



BEYOND THE WARD: SPOUSAL SUPPORT'S IMPACT ON NURSES PROFESSIONAL QUALITY OF LIFE AMID WORK-FAMILY CONFLICT

HALEEMA ADNAN¹, SHANZA MEHMOOD², MAHNOOR KHALID³, SAIRA BIBI⁴, AYESHA MUNIR⁵

ABSTRACT

Sample of 300 married nurses from, Wah Cantt, Attock, Rawalpindi, and Peshawar were the subjects of the current study, which sought to investigate the associations between work-family conflict, spousal support, and professional quality of life. The study also investigates the moderating role of spousal support on the relationship between work family conflict and professional quality of life. Private and public hospitals were included in the data collection process to ensure participant diversity. The scales used in this investigation were the Work-Family-Conflict scale (Carlson et al., 2000), which has 18 items, and Spousal Support scale (Janning, 2006), which has 12 items and Professional Quality of Life Scale (Stamm2010), a 30-item scale that assesses compassion fulfillment, Burnout and Secondary traumatic stress, was the third scale. Using SPSS version 23, a number of statistical techniques were used, including descriptive t-tests, correlation analyses, regression analyses, and moderation analyses. The study results revealed that Work-family conflict was shown to be favorably associated with secondary traumatic stress and burnout, but negatively correlated with compassion satisfaction and spousal support ($p < 0.01$). Spousal support and compassion satisfaction, on the other hand, were significantly negatively connected ($p < 0.01$), but burnout and secondary traumatic stress were strongly inversely correlated. The results of the moderation analysis revealed that spousal support moderated the relationship between work family conflict and professional quality of life. The results of the t test analysis revealed that there is no statistically significant difference in the mean scores for work-family conflict, spousal support, compassion satisfaction, burnout, and typical traumatic stress for job working hours, family structure (nuclear, joint) and job sector (private, public). The reliability was evaluated using alpha reliability coefficients. With values of 0.99 for work-family conflict, 0.98 for spousal support, 0.98 for professional quality of life, 0.97 for burnout, and 0.96 for the secondary traumatic stress subscales, the derived coefficients were high. The high reliability coefficients obtained for the measurement scales enhance the validity of the findings, indicating strong internal consistency. By understanding the role of spousal support can also help individuals proactively manage their work-life integration. Employees can utilize the findings to communicate their needs to their spouses and seek support when dealing with work-family conflicts. This can contribute to better personal and professional well-being.

KEYWORDS: Work Family Conflict, Spousal Support, Professional Quality of Life, Burnout, Compassion satisfaction, Secondary traumatic stress

1. INTRODUCTION

Nursing is an essential occupation that entails promoting health, educating about prevention, and delivering care. It is commonly linked to women and the struggle of managing work and family responsibilities. The nursing profession plays a crucial role in society, encompassing health promotion, education, and care. It is traditionally associated with women, who confront balancing job and relations due to societal expectations (Patel et al., 2008). In countries like Pakistan, nursing has traditionally been seen as a female-dominated profession. Balancing work and family can be challenging for nurses, especially due to societal expectations and gender norms. This can result in stress, job dissatisfaction, and negative effects on mental health. However, there is a growing trend towards gender equality, providing more opportunities for women to pursue careers (Elfer & Dearnley, 2007). Economic factors and the desire for personal growth have played a role in the rising amount of females joining the labor force.

Juggling work and family can be a real challenge for married women in the workforce. Women have a vital role in improving their families' quality of life and contributing to the development of their nations. In societies with limited gender equality, women often shoulder additional responsibilities at home. It's crucial to retain women in the workforce

¹ Corresponding Author, Department of Psychology, University of Wah, WahCantt, Pakistan, haleema.adnan@uow.edu.pk

² Department of Psychology, University of Wah, WahCantt, Pakistan, shanzamalik316@gmail.com

³ Department of Psychology, University of Wah, WahCantt, Pakistan, mahnoorkhalid013@gmail.com

⁴ Department of Psychology, University of Wah, WahCantt, Pakistan, sm9000392@gmail.com

⁵ Department of Psychology, University of Wah, WahCantt, Pakistan, iamayeshmunir@gmail.com

because of their natural qualities like care, empathy, flexibility, and persistence. However, working women also face the demanding task of managing household chores alongside their professional obligations (Sari et al., 2021).

Shift work in nursing can have detrimental effects on nurses' personal and social lives, causing disruptions in activities with spouses and potential mental health issues. Factors like irregular schedules, workplace pressures, and external influences contribute to feelings of disconnection, increased depression, reduced interactions between couples, and lower quality of marital relationships. Night shifts specifically impact nurses' marital life, resulting in less time spent with spouses, decreased marital satisfaction, work-family conflicts, sexual problems, and a higher likelihood of divorce. It is crucial to prioritize nurses' well-being and marital satisfaction, especially when both partners are nurses (Mansouri et al., 2017).

The intent of the existing study is to investigate job family conflict, its relationship with work quality with moderating effect of spousal support between married nurses of public and private hospitals. The present investigation tends to explore the specific influence of job and family conflict on workplace standards. Nurses face the unique challenge of balancing their roles as both caregivers and employees (Sari, 2020). It is more common for professional women to confront work-family conflict compared to men (Sari, 2018).

Conflict between work and family life arises when the burden of employment and family unit are mismatched, making it challenging toward balance both responsibilities. For instance, work commitments like working late or traveling can clash with family obligations such as picking up a child or caring for a sick parent. This clash of multiple roles leads to role conflict. Work-life conflict encompasses conflicts not only with the family role but also with personal interests, education, volunteering, and more. However, some current research may mix up different forms of non-work conflict in the work-family measure.

In the late 19th century, as work shifted from home to factories, the concept of work-family conflict arose. It's important for organizations and individuals to understand the impact of this conflict, which can result in burnout, stress, health issues, and difficulties in job commitment and performance. Nurses can face work-family conflict due to various factors, including inadequate support, the demanding nature of caring for seriously ill clients, conflicts between work and family responsibilities, conflicts with patients or colleagues, and excessive workload leading to burnout. (Mahmoudi et al., 2020).

Working women face the challenge of balancing their roles as mothers, wives, and employees. Work-family conflict is more common in women, particularly in societies where traditional gender roles are still prominent. In Indonesia, there has been a historical belief that men should prioritize their public roles and possess masculine attributes, while women should focus on their domestic roles and exhibit feminine attributes. Despite progress in egalitarianism, this belief persists, resulting in work-family conflict for working women (Sari, 2018).

In Bandung, Indonesia, married female nurses in hospitals face work-family conflict because of their shift schedules. The night shift is especially difficult as it limits their time with family. Despite feeling stressed, tired, and dealing with challenging situations, nurses are still expected to deliver exceptional patient care (Sari, 2020).

Work-related spousal support consists of emotional and practical assistance from a spouse in relation to work. It encompasses dimensions like shared network, being a sensitive companion, understanding the subject matter, and spending time together. These dimensions encompass both emotional and practical forms of support provided by the partner. (Ferguson et al., 2016).

A Chinese study found that workplace satisfaction and existence satisfaction has a significant role in the optimistic associations amid job and family conflict and nurses' turnover intentions. Additionally, the study revealed that perceived supervisor support acts as a boundary condition, deteriorating the direct and indirect associations between WFC and its negative outcomes, particularly at elevated levels of supervisory support (Zhang et al., 2020).

Workplace quality of life is a term that shows how healthcare workers, like nurses, experience occupational stress (Salimi et al., 2020). It includes compassion happiness, exhaustion, and distressing. Compassion contentment is the positive feeling from helping patients. It affects nurses' personal and professional lives.

Previous study on healthcare providers like doctors, nurses, and midwives to assess their professional standard of living. The majority reported moderate job satisfaction. elevated job contentment, income level, and shift arrangements at work were identified as important factors that influence professional standard of living. Improving job satisfaction, working environment, and earnings can enhance the quality of life for healthcare professionals and ultimately improve patient care (Terrasi, 2022).

Another study on ICU nurses to investigate the connection between resilience and professional standards of living at work. They found that at hand is a significant pessimistic association between resilience and compassion fatigue. The study highlights the importance of addressing factors that impact professional life quality and suggests incorporating strategies to enhance resilience in nursing education (Nejad et al., 2019).

Psychiatric nurses can experience burnout and low job satisfaction due to factors like unrealistic expectations, inadequate coping skills for stress, lack of positive expectations, and insufficient support from colleagues. It's crucial to address these issues and provide the necessary support to enhance their well-being (Tirgari et al., 2019).

2. METHODOLOGY

Methodology of the present investigation contains information regarding hypothesis, operational definition, research design, measures, sampling strategy, and overall study technique.

2.1. OPERATIONAL DEFINITIONS

2.1.1. WORK-FAMILY-CONFLICT (W-F-C)

Job family conflict is a type of clash between roles in which the role demands equally from professional and personal life is unsuited in a specific way (Greenhaus & Beutell, 1985).

2.1.2. SPOUSAL SUPPORT

Occupational related Support from spouses is the moral and practical assistance one spouse gives to the other when engaging in work-related activities. (Zhang,2021).

2.1.3. PROFESSIONAL QUALITY OF LIFE (PROQOL)

It is a disposition towards providing assistance, which includes elements of compassion weariness and fulfillment. Secondary traumatic stress and compassion exhaustion It (Stamm, 2010).

2.2. RESEARCH DESIGN

The idea of the existing correlation study was to look into the connections between workplace quality of life, spousal support, and work-family conflict. Data was gathered by a survey method, and a sample population was given questionnaires to complete.

2.2.1. SAMPLE

Data was acquired from 300 nurses, ranging in age from 20 to 55, who worked in both government-run and for-profit institutions using a purposive sample technique. Additionally included were interns and aspiring nurses. A three-part questionnaire served as the research tool. Three categories of factors were measured: spouse support, work-family conflict, and professional quality of life.

2.2.2. INCLUSION CRITERIA

- Married nurses from various government and private hospitals were selected.
- Only Female nurses were included in the study

2.2.3. EXCLUSION CRITERIA

- Other professional workers like teachers, lawyers, etc were excluded
- Male participants were excluded.
- Nurses below age 20 were excluded.

2.3. INSTRUMENTS

In the present study, following tools were administered to assess the major constructs of the study.

2.3.1. DEMOGRAPHIC PERFORMA

For the purpose of measuring demographic characteristics, data on the participant's age, family status, education, socioeconomic status, employment status, working hours per day, children, and industry of participation were gathered.

2.3.2. WORK-FAMILY-CONFLICT

This scale is given by (Carlson et al., 2000) assesses the concept of work-job family conflict through an 18-item questionnaire. This scale measures six dimensions, including behavior-based work interference with family (WIF), behavior-based family interference with work (FIW), strain-based WIF, and strain-based FIW. Response options ranging from 5 (strongly agree) to 1 (strongly disagree), without any reverse items (Greenhaus & Beutell,1985).

2.3.3. SPOUSAL SUPPORT

Work-Related Spousal Support Scale, a 12-item questionnaire that assesses four aspects of spousal support: logistics/time spent together, shared network, sensitive companion, and subject-matter understanding. Each element consists of three statements, such as "My spouse and I can spend time together during the workday, which helps me balance work and family," with responses ranging from 5 (strongly agree) to 1 (strongly disagree), and no opposite statements are included. Logistical proximity, often known as time together, is the ability to periodically meet one's spouse while at work (for example, sipping coffee together or crossing in a comparable location). Shared Network, which is the familiarity or understanding among coworkers of the position held by the spouse. Sensitive Companion refers to a spouse who has a deeper understanding of the subtleties of the job incumbent's workplace. Understanding the subject matter refers to the spouse's capacity to comprehend the duties of the incumbent in a way that enables the spouse to assist the incumbent (Janning,2016).

2.3.4. PROFESSIONAL QUALITY OF LIFE

Workplace quality of life encompasses constructive and unhelpful emotions experienced by helpers in their work. The widely used ProQoL scale, developed by Stamm (2010), measures burnout and distressing, contributing to compassion fatigue. This 30-item self-report scale includes satisfaction (CS), burnout (BO), and secondary traumatic stress (STS) subscales, each containing ten items. Response options range from 1 (never) to 5 (very often). "Compassion satisfaction" (CS) signifies pleasure from performing well in one's job. Compassion fatigue (CF), a negative aspect of ProQoL, is comprised of burnout (BO) and secondary traumatic stress (STS), both of which result from high-stress work

environments. Burnout (BO) involves emotional weariness, depersonalization, decreased performance, and low motivation due to persistent stress. Secondary traumatic stress resembles post-traumatic stress disorder and arises from repeated exposure to others' trauma, impacting caregivers' well-being and work performance (Stamm, 2010).

2.4. ETHICAL CONSIDERATION

This study followed the APA's ethical standards and obtained institutional approval for data collection. Participant was informed about the objectives of conducting current research. Giving consent, participants were informed about the study's purpose and methods. They were given the option to voluntarily participate and withdraw at any time. Participant identity was kept confidential, and data privacy was maintained.

2.5. PROCEDURE

Data collection in this study involved self-administered demographic surveys and adaptive questionnaires (spousal support, family and job conflict, and professional work standards). Approval from the hospitals administration was obtained, and married female nurses from both government and private hospitals participated. Data were obtained through personal visits, with a total distribution of 300 surveys across hospitals. Participants were fully informed of their rights and the study's objectives before any procedures. Privacy of responses and data was assured for the study's sole use. The demographic profile aimed to document nurse demographics across hospital types. Results were reported with honesty and accuracy.

3. ANALYSIS OF RESULTS

The study employed descriptive analysis for demographic surveys and entered raw data into SPSS 21 for examination. SPSS was used for analyzing results from all scales. Regression analysis predicted variable impact, correlation analysis examined variable relationships, and a T-test assessed mean differences. Moderation analysis was conducted using Hays's procedure macro-4.1. Results were contextualized through discussions in previous literature.

3.1. RESULTS

The results chapter of the study discussed its main findings. Focusing on married nurses, it investigated professional quality of life, spousal support, and work-family conflict. To start, alpha reliability was calculated for these measures, and descriptive statistics (mean, standard deviation, alpha coefficient) were computed. Variable score normality was assessed using skewness and kurtosis tests. A correlation coefficient was used to understand variable relationships, while linear regression analysis explored connections further. Additionally, a moderation analysis investigated whether a third variable (partner support) influenced the link between work-family conflict and professional quality of life. Mean differences were examined through T-tests for variables like employment type, family structure, sector (private/public), and working hours (5-8 vs. 9+).

The provided table displays the frequency and proportion of demographic characteristics of the study participants. The sample primarily consisted of individuals aged 20 to 30. Most participants came from middle-class socioeconomic backgrounds, held permanent employment, and worked 5-8 hours daily. Nuclear families were more common than joint families. Participants were largely employed in private hospitals and had children aged 0 to 2. The majority had been married for at least six years and had no experience or up to 10 years of experience.

Table 2 presented information about the scales and subscales used in the study, including the total number of items, Cronbach's alpha, mean, standard deviation, range, skewness, and kurtosis. Mean and standard deviation were calculated to determine participants' general average scores for the measures. Reliability coefficients (alpha values) ranged from 0 to 1, indicating internal consistency of the scales. All alpha values were acceptable. Notably, burnout, secondary traumatic stress, spousal support, compassion satisfaction, and work-family conflict had kurtosis values below 2, suggesting normal distribution of the data.

Table 3 displayed significant associations between work-family conflict and various factors. Work-family conflict was positively correlated with secondary traumatic stress and burnout, while being negatively correlated with compassion satisfaction and spousal support ($p < 0.01$). Notably, spousal support and compassion satisfaction were positively linked ($p < 0.01$), while burnout and secondary traumatic stress were strongly inversely related. Lower levels of secondary traumatic stress and burnout were connected to higher compassion satisfaction. Additionally, a substantial positive correlation was observed between burnout and secondary traumatic stress, suggesting that an increase in one was associated with an increase in the other.

In mentioned table 4 showed that linear regression showing the effect of work family conflict, spousal support on compassion satisfaction. The R^2 value of .981 revealed that the predictor explained 98% variance in the outcome variable with $F = 7503.992^{***}$.

Table 5 presented a linear regression analysis depicting the impact of work-family conflict and spousal support on burnout. The R^2 value of .968 indicated that the predictors accounted for 96% of the variance in the outcome variable. The F-statistic was 4422.32^{***} , indicating the significance of the regression model.

Table 1: Frequencies and percentage of the demographic characteristics (N=300).

Variables	<i>F</i>	%
Age		
20-30	122	40.7
31-40	120	40.0
41-Above	58	19.3
Socioeconomic status		
Lower	12	4.0
Middle	283	94.3
Upper	5	1.7
Job status		
Permanent	187	62.3
Contractual	113	37.7
Work hours		
5-8	233	77.7
9-Above	67	22.3
Family		
Nuclear	159	53.0
Joint	141	47.0
Sector		
Private	169	56.3
Government	131	43.7
Children		
0-2	180	60.0
3-5	116	38.7
6-Above	4	1.3
Years of marriage		
1-3	55	18.3
3-6	63	21.0
6-Above	182	60.7
Work experience		
0-10 years	200	66.7
11-20 years	80	26.7
21-Above	20	6.7

Note. *f*= frequency, %=Percentage

Table 2: Descriptive Statistics and Cronbach's Alpha for the Scales of Work Family Conflict, Spousal Support, and Compassion Satisfaction, Burnout, Secondary Traumatic Stress. (N=300).

Variables	<i>k</i>	<i>α</i>	<i>M</i>	<i>SD</i>	<i>Range</i>		<i>Skewness</i>	<i>Kurtosis</i>
					<i>Actual</i>	<i>Potential</i>		
WFC	18	.99	53.3	25.5	22-85	18-90	.045	-1.92
SS	12	.98	36.9	16.8	14-59	12-60	-.056	-1.93
CS	10	.98	30.1	15.3	11-50	10-50	-.022	-1.88
BO	10	.97	30.4	14.3	10-48	10-50	.041	-1.84
STS	10	.96	28.7	12.8	11-48	10-50	.077	-1.69

Note. WFC= Work Family Conflict, SS= Spousal Support, CS= Compassion Satisfaction, BO= Burnout, STS= Secondary Traumatic Stress, K= No of items, α =Cronbach's Alpha, M= Mean, SD= Standard Deviation

Table 3: Pearson Product Moment Correlation Among Spousal Support of Nurses and Work Family Conflict, and Compassion Satisfaction, Burnout, Secondary Traumatic Stress. (N=300).

Variables	1	2	3	4	5
1. WFC	-	-.98**	-.98**	.98**	.96**
2. Spousal Support		-	.98**	-.97**	-.95**
3. CS			-	-.98**	-.96**
4. Burnout				-	.97**
5. STS					-

Note. ** $p < 0.01$

Table 4: Linear Regression analysis predicting the effect of Work Family Conflict on Compassion Satisfaction, Burnout, and Secondary Traumatic Stress among Married Nurses. (N=300).

Outcome: Compassion Satisfaction								
Variables	B	SE	β	95% CI		R ²	ΔR^2	F
				UL	LL			
Model								
1. (constant)	28.09	3.63		35.24	20.93	.98	.98	7503.99***
2. SS	.47	.05	.51***	.57	.37			
3. WFC	-.28	.03	-.47***	-.22	-.35			

Note. B= standardized coefficient, SE= standard error, UL= upper limit, LL= lower limit, β = standardized non-coefficient, *** $p < 0.01$

Table 5: Linear Regression analysis predicting the effect of Work Family Conflict on Compassion Satisfaction, Burnout, and Secondary Traumatic Stress among Married Nurses. (N=300).

Outcome: Burnout								
Variables	B	SE	β	95% CI		R ²	ΔR^2	F
				UL	LL			
Model								
1. (constant)	17.44	4.40		26.10	8.78	.96	.96	4422.32***
2. SS	-.23	.06	-.27***	-.11	-.35			
3. WFC	.40	.04	.71***	.48	.32			

Note. B= standardized coefficient, SE= standard error, UL= upper limit, LL= lower limit, β = standardized non-coefficient, *** $p < 0.01$

Table 6: Linear Regression analysis predicting the effect of Work Family Conflict on Compassion Satisfaction, Burnout, and Secondary Traumatic Stress among Married Nurses. (N=300)

Outcome: Secondary Traumatic Stress								
Variables	B	SE	β	95% CI		R ²	ΔR^2	F
				UL	LL			
Model								
1. (constant)	14.81	6.10		26.82	2.80	.92	.92	1753.69***
2. SS	-1.66	.08	-.21***	.00	-.33			
3. WFC	.37	.05	.74***	.48	.26			

Note. B= standardized coefficient, SE= standard error, UL= upper limit, LL= lower limit, β = standardized non-coefficient, *** $p < 0.01$

Table 6 showed that a linear regression analysis illustrating the impact of work-family conflict and spousal support on secondary traumatic stress. The R² value of .92 indicated that the predictors accounted for 92% of the variance in the outcome variable. The F-statistic was 1753.69***, highlighting the significance of the regression model.

The results of the moderation analysis in Table 7 reveal how the association between work-family conflict and compassion satisfaction is impacted by hypothetical assistance. The predictor accounted 98% of the variance in the outcome variable with F=5008.94, as indicated by the R² value of .9807.

Table 7: Moderating effect of spousal support on work family conflict and compassion satisfaction among nurses (N=300)

<i>Predictors</i>	<i>Outcome: Compassion Satisfaction</i>			
	<i>B</i>	<i>P</i>	<i>95%CL</i>	
			<i>LL</i>	<i>UL</i>
Constant	5.00	.00	14.24	33.94
WFC	0.06	.00	-.34	-.11
Spousal Support	0.09	.00	.38	.73
WFC X Spousal Support	.00	.24	-.00	.00
	<i>R</i> ²	.98		
	ΔR^2	.00		
	<i>F</i>	5008.94		
	ΔF	1.34		

Table 8: Moderating effect of spousal support on work family conflict and burnout among nurses (N=300)

<i>Predictors</i>	<i>Outcome: Burnout</i>			
	<i>B</i>	<i>P</i>	<i>95%CL</i>	
			<i>LL</i>	<i>UL</i>
Constant	6.01	.00	15.39	39.05
WFC	0.07	.00	.11	.40
Spousal Support	0.10	.00	-.65	-.23
WFC X Spousal Support	.00	.01	.00	.00
	<i>R</i> ²	.96		
	ΔR^2	.00		
	<i>F</i>	2995.68***		
	ΔF	5.59***		

Note. *** $p < 0.01$

Table 8 depicted the effect of moderating variable of spousal support on the relationship between work-family conflict and compassion satisfaction. The predictors explained 96% of the variance in the outcome variable, as indicated by the R^2 value of .9681. The F-statistic was 2995.6804***, underscoring the significance of the predictive model and the moderating role of spousal support.

Table 9 shows the moderation analysis's effect on the association amid work-family conflict and compassion fulfillment. It also shows the effect of suppositional support. The predictor explained 92% of the variance in the outcome variable with $F=1165.9968$, as indicated by the R^2 value of .9220.

According to Table 10, there is no statistically significant difference in the mean between the permanent and contractual statuses for work-family conflict, spousal support, compassion fulfillment, burnout, and typical traumatic stress. For work-family conflict, spousal support, CS, and STS in nuclear and joint family systems, analysis yielded a non-significant value. The findings show that levels of work-family conflict, marital support, compassion satisfaction, burnout, and secondary traumatic stress are comparable across groups.

According to Table 11, there is no statistically significant difference between nuclear and joint family system as t and p values for work-family conflict, spousal support, compassion satisfaction, burnout, and typical traumatic stress. For work-family conflict, spousal support, CS, and STS in nuclear and joint family systems, analysis produced a non-significant value. The findings show that levels of work-family conflict, marital support, compassion satisfaction, burnout, and secondary traumatic stress are comparable across.

Table 9: Moderating effect of spousal support on work family conflict and secondary traumatic stress among nurses (N=300)

Predictors	Outcome: Secondary Traumatic Stress				
	B	P	95%CL		
			LL	UL	
Constant	8.41	.14	-4.25	28.86	
WFC	0.10	.00	.21	.61	
Spousal Support	0.15	.46	-0.40	.18	
WFC X Spousal Support	.00	.66	-.00	.00	
	R ²	.92			
	ΔR ²	.00			
	F	1165.99			
	ΔF	.18			

Figure 1: Graphical Representation of moderating Role of Spousal Support on Work Family Conflict and Professional Quality of Life

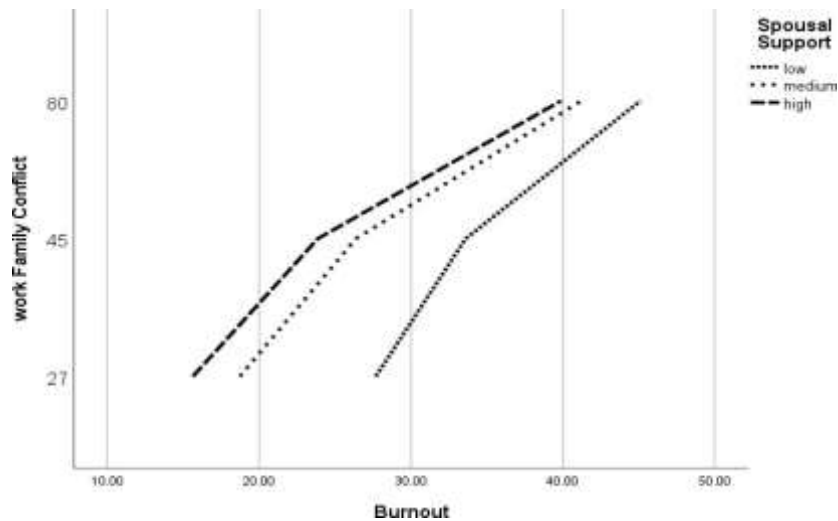


Table 10: Mean Standard Deviation and t-value showing job status differences on Work Family Conflict, Spousal Support, and Compassion Satisfaction, Burnout, Secondary Traumatic Stress among Married Nurses. (N=300).

Variables	Permanent (N=176)		Contractual (N=95)		T	p	95%CI		Cohen's D
	M	SD	M	SD			LL	UL	
WFC	53.3	25.39	53.8	25.9	-0.15	0.87	-6.3	5.41	-0.02
SS	37.1	16.93	36.66	16.8	0.26	0.79	-3.3	4.38	0.026
CS	30.3	15.58	29.80	15.1	0.32	0.74	-2.9	4.08	0.033
BO	30.2	14.41	30.65	14.3	-0.25	0.80	-3.7	2.88	-0.031
STS	28.5	12.88	29.08	12.8	-0.37	0.71	-3.5	2.39	-0.045

Note. M= mean, WFC= Work Family conflict, SS=Spousal support, CS=Compassion satisfaction, BO= Burnout, STS= Standard traumatic stress, SD standard deviation, LL=Lower Limit, UL= Upper Limit.

Table 11: Mean Standard Deviation and t-value showing family differences on Work Family Conflict, Spousal Support, and Compassion Satisfaction, Burnout, Secondary Traumatic Stress among Married Nurses. (N=300)

Variables	Nuclear (N=159)		Joint (N=141)		T	p	95%CI		Cohen's D
	M	SD	M	SD			LL	UL	
WFC	53.65	25.56	53.43	25.68	0.72	0.94	-5.61	6.04	0.00
SS	36.82	16.68	37.09	16.93	-0.14	0.88	-4.12	3.57	-0.01
CS	30.11	15.46	30.12	15.34	-0.00	0.99	-3.51	3.49	-0.00
BO	30.32	14.36	30.53	14.45	-0.12	0.89	-3.49	3.07	-0.01
STS	28.84	12.99	28.69	12.77	0.11	0.91	-2.76	3.09	0.01

Note. M= mean, WFC= Work Family conflict, SS=Spousal support, CS=Compassion satisfaction, BO= Burnout, STS= Standard traumatic stress, SD standard deviation, LL=Lower Limit, UL= Upper Limit.

According to Table 12, there is no statistically significant difference in the mean scores for work-family conflict, spouse support, compassion fulfillment, burnout, and typical traumatic stress between the private and public sectors. For work-family conflict, spousal support, CS, and STS in nuclear and joint family systems, analysis yielded a non-significant value. The findings show that levels of work-family conflict, marital support, compassion satisfaction, burnout, and secondary traumatic stress are comparable across groups.

Table 12: Mean Standard Deviation and t-value showing sector differences on Work Family Conflict, Spousal Support, and Compassion Satisfaction, Burnout, Secondary Traumatic Stress among Married Nurses. (N=300)

Variables	Private (N=169)		Government (N=131)		t	p	95%CI		Cohen's d
	M	SD	M	SD			LL	UL	
WFC	53.3	25.39	53.81	25.90	-0.156	0.87	-6.3	5.41	-0.02
SS	37.1	16.93	36.66	16.82	0.261	0.79	-3.3	4.38	0.02
CS	30.3	15.58	29.80	15.16	0.320	0.74	-2.9	4.08	0.03
BO	30.2	14.41	30.65	14.39	-0.25	0.80	-3.7	2.88	-0.03
STS	28.5	12.88	29.08	12.89	-0.371	0.71	-3.5	2.39	-0.04

Note. M= mean, WFC= Work Family conflict, SS=Spousal support, CS=Compassion satisfaction, BO= Burnout, STS= Standard traumatic stress, SD standard deviation, LL=Lower Limit, UL= Upper Limit.

According to Table 13, there is no statistically significant difference in the mean scores for work-family conflict, spousal support, compassion satisfaction, burnout, and typical traumatic stress for working 5-8 hours compared to working 9 or more hours. For work-family conflict, spousal support, CS, and STS in nuclear and joint family systems, analysis yielded a non-significant value. The findings show that levels of work-family conflict, marital support, compassion satisfaction, burnout, and secondary traumatic stress are comparable across groups.

3.2. DISCUSSION

The current research aims to explore the connection between work-family conflict, spousal support, and the professional quality of life among married female nurses. Work-family conflict arises when work-related demands interfere with daily life, including factors like long working hours, heavy workloads, conflicts at work, and lack of family support.

Job family conflict can lead to stress, burnout, and other adverse consequences. Professional quality of life is crucial for nurses' overall well-being, directly affecting their job satisfaction, performance, and retention. Previous studies have indicated that spousal support plays a significant role in reducing work-family conflict and enhancing the professional quality of life for married female nurses.

Hypothesis 1 of this study proposed that work-family conflict would be negatively correlated with spousal support and compassion satisfaction. The correlational research confirmed a significant negative association between work-family conflict and spousal support, as well as compassion satisfaction, thereby validating the hypothesis. These findings align with prior research in the field.

A study published in the *Journal of Organizational Behavior* provides a comprehensive framework and theoretical model for understanding work-family conflict. It highlights various factors, such as work role stressors, work role involvement, work social support, work characteristics, and personality, as antecedents of work-to-family conflict (WFC). Similarly, family role stressors, family social support, family characteristics, and personality contribute to family-to-work conflict (FWC). Notably, the findings of this study demonstrate that communal support in either the work or family domain is inversely related to work-family conflict (Michel et al., 2010).

A recent study, featured in the *Journal of Vocational Behavior*, delved into individual interventions aimed at improving job family conflict outcomes, with a exacting center on understanding the role of self-compassion in supporting work-family management. The study's findings suggest a negative correlation between work-family conflict and self-compassion (Nicklin et al., 2022).

Table 13: Mean Standard Deviation and t-value showing work hours differences on Work Family Conflict, Spousal Support, and Compassion Satisfaction, Burnout, Secondary Traumatic Stress among Married Nurses. (N=300)

Variables	5-8 hours (N=233)		9-above (N=67)		T	p	95%CI		Cohen's d
	M	SD	M	SD			LL	UL	
WFC	53.4	25.80	54.0	24.94	-0.18	0.85	-7.55	6.25	-0.02
SS	37.0	16.86	36.77	16.97	0.09	0.92	-4.43	4.88	0.01
CS	30.1	15.32	30.14	15.69	-0.00	0.99	-4.31	4.27	-0.00
BO	30.4	14.39	30.26	14.46	0.09	0.92	-3.77	4.16	0.01
STS	28.9	12.76	28.16	13.29	0.42	0.67	-2.84	4.40	0.05

Note. M= mean, WFC= Work Family conflict, SS=Spousal support, CS=Compassion satisfaction, BO= Burnout, STS= Standard traumatic stress, SD standard deviation, LL=Lower Limit, UL= Upper Limit.

Hypothesis 2 of this study posited a positive correlation between work-family conflict and burnout, as well as secondary traumatic stress. The research confirmed this hypothesis, revealing a significant positive correlation between work-family conflict and both burnout and secondary traumatic stress. These results align with prior research in the field. This study, which appeared in the *Journal of Social and Behavioral Sciences*, explored how work-family conflict affects burnout and its impact on the performance of accounting professionals (Metem et al., 2014).

In a separate study published in the *Journal of Occupational Health Psychology*, researchers investigated the contributions of organizational norms regarding work requirements and social relations to work-family conflict, job stress, and subjective health symptoms. The study found that both work-to-family conflict and family-to-work conflict were positively associated with employee job stress and subjective health problems (Hammer et al., 2004).

In the present study, hypotheses 3 and 4 proposed that spousal support would have a positive correlation with compassion satisfaction and a negative correlation with burnout and secondary traumatic stress. The results from the correlation research supported these hypotheses, revealing a significant positive correlation between spousal support and compassion satisfaction and a significant negative correlation with burnout and secondary traumatic stress. Therefore, the hypotheses were confirmed. This aligns with prior research findings. A previous study focused on the prevalence of compassion fatigue (burnout and secondary traumatic stress) and compassion satisfaction among neonatal intensive care unit (NICU) nurses. It also explored the relationships between work stress, social support, and these factors. The study discovered that social support had a stronger association with compassion satisfaction, and the link between work stress and secondary traumatic stress was weaker in nurses who received more significant social support (Bar, 2017).

Additionally, another study published in the *Iranian Journal of Nursing and Midwifery Research* investigated the prevalence of compassion fatigue and burnout symptoms among Iranian nurses and examined the role of perceived social

support in predicting these symptoms. The findings indicated that social support from significant others, family, and friends was negatively correlated with burnout, while family support was negatively correlated with compassion fatigue (Ariapooran, 2014).

Hypothesis 5 posited that work-family conflict would negatively affect compassion satisfaction. This hypothesis was not only confirmed but also aligns with prior research. While specific studies on the influence of work-family conflict on compassion satisfaction among married female nurses may be scarce, existing evidence suggests that work-family conflict can detrimentally impact well-being and job satisfaction in healthcare professionals. In 2010 explored the relationship between work-family conflict, emotional exhaustion, and compassion satisfaction. They found that work-family conflict was linked to emotional exhaustion, which, in turn, was associated with reduced compassion satisfaction. Importantly, this negative impact was more pronounced in female employees (Tremblay et al., 2010).

Another investigation examined work-family conflict among working mothers, with conscientiousness and neuroticism as moderators. Their findings indicated that work-family conflict negatively influenced work engagement, which is positively related to compassion satisfaction. This negative relationship was particularly pronounced among working mothers (Opie, 2013).

Additionally, the study conducted by Gajendran and Harrison (2007) observed the long-term effects of work-family conflict on employee well-being, including compassion satisfaction. Although this study did not specifically address gender differences, it did demonstrate that work-family conflict led to decreased well-being over time, including a reduction in compassion satisfaction. In 2017, a study published in the *Journal of Occupational Health Psychology* explored the association between work-family conflict and well-being in healthcare professionals, including nurses. The results indicated that work-family conflict was significantly linked to heightened psychological distress and diminished overall well-being. Given the collective body of research on work-family conflict and its impact on well-being and job satisfaction among healthcare professionals, especially nurses, it is reasonable to infer that work-family conflict may also negatively affect compassion satisfaction among married female nurses (Alawi, 2021).

Hypothesis 6 posited that work-family conflict would have a positive impact on both burnout and secondary traumatic stress. This hypothesis was confirmed, aligning with previous research findings. Furthermore a study was conducted in which meta-analysis of 45 studies, affirming a positive link between work-family conflict and burnout (Allen et al., 2016). They concluded that when individuals grapple with conflicts between their work and family roles, it can lead to heightened levels of burnout. Similarly, Greenhaus and Beutell (2015) delve into the connection between work-family conflict and secondary traumatic stress among healthcare professionals, discovering that increased conflict was linked to more pronounced symptoms of secondary traumatic stress. This suggests that juggling work and family responsibilities can contribute to emotional exhaustion and distress. Another researcher also explored how work-family conflict impacts psychological distress, including burnout and secondary traumatic stress. His findings echoed the positive associations, indicating that individuals experiencing this conflict are more likely to suffer these adverse outcomes (Frone, 2016).

Moreover, some researchers examined the relationship between work-family conflict and burnout across various industries. Their results bolstered the case for a positive association, affirming that the strain arising from conflicting work and family demands can lead to feelings of exhaustion and depletion. Collectively, these studies offer substantial evidence supporting the notion that work-family conflict is indeed positively related to both burnout and secondary traumatic stress, bolstering the findings of your research (Bakker, 2023).

In the hypothesis 7, researchers investigated the role of spousal support in moderating the relationship between work-family conflict and various outcomes such as burnout, well-being, and mental health among different professional groups. The results of another study revealed that spousal support moderated the relationship between work-family conflict and burnout, but not compassion satisfaction or secondary traumatic stress (Chan, 2022).

A study conducted by Hammer and his colleagues revealed that spousal support buffered the negative effects of work-family conflict on well-being, particularly among nurses (Hammer et al. 2004). Other study findings revealed that that higher spousal support was associated with lower work-family conflict, leading to increased compassion satisfaction and reduced burnout and secondary traumatic stress among healthcare professionals. They discovered that spousal support played a significant moderating role in the relationship between work-family conflict and secondary traumatic stress among emergency responders Smith and Johnson (2017) found that while social support from supervisors and colleagues predicted job satisfaction, spousal support did not moderate the relationship between work-family conflict and job satisfaction among healthcare professionals. Another study conducted in 2018 investigated spousal support's impact on well-being and noted a positive association with well-being but no significant moderation of the work-family conflict-well-being relationship (Khalid, 2021).

Another researcher Cinamon (2007) explored work-family conflict, spousal support, and emotional exhaustion among teachers. Spousal support was positively associated with emotional exhaustion but did not moderate the work-family conflict-emotional exhaustion relationship.

These studies collectively highlight the varying impact of spousal support in mitigating the consequences of work-family conflict on different outcomes across different professional contexts.

Hypothesis 8 proposed that there would be differences in work-family conflict, spousal support, compassion satisfaction, burnout, and secondary traumatic stress between nurses working on contract and permanent bases. However, the results indicated no significant difference in work conflict between these groups. Past research has yielded conflicting findings on work-family conflict, suggesting that factors like job demands, work schedules, and autonomy can influence it, which may vary between contract and permanent positions.

Hypothesis 9 suggested differences in work-family conflict, spousal support, compassion satisfaction, burnout, and secondary traumatic stress among nurses in joint and nuclear family systems. Nevertheless, the study found no significant variation in work conflict between these family systems. Previous research highlighted the significance of family in the cultural context of India and Pakistan, where family support plays a crucial role for both genders. This support extends to both nuclear and joint family systems and has been associated with academic achievements in previous studies (Lodhi, 2021).

Hypothesis 10 proposes that there will be variations in work-family conflict, spousal support, compassion satisfaction, burnout, and secondary traumatic stress among nurses employed in the private and government sectors. Past research findings have been inconsistent, with some studies suggesting that private sector nurses face greater work-family conflict than their government sector counterparts, while others have found no significant disparities. It's crucial to recognize that individual experiences can differ due to factors like workplace conditions, organizational policies, job demands, family support, and personal circumstances (Frazer, 2005).

Hypothesis 11 suggests differences in work-family conflict, spousal support, compassion pleasure, exhaustion, and secondary traumatic stress among nurses with varying work-hour schedules. The results revealed no significant distinctions in work conflict based on working hours. Previous research indicates that time-based conflict in work-family balance results from extended and inflexible work hours, making it challenging for working women to meet their family's needs. Studies suggest that when individuals, especially working women, are required to work long hours, it significantly disrupts their ability to balance work and family responsibilities. Long working hours reduce the time accessible for family-related activities and increase the likelihood of experiencing conflicts related to time management. When working women lack flexibility in their work schedules, it becomes more difficult to fulfill their family's demands and achieve harmonious work-family equilibrium (Byron, 2005).

3.3. IMPLICATIONS

- The research highlights the significant role that spousal support plays in an individual's work-family balance and overall well-being. Employers, policymakers, and individuals themselves should acknowledge and encourage spousal support as it can positively influence their professional and personal lives.
- Understanding the moderating impact of spousal support can help individuals navigate work-family conflict more effectively. By receiving support from their spouse, individuals may experience reduced conflicts between their work responsibilities and family obligations, leading to a healthier work-life balance.
- Spousal support can positively affect an individual's professional quality of life. Supportive spouses can provide emotional encouragement, help with household responsibilities, and promote a positive and supportive environment, leading to higher job satisfaction, reduced burnout, and increased overall well-being.
- Organizations can use this research to develop policies and practices that encourage spousal support and work-life balance. This may include flexible work arrangements, support for childcare or eldercare, and creating a culture that values work-family integration.
- The findings emphasize the importance of communication and relationship-building between spouses. Couples can benefit from open discussions about their work-family challenges and exploring ways to support each other effectively. This can lead to a stronger bond and increased understanding of each other's needs.
- Based on the research, educational programs and awareness campaigns can be designed to educate individuals and couples about the importance of spousal support on work-family conflict and professional quality of life. Such initiatives can provide practical strategies and resources for cultivating a supportive and balanced work-family environment.
- When employees experience subordinate levels of work-family conflict and elevated professional quality of life, they are more likely to be engaged and productive in their work. Understanding the role of spousal support in achieving these outcomes can help organizations design strategies to foster a positive work environment and improve overall job performance.
- The study's findings can inform training and development programs aimed at enhancing employees' skills in managing work-family conflict and maintaining professional quality of life. Organizations can offer workshops or seminars to provide employees and their spouses with tools and strategies to navigate these challenges effectively.

- Organizations can use the study's results to advocate for family-friendly policies in the workplace. For instance, they may propose implementing parental leave policies, childcare support, or other benefits that recognize and accommodate the work-life needs of employees and their families.

3.4. LIMITATIONS AND SUGGESTIONS

- The study focused on married female nurses in Pakistan, which means the findings may be influenced by cultural factors specific to the country. The results may not be applicable to nurses in other cultural contexts, that's why we cannot generalize the findings of this study.
- The research results may not be representative of the entire population of married female nurses in Pakistan. The sample was limited to nurses from Attock, Hassan Abdal, Peshawar, and Rawalpindi, which may not be fully representative of the larger population of nurses in the country.
- The sample size of 300 nurses may be considered relatively small for drawing definitive conclusions, especially when investigating moderating effects. A bigger sample size would raise the statistical power of the study. Future researchers could increase the sample size to enhance the generalizability of the findings. A larger sample will help increase the statistical power and reduce the margin of error.
- There may be other factors that influence work-family conflict and professional quality of life among married female nurses that were not accounted for in the study. Variables such as work hours, job demands, social support from colleagues, and individual personality traits could potentially impact the outcomes but were not considered.
- The study relied on volunteer participation, which introduces the possibility of self-selection bias. The nurses who chose to participate may differ from those who did not, leading to biased results. Random selection of sample would help minimize bias and enhance the generalizability of the findings.
- The study was conducted in Pakistan, which has its unique cultural, social, and economic characteristics. The findings may be influenced by these contextual factors and may not be generalizable to other cultural contexts or healthcare systems. To mitigate these limitations, future research could consider larger and more diverse samples, employ random sampling techniques, use objective measures where possible to enhance generalizability.
- To mitigate response bias, consider using multiple methods of data collection, such as observations or objective measures, in addition to self-report questionnaires. This would help validate and cross-verify the findings.
- Co-relational investigation provides important insights into associations between variables, but it cannot establish causality. Future researchers may consider incorporating a longitudinal design to examine how spousal support influences work-family conflict and professional quality of life over time. This would provide stronger evidence for the moderating impact of spousal support.

4. CONCLUSION

The objective of the study was to explore the association between spousal support, work family conflict, and workplace quality of life among nurses. Based on this research it is found that higher level of spousal support can lead to reduce work family clash among married female nurses. On the other hand, lower level of spousal support negatively affects professional quality of life and increase work family conflict. Insufficient support from spouse can contribute to high stress level increased work demands and difficulties in managing both work and family responsibilities. This can ultimately impact nurse's job satisfaction and overall wellbeing.

References

- Allen, T. D., Eby, L.T., Poteet, M.L., Lentz, E., & Lima, L. (2016). Career benefits Associated with Mentoring for protégés: A meta-analysis. *Journal of applied Psychology*, 89(1), 127.
- Al-Alawi, A. I., Al-Saffar, E., Almohammed Saleh, Z. H., Alotaibi, H., & Al-Alawi, E. I. (2021). A study of the effects of work-family conflict, family-work conflict, and work-life balance on Saudi female teachers' performance in the public education sector with job satisfaction as a moderator. *Journal of International Women's Studies*, 22(1), 486-503.
- Ariapooran, S. (2014). Compassion fatigue and burnout in Iranian nurses: The role of perceived social support. *Iranian journal of nursing and midwifery research*, 19(3), 279.
- Byron, K. (2005). A meta-analytic review of work-family conflict and its antecedents. *Journal of vocational behavior*, 67(2), 169-198.
- Bakker, A. B., Xanthopoulou, D., & Demerouti, E. (2023). How does chronic burnout affect dealing with weekly job demands? A test of central propositions in JD-R and COR-theories. *Applied Psychology*, 72(1), 389-410.
- Brown, J., Davis, S., (2019). Compassion for self-versus other: A critical review of Compassion Training research. *The Journal of Positive Psychology*, 16(5), 675-690.
- Barr, P. (2017). Compassion fatigue and compassion satisfaction in neonatal intensive care unit nurses: Relationships with work stress and perceived social support. *Traumatology*, 23(2), 214.

- Bakar, Z. A., & Salleh, R. (2015). Role demands, work-family conflict and motivation: A proposed framework. *Global Business and Management Research*, 7(2), 78.
- Brown, J., Davis, S., (2019). Compassion for self-versus other: A critical review of Compassion Training research. *The Journal of Positive Psychology*, 16(5), 675-690.
- Chan, X. W., Kalliath, T., Brough, P., Siu, O. L., & Timms, C. (2022). Examining the mediating role of self-efficacy in the relationship between perceived organizational support and work-family enrichment. *International Journal of Stress Management*.
- Cinamon, R. G., Rich, Y., & Westman, M. (2007). Teachers' occupation-specific work-family conflict. *The Career Development Quarterly*, 55(3), 249-261.
- Carlson, D. S., Kacmar, K. M., & Williams, L. J. (2000). Construction and initial validation of a multidimensional measure of work-family conflict. *Journal of Vocational behavior*, 56(2), 249-276.
- Demerouti, E., Derks, D., Ten Brummelhuis, L. L., & Bakker, A. B. (2014). New ways of working: Impact on working conditions, work-family balance, and well-being. *The impact of ICT on quality of working life*, 123-141.
- Elfer, P., & Dearnley, K. (2007). Nurseries and emotional well-being: evaluating an emotionally containing model of professional development. *Early Years*, 27(3), 267-279.
- Ferguson, M., Carlson, D., Zivnuska, S., & Whitten, D. (2012). Support at work and Home: The path to satisfaction through balance. *Journal of Vocational Behavior*, 80(2), 299-307.
- Ferguson, M., Carlson, D., Zivnuska, S., & Whitten, D. (2012). Support at work and home: The path to satisfaction through balance. *Journal of vocational behavior*, 80(2), 299-307.
- Frone, M. R. (2016). Work stress and alcohol use: developing and testing a biphasic self medication model. *Work & Stress*, 30(4), 374-394.
- Ferguson, M., Carlson, D., Kacmar, K. M., & Halbesleben, J. R. (2016). The supportive spouse at work: Does being work-linked help?. *Journal of Occupational Health Psychology*, 21(1), 37.
- Frone, M. R., Russell, M., & Cooper, M. L. (1997). Relation of work-family conflict to health outcomes: A four-year longitudinal study of employed parents. *Journal of Occupational and Organizational psychology*, 70(4), 325-335.
- Frazer, R. Q., Byron, R. T., Osborne, P. B., & West, K. P. (2005). PMMA: an essential material in medicine and dentistry. *Journal of long-term effects of medical implants*, 15(6).
- Greenhaus, J. H., & Beutell, N. J. (1985). Sources of conflict between work and family roles. *Academy of management review*, 10(1), 76-88.
- Gajendran, R. S., & Harrison, D. A. (2007). The good, the bad, and the unknown about telecommuting: meta-analysis of psychological mediators and individual consequences. *Journal of applied psychology*, 92(6), 1524.
- Gerami Nejad, N., Hosseini, M., Mousavi Mirzaei, S. M., & Ghorbani Moghaddam, Z. (2019). Association between resilience and professional quality of life among nurses working in intensive care units. *Iran Journal of Nursing*, 31(116), 49-60.
- Hammer, T. H., Saksvik, P. Ø., Nytrø, K., Torvatn, H., & Bayazit, M. (2004). Expanding the psychosocial work environment: workplace norms and work-family conflict as correlates of stress and health. *Journal of occupational health psychology*, 9(1), 83.
- Hanna, N., Johnson, D., Temin, S., Baker Jr, S., Brahmer, J., Ellis, P. M., ... & Masters, G. (2017). Systemic therapy for stage IV non-small-cell lung cancer: American Society of Clinical Oncology clinical practice guideline update. *Journal of Clinical Oncology*.
- Janning, M. (2006). Put yourself in my work shoes: Variations in work-related spousal support for professional married coworkers. *Journal of Family Issues*, 27(1), 85-109.
- Janning, M. Y., & Neely, B. E. (2006). Work-family integration for professional married co Workers: An examination of cross-realm conversations. *International Journal of Sociology Of the Family*, 79-86.
- Khalid, U. (2021). The Impact of Work-Family Conflict on Job and Life Satisfaction for Female Executive MBA Students. *Journal of Education and Educational Development*, 8(1), 180-193.
- Keshavarz, Z., Gorji, M., Houshyar, Z., Tamajani, Z. T., & Martin, J. (2019). The professional quality of life among health-care providers and its related factors. *Social Health and Behavior*, 2(1), 32.
- Lodhi, F. S., Rabbani, U., Khan, A. A., Raza, O., Holakouie-Naieni, K., Yaseri, M., ... & Montazeri, A. (2021). Factors associated with quality of life among joint and nuclear families: a population-based study. *BMC Public Health*, 21(1), 1-12.
- Mahmoudi, S., Barkhordari-Sharifabad, M., Pishgooie, A. H., Atashzadeh-Shoorideh, F., & Lotfi, Z. (2020). Burnout among Iranian nurses: a national survey. *Bmc Nursing*, 19(1), 1-9.
- Mansouri, A., Rayani, M., Shahdadi, H., & Lakzai, H. (2017). Comparison of Marital Satisfaction and Work/Family Conflict among Nurses with Fixed and Changing Shifts. *Community Health Journal*, 9(2), 65-74.
- Mete, M., Ünal, Ö. F., & Bilen, A. (2014). Impact of work-family conflict and burnout on performance of accounting professionals. *Procedia-Social and Behavioral Sciences*, 131, 264-270.

- Michel, J. S., Kotrba, L. M., Mitchelson, J. K., Clark, M. A., & Baltes, B. B. (2010). Antecedents of work–family conflict: A meta-analytic review. *Journal of organizational behavior*, 32(5), 689-725.
- Nicklin, J. M., Shockley, K. M., & Dodd, H. (2022). Self-compassion: Implications for work family conflict and balance. *Journal of Vocational Behavior*, 138, 103785.
- Nazarian, A., Atkinson, P., Foroudi, P., & Dennis, K. (2017). Middlesex University Research Repository. *International Journal of Hospitality Management*, 63, 22-32.
- Opie, T. J., & Henn, C. M. (2013). Work-family conflict and work engagement among mothers: Conscientiousness and neuroticism as moderators. *SA Journal of Industrial Psychology*, 39(1), 1-12.
- Patel, C. J., Beekhan, A., Paruk, Z., & Ramgoon, S. (2008). Work-family conflict, job satisfaction and spousal support: An exploratory study of nurses' experience. *Curationis*, 31(1), 38-44.
- Quaglia, J. T., Soisson, A., & Simmer-Brown, J. (2021). Compassion for self versus other: a critical review of compassion training research. *The Journal of Positive Psychology*, 16(5), 675-690.
- Rm, B. (1986). The moderator-mediator variable distinction in social psychological research: conceptual, strategic, and statistical considerations. *J Pers Soc Psychol*, 51(6), 1173-1182.
- Salimi, S., Pakpour, V., Rahmani, A., Wilson, M., & Feizollahzadeh, H. (2020). Compassion satisfaction, burnout, and secondary traumatic stress among critical care nurses in Iran. *Journal of Transcultural Nursing*, 31(1), 59-66.
- Sari, W. P. (2018). Work Family Conflict, Fear of Success, and Organizational Commitment in Working Women. *HIKARI Ltd*, 4(2), 71-82.
- Sari, WiendyPuspita (2020). Work Family Conflict, Recovery Experience, & Employee's WellBeing in Working Women (Case Study of Nurses in Inpatient Departement at Hospitals in Bandung). *HOLISTICA-Journal of Business and Public Administration*, 11(1), 124-138.
- Sari, W. P., Sari, P. A., & Aktrisa, R. T. (2021). The Impact Work Family Conflict on Performance: The Case of Married Female Nurses. *HOLISTICA–Journal of Business and Public Administration*, 12(1), 11-26.
- Sari, W. P., Sari, P. A., & Aktrisa, R. T. (2021). The Impact Work Family Conflict on Performance: The Case of Married Female Nurses. *HOLISTICA–Journal of Business and Public Administration*, 12(1), 11-26.
- Stamm, B. (2010). The concise manual for the professional quality of life scale. Tremblay, M., Cloutier, J., Simard, G., Chênevert, D., & Vandenberghe, C. (2010). The role of HRM practices, procedural justice, organizational support and trust in organizational commitment and in-role and extra-role performance. *The international journal of human resource management*, 21(3), 405-433.
- Tirgari, B., AzizzadehForouzi, M., & Ebrahimpour, M. (2019). Relationship between posttraumatic stress disorder and compassion satisfaction, compassion fatigue, and burnout in Iranian psychiatric nurses. *Journal of Psychosocial Nursing and Mental Health Services*, 57(3), 39-47.
- Terrasi, T. A. (2022). *Healthcare Provider-Patient Communication: Exploring Barriers to Effective Communication to Increase Patient Outcomes and Provider Job Satisfaction* (Doctoral dissertation, University of Southern California).
- Yuan, Z., Li, Y., & Tetrick, L. E. (2015). Job hindrances, job resources, and safety performance: The mediating role of job engagement. *Applied ergonomics*, 51, 163-171.
- Zhang, Y., Rasheed, M. I., & Luqman, A. (2020). Work–family conflict and turnover intentions among Chinese nurses: The combined role of job and life satisfaction and perceived supervisor support. *Personnel Review*, 49(5), 1140-1156.
- Zhang, N., Shi, Y., Tang, H., Ma, H., Zhang, L., & Zhang, J. (2021). Does work-related ICT use after hours (WICT) exhaust both you and your spouse? The spillover-crossover mechanism from WICT to emotional exhaustion. *Current Psychology*, 1-16.