



Caught in the Crossfire: How Work-Family Conflict Affects the Lives of Married Nurses in India

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Abstract

Purpose- This research aimed to examine the nature of the relationship between work and life among married nurses in Jammu and Kashmir, India

Design/Methodology- A questionnaire with measures for work-family conflict, life satisfaction, and family satisfaction was administered. The nodal agency, Government Medical College (GMC), provided the researcher with a list of nurses and their marital statuses. A sample of 253 nurses was analyzed using simple random sampling from a list of potential 527 nurses. These 253 respondents worked at five major government hospitals. In addition to the work-family measures, questions on age, work experience, job grade, and family type were asked

Findings- The results revealed a significant relationship between work and family conflict with both life satisfaction as well as family satisfaction. In both cases, the time-based, and strain-based conflict scored higher than the behavior-based conflict in influencing family and life satisfaction negatively

Practical Implications- The results highlight the need for organizational support for nurses, which can be in the form of flexible work schedules, and other time-saving techniques. Given that nurturing responsibilities are shouldered by women in India not only monetary but non-monetary benefits should be availed to the nurses to alleviate their work-family conflict.

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Introduction

The relationship between the work and non-work domains has been studied widely over the years owing to the changing demographics and the entry of more and more women into the workplace. Because of the hyper-competitive environment, the organizations work in, jobs have become highly demanding, and individuals work for long hours with constant pressure to perform (Nadeem & Abbas, 2009). This leads to incompatibility of the work-life of the individual with other domains of life, with individuals being unable to strike a balance between these domains. Conversely, this imbalance can occur in other domains of life, making it difficult to fulfill work responsibilities. One such domain that is affected by or affects the demands of the work life of the individual is their family life. Work-family conflict transpires when work and family responsibilities are mutually incompatible with each other (Greenhaus, Allen, & Spector, 2006). Work-family conflict (WFC) can occur bi-directionally i.e., from work to family and/or family to work. Work-to-family conflict or work interference with family (WIF) occurs when the demands and experience of the work domain cause difficulty in fruitfully participating in the family responsibilities. Family-to-work conflict or family interference with work (FIW) occurs when the incompatibility of demands and experiences between family and work domain leads to difficulty in fulfilling work responsibilities owing to the demanding nature of family responsibilities (Weer & Greenhaus, 2014).

The earliest research in the field of WFC dates to the 1970s (Willmott, 1971; Herman & Gyllstrom, 1977). Greenhaus and Beutell (1985) in their work on the WFC mention that there are three sources of conflict between work and family domains: Time-Based Conflict, Strain-Based Conflict, and Behavior-Based Conflict. Time-based WFC occurs when the time spent on fulfilling the responsibilities of one domain makes it difficult to take out time for the responsibilities of the other domain. Strain-based WFC takes place when psychological pressures of one domain of life make it difficult to fulfill the responsibilities of the other domain. Lastly, behavior-based conflict occurs when the behaviors demonstrated in one domain are at odds with the ones required in the other domain (Allen et al., 2012).

WFC has been a major concern in recent years with the changing demographic trends in both the work and family spheres (Kossek & Lee, 2017). On the personal front, it tends to create difficulty not only in managing and deciding about the major family decisions but also the simple daily decisions (Molina, 2021). This results in a decrease in life and family satisfaction (Yucel, 2017). Life satisfaction is a general assessment of feelings and attitudes about one's life at a given point in time varying from positive to negative. Shin & Johnson (1978) describe life satisfaction as "a global assessment of a person's quality of life according to his chosen criteria". One can infer from these definitions that life satisfaction is an emotion of wellness in one's life. Diener, Suh, Lucas, & Smith (1999) have described life satisfaction as one of three major indicators of employee wellness. Succinctly, life satisfaction is a sum of happiness, adjustment, leisure, health, happiness, and quality of life.

Family satisfaction is the measurement of the fulfillment and happiness individuals experience in their role as family members. In the case of married women, it represents how happy they are with the amount of childcare and other family responsibilities they perform. WFC creates situations in which working mothers are unable to fulfill their responsibilities due to a lack of resources. This results in poor family participation and, as a result, low family satisfaction. According to the source attribution model, which posits that employees have limited resources, the source of conflict for mothers is their inability to fulfill their family roles. The resources depletion hypothesis contends that working women will feel low family satisfaction if they use too many resources to fulfill their job obligations. WIF is expected to affect the family satisfaction of working mothers. On the organizational front, WFC causes an increase in turnover and absenteeism of employees (Kusumanegara, Asmony, & Numayanti, 2018; Boyar, Maertz Jr, & Pearson, 2005). As a consequence of this, the research in

this area has also increased over the years such as in the education sector (Soomro, Breitenecker, & Shah, 2018), banking sector (Aboobaker & Edward, 2020), and health sector (Labrague, Ballad, & Fronda, 2021).

Although the number of women in employment has grown significantly over the years, many of them frequently quit their positions either temporarily or permanently due to family obligations. As is the case globally, the issue of women facing such challenges is also true for a country like India which has seen rapid growth of urbanization, leading to more and more women entering the workforce (Reddy, Vranda, Ahmed, Nirmala, & Siddaramu, 2010). The issue of managing work and family responsibilities becomes even more difficult for married women, as apart from being an important part of the workforce, they also have to fulfill the role of spouse, parent, and caregiver (Molina, 2021). Research has shown that working mothers experience WFC while juggling between work and family obligations (Sultana, 2012). Married women experience conflict between their work and family responsibilities whether they are working in the public or private sector (Khursheed, Mustafa, Arshad, & Gill, 2019). This is especially the case with those working in the medical field (Tariq, Asad, Majeed, & Fahim, 2021; Sari, Sari, & Aktrisa, 2021). Nurses working in hospitals have been identified as one of the largest groups of workers involved in patient care (Poulose & Sudarsan, 2017). It is a physically and mentally draining profession owing to the long and erratic working hours. Along with this, many nurses are the main caregivers for their family members (Chang & Schneider, 2010). The demanding nature of both domains leads to friction, making it difficult to fulfill the demands of these domains. There is a global shortage of nurses, and it is predicted to worsen in the coming years (Braimoh & Dimarco, 2021). The state of affairs in nursing, given the COVID-19 pandemic, has been summarized as:

- Nurses have been working long work hours, often without breaks, and being called to duty without protective equipment and support. They are burnt out, distraught, and “physically and mentally exhausted.”
- The world was short of six million nurses when confronted by the pandemic.
- The rate of “intention to leave” in nurses has doubled since the pandemic.
- The per capita nurses in developing nations (including India) is one-tenth of the developed nations

Therefore, it is essential for the hospital, apart from other measures, to work towards helping the nurses to reduce their WFC experience, which research proves is among the main reasons for turnover intention among nurses (Zhang, Rasheed, & Luqman, 2019). Since the nursing profession engenders working under high stress and pressure, WFC as a concept studying the work-life balance of nurses has emerged as an appropriate and most used of the conceptualized indicators (Zurlo, Vallone, & Smith, 2020). Nurses' WFC has implications for the whole of the organization by inhibiting nurses' performance and productivity in terms of the standard of patient care given, increasing the problem of shortage (e.g., absenteeism, turnover) (Varma, Kelling, & Goswami, 2016).

This article focuses on the work-family conflict of married nurses. The goal is to understand the effect of WIF and FIW on the life satisfaction and family satisfaction of the nurses.

There are four research objectives of this study. These are as under:

1. To identify the relationship between WIF and the life satisfaction of married female nurses.
2. To identify the relationship between FIW and the life satisfaction of married female nurses.
3. To identify the relationship between WIF and the family satisfaction of married female nurses.
4. To identify the relationship between FIW and the family satisfaction of married female nurses.

Literature Review and Hypotheses

Work to family and family to work conflict

Several studies have been carried out over the years to understand the antecedents and consequences of work and family conflict (Zhang et al., 2019; Yucel, 2017; Zhao, Qu, & Ghiselli, 2011). Work-family conflict (WFC) is defined by Duxbury & Higgins (1991) as “a form of inter-role conflict in which the role pressures from the work and family domains are mutually incompatible in some respect”. Work-family conflict has two aspects: work-family conflict (WIF) and family-to-work conflict (FIW). WIF and FIW are presented as mutually exclusive but the two concepts intersect for the most part (Zhao, Settles, & Sheng, 2011).

Farhadi, Sharifian, Feili, & Shokrpour (2013) define WIF as “a form of inter-role conflict in which the general demands of time devoted to, and strain created by the job interfere with performing family-related responsibilities”. Sari (2020) mentions the late-night shifts, which make it difficult for an individual to spend time with family and may be cited as an example. WIF often causes an individual to compromise with family obligations. WIF is cited as an important issue for the organization, considering it not only has negative outcomes on the family front but can also have detrimental consequences at work (Lembrechts, Dekocker, Zanoni, & Pulignano, 2015). Considering the kinds of pressure involved in the job, nurses are prone to experience high WIF. Working long hours, inflexibility in work schedules, and work hours lead to WIF among nurses (Boamah & Laschinger, 2016; Asiedu, Annor, Amponsah-Tawiah, & Dartey-Baah, 2018). Weer & Greenhaus (2014) in an influential work in the field, define FIW as the conflict that “occurs when the pressures from the family and work domains are mutually incompatible, and as a result, participation in the work role is made more difficult by participation in the family role”. FIW causes hindrance to individuals in fulfilling their work commitments by depleting their energy levels (Eshak, 2019; De Clercq, 2020). As women take up major responsibilities at home, which cause significant hindrance in their work-life, they face more FIW as compared to their male counterparts (Lilly, Duffy, & Virick, 2006; Khokhar & Zia-ur-Rehman, 2018). The experience of WIF and FIW show mutual dependence as the experience of WIF affects the experience of FIW and vice versa. Hatam, Jalali, Askarian, & Kharazmi (2016) in their study found that WIF and FIW have a significant and positive relationship such that increased WIF points to an increased FIW and vice versa. Lee (2018) while taking into account the reciprocity relationship between WIF and FIW, suggests that employers should analyze the effect of both sources of conflict and find ways to overcome them. Many studies have been carried out globally to understand the status of work-family conflict, some of the recent ones being the ones carried out by Yildiz, Yildiz, & Ayaz Arda (2021); Zurlo et al. (2020) and Zhang et al. (2019).

In the Indian context, the research on work-family conflict regarding nurses is sparse. One may cite some of the recent studies conducted in the field, including the study conducted in the hospitals of the national capital region by Reghunathan (2019). Another study conducted by Sharma, Dhar, & Tyagi (2016) in Uttarakhand, India, has sought to understand the extent of conflict among nurses and its psychological implications. Many studies in the Indian context have been undertaken to study the impact of adverse effects of work and family conflict and they are tabulated in Appendix A.

Life Satisfaction

Life satisfaction is a general perception and opinion individuals have about the life they are living; as to how satisfied they are with it (Kara & Sarol, 2021). Work-family conflict is found to be negatively correlated with life satisfaction (Yucel, 2017; Mazerolle, Bruening, Casa, & Burton, 2008). Khalid (2021) in their study found that there is a positive relationship between WFC and life satisfaction. Similar results were found in the studies conducted by Naami & Mahmoodikia, (2019) and Fiksenbaum (2013). Khokhar & Zia-ur-Rehman (2018) also studied the effect of WIF and FIW separately, wherein they found that WIF had a larger negative effect than FIW. Work-family conflict is also a predominant reason for decreased life satisfaction among nurses (Zhang et

al., 2019; Yildirim & Aycan, 2008). Ishola, Kenku, & Aroyewun (2018) in their study, for example, found a negative correlation between the WFC and the life satisfaction of nurses.

Family satisfaction

Carver & Jones (1992 p.72) define family satisfaction as “the degree to which one is generally satisfied with one’s family of origin and the constituent relationships embedded therein”. Amah (2021) conducted a study on working women and found that FIW had a significant negative effect on family satisfaction. However, WIF was found to have no significant role in the study. As is the case with life satisfaction, work-family conflict is also a major factor in determining the level of family satisfaction among nurses. Namayandeh, Juhari, & Yaacob (2011), for instance in their study found that low levels of WIF and FIW result in higher levels of family satisfaction.

Research Hypothesis

Given the foregoing discussion, the following hypotheses have been construed for this study:

H1: There is a statistically significant relationship between WIF and the life satisfaction of married female nurses.

H2: There is a statistically significant relationship between FIW and the life satisfaction of married female nurses.

H3: There is a statistically significant relationship between WIF and the family satisfaction of married female nurses.

H4: There is a statistically significant relationship between FIW and the family satisfaction of married female nurses.

Methodology

Sample:

Between August and October 2022, this research was performed in five hospitals affiliated with the Government Medical College (GMC), Srinagar. The GMC provided the researcher with a roster of the nurses working in these institutions, as well as their marital statuses. In the determination of the sample size, the formula for sample sizes within a known universe was used. The research group included all nurses employed in these hospitals ($N = 527$). The sample size was determined to be 223 nurses with a 95% confidence interval and a 5% error range using the calculation of sample size within a given universe.

Given the possible losses of data, using simple random sampling from this population, the data collection process was completed when data from 260 nurses were reached. The data of 7 nurses who had chronic disorders and a positive COVID-19 diagnosis during data collection were excluded. The study was thus completed with 253 nurses.

Measure

Work-Family Conflict: WFC scale of Carlson, Kacmar, & Williams (2000) was used to analyze the degree of WFC among nurses. This is an 18-item scale that measures WFC with 9 questions each for WIF and FIW. Three items each measure different aspects of family interference with work and work interference in family, i.e., time-based, strain-based, and behavior-based work-family conflicts. Each item is measured on a 7-point Likert-type scale, with 1 representing strongly disagree and 7 representing strongly agree.

Life Satisfaction: To analyze the life satisfaction of nurses, the Satisfaction with Life Scale of Diener, Emmons, Larsen, & Griffin (1985) was used. It is a seven-point Likert scale with “1” indicating the lowest degree of agreement and “7” indicating the highest degree of agreement.

Family Satisfaction: To analyze the family satisfaction of nurses, five items from the Extended Satisfaction with Life Scale (ESWLS), developed by Alfonso et al., (1996) was used. It is a 7-point Likert scale was used, wherein 1 = strongly disagree and 7 = strongly agree.

Data Analysis

Data analysis was carried out with SPSS 23 software. Reliability analysis was done for the questionnaire using Cronbach's alpha parameter. The correlation was computed to assess the research variables' internal relationships and descriptive statistics for the 10 variables viz., WIF (overall), Time-based WIF, strain-based WIF, behavioral-based WIF, FIW (overall), time-based FIW, strain-based FIW, behavioral-based FIW, life satisfaction, and family satisfaction. Finally, multiple regression was employed for measuring the effect of all independent variables viz time-based WIF, strain-based WIF, behavioral-based WIF, time-based FIW, strain-based FIW, and behavioral-based FIW on the dependent variables life satisfaction and family satisfaction. HRM literature has debated the use of self-report questionnaires (Bryman, 1988; Spector, 1986), and has argued that they may lead to artificially high correlations among measures of behavioral constructs. This method bias due to the use of a self-report approach may have possibly increased the size of the observed correlations, but this effect would not change the statistical significance of the observed relationships between the study variables (Carmines & McIver, 1981; Kent, 2001). In fact, the constructs included in the present study were measured by asking employees to report their attitudes and perceptions, as work/life balance is subjective (Fisher, 2001). Therefore, the use of self-report questionnaires is a suitable and convenient method for collecting study data.

Results

WFC variable (WIF & FIW) has been resolved into three dimensions time-based, strain-based, and behavior-based conflict. The analysis was carried out using IBM SPSS wherein the descriptive statistics of the collected data were carried out. The results of which are tabulated in Tables 2,3, and 4. Furthermore, a linear regression between WFC (independent) and life satisfaction and family satisfaction (dependent) variables has been carried out and is presented in Table 5.

Table 1 represents the demographic variables of the studied sample. 32.1% of the nurses were aged between 25-30 years, 31.6% were aged between 31-40 years while the nurses aged between 41 and above comprised 36.3% of the nurses. 29.6% of the studied nurses had work experience between 1-5 years, 32.4% of the nurses had work experience between 6-15 years and 38% of the nurses had work experience above 15 years. The job grade of the studied nurses was nearly equally distributed with 50.9% of the nurses holding senior positions, while 49.1% of the nurses were holding junior-level positions. 45.1% of the nurses were living in extended family setups while 54.9% of the nurses were living in nuclear family setups.

Table 1. Demographic profile of the respondents

Variable	Range	Frequency	Percentage
Age	25-30	81	32.1
	31-40	80	31.6
	Above 40	92	36.3
Years of experience	1-5	75	29.6
	6-15	82	32.4
	Above 15	96	38
Job Grade	Senior	129	50.9
	Junior	124	49.1
Type of Family	Extended	114	45.1
	Nuclear	139	54.9

Table 2 presents the mean values and standard deviation of the studied variables. Both categories of WFC i.e., WIF and FIW were studied to understand the negative impact of both domains on each other. The mean score of WIF is 3.40 and the mean score of FIW is 3.27, indicating the nurses experienced more conflict from work to family than they experienced conflict from family to work. Among the dimensions of WIF, strain-based WIF has the highest mean score of 3.50. Similarly, in the case of the dimensions of FIW, again strain-based FIW has the highest mean score of 3.48. The mean score of family satisfaction of nurses ($m= 4.82$) indicates that the nurses experience more family satisfaction than life satisfaction, which has a mean score of 4.73. Additionally, the normality of data was assessed through skewness and kurtosis. Results indicate (Table 3) that all the constructs have skewness and kurtosis within the acceptable range of ± 2 , thereby confirming the normality of data.

Table 2. Descriptive statistics of the constructs of the study

Variables	Mean	SD	Skewness	Kurtosis
WIF (overall)	3.40	1.27	0.65	-0.57
Time-based WIF	3.47	1.63	0.48	-1.14
Strain-based WIF	3.50	1.49	0.62	-0.89
Behavioral-based WIF	3.22	1.5	0.64	-0.23
FIW (overall)	3.27	1.24	0.89	-0.33
Time-based FIW	3.31	1.61	0.97	-0.48
Strain-based FIW	3.48	1.46	0.44	-0.36
Behavioral-based FIW	3.01	1.6	0.92	-0.39
Life Satisfaction	4.73	1.59	-0.52	-1.15
Family Satisfaction	4.82	1.53	-0.89	-0.39

Table 3 presents Cronbach's Alpha of the studied variables and the correlation between these variables. The Cronbach's Alpha of the variables ranged between 0.76 and 0.91, indicating acceptable internal consistency of the variables. With regards to correlation, the result shows that both overall WIF ($r= -0.71$, $p<0.01$) and overall FIW ($r= -0.70$, $p<0.01$) were found to be negatively correlated to the life satisfaction of the married female nurses. In the case of the three dimensions of WIF, all three dimensions were found to have a significant correlation to life satisfaction. Time-based WIF shows the strongest correlation ($r= -0.67$, $p<0.01$), followed by strain-based WIF ($r= -0.65$, $p<0.01$) and behavioral-based WIF ($r= -0.43$, $p<0.01$). All the dimensions of FIW are also found to have a significant relationship with life satisfaction. Time-based FIW shows the strongest correlation ($r= -0.71$, $p<0.01$), followed by behavioral-based FIW ($r= -0.49$, $p<0.01$) and lastly strain-based FIW ($r= -0.47$, $p<0.01$).

The result also shows that in the case of family satisfaction, again both overall WIF ($r= -.68$, $p<0.01$) and overall FIW ($r= -.73$, $p<0.01$) are significantly correlated with family satisfaction of married female nurses. In the case of the dimension of WIF, all the dimensions are found to be significantly correlated to family satisfaction, with time-based WIF ($r= -.62$, $p<0.01$) having the strongest correlation, followed by strain-based WIF ($r= -.58$, $p<0.01$) and behavioral-based WIF ($r= -.46$, $p<0.01$). Similarly, all the dimensions of FIW are found to be significantly correlated with the family satisfaction of married female nurses, with time-based FIW ($r= -.61$, $p<0.01$) having the strongest correlation, followed by behavioral-based FIW ($r= -.58$, $p<0.01$) and lastly strain-based FIW ($r= -.53$, $p<0.01$).

Table 3. Correlation values and Cronbach's alpha of the constructs

Variable	1	2	3	4	5	6	7	8	9	10
1 WIF (overall)	(.83)	.86**	.85**	.76**	.76**	.66**	.55**	.60**	-.71**	-.68**
2 Time-based WIF	.86**	(.86)	.64**	.45**	.66**	.69**	.36**	.52**	-.67**	-.62**
3 Strain-based WIF	.85**	.64**	(.78)	.46**	.63**	.52**	.43**	.56**	-.65**	-.58**
4 Behavioral-based WIF	.76**	.45**	.46**	(.76)	.59**	.43**	.57**	.42**	-.43**	-.46**
5 FIW (overall)	.76**	.66**	.63**	.59**	(.88)	.83**	.74**	.81**	-.70**	-.73**
6 Time-based FIW	.66**	.69**	.52**	.43**	.83**	(.85)	.42**	.53**	-.71**	-.61**
7 Strain-based FIW	.55**	.36**	.43**	.57**	.74**	.42**	(.88)	.38**	-.47**	-.53**
8 Behavioral-based FIW	.60**	.52**	.56**	.42**	.81**	.53**	.38**	(.90)	-.49**	-.58**
9 Life Satisfaction	-.71**	-.67**	-.65**	-.43**	-.70**	-.71**	-.47**	-.49**	(.88)	.64*
10 Family Satisfaction	-.68**	-.62**	-.58**	-.46**	-.73**	-.61**	-.53**	-.58**	.64**	(0.91)

** Correlation is significant at the 0.01 level (2-tailed).

Table 4 presents the results of the regression analysis. The results show that overall work-family conflict was significantly related to the life satisfaction as well as family satisfaction of the married female nurse. In the case of life satisfaction, 64% of the variance in life satisfaction of the female nurses was explained by the dimensions of WIF and FIW. With regards to the dimensions of WIF, time-based WIF ($\beta = 0.18$, $p = 0.003$) and strain-based WIF ($\beta = 0.30$, $p = 0.00$) were statistically significantly related to life satisfaction, while behavioral-based WIF did not show any statistically significant relationship with life satisfaction. Therefore, H1 was partially accepted. As for the dimensions of FIW, similar to the dimensions of WIF time-based FIW ($\beta = 0.40$, $p = 0.00$) and strain-based FIW ($\beta = 0.14$, $p = 0.005$) showed a statistically significant relationship with life satisfaction, while no statistically significant relationship was found between behavioral-based FIW. Thereby H2 was partially accepted.

In the case of family satisfaction, 58% of the variance in family satisfaction of the female nurses was explained by the dimensions of WIF and FIW. Among the dimensions WIF similar to life satisfaction, time-based WIF ($\beta = 0.22$, $p = 0.001$) and strain-based WIF ($\beta = 0.13$, $p = 0.037$) were found to have a statistically significant relationship with family satisfaction, while behavioral-based WIF did not have any significant relationship with family satisfaction. Hence H3 was partially supported. Lastly, with regards to the dimensions of FIW, all three dimensions i.e., time-based FIW ($\beta = 0.19$, $p = 0.003$), strain-based FIW ($\beta = 0.24$, $p = 0.00$) and behavioral-based FIW ($\beta = 0.21$, $p = 0.00$), had statistically significant relationship with family satisfaction. Therefore, H4 was fully supported.

Table 4: Results of the regression analysis

Variables	Life Satisfaction			Family Satisfaction		
	β	t	p	β	t	p
Time-based WIF	-0.18	-2.95	0.003	-0.22	-3.32	0.001
Strain-based WIF	-0.30	-5.45	0.000	-0.13	-2.09	0.037
Behavioral-based WIF	0.02	0.47	0.632	-0.005	-0.08	0.93
Time-based FIW	-0.40	-7.13	0.000	-0.19	-3.02	0.003
Strain-based FIW	-0.14	-2.82	0.005	-0.24	-4.56	0.000
Behavioral-based FIW	0.02	0.55	0.58	-0.21	-3.80	0.000
R²	0.64			0.58		
Sig. (ANOVA)	0.000			0.000		
F	73.10			57.03		

Discussion

Over the past few decades, a vast array of scientific literature has focused on work-family interaction. It is widely acknowledged that the family and work domains affect one another. This relationship has been explored using various conceptions including spillover, enrichment, facilitation, and conflict. In this study, the relationship between work and life has been studied using the notion of conflict wherein a negative relationship between work and life is construed. However, this assumption does not eschew the possibility of a positive relationship between the two although such a relationship has not been explored in this study. The locale of the study, Kashmir Valley, was chosen owing to the total absence of such research in the field in this region. The purpose of this study was to investigate how life satisfaction and family satisfaction are related to work-life conflict in married female nurses. The sample of the nurses included in this study shows a great deal of homogeneity in so far as they are equally distributed in case of age, years of experience, job grade, and the type of family. It can thus be inferred that the sample is representative of the general nursing population. The relationship between the WFC and life satisfaction, and WFC and family satisfaction, based on the correlations, shows expected results with increased conflict indicating lower life and family satisfaction. But this relationship is not symmetric in the case of the constituents of the WFC. In the case of WIF, time-based conflict shows greater significance and effect on family satisfaction whereas strain-based conflict has greater efficacy in the case of life satisfaction. Whereas, in the case of FIW the opposite is true. Behavior-based conflict although significant shows considerably low scores. These results are further confirmed by the correlations as well.

The relationship between the indicators shows a predictable relationship as a lower family and life satisfaction would point to higher conflict (as confirmed by the study). But the nature of this relationship is described by how this conflict manifests across the three dimensions of time, strain, and behavior. In the case of nurses, in the Indian context, for time-based and strain-based WFC following determinants are assessed to be significant:

- Weekly working hours
- Pressured to work overtime, and
- Type of work schedule

“Pressured to work overtime” indicates whether or not the participant often felt pressured to work overtime, which is cited as a critical aspect of the nursing work schedule. Regularity of working hours may also be assumed as an important predictor of WFC. This assumption is supported by the consistent associations of different types of work schedules with WFC across different hospitals surveyed in the study. Regular day work is seen to decrease the WFC and working day and night shifts increased the WFC. While other work schedules including regular night work, only night work, and irregular day work show middling WFC (Simon, Kümmeling, & Hasselhorn, 2004).

The WIF conflict in the study is reported slightly higher than the FIW conflict. Researchers generally concur that pressures connected to the job role (e.g., work-role overload, role ambiguity, and heavy responsibilities) are more probable to influence feelings of WIC than FIW and that stressors associated with the family role (e.g., family-role demands, ambiguity, and/or overload) are more likely to impact feelings of FIW than WIF. Given that the nurses show greater WIF, work-role overload, role ambiguity, and heavy responsibilities are more critical in the case of the nurses which is also in line with the predominance of time-based conflict.

Given these findings, it is crucial to develop organizational models that can support a proper balance between work and family, for example by intervening in workloads and work pace. Effective solutions in this regard include self-scheduling work shifts, filling in for absent employees, and clearly defining roles and task allocation. Offering work-life balance opportunities through the company would be another encouraging intervention. For instance, these opportunities might come in the form of services offered internally (such as a company nursery)

or externally (such as a partnership with other local facilities), flexible work schedules, or time-saving techniques (e.g., agreements with laundry and supermarkets, etc.)

Limitations

This research, like other studies, has some drawbacks. First, we selected a sample of nurses from the workforce. This restricts the generalizability of our findings to other groups. Second, due to the study's cross-sectional methodology, causal connections between factors cannot be demonstrated. To verify the theories, longitudinal studies should be used. Finally, in this research, all the questionnaires were self-reports. In future studies, a mix of self-report surveys and objective evaluations would be preferable. A significant limitation of this study is that it can be said to be culture agnostic. This was because no questionnaires were found that measured the impact of cultural aspects on WFC among employees. Therefore, a need for the development of a culture-based instrument is identified for future research.

The study's sample size could have been increased to assess the nurses' opinions of WFC considering additional background factors like the number of children, employment contract type, shifts and availability, and supervisory responsibilities. Such a survey would have enabled us to focus our efforts on maintaining the work-family balance. The family workload, including whether it was understood to include the duty or obligation to care for children, parents, elderly relatives, and the home, was not examined in this research project. The subject of ongoing study in the health field is a significant effort to advance our knowledge and understanding of the dynamics between work and family.

A significant aspect that is of prime importance is how work and life may be symbiotic for nurses. This means that work and life can mutually benefit each other and enhance the well-being of nurses. Concepts like facilitation, enrichment, and positive spillover may be invoked to explain how work and life can support each other. A comparative study where conflict and symbiosis between work and life and sources thereof would go a long way in formulating the custom work-life balance policies for nurses in the valley and perhaps India.

Conclusion

In view of the COVID-19 pandemic, healthcare in general and nursing, in particular, have faced huge strains and pressures. Owing to this, the turnover rates among healthcare staff have increased substantially. This situation is further compounded by a near-total absence of healthcare-related work-life balance policies in the healthcare sector in the Kashmir valley, most of which functions in the public sphere. The present study indicates the contours and the nature of conflict faced by the nurses which thus also indicates the nature of work-life balance policies that should be brought about. The current study supports prior findings that long work hours increase levels of work-family conflict and job and family dissatisfaction, suggesting that this is a relevant issue for nursing staff members in Jammu & Kashmir.

In the UT of Jammu and Kashmir, the majority of healthcare is provided by the government, and thus the labor policies of the majority of working nurses are governed by standardized labor laws. These labor laws are the same for all government employees irrespective of context, job specifics, gender, marital status, etc. In recent years, several private healthcare providers have sprung up in Jammu and Kashmir's UT, resulting in a sizable portion of the nursing populace now operating in the private sector. The actual application of labor policies in these facilities remains sparse and ambiguous. Given the demanding nature of nursing, it is essential to develop a policy encompassing both private and public healthcare providers that is tailored to the healthcare staff by taking their specific needs into consideration. But, before that can happen, a substantial amount of research, in the likeness of present study, into the real working circumstances and perceptions of nurses is needed, documenting not only the clashing nature of work and life but also their symbiotic relationship.

Abbreviations

WFC: Work-family conflict; **WIF:** Work interference with family; **FIW:** Family interference with work.

Informed consent: Before beginning to complete the forms, all participants were informed about the research, and those who chose to engage in the study were requested to complete the scales. Furthermore, the nurses were told that they could quit the study at any time and that their data would be kept private. There was no missing data because the scales were finished online, and each item was required to be answered. The options on the online forms were configured so that each nurse completed the questions only once.

Ethical considerations: The Principal of GMC Srinagar (who also heads the IRB), which is associated with the Department of Health, UT of JK, approved the study. The request included a thorough description of the study's purpose, objectives, and respondents' expectations.

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Appendix A

Table A.1. Some significant studies in the given context

Authors	Title
(Kengatharan & Kunatilakam, 2020)	Work-family conflict among female nurses in the healthcare sector
(Vernekar & Shah, 2018)	A study of work-related stress among nurses in a tertiary care hospital in Goa
(Rajkonwar & Rastogi, 2018)	The Impact of Work-Family Issues on Turnover Intentions among Nurses? A Study from North-eastern India
(Fernandes & Nirmala, 2017)	Workplace stress and coping strategies among Indian nurses: Literature review
(Poulose & Sudarsan, 2017)	Assessing the influence of work-life balance dimensions among nurses in the healthcare sector
(Purohit & Vasava, 2017)	Role Stress among auxiliary nurses' midwives in Gujarat, India
(Sharma et al., 2016)	Stress as a mediator between work-family conflict and psychological health among the nursing staff: Moderating role of emotional intelligence
(Negi & Bagga, 2015)	Burnout among Nursing Professionals in Tertiary Care Hospitals of Delhi
(Addagabottu & Battu, 2015)	A Study on the Variables that Influence Work Life Balance of Women Doctors and Nurses with Special Reference to Government and Private Hospitals of Guntur District
(Kar & Suar, 2014)	Role of burnout in the relationship between job demands and job outcomes among Indian nurses
(Singh, 2013)	Job stress among emergency nursing staff: A preliminary study
(Surana & Singh, 2013)	The impact of role stressors and work overload on job burnout
(Dasgupta, 2012)	Effect of Role Ambiguity, Conflict, and Overload in Private Hospitals' Nurses' Burnout and Mediation Through Self Efficacy
(Pal, 2012)	A qualitative inquiry into work-family conflict among Indian doctors and nurses
(Chakraborty, Chatterjee, & Chaudhury, 2012)	Internal predictors of burnout in psychiatric nurses: An Indian study
(Smita, 2009)	The Role of Social Support on the Stressors and Satisfaction Outcomes of Work-Family Conflict Among Nurses
(Pal & Saksvik, 2008)	Work-Family Conflict and Psychosocial Work Environment Stressors as Predictors of Job Stress in a Cross-Cultural Study
(Dixit, 1991b)	Role conflict in nursing profession--a study (Part II).
(Dixit, 1991a)	Role conflict in nursing profession: a study.

Source: self-constructed