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Influence of Family and Organizational Support on Work–Life Balance among Married Women Nurses in Hospitals

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ABSTRACT:

Background: The above factors characterize hospital nursing: rotation, night work, emotional involvement, high demand for care of patients, and time sensitivity of clinical tasks. These demands on the part of the nurse may conflict with the child-care, home duties, and elderly care needs and desires for married women nurses. Thus, family support and organisational support are potential resources to support work–life balance.

Objective: This paper examines the link between family support and organisational support and their respective influences on the work–life balance of married female nurses working in hospitals, the processes through which the two types of support bring about the impact and proposes an evidence-informed hospital policy framework and empirical research agenda.

Methods: A structured secondary-evidence synthesis was developed based upon the most recent peer-reviewed literature published between 2023 and 2026, and additional studies that directly investigated married female nurses, work–family conflict, perceived organisational support, nursing work environments and work–life balance were selected. When sources provide numerical results, only these are reported. It's not saying that they took a new sample of the population or that they did new statistical tests.

Evidence: Recent evidence has been found to consistently link work–family outcomes with family harmony, demands of childcare, night shift, supportive colleagues and supervisors, perceived organisational support, decent work and burnout. A study of 646 married female nurses identified low-conflict, work-dominant-conflict and high-conflict profiles, and family and workplace support differences between nurses who were more likely to be in the high conflict profile (Yao et al., 2024). A survey of 1,292 hospital nurses had a 75.2% valid response rate with a mean score for work–family balance of 44.35 (SD = 8.693) (Tang et al., 2025). The decent work and burnout pathways were associated with work–family enrichment and organisational support, as reported by 355 Nurses (Xu and Zhao, 2024).

Finally, the influence of interpersonal resources on organisational conditions to the work–life balance of married women nurses has been observed. The family support and predictable scheduling, staffing levels and supervision contribute to reducing the work-related burden while the household and spousal cooperation contributes to reducing the domestic burden. Improved hospital policies should shift emphasis from coping to both

1. INTRODUCTION

1.1 Background and context

Work–life balance is a multi-dimensional phenomenon allowing people to be engaged in paid work and in their family and personal life without continually experiencing conflict, excessive role strain or disproportionate loss from one of the areas. In hospital nursing care is not easy to achieve as it is a continuous process. Hospitals have 24 hour shifts and nurses might be asked to work overtime, extended shifts, weekends and public holidays. The clinical workload can also vary based on the acuteness of the patients, staffing levels, patterns of emergency and admissions. These attributes are what make nursing work different from other work environments where workers have more consistent work hours and more consistent times for work to begin and end.

It is noted that married women nurses may have further stresses if they are paid for clinical work as well as having to take on unpaid domestic labour and care work. This may include child care, school management, housekeeping, and caring for older family members as well as family arrangements with rotating shifts. The distribution of unpaid work is affected by household structure, cultural norms, as well as income and household responsibilities. This doesn't happen to all married women nurses: Age, number and age of children, household income, family structure, commute time, seniority and clinical department can all have a significant impact on experience.

Resources of family support and organisational support differ but are interdependent. Family support includes emotional support, assistance with domestic tasks, family child care, family finances and understanding of irregular work hours. Organisational support includes supervisor response, schedule, staffing, leave, safe work places, access to counselling and career development and a family friendly environment. These resources can influence both the nature and/or quality of work and family life, for better or worse.

1.2 Problem statement

In hospitals, there are particular needs for safe and reliable performance and nurses are essential in this regard. Ongoing work–family conflict may lead to fatigue, emotional exhaustion, decrease in job satisfaction, presenteeism, and intention to quit. The effects of these outcomes can have an impact on continuity of care, and stability of the workforce. However, sometimes interventions are regarded as time management or stress management that is delivered one-on-one. These can disregard structural issues like staffing uncertainty, numbers of staff, compulsory overtime, inflexibility of shift arrangements etc. They also might not consider the allocation of unpaid care duties in the household.

There is a developing body of research indicating that work–family outcomes vary. The needs of women nurses who are married are not the same. Some may have manageable role demands due to having good childcare and supportive supervisors, others may have high conflict due to having a lot of care responsibilities, night shifts, financial stress and not having much support. Analysis of family and organizational resources should be performed as a group and work-to-family interference and family-to-work interference should be considered and analyzed separately.

1.3 Research aim and objectives

The objective of this paper is to examine the role of the family and organisational support in the work–life balance of married female nurses in hospitals.

The goals are to summarize the most recent findings on family support and work–life balance; explore how organizational support, supervisor behaviors and work environment relate to family support; describe the pathways associated with organizational support and family support with regard to work–family conflict, enrichment and work–life outcomes; understand factors that can strengthen or weaken these relationships; and propose evidence-based recommendations for hospital managers and future research.

1.4 Research questions

There are four questions in the paper. How does family support affect married female nurses' work–life balance? What are the effects of organisation support and supervisor behaviours on work–life balance? What is the effect of support received from family and organisations on work–family conflict and enrichment? What are the evidence-based interventions at the household level and the hospital level that have been implemented recently?

1.5 Significance

The topic is important for nursing workforce planning, gender equity, the health and happiness of the employees, and the quality of care. A better work–life balance can be used to find ways to keep more experienced nurses and stop them from leaving hospital employment. It can also help with the ongoing further education and professional development of nurses, allowing them to further their education and careers without continuing to battle with family responsibilities. Staff satisfaction is not only about the employee, it is related to staffing continuity and team working and to continuity of nursing services for hospital leaders.

2. LITERATURE REVIEW

2.1 Conceptualising work–life balance in nursing

Work–life balance does not mean a pre-determined number of hours equally divided between work and non-work activities. It is more often referred to as a personal, context-specific assessment of capacity to handle demands, resources and personal priorities over time. With clear restrictions on work hours, support from family and respect for recovery time, nurses are able to have long hours and still enjoy a good balance in their life. On the other hand, having a shorter contracted works could be problematic if shifts are rotated rapidly or commuting time is long or domestic duties are not distributed equally.

Work–family conflict can be broken down into two components: work–family conflict and family-to–work conflict. Work-to-family conflict occurs when work demands undermine the ability to fulfill family roles, for example, when work demands cause a nurse to not be able to pick up a child from school. The family to work conflict occurs when family needs interfere with work, e.g. when childcare is needed, but the family is not able to attend or distracted. Any direction can happen at the same time and be reinforcing. Work–family enrichment is the positive transfer of resources, skills, emotional support or perspectives between work and family.

2.2 Family support and spousal cooperation

Support from the family may take the form of emotional, instrumental, informational or financial. Emotional supports are empathy, respect and reassurance. Instrumental support is a form of support that includes activities like caring for children, cooking, household chores and assistance with relatives who could not function on their own, and transportation. Informational support involves helping to arrange care activities, or to solve a problem in practice. Financial support may help to increase access to formal childcare, help with domestic assistance and/or transport. In particular, married nurses may also need to consider spousal support as their partners might have to take over household duties or family schedules could be synchronized if both staff and their family members are on night shifts.

Yao et al. (2024) conducted a study on the types of work–family conflict among 646 married female nurses working in public hospitals in Zhejiang Province. They recognized three profiles—low conflict, work-dominant-conflict, and high conflict—through their analysis. The number of children, night shifts, the economic impact on the family, child care pressures, family harmony, nurse–patient interaction, and colleague support were identified as factors associated with profile membership. Family resources and workplace resources appear not to work in isolation but in conjunction with each other, as suggested by the results.

It is not family support and it is not the expectation of the family that its members are to be paid for poor working conditions for a lifetime. If the roster is "unpredictable" or overtime is common, a nurse, even with the support of their partner, can have a very strong work-to-family conflict. Similarly, flexibility arrangements to which parents and the nurse have agreed and documented at work may be found to be insufficient if the nurse is lacking in any reliable childcare and/or family members lack an understanding of the needs of shift work. Household and employment related arrangements are then needed to coordinate a good work–life balance.

2.3 Organisational support and perceived support

Perceived organisational support is a general attitude of an employee about the value of his or her contribution and caring for his or her well-being by the organisation. In the nursing profession it might be how managers treat employees or patients when they take a leave, how staffing issues are treated, if employees are able to raise up safety concerns without facing reprisal,

whether policies are being followed, etc. Formal policy and supervisory behaviour in day to day life are related to perceived support. If the policy is not easy to access, if it is a "family friendly" policy, it will not be of much help in practice.

Xu and Zhao (2024) conducted a study of 355 nurses and discovered that organisational support was positively related to work–family enrichment. They analysed both decent work and burnout as mechanisms by which organisational support could be related to enrichment. Organisational support can thus be a positive spill over factor and not merely a factor that helps to reduce conflict. A supportive working environment may provide support, confidence and emotional stability that can be taken home by nurses to their family life.

Larsman et al. (2024) conducted a longitudinal study in six hospitals in Sweden that investigated organisational support climate and nurse well-being and the performance of their units. The multi-wave design is relevant as organisational support is not just an individual perception and instead can be a shared characteristic of a unit. Team effectiveness, Job satisfaction, Burnout, Intention to stay, Patient safety related outcomes may be impacted by Unit-level support climate.

2.4 Supervisor and colleague support

Nurse managers and immediate supervisors are the individual who translate the organisational policies into work experience. Supervisors give advance notice of rosters, respond to emergency family needs, provide fair shift exchanges, and monitor workload and don't penalize employees for legitimate family needs. There's also a factor of nurse support, where if you need to step in on an unexpected request you can do this with the support of your colleagues, through shift swaps, informal support and team working. But if working with other staff members to overcome chronic staffing issues can lead to inequity and resentment. Adequate staffing and procedures should be available to facilitate team-level support.

Further, results from the Bangladesh data indicate that there is a negative relationship between PWS, PWFS and nurse turnover intention which is mediated by theWF conflict (Siddiqi et al., 2024). Structural equation modelling was used for the study of 383 nurses. The importance of this is that support may have some effect on retention rates in part because of the alleviation of conflict between work and home life.

2.5 Work schedules, workload and control

Shift pattern is one of the structural factors which impact on the work–life balance. The shift work may have impact on sleep, family and social life. The changing of shifts may complicate the process of planning childcare especially if the schedules are announced late or frequently changed. Long hours and overtime work take up more time with less recovery and family time. Having a schedule, rostering and equality in shift preferences can help to reduce these pressures.

To summarise the evidence of the work–life balance of hospital nurses, Widayana et al. (2025) performed a socio-ecological scoping review. It brought individual, interpersonal, community and organisational influences to the fore and included research from a range of countries. The review emphasises not only individual wellbeing strategies, but also that the work needs to be flexible and social support needs to be provided.

2.6 Work environment, retention and well-being

Work–family conflict may be related to turnover intentions particularly in situations where the nursing work environment is resource or autonomy deficient. Jeong and Choi (2024) examined how the work–family conflict was mediated by the nursing work environment when examining the relationship between work–family conflict and the intention of nurses to leave their jobs (WFIJ) if the nurses were married. The attention given to married women is directly relevant, not less because of the recognition of role conflict and situational factors in the performance of clinical work, but also because of the recognition that the role of women, as well as the conditions of their work, vary from one woman to another. In addition, there is research that looks at the work–life balance of nurses and the connection between nurse work–life balance and decent work and professional quality of life. Zheng et al (2024) examined the links between organizational support, PQL and DW and Pw. These constructs are applicable to the current topic as they both influence work–life balance; the implementation of the organisation of work and the level of dignity, recognition and support that nurses receive in their work.

2.7 Evidence from intervention research

Individual interventions may be used to enhance structural changes. Al-Hammouri et al. (2024) evaluated a Mindfulness-Based Intervention with 123 nurses, with half being randomized to the intervention and the other half to the control

condition. The study found a statistically significant multivariate effect as well as a reduction in work–family and family–work conflict scores in the intervention group. Mindfulness is a complement to the strengths of attention and coping, but cannot replace the need for adequate staffing, predictable schedules and supportive family management.

2.8 Research gap

There has been some good research in the past few years about married female nurses, support in the practice workplaces, work–family enrichment and work–family conflict. However, there are major voids to be filled. First, many of the pieces of evidence can be classified as cross sectional type of evidence, making it difficult to interpret the evidence with regard to cause. Second, the research is based in particular national and hospital settings, and findings may not necessarily be easily transferable to other labour markets. Third, some studies analyze nurses in general, but not married women nurses in particular. Fourth, family support is usually summed up in a general way and not differentiated according to the family members' situations, such as spousal support, care of children and the elderly, or sharing of domestic labour and financial resources. Fifth, few studies have included more than one dimension of family support in their models, and none of them has included models of other factors (e.g. shift predictability, workload, number and age of dependants, socioeconomic factors). The gaps indicate a need for integration of the approach and further follow-up research.

3. THEORETICAL AND CONCEPTUAL FRAMEWORK

3.1 Work–family resource perspective

The paper is based on a resource-oriented work–family approach. Family and organisational support is seen as a resource which could help to mitigate the demands placed on nurses and support their capacity to manage role expectations. Resources can be in the form of time, emotional energy, practical help, control of schedules, autonomy, information and monetary resources. When demand is greater than supply, there's more of a chance of conflict. Resources are more likely to be enriched if there are enough resources to move between domains.

3.2 Proposed relationships

The more positive the family support, the more positive the family relationship with work–life balance, and the more negative the family relationship with work–family conflict. Organisational support is also expected to be positively related to work–life balance. Organisational support proposed are work schedule predictability and supervisor support and staffing adequacy. Moderators or control variables might include number of dependents, commute time, household income and so forth, while potential mediators can include work–family conflict and burnout.

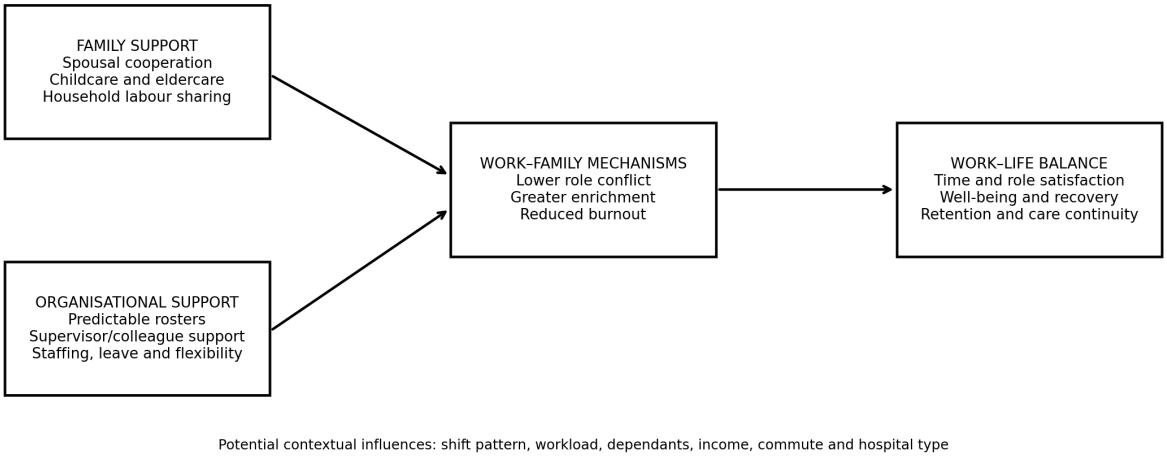


Figure 1. Proposed conceptual framework linking family and organisational support with work–life balance.

4. METHODOLOGY

4.1 Research design

The methodology applied in this paper is the secondary-evidence structured synthesis and integrative conceptual analysis. Has no new cross sectional survey, interviews or hospital-level data collection. The design will be appropriate for the purpose of synthesizing the recent evidence on a specific workforce problem and serve as a basis for empirical testing. The synthesis was limited to peer-reviewed research published after 2023, and emphasized research that is specific to married female nurses, family support, organizational support, work–family conflict and work–life balance.

4.2 Search strategy and sources

Literature search was done through specific databases and literature sources as PubMed, PubMed Central, Frontiers, Wiley, Springer Nature, Elsevier and nursing journals websites. The keywords searched included: married female nurses, married women nurses, work–life balance, work–family conflict, family support, spousal support, organisational support, supervisor support, nursing work environment, hospital nurses and shift work. Only publications from 2023-2026 were favoured for the search window.

4.3 Eligibility and selection

Empirical or review studies that reported research findings related to nurses in hospital or healthcare environment that addressed at least one of the following: work–life balance, work–family conflict, family support, organisational support, supervisor support, work environment, burnout or intention to turn over were considered relevant. Special attention was given to studies specifically geared toward married female nurses. The studies were in general included if they provided information on the role of organisational support or work–family mechanisms which were applicable to the targeted population. Publications before 2023 were not included in the core reference list.

4.4 Data extraction and synthesis

The synthesis retrieved publication year, country or setting, study design, population or sample size (if available), main constructs and results in answer to the research questions. The evidence was organised under the following headings: family support, organisational support, work scheduling and workload, work–family mechanisms and workforce outcomes. Numerical values were only included if they were available in the published abstract or article record. Different instruments and populations were used and therefore scores are not pooled and should not be interpreted as being comparable.

4.5 Analytical approach

A thematic synthesis was used to develop common explanations and relationships. Analysis is a distinction of direct findings of concepts. For example, the relationship between organisational support and work–family enrichment is reported as an association instead of an evidence of the causal relationship between organisational support and enrichment. Likewise, cross-sectional ties between work–family conflict and turnovers intention is not indicative of temporal causality. The conceptual model proposed is therefore a synthesis model rather than one that is statistically validated as a structural equation model.

4.6 Methodological limitations

This is not a systematic review and an exhaustive list of the database cannot be claimed. The evidence available is not all of the same design, nor the same instruments, country, or type of hospital or the same sample composition. Some studies involve nurses of all marital status, or all gender, and thus cannot be directly generalised to married women nurses. Another limitation of the synthesis is the amount of information that can be abstracted from articles and reported in abstract and recorded. A future full systematic review should be documented with PRISMA flow diagram, conducted by two independent screenings, and with full database searches and formal quality appraisal.

5. RESULTS AND EVIDENCE SYNTHESIS

5.1 Profile of selected empirical evidence

The evidence chosen shows that the research question is backed up with research in varying designs and samples. The most relevant study is about married registered nurses, and other studies are about nurses in general and offer evidence regarding organizational support, work–family enrichment, turnover intention and hospital work environment.

Table 1. Characteristics and numerical details of selected recent studies. Figures are reported as published and are not pooled.

Study	Setting / sample	Design	Relevant numerical detail	Main contribution
Yao et al. (2024)	646 married female nurses; public hospitals, Zhejiang, China	Cross-sectional; latent profile analysis	n = 646; 3 conflict profiles	Family harmony, childcare, night shifts and workplace support differentiated conflict profiles.
Xu and Zhao (2024)	355 nurses; China	Cross-sectional; mediation analysis	n = 355	Organisational support associated with work–family enrichment through decent work and burnout pathways.
Siddiqi et al. (2024)	383 nurses; Bangladesh	Survey; structural equation modelling	n = 383	Organisational and supervisor support negatively associated with turnover intention; work–family conflict had a mediating role.
Al-Hammouri et al. (2024)	123 nurses; intervention/control groups	Randomised controlled trial	60 intervention; 63 control	Mindfulness intervention reduced work–family and family–work conflict scores.
Tang et al. (2025)	1,292 nurses; public hospitals, Jiangsu, China	Cross-sectional; latent profile analysis	1,292/1,718 valid; 75.2% response; WFB 44.35 ± 8.693	Identified differing profiles of work–family balance among nurses.
Larsman et al. (2024)	Six hospitals; Sweden	Two-wave longitudinal questionnaire	1,817 nurses at T1; 1,362 at T2; longitudinal n = 711	Examined organisational support climate, well-being and unit performance.
Ono et al. (2023)	1,418 hospital nurses; Japan	Cross-sectional analysis	n = 1,418	Work–family conflict and practice environment related to presenteeism.
Widayana et al. (2025)	12 studies across multiple countries	Socio-ecological scoping review	851 records; 12 included	Identified individual, interpersonal, community and organisational influences.

5.2 Family support and work–family conflict

The most direct evidence is from Yao et al. (2024) whose sample was all married women nurses. Three patterns of role interference were found, suggesting that there are three conflict profiles within the same occupational group. Fewer support resources at work and more nurses reported higher levels of conflict were associated with being affected by several pressures.High conflict nurses were more likely to experience multiple pressures (childcare responsibilities, less harmony in the

family, or economic burden of the family) and less likely to have support resources at work. This enhances the interpretation that family support is not an "extra" factor but an integral aspect of the resource configuration that affects nurses' management of competing demands.

The point is that it is unethical to assume that the same intervention is necessary for all married nurses in a hospital. A school aged child's nurse might need to know when to begin and end their shift while a nurse caring for an older relative may need to have planned to leave for an unplanned time or have a flexible shift change. It should be noted that a nurse whose spouse is on a rotating schedule may need an alternate schedule as opposed to one with a spouse who is working on a fixed schedule. Therefore, the type of care that needs to be provided and the situation of the household should be considered, while providing care without divulging unnecessary private information.

5.3 Organisational support and work–family enrichment

Xu and Zhao (2024) provide evidence that organisational support is related to work–family enrichment among nurses. This is because the one dimensional conflict reduction strategy might exclude positive mechanisms. A positive work environment can enhance a nurse's feelings of control, dignity and occupational confidence. These resources are beneficial in communicating and expressing emotions beyond the workplace. The mediators (role of decent work and burnout) were explored as mediators suggesting that the relationship between organisational support and family outcomes may be mediated by provision of resources as well as depletion of resources.

5.4 Support, conflict and turnover intention

Siddiqi et al. (2024) conducted a study in Bangladesh which involved a sample of 383 nurses and their findings suggest that perceived organisation and supervisor support were negatively related to turnover intention and work–family conflict mediated the relationships. This reinforces the theme that the emphasis should be on the conditions which can cause conflict, rather than on financial rewards or recruitment drives for retention. Nurses may be more likely to remain in the organisation in which they perceive a responsiveness of their supervisor and where an organisation's procedures are fair.

Married female nurses were analyzed by Jeong and Choi (2024) in the relationship between work–family conflict and turnover intention, and the role of the nursing work environment as a mediator. This piece reiterates the significance of the organisational context. Even with family support, a poor practice environment can cause role conflict and result in job turnover.

5.5 Scheduling and work environment

Evidence from hospital nurses indicates that the work environment and work–family conflict are related to presenteeism. Ono et al. (2023) concluded that policies that facilitate work–family balance, effective work environments, staff rotation, teamwork, support from supervisors, and supervisor recognition could impact the level of presenteeism among hospital nurses (N = 1418). This means that actions to support work–life balance need to be included in workforce planning and the reorganisation of nursing work.

Tang et al (2025) studied 1292 nurses in public hospitals of Jiangsu Province. The valid response rate was (75.2%) and the average work–family balance score was (44.35) with a standard deviation (8.693). The numbers provide an indication of the level of recent research on work–family balance but may not be compared with other studies without careful consideration of the instrument, score range and population.

5.6 Intervention evidence

Al-Hammouri et al. (2024) concluded their mindfulness based intervention was statistically significant with 123 nurses regarding work–family/family–work conflict outcomes. These interventions may be helpful in supporting coping and self-regulation, but in addition to other interventions. Nurses' working hours should not be scheduled to reflect their workload, and mandatory overtime should also be avoided, as this is a risk for nurses' health if they are not able to manage their time effectively.Conflict will not be solved by mindfulness training if nurses commonly have to work overtime, or if they work inconsistent or unpredictable schedules, or if they aren't properly staffed.

The size of the published sample sizes will be compared numerically.

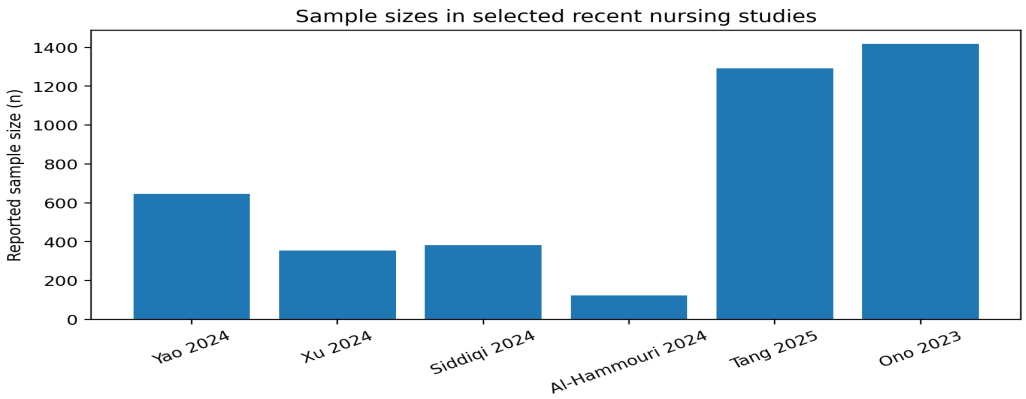


Figure 2. Reported sample sizes in selected studies. This is a descriptive comparison of study scale, not a pooled estimate or effect-size comparison.

5.8 Evidence distribution and interpretation

The study summary is available and there are 3 profiles confirmed, but no pie chart of percentage of conflict profile is given because there were no numerical class proportions. If the total number of reported classes is not complete, then there would be unsupported data. Similarly, there are no regression coefficients, correlations or p-values in this paper. Published scale values, response rates, and/or published sample sizes have been included only if they can be referenced in the studies cited.

5.9 Summary of results

The evidence for family support is seen throughout with regard to child support and family harmony, husband or wife support and sharing of household duties. Organisational support is expressed through: responsiveness of supervisors, support from colleagues, decent work, staffing and a predictable work schedule, quality of the nursing practice environment. The possible connection between support and well-being, and retention, due to work–family conflict and burnout, makes sense. There is some evidence for the integrated approach, however, no consensus of the causal effect size for married women nurses across countries.

6. DISCUSSION

6.1 Joint influence of family and organisational support

Based on the results, it is concluded that the presence of family support and organizational support are complementary family support resources. Having support from family and colleagues in the organisation can help nurses balance their work and home roles and can help minimise the impact of work demands on family life. If all the two were available, the nurses would be able to spend more time with their families; have more time for recreation between rounds; and have time for professional activities. One domain has to work for the other one if it is vulnerable. This is also a handsome pay, but some factors can not make up for unsafe staffing or chronic overtime, and a flexible schedule will not solve the childcare issues. The evidence from married female nurses is particularly significant as it provides evidence of variation within the target population. As Yao et al. (2024) showed, the contexts of family and work affect this work–family conflict profile. Then there would be no basis for a hospital policy in terms of the principle of a uniform assumption on the part of married women. Support needs to be available to all employees with a degree of flexibility that takes into account the needs of the individual and the operational needs.

6.2 Gendered distribution of unpaid care

An understanding of the link between marriage, gender and nursing work is important, but it is not necessary to make the assumption that all households are the same. Overall, women are still doing lots of housework and caring around the house in many places, despite holding a full-time occupation in any demanding career. If this is the case, married women may be subjected to the double burden of working in the health profession and completing household chores. This imbalance is lessened when spouses take care of domestic responsibilities and care planning together. But hospitals should not see unpaid family labour as an infinite resource that can be used to allow for rigid approaches to employment.

6.3 Organisational responsibility and managerial practice

The organisation should be visible in its actions through the support of its one. Managers can publish rosters early enough, reduce the number of changes at the last minute, have well-defined protocols on shifts to use and which to avoid, allow

managers to use shifts as needed, record overtime, and ensure the leave structure is actually utilised. The number of staff should be determined by patient demand and workload, and not by the same number of people working for an extended period of time. Managers should be consistent in considering flexibility options if employees request flexibility, and avoid informal consequences such as promotion or assessment.

However, supervisor support is especially critical as employees' perceptions of the organisation are frequently mediated through their immediate supervisor. There may be a written policy which is flexible, but a supervisor who discourages leave or who deems family responsibilities as a sign of lack of commitment can deflate the policy. The training of leaders should include fair scheduling, supportive communication, conflict resolution, and escalation of workload and handling of confidential employee information.

6.4 Work–family conflict as a mechanism

One possible link between support and well-being, and retention is work–family conflict. Nurses can feel guilty and frustrated about the demands of their work and feel less able to get time off to attend to family commitments. Families may need a nurse's attention when it is not a scheduled time, which could interfere with the nurse's scheduled tours.Families can require nurse attention when it is not scheduled, which may interfere with scheduled tours. The provision of support can alleviate these pressures through the provision of additional resources and increasing the coordination. The results obtained from Bangladesh and Korea confirm the significance of work–family conflict to turnaround outcomes (Siddiqi et al., 2024; Jeong and Choi, 2024).

6.5 Positive spillover and work–family enrichment

Positive aspects of the work–family interaction should be talked about. Communication, empathy, problem solving, crisis management are skills that may be required in family life, and may be learnt in the course of nursing. Family members can also provide emotional support and encouragement that will aid work performance. Organisational support to reduce the effects of burnout and to promote quality work could be used to enhance these positive exchanges. Xu and Zhao (2024) provide empirical support for the association between organisational support and work–family enrichment.

6.6 Implications for hospitals in India and comparable settings

Implications need to be adapted to local employment contracts, transport etc. and family structures, as well as different public and private hospital systems in India and in other contexts. In larger tertiary hospitals banks, partnerships between banks and child care services or partnerships between employees and care services might be able to be provided more broadly, and partnerships between units and partnerships between hospital networks may be needed in smaller hospitals. Employers, public or private, should be aware of safe staffing, predictable scheduling, support for maternity, access to childcare, transport following night shifts, and transparent leave policies. Marriage should not be seen as a prerequisite for family support as married women may also care for children or elderly relatives and other dependants.

6.7 Implications for nursing leadership and human resource management

The state of a workforce should be measured by their work–life balance. Roster changes, overtime hours, unused leave, sick leave, and intention to leave the job are examples of unit-level monitoring. Examples of reported work–family conflict and perceived supervisor support are measures of employee perceptions. These indicators should be taken with a pinch of salt and should not be used as a punishment to individual nurses. Adequate conclusions and findings may be drawn from an aggregation of results to determine workload or scheduling practices that should be reviewed at the unit level. Human resource teams can evaluate the availability of family-friendly policies by staff and employees through confidential employee feedback, including in different grades, shifts, and contract types.

6.8 Theoretical contribution

The proposed structure combines and combines family resources and organisational resources within the same structure. It places work–family conflict, work–family enrichment and burnout between the resources and the outcomes of work–life balance, as shown in the center of the figure. It also includes contextual variables such as shift predictability, workload, dependants and income. The method provides a way to extend the scope of analysis to consider both family and organisational support alone and result in a series of tests of family-organisation interactions.

6.9 Limitations of the evidence

Evidence base is a little not uniform. The vast majority of studies have been conducted using a single country and/or hospital system, and have been cross-sectional studies with self-reported measures. This may be because of different family policies, labour regulations, hospital staffing, social norms and nursing education in various countries that were included in the findings from China, Bangladesh, Korea, Sweden and Japan. Studies of nurses may not reflect the characteristics of married women who are nurses. The paper is a structured secondary synthesis and does not report pooled effect sizes, and is not a registered systematic review. These limitations make it impossible to draw universal causal statements about these relationships.

7. RECOMMENDATIONS

7.1 Family-level support

Family education and communication programmes should be encouraged in hospitals and in the community by using equitable arrangements for caring at home. Invite your spouse and family to share with you in the care of children, elder care, home planning and cleaning. The hospital can provide information on the local childcare and emergency care and family support (where available). These should be freely given and not result in the responsibility for safe working environment being shifted to the family and the hospital.

7.2 Organisational scheduling and staffing

Hospitals need to have clear roster policies; have informational policies and schedules; and limit needless last minute changes. A clear ruleset should be established on the fair and patient exchange of shifts based on patient safety. The nature of the patient acuity, leave, training or predictable peaks in workload should be considered. Overtime should be a last resort and followed up with a staffing review.

7.3 Supervisor development

This training should cover supporting supervisors, workload distribution, confidential dialogue with families regarding requests and early signs of work–family strain for nurse managers. In addition to targets of service delivery, workforce stability and employee experience and safe staffing should be measured when assessing managers using performance systems.

7.4 Family-friendly workplace policies

Flexibility with parental leave, carers leave, flexible working hours, part time working, return to work support, lactation facilities, childcare facilities and employee assistance are recommended for hospitals. Policy uptake needs to be explored by shift type and job grade for evidence of inequalities. If it is not possible to provide care on-site, or if they would like to use services from an approved provider, or a childcare subsidy could be available.

7.5 Monitoring and evaluation

Monitoring should consist of a combination of workforce and confidential employee-reported indicators, within an overall balance. Hospitals can assess roster predictability, overtime, leave availability, shift cancellations, work–family conflict, perceived support, burnout and intentions to leave. Wherever possible, data should be analysed at unit level and not used for individual performance sanctions.

7.6 Future research

In the next studies, married women nurses should be recruited from public and private hospitals, taking into account the variation in age, number of dependents, type of clinical specialty, shift, employment status and household structure. Longitudinal designs can be used to see if there is any change in support that leads a change in work–life. Direct and indirect relationships can be tested using structural equation modeling and multilevel models can be used for distinguishing between individual perceptions and unit-level support climate. In the qualitative interview, nurses can explain how they come up with shifts, childcare and spousal support in a variety of household contexts.

8. CONCLUSION

There are two factors of work–life balance that should be taken into account by married nurses in hospitals – family and organizational support. Emotional and reassurance, childcare, household assistance and practical coordination can be offered by the family. Organisational support includes predictable schedules, access to leave (fair), being adequately supported by colleagues, being responsive to supervisor and acknowledging responsibility outside of hospital. They should be used in conjunction.

New research of married female nurses reveals that there are different types of work–family conflict, and that high levels of work–family conflict are linked to high levels of family and work stress. Overall, the research on nursing indicated that

organizational support was associated with work–family enrichment, and with less intention to leave because of work–family conflict, and more job well-being. Additional evidence indicates that work–life balance is not a personal problem, but a problem for a workforce system, because their work schedules and relationship to work are being programmed.

Implementing family-friendly and worker-centred practices in hospitals should thus be encouraged, including advance rostering, fair shift exchanges, staffing levels, supportive supervision, access to leave and provision of childcare support. The proposed integrated framework needs to be evaluated in the future with longitudinal and multisite samples of married women nurses. The present paper is not a Primary evidence survey or causal estimate, but an elaboration of the above work.

Appendix A. Proposed hypotheses for a future primary study

H1: Family support is positively associated with work–life balance among married women nurses.

H2: Organisational support is positively associated with work–life balance among married women nurses.

H3: Family support is negatively associated with work–family conflict.

H4: Organisational support is negatively associated with work–family conflict.

H5: Work–family conflict mediates the relationship between family support and work–life balance.

H6: Work–family conflict mediates the relationship between organisational support and work–life balance.

H7: The relationship between organisational support and work–life balance is stronger when family support is high.

H8: Shift unpredictability and high workload weaken the positive relationship between support and work–life balance.

Appendix B. Suggested measurement domains

Family support may be measured through spousal emotional support, practical household assistance, childcare and eldercare support, family communication and perceived fairness in domestic labour. Organisational support may be measured through perceived organisational support, supervisor support, colleague support, schedule control, roster predictability, staffing adequacy, leave accessibility and family-friendly policies. Work–life balance may be measured through satisfaction with work and personal roles, perceived control over time, work-to-family conflict, family-to-work conflict and recovery opportunities. Validated scales should be selected and culturally adapted before data collection.

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