

Psychological Impact of Time Zone Shifts on India's IT Workforce in Non-IST

Kavya Srivathsan^{1*}

ABSTRACT

Mental health is an integral component of overall well-being, yet its prioritisation in India remains limited. Traditional Indian lifestyles are largely structured around family-centric routines aligned with the 9-to-5 workday. The expansion of multinational corporations (MNCs) and global outsourcing has disrupted this rhythm, requiring employees to work night shifts, early morning schedules, and irregular hours to serve international clients. This qualitative study explores the psychological and social implications of non-standard work schedules for Indian employees. Semi-structured interviews with ten participants working in different MNCs revealed recurrent themes of sleep disruption, fatigue, social isolation, and limited organisational support. Participants reported coping strategies such as meditation, strict routines, and peer support, though these provided only partial relief. Findings underscore the need for culturally sensitive mental health services, organisational interventions, and policy reforms that recognise the unique challenges of time-zone misalignment. The study highlights the importance of integrating routine mental health assessments and workplace wellness programs tailored for shift workers.

Keywords: *Occupational Stress, Shift Work, Psychological Well-Being, Work-Life Balance, Mental Health Access*

The study of mental health has evolved significantly since René Descartes first proposed the concept of mind-body dualism in the 17th century, laying the philosophical groundwork for modern psychology. The formal emergence of psychology as a scientific discipline in 1879 with Wilhelm Wundt's first research laboratory has since led to numerous specialised branches, including occupational psychology, which examines well-being in the workplace. Despite a growing awareness of mental health's importance, routine psychological assessments remain far less common than physical health check-ups. This disparity is concerning, as psychological distress from factors like stress and fatigue is proven to have a bidirectional relationship with physical health.

This issue is particularly prominent within India's Information Technology (IT) sector. As a dominant player in the global IT services market, the Indian workforce frequently operates on non-standard schedules—including night and early morning shifts—to align with clients in different time zones, primarily in the United States and Europe. This practice, driven by

¹M.Sc., Department of Psychology, Jain (Deemed-to-be) University, Bengaluru, India

*Corresponding Author

Received: September 24, 2025; Revision Received: October 10, 2025; Accepted: October 14, 2025

"time arbitrage," creates round-the-clock productivity for global firms but imposes significant human costs. Employees working these shifts report recurrent patterns of sleep disruption, emotional fatigue, irritability, and social isolation. They face difficulties reconciling their work schedules with Indian cultural and familial obligations, such as festivals and family interactions. Existing corporate wellness programs and Employee Assistance Programs (EAPs) are often designed for a conventional 9-to-5 workforce and are largely inaccessible to off-shift employees, creating a critical gap in support. This study addresses the urgent need to understand the lived experiences of these employees to advocate for accessible, culturally sensitive, and appropriately timed mental health interventions.

LITERATURE REVIEW

Research on psychotherapy in India emphasises the necessity of culturally adapted interventions to address unique stressors faced by Indian employees (Selvapandiyan et al., 2024). Workplace studies highlight that nearly half of Indian corporate workers experience depression or anxiety, which adversely affects productivity, absenteeism, and retention (Social Support and Psychological Well-Being Among Office Employees, 2019).

Workplace mental health interventions in India remain nascent, with calls for cost-effectiveness analyses and policy integration (Pandya et al., 2022). Broader sociological work emphasises the human costs of "time arbitrage," where corporations exploit time zone differences, often at the expense of employees' health (Mirchandani, 2009; Nadeem, 2008b). Gendered perspectives reveal that women on night shifts face heightened risks, including disrupted family life and health complications (Divya et al., 2019).

Additionally, HR interventions such as flexible schedules, childcare, and wellness programs demonstrate effectiveness in mitigating work-life stress (Baral & Bhargava, 2012). Yet, a persistent culture of long working hours in India continues to erode employee well-being (India Today, 2024). Overall, the literature points to a pressing need for holistic interventions that combine organisational support, cultural awareness, and accessible mental health care.

METHODOLOGY

This study was conducted between June and August 2025, involving participants from various cities across India, including Pune, Bengaluru, Hyderabad, Gurgaon, Noida, Mumbai, New Delhi, Chennai, and Chandigarh. The research employed a qualitative design to gather in-depth experiential data.

Objectives

The primary objective of this research is to analyse the impact of non-standard work schedules on the mental health of MNC employees in India. The study aims to identify the specific challenges faced by this demographic and to investigate the gap between available organisational support and employee needs, thereby highlighting the necessity for improved accessibility to mental health care.

Hypotheses

The central hypothesis is that Indian MNC employees working non-standard schedules to align with foreign time zones experience significant negative impacts on their mental health, including increased occupational stress, severe sleep disruption, and social isolation, which are inadequately addressed by existing corporate wellness structures.

Participants

The study included 10 participants employed by various MNCs in India. A purposive sampling method was used to ensure diversity in age, gender, role, and geographical location. A key criterion for inclusion was a minimum of four years of experience working in non-standard shifts to ensure participants could provide insight into the long-term effects.

Materials

A semi-structured interview guide was the primary tool for data collection. The guide included open-ended questions designed to explore participants' work schedules, the impact on their mental and physical health, changes in their social and family life, personal coping strategies, and perceptions of their organisation's mental health support.

Data Collection

Data were collected through one-on-one, semi-structured interviews conducted either in-person or via telephone. Each interview was designed to last approximately 45-60 minutes. Strict ethical guidelines were followed; participants were informed of the study's purpose and their right to withdraw, and informed consent was obtained from all. Anonymity and confidentiality of responses were guaranteed.

Scoring

As a qualitative study, the data were not scored numerically. Instead, the interview transcripts were subjected to a rigorous analytical process. The data were analysed using Thematic Analysis to identify recurring patterns, themes, and ideas, complemented by Within-Case and Cross-Case Analysis to explore individual experiences in depth and compare them across participants to identify similarities and differences.

Psychological Variables

The key psychological variables explored during the interviews included:

- **Mental Health Impact:** Perceived changes in mood, anxiety, stress, and emotional exhaustion.
- **Sleep and Fatigue:** Experiences with sleep disturbances, quality of rest, and chronic fatigue.
- **Social Well-being:** Feelings of social isolation or disconnection from family, friends, and cultural events.
- **Coping Mechanisms:** Strategies and habits adopted by individuals to manage the challenges of their work schedule.
- **Organisational Support:** Perception of the adequacy and accessibility of company-provided mental health resources like counselling and wellness programs.

RESULTS

Findings revealed consistent patterns across cases:

- **Sleep Disruption:** Participants frequently reported chronic fatigue, insomnia, and difficulty sustaining restorative sleep. Noise, irregular schedules, and circadian misalignment exacerbated exhaustion.
- **Social Isolation:** Many described missing family gatherings, festivals, and daily interactions. Night and early morning shifts limited opportunities for social engagement, producing feelings of loneliness.

Psychological Impact of Time Zone Shifts on India's IT Workforce in Non-IST

- **Emotional Fatigue:** Participants reported irritability, reduced concentration, and mood fluctuations linked to prolonged misalignment between professional and personal life.
- **Coping Mechanisms:** Strategies included meditation, blackout curtains, caffeine regulation, and structured routines. While these offered temporary relief, they were insufficient for long-term well-being.
- **Organisational Support Gaps:** Although wellness programs and Employee Assistance Programs (EAPs) existed, they were typically offered during daytime hours, excluding off-shift employees. Stigma around mental health further limited utilisation.

DISCUSSION

The results reinforce prior research linking non-standard work schedules with circadian disruption, psychological distress, and social strain (Rajaratnam & Arendt, 2001; Chellappa et al., 2020). Employees' narratives highlight how cultural expectations—such as participation in family events—intensify the burden of shift work in India.

Organisational efforts, while present, often fail to reach night-shift employees due to scheduling misalignment and limited cultural sensitivity. This aligns with findings that workplace wellness programs in India remain symbolic rather than substantive (HSE, 2022). Importantly, some employees voluntarily accepted shifts for financial or familial reasons, reflecting a complex trade-off between economic opportunity and personal health.

The study underscores the need for organisational reforms, including flexible scheduling, night-time mental health services, and culturally sensitive leave policies. By integrating mental health into occupational health practices, MNCs can promote sustainable workforce performance while supporting employee well-being.

CONCLUSION

This study concludes that non-standard work schedules impose significant psychological and social burdens on India's IT workforce.

1. Circadian disruption, chronic fatigue, and social isolation are pervasive challenges for employees working non-standard hours.
2. The negative impacts are most severe for employees on irregular or rotating shifts compared to those on fixed schedules.
3. Employee agency, voluntariness, and the ability to reframe the work positively can significantly mediate adverse mental health outcomes.
4. A critical disconnect exists between the provision of corporate wellness programs and their accessibility to night-shift employees.
5. Organisations must develop tailored, shift-specific, and accessible mental health interventions to foster sustainable well-being for this vital segment of the workforce.

REFERENCES

- Akerstedt, T. (2003). Shift work and disturbed sleep/wakefulness. *Occupational Medicine*, 53(2), 89–94. <https://doi.org/10.1093/occmed/kqg046>
- Baral, R., & Bhargava, S. (2012). HR interventions for work–life balance: Evidences from organisations in India. *Global Business Review*, 13(1), 19–34. <https://doi.org/10.1177/097215091101300102>

- Barnes-Farrell, J. L., Davies-Schrils, K. A., McGonagle, A. K., & Walsh, B. M. (2008). Social and family outcomes of shiftwork and non-standard working hours. *Journal of Occupational and Organizational Psychology*, *81*(3), 459–476. <https://doi.org/10.1348/096317907X246253>
- Biron, C., & Karanika-Murray, M. (2014). Process evaluation for organizational stress and well-being interventions: Implications for theory, method, and practice. *International Journal of Stress Management*, *21*(1), 85–111. <https://doi.org/10.1037/a0033227>
- Boivin, D. B., & Boudreau, P. (2014). Impacts of shift work on sleep and circadian rhythms. *Pathologie Biologie*, *62*(5), 292–301. <https://doi.org/10.1016/j.patbio.2014.08.001>
- Booker, L. A., Magee, M., Rajaratnam, S. M., Sletten, T. L., & Howard, M. E. (2020). Individual vulnerability to insomnia, excessive sleepiness and shift work disorder amongst healthcare shift workers: A systematic review. *Sleep Medicine Reviews*, *51*, 101300. <https://doi.org/10.1016/j.smr.2020.101300>
- British Safety Council India. (2024, October 8). Long working hours: a growing problem for India. <https://www.britsafe.in/safety-management-news/2024/long-working-hours-a-growing-problem-for-india>
- Chellappa, S. L., Morris, C. J., & Scheer, F. a. J. L. (2020). Circadian misalignment increases mood vulnerability in simulated shift work. *Scientific Reports*, *10*(1). <https://doi.org/10.1038/s41598-020-75245-9>
- Cheng, P., Tallent, G., Burgess, H. J., Tran, K. M., Roth, T., & Drake, C. L. (2018). Daytime sleep disturbance in night shift work and the role of PERIOD3. *Journal of Clinical Sleep Medicine*, *14*(03), 393–400. <https://doi.org/10.5664/jcsm.6984>
- Costa, G. (2016). Shift work and health: Current problems and preventive actions. *Safety and Health at Work*, *7*(2), 125–129. <https://doi.org/10.1016/j.shaw.2016.04.002>
- Divya, B., Michael, J. P. A., & Paul, J. (2019). Nightshift and its effect on the health of working women in BPO Chennai. *International Journal of Medical and Exercise Science*, *5*(1), 526–530. <https://www.researchgate.net/publication/333103910>
- Gardiner, C., Weakley, J., Burke, L. M., Roach, G. D., Sargent, C., Maniar, N., Townshend, A., & Halson, S. L. (2023). The effect of caffeine on subsequent sleep: A systematic review and meta-analysis. *Sleep Medicine Reviews*, *69*, 101764. <https://doi.org/10.1016/j.smr.2023.101764>
- Gay, C. L., Lee, K. A., & Lee, S. Y. (2004). Sleep patterns and fatigue in new mothers and fathers. *Biological Research for Nursing*, *5*(4), 311–318. <https://doi.org/10.1177/1099800403262142>
- Geurts, S. A. E., Rutte, C. G., & Peeters, M. C. W. (1999). Antecedents and consequences of work-home interference among medical residents. *Social Science & Medicine*, *48*(9), 1135–1148. [https://doi.org/10.1016/S0277-9536\(98\)00429-3](https://doi.org/10.1016/S0277-9536(98)00429-3)
- Grawitch, M. J., Gottschalk, M., & Munz, D. C. (2006). The path to a healthy workplace: A critical review linking healthy workplace practices, employee well-being, and organizational improvements. *Consulting Psychology Journal: Practice and Research*, *58*(3), 129–147. <https://doi.org/10.1037/1065-9293.58.3.129>
- Greenhaus, J. H., & Beutell, N. J. (1985). Sources of conflict between work and family roles. *Academy of Management Review*, *10*(1), 76–88. <https://doi.org/10.5465/amr.1985.4277352>
- Health and Safety Executive (HSE). (2022). *Mental Health First Aid (MHFA) training in workplaces: A systematic review of the evidence*. HSE Research Report RR1135. <https://www.hse.gov.uk/research/rrhtm/rr1135.htm>
- Härmä, M. (2006). Work hours in relation to work stress, recovery and health. *Scandinavian Journal of Work, Environment & Health*, *32*(6), 502–514. <https://doi.org/10.5271/sjweh.1055>

- Härmä, M., Ropponen, A., Hakola, T., Koskinen, A., Vanttola, P., Puttonen, S., ... & Sallinen, M. (2018). Developing register-based measures for assessment of working time patterns for epidemiologic studies. *Scandinavian Journal of Work, Environment & Health*, 44(3), 246–256. <https://doi.org/10.5271/sjweh.3702>
- James, S. M., Honn, K. A., Gaddameedhi, S., & Van Dongen, H. P. (2017). Shift work: Disrupted circadian rhythms and sleep—Implications for health and well-being. *Current Sleep Medicine Reports*, 3(2), 104–112. <https://doi.org/10.1007/s40675-017-0071-6>
- Jha, S., & Pandey, J. (2015). Global operations and talent development in multinational corporations: An HRM perspective. *Indian Journal of Industrial Relations*, 50(3), 458–472.
- Kecklund, G., & Axelsson, J. (2016). Health consequences of shift work and insufficient sleep. *BMJ*, i5210. <https://doi.org/10.1136/bmj.i5210>
- KPMG. (2023). *Indian IT industry outlook: Beyond Western markets*. KPMG Global.
- Kuhbandner, C. (2020). Long-Lasting verbatim memory for the words of books after a single reading without any learning intention. *Frontiers in Psychology*, 11. <https://doi.org/10.3389/fpsyg.2020.01780>
- Lingala, A. R. (2020). A study on the wellness practices of MNC employees and recommendations on wellness practices. *Texila International Journal of Management*, 6(2), 53–59. <https://doi.org/10.21522/tijmg.2015.06.02.art005>
- Lowden, A., Moreno, C., Holmbäck, U., Lennernäs, M., & Tucker, P. (2010). Eating and shift work – Effects on habits, metabolism, and performance. *Scandinavian Journal of Work, Environment & Health*, 36(2), 150–162. <https://doi.org/10.2307/40967841>
- Menon, S., Sanjana, T., & Sudhesh, N. T. (2022). Changing environment and workplace well-being among MNC employees in Bangalore: A promising survey. *International Journal of Social Sciences Review*, 10(1), 26–31. Retrieved from https://www.researchgate.net/publication/364253799_Changing_Environment_and_Workplace_Well-being_among_MNC_Employees_in_Bangalore_A_Promising_Survey
- Nadeem, S. (2008b). The uses and abuses of time: globalization and time arbitrage in India's outsourcing industries. *Global Networks*, 9(1), 20–40. <https://doi.org/10.1111/j.1471-0374.2009.00240.x>
- NASSCOM. (2021). *Strategic review 2021: The IT-BPM sector in India*. National Association of Software and Service Companies.
- Pandya, A., Khanal, N., & Upadhyaya, M. (2022). Workplace Mental Health Interventions in India: A Rapid Systematic Scoping Review. *Frontiers in Public Health*, 10. <https://doi.org/10.3389/fpubh.2022.800880>
- Patel, V., Saxena, S., Lund, C., Thornicroft, G., Baingana, F., Bolton, P., Chisholm, D., Collins, P. Y., Cooper, J. L., Eaton, J., Herrman, H., Herzallah, M. M., Huang, Y., Jordans, M., Kleinman, A., Medina-Mora, M. E., Morgan, E., Niaz, U., Omigbodun, O., ... Unützer, J. (2018). The Lancet Commission on global mental health and sustainable development. *The Lancet*, 392(10157), 1553–1598. [https://doi.org/10.1016/S0140-6736\(18\)31612-X](https://doi.org/10.1016/S0140-6736(18)31612-X)
- Presser, H. B. (2003). *Working in a 24/7 economy: Challenges for American families*. Russell Sage Foundation.
- R, T., & Nagesh, R. (2023). A STUDY ON WORK-LIFE BALANCE OF EMPLOYEES IN MNC's. *TIJER - International Research Journal*, 10(4), 155–157. <https://tijer.org/tijer/papers/TIJER2304161.pdf>
- Rai, S. (2015). Organisational justice and employee mental health's moderating roles in organisational identification. *South Asian Journal of Global Business Research*, 4(1), 68–84. <https://doi.org/10.1108/sajgbr-01-2014-0006>

Psychological Impact of Time Zone Shifts on India's IT Workforce in Non-IST

- Rajaratnam, S. M. W., & Arendt, J. (2001). Health in a 24-h society. *The Lancet*, 358(9286), 999–1005. [https://doi.org/10.1016/S0140-6736\(01\)06108-6](https://doi.org/10.1016/S0140-6736(01)06108-6)
- Robinson, H. (2020). Descartes' dualism. In E. N. Zalta (Ed.), *The Stanford Encyclopedia of Philosophy* (Fall 2020 ed.). Stanford University. <https://plato.stanford.edu/entries/descartes-ontological/>
- Ruggiero, J. S., & Redeker, N. S. (2014). Effects of napping on sleepiness and sleep-related performance deficits in night-shift workers: A systematic review. *Biological Research for Nursing*, 16(2), 134–142. <https://doi.org/10.1177/1099800413476571>
- Saksvik, I. B., Bjorvatn, B., Hetland, H., Sandal, G. M., & Pallesen, S. (2011). Individual differences in tolerance to shift work – A systematic review. *Sleep Medicine Reviews*, 15(4), 221–235. <https://doi.org/10.1016/j.smrv.2010.07.002>
- Schultz, D. P., & Schultz, S. E. (2016). *A history of modern psychology* (11th ed.). Cengage Learning.
- Selvapandiyani, J., Das, A., & Singh, G. P. (2024). Research on psychotherapy in India: A systematic review. *Indian Journal of Psychiatry*, 66(2), 123–134. https://doi.org/10.4103/indianjpsychiatry.indianjpsychiatry_682_23
- SHRM India. (n.d.). *Long commutes impact on mental health*. Society for Human Resource Management. <https://www.shrm.org/in/topics-tools/news/blogs/long-commutes-impact-on-mental-health>
- Singh, M., James, P. S., Rajasulochana, S. R., & Randhawa, G. (2025). True awareness of mental health remains in the shadow: an exploratory study on implementing mental health support in the workplace. *Cogent Psychology*, 12(1). <https://doi.org/10.1080/23311908.2025.2485739>
- Social support and psychological well-being among office employees of an MNC company in New Delhi. (2019). *Questa Soft*. <https://www.ceeol.com/search/article-detail?id=1265821>
- Tonetti, L., Natale, V., Cerassa, L., & Lombardo, C. (2022). Different effects of social jetlag and weekend catch-up sleep on well-being.
- Tucker, P., & Folkard, S. (2012). Working time, health and safety: A research synthesis paper. *International Labour Office*. <https://www.ilo.org/global/publications/>
- Vlasak, T., Dujlovic, T., & Barth, A. (2022). Neurocognitive impairment in night and shift workers: a meta-analysis of observational studies. *Occupational and Environmental Medicine*, 79(6), 365–372. <https://doi.org/10.1136/oemed-2021-107847>
- Wagstaff, A. S., & Lie, J. S. (2011). Shift and night work and long working hours – a systematic review of safety implications. *Scandinavian Journal of Work Environment & Health*, 37(3), 173–185. <https://doi.org/10.5271/sjweh.3146>
- Wittmann, M., Dinich, J., Mellow, M., & Roenneberg, T. (2006). Social jetlag: Misalignment of biological and social time. *Chronobiology International*, 23(1-2), 497–509. <https://doi.org/10.1080/07420520500545979>
- World Health Organization. (2022). *World mental health report: Transforming mental health for all*. WHO.

Acknowledgment

To Dr. Chenraj Roychand, President of Jain (Deemed-to-be-University) Trust, for the opportunity to undertake this post-graduate course. To Dr. H. Muralidharan, Director, and Prof. N. Balasubramanya, Deputy Director of CDOE, Jain (Deemed-to-be-University), for their administrative support. To Dr Arvind Kumar, Controller of Examiners, for his guidance. To Dr Shivanand for invaluable guidance and support throughout this project. To my family and friends for their constant encouragement.

Conflict of Interest

The author(s) declared no conflict of interest.

How to cite this article: Kavya, S. (2025). Psychological Impact of Time Zone Shifts on India's IT Workforce in Non-IST. *International Journal of Indian Psychology*, 13(4), 111-118. DIP:18.01.012.20251304, DOI:10.25215/1304.012