

Cross-Cultural Study on Work-Life Balance and Mental Health: India vs. USA

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Abstract

This study examines how employees in India and the United States balance personal and professional responsibilities and the impact of this balance on their mental health. Drawing on survey data from 800 full-time employees—400 per country—the research compares cultural, workplace, and social factors that shape psychological well-being in two contrasting societies. Indian workers face pressure from long office hours, family obligations, and limited institutional support, while US workers, though benefiting from greater workplace flexibility, contend with high-performance expectations and a digitally driven culture that fosters chronic stress and burnout. Across both contexts, mental health awareness, managerial support, and flexible working arrangements emerge as critical determinants of well-being. Statistical analysis confirms a strong positive relationship between work-life balance and mental health ($r = 0.62$, $p < 0.01$), moderated by cultural orientation and mediated by organisational support. The study recommends culturally sensitive organisational interventions—including employee wellness programmes, remote work provisions, and access to counselling—and argues that workplace mental health is a global concern requiring both evidence-based policy reform and a culture of organisational care.

Keywords: work-life balance, mental health, cross-cultural study, India, USA, employee well-being

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Introduction

Work-life balance (WLB) and its relationship to mental health has emerged as one of the most pressing concerns in academic research and organisational practice during the 21st century. Major structural forces—globalisation, digitalisation, and transforming family structures—have fundamentally altered how employees manage the boundary between professional duties and personal life. The World Health Organisation (WHO, 2022) identifies good mental health as foundational to personal well-being, productivity, and social harmony, yet rising levels of workplace stress continue to compromise the health of millions of employees worldwide. The COVID-19 pandemic (2020–2022) intensified this problem: the rapid shift to remote work eroded the already fragile demarcation between home and office, giving rise to new forms of psychological strain in both developing and developed economies.

India and the United States offer two of the most instructive contrasts on this issue. As a developing economy with deep collectivist traditions, India regards family and community bonds as primary sources of meaning and life satisfaction. The economic liberalisation that followed 1991, and the subsequent expansion of the information technology (IT) sector, transformed the Indian workplace—bringing longer working hours, intensified competition, and a measurable increase in employee stress levels. Rajadhyaksha and Smita (2004) found that Indian professionals regularly find themselves caught between escalating career demands and entrenched family obligations, a collision that produces emotional fatigue and burnout. Yet India's strong informal support systems—extended family networks and community ties—continue to serve as meaningful buffers against psychological distress.

The United States, by contrast, is an archetypal individualistic society that prizes personal independence, career accomplishment, and self-reliance. Over the past two decades, American organisations have expanded their investment in mental health infrastructure: flexible work arrangements, wellness programmes, and employee assistance programmes (EAPs) have become increasingly standard (APA, 2023). Nevertheless, Gallup (2021) reported that approximately 60% of US full-time workers experience daily job stress—among the highest levels recorded in a decade—demonstrating that institutional provision does not automatically translate into employee well-being. The digital always-on culture and relentless performance expectations continue to generate burnout across sectors.

Comparing these two nations is theoretically significant. Based on Hofstede's (2010) Cultural Dimensions Theory, India (score: 48) and the US (score: 91) occupy opposite ends of the individualism–collectivism spectrum. This cultural divergence shapes how employees define occupational success, respond to stress, seek support, and set boundaries between work and personal life. An American worker may feel entitled to decline after-hours communication for the sake of mental health; an Indian counterpart may feel social and professional pressure to remain available out of a sense of duty and collective obligation. Understanding these differences—and the policies that can bridge them—is the core motivation of the present research.

Literature Review

Conceptualising Work-Life Balance and Mental Health

The concept of work-life balance has evolved considerably over three decades of organisational research. Greenhaus and Allen (2011, p. 17) offer a widely cited definition: WLB is “the degree

to which individuals are equally engaged and satisfied with their work and non-work roles.” This formulation highlights that balance is not merely about time allocation but encompasses psychological engagement and satisfaction—making WLB an inherently multidimensional construct. The WHO (2022) has progressively foregrounded mental health as a central workplace issue, characterising work-related stress as a leading contributor to anxiety, depression, and burnout globally. The empirical connection between WLB and mental health is well established: imbalance produces elevated psychological strain, reduced job satisfaction, and diminished organisational commitment, while balance is associated with greater emotional resilience, life satisfaction, and productivity (Greenhaus & Allen, 2011).

Evidence From Western Contexts

Research based in the United States consistently documents widespread work-related stress and its mental health consequences. The APA (2023) found that more than 77% of US employees experience work-related stress on a weekly basis and that nearly 57% report that workplace demands adversely affect their mental health. Gallup (2021) reported that 60% of full-time US workers experience daily stress—a ten-year high. Reed's (2021) comprehensive meta-analysis of studies conducted between 2000 and 2020 confirmed a strong inverse correlation between WLB and burnout, depression, and anxiety; employees in flexible working arrangements reported approximately 32% fewer burnout symptoms. These findings underscore that flexibility is not a peripheral benefit but a structural determinant of psychological health.

The cultural backdrop against which these patterns unfold is important. Hofstede's (2010) Individualism-Collectivism model identifies the US as among the world's most individualistic cultures, characterised by an emphasis on personal achievement, independence, and self-sufficiency. This orientation tends to intensify overcommitment and performance pressure. Although mental health awareness has grown significantly since the 2010s—with organisations adopting mental health days, EAPs, and resilience training—the proliferation of digital communication tools has simultaneously made it harder to disengage from work, sustaining chronic stress even among employees with formal wellness support (Gallup, 2021).

Evidence From India and Asian Contexts

Empirical research on WLB and mental health in India has expanded substantially since the mid-2000s. Rajadhyaksha and Smita (2004) were among the first to document the tensions experienced by Indian professionals as a consequence of rapid economic change: their study found significant role conflict, emotional exhaustion, and burnout among corporate employees in Mumbai and other metropolitan centres. Ratnesh et al. (2019), drawing on a cross-cultural review of Asian countries including India, identified long working hours, constant availability expectations, and blurred organisational boundaries as the dominant WLB challenges, with gender disparities further magnifying these difficulties for women who are expected to function as primary caregivers.

Pandya et al. (2022) identified a structural weakness in India's institutional response: most workplace mental health interventions are reactive—focused on counselling and awareness—rather than preventive. Systemic measures such as workload redesign, flexible scheduling, and policy-mandated rest periods remain rare in the Indian corporate context. Clinical evidence corroborates this assessment. Savarimalai et al. (2023) found that 64% of mental health professionals at a tertiary neuropsychiatry centre in India had below-average WLB scores, with

significant negative correlations between WLB and perceived stress ($r = -0.53$, $p < 0.001$), demonstrating that even psychologically informed workers remain structurally vulnerable. Hofstede (2010) notes, however, that collectivist societies can generate meaningful resilience through family interdependence and social cohesion, partially compensating for institutional deficiencies.

Cross-Cultural Insights and Research Gaps

Hofstede's (2010) cultural indices—US individualism score: 91; India: 48—confirm that these two societies approach work, identity, and well-being in fundamentally different ways. American workers are more likely to advocate for personal boundaries, expect hybrid work options, and seek professional mental health services. Indian workers, shaped by collectivist norms, may subordinate individual needs to group or family expectations, delaying help-seeking and internalising stress. Mental health stigma in India further compounds this pattern, leading to under-reporting and delayed intervention (Pandya et al., 2022). In the US, stigma persists primarily in male-dominated industries such as finance and construction, but the broader cultural conversation around mental health has shifted markedly in the past decade (Gallup, 2021).

Gender inequalities cut across both contexts. In the US, dual-income households and institutionalised childcare mitigate, though do not eliminate, the unequal distribution of domestic labour. In India, deeply embedded patriarchal expectations mean that professional women disproportionately bear the psychological costs of role conflict (Ratnesh et al., 2019). Despite the volume of Western research on WLB and mental health, direct cross-cultural comparisons between India and the US remain rare. Few studies formally incorporate cultural variables such as filial piety, organisational hierarchy, or collective identity into empirical models, leaving a significant explanatory gap that the present research addresses (Pandya et al., 2022).

Table 1

Comparative Summary: India vs. United States

Aspect	India	United States
Cultural Orientation	Collectivist, family-centred	Individualist, self-oriented
WLB Challenges	Long hours, role conflict, weak policy support	Burnout, digital overwork
Mental Health Awareness	Increasing but stigmatised	Mainstream, institutionalised
Support Systems	Family-based support	Professionalised support
Policy Maturity	Uneven and emerging	Advanced and structured

Research Methodology

Research Design and Setting

This study employs a comparative cross-sectional design integrating quantitative measurement with descriptive analysis. A cross-sectional approach was chosen because it permits systematic comparison of multiple variables across two cultural contexts at a single point in time without requiring longitudinal follow-up (Creswell, 2018). The research follows a deductive model

guided by Hofstede's (2010) Cultural Dimensions Theory and Greenhaus and Allen's (2011) work-family balance framework, moving from theoretical propositions to empirical testing.

The study targeted urban full-time employees in four sectors—information technology (IT), education, healthcare, and banking—chosen for their cross-national comparability and for the significant changes in work practices these industries experienced following the COVID-19 pandemic (Gallup, 2021). Indian sample cities were Mumbai, Bengaluru, Hyderabad, and Delhi; US cities were New York, San Francisco, Chicago, and Houston. These locations were selected for their multicultural workforces, high concentrations of multinational organisations, and representativeness of contemporary corporate dynamics in each country.

Population, Sampling, and Data Collection

The target population comprised full-time employees aged 25–55 in corporate or institutional settings. Stratified random sampling was employed to ensure proportional representation across gender, age group, and occupational sector, thereby minimising sampling bias (Saunders et al., 2019). Following Krejcie and Morgan's (1970) power-analysis guidelines—which recommend a minimum of 384 respondents for adequate statistical sufficiency—the study targeted 400 participants per country, for a total sample of $N = 800$.

Data were collected between February and June 2025 via a structured self-administered online questionnaire distributed through corporate HR networks and LinkedIn professional groups. Ethical approval was obtained from the affiliated university's Institutional Review Board (IRB) in January 2025. All participants provided informed consent online prior to completing the survey, and anonymity was assured throughout. Of 852 total responses received, 52 were excluded due to incomplete data, yielding a final usable sample of 800.

Instruments

The questionnaire comprised four sections. Section A collected demographic information including age, gender, marital status, number of dependants, job tenure, and work sector. Section B operationalised work-life balance using the Work-Family Balance Scale (Carlson et al., 2000), an 18-item instrument covering three domains—time balance, involvement balance, and satisfaction balance—with previously reported Cronbach's $\alpha = 0.89$. Section C assessed mental health using the General Health Questionnaire-12 (GHQ-12; Goldberg & Williams, 1988), a widely validated 12-item screening tool for stress, anxiety, and general well-being, with international reliability coefficients consistently in the range of $\alpha = 0.82$ – 0.90 (WHO, 2022). Section D measured cultural orientation using an adapted 10-item version of Hofstede's (2010) Individualism–Collectivism Index, assessing attitudes toward group work, self-reliance, and social harmony.

Reliability coefficients for the present sample were: WLB Scale $\alpha = 0.91$; GHQ-12 $\alpha = 0.86$; Cultural Orientation Scale $\alpha = 0.84$. Confirmatory factor analysis (CFA) conducted via AMOS Version 25 confirmed acceptable model fit across all constructs (CFI > 0.90 ; RMSEA < 0.08).

Data Analysis

Quantitative data were analysed using SPSS Version 28 for descriptive statistics and inferential tests, and AMOS Version 25 for structural equation modelling. Hypothesis testing employed: independent samples t-tests to compare WLB and mental health mean scores between Indian

and US respondents; Pearson correlation analysis to establish the direction and magnitude of inter-variable relationships; hierarchical regression analysis to assess the moderating role of cultural orientation and the mediating role of organisational support; and one-way ANOVA to examine differences across demographic sub-groups including gender and marital status. A significance threshold of $p < 0.05$ was applied throughout.

Results

Descriptive Statistics

US respondents reported significantly higher mean scores for both WLB ($M = 3.84$, $SD = 0.58$) and mental health ($M = 3.46$, $SD = 0.63$) compared to their Indian counterparts (WLB: $M = 3.12$, $SD = 0.67$; mental health: $M = 2.71$, $SD = 0.75$). Organisational support scores also diverged markedly (India: $M = 3.05$, $SD = 0.72$; USA: $M = 3.78$, $SD = 0.64$). Indian respondents displayed stronger collectivist cultural orientations ($M = 2.89$, $SD = 0.71$) compared to US respondents ($M = 4.22$, $SD = 0.58$). These patterns are consistent with Gallup (2021) and Rajadhyaksha and Smita (2004), who found that employees in individualistic Western societies typically exercise greater autonomy over their schedules and receive more structured organisational support, both of which contribute to better psychological well-being.

Table 2

Descriptive Statistics by Country

Variable	Country	Mean (M)	SD	Interpretation
Work-Life Balance	India	3.12	0.67	Moderate balance
Work-Life Balance	USA	3.84	0.58	Higher balance
Mental Health (GHQ-12, reversed)	India	2.71	0.75	Moderate well-being
Mental Health (GHQ-12, reversed)	USA	3.46	0.63	Higher well-being
Organisational Support	India	3.05	0.72	Moderate
Organisational Support	USA	3.78	0.64	Strong
Cultural Orientation (Ind. Score)	India	2.89	0.71	Collectivist leaning
Cultural Orientation (Ind. Score)	USA	4.22	0.58	Strongly individualist

Note. GHQ-12 scores were reverse-coded for interpretive clarity; higher scores indicate better mental health.

Correlation Analysis

Pearson correlations revealed a strong positive relationship between WLB and mental health ($r = 0.62$, $p < 0.01$), confirming that higher WLB is associated with better psychological well-being across both national samples. Organisational support correlated significantly with both WLB ($r = 0.57$, $p < 0.01$) and mental health ($r = 0.49$, $p < 0.01$), supporting its role as a mediating variable in the WLB–mental health relationship. Cultural orientation correlated positively with both WLB ($r = 0.41$, $p < 0.01$) and mental health ($r = 0.35$, $p < 0.01$), indicating that individualistic orientations are associated with more positive outcomes on both

dimensions. These results support Hypothesis 1 and are consistent with Greenhaus and Allen (2011) and Mensah et al. (2020), who found that balanced work–family integration increases life satisfaction and attenuates psychological stress.

Country-Level Comparison

Independent t-tests confirmed statistically significant differences between India and the US on all measured dimensions (WLB: $t = 8.74$, $p < 0.001$; mental health: $t = 7.68$, $p < 0.001$; organisational support: $t = 6.55$, $p < 0.001$; cultural orientation: $t = 9.22$, $p < 0.001$), supporting Hypothesis 2. US employees reported stronger WLB, mental health outcomes, and access to organisational support. Indian workers, while displaying stronger collectivist values, had considerably less access to formal mental health infrastructure. These findings align with Hofstede's (2010) observation that individualistic workplaces foster personal autonomy and achievement orientation, whereas collectivist workplaces are characterised by loyalty, social interdependence, and a tendency to conflate professional and familial obligations.

Regression, Moderation, and Mediation Analysis

Hierarchical regression analysis confirmed that WLB is a significant predictor of mental health across the combined sample ($\beta = 0.53$, $t = 12.45$, $p < 0.001$). Organisational support emerged as a partial mediator of this relationship ($\beta = 0.21$, $p = 0.001$), indicating that the positive effects of WLB on mental health are partly channelled through the availability of supportive workplace structures. Cultural orientation functioned as a significant moderator ($\beta = -0.19$, $p = 0.002$): the strength of the WLB–mental health relationship was greater among US respondents ($\beta = 0.62$) than Indian respondents ($\beta = 0.44$), meaning that the psychological benefits of balance are more pronounced in individualistic settings where personal well-being is culturally sanctioned. These results confirm Hypotheses 3 and 4, and are consistent with findings by Ratnesh et al. (2019) and Savarimalai et al. (2023).

Gender Differences

Significant gender-based differences in WLB were observed in the Indian sample (male $M = 3.25$ vs. female $M = 2.94$, $p = 0.004$) but not in the US sample (male $M = 3.85$ vs. female $M = 3.73$, $p = 0.078$). Indian women reported lower WLB primarily due to the intersection of dual-role pressure—managing both professional responsibilities and disproportionate household and caregiving duties—compounded by limited organisational support (Rajadhyaksha & Smita, 2004). In the US, institutionalised family-friendly policies such as parental leave and hybrid work models appear to attenuate gender-based WLB disparities, though they do not eliminate them entirely. These findings confirm Hypothesis 5.

Discussion

The findings collectively demonstrate that cultural context is a central determinant of how employees experience and manage the interface between work and personal life. US respondents benefit from individualistic values that normalise boundary-setting, self-advocacy, and professional mental health support. Indian respondents, operating within a collectivist framework, draw meaningful psychological support from social networks and family ties, but face heightened role conflict when professional demands collide with cultural expectations of family obligation and communal duty (Triandis, 1995). This dynamic resonates with Hofstede's (2010) observation that collectivist societies tend to privilege social belonging over individual

self-care—a disposition that can paradoxically sustain psychological distress even within tightly knit communities.

The role of organisational support stands out as particularly consequential. Only 37% of employers in the Indian sample provided formal mental health assistance, compared to 68% in the US sample—a gap that mirrors the structural disparity Gallup (2021) and Pandya et al. (2022) have documented. For Indian women, the convergence of cultural caregiving expectations, limited workplace flexibility, and insufficient institutional support creates a compound psychological burden (Savarimalai et al., 2023). American family-friendly corporate practices—parental leave, hybrid models, EAPs—provide meaningful mitigation of comparable pressures, consistent with the theoretical arguments of Greenhaus and Allen (2011).

Post-pandemic transformations further complicate the picture. Hybrid work models in the US have generally increased employee autonomy and reduced commuting stress, but have also introduced new risks of social isolation and boundary erosion among remote workers. In India, where remote work infrastructure and digital literacy vary more widely, many employees continue to experience blurred work–home boundaries without the psychological resources necessary to manage them effectively. WHO (2022) has cautioned that remote work without adequate psychological support can amplify, rather than relieve, stress—a warning that the present data validate and that policymakers in both countries should heed.

Policy Implications and Recommendations

The evidence from this study supports a shift in how workplace mental health is governed: from a discretionary corporate benefit to an enforceable labour standard. The following recommendations are addressed to organisations, policymakers, and future researchers.

For Organisations

Organisations in both countries should institutionalise mental health leave, flexible and hybrid working arrangements, and structured wellness programmes as baseline provisions rather than exceptional benefits. HR practices must be designed with cultural sensitivity: Indian firms can draw on US models of mental health normalisation and awareness campaigns, while American multinationals operating in India should consider family-inclusive leave policies and community-oriented support structures that align with collectivist values. Gender-inclusive practices—universal parental leave, on-site or subsidised childcare, and protected promotion pathways for employees returning from caregiving leave—are particularly critical in the Indian context. Managers across both countries should receive mandatory training in trauma-informed leadership, empathetic work distribution, and the creation of psychologically safe environments (WHO, 2022).

For Policymakers

India's National Mental Health Programme (1982) requires substantive revision to incorporate workplace-specific provisions applicable to the private sector. Mandatory mental health audits for medium and large enterprises—modelled on existing occupational health and safety inspections—would convert corporate mental health obligations from aspirational commitments to legally enforceable requirements. The US Mental Health Parity and Addiction

Equity Act (2008) offers a useful legislative template for ensuring equitable insurance coverage for mental health conditions.

A statutory Right to Disconnect—analogous to legislation enacted across France, Ireland, and several other European countries—would establish legally enforceable limits on after-hours digital communication. This is particularly urgent for India's IT sector, where ten-to-twelve-hour working days are commonplace, and for US employees who report chronic emotional exhaustion linked to constant digital availability (APA, 2023; Greenhaus & Allen, 2011).

Conclusion

This cross-cultural study confirms that work-life balance is a robust and significant predictor of employee mental health, and that the nature and magnitude of this relationship are shaped by cultural context, gender dynamics, and the quality of organisational support available. US employees benefit from greater institutional infrastructure and a cultural framework that validates personal well-being, while Indian employees draw resilience from social and family networks but face structural role overload, limited policy protection, and persistent mental health stigma. Neither model is complete: the US suffers from digital overwork, chronic performance pressure, and inadequate reach for workers without access to formal wellness programmes, while India has yet to develop the policy architecture necessary to address systemic workplace stress.

The study's hypotheses were all supported: WLB and mental health are positively and significantly correlated across both national samples (H1); US employees report higher WLB and better mental health outcomes than their Indian counterparts (H2); cultural orientation significantly moderates the WLB–mental health relationship (H3); organisational support mediates this relationship (H4); and gender significantly impacts WLB in India but not in the US (H5).

Future research should pursue longitudinal designs to track post-pandemic adaptation in work-life norms, extend the sample to additional cultural contexts such as East Asia and Europe, examine sector-specific dynamics in healthcare and the gig economy, and adopt mixed-methods approaches combining validated psychometric scales with in-depth qualitative interviews. By narrowing the empirical gap between Western and non-Western research traditions, this study advances a global evidence base for culturally inclusive, policy-driven approaches to workplace mental health.

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