

Socioeconomic Determinants and Governance Effects on Nurses in India

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ABSTRACT

The sustainability of healthcare systems in India is closely linked to the well-being and performance of the nursing workforce. However, nurses continue to face a range of socioeconomic and institutional challenges that affect their work and overall quality of life. This study examines how socioeconomic conditions influence nurses' quality of life (QoL), quality of work life (QWL), and quality of work (QoW), while also considering the role of institutional governance in shaping these relationships. Drawing on the Job Demands–Resources (JD-R) framework, the study adopts a qualitative approach using in-depth interviews and non-participant observations with nursing professionals across tertiary healthcare institutions in India. The data were analysed using Braun and Clarke's reflexive thematic analysis.

The findings show that issues such as job insecurity, low and unequal pay, and limited access to social protection—especially in contractual roles and private hospitals—have a direct impact on nurses' well-being and work experiences. Governance plays an important role in shaping these conditions. Participants highlighted gaps in leadership, weak implementation of policies, and uneven resource distribution, which often make workplace challenges more difficult. At the same time, supportive practices such as clear communication, fair management, and responsive leadership help improve work environments and reduce stress. The study also shows that QoL, QWL, and QoW are closely connected, with poor well-being affecting the quality of patient care.

This study provides a context-specific understanding of how structural conditions and organizational practices interact within the Indian healthcare system. It also extends the JD-R framework by showing how governance influences the availability of resources and the experience of job demands. The findings point to the need for better labour protections, improved governance, and stronger investment in the nursing workforce to support both employee well-being and the quality of healthcare delivery.

Keywords: Nursing workforce, Occupational health, Social security, Thematic Analysis, Quality of work life, Qualitative research

INTRODUCTION

India's healthcare system is undergoing significant transformation driven by demographic shifts, changing disease patterns, and rising expectations for accessible, high-quality care. Within this context, the nursing workforce remains central to service delivery, contributing to patient safety, clinical effectiveness, and overall system performance (World Health Organization [WHO], 2020). Despite this, nurses in India continue to face socioeconomic and institutional challenges that affect their well-being, particularly in terms of quality of life (QoL) and quality of work life (QWL).

Healthcare delivery in India relies heavily on labour-intensive care processes, where nurses work in demanding environments marked by high patient volumes, long hours, emotional strain, and occupational risks. Prior research shows that such conditions lead to exhaustion, dissatisfaction, and reduced morale, with implications for both individual well-being and patient outcomes (Maslach & Leiter, 2016; Dall’Ora et al., 2020; Aiken et al., 2012).

Socioeconomic conditions significantly shape nurses’ experiences in India. Employment patterns often involve contractual arrangements, limited financial security, and restricted access to social protection, particularly in private healthcare institutions (NHSRC, 2017). These conditions contribute to financial stress and reduced organizational attachment, affecting both QoL and QWL (Lu et al., 2012).

The nature of nursing work further intensifies these pressures. Continuous emotional engagement with patients, especially in high-intensity settings, increases vulnerability to fatigue, anxiety, and reduced concentration, which can ultimately affect care quality (Adriaenssens et al., 2015; Hall et al., 2016).

Institutional governance also plays a key role in shaping work experiences. Variations in leadership, policy implementation, and organizational practices lead to uneven working conditions across institutions. While supportive governance can improve well-being and engagement, weak implementation can worsen workplace challenges.

The COVID-19 pandemic exposed structural gaps in workforce planning and institutional support, with nurses facing increased workload, risk exposure, and emotional strain (ICN, 2021). These challenges highlight the need to strengthen governance and workforce support systems.

India’s healthcare system continues to face workforce shortages, uneven distribution, and reliance on contractual employment, particularly in nursing (Rao et al., 2011; Karan et al., 2021). Although prior research has examined burnout and job satisfaction, there is limited integrative understanding of how socioeconomic conditions and governance interact. This study addresses this gap through a qualitative exploration of nurses’ lived experiences, focusing on QoL, QWL, and quality of work (QoW), guided by the Job Demands–Resources (JD-R) framework (Bakker & Demerouti, 2017). India continues to face persistent shortages and uneven distribution of nursing personnel, particularly in rural and underserved regions, affecting both service delivery and workforce stability (Karan et al., 2022; World Health Organization, 2023).

LITERATURE REVIEW

Socioeconomic Conditions and Nursing Workforce Outcomes

The role of socioeconomic conditions in shaping workforce outcomes has gained increasing attention in healthcare research. Socioeconomic factors such as income levels, job security, access to social protection, and employment arrangements significantly influence the well-being and performance of nursing professionals. In many healthcare systems, particularly in developing economies, nurses are employed under contractual or temporary arrangements that lack adequate benefits, thereby increasing their vulnerability to financial and psychological stress (World Health Organization [WHO], 2020).

Research indicates that inadequate compensation and job insecurity are strongly associated with job dissatisfaction and turnover intentions among nurses (Lu et al., 2012). These factors not only affect individual well-being but also contribute to workforce instability, which can adversely impact patient care quality. The Job Demands–Resources (JD-R) model provides a useful theoretical lens to understand these dynamics, suggesting that insufficient resources, such as financial security and organizational support, can exacerbate the effects of job demands, leading to burnout and disengagement (Bakker & Demerouti, 2017).

Moreover, socioeconomic disparities often intersect with other structural inequalities, including gender and migration status. Nursing, being a predominantly female profession, is particularly affected by wage disparities

and limited career advancement opportunities (International Council of Nurses [ICN], 2021). Migrant nurses, who constitute a significant portion of the workforce in many countries, frequently face additional challenges such as discrimination, lack of social integration, and limited access to legal protections (Shields & Wilkins, 2009). These conditions collectively contribute to reduced quality of life (QoL) and quality of work life (QWL), underscoring the need for comprehensive policy interventions.

Institutional Theory provides a complementary macro-level perspective for understanding how organizational practices and workforce experiences are shaped by broader regulatory, normative, and cultural structures (Scott, 2014). According to this perspective, organizations are embedded within institutional environments that impose rules, expectations, and constraints influencing behavior and decision-making (North, 1990). In healthcare systems, these institutional pressures emerge through labour laws, professional norms, accreditation standards, and societal expectations regarding care delivery.

Within the Indian healthcare context, institutional environments are characterized by fragmentation, uneven regulatory enforcement, and the coexistence of public and private providers. These conditions lead to variability in employment practices, governance quality, and working conditions across institutions. Institutional Theory suggests that such variation reflects differences in how organizations respond to coercive, normative, and mimetic pressures (DiMaggio & Powell, 1983).

From this perspective, institutional governance can be understood as an outcome of institutional alignment or misalignment. Weak enforcement of labour protections, informal employment arrangements, and hierarchical organizational cultures indicate institutional voids that shape nurses' experiences of job insecurity, limited autonomy, and inadequate support (Scott, 2014). Conversely, institutions that align more closely with regulatory and professional norms tend to provide better working conditions and stronger support systems.

Integrating Institutional Theory with the Job Demands–Resources (JD-R) framework enhances the explanatory depth of this study. While JD-R explains how job demands and resources influence well-being and performance, Institutional Theory explains why these demands and resources vary across organizations (North, 1990). Together, these frameworks provide a more comprehensive understanding of how socioeconomic conditions and governance structures shape quality of life (QoL), quality of work life (QWL), and quality of work (QoW) among nursing professionals.

In the Indian context, employment insecurity and wage disparities are widely reported among nursing professionals, particularly in private healthcare institutions (George, 2011; Sharma & Rani, 2020). These conditions contribute to financial stress and reduced job satisfaction, reinforcing broader workforce instability.

Occupational Stress, Burnout, and Quality of Life

Occupational stress and burnout are among the most extensively studied issues in nursing research. Burnout, characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment, has been identified as a critical factor affecting both employee well-being and patient outcomes (Maslach & Leiter, 2016). Nurses working in high-intensity environments, such as emergency departments and intensive care units, are particularly susceptible to burnout due to the continuous exposure to life-threatening situations and emotional demands (Adriaenssens et al., 2015).

Empirical studies have demonstrated a strong association between high workload, long working hours, and increased burnout levels among nurses (Dall'Ora et al., 2020). Burnout not only affects mental health but also has physical manifestations, including fatigue, sleep disturbances, and increased susceptibility to illness. These factors significantly reduce QoL and can lead to absenteeism, presenteeism, and reduced productivity (Hall et al., 2016).

Importantly, burnout has direct implications for patient safety and care quality. Aiken et al. (2012) found that higher levels of nurse burnout are associated with increased patient mortality and adverse clinical outcomes. This highlights the critical need to address occupational stress as part of broader healthcare system reforms.

Individual and organizational factors also mediate the relationship between burnout and QoL. For instance, resilience, coping mechanisms, and social support have been shown to buffer the negative effects of stress (Chang et al., 2017). However, these individual-level interventions are insufficient without systemic changes to improve working conditions and reduce excessive job demands.

Quality of Work Life (QWL)

Quality of Work Life (QWL) is a multidimensional construct encompassing job satisfaction, work environment, work-life balance, and organizational support. In the context of nursing, QWL is influenced by factors such as staffing levels, workload, leadership, and opportunities for professional development (Brooks & Anderson, 2005).

One of the most critical determinants of QWL is nurse staffing levels. Research has consistently shown that inadequate staffing is associated with increased workload, higher stress levels, and reduced job satisfaction (Griffiths et al., 2018). Conversely, appropriate staffing levels not only improve employee well-being but also enhance patient outcomes, including reduced mortality rates and improved patient satisfaction (Twigg et al., 2015).

Leadership and organizational culture also play a significant role in shaping QWL. Transformational leadership, characterized by supportive and empowering management practices, has been linked to higher levels of job satisfaction and lower burnout among nurses (Laschinger & Fida, 2014). Similarly, a positive work environment that fosters collaboration, autonomy, and recognition can significantly enhance QWL.

Work-life balance (WLB) is another important dimension of QWL. Nurses often work irregular shifts, including night duties and extended hours, which can disrupt personal and family life. Poor WLB has been associated with increased stress, reduced job satisfaction, and higher turnover intentions (Yildirim & Aycan, 2008). Implementing flexible scheduling and supportive policies can help mitigate these challenges and improve overall well-being.

Institutional Governance and Work Environment

Institutional governance in the Indian healthcare context refers to the systems, policies, and practices that regulate organizational functioning and ensure accountability within a diverse and fragmented health system. It is shaped by the coexistence of public and private providers, variations in state-level regulation, and differing institutional capacities. Governance in healthcare includes leadership structures, regulatory compliance, resource allocation, and organizational culture, all of which influence the working conditions of nursing professionals. Effective governance is critical in India for creating supportive work environments that enhance employee well-being and ensure quality patient care, particularly in resource-constrained settings.

Governance challenges are further intensified by institutional fragmentation and regulatory gaps, leading to inconsistencies in policy implementation and workforce management (Rao et al., 2011; Basu et al., 2012). Strong governance frameworks have been linked to improved outcomes such as higher job satisfaction, reduced burnout, and better retention among nurses (Laschinger et al., 2012). In India, practices such as clear staffing policies, transparent administration, and responsive leadership can strengthen trust and engagement. However, these practices remain uneven, especially between well-resourced urban hospitals and under-resourced semi-urban and rural facilities (NHSRC, 2017).

Conversely, weak governance structures can intensify socioeconomic and occupational stressors. Inadequate staffing norms, inconsistent policy enforcement, limited accountability, and hierarchical decision-making—common in many private institutions—can increase workload, role ambiguity, and workplace conflict, thereby reducing quality of work life (QWL) (Van Bogaert et al., 2014). Such environments often limit nurses' autonomy, contributing to stress, dissatisfaction, and higher turnover intentions.

The COVID-19 pandemic further exposed governance-related gaps. While some institutions showed resilience, others struggled with workforce shortages, occupational safety, and protocol implementation. Nurses reported

increased workload, risk exposure, and psychological strain, highlighting weaknesses in workforce planning and institutional preparedness (ICN, 2021). These experiences reinforce the need to strengthen governance through better regulatory oversight, standardized staffing, and leadership development to improve system resilience and workforce well-being.

Mediating Role of Governance

In the Indian healthcare context, while the direct effects of socioeconomic conditions and occupational stress on nurses' quality of life (QoL) and quality of work life (QWL) are well recognized, the role of institutional governance as an intermediary remains underexplored. Governance is particularly important in India due to the fragmented healthcare system, the coexistence of public and private providers, and the widespread prevalence of contractual and informal employment (NHSRC, 2017). In this context, governance mechanisms shape how structural and organizational factors are experienced and translated into workforce outcomes.

From a theoretical perspective, governance can be viewed as a contextual resource within the Job Demands–Resources (JD-R) framework, providing structure, support, and role clarity that help mitigate the effects of high job demands (Bakker & Demerouti, 2017). Effective governance—through transparent policies, fair staffing, and supportive leadership—can reduce workload pressures and occupational stress, thereby improving QoL and QWL. In contrast, weak governance, reflected in inconsistent policy enforcement, inadequate staffing, and limited accountability, can intensify workplace challenges and contribute to burnout (Sheikh, 2012).

Empirical evidence supports the mediating role of organizational factors. Empowerment and supportive leadership can buffer the impact of adverse work environments on burnout (Laschinger et al., 2012), while organizational climate influences how workload affects job satisfaction (Van Bogaert et al., 2014). These dynamics are especially relevant in India, where variations in governance across institutions create uneven working conditions (NITI Aayog, 2023).

Governance also plays a key role in addressing gaps in labour law enforcement, occupational safety, and social protection. Despite existing regulations, implementation gaps remain significant, particularly for contractual and migrant nurses. Strengthening governance through better oversight, standardized employment practices, and institutional accountability can improve working conditions and reduce the effects of socioeconomic disparities (World Health Organization, 2024).

Quality of Work (QoW)

While Quality of Work Life (QWL) reflects employees' perceptions of their work environment and well-being, Quality of Work (QoW) refers to the effectiveness, safety, accuracy, and outcomes of work performed. In healthcare, QoW is closely linked to patient safety, clinical outcomes, and service efficiency.

Nursing professionals influence QoW through clinical competence, decision-making, and adherence to care protocols. However, QoW is not only an individual-level construct; it is shaped by organizational factors such as workload, staffing levels, governance, and resource availability (Aiken et al., 2012; Griffiths et al., 2018). High workload and staffing shortages are associated with reduced care quality, increased errors, and compromised patient safety (Rafferty et al., 2007). Similarly, burnout negatively affects attention, judgment, and responsiveness, thereby lowering QoW (Hall et al., 2016). These findings indicate that QoW is closely linked to both employee well-being (QoL, QWL) and organizational conditions.

The Job Demands–Resources (JD-R) model helps explain these outcomes. High job demands, such as time pressure and emotional strain, reduce performance quality, while job resources—including supportive leadership, adequate staffing, and governance—enhance engagement and improve outcomes (Bakker & Demerouti, 2017).

Institutional governance plays a critical role by ensuring adherence to protocols, resource availability, and accountability. Weak governance can result in inefficiencies and compromised care delivery (Laschinger & Fida,

2014). QoW is also closely connected to QWL, as supportive work environments, fair compensation, and work-life balance improve engagement and care quality (Lu et al., 2012).

Despite its importance, QoW is often studied separately from workforce well-being. There remains limited integrative research examining QoL, QWL, and QoW together, highlighting the need for a more holistic understanding of healthcare workforce effectiveness.

Nursing Workforce Challenges in India

India's healthcare sector employs a large nursing workforce that plays a central role in public health delivery; however, significant challenges persist that affect both service quality and employee well-being. Nurses often work under high patient-to-nurse ratios, leading to heavy workloads and physical as well as emotional strain. The widespread use of contractual employment limits job security and access to social protection, increasing financial and professional vulnerability. In addition, internal and international migration affects workforce distribution, creating shortages in some regions while exposing migrant nurses to adjustment challenges. Limited opportunities for career advancement further reduce motivation and long-term commitment. Together, these structural issues highlight the need for systemic reforms to improve working conditions and workforce stability.

Social Challenges

As a predominantly female profession, nursing is associated with several social challenges that affect well-being. Nurses often face workplace harassment, limited childcare support, and long, irregular working hours, contributing to stress and emotional exhaustion. The dual burden of professional and caregiving responsibilities further intensifies these pressures. However, strong social support from peers and supervisors can improve coping and reduce burnout (Shields & Wilkins, 2009).

Political and Legal Challenges

Healthcare operates within complex political and legal environments shaped by policies, funding, and regulatory frameworks. Despite existing labour laws, enforcement gaps persist. Nurses, especially in private institutions, often face limited legal protection, weak bargaining power, and inconsistent implementation of regulations, highlighting the need for stronger governance and oversight (WHO, 2020).

Health and Safety Challenges

Nurses are exposed to multiple occupational risks, including infectious diseases, musculoskeletal strain, psychological stress, and workplace violence. These risks often lead to fatigue, burnout, anxiety, and reduced cognitive performance. Such conditions affect not only individual well-being but also patient safety, as stress and fatigue can impair clinical decision-making (Hall et al., 2016).

Work–Life Balance

Work–life balance remains a major concern due to shift work, emergency demands, and staffing shortages. These pressures disrupt personal life and increase stress and dissatisfaction. Supportive policies such as flexible scheduling can improve well-being, retention, and care outcomes (Yildirim & Aycan, 2008).

Legal Framework

The nursing workforce is governed by labour laws, safety regulations, and social security provisions intended to protect workers. However, implementation gaps remain significant, particularly for contractual and migrant nurses who often lack adequate protections. Strengthening enforcement and developing more inclusive policies are essential for ensuring equitable working conditions.

Figure 1: Conceptual framework

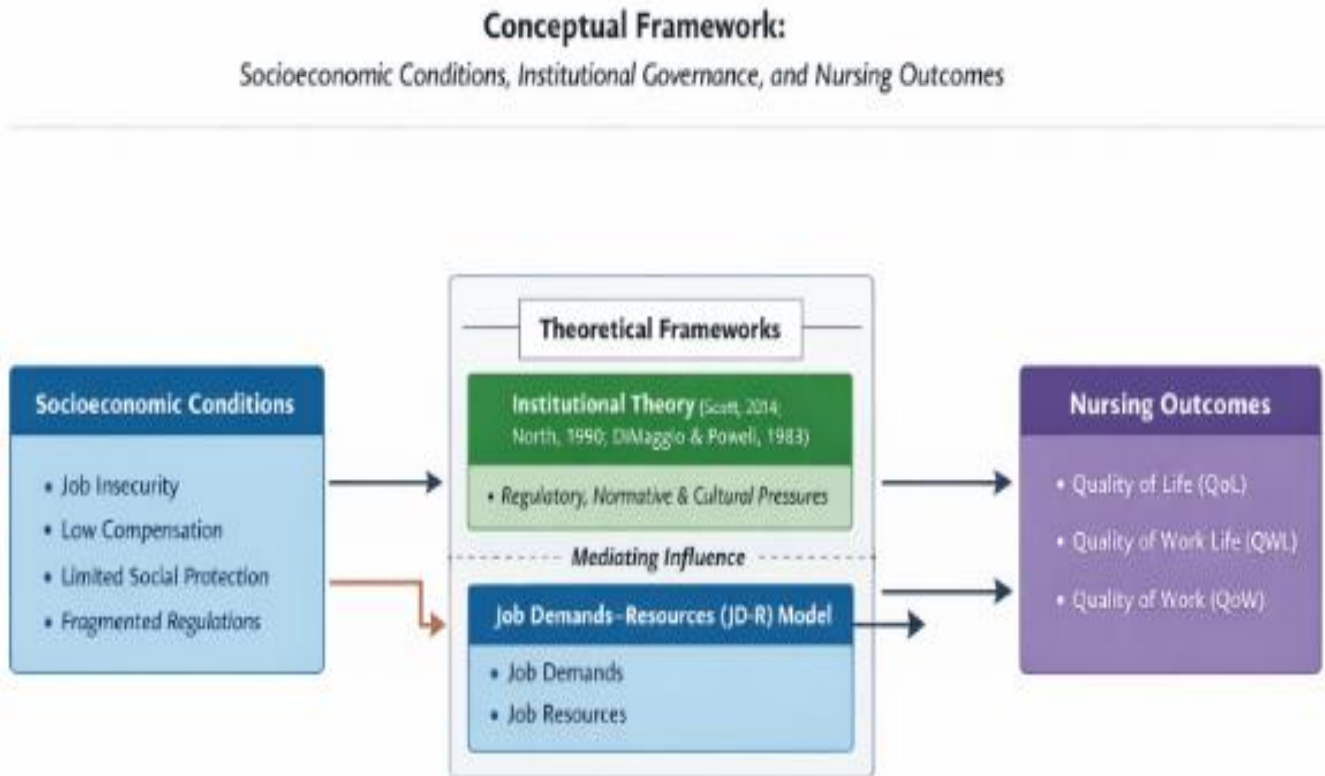


Figure 1: Conceptual Framework Linking Socioeconomic Conditions, Institutional Governance, and Nursing Outcomes

Figure 1: Conceptual Framework Linking Socioeconomic Conditions, Institutional Governance, and Nursing Outcomes (Developed by the Authors, based on Bakker & Demerouti, 2017; Scott, 2014; DiMaggio & Powell, 1983; North, 1990).

The conceptual framework developed for this study integrates the Job Demands–Resources (JD-R) model with Institutional Theory to explain how socioeconomic conditions and governance structures jointly influence nursing workforce outcomes (Bakker & Demerouti, 2017; Scott, 2014).

The conceptual framework (see Figure 1) illustrates how socioeconomic conditions—such as job insecurity, low compensation, and limited social protection—act as primary structural drivers shaping the work experiences of nursing professionals. These conditions influence outcomes both directly and indirectly through institutional governance, which functions as a critical mediating and contextual mechanism. Drawing on Institutional Theory, the framework explains how broader regulatory, normative, and organizational environments determine the quality of governance practices across healthcare institutions. In turn, the Job Demands–Resources (JD-R) model captures how these governance structures translate into varying levels of job demands and resources, affecting nurses’ well-being and performance. The interaction of these elements ultimately determines key workforce outcomes—Quality of Life (QoL), Quality of Work Life (QWL), and Quality of Work (QoW)—highlighting that both macro-level institutional forces and micro-level work conditions jointly shape healthcare delivery and employee well-being.

METHODOLOGY

Research Design and Philosophical Positioning

This study adopts a qualitative, interpretivist design to explore how nursing professionals experience socioeconomic conditions and institutional governance in relation to quality of life (QoL), quality of work life (QWL), and quality of work (QoW). It follows a reflexive thematic analysis approach, where themes are actively constructed. Given the subjective and context-dependent nature of these experiences, a qualitative approach enables deeper understanding of lived realities that cannot be captured through quantitative methods (Creswell & Poth, 2018). The study is grounded in interpretivist epistemology and applies Braun and Clarke's (2006, 2019) framework, acknowledging the researcher's role in knowledge construction.

Research Context and Participants

The study was conducted across tertiary healthcare institutions in Chennai, Kancheepuram, and Chengalpet, representing diverse private and semi-public settings. A total of 35 nursing professionals were selected through purposive sampling to ensure diversity across clinical units, experience levels, and employment types. Participants had at least one year of experience in direct patient care. Sampling continued until thematic sufficiency was reached.

Data Collection Methods

Data were collected through semi-structured interviews and non-participant observations to capture both subjective experiences and contextual realities. Interviews explored working conditions, job security, governance practices, work-life balance, and perceived impacts on care quality (QoW). All interviews were conducted with informed consent, audio-recorded, and transcribed verbatim. Observations focused on nurse-patient interactions, workload patterns, resource availability, protocol adherence, and team coordination. Field notes were systematically recorded, and triangulation of data sources enhanced the robustness of findings.

Data Analysis: Reflexive Thematic Analysis

Data were analysed using Braun and Clarke's (2006) reflexive thematic analysis. The process involved familiarization with the data, inductive coding, and the development of preliminary themes such as socioeconomic vulnerability, governance gaps, occupational strain, work-life imbalance, and compromised care quality. Themes were reviewed, refined, and clearly defined through iterative analysis. The final stage involved synthesizing findings into a coherent narrative supported by participant quotes and linked to existing literature.

Reflexivity and Researcher Positioning

The researcher acknowledged their active role in interpretation and maintained reflexivity through continuous documentation of analytical decisions and assumptions. This process enhanced transparency and depth.

Ensuring Trustworthiness

Rigour was ensured through credibility, dependability, confirmability, and transferability (Lincoln & Guba, 1985). Credibility was supported through data triangulation and member validation. Dependability was ensured via an audit trail, while confirmability was achieved through reflexive practices and participant quotes. Transferability was enhanced through detailed contextual descriptions.

Ethical Considerations

Ethical approval was obtained prior to data collection. Participation was voluntary, with informed consent secured from all participants. Confidentiality and anonymity were maintained, and data were securely stored.

Methodological Positioning and Contribution

This study moves beyond positivist approaches toward an interpretive qualitative inquiry focused on lived experiences. By integrating interviews and observations with reflexive thematic analysis, it offers context-rich insights into the interplay between socioeconomic conditions, governance, and nursing outcomes, with relevance for healthcare policy and management.

FINDINGS

Theme 1: Socioeconomic Vulnerability and Job Insecurity

Participants consistently reported experiences of socioeconomic vulnerability, particularly among those employed under contractual arrangements. Job insecurity, low wages, and limited access to social protection emerged as recurring concerns that shaped both professional and personal lives.

“We don’t know if our contract will be renewed. That uncertainty is always there, and it affects everything—from how we work to how we live.”

“The salary is not enough for the kind of work we do. Sometimes it feels like our effort is not valued at all.”

The findings suggest that financial instability is experienced not only as an economic issue but also as a source of ongoing psychological strain. Participants described how insecurity affected their sense of stability and well-being beyond the workplace. The theme indicates that socioeconomic conditions shape QoL by contributing to anxiety and reduced life satisfaction, while also influencing QWL through feelings of undervaluation and disengagement.

Theme 2: Governance Gaps and Institutional Constraints

Participants described governance gaps as a key factor shaping their work experiences. Issues related to inconsistent policy implementation, limited leadership support, and lack of communication were frequently highlighted.

“There are policies on paper, but in practice, things are very different. Many issues are ignored unless they become serious.”

“Management does not always listen to nurses. Decisions are taken without considering our challenges.”

The themes indicate that governance is experienced through everyday organizational practices rather than formal structures alone. Participants reported that inconsistencies between policy and practice reduced trust in management and created frustration. The findings suggest that governance conditions shape QWL by influencing perceptions of fairness, support, and professional value, while also affecting QoW through resource and coordination challenges.

Theme 3: Occupational Stress and Emotional Exhaustion

Participants described their work as physically demanding and emotionally intense, with occupational stress emerging as a pervasive aspect of their experiences.

“After a long shift, I feel completely exhausted. Sometimes I don’t even have the energy to think properly.”

“We deal with critical patients every day. It is emotionally draining, and there is no time to recover.”

The analysis reveals that stress is experienced as both physical fatigue and emotional depletion. Participants reported symptoms such as burnout, irritability, and reduced concentration. The findings suggest that sustained exposure to high job demands without adequate support contributes to diminished well-being (QoL) and affects

work engagement (QWL). Participants also indicated that fatigue and stress can influence attention and decision-making, with implications for QoW.

Theme 4: Work-Life Imbalance and Personal Strain

Participants reported significant challenges in maintaining work-life balance due to irregular schedules, long working hours, and staffing shortages.

“Our shifts keep changing, and sometimes we are asked to stay longer without notice. It becomes very difficult to manage family responsibilities.”

“There is hardly any time for ourselves. Even on off days, we feel tired and stressed.”

The findings suggest that work demands frequently extend into personal life, disrupting routines and limiting opportunities for rest. Participants described how this imbalance affected their mental well-being and overall satisfaction. The theme indicates a close relationship between QoL and QWL, where strain in personal life influences motivation, engagement, and commitment at work.

Theme 5: Compromised Quality of Work (QoW)

Participants reported that systemic constraints affected their ability to deliver high-quality patient care, despite their professional commitment.

“We want to give proper attention to every patient, but due to workload, it is not always possible.”

“Sometimes we have to rush tasks because there are too many patients. That affects the quality of care.”

The findings suggest that QoW is shaped not only by individual competence but also by structural conditions such as workload and resource availability. Participants described a tension between their professional standards and the realities of their work environment. The analysis indicates that challenges related to QoL and QWL extend into care delivery, highlighting the interconnected nature of workforce well-being and service quality.

DISCUSSION

The findings provide important insights into how socioeconomic conditions and institutional governance shape the lived experiences of nursing professionals in the Indian healthcare system. Drawing on the Job Demands–Resources (JD-R) framework, the analysis highlights the interaction between high job demands—such as workload, emotional strain, and staffing shortages—and organizational resources, including governance support, leadership, and institutional policies. In India, this relationship is further influenced by disparities between public and private sectors, state-level variations, and the widespread use of contractual employment.

Socioeconomic vulnerability emerged as a key theme, with participants reporting job insecurity, low pay, and limited access to social protection, particularly in private institutions. These conditions contribute to stress, burnout, and reduced well-being, shaping both QoL and QWL. Institutional governance also plays a critical role, not only through formal policies but through everyday practices such as leadership responsiveness, communication, and fairness. Variations in governance create uneven work environments, while supportive leadership and transparent practices help reduce burnout and improve morale.

Occupational stress and emotional exhaustion were widespread, especially in high-intensity settings, driven by workload, staffing shortages, and long hours. Work–life imbalance further added to strain, as irregular schedules disrupted personal and family life. These factors collectively reduced opportunities for recovery and contributed to fatigue and dissatisfaction.

The findings also highlight how these challenges affect quality of work (QoW). Excessive workload and limited resources often restrict nurses’ ability to deliver optimal care, indicating that QoW is shaped not only by individual competence but also by systemic conditions such as staffing and governance.

Overall, the study extends the JD-R framework to the Indian context by emphasizing governance as a key resource shaping work conditions. It highlights the need for integrated approaches that address both structural issues—such as employment conditions and workforce shortages—and organizational practices, including leadership and governance, to improve well-being, retention, and care quality.

This study contributes to the JD-R literature by demonstrating how institutional governance functions as a context-specific organizational resource in emerging healthcare systems. It further extends prior work by integrating governance into the relationship between job demands and workforce outcomes in the Indian context.

Practical Implications

The study offers several practical implications for healthcare administrators and policymakers. First, improving employment conditions, including fair wages, job security, and access to social protection, is essential for enhancing nurses' well-being. Second, strengthening institutional governance through transparent policies, supportive leadership, and effective communication can significantly improve work environments. Third, hospitals must address staffing shortages and workload imbalances to reduce burnout and enhance care quality. Implementing structured work-life balance initiatives, such as flexible scheduling and support systems, can further improve employee satisfaction and retention.

Organizational Implications

At the organizational level, healthcare institutions in India need a more strategic approach to workforce management that addresses persistent retention challenges alongside performance goals. High turnover is particularly visible in private and urban hospitals, where nurses often face contractual employment, low wages, heavy workloads, and limited career growth, further compounded by interstate and international migration. Addressing this requires investment in leadership development, supportive work cultures, and adequate staffing to ease work pressure, along with standardized employment practices, fair and timely pay, and access to social security—especially for contractual and early-career nurses. Improving retention also depends on involving nurses in decision-making, recognizing their contributions, and offering clear pathways for professional development. When organizations ensure fairness, transparency, and supportive leadership, nurses are more likely to stay committed. Strengthening governance through consistent policy implementation, clear communication, and accountability, along with initiatives such as mentorship, training, and work-life balance support, can reduce burnout and improve job satisfaction. Together, these measures can help build a stable nursing workforce and support consistent, high-quality patient care in India's evolving healthcare system.

Social Implications

The findings have significant social implications in the Indian context, particularly in relation to gender equity and the long-term sustainability of the nursing workforce. Nursing in India is a predominantly female profession, and many nurses navigate dual responsibilities of professional work and unpaid caregiving roles within the household. Workplace challenges such as harassment, lack of institutional support for childcare, irregular and extended shifts, and job insecurity disproportionately affect women and reinforce existing gender inequalities. In many cases, nurses also face social undervaluation of their profession, which further affects their morale and professional identity.

These conditions have broader implications not only for individual well-being but also for workforce participation and retention, as many nurses may withdraw from the profession due to family pressures, unsafe work environments, or lack of support systems. Improving working conditions—through safer workplaces, access to childcare facilities, fair employment practices, and supportive organizational cultures—can contribute to greater gender equity and enable sustained participation of women in the healthcare workforce.

From a societal perspective, strengthening the nursing workforce is critical for improving healthcare access and outcomes in India, particularly in underserved and rural areas where shortages are more pronounced. A stable and motivated nursing workforce contributes directly to better patient care, improved public health outcomes, and more resilient healthcare systems. Addressing these social challenges is therefore not only a matter of

workforce management but also a key step toward achieving broader public health goals and advancing gender-inclusive development in India.

Limitations

This study has certain limitations. The findings are based on a qualitative sample from selected healthcare institutions in Chennai and surrounding regions, which may limit generalizability to other contexts. While the study provides in-depth insights into nurses' lived experiences, the interpretations are shaped by the specific institutional and regional context. Future research can expand the scope by including multiple states, comparative healthcare systems, and longitudinal designs to enhance transferability and understanding of evolving workforce dynamics. As with all qualitative research, findings are subject to researcher interpretation, which may introduce potential bias despite reflexive measures.

CONCLUSION

This study highlights the complex interplay between socioeconomic conditions, institutional governance, and nursing workforce outcomes within the context of Chennai and the broader Indian healthcare system. The findings suggest that challenges such as job insecurity, contractual employment, governance gaps, occupational stress, and work-life imbalance are common experiences among nurses and shape their quality of life (QoL) and quality of work life (QWL). These conditions are further influenced by structural issues in India, including disparities between public and private healthcare sectors, uneven enforcement of labour regulations, and persistent workforce shortages. Participants reported that such challenges also influence their ability to deliver consistent and high-quality patient care.

By adopting a qualitative, thematic approach, the study provides context-rich insights into the lived realities of nursing professionals in India and underscores the importance of systemic and institutional interventions. Strengthening governance structures through better policy implementation, leadership accountability, and standardized staffing practices is essential. Equally important is improving employment conditions by addressing contractual work arrangements, ensuring fair compensation, and expanding access to social protection. Addressing workload pressures and enabling better work-life balance are also critical for enhancing workforce well-being.

The study contributes to healthcare management literature by offering an integrated, India-specific understanding of how socioeconomic and organizational factors shape nursing workforce experiences and outcomes. It also highlights the importance of aligning workforce policies with ground-level realities in diverse healthcare settings. Future research can build on these findings by examining variations across different states and healthcare systems in India, as well as by developing and evaluating intervention-based models aimed at improving nurse retention, workforce stability, and healthcare quality.

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