Musik in Bayern
ISSN: 0937-583x Volume 90, Issue 10 (Oct -2025)

https://musikinbayern.com DOI https://doi.org/10.15463/gfbm-mib-2025-478

Women in the unorganized sector: A case study of informal nurses in Chennai.

Ms. Catherine A

Research Scholar, Post Graduate & Research Department of Economics, Dwaraka Doss Goverdhan Doss Vaishnav college, NO.833, E.V.R. Periyar High Road, SBI Officers Colony, Arumbakkam, Chennai, Tamil Nadu 600106, India. Phone: 7305552533

catherinesathyavani91@gmail.com

Dr. N. Smitha

Assistant Professor, Post Graduate & Research Department of Economics, Dwaraka Doss, Goverdhan Doss Vaishnav college, NO.833, E.V.R. Periyar High Road, SBI Officers Colony, Arumbakkam, Chennai, Tamil Nadu 600106, India. Phone. 9884133951

nsmitha.phd@gmail.com

To Cite this Article

Ms. Catherine A, Dr. N. Smitha. **"Women in the unorganized sector: A case study of informal nurses in Chennai"** *Musik In Bayern, Vol. 90, Issue 10, Oct 2025, pp 198-209*

Article Info

Received: 24-08-2025 Revised: 05-09-2025 Accepted: 30-09-2025 Published: 17-10-2025

ABSTRACT

The research explores the work-life balance of women nurses employed in the unorganized sector. Although the unorganized sector offers low income, no job security, long hours of working, it remains a vital livelihood source of women laborers. The study aims to find out the socio-economic conditions and work-life balance of the women working as nurse in unorganized sector. Based on a random sampling method 50 women's (nurses) were selected from unorganized sector for this research. The findings reveal that, the sector provides limited income, half of the respondents are working for 8 hours with 6 to 10 years of experience. The study also proves that half of the respondents have good physical health but very least with excellent health status and 56 percent of the respondents have complete control on decision making in the family. The study concludes the need for policy interventions, including fair wages, flexible work arrangements and mental

https://musikinbayern.com DOI https://doi.org/10.15463/gfbm-mib-2025-478

health resources. It recommends that informal sector nurses should be recognized and included in labor and gender equity programs.

Keywords: Working women, unorganized sector, work-life balance, gender equity.

Introduction

"From street corners to hospital bedside, women workers carry the weight of nation's care economy" – International Labour Organization

The unorganized sector encompasses all economic activities that are not all governed by formal labour laws or official oversight, typically involving small businesses with very a smaller number of employees that operate informally and without socio protections or contracts for workers. The people who work in unorganized sector will not have or follow any labour laws, employment benefits, job security, social protection for workers, paid leaves, wage or salary increment these resources are withheld for the unorganized sector workers. The workers in this field usually dealing with hardships like irregular income, long working hours and limited access to benefits like health insurance, pensions, maternity leave, etc.…

Women are the major share of labour force in India's unorganized economy, participating in informal, non-standard employment arrangements across sectors such as agriculture, domestic work, construction, street vendors, and care giving services. Although informal nurses and caregivers play a vital role in strengthening human capital and advancing public health outcomes, often excluded from labour policy frame work. The unorganized sector reflects the intersection of gender inequality and economic vulnerability where women are not only undervalued but also face multiple layers of discrimination based on caste, class, and location. In spite of these difficulties, their resilience and determination continue to drive local economics and sustain millions of families. As we look closer at this critical segment of the workforce, it becomes clear that empowering these women is not just a matter of social justice, but a key to equitable and sustainable development.

Causes of women in unorganized sector (Nurses)

https://musikinbayern.com DOI https://doi.org/10.15463/gfbm-mib-2025-478

1. **Limited access to formal education and training**:

   women from rural and economically marginalized communities very low in developing their human capital so most of them are stepping into nursing field or formal skill-certification pathways, this investment will help to push themselves in formal healthcare jobs and caregivers. So, they can earn minimal wage to contribute their family for living.

2. **Gender stereotyping and social norms:**

   Women have traditionally played a significant role in caregiving; they do these services as unpaid household roles. Where it operates without formal contracts, wage regulation, and even will not come under national productivity metric. This results in low valuation of their work, limited recognitions and mainly excluded from formal employment.

3. **Economic requirement and poverty:**

   Women will take up any available jobs to support their households while they are coming from economically weak background. Informal nursing and caregiving roles represent low-capital, high access employment options, enabling immediate income generation for women with limited formal qualifications. It lacks in job security and social benefit norms but they choose this particular field to earn.

Review of literature

Zheyrille A. Arevalo, Marian Filomena B. Singson-Denosta, Jestine Kate G. Babaran, Kayla Marie M. Eslabon, Inosencia A. Alconcer, Jonalyn P. Santos (2024), analyzed the "Human resource management practices of nurse managers and its relationship to the job satisfaction of staff nurses in private hospitals" the researchers used descriptive correlational research method and a survey conducted among 137 staff nurses in the selected six private hospitals. The frequency and percentage, mean, T-test, one-way ANOVA and Pearson r has been used in this research. The way nurse managers execute HRM practices plays a significant role in shaping the job satisfaction of staff nurses in private hospital.

https://musikinbayern.com DOI https://doi.org/10.15463/gfbm-mib-2025-478

Paida P. Abdulmalik, Hamdoni K. Pangandaman (2024) examined on "Leadership traits of nurse managers and nurse staff commitment in the Philippines hospitals", this study aims to explore the relationship between the nurse manager and staff nurse commitment in the government hospital. The descriptive-inferential correlation method was used for the research, frequency and percentage, mean and standard deviation are the statistical tools used. Ethical and confident nurse manager leadership significantly influences staff nurses' commitment, though their own dedication remains uncertain. Promoting positive leadership, education and support boosts nurse commitment and satisfaction, lowering turnover and elevating care quality.

Amy Witkoski Stimpfel, Kathryn Leep-Lazar, Maile Mercer and Kathleen DeMarco (2025), conducted research on "Scheduling Is Everything": A Qualitative Descriptive Study of Job and Schedule Satisfaction of Staff Nurses and Nurse Managers. The study aimed to identify barriers and facilitators affecting job and scheduling satisfaction for staff nurses and nurse managers. The qualitative descriptive method was used, 16 participants from an urban academic medical center were interviewed. "Scheduling is Everything", highlighted the tensions of the meeting patient care needs and supporting nurse well-being, with staffing shortfalls exacerbating these issues. The study concludes the enhancing scheduling flexibility, autonomy, equity, led innovations can improve satisfaction and retention among nursing staff.

Nilay Ercan-Şahin, Mücahide Öner (2025), executed research on "A phenomenological study on the experiences of nursing home nurses" nursing homes are complex care environments where the nurses support residents with multiple chronic conditions. This study explored the personal development and professional experiences of nursing home nurses to understand the challenges of their roles. The descriptive phenomenological method with seventeen nurses in Ankara, Turkey. The study emerged with six key themes, including emotional transformation, fear of aging, care gaps, communication barriers, professional struggles and views on aging in residential care. Caring for elderly residents in nursing homes can be emotionally taxing, diminishing nurses' well-being and job satisfaction.

Kari Ingstad and Gørill Haugan (2024), explored research on "Balancing act: exploring work-life balance among nursing home staff working long shifts", home nurse often struggle with work-life

https://musikinbayern.com DOI https://doi.org/10.15463/gfbm-mib-2025-478

balance due to long hours and irregular shifts of working, this study focused on how long shifts affect the family and well-being, the semi-structured interview conducted among 18 nursing home staff. The study mainly emerged with four themes they are family life disruptions, benefits of extended time off, reduced stress and stable income. Though long hours shifts reduce social interactions during workdays, so they provide extra rest, improved sleep and consistent hours that enhance well-being and family life. These patterns can help to shape the shift schedules that promote a healthier work-life balance for home nurses.

Objectives

1. To analyse the socio-economic condition of women working as a nurse in unorganized sector.

2. To examine an economic analysis of work life balance of women working as nurse in unorganized sector.

Hypothesis:

1. Ho: Marital status and saving habit are independent.

   H_1: Marital status and saving habit are associated.

2. H_O: Age group and type of education are independent.

   H_1: Age group and type of education are associated.

Methodology

The study conducts a survey on women working as nurses in unorganized sector, by using an unstructured close ended questionnaire. The study is based on both primary and secondary data; the secondary data is taken from journals and articles.

Analysis

Table 1 Age wise classification of the Unorganized Women Nurses

Age Group	Number of Respondents	Percentage (%)
21 – 30	14	28.0
31 – 40	29	58.0

https://musikinbayern.com DOI https://doi.org/10.15463/gfbm-mib-2025-478

41 – 50	7	14.0
Total	**50**	**100**

Source – Primary survey

The majority of female employees of 58 percent fall under the age range of 31- 40-year, with 28 percent of the respondent come under the age group of 21- 30 years. There are only 14 percent of the respondents fall under the age group of 41-50 years. Hence it is clear from the above table that the majority of unorganized women nurses are under the age group of 31-40 years of age.

Table 2 Marital status of the Unorganized Women Nurses

Marital status	Number of Respondents	Percentage (%)
Single	5	10.0
Married	45	90.0
Total	**50**	**100**

Source – Primary survey

The table 2 shows the marital status of the unorganized women nurses in Chennai. The table reveals that 90 percent of the respondents are married, while only 10 percent are single. Thus, it can be concluded from the above table that most of the unorganized women nurses earn in order to support their family after marriage.

Table 3 Education level of the Unorganized Women Nurses

Education level	Number of Respondents	Percentage (%)
School level	-	0.0
Under graduate	20	40.0
Post graduate	-	0.0
Diploma	30	60.0
Total	**50**	**100**

Source – Primary survey

The table 3 represents the education level of the respondents, majority of 60 percent of the respondents hold a diploma, 40 percent of the respondents are undergraduates. The table shows that none of the respondents had only school-level education as well as none of the respondents had the opportunity to take up postgraduate education. Overall, the educational background of these women reflects a level of formal training that equips them for semi-skilled roles.

Table 4 Family size of the Unorganized Women Nurses

https://musikinbayern.com DOI https://doi.org/10.15463/gfbm-mib-2025-478

Family size	Number of respondents	Percentage (%)
Nuclear family	24	48.0
Joint family	26	52.0
Total	**50**	**100**

Source – Primary survey

The table 4 exhibits the family size of the respondents, 52 percent of women workers are from joint family and 48 percent of the women workers are from nuclear family.

Table 5 Number of children of the Unorganized Women Nurses

Number of children	Number of respondents	Percentage (%)
0	7	14.0
1	9	18.0
2	32	64.0
3	2	4.0
Total	**50**	**100**

Source – Primary survey

This table 5 presents the number of children of the respondents. The table reveals that 64 percent of the respondents have two children, 18 percent of the unorganized women nurses have one child, 14 percent of the respondents have no children and 4 percent of the respondents are having three children.

Table 6 Working hours of the Unorganized Women Nurses

Working hours	Number of respondents	Percentage (%)
Below 8 hours	14	28.0
8 hours	26	52.0
Above 8 hours	10	20.0
Total	**50**	**100**

Source – Primary survey

Table 6 shows the number of working hours of the unorganized women nurses, 52 percent of them work for 8 hours, 28 percent of the women work below 8 hours and 20 percent of them work above 8 hours. The data emphasize a diverse range of work durations; almost half of the respondents either are overworking or underworking compared to a normal of 8 hour working duration.

Table 7 Work experience of the Unorganized Women Nurses

Experience	Number of respondents	Percentage (%)

https://musikinbayern.com DOI https://doi.org/10.15463/gfbm-mib-2025-478

1-5 years	20	40.0
6-10 years	26	52.0
More than 10 years	4	8.0
Total	**50**	**100**

Source – Primary survey

The table 7 represents the working experience of the respondents, majority of the respondents of 52 percent have 6 to 10 years of experience, whereas 40 percent of workers have 1 to 5 years of experience a substantial proportion of early-career professionals. Only 8 percent of the respondents has more than 10 years of experience.

Table 8 Salary range of the Unorganized Women Nurses

Salary range	Number of respondents	Percentage (%)
Below 10000	0	0.0
10000-20000	33	66.0
20000-30000	17	34.0
Above 30000	0	0.0
Total	**50**	**100**

Source – Primary survey

The table 8 shows the salary range of the respondents, 66 percent of the respondents earn ₹10,000 - ₹20,000, while 34 percent fall in the range of ₹20,000 - ₹30,000, where this shows limited income variation. No one earns below ₹10,000 or above ₹30,000, hence it can be concluded that unorganized women nurses earn from a range of ₹10,000 - ₹30,000.

Table 9 Physical health of the Unorganized Women Nurses

Physical health	Number of respondents	Percentage (%)
Excellent	4	8.0
Good	27	54.0
Fair	13	26.0
poor	6	12.0
Total	**50**	**100**

Source – Primary survey

Table 9 represents the physical health of the respondents, over half of the respondents that is 54% has rated that their physical health was good, but only 8% reported excellent health condition.

Musik in Bayern
ISSN: 0937-583x Volume 90, Issue 10 (Oct -2025)
https://musikinbayern.com DOI https://doi.org/10.15463/gfbm-mib-2025-478

Whereas 26 percent of the respondents fall to fair health condition and 12 percent of them having poor health status.

Table 10 Decision making of the Unorganized Women Nurses

Decision making	Number of respondents	Percentage (%)
Complete control	28	56.0
Some influence	9	18.0
Very little influence	10	20.0
No control	3	6.0
Total	**50**	**100.0**

Source – Primary survey

Table 10 denotes the decision making of the respondents, 56 percent of the respondents has complete control over the decision making in the family, whereas 20 percent has very little influence, 18 percent of the respondents has some influence and only 6 percent of the respondents are not having any control over the decision making in the family. Thus, the table depicts that more than 50% of the respondents have the control over the decision making in their family.

1. **Hypothesis testing:**

Table:11 Chi-square test of marital status and savings habit

Marital status	Savings habit (yes)	Savings habit (no)	Savings habit (barely)
single	1.34444	0.7	0.04706
married	0.14938	0.07778	0.00523

Chi-square test	Calculated X2 value	Degree of freedom	P-Value
	2.32389	2	0.31288

Table 11 emphasis a Chi-Square test of Martial status and Saving habit, the calculated X^2 value is 2.32389 at 2 degrees of freedom. The P-value is 0.31288, thus the Null hypothesis cannot be rejected. This indicates no Significant relationship between Martial Status and Savings.

2. **Hypothesis testing:**

Musik in Bayern
ISSN: 0937-583x Volume 90, Issue 10 (Oct -2025)
https://musikinbayern.com DOI https://doi.org/10.15463/gfbm-mib-2025-478

Table:12 Chi-square test of age group and education level

Age	Education (UG)	Education (Diploma)
21-30	2.06429	1.37619
31-40	0.03103	0.02069
41-50	2.8	1.86667

Chi-square test	Calculated X2 value	Degree of freedom	P-Value
	8.15887	2	0.01692

The table 12 represents a Chi-Square test of Age group and Education level, the estimated X^2 value is 8.15887 at 2 degrees of freedom. The P-value is 0.01692, that is less than 0.05, thus the analysis reveals a significant association between age group and education level, leading to the rejection of the null hypothesis of independence.

Findings

By using percentage analysis on demographic factor of 50 sample:

1. Age group - The majority of unorganized women nurses are under the age group of 31 – 40 years of age
2. Marital status - 90 percent of the respondents are married, so that most of the unorganized women nurses earn in order to support their family after marriage.
3. Education level - 60 percent of the respondents hold a diploma, the educational background of these women reflects a level of formal training that equips them for semi-skilled roles.
4. Family size - 52 percent of women workers are from joint family and 48 percent of the women workers are from nuclear family.
5. Number of children - 64 percent of the respondents having two children, 18 percent of the working women are having one child, 14 percent of the respondents have no children and 4 percent of the respondents are having three children.
6. Working hours - a diverse range of work durations; almost half of the respondents either are overworking or underworking compared to a normal of 8 hour working duration.
7. Work experience - 52 percent have 6 to 10 years of experience, whereas 40 percent of workers have 1 to 5 years of experience a substantial proportion of early-career professionals. Only 8 percent of the respondents has more than 10 years of experience.

https://musikinbayern.com DOI https://doi.org/10.15463/gfbm-mib-2025-478

8. Salary range – The majority of unorganized women nurses earn from a range of ₹10,000 - ₹30,000
9. Physical health - 54% has rated that their physical health was good, but only 8% reported excellent health condition. Whereas 26 percent of the respondents fall to fair health condition and 12 percent of them having poor health status.
10. Decision making – 50% of the unorganized women nurses have the complete control over the decision making in their family.

1) By using Chi-square test of Martial Status and Saving Habits, the calculated X^2 value is 2.32389 at 2 degrees of freedom. The P-value is 0.31288, thus the Null hypothesis cannot be rejected. This indicates no Statically Significant relationship between Martial Status and Savings.
2) By using Chi-square test of Age group and Education level, the estimated X^2 value is 8.15887 at 2 degrees of freedom. The P-value is 0.01692, that is less than 0.05, thus the analysis reveals a statistically significant association between age group and education level, leading to the rejection of the null hypothesis of independence.

Conclusion

The study mainly focuses on the work-life balance of women working as nurses in the unorganized sector. Despite their critical role as nurses in the unorganized sector continue to struggle with attaining work-life balance. Long hours, low compensation, and a lack of institutional support structures, all contribute to increased stress and less autonomy. To solve these problems, changes to government policies are required, especially support for mental well-being, job flexibility as well as equal pay. To ensure equality and empower women, this study encourages that informal healthcare workers (nurses) should be included in the labor and gender equity framework.

Reference

Zheyrille A. Arevalo, Marian Filomena B. Singson-Denosta, Jestine Kate G. Babaran, Kayla Marie M. Eslabon, Inosencia A. Alconcer & Jonalyn P. Santos. (2024). Human Resource Management Practices of Nurse managers and its relationship to the job satisfaction of staff nurses in private hospitals. *South East Asia Nursing Research,* *6*(4), 192-201. DOI:10.26714/seanr.6.4.2024.192-201.

Abdulmalik, P. P. and Pangandaman, H. K. (2024) "Leadership Traits of Nurse Managers and Nurse Staff Commitment in the Philippines Hospitals", *Indonesian Journal of Health Administration*, 12(1), pp. 49-61. doi: 10.20473/jaki.v12i1.2024.49-61.

Stimpfel AW, Leep-Lazar K, Mercer M, DeMarco K. "Scheduling Is Everything": A Qualitative Descriptive Study of Job and Schedule Satisfaction of Staff Nurses and Nurse Managers. *Western Journal of Nursing Research*. 2025;0(0). doi:10.1177/01939459251330280.

Nilay Ercan-Şahin, Mücahide Öner (2025). "A phenomenological study on the experiences of nursing home nurses", *BMC Nursing, 24*(1), https://doi.org/10.1186/s12912-025-03192-9.

Ingstad, Kari & Haugan, Gørill (2024). Balancing act: exploring work-life balance among nursing home staff working long shifts. *BMC Nursing, 23*(1), DOI:10.1186/s12912-024-02165-8.