter them from hopping from one job to another. It is noted in the work of Obina, Ndibazza, Kabanda, Musana, and Nanyingi, (2024) that employees whose intentions and needs are not adequately fulfilled by an employer will tend to look elsewhere where his/her needs will be met while delivering on their job mandate.

The absence of work-life balance and inadequate quality of work-life have been associated with several damaging consequences that are harmful to employee performance, and brain drain issues (Al-Mutair *et al.*, 2022). The adverse effect on work-life balance has been discovered to have diverse detrimental influences on the quality of work-life. One of them is that it has been discovered to have a negative impact on the individual's family relationship, to such an extent that it may provoke conflict between family and work-life domain (Chigeda, Nofirepi, & Steyn, 2022). As long as an individual's family relationship is affected, it may affect their focus at work and also affect performance as well.

Besides, Akinwale, Kuye, and Akinwale (2024a) demonstrated that longer working hours (i.e. work-life imbalance) were significantly connected to employee dissatisfaction, burn-out, stress-associated issues, and poor quality of work-life. This finding is supported by another study by Akinwale, Kuye and Akinwale (2024b), which reported that long working hours always affect employees' psychological and physical well-being. Above all, work-life balance is very crucial for everyone in a corporate work environment and inadequate balance between work and life could negatively impact employee well-being, and by extension may affect productive work behaviour as well as proper functioning at the workplace. In Owusu, (2024), work-life balance and quality of work-life initiative present a corporate organization with highly productive, ground-breaking and innovative personnel, while evidence of incongruence in the work-life balance practices usually leaves employees worst-off, depressed and dissatisfied (Sabonete, Lopes, Rosado, & Reis, 2021).

An employee who derives satisfaction in the workplace in terms of his/her quality of work life will most likely glue and become loyal to an organization that recognizes and encourages them to do more (Epie, 2023). The dynamics of work-life balance and quality of work-life to employees in the African continent has become an issue of debate. The mindset syndrome that pervades Nigeria and Africa at large that there are not many jobs available in the country gave most employers of labour liberty to cheaply engage employees and poorly treat their workforce with contempt. Work-life balance tries to maintain a balance between an employee's work life and his social life aspect. It is generally observed that any corporate firm that puts emphasis on taking good care of its employees' needs and provides them with work-life balance programmes will have huge numbers of satisfied employees and reduce employee turnover intention (Adisa, Gbadamosi, & Adekoya, 2021).

Quality of work life refers to the level of fulfillment an individual experiences in their career, which enables them to enrich their personal lives through their work and workplace environment. This is accomplished by providing opportunities for professional growth, ensuring equal chances for career advancement within the organization, and equipping employees with the necessary resources to perform their duties effectively (Ihwughwavwe & Shewakramani, 2024). Achieving an ideal work-life balance leads to several positive outcomes, including higher job satisfaction, improved employee retention, more harmonious working conditions, and enhanced organizational efficiency. It also contributes to an individual's overall sense of value and purpose. The concept of quality of work life is a framework that shapes employees' attitudes, perceptions, and emotions regarding their work environment. It also determines how well their work life aligns with and fulfils their overall life aspirations (Ndua & Wanyoike, 2024).

The rationale for this study is the emphasis on the issues and challenges experienced by employees in the banking environment. The business environment today, however, is characterised by improving performance and profit margin of organisations while attention towards maintaining healthy employees in a healthy workplace is often than none neglected. Most firms are not employee-centred

rather they channelled their energy on improving organisational performance at the expense of their workforce. This is the reason the quality of work-life and work-life balance programmes have become a myth rather than a reality in Nigeria's corporate business world. In the banking industries of the Nigerian economy, employees are seen as machines that can be used to maximise firms' gains. They often lay off the majority of Nigeria's workforce in both manufacturing and banking firms in an attempt to reduce cost and thereby assign a large amount of workload that is meant to be performed by three employees to only one employee. This makes an effort to strike a meaningful balance between the work demands and the personal life of an individual employee difficult. Observations and interactions with the majority of them show that work-life balance and quality of work-life are just playing mere lip service, it is not a reality. A whole lot of them are crying foul and hopping from one employment to another in search of a better place to work.

A key consideration in the incidence of work-life balance is the degree of hours and work pressure employees exhaust at the workplace. There are implications and signals that long hours at the workplace may deplete individual health, affect safety, and influence stress and burnout. Developing countries like Nigeria are experiencing terrible economic hardship and labour market pressures together with inadequate infrastructures and, a high degree of unemployment. These terrible situations further worsen the work-life of an average Nigerian employee whose goal is to make a living and who may have to strenuously build up accommodating arrangements and cognitive psychological coping behaviours that stimulate desirable satisfaction and effectual functioning both at work and at home. Most workers in Nigeria are affected by lack of work flexibility, elevated work pressures and long working hours; a situation that reduces their job performance and productivity. It is, therefore, interesting to note that this is a theme that corporate organisations are yet to grasp in corporate Nigeria, beyond paying lip service. Against this backdrop, this study seeks to empirically evaluate the relationship between individual and organisational determinants of work-life balance and quality of work-life among employees of Nigerian banking industry organisations in Nigeria.

The objectives of this study are the following:

1. To examine how to improve workload, stress management, and self-management as individual determinants of work-life balance among nurses and pharmacists in government hospitals.
2. To determine if managing time, managing technology, and managing change are part of the organisational determinants of work-life balance among nurses and pharmacists in government hospital
3. To establish how reward and compensation, employee development, and well-being are individual determinants of the quality of work-life among nurses and pharmacists in government hospital

4. To investigate how organisational support, a healthy work environment, and a healthy organisational culture are part of organisational determinants of quality of work-life among nurses and pharmacists in government hospitals.
5. To investigate the importance of work-life balance on the quality of work-life among employees among nurses and pharmacists in government hospital

In order to accomplishing the above objectives, the following postulated hypotheses:

1. Ho: Improve workload, stress management, and self-management are not individual determinants of work-life balance among nurses and pharmacists in government hospital.
2. Ho: Managing time, managing technology, and managing change are organisational determinants of work-life balance among nurses and pharmacists in government hospital.
3. Ho: Reward and compensation, employee development, and well-being are not individual determinants of the quality of work-life among nurses and pharmacists in government hospital.
4. Ho: Organisational support, a healthy work environment, and a healthy organisational culture are the organisational determinants of the quality of work-life among nurses and pharmacists in government hospital.
5. Ho: There is no significant relationship between work-life balance and quality of work-life among employees among nurses and pharmacists in government hospital

2. Literature Review

Achieving a healthy work-life balance has become increasingly challenging for many remote workers. The lack of clear boundaries between work and personal life can lead to longer working hours, weekend work, and unnecessary overtime, encroaching on an individual's personal time. However, striking the right equilibrium between professional obligations and personal commitments can have a profound impact on one's outlook, overall well-being, and ability to prioritize tasks effectively, ultimately unlocking long-term productivity benefits (Okelle, & Kagendo, 2024). Maintaining a proper work-life balance is crucial as it helps reduce stress levels, prevent burnout, increase job satisfaction, and improve overall health and well-being. By finding the right balance, individuals can enhance their quality of life, boost productivity, and experience greater fulfilment in both their professional and personal spheres (Rathi & Islam, 2024).

Research has shown that organizations with supportive work-life balance policies and practices tend to have higher employee engagement, lower turnover rates, and improved organizational performance (Nwadike *et al.*, (2024)). Similarly, organizations that prioritize QWL have been found to have higher employee productivity, organizational commitment, and job satisfaction (Isah *et al.*, 2024). However, achieving a healthy work-life balance and maintaining a high QWL can be challenging, particularly in today's fast-paced and demanding work environments. Factors such as long working

hours, excessive workloads, and conflicting demands between work and personal life can negatively impact work-life balance and QWL (Jayaraman, George, Siluvaimuthu, & Paravitam, 2023). Overall, the literature highlights the importance of work-life balance and QWL for both employee well-being and organizational success. Organizations that prioritize these aspects are more likely to have a motivated, productive, and satisfied workforce, ultimately leading to better business outcomes.

2.1 Theoretical Framework

2.1.1 Role Theory

Role theory can be applied to understand and analyze work-life balance and quality of work-life. It is a concept in sociology and social psychology that describes the set of norms, behaviours, and expectations associated with a particular position or status in society. It suggests that individuals occupy distinct roles within various social contexts, such as work, family, or community, and that each role carries specific expectations for behaviour and responsibilities (Grgiric Čop, Culiberg & First Komen, 2024). Role theory resonates with work-life balance by role conflicting with other facets of the employee life domain. Mattarelli, Cochis, Bertolotti, and Ungureanu, (2024) argued that role conflict is one of the main challenges in achieving work-life balance which arises from role conflict between work and family/personal roles. The demands and expectations of these roles can often clash, leading to stress and difficulty in meeting the requirements of both roles effectively.

Another key consideration under role theory is role overload as established from the extant literature (Siagian, Setyabudi, & Mayastinasari, 2024). When the combined expectations and demands of multiple roles (work, family, community, etc.) become overwhelming, individuals may experience role overload, making it challenging to fulfil all role obligations satisfactorily. Likewise, role transitions are significant life events, such as starting a new job, getting married, or having children, which can lead to role transitions that disrupt the existing work-life balance. Adjusting to these new roles and their associated expectations can be challenging.

Role theory has been applied in various contexts, such as organizational behaviour, family studies, and social work. It helps explain how individuals navigate different roles, manage role conflicts, and adapt to changing role expectations over time. Additionally, role theory has been used to understand issues related to work-life balance, as individuals often have to balance the demands and expectations of their work roles with their personal or family roles. Overall, role theory provides a framework for understanding the social expectations and behaviours associated with different positions or statuses in society, and how individuals navigate and negotiate these roles in their daily lives. The application of concepts of role theory enables organizations and individuals to better understand the challenges and dynamics of work-life balance and quality of work-life, and develop strategies to address role conflicts,

clarify role expectations, and promote a healthier integration of different life roles (Kilic, Secilmis, & Özdemir, 2024).

2.1.2 Social Integration Theory

The integration theory, proposed by Walton (1973) and Orpen (1981), advocates for a holistic view that emphasizes the importance of flexible and permeable boundaries between various life domains, such as family, work, and community. According to Clark (2000), this approach suggests that a healthy system with open and adaptable boundaries can better facilitate and encourage the integration of these different domains. The core idea behind integration theory is that it expands the traditional work-life paradigm by incorporating additional contextual elements, such as community involvement, into the existing body of knowledge (Morris and Madsen, 2007). This theory calls for a contemporary understanding that reimagines the traditional work-life balance models, making all stakeholders (employers, employees, and communities) equal partners with an active voice in the creation of a comprehensive and holistic model of work-life integration (Morris and Madsen, 2007).

Furthermore, the quality of work life is also influenced by the social interaction theory, which emphasizes the significance of supportive, tolerant, equal, mobile, and identifiable interactions within the work environment. This theory suggests that the work environment should strive to integrate individual, social, and organizational goals. Employees seek to maintain their personal identity, self-esteem, recognition, openness, trust, a sense of community, and equitable treatment, all of which contribute to a positive quality of work life.

2.2. Empirical Review

This empirical evidence sheds light on the elements contributing to work-life balance and quality of work-life, as well as the potential advantages of achieving improved balance and higher work-life quality for both individuals and organizations. Bloom *et al.* (2015) explored remote work as an emerging trend in the Chinese business environment. Their research indicated that allowing employees to work from home resulted in enhanced work satisfaction, improved work-life balance, and increased productivity. Greenhaus *et al.* (2003) examined the relationship between work-family balance and quality of work-life. Their findings revealed that an imbalance was linked to decreased life satisfaction and heightened stress levels.

Kalliath and Brough (2008) investigated work-life balance and its meaningful expression in both quality of work-life and maintaining equilibrium between work and other aspects of employees' lives. Their study highlighted various dimensions of work-life quality and balance, emphasizing their importance for individual and organizational outcomes. Denvir *et al.* (2008) conducted research on

work-life quality in the UK corporate environment. Their survey of over 3,500 employees identified job security, work-life balance, and development opportunities as crucial predictors of work-life quality among the UK workforce. Royuela *et al.* (2009) developed a quality of work-life index for Spain, demonstrating that factors such as work flexibility, job security, and work-life balance were positively associated with higher work-life quality. Naithani (2010) emphasized the importance of maintaining work-life balance in the current economic climate. The study showcased the positive impact of work-life balance on both employees and organizations, highlighting the significance of organizational policies and practices in promoting better work-life balance. This, in turn, can lead to improved quality of work-life and organizational performance.

3. Research Methods

This study employed a longitudinal study to survey the nurses and pharmacists in government hospitals in Lagos State. The study utilised this study design in three intervals, three-month intervals from June to August 2023, October to December 2023, and February to April 2024. The rationale for taking this step is to ensure that there will be a significant change towards what the participants have responded to initially (Hagger & Hamilton, 2024). The study repeatedly examined the nurses and pharmacists at Federal Medical Centre, Ebute Meta, Lagos to discover any variations that may be revealed quarterly (Zarouali, Araujo, Ohme, & Vreese, 2024). Thus, the study observed and gathered data on a number of variables without prejudice or manipulating the variables therein. However, it takes time to accomplish yet it is critical in using the longitudinal design. The responses indicated no potential variations in a longitudinal randomised experiment.

The study population involves nurses and pharmacists from the Federal Medical Centre (FMC), Ebute Meta, Lagos State. The value and strength of the population are 1275, and the number of nurses and pharmacists, both regular and non-regular, working in FMC are 615 and 120 respectively (Akinwale & George, 2023). The population consists of a multimodal diversity of employees with vast work experience.

The survey research instrument employed for this study is a questionnaire, designed via a critical review of the extant literature, with a key emphasis on bringing a pool of question items that replicate the core theoretical constructs. The study adopted a battery of scales from several relevant and cogent scholars and authorities in diverse areas. For stress management, this study adapted a scale following the tradition of Cohen and Williamson (1988) on individual perceived stress questionnaires. The original scale has 10 question items but this study adapted only 6 relevant question items to work-life balance and quality of work-life, on four Likert scale (Strongly Agree - 4 to strongly disagree- 1). The scale had a reliability Cronbach alpha of 0.75. The self-management scale was adapted from Öberg, Hörnsten, and Isaksson's (2018) self-management assessment scale. The scale had 10 question items.

This scale had four dimensions – social support, emotional adjustment, and goals for future concerns and plans for daily life, having 3 question items respectively and the last had 4 items.

The measurement scale for time management was taken following the convention of Macan, Shahani, Dipboye and Philips, (1990) on the time management behaviour scale. The scale was measured on four dimensions – setting goals and priorities with 4 question items, mechanics of time management with 3 question items, preference for organisation with 3 question items, and perceived control of time with 3 question items. The reliability alpha coefficient was 0.79 which indicates a high level of consistency. Fartash *et al.*, (2018) scale was adapted from technology management operationalised by four constructs – technology process, technology acquisition, technology absorption, and technology transfer. The technology process is evaluated with 4 items, technology acquisition is measured by 4 items, technology absorption is interrogated with 4 items, and Technology transfer is investigated by 5 items. The nurses and pharmacists were asked to evaluate their healthcare facilities' technological management practice using a 4 Likert scale. For change management, the study utilised Bouckennooghe and Devos's (2009) organisational change management questionnaire and the climate of change was adapted to investigate managing change in the organisation. The study employed an adapted 7 items out of 15 items from the original scale and has a 0.70 consistency value.

Rewards and compensation, the measurement scale was taken following the traditions of Heneman and Schwab (1985). The scale has 15 short scales exploring pay satisfaction, remuneration and rewards systems as well as the perceived employee wellbeing questionnaire (PEWQ). The study utilised 14 items to measure both rewards and compensation and employee wellbeing. Employee professional development which is the growth and maturation of knowledge, skills and attitudes obtained from both formal and informal learning in the workplace throughout an employee's life is measured on the convention of Mourão, Tavares, and Sandall (2022) to appraise the state of professional development of nurses and pharmacists in the government hospital in the state. The original scale had 12 items but was adapted and modified to 6 items to fit in for this study, and the consistency value of this scale is 0.72.

On the determinants of work-life and quality of work-life, organisational support is measured through the lens of Worley, Furqua and Hellman (2009). The scale measured perceived organisational support with 8 question items with a consistency reliability value of 0.86. The work environment scale was investigated following the traditions of Newman (1977) with the work environment scale (WES) that evaluates the social environment of nurses and pharmacists. It has ten dimensions which are subdivided into three categories: The relationship dimensions, the personal growth, and the system change dimensions. The scale had 21 items but was modified to only relevant 10 items that are useful for this study. Also, organisational culture was investigated by 10 items developed by Van den Berg and Wilderom (2004). These items have been employed by other scholars and they are relevant across diverse cultures.

Sampling Strategy and Sample Size

The study employed a probability random sampling technique in administering the research instrument among the respondents in the Federal Medical Centre, hospital. The rationale for taking this sampling technique is that it assists in allowing all the nurses and pharmacists under the survey to be duly represented in the study (Di Franco, 2024). It further helps the study to enable all the characteristics and attributes of the study population. In addition, the outcome of the random sampling technique has been proven to possess high external validity and it will enable the study to generalize the model (Noor, Tajik, & Golzar, 2022).

Following the tradition of Yamane (1967), the study utilised its scientific sample size determination approach to establish the relevant and adequate size of the participants for this study. The formula is as follows:

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

Where n = Sample size

N = size/number of the population

e = Precision/error term (at 0.05)

e = Sampling error level of acceptance/precision (expressed as a decimal, e.g., 0.05)

Therefore, the sample size chosen for this study is obtained from the expressed scientific formula above for Nurses and Pharmacists in the study population.

$$n = \frac{735}{1 + 735(0.05)^2}$$
$$= 735/2.84 = 258$$

Data Analysis Technique

The study employed a multivariate data analysis technique using a multiple regression strategy to evaluate the multi-dimensional variables for each postulated hypothesis. The choice of using multivariate analysis alongside multiple regression is that it enables the study to investigate two or more constructs at once and explore their multiple relationships on the quality of work-life and work-life balance simultaneously (Bhatti, Tang, Khan, Ghadi, Bhatti & Khan, 2024). Furthermore, it assists the study in evaluating the strength of the association between an outcome variable, and multiple

determinant variables, and the significance of each of the determinants to the association, often with the impact of other predictors statistically eliminated (Sun, Yan, Hu, Ma, Gao, & Xu, 2024).

4. Results and Discussion

Table 1: Nurses and Pharmacists Demographic Characteristics

Profile	Frequency	%	Profile	Frequency	%	n =198
Gender			Profession/Category			
Male	96	48.5	Nursing Officer II	40	20.2	
Female	102	51.5	Nursing Officer I	35	17.7	
Education			Senior Nursing Officer	32	16.2	
Bachelors	150	75.8	Principal Nursing Officer	33	16.6	
Masters	28	14.1	General Pharmacist	18	9.1	
Professionals	20	10.1	Clinical Pharmacist	15	7.5	
Age			Hospital Pharmacist	12	6.1	
22 – 25 years	90	45.5	Specialist Drug Pharmacist	13	6.6	
25 – 30 years	40	20.2	Departments			
30 – 35 years	38	19.2	Family Medicine	40	20.2	
35 – 40 years	30	15.1	Dental Service	45	22.7	
Weekly Duty Call (Hours)			Specialist Clinic	38	19.2	
42	25	12.6	Obsterics Section	35	17.7	
46	35	17.7	General Outpatient	40	20.2	
50	38	19.2	Salary/Income (Annual in Naira)			
60	40	20.2	1million	55	27.8	
Irregular	60	30.3	1-3 million	75	37.8	
			3 – 5 million	33	16.7	
			5 – 10 million	20	10.1	
			10 million above	15	7.6	

Source: Field Survey, 2024

Of all the 198 participants, 58 were pharmacists, and the rest 140 were nurses. Table 1 illustrates the profile of the respondents ranging from age, educational background, and category profession. It shows their various departments, the number of hours they were on call weekly and their numerous compensation package.

Analysis of Data and Test of Hypotheses

Hypothesis 1 - Ho: Improve workload, stress management, and self-management are not individual determinants of work-life balance among nurses and pharmacists in government hospitals.

Table 2: Data Analysis on Individual Determinants of Worklife Balance

Variable	B	Beta	T-value	Sig.	R	R ²	F-Value	P-Value
Improved Workload	.346	.711	12.112	.001	.711	.502	95.25	.001
Stress Management	.721	.412	10.224	.000				
Self Management	.625	.567	8.389	.000				

Source: Field Survey; 2024; Dependent Variable: Worklife Balance (P < 0.05)

Table 2. indicates a multivariate-multiple regression analysis. Illustrating some key parameters that portend the individual determinants of work-life balance to nurses and pharmacists in public hospitals. It shows R, which indicates the predictors that determine work-life balance among nurses and pharmacists in government healthcare facilities. It shows that R = 0.711, 71.1% connection occurred from these multiple regressions, and R-square (R²) = 0.505 shows that 50.5% variability that exists in work-life balance is accounted for, and determined by the improved workload, managing stress, and self-management. Also beta coefficient has an individual level of determination, the improved workload at 71.1% strength of relationship, stress management has 41.2%; self-management has 56.7%; and relationship with work-life balance. This shows the multiple degrees of association by investigating it individually, and they showed that there exists a significant association with the dependent variable of work-life balance (WLB). As the significance value is less than 0.05 at (P = 0.001), it, therefore, means that the variables are highly significant and show a good determinant/predictor of work-life balance. Thus, the study concludes that improved workload, stress management at work, and self-management are determinants of individual determinants of work-life balance among nurses and pharmacists in public hospitals in Lagos State.

Hypothesis 2 - Ho: Managing time, managing technology, and managing change are not organisational determinants of work-life balance among nurses and pharmacists in government hospital

Table 3: Data Analysis on Organisational Determinants of Worklife Balance

Variable	B	Beta	T-value	Sig.	R	R ²	F-Value	P-Value
Managing Time	.621	.656	15.367	.003	.656	.736	89.25	.000
Managing Technology	.412	.619	12.333	.002				
Managing Change	.625	.478	10.256	.001				

Source: Field Survey; 2024; Dependent Variables: Worklife Balance (P < 0.05)

Table 3 shows the result of the second hypothesis with an indication that time management, managing technology and change management are organisational determinants of work-life balance. This means that to the management of government hospitals, these three variables are germane to them in managing work-life balance. $R = 0.656$, indicating a 65.6% collective connection between managing time, managing technology, and managing change in the hospitals at a robust percentage of 65.5. Also, $R^2 = 73.6\%$ meaning that managing time, technology, and change explained variations that occur in organisational determinants of work-life balance. The remaining 26.4% lies outside the three established determinants. It then means that change management, technology management and time management are truly core aspects of managing work-life balance from government and management of public hospitals. The beta coefficient illustrates individual strength of relationship, managing time shows a 65.5% coefficient of relationship with work-life balance, managing technology indicates a 61.9% strength of relationship, and managing change portends a 47.8% coefficient of relationship with work-life balance. Thus, the decision rule for this regression model is to accept H_0 when $P > 0.05$ or reject H_0 when $P < 0.05$, and accept H_1 when $P < 0.05$ computed value from the anova table above, $P = 0.00$. Thus, the hypothesis here is that managing time, managing technology, and managing change are organisational determinants of work-life balance among nurses and pharmacists in government hospital.

Hypothesis 3 - H_0 : Reward and compensation, employee development, and well-being are not individual determinants of the quality of work-life among nurses and pharmacists in government hospitals.

Table 4: Data Analysis on Individual Determinants of Quality of Worklife

Variable	B	Beta	T-value	Sig.	R	R ²	F-Value	P-Value
Reward & Compensation	.542	.726	10.415	.001	.726	.615	105.25	.002
Employee Development	.650	.519	11.235	.000				
Employee Well-being	.549	.645	9.456	.000				

Source: Field Survey: 2024; Dependent Variables: Quality of work-life ($P < 0.05$)

Table 4 is an indication of individual determinants of quality of work-life (QWL) among nurses and pharmacists in government hospitals in Lagos State. It is an illustration of reward & compensation, employee development, and employee well-being which predict the quality of work-life for nurses and

pharmacists in public government hospitals. The $R = 72.6\%$ offers a collective relationship of the three variables (reward & compensation, employee development, and employee well-being) on quality of work-life. This indicates a robust relationship and good predictors of quality of work-life among nurses and pharmacists in public hospitals.

The R^2 value of 61.5% produces the degree of variability that existed in the quality of work-life as explained by the determinants variables of reward & compensation, employee development, and employee well-being. While the individual variable impact and their contributions to the quality of work-life reveal that reward & compensation has 72.6% with a 0.001 significant level; employee development = 51.9%; employee well-being = 64.5% coefficient relationship with quality of work-life at a significant level below 5%. The P-value shows that $P = 0.002$ which implies that the H_0 is therefore rejected and accepts the H_1 that reward and compensation, employee development, and well-being are individual determinants of the quality of work-life among nurses and pharmacists in government hospitals. Hence, the study concludes that reward and compensation, employee development, and employee well-being promote quality of work-life (QWL) in the lives of nurses and pharmacists in public hospitals.

Hypothesis 4 - H_0 : Organisational support, a healthy work environment, and a healthy organisational culture are not the organisational determinants of the quality of work-life among nurses and pharmacists in government hospital.

Table 5: Data Analysis on Organisational Determinants of Quality of Worklife

Variable	B	Beta	T-value	Sig.	R	R ²	F-Value	P-Value
Organisational Support	.542	.585	10.415	.001	.585	.506	105.25	.002
Healthy-Work-Environment	.467	.630	15.332	.000				
Healthy Organisational Culture	.549	.446	7.421	.000				

Source: Field Survey: 2024; Dependent Variables: Quality of Worklife ($P < 0.05$)

Table 5 shows a multiple regression analysis of organisational support, healthy work environment, and healthy organisational culture as organisational predictors of quality of work-life. It illustrates a multiple coefficient of $R = 58.5\%$ combined relationship that exists on quality of work life (QWL) from an organisational point of view. It means that 58.5% collective association was discovered among the determinants of quality of work-life peculiar to the government and management of the public hospitals. R-square (R^2) = 50.6% coefficient of determination, which showcases the magnitude of variation that

exists in the quality of work-life as explained by organisational support, healthy work environment, and healthy organisational culture. It indicates a good fit for this result. The model reveals a robust significance of each of the determinant variables of quality of work-life. This investigates whether the beta coefficients are equal to zero in the population. The P-value is lower than the 5% threshold significance value (P= 0.002). The beta coefficients have a singular determination of coefficient; organisational support at 58.5%, healthy work environment at 63%, and healthy organisational culture at 44.6% in connection with quality of work-life. Therefore, given the P-value of 0.002 which is less than 0.05, the study showed good organisational determinants of quality of work-life. Thus, the study concludes that organisational support, a healthy work environment, and a healthy organisational culture are the organisational determinants of the quality of work-life among nurses and pharmacists in government hospitals.

Hypothesis 5 - Ho: There is no significant relationship between work-life balance and quality of work-life among employees among nurses and pharmacists in government hospital

Table 6: Data Analysis on the Relationship between WLB and QWL

Variable	B	Beta	T-value	Sig.	R	R ²	F-Value	P-Value
Work-Life Balance (WLB)	.123	.292	10.415	.000	.292	.143	109.67	.010

Source: Field Survey: 2024; Dependent Variables: Quality of Worklife (P < 0.05)

Also, Table 6 is an indication of a relationship between work-life balance and quality of work-life (QWL). It shows R = 29.2% meaning that work-life balance and quality of work-life among nurses and pharmacists have a low relationship. It illustrates that work-life balance was poorly connected with the quality of work-life in the public hospital. The strength of association is abysmally poor and low at 29.2%, however there is a relationship. The R² = 14.4% which indicates the degree of variability that exists in the quality of work-life among nurses and pharmacists as established by work-life balance. The standard beta coefficient value also is 29.2% which shows the determination of the coefficient between work-life balance and quality of work-life. The computed P-value of 10% which is higher than the 5% standard significance level shows that the null hypothesis is therefore retained and accepted for this outcome. The study thus accepts Ho that postulated that there is no significant relationship between work-life balance and quality of work-life among employees among nurses and pharmacists in a government hospital

5. Discussion of Findings

The study revealed significant information regarding employees (personal) and organisational determinants of both work-life and quality of work-life (QWL). The study indicated that when there is minimal workload and low pressure on the nurses and pharmacist, this is what may improve their work-life balance. Managing stress is another indication that maintains a work-life balance for nurses and pharmacists in public hospitals. This also again implies that work pressure should be reduced to be least minimum and overwork should be discouraged. Another aspect of this on an individual level is the self-management of nurses and pharmacists. Individuals understand themselves better and they should be encouraged to manage themselves to achieve work-life balance. The outcome of this study takes an asymmetrical position with the study of Akinlade & Nwaodike, (2021) whose findings claimed that low burden and work pressure alongside managing oneself can improve both work domains and outside work domains of employees.

From the organisational point of view, time management, technological management, and change management are central to management and government in provoking work-life balance among the nurses and pharmacists in public hospitals in Lagos State. Also, on the trajectory of the quality of work-life of nurses and pharmacists, rewards and compensation, nurses' and pharmacists' development and well-being are personally promoting their quality of work-life. They appreciate improved and adequate compensation packages and effective reward systems. Nurses and pharmacists are equally comfortable when their well-being is enhanced which influences their engagement and work delivery in the hospital. However, through the lens of organisation, management and government, organisational support, a healthy work environment, and a healthy organisational culture impact the quality of work-life of nurses and pharmacists in public hospitals.

This outcome finds a similar expression to the study of Akinwale and George (2020) whose study established that a healthy work environment determines nurses' job satisfaction. The last path of the study outcome shows that work-life balance is not related to the quality of work-life among nurses and pharmacists in public hospitals. The outcome connotes that there is no work-life balance in place and that the management of the hospital has never allowed nurses and pharmacists to experience work-life balance which adversely affected the quality of work-life of the healthcare employees. This study takes a similar position with the study of Kantan, (2014) whose findings demonstrated a negative work-life balance on quality of work-life among both banking and telecoms employees.

6. Conclusion and Recommendations

The importance of managing work and life domains is crucial to employees all over the continent. This can enhance the perception and attitude of job satisfaction and quality of work-life of employees. It further shapes their life expectations and promotes their well-being, strengthening their work and social life domains and promoting an individual's growth path through employees' priorities. This study has demonstrated that work-life balance has no significant connection with the quality of work-life of nurses and pharmacists in public government hospitals in Lagos State. This study, therefore, concludes that there should be reduced workload and work pressure on healthcare employees if optimal performance and patient outcomes are realised among professional healthcare workers.

The study thus offers the following recommendations:

- i. The government and management of the hospital should promote improved workload, and low work pressure in order to encourage work-life and quality of work-life among Nurses and Pharmacists in public hospitals.
- ii. Management of hospitals should improve rewards and compensation, and advance nurses' and pharmacists' personal development on the job.
- iii. The government should prioritise healthcare well-being as number one to promote patients' outcomes and improve employee quality of work-life among healthcare employees in public hospitals.
- iv. Individual employees should also advance their skills in managing time, and technology and accommodate change management in order to promote both work-life balance and quality of work-life.

7. Implication for Practice

The implication of this study is that it will elevate both professional healthcare personnel and the government and ultimately improve the experience of patients that these professionals healthcare are responsible for. The core work of nurses and pharmacists is to delight the patients and attendees visiting the hospitals with quality service delivery without compromising the service standard. Improving the work-life balance and quality of work-life of professional healthcare will in like manner improve the service experience of the stakeholders in public hospitals. Thus, the government should seize the opportunity to take cognizance of elevating work-life balance and quality of work-life of professional healthcare employees.

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