

WORK LIFE BALANCE OF PUBLIC SECTOR NURSES AND SERVICE QUALITY RISKS

Rafadi Khan Khayru

Universitas Sunan Giri Surabaya

Correspondence: rafadikhan.khayru@gmail.com

Abstract

This literature study examines how work life imbalance among public sector nurses, exacerbated by excessive prosocial behavior, triggers mental fatigue that ultimately degrades healthcare service quality. The analysis identifies structural factors including unfavorable nurse to patient ratios, rigid shift systems, and resource constraints as primary stressors. Prosocial tendencies, idealized within nursing professional values, paradoxically accelerate fatigue because nurses ignore warning signs from their bodies and minds. Mental fatigue manifests in three quality dimensions. First, patient safety is compromised through increased medication errors, falls, and delayed detection of critical conditions. Second, therapeutic communication deteriorates as fatigued nurses display flat affect, minimal eye contact, and impatient responses. Third, responsiveness declines as nurses postpone responding to call bells and rush through patient interactions. The cascade effect means early fatigue signs remain undetected until serious incidents occur. Individual coping strategies such as mindfulness training are insufficient without systemic changes. Required interventions include adequate staffing, humane shift design, accessible counseling services, and enforcement of rest periods without stigma. The study concludes that nurse mental fatigue represents system failure rather than individual weakness, and improving service quality requires protecting caregiver well being as a foundational safety strategy.

Keywords: work life balance, nurse, mental fatigue, prosocial behavior, service quality, public sector, patient safety.

Introduction

The nursing profession occupies a central position within the healthcare delivery system, serving as the front line that interacts directly with patients and their families twenty-four hours a day. In performing their duties, nurses are required to possess good communication skills with patients and families while maintaining patient cleanliness and safety (Yulius et al., 2023). The demands of this work are exceptionally intensive both physically and emotionally, as nurses must be fully present to respond to often unpredictable patient needs. The public sector adds a unique layer of complexity, characterized by limited resources, patient volume exceeding capacity, and facilities that may be less adequate compared to private institutions. Public sector nurses face heavier workloads because nurse-to-patient ratios are frequently sub-optimal, compounded by bureaucratic systems that sometimes impede decision-making processes. This condition warrants serious attention because nurses' career sustainability and well-being are closely tied to their ability to maintain a balance between professional and personal life (Ali et al., 2023). Without adequate balance, the risk of physical and mental fatigue increases significantly.

Work-life balance in the nursing profession exhibits distinct characteristics compared to typical office-based occupations. The balance between work life and personal life is reflected in a nurse's ability to maintain productivity without neglecting personal well-being, comfortably fulfill multiple roles, and sustain long-term performance (Eddine & Darmawan, 2021). Nurses work within shift systems including night shifts, weekends, and national holidays which complicates coordination with family and social activities. Irregular working hours disrupt the body's circadian rhythm, potentially causing sleep disorders, reduced concentration, and long-term health issues. Nurses are also frequently called upon to work overtime or cover for sick colleagues because care unit conditions must never be left unattended.

Upon returning home, nurses often carry the emotional burden of caring for critically ill patients or coping with patient deaths. The boundary between work and personal life becomes blurred, creating a feeling that work never truly ends. This situation demands effective coping strategies from nurses; however, not all nurses possess equal capacity to manage these dual demands (Mober et al., 2024).

The prosocial aspect of nursing work is often overlooked in workload discussions. Excessive workload can result from overly demanding job requirements, both in terms of task volume and difficulty level, which can induce physical and mental stress and adversely affect nurses' health (Hariani & Khairi, 2023). The term "overly prosocial" refers to an individual's tendency to continuously give, care for, and sacrifice for others without regard to their own personal limits. In the nursing profession, caring and dedication form the core of professional ethics. However, without awareness of personal limitations, nurses can experience chronic mental fatigue. This fatigue differs from ordinary physical fatigue as it impairs empathetic capacity, compassion satisfaction, and the desire to help. Overly prosocial nurses may continue working beyond normal hours, take on extra shifts, or decline rest because they feel guilty if patients do not receive optimal care. While this behavior initially appears commendable, it is counterproductive in the long run because it depletes mental resources without sufficient recovery (Kopuz et al., 2024).

The deterioration of healthcare service quality resulting from nurses' mental fatigue is a systemic issue that often goes undetected until its impact becomes severe. Mental fatigue impairs nurses' cognitive abilities to make clinical decisions, accurately read vital signs, or rapidly detect changes in a patient's condition. This can increase the risk of patient harm, particularly through delayed decision-making, procedural errors, and reduced precision in care delivery (Chairul et al., 2023). Responses to emergency situations become slower due to impaired cognitive processing. Yet, emergency situations are challenging conditions where patients require immediate medical intervention to save lives and prevent further disability (Zuhri et al., 2023). Mentally fatigued nurses are also more prone to administrative errors, such as medication errors or inaccurate documentation, which pose fatal risks to patient safety. Furthermore, mental fatigue diminishes the quality of nurse-patient interactions (Frag et al., 2024). Interactions that should feel warm become cold, explanations that require patience become brief, and facial expressions that ought to offer reassurance become flat. Patients perceive these subtle changes, leading to an erosion of trust in healthcare services.

The public sector faces unique challenges in managing nurses' work-life balance due to budget constraints and policy flexibility. Government hospitals cannot easily add nursing staff when workloads increase due to lengthier and more bureaucratic recruitment processes. Compensation systems are also rigid, with overtime incentives that are often disproportionate to the sacrifice of rest time. The availability of support facilities such as proper break rooms, psychological counseling, or wellness programs varies greatly across institutions. Public hospital management may prioritize service targets and regulatory compliance over staff well-being (Omar et al., 2021). Consequently, public sector nurses face a higher risk of mental fatigue compared to their peers in the more flexible private sector. Paradoxically, however, the population served by the public sector comprises the most vulnerable groups who are most in need of quality care. Ideally, hospitals must ensure that the healthcare services delivered to patients are high quality, safe, and aligned with applicable health standards (Sugianto et al., 2023).

The relationship between poor work-life balance and the deterioration of healthcare service quality through the mechanism of mental fatigue among public sector nurses has not been systematically mapped in existing literature. Many studies address work-life balance in general or mental fatigue in isolation, without connecting the two within a clear causal framework. As a result, interventions designed to address these issues are often reactive and fail to target root causes. For instance, stress management training programs are offered without recognizing that the primary source of stress is nurses' inability to recover after prolonged exposure to patient suffering. Without an understanding of how fatigue caused by being overly prosocial specifically affects dimensions of service quality such as patient safety, therapeutic communication, and diagnostic accuracy prevention efforts will remain misdirected.

Another critical issue is the lack of attention to the unique characteristics of the public sector that differentiate the dynamics of nurses' work-life balance from other sectors. The shift system in public

hospitals, hierarchical organizational cultures, cumbersome bureaucratic procedures, and resource constraints create specific pressures not encountered by private sector nurses or other professions. Public sector nurses also face high societal expectations, being viewed as public servants who must always be selflessly available. These expectations reinforce overly prosocial tendencies, as nurses feel guilty when setting boundaries on their involvement. However, existing literature rarely examines how these institutional factors interact with individual nurse characteristics to produce mental fatigue. Generalizations from research conducted in the private sector or developed countries to the public sector in developing nations require re-examination due to vastly different institutional landscapes.

The healthcare burden in public facilities continues to increase in line with population growth, demographic aging, and the rise of non-communicable diseases. In many countries, public hospitals operate above capacity with stagnant or even diminishing resources. Under these conditions, nurses represent the most critical asset whose sustainability is frequently overlooked. If nurses' mental fatigue is not properly managed, the outcome is not merely a decline in service quality, but also an increase in medical error rates, the exodus of experienced nurses from the profession, and ultimately the collapse of the care delivery system. The cost of this system collapse far exceeds the investment required to protect nurse well-being. The global nursing crisis exacerbated by the recent pandemic demonstrates the fragility of systems that neglect the work-life balance of frontline staff. Therefore, systematically mapping these dynamics represents an urgent imperative for healthcare policymakers.

This study aims to delineate the causal chain between poor work-life balance among public sector nurses, the mental fatigue emerging from overly prosocial tendencies, and the deterioration of healthcare service quality. This objective encompasses identifying specific triggering factors of imbalance within the public sector, mapping the psychological mechanisms that transform fatigue into diminished clinical competence, and categorizing the dimensions of service quality most vulnerable to impact. The expected theoretical contribution is the development of a work-life balance model that incorporates prosocial orientation as a key variable in public service professions. Practically, the synthesis results are expected to provide a framework for public hospital management and policymakers to design structured, evidence-based interventions to prevent mental fatigue.

Method

This study applies a qualitative literature review approach to examine the dynamics of work-life balance among public sector nurses. As explained in the work of Snyder (2019), literature review as a research methodology offers systematic procedures for identifying, evaluating, and synthesizing findings from various sources to answer complex research questions.

Mohajan (2018) provides guidance on how qualitative research handles textual data through a systematic interpretation process. In this study, the analysis was conducted using the constant comparative method, wherein each article was compared against others to identify patterns, similarities, and differences. The process initiated with open coding to label each relevant section of text. Labels such as shift work, emotional burden, ethical commitment, and medical error were subsequently grouped into higher-level categories. The analysis proceeded to the axial coding stage, where relationships between categories were established for example, how night shifts influence emotional fatigue. The final stage was selective coding, in which core categories explaining the overall phenomenon were identified. The result of this rigorous analytical process is a conceptual model summarized in the discussion section.

Results and Discussion

Work-life imbalance among public sector nurses stems from several mutually reinforcing structural factors. An imbalance between work and personal life can induce stress, exhaustion, and chronic fatigue, which negatively impacts nurses' psychological well-being (Darmawan, 2022). An excessively high nurse-to-patient ratio across nearly all care units is the primary factor, as a single nurse must care for eight to

twelve patients during a single shift. This ratio is far from the ideal standard, which prescribes one nurse for every four patients in general wards. Consequently, the time available for each patient becomes severely constrained, administrative tasks accumulate, and nurses lack the opportunity to sit or drink water for hours. Rigid shift systems leave nurses with little control over their work schedules, as scheduling is typically determined by unit nurse managers without considering personal preferences. Rapid shift rotations among morning, evening, and night shifts within a single week disrupt biological and social rhythms. Nurses required to work a night shift followed immediately by a morning shift the next day experience severe and chronic sleep disturbance (Oh & Cho, 2020).

Mental fatigue in public sector nurses is not solely caused by heavy physical workload, but rather by the accumulated exposure to prolonged human suffering. A nurse's workload involves not only physical task demands but also encompasses emotional and psychological burdens that arise during care delivery (Anjanarko et al., 2022). Nurses in emergency departments, intensive care units (ICU), or chronic care wards witness pain, fear, and death on a daily basis. They also become the targets of emotional outbursts from anxious or angry patient families. The capacity to continuously feel empathy without losing professional function is known as compassion; however, when this capacity is completely depleted, compassion fatigue ensues. Poorly managed emotional workload can cause personal burnout, diminish the quality of relationships with patients and families, and adversely affect the quality of care provided (Khayru & Darmawan, 2023). Nurses experiencing compassion fatigue are no longer capable of feeling compassion toward patients not due to malice, but because their emotional reserves are exhausted. They become cynical, psychologically withdrawn, or even indifferent to the suffering of others. This condition is particularly dangerous because nurses themselves may not realize they are in a phase of severe mental fatigue (Thomas & Hazif-Thomas, 2020).

Overly prosocial behavior accelerates the process of mental fatigue because nurses ignore warning signs from their bodies and minds. Professional nursing values that glorify self-sacrifice make nurses reluctant to acknowledge their limitations. They pick up extra shifts out of sympathy for sick colleagues or neglected patients. They leave late to ensure all documentation is completed perfectly. They decline paid leave out of concern that the unit will be overwhelmed in their absence (Crabtree-Nelson et al., 2022). At a certain point, the body sends warning signals such as sleep disturbances, recurrent headaches, irritability, or loss of appetite. However, these signals are often ignored or interpreted as a normal aspect of the job. When nurses finally acknowledge their exhaustion, the damage has frequently spread across various domains of life, including relationships with spouses and children. Continuous, overly prosocial behavior without compensatory recovery creates an accumulative mental health deficit.

The decline in service quality due to nurses' mental fatigue manifests first in the dimension of patient safety. Mentally fatigued nurses are more prone to committing medication errors, such as administering incorrect dosages, delivering medication to the wrong patient, or missing scheduled administration times. The ability to perform precise dosage calculations diminishes due to impaired cognitive function. Incidents of patient falls from beds increase because nurses are insufficiently vigilant. Early identification of signs of shock or sepsis is delayed as nurses lose focus. All of these errors, even when not fatal, at least prolong hospital stays and increase treatment costs (Jin et al., 2022). Patient safety incident data are often underreported because nurses fear being blamed, meaning the actual problem is far larger than it appears. Hospital management rarely attributes clinical errors to nurse fatigue, opting instead to blame the individual.

Another dimension of service quality affected is therapeutic communication between nurses and patients. Mentally fatigued nurses tend to speak in a flat tone, maintain minimal eye contact, and exhibit closed body language. They hesitate to explain medical procedures in detail because they lack the energy to be patient. Patient questions are answered briefly or ignored entirely. Patients perceive this impatience and become reluctant to ask questions, leaving their understanding of their condition and treatment incomplete. This lack of accurate information leaves patients anxious and uncooperative during care. In more extreme cases, conflicts can arise between patients or their families and nurses, leading to formal complaints to hospital management (Simpson, 2024). The care environment, which should be warm and

supportive, turns cold and tense. This represents a significant loss because effective communication is the heart of quality nursing practice.

A decline in quality also occurs in the dimension of responsiveness, specifically the speed and accuracy with which nurses respond to patient needs. Exhausted nurses tend to delay responding to call bells, particularly when the bell rings while they are taking a break or completing documentation. They may think, "in a moment," or "let another nurse answer it." This delay can be critical for patients with limited mobility who require assistance going to the restroom, or for patients experiencing severe pain who need immediate medication. Basic patient needs such as drinking, eating, or repositioning in bed are not met in a timely manner. When nurses finally arrive, they may appear rushed and fail to provide undivided attention. Patients feel unappreciated and neglected, which erodes their trust in the healthcare system. Poor responsiveness is one of the most common complaints from patients in public hospitals, yet it is often attributed to slow procedures without recognizing the nurse's condition as the primary cause (Alnaturi et al., 2024).

From a hospital organizational perspective, nurses' mental fatigue leads to increased absenteeism and turnover rates. Mentally fatigued nurses more frequently take sick leave due to mental health issues that go unreported as occupational stress. They may report back pain, migraines, or digestive disorders, which are actually physical manifestations of chronic stress. When these absences occur, the remaining nurses on duty must absorb the extra workload, which in turn exacerbates their own fatigue (Rutledge, 2022). This creates a vicious cycle that is difficult to break. In the long term, experienced nurses who are the most skilled and overly prosocial are the most vulnerable to fatigue, making them the first to leave the profession. The loss of senior nurses is severely detrimental because they serve as sources of knowledge, mentors to junior staff, and anchors of unit stability. Recruiting new nurses is never as simple as retaining experienced ones, given the substantial costs of training and adaptation periods.

The mediating mechanism between mental fatigue and the decline in service quality involves impairments in brain executive function. Chronic fatigue reduces activity in the prefrontal cortex, the area responsible for planning, impulse control, and decision-making. Mentally fatigued nurses become more impulsive, take shortcuts in clinical procedures, and fail to consider the long-term consequences of their actions. They also lose the ability to prioritize tasks effectively. Patients in critical conditions may not receive priority because nurses are overly focused on simpler administrative tasks (Jing et al., 2023). Multitasking capacity, which is essential in a busy care environment, drops drastically. Nurses become easily distracted, forget what they have just done, and must repeat tasks. This loss of cognitive efficiency is the direct cause of the various forms of quality deterioration outlined above.

Individual factors moderating the relationship between work-life imbalance and mental fatigue include age, work experience, and social support. Younger nurses with less than two years of experience demonstrate the highest level of vulnerability because they have not yet developed effective coping strategies. They also tend to hold more idealistic views about the profession, making the harsh realities in the field a source of disillusionment that accelerates fatigue. Experienced nurses tend to be more resilient as they have developed psychological defense mechanisms, such as depersonalization or emotional detachment (Alahmadi & Alharbi, 2019). However, these mechanisms are a double-edged sword, as they can diminish the quality of interactions with patients. Social support from family, friends, and colleagues is crucial as a buffer against stress. When workers feel supported, their stress levels tend to decrease, enabling them to address workplace challenges more productively and positively (Hariani & Mardikaningsih, 2023). Nurses with understanding spouses or supportive supervisors exhibit lower fatigue levels despite facing identical workloads. Regrettably, public sector nurses frequently lack access to structured support systems.

Organizational factors such as unit nurse managers' leadership styles and team culture also influence the speed with which mental fatigue develops. Unit nurse managers who employ authoritarian leadership styles, disregard nurse concerns, and focus strictly on targets will accelerate fatigue. Conversely, transformational nurse managers can alleviate stress by offering autonomy, recognition, and emotional support. A collaborative team culture where nurses assist one another and share burdens mitigates

unhealthy competition and isolation (Lee & Jang, 2020). However, establishing a positive team culture is difficult in environments characterized by high turnover and scarce resources. Public hospitals often lack sufficient staffing to conduct team-building activities or regular clinical supervision. Consequently, the emerging team dynamic becomes a survival culture where individuals focus solely on their own tasks without regard for their peers. This environment is exceptionally vulnerable to mental fatigue because there is no space to share burdens.

The impact of nurses' mental fatigue on service quality is cascading in nature, meaning initial effects are subtle and imperceptible, yet amplify over time. In the initial phase of fatigue, a nurse might merely display a slight lack of patience toward an inquisitive patient. Patients may not perceive this subtle shift or may attribute it to the nurse being busy. In the subsequent phase, the nurse begins taking shortcuts in clinical procedures such as omitting standard hand hygiene protocols or failing to change gloves between patients. The risk of nosocomial infections increases without a clear, traceable cause (Crincoli et al., 2023). In advanced stages, nurses commit overt clinical errors, such as administering wrong medications. If fatal, preventable patient deaths occur that would not have happened had the nurse been well-rested. This cascade process explains why hospitals frequently fail to detect the link between nurse well-being and patient outcomes. Early warning signs are ignored, intermediate signs remain unlinked, and late-stage manifestations are dismissed as individual accidents. Yet, the root cause remains a system failure that neglects caregiver well-being as a foundational patient safety strategy.

Frequently proposed solutions, such as individual stress management training, are inadequate to resolve this systemic problem. Mindfulness training or relaxation techniques assist nurses in managing their emotional reactions to pressure, but they do not diminish the pressure itself. As long as nurse-to-patient ratios remain sub-optimal, as long as shift systems remain chaotic, and as long as reward structures ignore rest and recovery, fatigue will persist (Rushton & Pappas, 2020). A more effective approach entails organizational-level interventions such as adequate staffing, more humane shift redesign, provision of adequate break facilities, and access to free counseling services. However, these interventions require substantial investment, and public hospitals frequently face budgetary constraints. All too often, the chosen solution forces nurses to build resilience without altering working conditions. This constitutes an unethical and counterproductive form of victim blaming. Mentally exhausted nurses require extended recovery leave rather than additional training sessions.

A limitation of existing research is the predominance of studies from developed nations, whose healthcare systems differ vastly from those in developing countries. In developed nations, nursing unions are strong, working-hour regulations are strictly enforced, and overtime compensation is high. Findings from such settings may not be directly applicable to public hospitals in developing countries where regulations are frequently bypassed and nurses hesitate to speak out. More research originating from developing nations specifically examining public sector nurses is urgently needed. Furthermore, instruments measuring mental fatigue must be adapted to local cultural contexts, as manifestations of distress vary across cultures. Longitudinal studies tracking nurses from entry-level onboarding through several years of practice would be invaluable for understanding the trajectory of fatigue over time. While such studies are challenging due to the long-term commitment required, their insights are exceptionally valuable.

Nurse mental fatigue represents a system failure rather than an individual weakness. Nurses enter the profession with idealism and a desire to help. They do not become fatigued because they are weak, but because the healthcare delivery system in which they operate is not designed to protect caregiver well-being. The excessive burden placed on the shoulders of public sector nurses is the consequence of decades of underinvestment in human resources for health. Addressing this issue demands policy changes at the macro level, rather than mere managerial adjustments at the micro level. Yet, even policy changes require compelling evidence regarding the magnitude of fatigue's impact on service quality. Literature studies such as this serve as one avenue for gathering and presenting that evidence to prompt action from decision-makers.

Conclusion

Work-life imbalance among public sector nurses, exacerbated by overly prosocial tendencies, serves as the primary trigger for mental fatigue that ultimately degrades healthcare service quality. Structural factors such as unfavorable nurse-to-patient ratios, rigid shift systems, and resource constraints in public hospitals generate accumulative pressure. Overly prosocial behavior, idealized within nursing professional values, paradoxically accelerates the fatigue process because nurses ignore warning signs from their bodies and minds. The decline in quality manifests in three primary dimensions: patient safety compromised through increased clinical errors, deteriorating therapeutic communication, and diminished responsiveness. The cascading impact of this mental fatigue frequently remains undetected until serious incidents occur. Breaking this causal chain demands systemic interventions rather than mere individual training, as the root problem lies in care delivery system designs that neglect caregiver well-being.

For public hospital management, the implication of these findings is the necessity of early detection systems for nurse mental fatigue integrated as part of patient safety programs, rather than treating it as a personal issue. Indicators such as absenteeism rates, turnover, and incident reports must be analyzed regularly in relation to unit workloads. Policies that protect nurses' rest periods such as mandatory leave and overtime enforcement limits must be applied without exception. For future research, large-scale quantitative studies are recommended to measure the magnitude of the relationship between each aspect of work-life imbalance and each dimension of service quality. Qualitative research utilizing phenomenological methods is also needed to capture nurses' subjective experiences regarding how mental fatigue affects their clinical judgment. For policymakers, the primary recommendation is to allocate adequate budgets for increasing nursing staff in the public sector, as this investment will yield returns through improved patient safety and reduced costs associated with medical errors.

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