

THESIS OF THE DOCTORAL (PhD) DISSERTATION

A COMPREHENSIVE ANALYSIS OF WORK-LIFE DYNAMICS IN NORTH INDIAN NURSES

Khateeb Fatima Riyaz

Supervisor:

Dr. Ujhelyi Mária

Retired Associate Professor

Dr. Barizsné Hadházi Edit

Associate Professor



UNIVERSITY OF DEBRECEN

Doctoral School of Management and Business Debrecen

2024

Contents

1. Background and Aim	3
1.1 Research questions	5
1.2 Relationships And Hypotheses Development	6
2. Methodology	9
3. Research Findings and their evaluation	13
3.1 Descriptive statistics	13
3.2 Confirmatory Factor Analysis	15
3.3 Reliability Analysis	17
3.4 One-Way Multivariate Analysis of Variance (MANOVA)	17
3.5 T-tests for Socio-Cultural parameters.....	18
3.6 Pearson's Correlation Analysis	19
3.6 Path Analysis	20
3.7 Qualitative Analysis of Nursing Experiences: Synthesizing literature	23
4. Recommendations	24
5. Limitations of the study and future directions	26
6. Conclusion and Novel Findings	28
7. References	344

1. Background and Aim

The present research delves into the intricate relationship between work, family domains, and the well-being of nurses in North India. Historically, the role of women in North India has been multifaceted. While traditional studies on work and family have primarily underscored challenges arising from these dual roles, known as work-family conflict (WFC), more recent explorations highlight the potential benefits, coined as work-family enrichment (WFE) (Chen & Powell, 2012). Both conflict and enrichment are identified as distinct constructs, and published research has shown that nurses can experience both simultaneously.

The 21st century, particularly in the healthcare industry, has seen a transformative shift in how care is delivered and how professionals within the sector manage their work patterns. With advancements in medical technology, the increasing demand for telemedicine, and the continuous evolution of patient care paradigms, the healthcare landscape has become more dynamic and demanding (Lovejoy et al., 2021). Alongside these changes, there's been a marked rise in non-traditional work patterns across industries. The gig economy, characterized by temporary positions and short-term contracts, challenges the conventional notions of work-life balance, and this challenge becomes even more pronounced in the healthcare sector, where patient care is paramount (Kelliher et al., 2019). How does a healthcare professional achieve this balance when work is sporadic, hours are unpredictable, and the stakes are high?

As urbanization has increased, so has the participation of women in professions, with many entering the nursing sector. Nurses constitute a significant portion of the healthcare workforce in North India (Sharma, 2022). With higher living costs and dual-earning families, urban living demands a balance between professional responsibilities and familial duties. Coupled with the inherent challenges of the nursing profession, these nurses face diverse stressors. Despite the demands of their profession, many continue to be primary caregivers at home, adding to the pressures of balancing work and family. This often leads to tension, impacting their psychological well-being (PWB) (Romate & Rajkumar, 2022).

In lieu of effects of modernity on Indian societies the broader societal landscape has shifted towards fragmented households, the nature of these stressors has also evolved, especially in the context of work dynamics and family responsibilities. As highlighted in various studies, men

and women navigate different stressors. Men typically grapple with financial challenges and job responsibilities, whereas women confront issues such as discrimination, role conflict, role ambiguity, and work-family conflict (Shah, 2015). Given nurses' critical role in healthcare, it is essential to understand their unique challenges.

The intricate tapestry of North India's socio-cultural fabric is replete with diverse customs, religious practices, and familial structures. Many parts of this region still firmly adhere to the joint family system, where multiple generations cohabitate and share responsibilities. While providing a support network, such a system can also enhance role expectations, especially for women. In the context of work-life dynamics, nurses are not only negotiating their professional and immediate familial responsibilities but also the broader expectations of the extended family. This multi-layered network of responsibilities offers a perspective distinct to North India, underscoring the importance of studying work-family dynamics in this region.

Another crucial dimension to consider is the healthcare infrastructure prevalent in North India. While metropolises and larger cities in the region have witnessed a surge in state-of-the-art healthcare facilities, many peripheral areas still grapple with fundamental healthcare challenges. Nurses in these environments face varied stressors – from handling advanced medical technologies and demanding work schedules in urban centres to dealing with limited resources and overwhelming patient loads in smaller towns and rural areas. This varied work experience of the nurses demands that this complex landscape be studied with deserving breadth and profundity. While it is not possible to address all this complexity of healthcare in North India, this study focuses on the peripheries of this landscape and Union Territory of Jammu and Kashmir forms an ideal setting for such an endeavour.

Work-life balance (WLB), a term that emerged in the latter half of the 20th century, has become an indispensable topic of discussions surrounding modern employment practices, employee well-being, and organizational productivity (Naithani, 2010). This balance, which refers to the equilibrium between work-related activities and personal or family commitments and leisure, has been influenced by many factors, ranging from technological shifts to changing societal norms. As we probe deeper into the global and regional intricacies of work-life balance, it becomes evident that cultural, economic, technological, and demographic influences play a pivotal role in shaping its dynamics (Juntunen, 2019).

In the age of digitization, the conventional boundaries between work and home have grown increasingly porous. Connectivity tools, from smartphones to instant messaging apps, have

redefined what it means to be at work. On the upside, this means greater flexibility and the rise of remote work and digital nomadism (Bellmann & Hübler, 2021). Conversely, it has also resulted in many individuals feeling perpetually tethered to their jobs, with no apparent disconnect, leading to potential burnout and mental fatigue.

This research sheds light on WLB, especially against societal dynamics among nursing professionals in North India. The present study incorporates the Job Demand-Resources (JDR) model to navigate these complexities. The JD-R framework posits that high job demands (JD) might lead to exhaustion, while adequate job resources (JR) can mitigate the effects of high demands and enhance work engagement. By exploring this balance, the research seeks to decipher the impact of work-family dynamics on the psychological well-being of nurses, offering potential pathways for improved support structures that enhance their well-being and, by extension, the quality of healthcare delivery.

The researcher seeks to conduct this study on nurses in North India. The first step in this undertaking was to survey healthcare facilities and the nurses working in those healthcare facilities in the region. This survey provided a clear understanding of the prevailing nursing practices. A literature review was conducted alongside this survey to assess current academic knowledge on the topic. The researcher formulated specific research questions using the insights gathered from the survey and the literature review. These questions were significant in guiding the direction and focus of the subsequent stages of the research.

1.1 Research questions

In the pursuit of understanding the intricate dynamics between professional demands and resources, family responsibilities, and individual well-being among nurses, several pivotal questions arise. These questions endeavour to delineate the relationships and interdependencies within the work-family nexus, especially as they relate to the psychological health of the professionals in question. By examining the correlations between job demands, job resources, work-family conflict, work-family enrichment, and psychological well-being, this research seeks to unravel the various interactions that influence the daily lives of nursing professionals. The following research questions have been formulated to guide this exploration and offer a structured framework for the study:

1. Is there a positive relationship between job demands and work-family conflict?

2. *Is there a positive relationship between job resources and work-family enrichment?*
3. *Is there a negative relationship between job demands and psychological well-being?*
4. *Is there a positive relationship between job resources and psychological well-being?*
5. *Is there a negative relationship between work-family conflict and psychological well-being?*
6. *Is there a positive relationship between work-family enrichment and psychological well-being?*
7. *Does work-family conflict mediate the relationship between job demands and psychological well-being?*
8. *Does work-family enrichment mediate the relationship between job resources and psychological well-being?*

1.2 Relationships And Hypotheses Development

The finalized research framework and methodology stem from the early stages of the researcher's PhD journey. After cultivating a thorough understanding of the subject from 2018 to 2020, an exploratory study was launched in 2021 to gain deeper insights and validate the research's direction and tools. This exploratory study targeted nurses and their work-life balance in North India using various frameworks, including enrichment, spillover, and conflict. This preliminary exploration contributed in two significant ways. First, it shaped the research theory and framework, prompting revisions to the study's variables, relationships, and hypotheses based on data analysis and feedback. Secondly, it influenced research procedures, including population selection, sampling, and instrument design. In the subsequent sections, the research constructs, underlying factors, and their hypothesized relationships will be elaborated upon and discussed in detail. In 2022, a pilot study was conducted in a hospital to verify and validate the questionnaire for the dissertation.

The theoretical framework centres on the interplay among job demands, job resources, and psychological well-being, with work-family enrichment and work-family conflict serving as intermediary elements. Job demands encompass quantitative, cognitive, and emotional dimensions. Quantitative demands pertain to task volume, cognitive demands involve mental exertion, and emotional demands relate to interpersonal challenges encountered by employees.

Conversely, job resources comprise perceived organizational support, reflecting the level of support an employee perceives from the organization; perceived coworker support, indicating assistance from colleagues; and job autonomy, which concerns decision-making freedom. These resources are envisioned to counterbalance the pressures of job demands, potentially enhancing overall job satisfaction.

Consequently, the model, as shown in Figure 1, of this research and the hypotheses are as under:

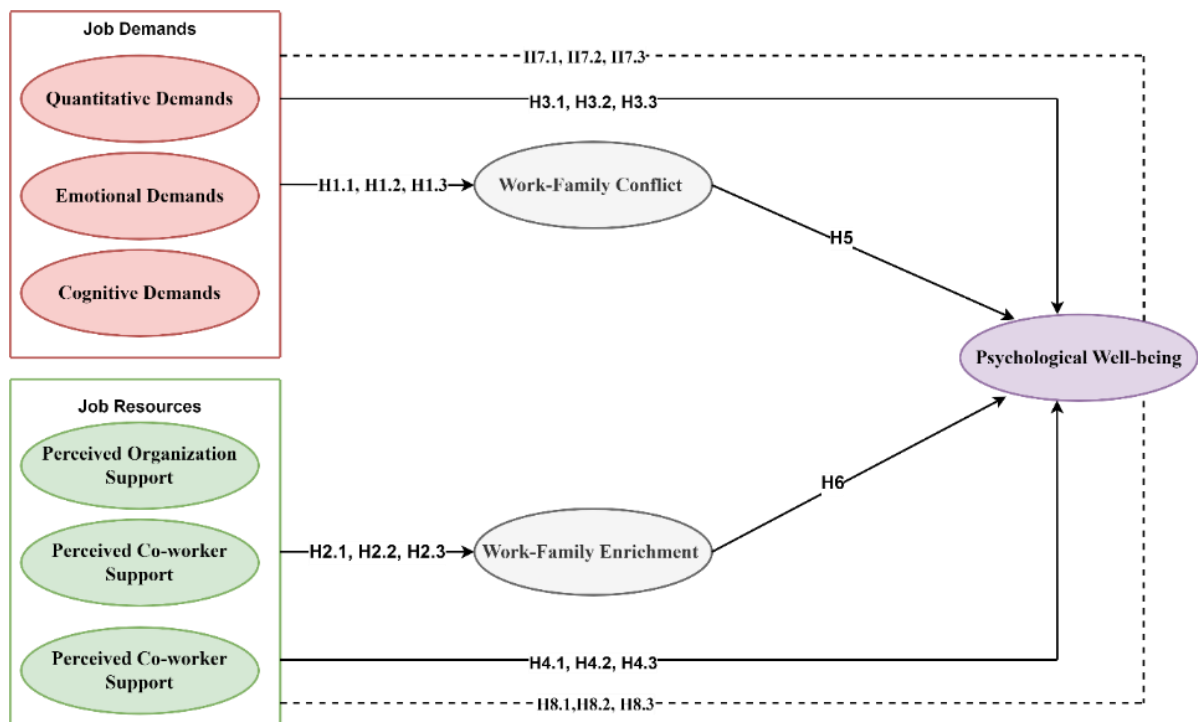


Figure 1: Diagram illustrating the mediation model

Source: Own editing (2023)

Note: Dotted Lines represent mediated relationships and solid lines represent direct relationships

H1.1 A positive relationship between quantitative demands and work-family conflict.

H1.2 A positive relationship between emotional demands and work-family conflict.

H1.3 A positive relationship between cognitive demands and work-family conflict.

H2.1 A positive relationship between perceived organizational support and work-family enrichment.

H2.2 A positive relationship between perceived coworker support and work-family enrichment.

H.2.3 A positive relationship between job autonomy and work-family enrichment.

H 3.1 A negative relationship exists between quantitative demands and psychological well-being.

H 3.2 A negative relationship exists between cognitive demands and psychological well-being.

H 3.3 A negative relationship between emotional demands and psychological well-being.

H.4.1 A positive relationship between perceived organizational support and psychological well being

H.4.2 A positive relationship between perceived coworker support and psychological well-being

H.4.3 A Positive Relationship between job autonomy and psychological well being

H.5. A negative relationship exists between work-family conflict and psychological well-being.

H6. A Positive Relationship Between work-family enrichment and Psychological Wellbeing

H7.1. Work-family conflict mediates the relationship between quantitative demands and psychological well-being.

H7.2. Work-family conflict mediates the relationship between emotional demands and psychological well-being.

H7.3. Work-family conflict mediates the relationship between cognitive demands and psychological well-being.

H8.1. Work-family enrichment mediates the relationship between perceived organizational support and psychological well-being.

H8.2. Work-family enrichment mediates the relationship between perceived co-worker support and psychological well-being.

H8.3. Work-family enrichment mediates the relationship between job autonomy and psychological well-being.

2. Methodology

In the current study on the interplay between job demands, job resources, work-family conflict, work-family enrichment, and psychological well-being among nurses in the healthcare system of the North Indian Union Territory of Jammu and Kashmir, a deductive research approach is adopted. This aligns with the study's objective of exploring the relationships and dynamics between these psychological and work-related variables.

To gain a comprehensive understanding of the research topic, this study employs a mixed-methods approach. Quantitative analysis provides valuable numerical insights. To complement these findings, a thorough review of existing qualitative studies is conducted. Interviews of Nurses and Nursing managers from these qualitative studies are collected and analysed in tandem with the quantitative results. This triangulation of data strengthens the validity and robustness of the overall research findings by providing a more holistic view of the subject matter. The quantitative analysis utilizes Factor Analysis and Structural Equation Modelling (S.E.M.).

This design is chosen for its appropriateness for correlational research, allowing for examining relationships between variables without manipulating them. Surveys are administered to gather data on the variables of interest, including job demands, job resources, work-family conflict, work-family enrichment, and psychological well-being among nurses in the healthcare system of Jammu and Kashmir. Using SEM allows for the exploration of both direct and indirect effects, providing a comprehensive understanding of the interplay between these variables. The study's goals are not only to examine the direct relationships between job resources, job demands, work-family conflict, work-family enrichment, and psychological well-being but also to investigate the moderating roles of work-family conflict and work-family enrichment on the relationship between job demands, job resources, psychological well-being. This research design enables the quantitative assessment of these relationships, contributing to a nuanced understanding of the factors influencing nurses' psychological well-being in the specified context.

The selected research strategy for this study, as shown in Figure 2, is an extensive survey methodology widely acknowledged in business research for its effectiveness in collecting data to address research inquiries. This approach is particularly suitable for conducting both exploratory and descriptive analyses, focusing on variables such as job demands, job resources,

work-family conflict, work-family enrichment, and psychological well-being among nurses in the healthcare system of the north Indian Union Territory of Jammu and Kashmir.

To ensure the research's comprehensiveness and alignment with the actual practices prevalent in North India, the researcher establishes liaisons with several regional medical boards. Their valuable input not only broadens the scope of the study but also provides depth to the contextual understanding of the research. Once the context is established, the researcher meticulously designs the study, drawing on insights from an extensive literature review and leveraging findings from previous studies on work-life balance among nurses in North India.

A questionnaire incorporating instruments related to job demands, job resources, work-family conflict, work-family enrichment, and psychological well-being is formulated based on the refined context. The collected responses undergo a meticulous checking process to eliminate errors, ensuring the integrity of the data. Subsequently, a detailed analysis is undertaken to identify trends, patterns, and insights gleaned from the survey responses.

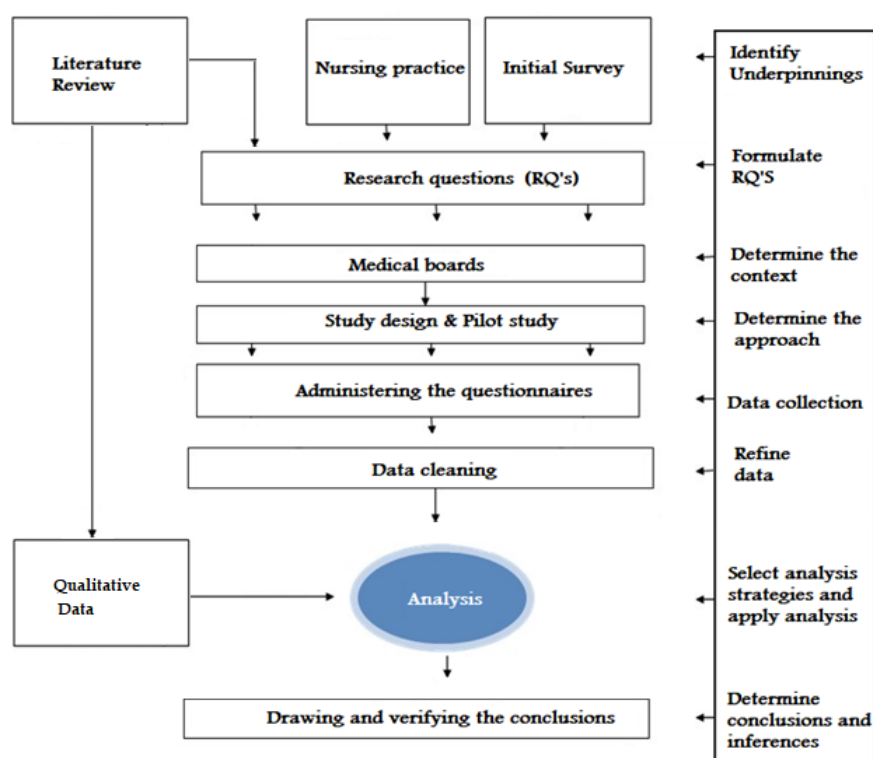


Figure 2: The flowchart representing the procedure of the undertaken.

Source: Own editing (2023)

The questionnaire employed in this research adopts a structured approach consisting of two distinct segments:

1. **Demographics Segment:** The first segment, as tabulated in Table 1, focuses on collecting demographic information from the respondents. It comprises seven closed-ended questions related to gender, age, and marital status, providing insights into the characteristics of the study participants.
2. **Primary Study Variables Segment:** The second segment is dedicated to exploring the primary study variables, which include job demands, job resources, work-family conflict, work-family enrichment, and psychological well-being.
 - **Job Demands:** Job Demands are measured using three sub-constructs, viz., Quantitative Demands, Cognitive Demands, and Emotional Demands. The items for each sub-construct are rated on a 5-point Likert-type scale based on the scale developed by Pejtersen, Kristensen, Borg, & Bjorner (2010)

Table 1: Various demographic variables in the questionnaire

<i>Demographic variables</i>	
<i>Dem 1</i>	Age of the Nurse
<i>Dem 2</i>	Marital Status
<i>Dem 3</i>	Seniority
<i>Dem 4</i>	Education qualification

Source: Own editing (2023)

- **Job Resources:** Job Resources are evaluated through three sub-constructs, viz., Perceived Organizational Support, Perceived Coworker Support, and Job Autonomy. Respondents rate their perception of each sub-construct on a 5-point Likert-type scale, with the sources being Eisenberger et al. (1986), Haynes et al. (1999) and Voydanoff (2004) respectively.
- **Work-Family Conflict:** Work-family conflict is assessed using a 10-item scale developed by Netemeyer et al. (1996). Participants rate their experience of Work-Family Conflict on a 5-point Likert-type scale.
- **Work-Family Enrichment:** Work-Family Enrichment is measured through an 18-item scale based on Carlson et al. (2006) work. Respondents rate how much their work enriches their family life on a 5-point Likert-type scale.

- **Psychological Well-being:** Psychological Well-being is evaluated using an 18-item version of Ryff Scales of Psychological Well-being, and respondents rate their psychological well-being on a 5-point Likert-type scale.

A cross-sectional time horizon is adopted, allowing for a comprehensive exploration of the relationships and dynamics between job resources, job demands, work-family conflict, work-family enrichment, and psychological well-being among nurses in the specified region. The data collection process encompasses secondary sources, including annual reports, official websites, academic books, articles, and primary data from administered questionnaires. Additionally, the researcher leverages archival data to gain insights from previous studies on the work-life balance among regional nurses, contributing valuable context to the research endeavour. This section meticulously outlines the comprehensive research methodology, aligning with the chosen deductive approach. The study is strategically designed to explore the relationships and dynamics between job resources, job demands, work-family conflict, work-family enrichment, and psychological well-being among nurses in the specified healthcare context of the north Indian Union Territory of Jammu and Kashmir.

3. Research Findings and their evaluation

The analyses were carried out using IBM SPSS version 23 with AMOS v 23. Beginning with descriptive statistics, a clear overview of the variables under examination is provided. Confirmatory Factor Analysis (CFA) is then employed to assess the validity of the measurement model. Following this, potential sources of bias and multicollinearity are addressed through an examination of Common Method Bias (CMB) and Multicollinearity diagnostics. Subsequently, the distribution of data is evaluated through a Normality Test, and the internal consistency of measures is assessed using Cronbach's alpha measure. Potential group differences are explored through One-Way Multivariate Analysis of Variance (MANOVA). Bivariate relationships between variables are then examined using Pearson's Correlation Analysis. Finally, Path Analysis is employed to investigate both direct and indirect relationships among study constructs, offering a deeper understanding of the mechanisms at play within the conceptual framework.

3.1 Descriptive statistics

Out of the 803 questionnaires distributed to nurses in 22 identified hospitals, responses were received from 17 hospitals, resulting in 474 returned questionnaires. However, 51 questionnaires with missing data were excluded from statistical analysis, leaving 423 questionnaires for analysis. The overall response rate was 52.6%.

The demographic information for the age is depicted in table 2.

Table 2: Distribution of age groups in the sample

<i>Age Range</i>	<i>Frequency</i>	<i>Percentage of Total</i>
20-29	36	8.51
30-39	137	32.39
40-49	154	36.41
50-59	92	21.75
60-69	4	0.95
Total	423	100

Source: Own editing (2023)

Nurses were also asked about their education qualifications. Table 3 illustrates the educational qualifications of nurses categorized into different age groups. Four distinct age brackets are considered, namely 20-29, 30-39, 40-49, and 50-60, along with a total count of 423 nurses. The distribution of educational qualifications encompasses three categories: Graduation, Post-graduation, and Pre-graduation. To determine whether there is a significant difference between the age groups with respect to their education qualification, a chi square test was conducted. The age bins are 20-29, 30-39, 40-49, 50-59, and 60 and above. The results of the chi-square test are tabulated in Table 4. The chi-squared test yielded a significant result ($\chi^2 = 98.62$, $p < 0.05$), indicating a significant association between age and education levels.

Table 3: Ages ranges and education qualifications of the nurses in the sample

<i>Age Range</i>	<i>Graduation</i>	<i>Post-graduation</i>	<i>Pre-graduation</i>	<i>Total</i>
20-29	22	17	4	43
30-39	68	43	33	144
40-49	59	50	46	155
50-60	18	20	43	81
<i>Total</i>	167	130	126	423

Source: Own editing (2023)

Therefore, the null hypothesis was rejected, suggesting that the distribution of education levels is not independent of age groups among the nurses.

Table 4: Results of chi-square test on age and education

Chi-Square Value	98.62
Degrees of Freedom	6
p-value	2.17E-18

Source: Own editing (2023)

3.2 Confirmatory Factor Analysis

CFA is a statistical method to validate the structural relationships among variables. It assesses the measurement instrument's validity by determining the required number of factors linked to latent variables in the data. After an initial CFA run, a refinement process was undertaken by removing items with low factor loadings. Specifically, 2 items from work-family conflict, 4 items from work-family enrichment and 3 items from psychological well-being were eliminated due to their factor loadings falling below the threshold of 0.6 (Hair et al., 2014). After these adjustments, a subsequent CFA was performed, resulting in a well-fitting model. The CFA results indicate a comprehensive assessment of the measurement model's fit. The chi-square test reveals statistical significance ($\chi^2 = 2256.63$, $df = 1793$, $p < 0.05$). Additionally, the Root Mean Square Error of Approximation (RMSEA) and Root Mean Square Residual (RMR) values, at 0.02 and 0.04, respectively, indicate a minimal discrepancy between the model and observed data, signifying a very good fit. Furthermore, the Comparative Fit Index (CFI) and Tucker-Lewis Index (TLI) values of 0.97 each illustrate an excellent fit, emphasizing the model's ability to represent the relationships among the observed variables accurately. In summary, while the chi-square test attains significance, the collectively favorable values of the CMIN/df, RMSEA, RMR, CFI, and TLI imply that the measurement model effectively captures the underlying structure of the examined variables, offering robust support for its adequacy in explaining the observed data (Hair et al., 2006).

The AVE values for the constructs ranged from .51 to .67, surpassing the commonly accepted threshold of .5 (Fornell & Larcker, 1981; Hu & Bentler, 1999), indicating satisfactory convergent validity. Discriminant validity, represented by the square root of AVE ($\sqrt{AVE}$), exceeded the standardized correlation values between each construct and other constructs (Fornell & Larcker, 1981), confirming that the constructs were distinct from one another.

Furthermore, each construct's reliability ranged from .85 to .94, surpassing the acceptable benchmark of 0.7 (Nunnally & Bernstein, 1994), indicating robust internal consistency. Consequently, these outcomes collectively affirm that the measurement model met the

stipulated requirements, providing a solid foundation for the subsequent analyses and interpretations. Table 5 shows the test parameters for the reviewed questionnaire.

Table 5: Test Parameters for the reviewed questionnaire

Constructs/Items	AVE	CR	Collinearity statistics	
			Tolerance	VIF
<i>Quantitative Demands</i>	0.62	0.87	0.53	1.89
<i>Emotional Demands</i>	0.58	0.85	0.74	1.36
<i>Cognitive Demands</i>	0.62	0.86	0.55	1.82
<i>Perceived Organizational Support</i>	0.56	0.88	0.6	1.66
<i>Perceived Co-worker Support</i>	0.61	0.86	0.73	1.36
<i>Job Autonomy</i>	0.67	0.86	0.83	1.21
<i>Work-Family Conflict</i>	0.52	0.9	0.64	1.55
<i>Work-Family Enrichment</i>	0.51	0.94	0.75	1.33
<i>Psychological Wellbeing</i>	0.53	0.94		

Source: Own editing (2023)

The description of the distribution of various constructs is tabulated, table12. The averages and standard deviations for the dependent variable, psychological well-being, which are $M = 3.25$ and $SD = 0.87$, respectively. The mediators, work-family conflict, display a mean of $M = 3.11$ and $SD = 0.96$, and work-family enrichment a mean of $M = 3.68$ and $SD = 0.64$. Detailed statistics for the independent variables in Table 6 include quantitative demands ($M = 2.83$, $SD = 1.05$), emotional demands ($M = 3.19$, $SD = 0.99$), cognitive demands ($M = 3.37$, $SD = 0.96$), perceived organizational support ($M = 3.57$, $SD = 0.84$), perceived co-worker support ($M = 3.57$, $SD = 0.84$), and job autonomy ($M = 2.92$, $SD = 0.77$). Additionally, all the variables have skewness and kurtosis values between the range of ± 2 signifying normality of sample data (George & Mallery, 2013).

Table 6: Description of variables of the normally distributed variables

<i>Constructs</i>	<i>Mean</i>	<i>S.D.</i>	<i>Skewness</i>	<i>Kurtosis</i>
QD	2.83	-1.05	0.66	-0.82
ED	3.19	-0.99	0.24	-0.83
CD	3.37	-0.96	0.16	-0.93
POS	3.61	0.78	-0.39	-0.12
PCS	3.57	-0.84	-0.15	-0.53
JA	2.92	-0.77	-0.08	-0.26
WFC	3.11	0.96	0.41	-1.12
WFE	3.68	-0.64	-0.41	0.48
PWB	3.25	-0.87	0.17	-0.75

Source: Own editing (2023)

3.3 Reliability Analysis

Cronbach's alpha, a metric ranging from zero to one where values closer to one indicate higher reliability, was employed to assess the internal consistency of the variables. The study's findings, as shown in Table 7, reveal strong reliability across all scales, with alpha values ranging from 0.85 to the highest recorded value of 0.94. This internal consistency underlines the scales' reliability in capturing the intended constructs

3.4 One-Way Multivariate Analysis of Variance (MANOVA)

To understand how different demographic groups scored concerning the studied variables of quantitative demands, emotional demands, cognitive demands, perceived organizational support, perceived co-worker support, work-family conflict, work-family enrichment and psychological well-being, MANOVA was used. The MANOVA findings, utilizing Pillai's trace and Wilk's Lambda (λ), indicate meaningful differences in specific variables concerning age, seniority, and education among nurses. Markedly, Levene's Test of Equality of Error Variances reveals significant variations in quantitative demands, cognitive demands and work-family conflict across distinct age groups. A parallel significance is observed in the case of nurses' education, with marked differences in quantitative demands, cognitive demands and work-family conflict and work-family enrichment. In the exact likeness, Seniority also shows significant differences in the case of quantitative demands, emotional demands, cognitive demands, perceived organizational support, work-family conflict and work-family enrichment

However, marital status displays no discernible significant differences across the studied variables.

Table 7: Values of Cronbach's alpha for the studied variables

Constructs	Cronbach's Alpha	Number of Items
<i>Quantitative Demands</i>	0.86	4
<i>Emotional Demands</i>	0.84	4
<i>Cognitive Demands</i>	0.86	4
<i>Perceived Organizational Support</i>	0.88	6
<i>Perceived Co-worker Support</i>	0.85	4
<i>Job Autonomy</i>	0.85	3
<i>Work Family Conflict</i>	0.89	10
<i>Work Family Enrichment</i>	0.93	18
<i>Psychological Wellbeing</i>	0.94	18

Source: Own editing (2023)

Analysing the means of the significant associations, in the case of age groups, the age group of 40-49 shows the highest quantitative demands at 2.73, the age group 30-39 shows the highest score cognitive demands at 3.62, and the age group of 30-39 shows the highest work-family conflict at a score of 3.60. In the case of education, postgraduates show the highest quantitative demands, cognitive demands, and work-family conflict at 3.10, 3.54, and 3.37, whereas nurses who are pre-graduates show the highest work-family enrichment at 3.75.

In the case of Seniority, junior scale nurses show higher quantitative demands, emotional demands, cognitive demands, and work-family conflict, at 2.96, 3.33, 3.45, and 3.27, respectively. Meanwhile, senior scale nurses show higher perceived organizational support and work-family enrichment at 3.71 and 3.82. Data shows a clear relationship between demographics and the studied variables.

3.5 T-tests for Socio-Cultural parameters

Independent T-tests were conducted to explore socio-cultural disparities in workplace experiences among nurses in India, with data collected on caste and geographical location. Results revealed significant caste-based differences, with lower-caste nurses reporting higher quantitative demands (QD), cognitive demands (CD), and work-family conflict (WFC)

compared to upper-caste nurses. These disparities could stem from systemic issues such as discrimination, lack of resources, and unequal expectations, leading to increased mental and physical workloads. Meanwhile, upper-caste nurses reported higher perceived coworker support (PCS), job autonomy (JA), work-family enrichment (WFE), and psychological well-being (PWB). These findings suggest that upper-caste nurses benefit from stronger social networks, better work-life balance, and greater workplace empowerment. Addressing these caste-based inequities will require targeted interventions, such as anti-discrimination policies, increased support for lower-caste nurses, and improving their working conditions.

Significant geographical differences were also observed in nurses' workplace experiences. Urban nurses reported higher QD, emotional demands (ED), and CD compared to rural nurses, likely due to the more demanding nature of urban healthcare environments, such as higher patient volumes and greater expectations. On the other hand, rural nurses reported higher perceived organizational support (POS), PCS, and JA, suggesting they have more supportive work environments and greater control over their tasks. Rural nurses also reported higher WFE and PWB than their urban counterparts, indicating they experience a better balance between work and family life, contributing to overall well-being. These results highlight the need to address the unique challenges faced by urban nurses while leveraging the supportive work environments observed in rural areas.

3.6 Pearson's Correlation Analysis

The correlational landscape, as presented in Table 8, shows moderate associations among variables. With regards to the correlations between independent and dependent variables, opposing tendencies are shown by job demands and job resources variable groupings. The constituents of job demands viz., quantitative demands, emotional demands, and cognitive demands show a moderate but negative correlation with psychological well-being. The magnitude of the correlation between quantitative demands-psychological well-being, ($r = -0.49$), is the highest, and at the lowest for emotional demands ($r = -0.33$). One infers from these values that the increase in job demands is concurrent with a decrease in the psychological well-being of the nurses. In the case of constituents of job resources, viz., perceived organizational support, perceived coworker support, and job autonomy, they show moderate to low but positive correlation with psychological well-being. The correlation magnitude between perceived organizational support -psychological well-being is the highest ($r = 0.46$) and the lowest for perceived coworker support ($r = 0.24$). One infers from these values that the increase in job demands is concurrent with an increase in the nurses' psychological well-being.

Table 8: Values of Pearsons correlation between constructs

Constructs	QD	ED	CD	POS	PCS	JA	WFC	WFE	PWB
QD	-	.40**	.61**	-.45**	-.26**	-.23**	.49**	-.24**	-.49**
ED	.40**	-	.46**	-.32**	-.18**	-.17**	.35**	-.23**	-.33**
CD	.61**	.46**	-	-.37**	-.25**	-.21**	.45**	-.26**	-.43**
POS	-.45**	-.32**	-.37**	-	.47**	.31**	-.36**	.37**	.46**
PCS	-.26**	-.18**	-.25**	.47**	-	.25**	-.15**	.31**	.24**
JA	-.23**	-.17**	-.21**	.31**	.25**	-	-.30**	.32**	.34**
WFC	.49**	.35**	.45**	-.36**	-.15**	-.30**	-	-.36**	-.49**
WFE	-.24**	-.23**	-.26**	.37**	.31**	.32**	-.36**	-	.50**
PWB	-.49**	-.33**	-.43**	.46**	.24**	.34**	-.49**	.50**	-
√AVE	0.79	0.77	0.79	0.75	0.78	0.82	0.72	0.72	0.73

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

Source: Own editing (2023)

Similarly, the correlation between work-family conflict (a variable depicting the negative effects of work) and constituents of job demands is moderately positive, suggesting increased conflict is concurrent with increased Job demands. In the exact likeness, the correlation between work-family enrichment (a variable depicting positive effects of work) and constituents of JR is moderately positive. Work-family enrichment and work-family conflict show a negative correlation, suggesting that increased work-family conflict is concurrent with decreased work-family enrichment. Similarly, along the same lines, work-family conflict shows a negative correlation with psychological well-being, and work-family enrichment shows a positive correlation with psychological well-being. The $\sqrt{\text{AVE}}$ values are in case of every construct greater than their inter-correlations, ranging from 0.72 to 0.82, indicates discriminant validity,. In essence, the results comprehensively understand the relationships and characteristics encapsulated within the variables under scrutiny.

3.6 Path Analysis

Direct relationship paths, as indicated in Figure 3, between independent variables and mediator variables, independent variables and dependent variables, and mediator variables and dependent variables were sought. For which the structural model was formulated. The

quantitative demands, emotional demands, and cognitive demands exhibit significant positive links with work-family conflict, emphasizing the direct impact of increased demands on heightened conflict between work and family responsibilities. Conversely, perceived organizational support, perceived coworker support, and job autonomy demonstrate positive associations with work-family enrichment, underscoring the importance of organizational and social support and job autonomy in enriching the work-family experiences of nurses. In contrast, when examining the direct impact on psychological well-being, heightened quantitative demands is linked to a significant decrease in psychological well-being. However, emotional demands and cognitive demands do not exhibit statistically significant direct influences on psychological well-being. Perceived organizational support and job autonomy link positively with psychological well-being, emphasizing their positive influence on psychological well-being. However, perceived coworker support lacks a statistically significant direct impact on psychological well-being. Pearson's correlation largely agrees with the results presented in the path analysis, though correlation, unlike the path analysis, shows significance across all the relationships.

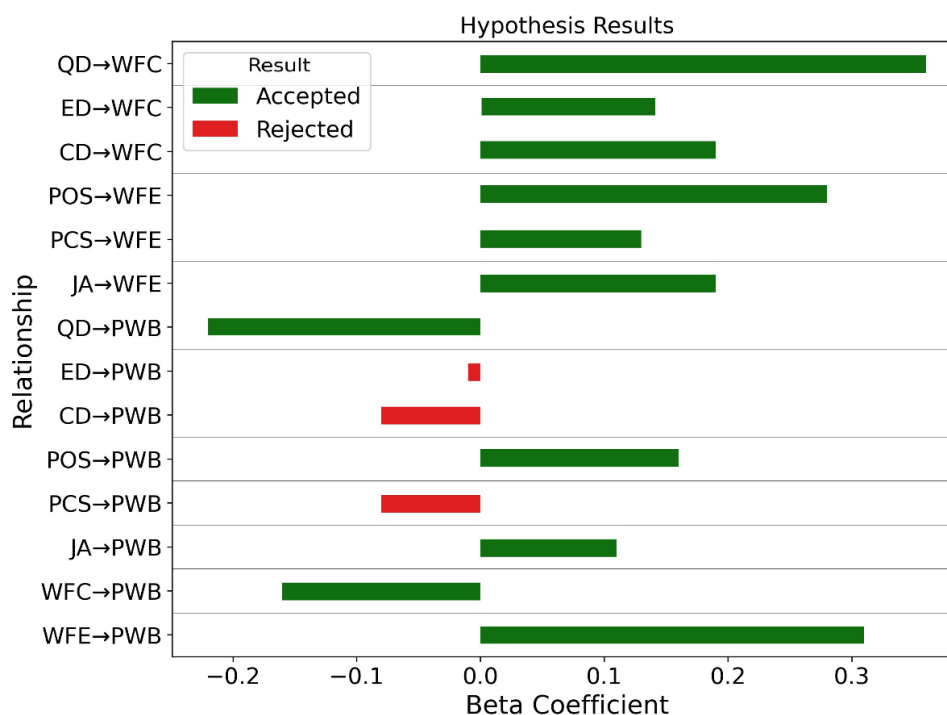


Figure 3: Beta coefficient values for each of the direct relationships between the variables.

Source: Own editing (2023)

Indirect relationship paths, the results of which are indicated in Figure 4, between independent variables and mediator variables, independent variables and dependent variables, and mediator

variables and dependent variables were sought. of job demands, quantitative demands exhibits partial mediation through work-family conflict, with a significant indirect effect suggesting that while there is a direct negative impact on psychological well-being, a portion of the total effect is mediated by the presence of work-family conflict. emotional demands and cognitive demands show full mediation through work-family conflict, indicating that the entire impact of emotional demands and cognitive demands on psychological well-being is explained by the mediating role of work-family conflict. On the other hand, job resources portray a different picture.

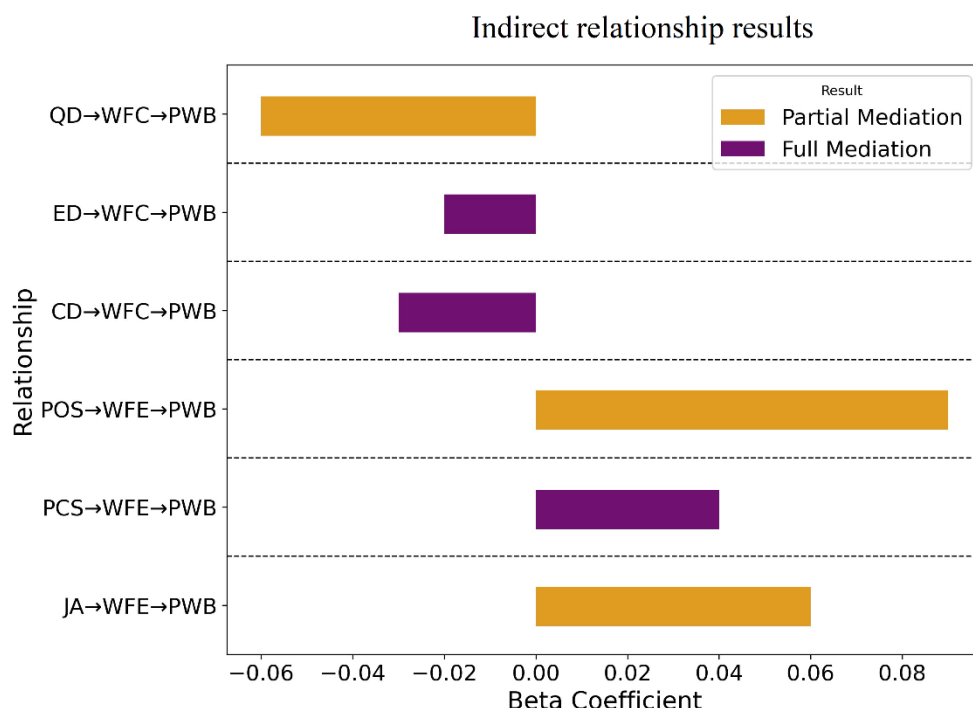


Figure 4: Beta coefficient values for each of the indirect relationships between the variables

Source: Own editing (2023)

Perceived organizational support has a partially mediated relationship with psychological well-being through work-family enrichment, indicating only a part of the positive impact of perceived organizational support on psychological well-being is explained by the enriching aspects of the work-family interface. Perceived coworker support exhibits full mediation through work-family enrichment, suggesting that the positive impact of perceived coworker support on psychological well-being is entirely explained by the presence of work-family enrichment. Job autonomy shows partial mediation through work-family enrichment, emphasizing that the positive impact of job autonomy on psychological well-being is, to some extent, mediated by work-family enrichment.

3.7 Qualitative Analysis of Nursing Experiences: Synthesizing literature

Although the methodology used in this research is fundamentally quantitative, it is pertinent that the results of this research are amplified and strengthened by qualitative research in the field to have a broader understanding of the issue at hand. This synthesis of qualitative data enriches our understanding of the factors influencing nurses' well-being and job satisfaction, highlighting both the disparities and commonalities across different settings and populations. Six qualitative studies from India on nurses and their interviews were sampled to provide insights into the factors influencing the nursing profession in relation to this study's variables.

The qualitative data revealed significant stressors for nurses, particularly related to quantitative demands, with many nurses reporting being overburdened by tasks outside their official roles. A recurring theme was the frustration caused by a lack of manpower and increasing patient loads, which exacerbated stress and dissatisfaction. High nurse-to-patient ratios were another critical issue, negatively impacting both job satisfaction and the quality of patient care. Job resources, such as organizational and co-worker support, were found to play a crucial role in reducing the negative impact of these demands, with nurses expressing that teamwork and a sense of belonging helped manage the workload.

Work-family dynamics also emerged as a key factor influencing nurses' psychological well-being. While some nurses reported positive experiences, where family support enriched their professional lives and contributed to job satisfaction, others experienced significant work-family conflict, leading to strained relationships and even job turnover. The emotional toll of nursing, particularly in dealing with patients' suffering, was highlighted as a key challenge, with some nurses showing resilience while others struggled with the constant demands of the job.

4. Recommendations

The significant association between age groups and education levels among nurses, particularly with the majority being above 40, highlights crucial implications for healthcare management. There is an urgent need for tailored educational programs to address diverse needs, strategic workforce planning to optimize resource allocation, and recruitment strategies aligning with the educational preferences of nurses. Policymakers should leverage these findings to formulate policies promoting continuous learning and address the shortage of adequately trained nurses in the public healthcare system. Closing knowledge gaps is essential for ensuring a uniformly skilled nursing workforce, and fostering inter-generational collaboration is vital for enhancing overall effectiveness. In essence, these implications underscore the necessity for a nuanced and age-sensitive approach to education, career development, and workforce management in the nursing profession, given the prevailing demographic trend of nurses being above the age of 40.

In response to the research findings in the UT of Jammu and Kashmir, healthcare organizations can implement targeted policies to enhance the well-being of nurses. Recognizing the need for flexibility, organizations should establish policies promoting flexible work arrangements and remote work options, particularly for mid-career nurses facing higher job demands. Stress management becomes a focal point with the introduction of training programs tailored to address coping strategies for emotional and cognitive demands, as identified in the study. Mentorship programs can be instituted to support junior-scale nurses navigating increased job demands and work-family conflict. Strengthening organizational support mechanisms, such as Employee Assistance Programs and counselling services, aligns with the positive relationship between perceived organizational support and work-family enrichment. Senior-grade nurses, identified as benefiting from increased job resources, can be recognized and rewarded through policies promoting professional growth and autonomy. To ensure a comprehensive approach, healthcare organizations should conduct regular well-being assessments, transitioning from cross-sectional to longitudinal evaluations.

Moreover, the inclusion of nurses from private healthcare institutions in both research and policies acknowledges the evolving healthcare landscape. Lastly, integrating cultural sensitivity training into nursing education and organizational development initiatives can enhance support mechanisms by respecting and understanding the cultural context of Jammu and Kashmir. Collectively, these policies aim to create a positive work environment, address specific

challenges identified in the study, and foster the overall well-being of nurses in the Union Territory.

5. Limitations of the study and future directions

With its cross-sectional design and single-wave data collection, the current study has inherent limitations that should be acknowledged. The reliance on a one-time snapshot of data restricts the ability to establish causal relationships among variables. Furthermore, the exclusive focus on nurses limits the generalizability of the findings to other professional groups within the healthcare sector. It is important to note that the study did not include nurses working in private hospitals despite the significant rise in privately run healthcare institutions in recent years. This deliberate exclusion may impact the comprehensiveness of the study's insights, as the dynamics of work-family conflict and enrichment could vary between nurses in public and private healthcare settings. As healthcare provision evolves with an increasing number of private healthcare institutions, future research should consider including nurses from these settings to provide a more holistic understanding of work-family dynamics within the nursing profession.

Additionally, the single-wave data collection approach may not capture the dynamic nature of work-family interactions over time. While this design choice aligns with the scope of the current study, researchers should recognize the potential benefits of adopting a longitudinal approach for future investigations. Longitudinal designs allow for exploring temporal relationships and a better understanding of how work demands, resources, and family-related factors interact and influence well-being over time.

Building upon the current findings, several recommendations are proposed for future research endeavours. Firstly, adopting a multiple-wave design with shorter time intervals would be beneficial, allowing for a more comprehensive exploration of the causal impact of work-family conflict on well-being. This approach could provide insights into the dynamic nature of work-family experiences over time and contribute to a deeper understanding of the causal stability of these experiences. Such longitudinal studies could unveil patterns and fluctuations in work-family dynamics that might not be apparent in cross-sectional analyses.

Secondly, future research could enhance the understanding of coping strategies by synthesizing existing qualitative studies alongside quantitative assessments. While this research incorporates qualitative findings from previous studies, future work could further explore subjective experiences by integrating more in-depth, original qualitative research. This approach would capture the complex mechanisms of work life interaction that may not be fully revealed through

standardized self-report measures, offering a more comprehensive understanding of how individuals navigate stressful situations.

Furthermore, future researchers are encouraged to measure the effects of various types of social support to gain a more holistic understanding of social support. Family support, friends and community support could be examined individually to paint a comprehensive picture of the social support networks that contribute to individuals' well-being in the face of work-family challenges.

Expanding the scope of research to include both directions of conflict and enrichment separately—both from work to family and from family to work—would offer a more comprehensive perspective. Investigating how these dynamics operate bidirectionally and independently would provide a nuanced understanding of the interplay between work and family roles, shedding light on the reciprocal influences that shape individuals' experiences.

Finally, considering the cultural context of the study, future research could explore the influence of religion and other cultural elements, such as family structures (nuclear vs. joint families) or rural-urban divisions. Examining these cultural factors in the context of work-family dynamics could reveal unique insights into how cultural elements shape individuals' experiences and coping strategies. Overall, these recommendations aim to enrich the understanding of work-family dynamics and contribute to developing targeted interventions to enhance the well-being of individuals, particularly in culturally specific contexts like the one studied in the UT of Jammu and Kashmir.

6. Conclusion and Novel Findings

In conclusion, this study builds on and extends the body of research examining the relationship between job demands, job resources, work-family conflict, and work-family enrichment in Indian nursing. Previous studies have largely focused on the negative impact of work-family conflict on well-being, while job resources were linked primarily to job satisfaction and engagement. My research adds a new dimension by introducing a dual mediation model that integrates both work-family conflict and enrichment as mediators. By applying a validated Work-Family Enrichment Scale in a regional context, this study supports the generalizability of past findings while offering new insights into how job resources can simultaneously alleviate conflict and foster well-being among North Indian nurses. In doing so, it bridges gaps in the literature, contributing a more nuanced understanding of the work-family interface within the Indian cultural framework. This comprehensive study delves into the intricate relationships among job demands (JD), job resources (JR), work-family conflict (WFC), work-family enrichment (WFE), and psychological well-being (PWB) among nurses in the Union Territory of Jammu & Kashmir.

Using T-test and MANOVA for investigating differences among the demographics, the analysis reveals significant differences in workplace experiences among nurses based on age, seniority, education, caste, and geographical location. Nurses aged 40-49 reported the highest quantitative demands (QD), while those aged 30-39 had the highest cognitive demands (CD) and work-family conflict (WFC). Postgraduates scored highest on QD, CD, and WFC, whereas pre-graduates reported higher work-family enrichment (WFE). Junior-scale nurses experienced greater QD, emotional demands (ED), CD, and WFC, while senior-scale nurses had higher perceived organizational support (POS) and WFE. Independent t-tests showed that lower-caste nurses faced significantly higher QD, CD, and WFC, while upper-caste nurses reported more coworker support (PCS), job autonomy (JA), WFE, and psychological well-being (PWB). Geographically, urban nurses faced higher QD, ED, and CD but lower POS, PCS, and JA compared to rural nurses, who reported higher WFE and PWB, underscoring caste and location-based disparities in workplace conditions.

Path analysis, a central analytical tool, scrutinized these connections, beginning with the first hypothesis, which posited a positive relationship between increased JD and heightened work-family conflict. Confirming this, quantitative demands (QD), emotional demands (ED), and cognitive demands (CD) displayed significant positive links with work-family conflict, aligning with existing literature on the adverse impact of elevated workloads and emotional or cognitive

demands on the work-family interface. Notably, quantitative demands demonstrated a substantial direct negative impact on psychological well-being, emphasizing the detrimental effects of excessive workload on nurses' mental health.

The second hypothesis proposed a positive relationship between work-family enrichment and job resources, specifically perceived organizational support (POS), perceived co-worker support (PCS), and job autonomy (JA). Path analysis affirmed positive direct links between perceived organizational support, perceived coworker support, job autonomy, and work-family enrichment, aligning with the dual pathways model and underscoring the crucial roles of social support, organizational backing, and autonomy in fostering positive work-family experiences among nurses.

Exploring the third hypothesis, which hypothesized a negative relationship between JD and psychological well-being, path analysis revealed that only quantitative demands exhibited a significant direct negative link with psychological well-being. Emotional demands (ED) and cognitive demands (CD) did not show statistically significant direct influences on psychological well-being, suggesting a more nuanced relationship influenced by additional factors. Moreover, mediation analysis uncovered intricate pathways, with quantitative demands exhibiting partial mediation through work-family conflict and ED and cognitive demands showing full mediation through work-family conflict. These results underscore the importance of considering not only direct relationships but also the mediating role of work-family conflict in understanding the impact of job demands on nurses' psychological well-being.

Mid-career nurses faced heightened JD and work-family conflict, while senior-grade nurses benefited from increased JR. Pearson's correlation analysis reinforced these patterns, further supporting the anticipated causalities among the studied variables. These integrated findings offer actionable insights for healthcare organizations, emphasizing the need for tailored interventions at different career stages and educational backgrounds to enhance the overall well-being of nurses in the unique context of the Union Territory of Jammu and Kashmir.

The integration of qualitative findings into the primarily quantitative study enriches the understanding of how job demands (JD) and job resources (JR) affect nurses' psychological well-being (PWB). The qualitative data reinforces quantitative results, particularly regarding the impact of quantitative demands (QD) on job stress and dissatisfaction, highlighting that nurses often face non-nursing tasks that elevate stress levels and diminish well-being. Additionally, qualitative insights into JR support findings on work-family enrichment (WFE),

emphasizing the positive role of perceived organizational support (POS), coworker support (PCS), and job autonomy (JA) in helping nurses balance work and family life. However, the qualitative data also uncovers complexities that the quantitative analysis may overlook, such as the significant emotional demands (ED) and cognitive demands (CD) that contribute to stress and may indirectly affect well-being. The narratives indicate that while JR generally promotes positive outcomes, variability in team dynamics and organizational support can create negative experiences that undermine this effect. Thus, while the quantitative study offers a broad view of the relationships between JD, JR, WFC, WFE, and PWB, qualitative insights provide a more nuanced understanding of these dynamics in real-world contexts.

Overall, the current study has provided evidence to support the idea that work-family conflict and facilitation are two distinct constructs with different consequences. Work-family conflict and facilitation may co-occur, and investigating the combination of both constructs in a model is more meaningful than examining them in isolation (Mauno, Kinnunen, & Rantanen, 2011). In addition, moderating and mediating models were not fully generalized to the Malaysian sample because very weak support was found for the moderating effects of coping and work-family facilitation, and partial support was found for the mediating effect of work-family facilitation cross-sectionally. The longitudinal findings of moderating and mediating effects did not support the hypotheses of the present study. To conclude, the present study offers empirical evidence on the effects of work-family conflict, coping, and work-family facilitation among employed.

This study sheds light on the interplay between work-family conflict (WFC) and work-family enrichment (WFE) among nurses. The findings underscore the significance of considering these two constructs concurrently, as they are distinct entities with varying consequences for the well-being of healthcare professionals. The research acknowledges that work-family conflict and work-family enrichment may co-occur, emphasizing the need to explore their combined impact in a comprehensive model. In the context of work-family conflict (WFC), the study unveils its mediating role between job demands (JD) and psychological well-being (PWB) among nurses in UT of JK. The empirical evidence suggests that heightened job demands may lead to an increase in work-family conflict, subsequently impacting the psychological well-being of nurses. This mediation pathway underscores the intricate relationship between the demands of the job and the resulting conflict between work and family responsibilities, revealing the potential negative consequences for the overall well-being of healthcare professionals in this region.

Conversely, the study also investigates the mediating role of work-family enrichment (WFE) between job resources (JR) and psychological well-being (PWB) among nurses in the UT of JK. The results illuminate a positive link between job resources and work-family enrichment, indicating that increased organizational support, co-worker assistance, and job autonomy enrich the work-family experiences of nurses in this region. Furthermore, the study reveals that this enrichment, in turn, has a positive impact on the psychological well-being of nurses, emphasizing the importance of fostering supportive work environments to enhance the overall well-being of healthcare professionals in UT of JK.

In summary, some of the key findings of this work are:

1. The systematic literature review conducted as part of this research reveals novel insights into the existing body of knowledge regarding nurses' well-being and work-family dynamics, contributing significantly to the field. This comprehensive review identifies gaps in previous research and underscores the importance of further investigation into the unique challenges faced by nurses, particularly in the context of the Union Territory of Jammu and Kashmir.
2. The research model employed in this study introduces innovative approaches to measuring the mediating roles of contrasting factors, such as work-family enrichment and conflict, in the relationship between job demands, resources, and nurses' psychological well-being. Whereas previous studies have tended to be idealistic and unidimensional in conceiving the relationship between work and life, this study on the contrary, is more realistic in its understanding of this relationship and the first of its kind to deploy this model in the given context.
3. This study represents a seminal initiative, addressing a crucial gap in the current literature. Given a need for more comprehensive research concentrating on the well-being of nurses in the Union Territory of Jammu and Kashmir, the study's findings offer a foundational comprehension of the real-world situation of nursing employees in the region, encompassing various demographic aspects such as age, education, and other relevant factors, along with their experiences related to work and family balance.
4. The study emphasizes that the relationship between work and family for nurses in the UT is not solely characterized by conflict but also by enrichment. This indicates that nurses experience a complex interplay between their professional and family roles. The coexistence of conflict and enrichment suggests that while some aspects of their work may pose challenges, some elements contribute positively to their family lives. This finding underscores the need for

a comprehensive understanding of work-family dynamics, acknowledging both the stressors and the positive aspects that influence the overall well-being of nurses in this specific context.

The research highlights a crucial point of contrast between work-family conflict and work-family enrichment concerning their impact on the psychological well-being of nurses. While conflict is associated with detrimental effects on mental health, enrichment, on the other hand, has a positive influence. This contrast suggests that interventions and organizational policies aimed at reducing conflict and promoting enrichment could play a pivotal role in enhancing the psychological well-being of nurses in the Union Territory. Recognizing and addressing these opposing influences can guide targeted strategies for mental health support within the healthcare workforce.

5. The study brings to light the disparities in the experiences of work-family conflict and enrichment among different categories of nurses. Postgraduate and junior-scale nurses face higher demands and conflict, indicating potential stressors associated with advanced education levels and the early stages of one's career. In contrast, nurses with no college education and senior-grade nurses leverage job resources, leading to a more enriched work-family experience. This suggests that tailored interventions and support mechanisms must be designed based on educational levels and career stages.

6. The study highlights significant disparities in work demands and support among nurses based on caste and geographical location. Lower caste nurses encounter higher quantitative and cognitive demands, along with greater work-family conflict, reflecting systemic issues such as discrimination and unequal resource allocation. Conversely, upper caste nurses benefit from higher perceived support and autonomy, leading to better work-family enrichment and psychological well-being. Similarly, urban nurses face more intense work demands and higher work-family conflict compared to their rural counterparts, who experience greater support and job autonomy, resulting in better work-family enrichment and overall well-being. These findings underscore the need for targeted interventions to address these disparities and promote equitable working conditions across different caste and geographical contexts.

7. The study suggests that Cognitive Demands (CD) and Emotional Demands (ED) may not be explicitly experienced or reported by nurses in the given context. The absence of statistically significant direct effects on Psychological Well-being (PWB) implies that these demands might be implicit, surfacing only through their mediation by Work-Family Conflict (WFC). Given that nurses do not overtly experience cognitive and emotional demands, it does not imply these

demands do not exist. Instead, it suggests that nurses may not explicitly report or recognize these demands in their self-assessments or expressions. Cognitive and emotional demands are subtle, implicit, or ingrained aspects of the work environment that individuals may not consciously identify or articulate. These demands could manifest in various ways, such as the need for quick decision-making, managing emotional situations, or handling complex cognitive tasks. Nurses might navigate these demands as part of their routine without explicitly labelling them.

7. References

1. Bellmann, L., & Hübler, O. (2021). Working from home, job satisfaction and work–life balance—robust or heterogeneous links? *International Journal of Manpower*, 42(3), 424–441.
2. Carlson, D. S., Kacmar, K. M., Wayne, J. H., & Grzywacz, J. G. (2006). Measuring the positive side of the work–family interface: Development and validation of a work–family enrichment scale. *Journal of Vocational Behavior*, 68(1), 131–164. <https://doi.org/10.1016/j.jvb.2005.02.002>
3. Chen, Z., & Powell, G. N. (2012). No pain, no gain? A resource-based model of work-to-family enrichment and conflict. *Journal of Vocational Behavior*, 81(1), 89–98.
4. Eisenberger, R., Huntington, R., Hutchison, S., & Sowa, D. (1986). Perceived organizational support. *Journal of Applied Psychology*, 71(3), 500.
5. Fornell, C., & Larcker, D. F. (1981). Evaluating structural equation models with unobservable variables and measurement error. *Journal of Marketing Research*, 18(1), Article 1.
6. George, D., & Mallery, P. (2013). *IBM SPSS Statistics 19 Step by Step a Simple Guide and Reference*.
7. Hair, J. F., Black, B., Babin, B., & Anderson, R. E. (2010). *Multivariate Data Analysis* (7th ed.). Prentice-Hall.
8. Hair, J. F., Black, B., Babin, B. J., & Anderson, R. E. (2006). *Multivariate Data Analysis*. PrenticeHall.
9. Hair, J. F., Black, W. C., Babin, B. J., & Anderson, R. E. (2014). *Multivariate Data Analysis* (7th ed.). Pearson Education.
10. Haynes, C. E., Wall, T. D., Bolden, R. I., Stride, C., & Rick, J. E. (1999). Measures of perceived work characteristics for health services research: Test of a measurement model and normative data. *British Journal of Health Psychology*, 4(3), 257–275.
11. Hu, L., & Bentler, P. (1999). Cutoff Criteria for Fit Indexes in Covariance Structure Analysis: Conventional Criteria Versus New Alternatives. *Structural Equation Modeling A Multidisciplinary Journal*, 6, 1–55. <https://doi.org/10.1080/10705519909540118>
12. Juntunen, S.-M. H. (2019). *Looking at Perceptions of Work/Life Balance with Technology in Young Adults* [PhD Thesis]. North Dakota State University.
13. Kelliher, C., Richardson, J., & Boiarintseva, G. (2019). All of work? All of life? Reconceptualising work-life balance for the 21st century. *Human Resource Management Journal*, 29(2), 97–112. <https://doi.org/10.1111/1748-8583.12215>
14. Lovejoy, M., Kelly, E. L., Kubzansky, L. D., & Berkman, L. F. (2021). Work redesign for the 21st century: Promising strategies for enhancing worker well-being. *American Journal of Public Health*, 111(10), 1787–1795.
15. Naithani, P. (2010). Overview of Work-Life Balance Discourse and Its Relevance in Current Economic Scenario. *Asian Social Science*, 6(6), p148. <https://doi.org/10.5539/ass.v6n6p148>
16. Netemeyer, R. G., Boles, J. S., & McMurrian, R. (1996). Development and validation of work-family conflict and family-work conflict scales. *Journal of Applied Psychology*, 81(4), 400–410. <https://doi.org/10.1037/0021-9010.81.4.400>
17. Nunnally, J., & Bernstein, I. (1994). *Psychometric Theory* (3rd ed.). MacGraw-Hill.
18. Romate, J., & Rajkumar, E. (2022). Exploring the experiences, psychological well-being and needs of frontline healthcare workers of government hospitals in India: A qualitative study. *Humanities and Social Sciences Communications*, 9(1), 1–21.
19. Shah, R. A. (2015). Work-life balance and gender: A study of professionals in India. *Review of Management*, 5(1/2), 5–18.
20. Sharma, S. (2022). *Nursing Research and Statistics-E-Book*. Elsevier Health Sciences.
21. Voydanoff, P. (2004). The Effects of Work Demands and Resources on Work-to-Family Conflict and Facilitation. *Journal of Marriage and Family*, 66, 398–412. <https://doi.org/10.1111/j.1741-3737.2004.00028.x>

List of Publications



UNIVERSITY of
DEBRECEN

UNIVERSITY AND NATIONAL LIBRARY
UNIVERSITY OF DEBRECEN

H-4002 Egyetem tér 1, Debrecen
Phone: +3652/410-443, email: publikaciok@lib.unideb.hu

Registry number: DEENK/451/2024.PL
Subject: PhD Publication List

Candidate: Fatima Riyaz Khateeb
Doctoral School: Károly Ihrig Doctoral School of Management and Business
MTMT ID: 10076915

List of publications related to the dissertation

Articles, studies (8)

1. **Khateeb, F. R.:** Absenteeism Among Nurses: A Bibliometric Analysis of the Past 25 Years of Research.
Management and Labour Studies. 49 (3), 527-554, 2024. ISSN: 0258-042X.
DOI: <http://dx.doi.org/10.1177/0258042X231214848>
2. **Khateeb, F. R.:** Caught in the Crossfire: How Work-Family Conflict Affects the Lives of Married Nurses in India.
SEISENSE Journal of Management. 6 (1), 58-73, 2023. EISSN: 2617-5770.
DOI: <http://dx.doi.org/10.33215/sjom.v6i1.886>
3. **Khateeb, F. R.:** From strain to synergy: investigating the positive aspects of work-family interface among Indian doctors.
Management Matters. 20 (2), 185-204, 2023. ISSN: 2279-0187.
DOI: <http://dx.doi.org/10.1108/MANM-06-2023-0023>
4. **Khateeb, F. R.:** Work-Family Symbiosis in Nurses: Work-Family Positive Spillover in Female Nurses in North India.
MDIM Journal of Management Review and Practice. 1, 1-20, 2023. EISSN: 2582-7774.
DOI: <http://dx.doi.org/10.1177/mjmrp.231195485>
5. **Khateeb, F. R.:** Analysis of Work-Life Conflict Construct in Case of Telework: A Case Study of Teachers From Kashmir Valley (India) During Covid-19 Pandemic.
SEA: Practical Application of Science. 9 (26), 143-154, 2021. EISSN: 2360-2554.
6. Boros, J., **Khateeb, F. R.**, Kun, A. I.: Research and development career plans and work-life balance: Evidence from a survey among Hungarian Ph.D. students.
In: Módszertani újítások és kutatások a szakképzés és a felsőoktatás területén : X. Trefort Ágoston Szakképzés- és Felsőoktatás-pedagógiai Konferencia Tanulmánykötet. Szerk.: Simonics István, Holik Ildikó, Tomory Ibolya, Óbuda University, Budapest, 128-140, 2021.
ISBN: 9789634492399
7. **Khateeb, F. R.:** Work life balance - a review of theories, definitions and policies.
Cross-Cultural Management Journal. 23 (1), 27-55, 2021. ISSN: 2286-0452.

Address: 1 Egyetem tér, Debrecen 4032, Hungary Postal address: Pf. 39. Debrecen 4010, Hungary
Tel.: +36 52 410 443 Fax: +36 52 512 900/63847 E-mail: publikaciok@lib.unideb.hu, □ Web: www.lib.unideb.hu



8. **Khateeb, F. R.:** Review of fieldwork of major theories based on work life balance.
Cross-Cultural Management Journal. 22 (2), 123-143, 2020. ISSN: 2286-0452.

List of other publications

Articles, studies (1)

9. **Khateeb, F. R.,** Nabi, T.: Green human resource management: a review of two decades of research.
Management Research and Practice. 15 (2), 43-64, 2023. ISSN: 2067-2462.
IF: 0.7

Total IF of journals (all publications): 0,7

Total IF of journals (publications related to the dissertation): 0

The Candidate's publication data submitted to the iDEa Tudóstér have been validated by DEENK on the basis of the Journal Citation Report (Impact Factor) database.

29 August, 2024

