

## THE ROLE OF FLEXIBLE WORK ARRANGEMENTS IN RETAINING GEN Y AND GEN Z NURSES: EVIDENCE FROM INDIA

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### Abstract

#### Purpose

This paper will consider the hypothesis about the promotion of retention of Generation Y and Generation Z nurses in India as a means of Flexible Work Arrangements (FWA), flexitime, self-rostering, and compressed schedules. The study is the Delhi-National Capital Region (Delhi, Gurugram, Noida/Gautam Buddha Nagar) a densely concentrated healthcare area with non-homogeneous types of hospitals, multi-shift times, shortages of early-career nurses, and high rates of turnover that increase the cost of staffing and break continuity of care.

#### Design/methodology/approach

Our design is qualitative and phenomenological, and, therefore, we held semi-structured interviews with 25 frontline nurses in the public, private, and semi-public hospitals in urban and semi-urban areas of Delhi-NCR. The interviews were conducted in English or Hindi, as was preferred. Reflexive thematic analysis of data in NVivo informed by Self-Determination Theory, Psychological Empowerment and Organisational Flexibility scholarship was applied.

#### Findings

It came up with four themes, namely: (1) empowerment with scheduling autonomy; (2) work-life integration; (3) managerial and cultural barriers; and (4) psychological outcomes influencing retention intentions. Being able to access FWAs, in particular, schedule control and predictable rotations were linked to greater job satisfaction, reduced burnout, and enhanced organisational commitment, which supported turnover intentions. Control was limited through understaffing, scepticism amongst managers and instability of institutions, especially in high-throughput wards. Relevant gains comprise reduced cost in terms of decreased recruitment/induction processes and patient care in terms of staffing and operational stability.

#### Research limitations/implications

Results indicate a small, cross-sectional, qualitative sample and self-reports. Next-generation studies should use a mixed-method or longitudinal study design as objective retention and patient-care outcomes to ascertain causal paths.

#### Practical implications

It is recommended to develop a gradual implementation strategy: explicit FWA policy guidelines, management development of capabilities, AI-based rostering/demand prediction, and motivated pilots holding performance-based incentives and preset KPIs.

#### Social implications

FWAs have the potential to enhance the sustainability of the workforce, employment that is gender-inclusive, and patient experience, particularly in resource-deprived public and semi-urban environments.

**Keywords:** Flexible Work Arrangements (FWAs), Nurse Retention, Gen Y and Gen Z, Psychological Empowerment, Organisational Flexibility, Indian Healthcare, Job Satisfaction, Work-Life Balance, Burnout Reduction, Self-Determination Theory (SDT).

## 1. INTRODUCTION

The high turnover rates are causing the shortage of staff and creating a significant nursing workforce issue, as they are leaving staff short with high turnover rates, leading to burnout and undermining the quality of patient care across the globe (Marc et al., 2019). This problem has only grown with what people are dubbing the Great Resignation, where younger healthcare practitioners, in particular nurses, are doubting their work arrangements and are looking to have more flexibility in their job setups (Celbis et al., 2023; Formica and Sfodera, 2022). Despite the fact that even today, in other healthcare systems (such as in the United Kingdom, Canada, and Australia), Flexible Work Arrangements (FWAs), i.e., self-rostering, structured shift-planning, and flexible scheduling, are used, India has done so on a rather hesitant scale (Barrett & Holme, 2018; Walker and Clendon, 2018).

In India, Gen Y (Millennial) and Gen Z nurses have been complaining of increasing dissatisfaction related to rigid work schedules and huge workloads and low levels of autonomy, which have been strongly associated with high turnover rates (Times of India, 2022). Add to this that many Indian hospitals are traditionally hierarchical with norms, and there is even a larger gap between stated policies and the demands and expectations of a younger workforce (Dhaini et al., 2018; Stevanin et al., 2018). According to some studies, a higher number of resignations and decreased engagement rates are observed where healthcare environments provide them at least with some flexibility in their schedules (McNeil et al., 2019; Patrick et al., 2024). However, the actual implementation of FWAs across Indian hospitals is a well-kept secret, and that is why we are interested in how the implication of flexible schedules actually affects the choices nurses make to remain, their overall well-being, and their performance.

### **Purpose/Scope of the Study.**

It is under the scanners of this research that FWAs can assist in retaining Gen Y and Gen Z nurses in India, through a qualitative prism. Targeting the individual experiences of nurses themselves, this study will attempt to determine the types of FWAs that younger nurses would be more inclined to use, whether flexible work arrangements yield any critical results such as motivation and well-being, and what cultural or institution-related barriers are encountered to implement all-embrasive use.

Specifically, we would like to answer the following questions:

- What do younger nurses employed in Indian hospitals find appealing as FWAs?
- What is the impact of flexible schedules on staff job satisfaction, burnout rates and ultimate commitment among nurses?
- Which managerial, cultural, and operational pitfalls are obstacles to the implementation of FWAs in Indian healthcare settings?

### **Healthcare policy and organisational practice implication.**

Since the national healthcare needs pressurise the Indian public and private hospitals, the need to ensure high turnover is tackled in a systematic and evidence-based manner (Shen et al., 2020). Already, international data hints that the flexibility of the schedule can not only improve the mood of employees but also reduce the expenses that are associated with losing nurses (Tsen et al., 2021; Dousin et al., 2019). Relying on personal experience of frontline nurses, the paper provides useful information to the top management of hospitals, human resource managers, and healthcare policy developers committed to finding viable solutions to increasing retention.

Our results can be applied to support such theoretical frameworks as Self-Determination Theory (SDT), Psychological Empowerment, and Organisational Flexibility as the mechanisms through which work autonomy, flexibility, and control can affect motivation and the degree to which individuals can relate to their organisations (Tsen et al., 2021; Lu et al., 2019). Thus, we will not only expand the scope of research about workforce management in the Indian healthcare industry but also put forward some feasible solutions that can assist the hospitals to serve their employees and patients better.

### **Structure of the Paper**

The remainder of this paper provides a critical examination of the concept of Flexible Work Arrangements (FWAs) and their influence on nurse retention. Section 2 ("Literature Review") will review the literature on previous research on nurse turnover, generational differences in workforce perspectives, and strategic application of FWAs. Part 3 (Theoretical Framework) presents the fundamental frameworks of Self-Determination Theory, Psychological Empowerment and Organisational Flexibility on which core frameworks are based to explore the ability to influence motivation and loyalty among nursing specialists using FWAs. Section 4 (Methodology) divides the qualitative research design and details how we chose the participants, collected data and carried out our thematic analysis. Section 5 ("Findings & Discussion") outlines the core themes which emerged because of our interviews and correlates them with available scholarship and policy options. Lastly, Section 6 ("Conclusion & Policy Implications") recommends practical actions to implement FWAs in practice, considering the issues of cost savings, leadership demands and opportunities for new research. It is a method that makes the flow rational and interconnects theoretical views, empirical research, and policy analysis in a coherent analysis of the position of FWAs within Indian healthcare environments.

## **2. LITERATURE REVIEW**

### **1. Nursing Turnover During the Great Resignation.**

During the past two years, the global labour markets have unexpectedly experienced a high level of resignation, which is now generally referred to as the Great Resignation (Formica and Sfodera, 2022; Xu et al., 2023). Though this was initially in white-collar and technology industries, it has pervaded into the healthcare sector as well, where the strain of high-stress workloads and heavy workloads has led to a high turnover in nurses (Celbis et al., 2023). Since the healthcare industry in India is already facing the problem of workforce shortage, the mass exodus of younger Gen Y and Gen Z nurses is a cause of concern over the sustainability of the staffing system in the country (Marc et al., 2019).

### **Transnational Comparison: FWA in Healthcare.**

The binary FWAs have been employed by such countries as the United Kingdom, Canada or Australia as an instrument in nurse retention, which can also provide certain useful lessons to India:

- **United Kingdom (NHS Framework):** FWAs such as self-rostering, job-sharing and hybrid work have been used to enhance nurse retention under the National Health Service (NHS) (Barrett & Holme, 2018).
- **Canada:** In Canada, healthcare organisations focus on shifts that are employee-led and have strong, predictable working hours, which hold potential in reducing burnout (Leurer, Donnelly, and Domm, 2007).
- **Australia:** In remote locations, flexible scheduling models improve the understanding of nurses to balance work and life as well as to have consistent care of patients (Walker and Clendon, 2018).

Indian hospitals, by comparison, lack formal policies on flexible shifts, despite the increasing amount of evidence that it can elevate the levels of nurse job satisfaction and lower rates of turnover.

## 2. Generational Drifts and Workforce Expectations.

Attitudes of the workforce have changed with time. The Baby Boomers and Gen X were more likely to appreciate security and structures, so Gen Y and Gen Z tend to appreciate work-life balance, independence, and the possibility to develop (Weeks and Schaffert, 2019). In response to one comparative study that examined Gen Z nurses in Canada, Australia, and India, it was discovered that:

- Canadian and Australian nurses tend to quit work without a flexible work schedule.
- Essentially, the old-fashioned attitudes and strict administrative regulations can be considered significant obstacles in India and Southeast Asia (Dhaini et al., 2018).

Younger nurses still express the desire to work flexibly in the Indian context, yet the place of work tends to react either to be suspicious or unwilling (Times of India, 2022).

### Difficulties of FWAs in Indian Nurses.

- **Rigid Shift Policies:** Inflexible shift schedules and a lack of flexibility usually cause burnout and dissatisfaction (Lu et al., 2019).
- **Limited Autonomy:** Some hospital administrators are sure that flexible schedules will signal the omission of professional dedication, which will impede their general acceptance (Tsen et al., 2021).
- **Cultural Expectations:** In the hierarchical cultures of India, the hierarchy usually prevails, and making decisions top-down leads to employee requests being slightly more difficult to address through negotiations regarding flexible arrangements (Adisa et al., 2019).

## 3. The Flexible Work Arrangements (FWAs) Retention Lever in Healthcare.

### 3.1 Defining FWAs in Healthcare

FWAs can take many forms, like:

- **Flexitime:** Shifts which allow individuals to start or leave earlier or later.
- **Compressed Workweeks:** The number of workdays per week is few but longer.
- **Self-Rostering:** The employees are also involved in selecting or exchanging shifts.
- **Remote/Hybrid Models:** Not prevalent in direct patient care, but more of an administrative position.

Studies indicate that these plans strike a balance between the desires of the employees and the requirements of the hospital, eventually reducing the rate of stress and enhancing retention (Davidescu et al., 2020; Vohra et al., 2024).

### 3.2 Global Outlook: FWA Effect on Healthcare Retention.

- **United States:** Hospitals which have attempted self-rostering and telehealth rotations have observed the decrease in absences and retention (Settembre-Blundo et al., 2021).
- **Europe (Scandinavian Model):** Has improved patient care outcomes and reduced nurse turnover due to stable employee-led shift hours that are ensured by clear legal guidelines (Shipman et al., 2023).
- **Asia:** On one hand, there are certain FWA pilot projects in such countries as Japan or South Korea; however, India still has difficulties with developing the policy accepted formally as formally supporting flexible scheduling (Serenko, 2024).

#### **4. Nurse Retention in India through FWAs.**

Instead of directly addressing FWAs, most Indian nurse retention studies are narrowly focused on either the issue of salaries, insufficient career advancement or unfavourable work conditions (Marc et al., 2019). However, some of the studies have noted:

- Indian nurses are even thinking of relocating abroad, where FWAs will be a familiar way of life in the workplace (Patrick et al., 2024).
- Even mid-career nurses, it appears, that hospitals with some flexibility in shifts are less impacted by resignations (McNeil et al., 2019).
- The AI-based scheduling software, which already gains popularity in certain Western healthcare centres, may assist the Indian hospitals in managing shifts equitably and eliminating burnout (Vohra et al., 2024).

#### **5. Theoretical Perspectives and Gaps in Research.**

The question to which the answer is still unclear is how the Gen Y and Gen Z nurses themselves perceive various kinds of FWAs, and why so many India-based hospitals do not implement them as commonly as possible. New research emphasises psychological well-being, organisational support in the choice to remain or leave, and autonomy (McNeil et al., 2019). However, there are no elaborate qualitative data, particularly regarding the actual thoughts of nurses regarding FWAs in their daily practice (Harrison et al., 2020). It is through digging into such lived experiences that we will be able to customise HR interventions that extend beyond lip service by making sure that flexible arrangements reflect the values and realities of the younger nurses.

In short, FWAs have significant potential in terms of retaining the upcoming generation of nurses, although the finer details of how these concepts operate in India were not researched well. In the following section, I will outline the theoretical framework through which I will carry out this research, which will be based on the idea of flexible systems and the research on psychological empowerment.

### **3. THEORETICAL FRAMEWORK**

Our assignment is based on three interrelated angles: (1) well-being and Psychological Empowerment., (2) Organizational Flexibility, and (3) Self-Determination Theory to emphasise the means by which flexible scheduling can encourage nurse retention in Gen Y and Gen Z in India.

#### **1. Psychological Empowerment and Well-Being**

The material body of evidence has revealed that the decisions of nurses to remain revolve around their empowerment levels, psychological wellbeing, and support system at the workplace (Lu et al., 2019). Patrick et al. (2024) state that the desire to develop nurses with a sense of empowerment by providing meaningful work, greater autonomy, and supervisory support can be used to address the phenomenon of the Great Resignation. The word 'empowerment' can frequently be actualised with nurses being involved in the planning or even clinical practice (McNeil et al., 2019). The sense of empowerment will likely result in reduced burnout, increased engagement, and professional identity (Weeks and Schaffert, 2019). Providing nurses with an opportunity to choose or exchange shifts, such as flexitime or compressed schedules, may also serve as a lifeline because it will improve their morale and decrease stress.

#### **2. Organisational Flexibility**

With the 24-hour care of patients and additional shift forms, many managers remain hopeful that the only way to go is to revert to the old forms of the 16-hour shifts (Shipman et al., 2023). Nevertheless, there are those who believe that intelligent

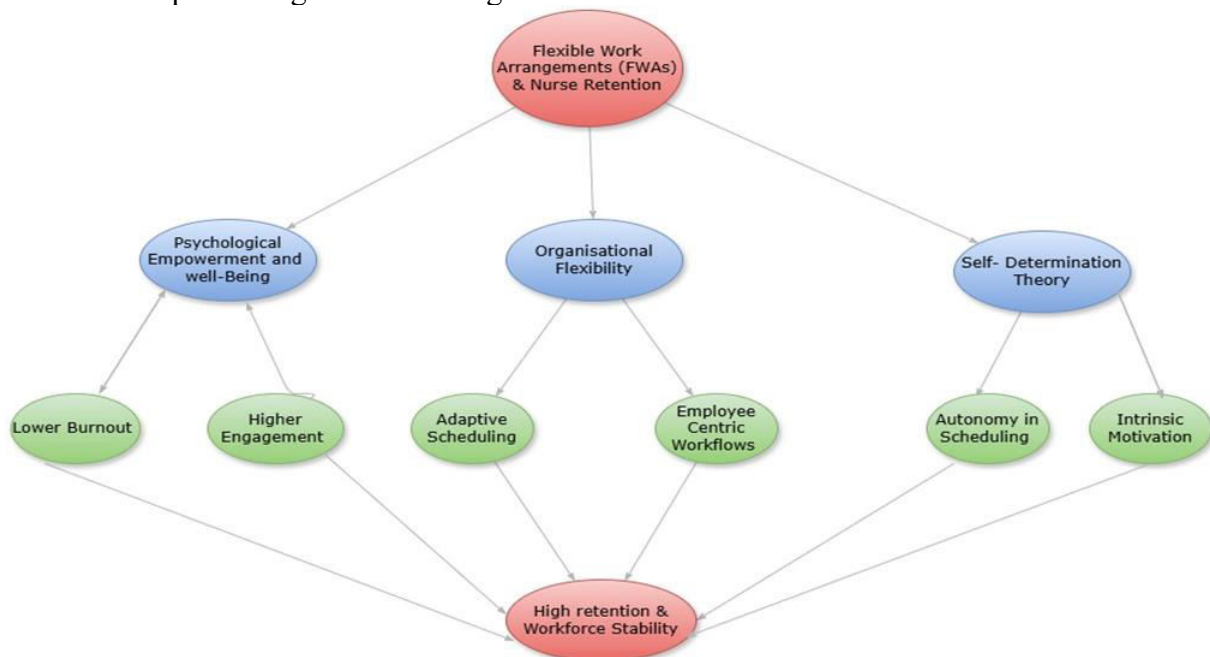
rostering with good data can allow creating equilibrium between the informal nature of patient care and the individual clinical demands of each nurse (Tsen et al., 2021). These attempts are not received positively in India due to the entrenched hierarchies (Times of India, 2022). Nevertheless, the research indicates that an organisational culture may be flexible and adaptable to come up with innovative approaches towards scheduling (Settembre-Blundo et al., 2021). The strategy of exploiting the desire of younger nurses to work in autonomy-conducive environments can be a good way to create a healthcare workforce that is sustainable and resilient (Vohra et al., 2024).

3. **Self-Determination Theory (SDT).**

SDT holds that motivation is based on autonomy, competence, and relatedness (Tsen et al., 2021). It is exceptionally applicable to nursing, where being able to choose the hours one works or the approach to treating a patient can have a direct influence on job satisfaction, as well as on future commitments. FWAs address the fundamental desire of autonomy by allowing nurses to have a minimum influence on how their schedules appear (Dhaini et al., 2018). SDT also illustrates competence-building as significant to allow nurses to learn and develop in flexible frameworks and to increase job performance alongside loyalty (Stevanin et al., 2018). Basically, FWAs are capable of addressing these basic human needs; therefore, there are fewer chances that nurses will opt to leave.

Synthesis

When combined, these theories would suggest that retention of nurses can be based on a comprehensive strategy: not only is pay relevant, but also are autonomy, empowerment, and flexible work hours. Thoughtful shift arrangements in Indian hospitals will help to instil a sense of empowerment (Patrick et al., 2024), investment in organisational flexibility (Rumman and Alqudah, 2024), and fulfilment of the key psychological needs of nurses (Tsen et al., 2021). Our research design and the manner in which we investigated these variables in practical situations are described in the following section with consideration to how Gen Y and Gen Z nurses are experiencing flexible arrangements in real-world situations.



**Fig. 1. Conceptual Framework**

## 4. RESEARCH METHODOLOGY

### 1. Research Design

In order to make a phenomenological, qualitative approach in capturing how nurses may actually perceive and experience FWAs, we adopted this approach (Moustakas, 1994). Phenomenology would be appropriate in issuing the lived meanings upon which attitudes to scheduling, autonomy, and retention are anchored.

#### **What is the reason behind qualitative and not mixed methods?**

Although a quantitative design would render the associations with turnover intention visible, one can hardly tap into interpersonal, hierarchical, and cultural subtleties governing FWAs' enactment in the ward using the quantitative design. We thus favoured rich narrative contact with data as opposed to hypothesis testing or inference at the population level.

Three following principles led to our qualitative study:

- **Interpretivist epistemology:** the recognition of the sociality of the experience of FWAs among nurses.
- **Repeated data collection:** the interview guide was narrowed down as patterns were repeated.
- **Reflexivity and reduction of bias:** researchers put together reflexive journals and periodically conducted peer debriefs.

### 2. Setting as well as Geographical context of the study

The research was carried out in the Delhi-National Capital Region (NCR) of India in the city of Delhi (NCT) as well as the neighbouring cities of Noida (Gautam Buddha Nagar) and Gurugram. The purpose behind the selection of this setting was that it provides:

- **a diverse hospital ecosystem** (apex top-tier hospitals, large corporate, mid-tier private, and semi-public/PPP institutions);
- **large volumes of patients and acute specialties** (e.g., ICU, emergency, obstetrics), in which the elasticity of staffing and the pressures of the rostering will make the FWAs consequential;
- **a multi-shift labour regime** (8-12-hour shifts; night rotation; rotating weekends) which predestines the problem of schedule regulation, exhaustion and intention to stay.

The sample was selected from medical-surgical, ICU, emergency/emergency observation, obstetrics-gynaecology and paediatrics, which represent the distribution of early-career nurses in the area.

**Languages & modality.** The interviews were held in English and Hindi (depending on the participant preference), and bilingual moderation was applied to ensure that the meaning is preserved during the transcription process and analysis.

**Time window.** The period between [Feb-March, 2025] was used to collect data.

### 3. Participant Selection and Sampling Strategy.

#### 3.1 Technique & Justification

Our sampling method was purposive and criterion-based (Patton, 2015), whereby we focused on the frontline nurses to have had an experience of either flexible (e.g., flexibility, self-rostering, compressed weeks) or highly rigid schedules. Recruitment sources involved:

- Active professional nursing associations in the Delhi-NCR;
- Social media (LinkedIn, WhatsApp groups, nursing forums) in which Gen Y/Gen Z nurses are able to talk about scheduling;
- Snowball sampling to go outside institutional gatekeepers.

### 3.2 Inclusion/Exclusion Criteria (New)

#### Inclusion:

(i) registered nurse currently working in a hospital in the Delhi-NCR area; (ii) Gen Y or Gen Z (around 23-40 years old); (iii) 6 months of continuous hospital work; (iv) exposure Direct or observed exposure to scheduling practices pertaining to the FWAs.

Eligibility: Interns/trainees without independent rosters; nurses only in non-hospital positions (e.g., in the community) throughout the study period; people who do not volunteer to be audio-recorded.

### 3.3 Sample Size and Demographic Profile

We conducted interviews with 25 nurses who achieved thematic saturation at an interview of about 22 (Guest et al., 2006); three more interviews were almost duplicating the existing patterns.

Demographic Variable	Participant Distribution
Age range	23–40 years (Gen Y & Gen Z)
Gender representation	20 females, 5 males
Years of experience	1–12 years (Average: 5.8 years)
Hospital type	Public (40%), Private (50%), Semi-Public (10%)

**Table 1. Demographic Profile (Delhi–NCR sample)**

These parameters illustrate heterogeneity **within Delhi–NCR**, aiding assessments of transferability to comparable urban and semi-urban Indian contexts.

## 4. Data Collection Process

### 4.1 Semi-Structured Interview Protocol

The semi-structured interview protocol is a semi-structured interview guide that will be used to guide the discussion process and followed up by the researcher and the identification of the timing and appropriate interview questions in accordance with the topic of the study (Kline et al., 2019).

Semi-structured interviews were applied to us in order to achieve comparability and openness. The guide was pilot-tested with two nurses to understand it and make it culturally relevant and straightened out.

#### Questions from Interview Guide

- Question: How would your job satisfaction be attributed to flexible scheduling (assuming it is available) or not?
- Question: What are some of the obstacles you have faced when asking to be allowed flexible work?
- Question: What are the attitudes of the managers towards FWAs in your hospital?

### 4.2 Administration, Ethics, and Data Security (Extended)

- **Mode:** This is primarily by secure video (~80%) and telephone, with shift patterns being accommodating.
- **Time:** 40-60 minutes per interview.
- **Recording & transcription:** NVivo generated and handled verbatim transcripts.
- **Language management:** In the case of Hindi interviews, analytic memos were stored as in vivo language; bilingual coder back-checking was used to verify the translations.
- **Informed consent:** Written/e-consent was obtained; the participants were free to withdraw at any stage.

- **Anonymity:** Pseudonyms were employed; any institutional references that could have identified a participant were anonymised; storage was encrypted and only available to the core research team.
- **Member checking (credibility):** The concise summaries of interpretations were reviewed by the participants to ensure resonance and remedy misinterpretations.

## 5. Data Analysis

### 5.1 Thematic Analysis and Coding Strategy.

The six steps described by Braun and Clarke (2006) within NVivo – familiarisation, initial coding, theme construction, review, definition/naming, and integrative interpretation – were the steps that we took. Provisional code families were scheduled autonomy, managerial resistance, fairness of rostering, work-family alignment and retention calculus, which were sequentially connected to JD-R and Self-Determination Theory constructs at an axial stage.

### 5.2 Trustworthiness

Criterion	Strategies Used
Credibility	Member checking, researcher reflexivity logs, peer debriefs
Transferability	Thick description of <b>Delhi–NCR</b> settings, unit types, and roster regimes
Dependability	Transparent audit trail; <b>~85% intercoder agreement</b> on a 20% double-coded subset
Confirmability	Reflexive memos; external peer audits of code–theme coherence

### Table 2. Validity, Reliability & Trustworthiness

**Triangulation.** We used interviews and hospital FWA documents/roster policy (where available) to support the assertions regarding feasibility, adoption and discretion by management.

## 6. Ethical Considerations & Replicability.

### 6.1 Ethical Safeguards

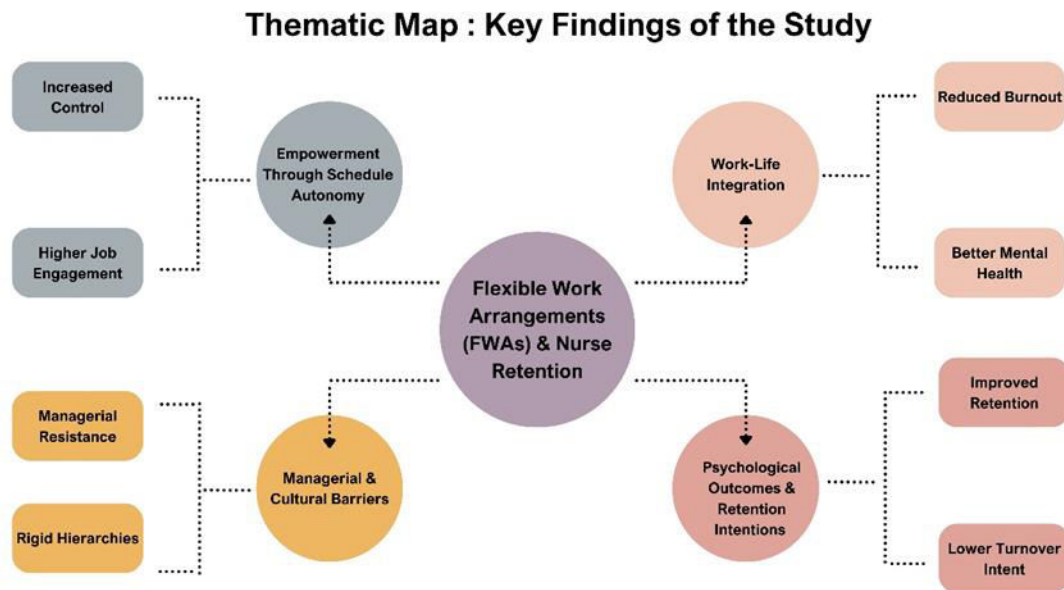
- Participants were informed to consent to us before we resorted to interviewing them.
- Each nurse was also given a pseudonym, which ensured anonymity.
- All information was kept in secure encryptions. We are going to retain the transcripts within five years after publication in accordance with the research standards.

### 6.2 Replicability & Future Research.

It is in our interest to make the full interview guide and coding manual available on demand to enable other scholars to replicate the study. Any future study may follow the impacts of FWAs on the long term to determine whether the initial improvements in satisfaction and retention are maintained in the long term.

## 7. FINDINGS & DISCUSSION

Our thematic analysis of a sample of 25 Gen Y and Gen Z nurses revealed four core themes: (1) Empowerment over time Autonomy, (2) Work-Life Integration, (3) Managerial and Cultural Barriers., and (4) Psychological Outcomes and Retention Intentions. In the following paragraphs, we discuss each theme using some of its key quotations, and afterwards, we discuss how these observations relate to the past research and our theoretical framework.



**Fig. 2. Thematic Map of Key Findings**

### 1. Empowerment Through Schedule Autonomy

#### Theme Overview

Many nurses pointed out that either through selection or manipulation of their shifts, whether flexitime or self-rostering, the nurses were provided with a sense of control over their work and personal lives. Even the slightest alteration, such as substituting a weekend shift, gave them their feeling of control and reduced day-to-day inconveniences.

*“When I have the freedom to choose my days off, it all changes; my level of stress would be less, and I would have a higher level of concentration at work.” (Participant 6, 28-year-old female, ICU)*

#### Interpretation

From a Self-Determination Theory perspective, an intrinsic motivation is driven by being in control of the working conditions (Tsen et al., 2021). Another way in which the wish of nurses to be more involved in their schedules is related to the psychological empowerment research is that a small portion of autonomy and autonomy as a decision-maker can truly uplift job satisfaction (Lu et al., 2019). Through the prism of Job Demands-Resources (JD-R) Theory, flexible schedules transform into a job resource that is able to safeguard nurses against the excessive demands that are present in the medical environment.

### 2. Work-Life Integration

#### Theme Overview

Almost all the people that we interviewed emphasised that FWAs are well organised and assisted them to make their own lives balanced between work and their personal life or children. This was especially important for nurses who were faced with an academic journey or important caregiving needs. They also attributed the burnout reduction and mental well-being to flexible schedules.

*“I am pursuing an online diploma course in critical care. Being able to have two days’ rest every week has served to enable me to stay ahead of my studies as well as my personal life back home.” (Participant 11, 26-year-old female, ER)*

### **Interpretation**

These results are in line with the previous literature that capability to combine personal life with working enhances better retention, particularly among younger generations (Dousin et al., 2019). These practices contribute to the philosophy of organisational flexibility in general, where the idea of the compressed workweek was carefully designed to reduce the amounts of stress that people experience when combating several tasks at once (Marc et al., 2019). The willingness and assistance of managers to have flexible work schedules also reduced absenteeism and the kind of frustration that results in quitting.

### **3. Managerial and Cultural Barriers**

#### **Theme Overview**

Although there were optimistic views of FWAs, most respondents explained systemic organisational barriers such as resistance by managers, staff understaffing and top-down workplace environments, which characterise flexible work shifts as preferential treatment. Some of them even stated that more experienced employees occasionally took the best shifts or that administrators perceived flexible working as an indicator of low commitment.

*“My boss claims that it is all fine in theory, but we are always short-staffed, so it will seem to you like I am asking you to do me a favour and not granting you any right.” (Participant 19, 32-year-old male, Paediatric Ward)*

#### **Interpretation**

These observations demonstrate the importance of the climate in an organisation to the official FWA policy implementation process (Shipman et al., 2023). The lack of alignment between the paper policies and practices may undermine the trust of the employees and indicate a violation of the psychological contract (Cropanzano et al., 2023). Understaffing is a long-term issue that complicates the introduction of flexibility in the schedule, and the nurses of Gen Y and Gen Z are not always ready to accept the existence of old values the way their predecessors did (Weeks and Schaffert, 2019).

### **4. Psychological Retention Intentions and Outcomes. Theme Overview**

Nurses reiterated again and again that flexible work arrangements raised their emotional status and increased their chances of looking at their jobs to remain in their present positions until the end. Conversely, those who were not given any chance to negotiate their schedules because it was decided that they had to stay on their current schedules that were non-negotiable were likely to feel irritated and admitted that they could leave to seek alternative schedules either through an agency or by telehealth.

*“I have witnessed colleagues dropping out due to inability to manage the inmate rota. Providing us with a minimum choice in timing would leave many of us behind since the majority of us would remain.” (Participant 3, 29-year-old female, Critical Care)*

#### **Interpretation**

These tales affirm the Self-Determination Theory that fulfilment of needs of autonomy and competence may move retention towards an upward direction (Tsen et al., 2021). In addition to wages, nurses are concerned with the alignment of their personal objectives with the opportunities that the working environment can offer. Inflexible moves demoralise and drive them towards finding alternatives (Dhaini et al., 2018).

#### **Integrative Discussion**

Combining these themes, FWAs perhaps appear to be a viable approach to enhancing the well-being of nurses and their loyalty towards Gen Y/Gen Z. The most significant one is the independence of scheduling: having control over what hours to work can decrease the level

of stress of the day-to-day business activities and the urge to seek a better environment. But it is also apparent that institutional factors such as traditional, top-down management, the lack of adequate staff, or knee-jerk negativity about new scheduling procedures are impediments that do not allow the adoption of FWAs to be more widespread. Should healthcare institutions desire actual change, they should probably spend more on the broader leadership training as well as potentially alter the organisational attitudes regarding who is worthy of flexible working hours.

According to the JD-R framework, FWAs are a useful tool. They take into consideration part of the extreme requirements of clinical practice, although they still require additional support, including dedicated leadership and reasonable work schedules, in order to perform optimally (Settembre-Blundo et al., 2021).

When nurses feel that the psychological contract is violated due to a mismatch between the official statement about the flexibility of their time and the reality of the situation in practice, they might experience this violation (Cropanzano et al., 2023). To close this divide, as explained by our interviewees, this requires:

- Clear and open communication.
- Adequate staffing
- Management that is supportive of flexible scheduling.

Collectively, these results help bring forth the practical strength of FWAs as well as the overall challenges of a culture and organisation-wide approach to their complete implementation in healthcare in India. The section below gets even more specific on converting these insights into the policy action, including pilot programmes, management training, etc., all of it with the aim to stabilise the younger nursing labour force.

## **CONCLUSION AND POLICY IMPLICATIONS**

We prove that Flexible Work Arrangements (FWAs) such as self-rostering, compressed shifts, and flexitime have a real potential to enhance retention among Gen Y and Gen Z nurses in India, which is the group that is vital to supporting the provision of healthcare. We interviewed 25 nurses using semi-structured interviews and narrowed it down to four all-overpowering themes:

1. Integrity in Enabling Schedule Freedom.
2. Striking a Balance between Work Life and Personal Life.
3. Managerial and Cultural Barriers.
4. Psychological Retention Intentions and Outcomes.

Nurses across the board reported that the ability to have greater control over their shifts reduced the levels of stress, minimised burnout, and enhanced their retention intention. Such advantages saturate the existing ideas of organisational flexibility (Rumman and Alqudah, 2024; Tsen et al., 2021).

Nonetheless, the research identifies structural problems such as inflexible hierarchies, understaffing, and a rather sceptical attitude to new scheduling solutions that may turn FWAs into a token or something half-baked, which arouses mistrust and further turnover (Celbis et al., 2023). The Self-Determination Theory (SDT) and principles of Psychological Empowerment display that real autonomy instead of lip service is central to engaging and retaining nurses (Patrick et al., 2024).

### **Management Outcomes and Cost-Saving Benefits.**

#### **Financial impact of the high turnover rates among nurses.**

Ignoring nurse turnover is not a staffing nightmare; it is a financial fiasco. The cost of loss of nurses to other hospitals is compensated by:

- **Recruitment and Onboarding:** Publicising the vacancy, meeting with the applicants and developing the new personnel.
- **Training expenses:** On-the-job or classroom training, preceptor training, and special training in skills (Nursing Solutions, Inc., 2019).
- **Loss of Productivity:** The available personnel have a tendency of getting overworked because they take up the vacant positions, leading to inefficiencies (Marc et al., 2019).
- **Administrative and HR Oversight:** Human resources should be given an extra task to complete turnover-related tasks (Shipman et al., 2023).

These expenses swell up, particularly in a large hospital, in case the turnover rates remain elevated over some time (Times of India, 2022).

#### **Cost Reduction Through FWAs**

On the other hand, FWAs will be able to address such cost concerns directly by enhancing retention of nurses:

- **Reduced Recruitment and Training Expenses:** Retention will decrease the requirement of permanent recruitment and training procedures (Tyndell et al., 2019).
- **Increased Organisational Performance:** When employees choose shifts that fit their way of life, they will claim more morale and concentration, resulting in a reduced rate of mistakes, decreased absenteeism, and improved patient care (Dousin et al., 2019).
- **Increase in Productivity:** Proven, experienced nursing staff have an opportunity to work more efficiently, which reduces the need to work overtime or hire expensive agency personnel (Celbis et al., 2023).

These measures bring the hospitals nearer the financial and clinical performance objectives by keeping the workers happier.

#### **Taking Advantage of FWAs as an HR Strategy – Cost Effective.**

Was it the choice of administrators and policymakers who are trying to balance the bottom line and clinical priorities? FWAs provide a compromising path:

- **Budgetary Allocation:** The allocation of funds could be used in favour of expensive recruitment and significant development of nurses in terms of providing skills and leadership capabilities.
- **Data-Driven Decision Making:** Scheduling tools can enhance the process of assigning shifts with the use of sophisticated tools to fulfil both the preferences of staff members and the workload trends (Vohra et al., 2024). These analytics also enable hospitals to predict the staffing requirements in a better manner.

#### **Key Policy Recommendations**

##### **1. Make the Flexible Scheduling Policy Official.**

Establish transparent and clear structures of compressed workweeks, flexitime and self-rostering on the basis of fairness in who receives what shift.

##### **2. Invest in managerial training.**

Provide nurse managers with budgeting and HR information that explains the way FWAs reduce turnover. When leaders can realise a manifestation of the payback, they will be more willing to endorse such policies (Nursing Solutions, Inc., 2019).

##### **3. Embrace High-tech Rostering Solutions.**

Use e-rostering to track hours, skills and staff preference to optimise the use of shifts and minimise overheads and make strategic decisions on staffing (Shipman et al., 2023).

##### **4. Incentive Structures and Pilot Programmes.**

Begin with the small-scale tests of flexible scheduling to receive objective information on the savings, care results, and morale of the nurses. Provide award departments with awards for the achievement of retention and quality goals.

5. **Ultimate supportive stakeholder commitment.**

Assemble nurses, HR and financial planners to continue working on refreezing FWA policies to reflect daily needs of the staff and patients.

**Future Directions**

A longer duration of investigation on FWAs would provide a response to the question of whether the first benefits are maintained. It is also possible to make a comparison of hospitals that heavily utilise FWAs and those that remain in conventional shifts and provide a more definitive cost-benefit ratio. Lastly, it may be worthwhile to add more hospitals to the rural or under-invested settings to clarify how resource limits and cultural peculiarities influence the effectiveness of these flexible policies.

All in all, FWAs respond to younger nurses with their demands to have a better work-life balance. They also provide an effective means of curbing the high turnover that is making life hard for the administrators. Combining flexible work with carefully designed leadership training and the use of informed practice, the hospitals will be able not only to retain their personnel but also to optimise patient care and improve the overall efficiency of the system (Rumman & Alqudah, 2024).

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