

Psychosocial Complexity and Effective Coping Mechanisms of Work-Family Balance in Mizoram India

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Abstract

Achieving a harmonious work-family balance (WFB) has become increasingly crucial in today's fast-paced world since the women's workforce has increased in the 1900's. This merging change also includes culturally rich regions like Mizoram, a state in north-eastern India. This study explores the psychosocial complexities surrounding the work-family balance (WFB) of the organized sector in Mizoram. The interplay between traditional family values, societal expectations, and modern economic pressures creates unique challenges for individuals striving to juggle professional and familial responsibilities. As more women enter the workforce and traditional gender roles shift, the resulting conflicts can lead to significant stress and mental health concerns for the women, their spouses, and other family members. It also affects the male breadwinners in case of dual responsibilities and sometimes triples when societal activities are on his shoulders. The data of the study includes three urban districts purposively chosen in terms of their large population viz., Aizawl district (Northern Mizoram state), Lunglei district (Southern Mizoram state), and Champhai (Eastern Mizoram State) by administering quantitative methods and a descriptive research design. The unit of the study includes individual married employees living with at least one child between the age group of 26-45 years in hospital settings, educational institutions, and banking sectors. The sample includes 318 employees consisting of 61.32% female respondents and 38.68% male respondents. The work-family balance and the psychosocial dimension relationship is quite satisfying as the findings reveal a satisfactory mean score. The employees administered different forms of coping mechanisms to overcome their work-family imbalance.

Keywords: Psychosocial Dimensions, Coping Mechanisms, Work-Life Balance, Work-Family Balance

INTRODUCTION

In recent years, the concept of work-family balance (WFB) has gained prominence around the globe, especially in regions undergoing rapid economic and social transformations. Mizoram, a picturesque state in north-eastern India, presents a unique case for examining WFB within the organized sector. Here, the intricate interplay of traditional values, modern employment patterns, and evolving gender roles creates a multifaceted psychosocial landscape that significantly affects individuals' ability to manage work and family responsibilities effectively.

Mizoram is distinguished by its rich cultural heritage and strong community ties, primarily rooted in tribal traditions. The population predominantly consists of various ethnic groups, each with its own customs and

social norms. In this context, family is often regarded as the cornerstone of social structure, influencing individual behaviors and expectations. However, as Mizoram experiences economic development, particularly through the growth of the organized sector—comprising government jobs, corporate entities, and educational institutions—the pressures of modern employment begin to shape family dynamics in profound ways.

The Organized Sector and Its Implications

The organized sector in Mizoram has seen a significant rise in job opportunities, particularly for women, who have increasingly entered the workforce. This shift has brought about a redefinition of traditional gender roles, where women are not only responsible for domestic duties but also contribute significantly to family income. While this change represents progress toward gender equality, it simultaneously introduces new challenges. The dual responsibilities of work and home can lead to conflicts, stress, and a sense of inadequacy among individuals trying to meet the demands of both spheres.

Psychosocial Complexities

The psychosocial complexities of work-family balance in Mizoram is deeply influenced by cultural values that prioritize family cohesion and community support. The expectations of providing for one's family, coupled with the need to excel in one's professional role, create a dynamic tension. Individuals often find themselves caught in a cycle of guilt—guilt for spending too much time at work and not enough with family, or vice versa. This emotional turmoil can lead to heightened stress levels, anxiety, and even depression.

Moreover, the integration of technology into the workplace complicates WFB further. While digital tools allow for flexibility, they also blur the boundaries between work and personal life. The expectation of constant connectivity can exacerbate stress, making it challenging for individuals to disengage from work and engage meaningfully with their families.

Coping Mechanisms

Despite these challenges, many individuals and families in Mizoram employ various coping mechanisms to navigate the complexities of work-family balance. Social support systems, which are deeply embedded in Mizo culture, play a crucial role in helping individuals manage their responsibilities. Extended family networks often provide emotional and practical support, allowing individuals to share burdens and responsibilities more equitably.

In addition to community support, many organizations in Mizoram have begun to recognize the importance of work-life balance. Flexible work arrangements, such as adjustable hours and remote working options, are increasingly being adopted. These policies not only help reduce stress but also enhance employee satisfaction and productivity. However, the implementation of such policies can vary widely across organizations, and the extent to which they are embraced often depends on the organizational culture and management attitudes toward work-life balance.

Research Objectives

This article aims to explore the psychosocial complexities surrounding work-family balance in Mizoram's organized sector and to identify effective coping mechanisms utilized by individuals and families. By examining these dynamics, the study seeks to contribute valuable insights that can inform policy and practice in the region.

Review of Literature

Some of the previous research studies that explore the psychosocial dimensions and the coping

mechanisms of work-family balance are reviewed critically for a better understanding of the concept as well as an in-depth comprehension of the hypothesis. Some of the literature from various regions and nations are as follows:

Work-family Balance and Psychosocial Dimensions

The study conducted by Lakshmi et al. (2012); Lee (2016); Joy (2017); AlAzzam et al. (2017); Arqam, Linta & Yunus et al. (2022); Alblihed, Mohammed & Alzghaibi, et al. (2022); Charzyńska, Edyta & Soola, et al. (2023); Zabin, Loai & Abu Zaitoun, et al. (2023); on the psychosocial issues and challenges of work-family balance in the organized sector found that men had more traditional gender role attitude and higher work-family balance perception levels than women.

Lakshmi et al. (2012) conducted a study on "Analysis of Work-Life Balance of Female Nurses in Hospitals - Comparative Study between Government and Private Hospital in Chennai, TN., India" adopting a descriptive research design following a survey method using a questionnaire as a tool. The data was collected among female nurses in government and private hospitals. The study found that female employees who are chasing their careers face multiple challenges between work and family commitment in government and private hospitals. Maximum numbers of female employees are working on a full-time basis throughout the week and the majority of women as many as 53% are struggling to strive to maintain a work-life balance. The study reported that the main issue that female employees encountered was shouldering dual responsibilities at the workplace and at home.

Lee (2016) conducted a study "Married Employees' Work-Family Balance Perception and Psychological Well-being" in G City among 300 married employees using a questionnaire as a tool for data collection. The study attempted to find out the general trends concerning work-family balance, and psychological well-being and explore the relationship and differences between variables. The study found that both men's and women's employees depression scores while their life satisfaction is significantly higher. However, the perception of work-family balance is different among both genders. The male employees' psychological well-being differs depending on the workplace while women employees' psychological well-being differs highly depending on the time involved in household chores. Despite the work-family balance issues among women employees, there is depression associated with marriage in this regard. Depression among male employees was highly influenced by self-esteem, social care service, and work-family conflict while among female counterparts, depression was mainly influenced by health state, self-esteem, gender role attitude, family-work conflict, and work-family conflict as well. Male employees give importance to health, economic status, and self-esteem to achieve life satisfaction while among women employees, weekly working hours, self-esteem, and absence of work-family conflict are important indicators of work-family balance.

Joy (2017) conducted a study on "Relationship of Work-Family Conflict, Family Work-Conflict, and Psychological Distress among Female Bank Employees in Port Harcourt, Metropolis, Rivers State, Nigeria." The study focuses on the relationship of work-family conflict, family-work conflict, and psychological distress among 329 female married employees from eight banks. The study adopted an instrument for data collection titled: Family-Work Conflict and Psychological Distress Questionnaire (FWCPDQ) to elicit information on the variables and the collected data was analyzed with multiple regression coefficients, ANOVA associated with multiple regression, beta values of multiple regression, and t-test. The findings of the study indicate that both work-family conflict and family-work conflict are correlated jointly and independently with psychological distress among female bankers. The correlation of family-work conflict with psychological distress is higher than the work-family conflict. In addition,

the experiences of both the variables i.e., family-work conflict and work-family conflict have implications on the female bankers

AlAzzam et al. (2017) conducted a study on “The Relationship between Work-Family Conflict and Job Satisfaction among Hospital Nurses” using a self-administered questionnaire. The data was collected among 333 Jordanian nurses by following a convenience sampling technique which is descriptive and cross-sectional design in nature. The study reveals that reveal that nurses were exposed to both work-family and family-work conflict, but they experienced the work-to-family conflict more than the family-to-work conflict. Both subtypes of work and family conflict were correlated negatively with age and positively with the number of children. Female respondents with the absence of children have positive effects on the occurrence of work-to-family conflict. However, child-rearing employees have faced several work-family conflict issues.

Arqam, Linta & Yunus et al. (2022) conducted a study on "Assessing the Conflict between Family and Work Demand: A Cross-Sectional Study of Challenges Faced by Professional Nurses" and assessed the nurse's views of the conflict in family and work demands among various hospitals of Sargodha districts including three government and three private hospitals. The study reported that work-family conflict is more evident among nurses aged 25-35 and married employees having 1 to 3 children. Besides, as compared to family demands, work demands are significantly associated with work-family conflict.

Alblihed, Mohammed & Alzghaibi, et al. (2022) conducted a study on "The Impact of Job Stress, Role Ambiguity, and Work-Life Imbalance on Turnover Intention during COVID-19: A Case Study of Frontline Health Workers in Saudi Arabia" and examined the impact of job stress, role ambiguity, work-life imbalance and burnout on employee turnover intention. The findings of the study show that job burnout is related to turnover intentions and is also positively affected by both role stress and role ambiguity. Moreover, the study indicated that role ambiguity and role stress due to COVID-19 may create burnout among employees, which has the potential of turnover intention among healthcare workers. The study suggested that healthcare administrators need to pay close attention to front-line workers.

Charzyńska, Edyta & Soola, et al. (2023) conducted a study on “Patterns of work-related stress and their predictors among emergency department nurses and emergency medical services staff in a time of crisis: a latent profile analysis.” And identified the profile of healthcare workers and work-related stressors during the pandemic outbreak and examined the predictors among 297 emergency department (ED) nurses and 219 emergency medical services (EMS) staff members across 10 hospitals in Ardabil province of Iran. The study found that the stress and stressors among the workers are at a moderate level. Age, marital status, service location, workplace as well as working hours has an indicative relationship with stress. The study suggested adopting a person-centered approach and the identification of socio-demographic profiles for reducing work-related predictors.

Zabin, Loai & Abu Zaitoun, et al. (2023) conducted a study on “The relationship between job stress and patient safety culture among nurses: a systematic review” and examined the relationship, the factors that impacted job stress and its influence on patient safety culture through secondary sources. The study suggested that nursing managers and administrators should minimize nursing job stress to the minimum levels and improve their work environment to provide the best possible patient care. Moreover, supervisors and managers must train their nurses in resiliency and how to work in trauma-informed care.

Work-Family Balance and Coping Mechanisms

The coping mechanisms on work-family balance in the organized sector studied by Xiao & Cooke (2012) and Zheng et al. (2016); Wu, Yafei & Zhou, et al. (2021); Bashir, Kishwar & Bashir., et al. (2022); Min,

Deulle, (2022) indicate that individuals with positive attitudes and life coping strategies were more capable of achieving overall well-being.

Xiao & Cooke (2012) conducted a study on "Work-life balance in China? Social Policy, Employer Strategy, and Individual Coping Mechanisms" by following a qualitative approach and adopting a semi-structured questionnaire collection of the data. In-depth semi-structured interviews were conducted with 122 informants including 13 CEOs, 28 senior managers, 46 mid-ranking managers, and 35 professional employees. Among the informants interviewed, only 26 reported that there was no work-life conflict issue in their organization. Extra working hours and days without proper rest tend to be the main cause of work-life conflict for Chinese workers. Government organizations work harder and they are the worst offenders of work-life balance. Government officials should be alert for office calls at times. Some employees reported that they work overtime due to their workload and many of them were left without choice. Some single women employees lose confidence in finding their partner and starting a family due to their rigid tasks. In contrast with the issue, some managerial and professional workers accept work-life conflict as a natural phenomenon even when seniors are less sympathetic to them and they have adopted their coping strategies such as joining sports clubs, socializing, and so on. However, many of the HR initiatives were adopted by the organizations to help their employees enhance their work-life balance which is collective, providing bonding opportunities among employees and between employees and their families.

Zheng et al. (2016) conducted a study on the "Impact of individual coping strategies and organizational work-life balance programs on Australian employee well-being". The study was carried out with telephonic interviews and data were generated from the annual Australian Social Survey conducted by the Population Research Laboratory (PRL) within the Centre for Social Science Research. The targeted population was an employee above 18 years and above who are dwelling in Queensland. The CATI (computer-assisted telephone interviewing) system was applied as a tool for collecting the primary data and the data consisted of 700 employees. The study found that both the monetary and non-monetary-based organizations programs had no direct association with employee well-being, but had indirect effects as well as individual coping strategies to help employees achieve better well-being. Employees' well-being was found to have a stronger association with individual effort than organizational deliberation in providing work-life balance programs. However, there was a direct effect of organizational work-life balance policies/programs on improving individual coping abilities, and an indirect effect of organizational work-life balance in enhancing employee well-being.

Wu, Yafei & Zhou, et al. (2021) conducted a cross-sectional study on "Work-Family Conflict of Emergency Nurses and Its Related Factors: A National Cross-Sectional Survey in China" among emergency nurses in China. The study found that the work-family conflict is an issue and there has to be an implementation of flexible work timings and flexible shift adjustment among the workers.

Bashir, Kishwar & Bashir., et al. (2022) conducted a study on "Conflict Management Strategies of Nurses Distributed according to the Age and Length of Time in Position: Conflict Management Among Nurses" and examined the conflict management strategies by adopting a descriptive cross-sectional study. The study found that employees between 21-35 years used compromising, avoiding, accommodating, collaborating, and competing as strategies. In terms of giving importance, the most common strategy is compromising which is followed by avoiding, accommodating, collaborating, and competing. However, the strategy of avoiding was the most frequently utilized behavior in all of the experienced workers except for those who fell under one year of experience.

Min, Deulle, (2022) conducted a cross-sectional study on, "Effects of resilience, burnout, and work-

related physical pain on the work-life balance of registered nurses in South Korean nursing homes: A cross-sectional study" on 155 RNs working in 37 nursing homes across 10 South Korean cities. The work-related physical pain is reported by 70.3% of participants. Meanwhile, the resiliency of the employees had a positive correlation with work-life balance whereas burnout had a negative correlation with work-life balance. Moreover, work-related physical pain, resilience, and burnout affected participants' work-life balance. The study suggested increasing the resiliency to reduce burnout and a healthy work-life balance should improve and boost the safety and quality of life of residents.

Discussion and Findings

Psychosocial Dimensions of the Respondents

Tables 1, 2, 3 and 4 on the psychosocial dimension show the psychosocial aspects that are categorized into social (relating) aspects, mental (thinking) aspects, spiritual (being) aspects, and emotional (feeling) aspects using a four-point scale as always, sometimes, rarely and never. Among the listed psychosocial dimensions of the respondents, social (relating) aspects scored the highest mean average of 3.08 in association with the work-family balance complications and the emotional (feeling) aspects attained the lowest mean score among them. This is followed by the mental (thinking) aspects with a mean average of 3.08 and the spiritual (being) aspects of the respondents with a mean average of 2.89.

Social (Relating) Aspects

Table 1 Social (Relating) Aspects

Sl. No	Challenges	Minimum	Maximum	Mean	S.D.
1	Social drinking	1	4	3.36	.850
2	Loafing-idle	1	4	3.18	.822
3	Absenteeism from work	1	4	3.13	.816
4	Absence of belongingness	1	4	3.11	.838
5	Social isolation-disconnection	1	4	3.05	.881
6	Escapism	1	4	3.03	.862
7	Social withdrawal-avoiding people and activities	1	4	2.74	.929
Mean Average				3.08	

Source: Computed

Mental (Thinking) Aspects

Table 2 Mental (Thinking) Aspects

Sl. No	Challenges	Minimum	Maximum	Mean	S.D.
1	Suicidal ideation or self-harm	1	4	3.70	.628
2	Illusion	1	4	3.38	.805
3	Addiction to substance	1	4	3.35	.855
4	Anxiety disorders	1	4	3.14	.870
5	Overconfident	1	4	3.14	.851
6	Eating disorders	1	4	3.06	.898
7	Denial of reality	1	4	3.04	.832
8	Depressive mood	1	4	2.86	.836

9	Lethargy	1	4	2.69	.814
10	Negativity	1	4	2.62	.800
11	Stress	1	4	2.36	.717
Mean Average				3.03	

Source: Computed

Spiritual (Being) Aspects

Table 3 Spiritual (Being) Aspects

Sl. No	Challenges	Minimum	Maximum	Mean	S.D.
1	Neglect to pray	1	4	3.09	.885
2	Lose hope & faith	1	4	3.03	.861
3	Forget to acknowledge blessings	1	4	3.01	.870
4	Confuse on the purpose of life	1	4	2.98	.917
5	Lack of self-introspection	1	4	2.92	.852
6	Neglect of meditation	1	4	2.73	.937
7	Self-questioning	1	4	2.47	.793
Mean Average				2.89	

Source: Computed

Emotional (Feeling)

Table 4 Emotional (Feeling)

Sl. No	Challenges	Minimum	Maximum	Mean	S.D.
1	Impulsive behaviour	1	4	2.96	.789
2	Apathy	1	4	2.94	.804
3	Aggressiveness	1	4	2.94	.802
4	Crying	1	4	2.83	.831
5	Feeling insecure	1	4	2.81	.829
6	Over-reacting	1	4	2.80	.804
7	Anxiousness	1	4	2.64	.765
8	Boredom	1	4	2.57	.774
9	Irritability/Anger	1	4	2.50	.723
10	Overthinking	1	4	2.40	.790
Mean Average				2.73	

Source: Computed

In addition, several factors are again categorized into four aspects to identify and understand the type of factors that are prevalent among the respondents. Firstly, referring to the social (relating) factors, social drinking has the highest mean score of 3.36, followed by loafing-idle (3.18), absenteeism from work (3.13), absence of belongingness (3.11), social isolation-disconnection (3.05), escapism (3.03) and social withdrawal-avoiding people and activities (2.74).

Secondly, a decent mean score on mental (thinking) aspects also indicated the poor association of the factors employed by the respondents including suicidal ideation or self-harm with a mean score of 3.7,

which is surprisingly significant and this is followed by illusion (3.38), substance addiction (3.35), both anxiety disorders & overconfident (3.14), eating disorders (3.14), denial of reality (3.04), depressive mood (2.86), lethargy (2.69), negativity (2.62) and stress (2.36).

Thirdly, the assessment on the spiritual (being) aspects shows that neglect to pray among the respondents with a mean score of (3.09), followed by losing hope and faith (3.03), forgetting to acknowledge blessings (3.01), confusion about the purpose of life and lack of self-introspection (2.92), neglect to meditation (2.73) and self-questioning (2.47).

As mentioned above, emotional (feeling) aspects have the minimum average mean score among the four assessed dimensions. Moreover, all the listed factors under the emotional (feeling) aspects do not attain a mean value of '3' as impulsive behavior among the respondents scored a mean value of 2.96, followed by both apathy & aggressiveness with a mean value of 2.94, crying (2.83), feeling of insecurity (2.81), over-reaction (2.80), anxiousness (2.64), boredom (2.54), irritability/anger (2.50) and overthinking (2.40). Therefore, emotional (feeling) aspects and the following factors are considered to be prevalent among the respondents. However, all the factors are considered to be reasonable as per the mean score value.

Coping Mechanisms of the Respondents

Table 5 shows the coping mechanisms adopted by the respondents along with frequency and percentages. The strategies listed are designed as a multiple-choice pattern where the respondents' are free to choose more than one item. The coping mechanisms employed by the respondents are classified into five aspects such as Spiritual (being) coping mechanisms, Social (relating) coping mechanisms, Mental (thinking) & emotional (feeling) coping mechanisms, Physical (body) coping mechanisms, and a Common coping mechanisms. According to this classification, the spiritual (being) coping mechanism is the highest adopted coping mechanism among the respondents with an average of 70.41%, followed by the social (relating) coping mechanisms with an average score of 64.04%. Despite the trends of psychosocial aspects in the work culture, the mental (thinking) & emotional (feeling) coping mechanisms of the respondents have an average of 52.37% and it is also transparent through the analysis that the physical (body) coping mechanisms have an average of 48.7%. Meanwhile, the other listed common coping mechanism also has an average score of 45%.

Table 5 Coping Mechanisms of the Respondents

Sl. No	Aspects	Adopted coping strategies	Frequency (N=318)	Percentage (%)
1	Spiritual (Being) coping mechanisms	Praying	298	93.7
		Seek a stronger connection/intimacy with God	266	83.6
		Develop a philosophy of life (Faith)	262	82.4
		Self-introspection	217	68.2
		Spiritual counseling	155	48.7
		Meditation	146	45.9
		Average Percentage		70.41
2	Social (Relating)	Establish a healthy boundary	249	78.3

	coping mechanisms	Ventilating to close ones	229	72
		Engaging in community activities	198	62.3
		Exposed to entertainment	171	53.8
		Engagement in recreational activities	171	53.8
		Average Percentage		64.04
3	Mental (Thinking) and Emotional (Feeling) coping mechanisms	Self-motivation	285	89.6
		Read inspirational quotes	266	83.6
		Adjustment of activities	239	75.2
		Music therapy	197	61.9
		Confrontation	114	35.8
		Keep pet as emotional support	102	32.1
		Use some relaxation devices/apps	149	26.9
		Write down problems/feelings	79	24.8
		Professional counselling	68	21.4
		Average Percentage		52.37
4	Physical (Body) coping mechanisms	Consumption of healthy foods	280	88.1
		Proper sleeping routine	171	53.8
		Breathing exercise/Calming	153	48.1
		Physical exercises	152	47.8
		Practice Yoga	18	5.7
		Average Percentage		48.7
5	Common coping mechanisms	Outing/Trip	222	69.8
		Effective time management	220	69.2
		Arrange for flexible timing with colleagues	213	67
		Re-schedule personal space and routine	185	58.2
		Take a break with alternative arrangements	178	56
		Request for flexible working hours	172	54.1
		Create a to-do list	165	51.9
		Engaging in new hobby/skill	157	49.4
		Adopt stress management techniques	140	44
		Take maternity/paternity leave	108	34
		Request work-from-home facility	98	30.8
		Take carer's leave (Leave for parents)	85	26.7
		Take a childcare leave (Leave for children)	81	25.5
		Hire baby sitter/Nanny for child	74	23.3
Hire a caregiver for elderly parents	48	15.1		
		Average Percentage		45

Source: Computed

As presented in Table 5, the strategies of coping mechanisms are categorized among the five different aspects to have a clear comprehension of the strategies adopted. Specifically, among the spiritual (being) coping aspects, praying is one of the most popular adopted coping strategies and a maximum of 93.7% of the respondents have regularly adopted praying to cope with work-family imbalance issues, which revealed that praying is highly associated as a method of coping their work-related issues. This is followed by seeking a stronger connection/intimacy with God and more than three-fourth (83.6%) of the total respondents reported that they seek a stronger relationship with God to find inner peace and harmony and develop a philosophy of life contributed to fourth-fifth (82.4%), self-introspection more than two-third (68.2%), spiritual counseling nearly half (48.7%) and meditation more than two-fifth (45.9%).

Among the social (relating) coping mechanisms, establishing a healthy boundary scored the highest percentage of more than three-fourths (78.3%), followed by ventilating to close ones with more than two-thirds (72%), engaging in community activities with nearly one-third (62.3%) and both exposed to entertainment & engagement in recreational activities with more than half (53.8%).

Another important coping aspect is mental (thinking) & emotional (feeling) coping mechanisms. Among the coping strategies adopted on this aspect, self-motivation with a maximum of 89.6% acquired the highest percentage score value, followed by reading inspirational quotes of more than four-fifths (83.6%), adjustment of activities with one-fourth (75.2%), and music therapy with nearly two-third (61.9%), confrontation with more than one-third (35.8%), keep a pet as emotional support with nearly one-third (32.1%), use some relaxation device/apps with more than one-fourth (26.9%), write down problems/feelings nearly one-fourth (24.8%) and professional counseling with 21.4% more than one-fifth. Concerning the physical (body) coping aspects, consumption of healthy foods is popularly practiced among the respondents with more than three-fourth (88.1%), followed by proper sleeping routine with more than half (53.8%), breathing exercise/calming with nearly half (48.1%), physical exercises with nearly two-fourth (47.8%) and a minimum of practice yoga with less than one-tenth (5.7%).

Among the listed aspects, common coping mechanisms have the lowest average score, nevertheless, more than one-third (69.2%) of the respondents practice outings/trips to cope with their hectic work life. This trend is followed by effective time management with more than one-third (69.2%), arranging for flexible timing with colleagues with more than one-third (67%), re-schedule personal space and routine with more than half (58.2%), take a break with alternative arrangements with more than half (56%), request of flexible working hours with more than half (54.1%), create a to-do list with more than half (51.9%), engaging in new hobby/skill with nearly half (49.4%), adopt a stress management techniques with more than two-fifth (44%), take maternity/paternity leave with more than one-third (34%), request work from-home facility with more than one-fourth (30.8%), take carer's leave with more than one-fourth (26.7%), take a childcare leave with more than one-fourth (25.5%), hire baby sitter/nanny for child with more than one-fifth (23.3%) and hire a caregiver for elder parents with more than one-tenth (15.1%).

Conclusion

In conclusion, the exploration of work-family balance within Mizoram's organized sector offers a lens through which to examine the broader implications of economic development, cultural change, and gender dynamics. As individuals strive to navigate the complexities of modern life, understanding the psychosocial intricacies and coping strategies that emerge is essential for fostering resilience and enhancing quality of life. This study illuminates the challenges and opportunities inherent in work-family balance, paving the way for more informed interventions and support systems in the region.

The findings underscore the need for targeted interventions to promote healthier work-family dynamics in Mizoram. Recommendations include enhancing mental health services, advocating for flexible workplace policies, fostering gender equality, and providing time management training. By recognizing and addressing the psychosocial complexities of work-family balance, stakeholders can cultivate an environment that supports individual well-being and familial harmony. This study contributes to the growing body of literature on work-family balance in culturally diverse contexts, offering valuable insights for policymakers, employers, and community leaders seeking to improve the quality of life in Mizoram.

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