

# Impact of work-life balance on work engagement among women healthcare professionals in multi-speciality hospitals

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## Abstract:

This study investigates how work-life balance affects work engagement among women healthcare professionals employed in multi-speciality hospitals. Utilizing a descriptive research design, the study is based on primary data collected from 72 respondents through a structured questionnaire employing a five-point Likert scale. Respondents were selected using a convenience sampling technique. The research takes into account demographic variables including age, marital status, educational qualifications, job positions, work experience, monthly income, and daily working hours. The reliability of the questionnaire was assessed with Cronbach's Alpha, yielding a value of 0.537, which indicates moderate reliability. To analyse the data, various statistical tools were employed, including descriptive statistics, t-tests, ANOVA, and correlation analysis. The findings indicate that there are no significant differences in work-life balance and work engagement concerning the selected demographic variables. However, a significant positive relationship was identified between work-life balance and work engagement, suggesting that a better work-life balance correlates with higher levels of work engagement among women healthcare professionals. The study recommends that hospitals adopt supportive policies and flexible work arrangements to enhance work-life balance, ultimately leading to improved employee engagement, which contributes to better organizational performance and quality patient care.

**Keywords:** Work-Life Balance, Work Engagement, Women Healthcare Professionals, Multi-Speciality Hospitals, Employee Engagement.

## INTRODUCTION

The healthcare sector is essential for ensuring the well-being and quality of life for individuals. Women healthcare professionals often face substantial challenges in balancing their work responsibilities with personal life. Long hours, shift work, emotional demands, and heavy workloads complicate the ability of these professionals to achieve a healthy work-life balance. Effectively managing this balance is crucial not only for the employees' well-being but also for enhancing organizational productivity and service quality in hospitals.

Work-life balance is defined as the capacity of employees to manage work responsibilities alongside personal and family commitments effectively. When employees successfully maintain this balance, they are more likely to experience job satisfaction, reduced stress, and improved overall well-being. Achieving work-life balance is especially vital in healthcare, where professionals engage in demanding tasks that require physical effort, emotional labour, and constant interaction with patients.

Work engagement is another critical concept in organizational behaviour, characterized by a positive, fulfilling state of mind associated with work. According to scholars Wilmar Schaufeli and Arnold Bakker, engaged employees exhibit high levels of energy, enthusiasm, and involvement in their work, contributing to enhanced job performance and organizational effectiveness. Previous research has shown that work-life balance is influential in shaping employee engagement. Those who maintain a healthy balance between their work and personal lives often show increased motivation, commitment, and engagement in their roles. Conversely, a poor work-life balance can lead to stress, burnout, and diminished engagement, particularly in high-pressure environments like hospitals.

Women healthcare professionals face additional hurdles due to societal expectations, family responsibilities, and professional demands. Many must juggle workplace responsibilities alongside family obligations, which can impact their engagement and productivity. Thus, understanding the link between work-life balance and work engagement among women healthcare professionals is a crucial area of study. Although research has examined work-life balance and employee engagement across various sectors, there is limited focus on women healthcare professionals in multi-speciality hospitals.

This study aims to fill that research gap, providing insights that can help hospital management develop supportive policies promoting employee well-being and engagement. The findings may assist hospital administrators in crafting effective work policies and supportive environments that enhance employee engagement and overall organizational performance.

## REVIEW OF LITERATURE

**Nivitha and Paul (2025)** explored work-life balance among healthcare professionals at Annai Hospital, discovering that the ability to balance professional and personal responsibilities significantly affects job satisfaction, stress levels, and overall well-being. Their study emphasizes that supportive work policies, flexible scheduling, and manageable workloads contribute to improved work-life balance, leading to enhanced performance and commitment among healthcare workers.

**Parveen, Chatterjee, and Wadhwa (2021)** conducted a cross-sectional study among female healthcare professionals in Vadodara, identifying key factors influencing their work-life balance. They found that long working hours, shift duties, heavy workloads, family responsibilities, and a lack of organizational support were significant challenges. Their study highlights the necessity of supportive management practices and flexible work arrangements for improving work-life balance, reducing stress, and enhancing job performance among female healthcare employees.

**Gaikwad, Swaminathan, and George (2021)** examined the relationship between work-life balance and job performance among women in the IT sector, focusing on mental well-being and work engagement as mediating factors. Their findings indicate that a healthy work-life balance significantly improves employees' mental well-being, which enhances work engagement and job performance. This study underscores the importance of supportive organizational policies and manageable workloads in fostering commitment and productivity.

**Anuradha and Pandey (2016)** investigated the effects of work-life balance on job satisfaction among women doctors, highlighting that a proper balance between professional and personal responsibilities is essential for enhancing job satisfaction. They noted that factors such as long hours, heavy workloads, and

family responsibilities can create imbalances that lead to stress and reduced satisfaction. Conversely, supportive work environments and flexible policies enable women doctors to manage their dual roles effectively, improving their commitment and overall satisfaction.

**Khan and Wadhwa (2026)** studied the work-life balance challenges faced by women in private and trust hospitals, emphasizing the importance of organizational support in addressing these challenges. Their findings reveal that heavy workloads, irregular shifts, and family responsibilities disrupt the balance between personal and professional life. However, effective HR practices, including flexible scheduling and childcare support, enable women employees to manage these challenges more effectively, enhancing job satisfaction and commitment.

**Hau et al. (2025)** explored the influence of career development and work-life balance on nurses' job satisfaction, with work engagement serving as a mediating variable. They found that both career development opportunities and effective work-life balance significantly enhance work engagement, leading to higher job satisfaction. Their results underscore the importance of perceived growth opportunities and supportive policies in fostering employee engagement.

**Runze et al. (2023)** found that work-life balance positively influences job satisfaction and performance among healthcare professionals. Supportive policies and flexible schedules contribute to improved well-being, motivation, and commitment, positioning work-life balance as a vital strategy for enhancing organizational effectiveness and service quality.

**Paudel (2023)** examined the impact of work-life quality on nurses' work-life balance in Nepal, finding that better working conditions, supportive management, adequate staffing, fair compensation, and a safe work environment significantly enhance work-life balance. Improved quality of work life reduces stress and role conflict, enabling nurses to manage their professional and personal responsibilities more effectively.

**Sari and Nasution (2025)** investigated the effects of work-life balance and job crafting on employee engagement at Rejang Lebong Regional General Hospital. Their quantitative study revealed that work-life balance significantly boosts work engagement, while job crafting also positively influences employees' vigor, dedication, and absorption. The findings suggest that supportive work policies and opportunities for task redesign enhance engagement and overall organizational effectiveness.

## STATEMENT OF THE PROBLEM

In recent years, the rapid growth of the healthcare sector has escalated the demand for quality medical services. Healthcare professionals are critical to patient care and hospital operations. However, their work often entails long hours, shift duties, heavy workloads, and emotional stress, making it challenging to maintain a balance between work and personal life. This struggle is particularly pronounced for women healthcare professionals, who must also navigate family responsibilities and societal expectations.

Poor work-life balance can lead to stress, fatigue, and low job satisfaction, diminishing work engagement. Work engagement reflects the level of energy, dedication, and involvement employees exhibit in their roles. When employees achieve a satisfactory work-life balance, they are typically more motivated and committed to their jobs. In multi-speciality hospitals, achieving this balance is crucial due to the

demanding nature of the work. Despite its importance, there is a scarcity of studies specifically examining women healthcare professionals in this context.

This research aims to explore how work-life balance affects work engagement, providing insights that can help hospitals devise better policies to support their employees and enhance overall performance.

### OBJECTIVES:

- To examine the level of work-life balance among healthcare professionals
- To assess the level of work engagement among women healthcare professionals.
- To analyse the relationship between work-life balance and work engagement

### NULL HYPOTHESES

- **There is no significant deference in work life balance among healthcare professionals with reference to**
  - ✓ Age
  - ✓ Marital Status
  - ✓ Educational Qualification
  - ✓ Job Position
  - ✓ Work Experience
  - ✓ Monthly Income
  - ✓ Working Hours per Day
- **There is no significance deference in work engagement of health care professionals with reference to**
  - ✓ Age
  - ✓ Marital Status
  - ✓ Educational Qualification
  - ✓ Job Position
  - ✓ Work Experience
  - ✓ Monthly Income
  - ✓ Working Hours per Day
- **There is no significant relationship between the work life balance and work engagement of nursing professionals.**

### NEED FOR THE STUDY

Work-life balance has emerged as a significant issue for employees in high-pressure professions, particularly within the healthcare sector. Women healthcare professionals frequently encounter difficulties in balancing their professional responsibilities with personal obligations. Achieving a proper equilibrium between these roles is crucial for their physical and mental health, as well as for maintaining their engagement levels at work. The healthcare industry demands employees who are deeply committed and engaged to ensure the delivery of quality patient care.

Work engagement among healthcare professionals is linked to enhanced job performance, increased patient satisfaction, and overall effectiveness of the organization. Conversely, an inadequate work-life balance can lead to diminished motivation, productivity, and engagement. Women healthcare workers in multi-specialty hospitals often deal with challenging work schedules, night shifts, and significant

workloads, which can hinder their ability to juggle work and family commitments. If these challenges are not adequately addressed, they may result in stress, burnout, and a decline in work engagement. Thus, investigating the relationship between work-life balance and work engagement among women healthcare professionals is essential. The results of this study will assist hospital management in recognizing the obstacles faced by their female employees and in crafting effective policies, flexible work arrangements, and supportive practices that promote a healthier work-life balance and boost work engagement.

### RESEARCH DESIGN

This study employs a descriptive research design to investigate the influence of work-life balance on work engagement among women healthcare professionals in multi-specialty hospitals located in Kodaikanal. Data were gathered from 72 participants through a structured questionnaire utilizing a five-point Likert scale. A convenience sampling method was applied to select the respondents. The background variables examined in this research include age, marital status, educational qualification, job position, work experience, monthly income, and daily working hours. The reliability of the scale was assessed using Cronbach’s Alpha, yielding a value of 0.537, which indicates moderate reliability. Various statistical tools, including descriptive statistics, t-test, ANOVA, and correlation analysis, were utilized to analyse the data.

### DATA ANALYSIS

The data were analysed using descriptive statistics, Pearson's correlation, ANOVA, and T-test, employing the jamovi data analysis software for the analysis process.

### DATA ANALYSIS AND INTERPRETATION

- **Null Hypothesis 01: There is no significant deference in work life balance among healthcare professionals with reference to Age**

**Table:1** significant deference in work life balance among healthcare professionals with reference to Age

Variable	Source of Variation	Sum of Squars	df	Mean Square	Calculated 'F' Value	Table Value	Remarks
Age	Between	43.1	4	10.77	1.30	3	NS
	Within	553.2	67	8.26			

S-Significant; NS-Not Significant,

The analysis indicates that there is no substantial difference across various age groups, as evidenced by the calculated F value of 1.30, which is lower than the critical value of 3. This suggests that age does not influence the variable under investigation, resulting in a non-significant outcome (NS).

- **Null Hypothesis 01: There is no significant difference in work life balance among healthcare professionals with reference to Marital Status**

**Table:2** significant difference in work life balance among healthcare professionals with reference to Marital Status

Variable	Categories	N	Mean	SD	Calculated 't' Value	Table Value	Remarks
Marital Status	Single	30	23.1	3.26	-2.47	1.96	NS
	Married	42	24.8	2.42			

In terms of marital status, the findings reveal no meaningful difference between single and married respondents. The calculated t value of -2.47 is also below the table value of 1.96, indicating that marital status does not significantly impact the variable studied, which leads to a non-significant result (NS).

- **Null Hypothesis 01: There is no significant difference in work life balance among healthcare professionals with reference to Educational Qualification**

**Table:3** significant difference in work life balance among healthcare professionals with reference to Educational Qualification

Variable	Source of Variation	Sum of Squares	df	Mean Square	Calculated 'F' Value	Table Value	Remarks
Educational Qualification	Between	12.1	3	4.05	0.471	3	NS
	Within	584.2	68	8.59			

S-Significant; NS-Not Significant,

When examining educational qualifications, the analysis shows no significant differences among the different groups. The F value of 0.471 is less than the critical value of 3, suggesting that educational qualifications do not significantly affect the variable in question, resulting in a non-significant finding (NS).

- **Null Hypothesis 01: There is no significant difference in work life balance among healthcare professionals with reference to Job Position**

**Table:4** significant difference in work life balance among healthcare professionals with reference to Job Position

Variable	Source of Variation	Sum of Squares	df	Mean Square	Calculated 'F' Value	Table Value	Remarks
Job Position	Between	39.2	4	9.80	1.18	3	NS
	Within	557.1	67	8.32			

S-Significant; NS-Not Significant,

Regarding job positions, the data indicates that there are no significant differences among the various groups. The calculated F value of 1.18 is lower than the table value of 3, which implies that job position does not exert a significant influence on the variable studied, leading to a non-significant result (NS).

- **Null Hypothesis 01: There is no significant deference in work life balance among healthcare professionals with reference to Work Experience**

**Table:5** significant deference in work life balance among healthcare professionals with reference to Work Experience

Variable	Source of Variation	Sum of Squars	df	Mean Square	Calculated 'F' Value	Table Value	Remarks
Work Experience	Between	11.2	2	5.61	0.662	3	NS
	Within	585.1	69	8.48			

S-Significant; NS-Not Significant,

The analysis further reveals no significant differences among work experience groups, as the calculated F value of 0.662 is also below the critical value of 3. This indicates that work experience does not significantly impact the variable under consideration, resulting in a non-significant outcome (NS).

- **Null Hypothesis 01: There is no significant deference in work life balance among healthcare professionals with reference to Monthly Income**

**Table:6** significant deference in work life balance among healthcare professionals with reference to Monthly Income

Variable	Source of Variation	Sum of Squars	df	Mean Square	Calculated 'F' Value	Table Value	Remarks
Monthly Income	Between	14.2	3	4.73	0.553	3	NS
	Within	582.1	68	8.56			

S-Significant; NS-Not Significant,

Similarly, the assessment of monthly income groups shows no significant differences. The calculated F value of 0.553 is less than the table value of 3, suggesting that monthly income does not have a significant effect on the variable studied, leading to a non-significant result (NS).

- **Null Hypothesis 01: There is no significant deference in work life balance among healthcare professionals with reference to Working hours per day**

**Table:7** significant deference in work life balance among healthcare professionals with reference to Working hours per day

Variable	Source of Variation	Sum of Squars	df	Mean Square	Calculated 'F' Value	Table Value	Remarks
Working hours	Between	47.9	3	15.96	1.98	3	NS
	Within	548.4	68	8.07			

S-Significant; NS-Not Significant,

In terms of working hours, the analysis indicates no significant differences among the various groups, with a calculated F value of 1.98 being lower than the critical value of 3. This implies that working hours do not significantly influence the variable studied, resulting in a non-significant outcome (NS).

- **Null Hypothesis 02: There is no significant deference in work Engagement among healthcare professionals with reference to Age**

**Table:8** significant deference in work Engagement among healthcare professionals with reference to Age

Variable	Source of Variation	Sum of Squars	df	Mean Square	Calculated 'F' Value	Table Value	Remarks
Age	Between	97.7	4	24.4	1.01	3	NS
	Within	1621.0	67	24.2			

S-Significant; NS-Not Significant,

Reassessing age groups again, the analysis reaffirms that there are no significant differences, as the calculated F value of 1.01 is less than the table value of 3. This indicates that age does not affect the variable studied, leading to a non-significant result (NS).

- **Null Hypothesis 09: There is no significant deference in work Engagement among healthcare professionals with reference to Marital Status**

**Table:9** significant deference in work Engagement among healthcare professionals with reference to Marital Status

Variable	Categories	N	Mean	SD	Calculated 't' Value	Table Value	Remarks
Marital Status	Single	30	22.4	4.49	-0.926	1.96	NS
	Married	42	23.5	5.21			

In the context of marital status, the findings reiterate that there is no significant difference between single and married respondents, supported by a calculated t value of -0.926 falling below the critical value of 1.96. This confirms that marital status does not significantly impact the variable studied, resulting in a non-significant outcome (NS).

- **Null Hypothesis 10: There is no significant deference in work Engagement among healthcare professionals with reference to Educational Qualification**

**Table:10** significant deference in work Engagement among healthcare professionals with reference to Educational Qualification

Variable	Source of Variation	Sum of Squars	df	Mean Square	Calculated 'F' Value	Table Value	Remarks
Education	Between	86.6	3	28.9	1.20	3	NS
	Within	1632.0	68	24.0			

S-Significant; NS-Not Significant,

The analysis of educational groups once again shows no significant differences, with the calculated F value of 1.20 being less than the critical value of 3. Therefore, education does not significantly affect the variable studied, leading to a non-significant result (NS).

- **Null Hypothesis 11: There is no significant deference in work Engagement among healthcare professionals with reference to Job Position**

**Table:11** significant deference in work Engagement among healthcare professionals with reference to Job Position

Variable	Source of Variation	Sum of Squars	df	Mean Square	Calculated 'F' Value	Table Value	Remarks
Job Position	Between	48.4	4	12.1	0.485	3	NS
	Within	1670.3	67	24.9			

S-Significant; NS-Not Significant,

For job positions, the findings consistently indicate no significant differences across groups, as evidenced by a calculated F value of 0.485 being lower than the critical value of 3. This suggests that job position does not significantly impact the variable studied, resulting in a non-significant outcome (NS).

- **Null Hypothesis 12: There is no significant deference in work Engagement among healthcare professionals with reference to Work Experience**

**Table:12** significant deference in work Engagement among healthcare professionals with reference to Work Experience

Variable	Source of Variation	Sum of Squars	df	Mean Square	Calculated 'F' Value	Table Value	Remarks
Work Experience	Between	21.5	2	10.7	0.436	3	NS
	Within	1697.2	69	24.6			

S-Significant; NS-Not Significant,

Regarding work experience, the analysis further confirms no significant differences among groups, with a calculated F value of 0.436 being less than the table value of 3. This indicates that work experience does not significantly affect the variable under consideration, leading to a non-significant result (NS).

- **Null Hypothesis 13: There is no significant deference in work Engagement among healthcare professionals with reference to Monthly Income**

**Table:13** significant deference in work Engagement among healthcare professionals with reference to Monthly Income

Variable	Source of Variation	Sum of Squars	df	Mean Square	Calculated 'F' Value	Table Value	Remarks
Income	Between	15.5	3	5.18	0.891	3	NS
	Within	1703.1	68	25.05			

S-Significant; NS-Not Significant,

The evaluation of income groups shows that there are no significant differences, as the calculated F value of 0.891 is less than the critical value of 3. This suggests that income does not significantly influence the variable studied, resulting in a non-significant outcome (NS).

- **Null Hypothesis 02: There is no significant difference in work Engagement among healthcare professionals with reference to Working hours per day**

**Table:14** significant difference in work Engagement among healthcare professionals with reference to Working hours per day

Variable	Source of Variation	Sum of Squares	df	Mean Square	Calculated 'F' Value	Table Value	Remarks
Working hours	Between	74.4	3	24.8	1.03	3	NS
	Within	1644.2	68	24.2			

S-Significant; NS-Not Significant,

Lastly, for working hours, the analysis indicates no significant differences among various groups, with a calculated F value of 1.03 being lower than the critical value of 3. This reaffirms that working hours do not significantly impact the variable studied, leading to a non-significant result (NS).

- **There is no significant relationship between the work life balance and work engagement of nursing professionals.**

**Table:15** significant relationship between the work life balance and work engagement of nursing professionals.

S. No	Variable 1	Variable 2	N	Calculated 'r' Value	Table Value	Remark
1	Work life balance	work engagement	70	0.419	0.10	S

A significant positive correlation is observed between work-life balance and work engagement. The calculated r value of 0.419 exceeds the table value of 0.10, indicating that an improved work-life balance is linked to greater work engagement. Therefore, this relationship is significant (S).

### LIMITATION OF THE STUDY

This study is constrained by a small sample size of 72 respondents drawn from multi-specialty hospitals in Kodaikanal, which may not accurately reflect the broader population of healthcare professionals. The use of convenience sampling could impact the generalizability of the results. Additionally, the reliability value of 0.537 suggests moderate consistency, potentially affecting the accuracy of the findings. The reliance on self-reported data may also introduce bias.

### DISCUSSION

The results indicate that demographic factors such as age, marital status, educational qualifications, job position, work experience, income, and working hours do not significantly affect work-life balance or work engagement. However, there is a notable positive correlation between work-life balance and work engagement. This suggests that healthcare professionals who achieve a better balance between their work and personal lives tend to exhibit higher levels of engagement in their jobs.

### SUGGESTIONS

Hospitals should consider implementing flexible working hours and supportive workplace policies to assist women healthcare professionals in achieving a better work-life balance. Management ought to establish stress management programs and foster a healthy work environment to enhance employee well-

being. Additionally, providing adequate leave options and support systems can aid employees in managing their personal and professional duties. These initiatives are likely to improve employee engagement.

## CONCLUSION

The study finds that demographic characteristics do not significantly affect work-life balance or work engagement among women healthcare professionals. Nonetheless, work-life balance plays a crucial role in positively influencing work engagement. Therefore, enhancing work-life balance is vital for boosting employee engagement, which can ultimately lead to improved job performance and the quality of healthcare services.

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