

Building a framework for an effective work life balance environment for hospital staff: Evidence from Lebanese healthcare facilities

Roy Moarbes¹ and Carolyn Msheik²

¹ UCAM University of Murcia, Spain, ² Lebanese University, Beirut, Lebanon

Author's Contribution

RM Conception and design, RM Collection and assembly of data, RM, CM Analysis and interpretation of the data, Statistical expertise, RM, CM Final approval and guarantor of the article

Article Info.

Received: March 8, 2026

Acceptance: April 20, 2026

Conflict of Interest: None

Funding Sources: None

Address of Correspondence

Roy Moarbes

Doctorate in Management, UCAM
University of Murcia, Spain.

Email: moarbesroy@gmail.com

A B S T R A C T

Background: Quality of work life is one of the main factors that influence healthcare workers' performance, satisfaction, and retention. Lebanon is experiencing a shortage of healthcare workforce, and the increasing competition for qualified professionals makes it very important to have supportive work environments.

Objective: To build a framework for an effective work life balance environment for hospital staff.

Methodology: To carry out this quantitative research, cross-sectional surveys were conducted between May and June 2021 and 2022 consecutively. A bilingual structured questionnaire was used to collect data from 300 healthcare staff members of Lebanese healthcare facilities using convenience sampling. The questionnaire items were derived from well-known work-life balance models. Descriptive statistics were used to analyse the data. Also, standard ethical procedures related to voluntary participation, and anonymity were ensured.

Results: Data from the survey of 300 healthcare professionals in Lebanon showed that the work-life balance environment is quite inadequate. The mean overall work-life balance score was 19.06 ± 7.48 out of 39, representing approximately 49% of the optimal score, indicating substantial work-life imbalance. Organizational benefits and work-life balance dimensions received low mean scores, whereas managerial support was comparatively higher. Significant associations were observed between work-life balance dimensions and age ($p < 0.022$), educational level ($p < 0.007$), and years of professional experience ($p < 0.005$). Approximately 66% of participants reported sacrificing personal activities because of work, and more than 60% indicated an intention to change employment if the opportunity arose. Apart from only limited organizational support measures, there were also weak flexibility policies and high levels of stress and personal-life conflict. Although management support was somewhat positive, the overall work-life balance score was just about half of the optimal level, with numerous staff members feeling tired and turnover intention. The study points out that there is a need for stronger work-life balance policies at the institutional level as well as practical implementation frameworks that will result in better staff welfare and higher retention rates.

Conclusion: Medical organizations should consider it as a top priority for the provision of high-quality care and work-life balance of their employees. Several studies have shown that the conditions of the workplaces have a substantial impact on the health of the employees, care quality, and thus the ability of staff to have an effective work-life balance.

Key words: Work-life Balance, Hospital Staff, Healthcare Management, Accreditation, Workforce Retention, Organizational Culture.

Introduction

Work-life balance (WLB) has become an essential concept in modern organizational and social research because individuals today are required to manage multiple competing demands

across work duties, family responsibilities, social relationships, personal interests, and rest to maintain overall wellbeing. The way individuals allocate and regulate their time and energy across these domains forms the basis of work-life balance,

which includes not only time distribution but also energy management and recovery outside work, such as family commitments, social engagement, and personal activities. Despite its widespread use, the literature does not offer a single unified definition of WLB; rather, it is conceptualized from multiple perspectives, including balance across multiple roles, equity between roles, satisfaction and fulfilment in role performance, role salience alignment, the relationship between conflict and facilitation, and perceived control over role demands.¹ Historically, labour working conditions during the industrial revolution caused social issues, which led to reform. Thus, the labour working hour concept emerged during the industrial revolution, when workers had to work extremely long hours: 14, 16 hours per day in the United Kingdom and more than 100 hours per week in the United States. The working hours here were too long, overburdening the workers socially and healthily. This led to reforms in labour and introduction of regulated working hours. The 40-hour work week got codified through the Fair Labor Standards Act of 1940. Yet the term stirred up a lot of commotion during the Women's Liberation Movement that advocated for flexible schedules and maternity protections and has thus become a gender-neutral concept encompassing burnout prevention, stress control, and effective time management.

Nowadays, in organizations, while employers ask employees for flexibility and productivity, at the same time employees have higher expectations of a quality work-life and a supportive environment for their professional and personal balance.

Achieving such balance is particularly challenging in the healthcare sector because it is a continuous, service-dependent field that requires the physical presence of staff at the time care is needed, making equilibrium between work and family roles difficult to attain.² Evidence shows that employees who maintain healthier work-life balance are more satisfied, productive, and creative, and that WLB strategies play a critical role in staff attraction and retention, especially in sectors facing turnover, recruitment difficulties, skills shortages, and competitive labour markets. Against this backdrop, important practical and policy questions arise regarding which leadership strategies and organizational measures can effectively support balance between work and personal life, and how accreditation frameworks particularly the Lebanese Accreditation system can incorporate and operationalize healthier WLB standards. Therefore, this study focuses on the strategies, measurements, and challenges involved in building an effective work-life balance environment for hospital staff by examining required organizational tools and their implementation, evaluating the practicality and compliance of existing Lebanese accreditation standards related to WLB, and developing evidence-based

recommendations for institutional practice and standards revision.¹

Work life balance (WLB) has become a pivotal concept in human resource management and organizational sustainability, especially in high-demand sectors like healthcare. It essentially means permitting individuals to juggle their professional and personal lives effectively through managing their time, roles, and energy. Recent studies portray WLB as a dual employee wellbeing concept and a strategic tool employed by top global companies to stabilize and enhance workforce productivity.³ Theoretically, WLB corresponds to the congruence between the actual and desired time that individuals spend on work and non-work roles, giving emphasis to the perceived control and satisfaction over these life domains.⁴ Effectual WLB is continually being linked in the literature to several positive outcomes such as increased productivity, higher job satisfaction, better workplace attitudes, stronger organizational commitment, and reduced intention to quit, thus creating a win-win situation for employees and employers.⁵ Healthcare workers are repeatedly identified in the literature as one of the most vulnerable professional groups regarding work-life imbalance due to workload intensity, emotional labour, and continuous service requirements. Hospital staff frequently experience conflict between managerial expectations, patient care demands, and personal life responsibilities, which reduces their ability to maintain healthy balance across roles.⁶ Evidence indicates that staff wellbeing and work-life balance are not only employees' centred outcomes but also determinants of patient experience and perceived service quality. When healthcare professionals are working in imbalance situations, burnout, stress, and low job satisfaction are on the rise. The COVID-19 pandemic put a spotlight on this fragility as frontline providers experienced continuous shifts, lack of resources, exposure to infection, and psychological pressure thus necessitating the development of well-structured WLB policies and institutional support mechanisms.⁷

From an Organizational WLB perspective, there is a very close link between WLB and employee life cycle outcomes such as retention, engagement, development of competencies, and performance stability. A working environment that is balanced leads to higher commitment and lower turnover costs, however, an unbalanced one results in the opposite through effects such as absenteeism, disengagement, interpersonal discord, and fall in productivity.⁸ Large-scale nursing research demonstrates that absence of WLB correlates with lower quality of life and higher turnover risk. A cross-sectional study among more than 10,000 nurses in Japanese acute care hospitals found that most respondents experienced imbalance favouring work over personal life, with significant deviation between actual and

desired balance levels. Recommended improvements included diversified working patterns, increased staffing, awareness development, and joint management–employee responsibility for balance culture.⁹ Organizational determinants are among the strongest predictors and include workload, job autonomy, scheduling flexibility, role clarity, and managerial support. Supportive workplaces enhance commitment and performance, whereas poor work environments increase absenteeism, error rates, turnover, and quality-of-care risks.¹⁰ Social support from supervisors, colleagues, and family networks also plays a buffering role against stress and is positively associated with job fulfilment and organizational loyalty.¹¹

Work-life imbalance produces measurable consequences at personal, family, and organizational levels. Stress-based role conflict occurs when pressure in one domain interferes with performance in another, leading to behavioural strain and psychological distress.¹² At the individual level, imbalance is associated with chronic stress, depression, reduced life satisfaction, and health deterioration. At the family level, excessive work demands weaken relationships and increase emotional tension, particularly among employees with caregiving duties.¹¹ Organizationally, imbalance leads to disengagement, less discretionary effort, and disguised productivity loss.

Stress remains one of the most significant WLB challenges globally, as it is associated with elevated stress leading to low morale, reduced productivity, absenteeism, and behavioural risks in the workplace. Recent studies suggest that work-life balance extends beyond time management to include cognitive and psychological dimensions, emphasizing the influence of job design and organizational culture on employee wellbeing.¹³ Qualitative healthcare research reveals that even after the awareness of work life balance, healthcare professionals still experience long hours and inflexible shifts, a large number of them are suffering from burnout while others are creating their own personal ways of coping.¹⁴ Quantitative healthcare research also demonstrates a positive relationship between WLB and service delivery performance, including responsiveness and reliability in patient care.¹⁵

Policy and organizational support also influence work-life balance outcomes. Countries with flexible employment policies and supportive workplace practices generally report better employee wellbeing and lower work-related stress.¹⁶

In the Lebanese healthcare scenario, accreditation requirements have started to incorporate measures related to WLB under human capital requisites. The Lebanese hospital accreditation system, which is in line with ISQua principles, has included in its standards provisions for workload distribution, mechanisms for addressing staff complaints, and training in occupational safety,

thus, it indirectly emphasizes the significance of work, life balance for workforce safety and the quality of the services provided.⁶ Human capital is considered an advantage in the competition and one of the main drivers of sustainability, while employee satisfaction is nowadays more and more regarded as a key performance indicator that is related to motivation and the level of performance.^{3, 17} But still, the research shows that bringing a policy into the picture is just a very small part of the whole story if there is no operational measurement, enforcement mechanisms, and cultural adoption at the institutional level.

Materials and Methods

This study used a quantitative approach based mainly on structured questionnaires to look into the internal and external factors that affect staff satisfaction and work–life balance in Lebanese healthcare facilities. The main goal was to understand how well these healthcare institutions support a balanced work environment for their employees.

The cross-sectional survey design was selected as it provides the researcher with a way to measure staff opinions and organizational practices in a clear and structured manner. Also, it allows for the use of statistical analysis to make recommendations supported by evidence.

The questionnaire was distributed to 300 participants (by non-probability sampling technique) in healthcare centers in Lebanese in May and June 2021. Ethical issues were also considered, and participants were informed about the aim of the study and the voluntary nature of their participation, with data being gathered anonymously in order to protect the privacy of the participants and standard academic research principles followed for the institution regarding survey-based studies.

The target population consisted of a wide variety of healthcare personnel such as department heads, registered and practical nurses, nurse managers, human capital managers, healthcare administrators, and even hospital and medical center staff to mention cross-functional representation.

The study adopted a post-positivist perspective, where phenomena such as workplace conditions and employee satisfaction are understood as phenomena that can be studied with the use of appropriate instruments. A deductive approach was also employed, whereby the major findings from previous research were identified (work–life balance, staff satisfaction, support from the organization and accreditation related practices) and subsequently developed into questions for the survey that could be tested.

A structured questionnaire, in English and Arabic, was used to collect the data, which was designed so that more participants could read and answer it comfortably. The questions on the

questionnaire were closed-ended and it took approximately 10 to 15 minutes to complete. It was kept confidential, and included the following key points: working hours, leaves, managerial support, motivation, recognition, respect for staff rights, communication, and career development opportunities. (Supplementary)

Survey items were operationalized as scaled and categorical indicators that aligned with the constructs of work-life balance and satisfaction as found in previous research and accreditation standards. The instrument has been validated by the alignment of the constructs with literature and expert review for clarity and relevance; and reliability has been ensured by the consistent focused grouping of the items measuring the same dimensions.

The questionnaires' answers were recorded in a spreadsheet and then analyzed using basic statistics. Descriptive and comparative analyses were used to look at satisfaction levels and to identify the strengths, weaknesses, opportunities, and threats related to work-life balance practices.

Results

The study analysed responses from 300 healthcare staff members across Lebanese healthcare facilities to assess the current state of the work-life balance (WLB) environment using structured sub-scores covering organizational benefits, managerial behaviours, job-related feelings, and work-personal life balance. The socio-demographic profile showed a predominance of female respondents (62.6%), with most participants aged between 26–45 years (57%), highly educated (79.7% holding bachelor or postgraduate degrees), and employed full-time (99.3%). Most respondents worked day shifts (79.3%), and the largest experience group had between one and five years of service (38.6%). This distribution reflects a mature, professionally qualified workforce exposed to sustained operational demands, making WLB evaluation particularly relevant.

Statistically, code 1 was assigned to agree, strongly agree, neutral and 0 to other Likert scale options (disagree – strongly disagree) for 2 sub-scores (SC1- Benefits provided by the organization, SC2- Head manager behaviours); code 0 was assigned to agree, strongly agree, neutral and 1 to other Likert scale options (disagree – strongly disagree) for the other 2 sub-scores (SC3- Feeling about job, SC4- Balance between work and personal life) thus reflecting satisfaction rate and positive work-life balance. The sub scores were then computed by summing the questions of each sub-score (counting 4: SC1- Benefits provided by the organization, SC2- Head Manager's behaviours). Finally, total score combining all sub-scores was done. See the table below for sub-scores and overall score

description. For perfect balance of work-life environment the maximum range should be attained, so mean scores for the four tests were: 5.54 ± 3.07 for SC1 over 13, 4.96 ± 2.41 for SC2 over 8, 3.30 ± 2.95 for SC3 over 10 and 3.91 ± 2.33 for SC4 over 8. The overall score mean was 19.06 ± 7.48 over 39 (Table 1).

Table 1- Sub-scores and the overall score reflecting WLB environment for hospital staff

Work-life balance environment for hospital staff - Sub-scores	Total questions	Min-Max	Mean $\pm$ SD	CI 95%	Cronbach's alpha
SC1- Benefits provided by the organization	13	0-11	5.54 $\pm$ 3.07	4.87-6.21	0.82
SC2- Head manager's behaviours	8	0-8	4.96 $\pm$ 2.41	4.61-5.31	0.85
SC3- Feeling about job	10	0-10	3.30 $\pm$ 2.95	2.86-3.75	0.90
SC4- Balance between work and personal life	8	0-8	3.91 $\pm$ 2.33	3.56-4.26	0.81
Overall score	39	0-34	19.06 $\pm$ 7.48	17.11-21.01	0.73

* SC: Sub-Score, Min: Minimum, Max: Maximum, SD: Standard Deviation, CI: Confidence Interval

Figure 1 and Figure 2 indicate the difference of sub-scores 1 and overall scores from perfect balance respectively. The average total score was quite distant from the maximum of 19.94 (51.12%).

The association between work-life balance sub-scores and socio-demographic characteristics is presented in (Table 2): The hospital staff perceived an imbalance in the work-life environment with the hospital in all sub-scores, and this was also seen in the overall score. A significant difference was found in the association of scores with socio-demographic characteristics in SC2 sub-score where the age group between 26 and 45 years old gave the lower means than other groups,

$p < 0.022$; and in the SC4 sub-score where the bachelors and post grads had lower means compared to the high school and vocational degree group, $p < 0.007$ (Table 2).

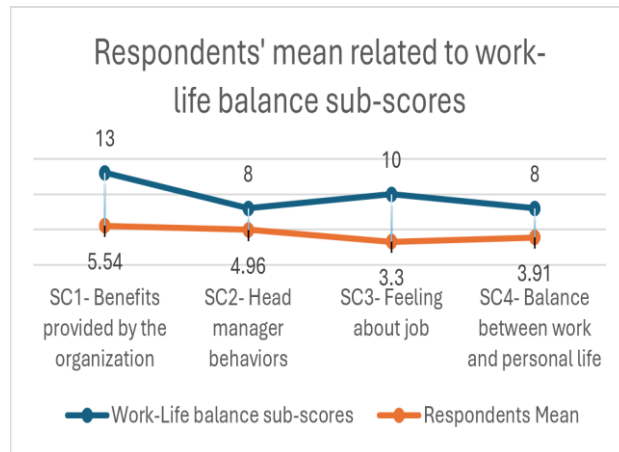


Figure 1- Respondents' mean related to work-life balance sub-scores

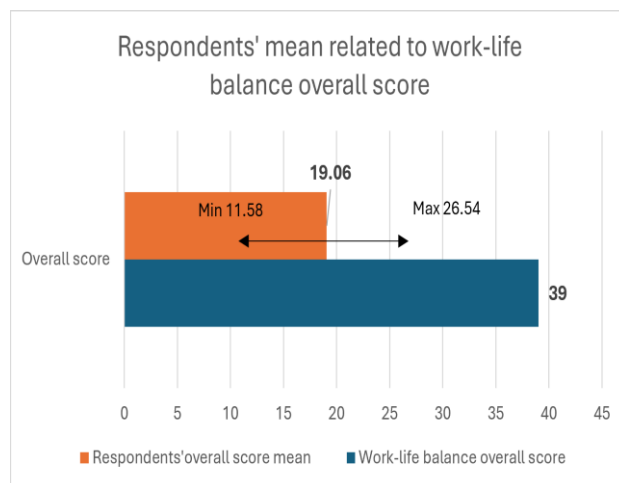


Figure 2- Respondents' mean related to work-life balance overall score

The relationship between work-life balance scores and work-related characteristics is summarized in (Table 3): The relevance of the scores with the characteristics of the work, we found a statistically significant difference in the SC2 sub-score where the groups with an experience of more than 6 years had lower mean than the other groups, $p < 0.005$. Overall, the pattern remains consistent as the results show: Managers' interpersonal support is only moderately available, but structural WLB policies, benefits, and operational flexibility are still very deficient, resulting in high levels of job stress, work-life conflict, and turnover intention. This supports the study hypothesis that current healthcare facilities are not yet building a fully effective WLB environment and that accreditation-linked standards may require strengthening and operational translation (Table 3).

Socio-demographic characteristics	SC1/13	SC2/8	SC3/10	SC4/8	OS/39
Gender					
Male	6.39 ± 3.67	4.88 ± 2.43	3.00 ± 3.21	3.80 ± 2.54	19.60 ± 8.02
Female	5.10 ± 2.65	5.02 ± 2.40	3.44 ± 2.77	4.22 ± 2.24	18.79 ± 7.27
P value*	0.072	0.693	0.296	0.221	0.699
Age (in years)					
18-25	6.35 ± 3.28	5.62 ± 2.02	3.65 ± 2.95	4.32 ± 2.27	22.25 ± 6.67
26-45	5.28 ± 3.21	4.54 ± 2.59	3.03 ± 3.08	3.95 ± 2.43	18.18 ± 7.73
46-64	5.30 ± 1.25	5.13 ± 2.15	3.28 ± 2.29	3.89 ± 2.37	18.55 ± 6.98
P value**	0.407	0.022	0.397	0.599	0.257
Marital Status					
Single	5.40 ± 3.39	4.90 ± 2.49	3.14 ± 2.94	4.15 ± 2.25	17.73 ± 8.49
Married	5.62 ± 2.91	5.01 ± 2.39	3.43 ± 2.97	3.93 ± 2.55	20.26 ± 6.77
Widowed	5.50 ± 0.70	5.00 ± 1.15	1.20 ± 1.64	4.50 ± 1.76	18.00 ± 4.24
Divorced	7.00 ± 0.00	6.00 ± 1.41	6.00 ± 1.73	3.33 ± 1.15	20.00 ± 0.00
P value**	0.956	0.929	0.137	0.827	0.657
Educational qualification					
TS / vocational degree	5.93 ± 2.54	4.72 ± 2.41	3.59 ± 2.87	4.46 ± 2.21	18.90 ± 6.23
High school degree	6.50 ± 2.20	5.00 ± 2.89	4.07 ± 3.68	6.16 ± 1.74	21.28 ± 8.42
Bachelor's degree	5.27 ± 3.13	4.69 ± 2.53	3.12 ± 2.97	3.81 ± 2.47	19.03 ± 6.90
Post graduate degree	5.39 ± 3.58	5.32 ± 2.19	3.20 ± 2.83	3.83 ± 2.23	18.20 ± 9.22
P value**	0.721	0.415	0.668	0.007	0.851

* SC: Sub-Score, OS: Overall Score, TS: Higher Technician Superior

Work characteristics	SC1/13	SC2/8	SC3/10	SC4/8	OS/39
Type of shifts*					
Day shift	5.41 ± 2.94	5.04 ± 2.36	3.35 ± 2.91	4.08 ± 2.31	18.80 ± 6.93
Night shift	6.00 ± 3.56	4.66 ± 2.57	2.95 ± 3.10	3.92 ± 2.64	20.08 ± 9.60
P value	0.479	0.382	0.430	0.709	0.603
Years of experience**					
< 1y	6.44 ± 3.00	5.93 ± 1.65	3.76 ± 3.53	4.43 ± 2.06	22.66 ± 6.11
1y-5y	4.95 ± 3.60	5.34 ± 2.36	3.57 ± 2.90	4.11 ± 2.35	19.15 ± 8.26
6y-10y	5.71 ± 2.81	3.75 ± 2.24	2.64 ± 2.95	3.67 ± 2.11	15.66 ± 8.48
> 10y	5.63 ± 2.85	4.85 ± 2.50	3.14 ± 2.88	4.08 ± 2.57	20.20 ± 6.25
P value	0.640	0.005	0.387	0.726	0.295

* SC: Sub-Score, OS: Overall Score

Discussion

Work environment demands time, efforts and mental capacity that can affect physical and psychological health, as consequence burnouts can have several negative outcomes that may lead to an imbalanced wellbeing and lifestyle. The work environment of professionals' healthcare is fundamental to providing good care for patients.¹² Thereafter, findings related to organizational benefits revealed uneven implementation of WLB-supportive measures. While moderate flexibility in working hours was reported by a relative majority, strong flexibility was limited, and remote work options were largely absent, with more than two-thirds of respondents indicating that work-from-home arrangements were not available.

A study done in Europe on 1500 hospital staff reflecting the impact of overtime on health, showed that working overtime hours is more closely related to poorer health outcomes.¹⁸ Knowing that strong organizational support can promote a sense of well-being and positive work behaviours.¹⁹ The study showed that paid overtime practices showed inconsistency, with negative responses slightly exceeding positive ones, suggesting lack of standardized compensation for extended workload. In contrast, statutory benefits such as maternity/paternity and sick leave were generally more accepted, thus showing the basic employee overall protection being partially complied with. On the other hand, family-supportive and developmental benefits were at a very low level: only a few people reported that childcare cost contribution, elder care support, educational support, and special financial assistance programs were available to them. A study on breastfeeding support in the workplace and the relationships among breastfeeding support, work-life balance, and job satisfaction showed that providing time for expressing milk improved job satisfaction via a partially mediated relationship where work enhancement of personal life acted as a mediator.²⁰ However, workplace breastfeeding support and onsite childcare centres were particularly limited, indicating a structural gap in family-oriented WLB infrastructure. Medical insurance was there but not for everyone. These trends taken together reveal that Lebanese hospitals generally focus on core mandatory benefits while they do not provide enough WLB enhancing benefits that research shows relate to employee retention and reduced burnout.

Results concerning managerial behaviours were comparatively more positive than structural benefits. Most respondents reported that supervisors demonstrate concern for employee wellbeing, provide support during illness, and allow staff to express concerns. More than half indicated participation opportunities in decision-making processes, and a strong

majority confirmed that supervisors encourage error reporting an indicator of just culture and psychological safety. However, performance incentives were less consistently reported, and a considerable proportion of staff indicated that supervisors still assign tasks outside formal professional scope or apply penalties for minor issues. This points to the fact that while many settings see the presence of interpersonal managerial support, adhering to role-boundaries and operational discipline is still not constant. The contrast between relatively supportive supervisory behaviour and weaker organizational WLB infrastructure suggests that managerial culture may be compensating for structural policy gaps rather than being supported by them.

Job perception indicators showed high levels of stress and WLB strain. More than two-thirds of respondents reported significant job stress, energy exhaustion, and personal time depletion due to work demands. A substantial majority indicated that no leisure or wellbeing activities are provided at work and that salary does not adequately meet needs and competencies. Psychological strain and job overwhelm were frequently reported, and more than 60% expressed willingness to change employment if feasible, a strong signal of turnover risk. Although perceived physical safety risk was lower than psychological strain indicators, overall emotional and workload burden remained high. These results are consistent with the international studies on workload in healthcare that link high workload with burnout, turnover intention, and decreased organizational commitment. It is vital to increase staffs' job satisfaction by first decreasing work stress, because this has the potential to improve patients' perceptions toward a quality of care as well as to ensure an adequate workforce. And the most important thing is to offer a healthier lifestyle to health care providers.⁷

Measures of work-personal life balance further confirmed imbalance patterns. Around 66% of respondents indicated that they sacrificed their personal activities and that they were short of personal time because of work, and 50% of them also said they were unable to keep up holidays with family, were not given a flexible schedule when they had personal events and had to take work home. The degree to which maternal and paternal duties were respected varied from one department to another. These data indicate that the work demands override personal and family roles quite often, which is a situation that previous studies have strongly related to burnout and long-term workforce instability.

Conclusion

According to this study, the WLB environment is not structurally supportive enough for the hospital staff in the Lebanese

healthcare facilities despite the supportive behaviours of managers. The study results portray a scenario where supervisors provide interpersonal support, transparency, and psychological safety signals quite often, however, the organizational systems do not consistently offer flexible scheduling, family-supportive benefits, developmental support, or wellbeing infrastructure. Staff are suffering from very high stress, depletion of energy, work-life conflict, and dissatisfaction with their salary, where a good number of them are willing to change their employment when the opportunity arises. Combined scoring reveals that the overall WLB environment functions only at about 50% of the optimal level, which is indicative of systemic imbalance rather than marginal gaps.

The present findings support the worldwide evidence that sustaining the healthcare workforce requires more than just a managerial attitude; it also involves the design of institutional policies, the structure of the benefits, and the flexibility of the operations. A disjointed or department-level approach is inadequate; rather, a comprehensive, governance-level WLB framework is needed.

Future work should be geared towards creating and applying integrated WLB strategies at the institution and accreditation levels rather than at the departmental level as individual actions. Healthcare organizations need to adopt different models of flexible scheduling, set formalized rules for overtime compensation, enhance family-supportive benefits (childcare, elder care, breastfeeding support), and incorporate staff wellbeing programs and leisure-support activities as part of the organization's policies. Accreditation bodies ought to consider the integration of WLB indicators that can be measured and of hospital standards that comply with audits. Studies based on interventions should be carried out to assess how staff turnover, burnout, and the quality of patient care are affected by the WLB programs that have been targeted. Besides, multi-center qualitative studies via interviews and focus groups should be part of future research to explore the context in depth and to identify staff needs and managerial constraints; also, longitudinal and interventional designs with continuous improvement frameworks such as PDCA cycles are suggested for measuring changes over time and fine-tuning policy effectiveness. Expanding research beyond single-country settings would also allow regional benchmarking and cross-system learning.

References

1. T. Kalliath and P. Brough, "Work Life Balance: A Review of the Meaning of the Balance Construct," *Journal of Management & Organization*, vol. 14, no. 3, pp. 323-327, July 2008. <https://doi.org/10.5172/jmo.837.14.3.323>
2. K. Shivakumar and V. Pujar, "Work Life Balance in the Healthcare Sector," *Amity Journal of Healthcare Management*, vol. 1, no. 2, pp. 45-54, 28 December 2017. [10.13140/RG.2.2.19413.73440](https://doi.org/10.13140/RG.2.2.19413.73440)
3. A. Ghorbani and et.al, "Study of Satisfaction Rate of Family Medicine Plan In Insured Population of Sabzevar University Medical of Sciences," *Journal of Sabzevar University of Medical Sciences*, vol. 19, no. 4, pp. 364-370, 2013. Available: <https://sid.ir/paper/81988/en>
4. F. Tuncay, E. Koyuncu and S. Ozel, "A Review of Protective and Risk Factors Affecting Psychosocial Health of Healthcare Workers in Pandemics," *Ankara Medicine Journal*, vol. 20, no. 2, pp. 488-501, January 2020. DOI: [10.5505/ami.2020.02418](https://doi.org/10.5505/ami.2020.02418)
5. D. Ayar, M. Karaman and R. Karaman, "Work-Life Balance and Mental Health Needs of Health Professionals During COVID-19 Pandemic in Turkey," *International Journal of Mental Health and Addiction*, vol. 20, no. 1, pp. 639-655, 24 November 2021. <https://doi.org/10.1007/s11469-021-00717-6>
6. Mansour W, Boyd A, Walshe K. National accreditation programmes for hospitals in the Eastern Mediterranean Region: Case studies from Egypt, Jordan, and Lebanon. *The International Journal of Health Planning and Management*. 2021 Sep;36(5):1500-20. <https://doi.org/10.1002/hpm.3178>
7. H. Lu, Y. Zhao and A. While, "Job satisfaction among hospital nurses: A literature review," *International Journal of Nursing Studies*, vol. 94, pp. 21-31, 1 June 2019. [10.1016/j.ijnurstu.2019.01.011](https://doi.org/10.1016/j.ijnurstu.2019.01.011)
8. N. Humphries, A. McDermott, J. Creese, A. Matthews, E. Conway and J. Byrne, "Hospital doctors in Ireland and the struggle for work-life balance," *European Journal of Public Health*, vol. 30, no. 4, pp. iv32-iv35, 19 September 2020. <https://doi.org/10.1093/eurpub/ckaa130>
9. S. Makabe, J. Takagai and e. al, "Impact of work-life imbalance on job satisfaction and quality of life among hospital nurses in Japan," *Industrial Health*, vol. 53, no. 2, pp. 152-9, 2015. <https://doi.org/10.2486/indhealth.2014-0141>
10. C. Wiskow, T. Alberht and C. De-Pietro, "How to Create an Attractive and Supportive Working Environment for Health Professionals," 2010. <https://iris.who.int/handle/10665/332034>
11. Oludayo, Olumuyiwa & Omonijo, Dare. (2020). WORK-LIFE BALANCE: THE RELEVANCE OF SOCIAL SUPPORT. *Academy of Strategic Management Journal*. 19. 1-10.
12. P. Delecta, "Work Life Balance," *International Journal of Current Research*, vol. 3, no. 4, pp. 186-189, April 2011. Available online at <http://www.journalcra.com>
13. N. Lockwood, "Work/Life Balance Challenges and Solutions," 2003. [Online]. Available: <https://www.studocu.vn/vn/document/truong-dai-hoc-mo-thanh-pho-ho-chi-minh/english/lockwood-work-life-balance-2003/24796341>
14. M. Lupu and M. Ruiz-Castro, "Work-Life Balance Is a Cycle, Not an Achievement," 29 Janury 2021. [Online]. Available: <https://hbr.org/2021/01/work-life-balance-is-a-cycle-not-an-achievement>
15. R. Tuwei, "EFFECT OF WORK LIFE BALANCE ON SERVICE DELIVERY IN SELECTED COUNTY REFERRAL HOSPITALS IN KENYA," *International Journal of*

- Economics, Commerce and Management*, vol. V, no. 10, pp. 359-371, October 2017.
16. "OECD Well-being Data Monitor," [Online]. Available: <https://www.oecd.org/en/data/tools/well-being-data-monitor/better-life-index.html>.
 17. A. Bafghi, Z. Zare and N. Rahimi, "Quality of Work Life in Family Physicians of Bam, Iran," *Journal of Family and Reproductive Health*, vol. 14, no. 1, pp. 32-37, March 2020. PMID: [32863836](#)
 18. T. Pisliar, T. Lippe and L. Dulk, "Health among hospital employees in Europe: A cross-national study of the impact of work stress and work control.," *Social Science & Medicine*, vol. 72, no. 6, pp. 899-906, March 2011. [10.1016/j.socscimed.2010.12.017](https://doi.org/10.1016/j.socscimed.2010.12.017)
 19. L. Labrague and e. al, "Perceptions of organizational support and its impact on nurses' job outcomes.," *Nurs Forum*, vol. 53, no. 3, pp. 339-347, 25 April 2018. <https://doi.org/10.1111/nuf.12260>
 20. A. Jantzer, J. Anderson and R. Kuehl, "Breastfeeding Support in the Workplace: The Relationship Among Breastfeeding Support, Work-Life Balance, and Job Satisfaction," *Journal of Human Lactation*, vol. 34, no. 2, pp. 379-385, May 2018. <https://doi.org/10.1177/0890334417707956>