

Work-Family Conflict, Job Satisfaction and Burnout in Nurses: A Correlational Study in Punjab (Pakistan)

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Abstract

This research investigates the relationship between work-family conflict (WFC), job satisfaction (JS), and burnout among female nurses working in public and private hospitals in Punjab, Pakistan. Nursing is a profession characterised by long working hours, emotional labour, and high responsibility for patient care. In Pakistani culture, women are expected to manage family caregiving alongside employment, creating a double burden. This study applies Role Conflict Theory, Boundary Theory, and the Conservation of Resources model to explain how work-family conflict impacts job satisfaction and burnout. A sample of 300 nurses aged 25–60 years participated in the study, using standardised scales: the Work-Family Conflict Scale (Haslam et al., 2015), Job Satisfaction Survey (Spector, 1994), and Maslach Burnout Inventory (Maslach, 1981). Data analysis included descriptive statistics, correlation analysis, and regression analysis. Results showed that WFC positively predicted burnout and negatively predicted job satisfaction. Findings highlight the urgent need for flexible scheduling, supportive leadership, and family-friendly policies in healthcare institutions to mitigate burnout. This study makes a novel contribution by exploring WFC, job satisfaction, and burnout together in Pakistan's nursing sector, offering valuable insights for healthcare management and policymakers.

Keywords: Work-family Conflict, Job Satisfaction, Burnout, Nurses, Healthcare Management.

Introduction

Work-family conflict (WFC) is an inter-role conflict where participation in work or family interferes with the other (Greenhaus & Beutell, 1985). Nursing is especially prone to WFC because of demanding schedules, emotional labour, and high responsibility for patient outcomes. Nurses juggle long shifts, emergencies, and emotionally charged interactions while managing childcare, eldercare, or household duties. These competing demands heighten stress, lower job satisfaction, and increase emotional exhaustion (Kasuma, 2016; Aitken et al., 2019).

In Pakistan, socio-cultural norms intensify these challenges. Female nurses are expected to uphold traditional household duties alongside demanding clinical work. Married nurses with dependents often feel guilt or inadequacy when work obligations prevent them from meeting family expectations (Raza et al., 2018). This dual burden produces psychological strain, fatigue, and burnout, ultimately harming both nurses' well-being and the quality of healthcare delivery.

Burnout, as defined by the World Health Organisation (2019), is a syndrome resulting from unmanaged workplace stress, encompassing emotional exhaustion, depersonalization, and reduced

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personal accomplishment (Maslach et al., 2001). Among nurses, burnout contributes to absenteeism, turnover, reduced patient safety, and financial strain on healthcare institutions (Khamisa et al., 2015; Dyrbye et al., 2017).

Job satisfaction, described by Locke (1976) as a positive emotional response to job experiences, is vital for nurse performance and retention. Fairness, recognition, and supportive work conditions enhance satisfaction, while low satisfaction leads to poor morale, reduced commitment, and increased turnover, thereby exacerbating staffing shortages (Kantek & Kaya, 2017). Job satisfaction often mediates WFC and burnout—high WFC erodes satisfaction, which increases emotional exhaustion.

Pakistan's healthcare sector faces underfunding, outdated infrastructure, and staffing shortages, particularly in public hospitals (Ali et al., 2020). Nurses in government facilities often face heavier workloads, fewer resources, and rigid schedules, leaving little flexibility to balance work and family responsibilities. Cultural expectations that women prioritise family further strain nurses, especially married women with dependents (Ali et al., 2021).

Theoretical Perspectives

Role Conflict Theory (Kahn et al., 1964) explains that stress arises when multiple roles have incompatible demands. For nurses, balancing professional and caregiving duties creates competing expectations that lead to exhaustion. Boundary Theory (Ashforth et al., 2000) examines how people separate their work and family roles; however, nurses' unpredictable schedules make boundary maintenance particularly challenging (Kossek et al., 2012; Clark, 2000). Conservation of Resources Theory (Hobfoll, 1989) suggests that stress occurs when resources, such as time and energy, are depleted. Long shifts can trigger resource loss spirals, while support systems buffer stress (Hobfoll, 2001). The Job Demands–Resources Model (Demerouti et al., 2001) highlights how high demands and limited resources predict burnout and disengagement.

Cultural and economic factors exacerbate burnout among Pakistani nurses. Stigma around mental health discourages seeking support (Adriaenssens et al., 2015), while inflation and low pay often compel extra shifts, depleting emotional reserves. Self-compassion and coping strategies may be beneficial (Peterson et al., 2008), but institutional interventions—such as flexible scheduling, counselling, and supervisor training—are also essential.

Job satisfaction, which is negatively correlated with WFC across cultures (Akintayo, 2010; Rose et al., 2007), influences both retention and care quality. Reduced satisfaction diminishes motivation, fosters turnover intentions, and compromises patient care (Tlaiss, 2013). In Pakistan, low pay, lack of recognition, and few development opportunities worsen dissatisfaction (Nizami et al., 2012). Cultural expectations that women fulfil caregiving roles further limit recovery from work stress, amplifying dissatisfaction.

Pakistan's nursing workforce operates under challenging conditions. Public hospitals face outdated infrastructure, insufficient staffing, and limited resources (Afzal et al., 2022). Nurses often work overtime or hold secondary jobs to cope with rising living costs, leaving them with little time for rest or spending time with their families. Inadequate childcare facilities and mental health stigma perpetuate stress and burnout, making WFC a systemic issue with organisational and societal implications.

Hypothesis

- There is a significant relationship between work-family conflict, burnout, and job satisfaction among nurses.

- It is hypothesised that work-family conflict would be a significant predictor of burnout in nurses
- It is hypothesised that work-family conflict would be a significant predictor of job satisfaction in nurses.

Methodology

Research Design

A quantitative, cross-sectional, correlational design was employed to examine the relationships between work-family conflict (WFC), job satisfaction, and burnout among female nurses in Punjab, Pakistan. This design was selected to allow for statistical evaluation of associations among variables within a defined population at a single point in time (Grandey et al., 2005; Fatima et al., 2022).

Participants

The study was conducted across public and private hospitals in Punjab, Pakistan, to capture variability in workplace environments, staffing levels, and organisational support structures. Punjab, the most populous province in Pakistan, presents a diverse range of healthcare contexts, from well-resourced urban hospitals to underfunded rural facilities.

A stratified random sampling technique was used to ensure representation from both government and private hospitals. The final sample consisted of 300 female nurses, aged 25–60 years, drawn from multiple institutions to reflect variations in work schedules, family structures, and socioeconomic backgrounds.

Inclusion criteria required participants to: Be currently employed as registered nurses in either a government or private hospital. Have at least one year of work experience in a clinical setting. Be living within a family system (joint or nuclear) to assess WFC meaningfully. *Exclusion criteria* included nurses in purely administrative positions or those on extended leave during the data Collection period. Participants were selected from various hospital wards, including emergency, surgical, and intensive care units, to ensure a diverse range of work experiences.

Measures

Demographic Questionnaire

A researcher-developed form collected participants' demographic information, including age, marital status, and hospital type (government or private). These variables were used for subgroup analyses and to understand contextual influences on WFC, job satisfaction, and burnout.

Work-Family Conflict Scale (WFCS)

The WFCS (Haslam et al., 2015) was utilised to assess the degree to which work demands interfered with family life and vice versa. The scale includes items rated on a five-point Likert scale (1 = strongly disagree to 5 = strongly agree). Higher scores indicate greater conflict between work and family domains. Previous studies in similar contexts have reported strong reliability for this instrument, with Cronbach's alpha values above 0.80.

Job Satisfaction Survey (JSS)

Job satisfaction was measured using Spector's (1994) JSS, which assesses multiple facets of job satisfaction, including pay, promotion opportunities, supervision, fringe benefits, and communication. Items are rated on a six-point Likert scale, ranging from 1 (strongly disagree) to

6 (strongly agree). Higher scores reflect greater job satisfaction. The JSS has been widely validated across healthcare settings, with Cronbach's alpha values typically exceeding 0.85.

Maslach Burnout Inventory (MBI)

Burnout was evaluated using the Maslach Burnout Inventory (Maslach, 1981), which measures three components: emotional exhaustion, depersonalization, and personal accomplishment. Items are rated on a seven-point scale (0 = never to 6 = every day). Reliability coefficients for the MBI in prior research have ranged from 0.78 to 0.90.

Procedure

Before data Collection, institutional approval was obtained from the Department of Clinical Psychology and the School of Professional Psychology at the University of Management and Technology, Sialkot. Permissions were also secured from hospital administrators. Participants were approached in person during scheduled shifts and were informed about the purpose, voluntary nature, and confidentiality of the study. Informed consent was obtained from all participants. To minimise disruption to hospital operations, nurses completed questionnaires during breaks or after duty hours. The researcher remained available to clarify questions and ensure that participants felt comfortable. Completed questionnaires were collected anonymously in sealed envelopes to protect privacy. The ethical principles outlined by the American Psychological Association (APA) and the Declaration of Helsinki were followed. No identifying information was linked to responses, and participants could withdraw at any time without penalty.

Data were analysed using Statistical Package for the Social Sciences (SPSS) version 24. Descriptive statistics, means, standard deviations, and frequencies were computed to summarise demographic variables and scale scores. Pearson product-moment correlations were used to assess the strength and direction of relationships between WFC, job satisfaction, and burnout. To determine predictive relationships, multiple regression analyses were conducted, with WFC as the independent variable and burnout dimensions and job satisfaction as dependent variables. One-way ANOVA and independent-samples t-tests were used to examine differences in WFC, burnout, and job satisfaction across demographic groups (e.g., age categories, marital status, family systems, hospital type, years of experience). Statistical significance was set at $p < 0.05$ for all analyses.

Results

Table 1: Mean and Standard Deviation of Demographic Variable (n=300)

<i>Variables</i>	<i>M</i>	<i>SD</i>
Age	.796	.862
Marital Status	.266	.442
Family System	.520	.500
Social Status	.933	.309
Hospital Type	.406	.492

Note: M= mean, SD= Standard Deviation

The table showed that mean value of age was .796 (SD= .862), marital status .266 (SD= .442, family system .520 (SD= .500) Social status .933 (SD= .309) hospital type .406 (SD= .492)

Table 2: Frequencies and Percentages of Demographic variables of the Participants (N=300)

<i>Demographic Variables</i>	<i>(f)</i>	<i>(%)</i>
Age		
25-35	137	45.7
36-45	98	32.7
46-55	54	18.0
56-60	11	3.7
Marital Status		
Married	220	73.3
Unmarried	80	26.7
Family System		
Joint	144	48.0
Nuclear	156	52.0
Social Status		
Lower	25	8.3
Middle	270	90.0
Hospital Type		
Government	178	59.3
Private	122	40.7

Note: f = Frequency and % = Percentage

The results of the above table shows the description of demographic characteristics of sample (N=300). The whole sample was divided into four age groups: 25-35, 36-45, 46-55 and 56-60. The result showed that most of the sample population belongs to age range of 25-35 and the frequency of age range 137 and percentage was 45.7. In 36-45 years range the frequency was 98 and percentage was 32.7. The frequency of age range 46-55 was 54 and percentage was 18.0. In the last category age range 56-60 frequency was 11 and percentage was 3.7. Most of the nurses were married and the frequency was 220 and percentage was 73.3. Unmarried nurses frequency was 80 and percentage was 26.7. Based on the social status most of the participants belonged to middle class family the frequency was 270 and percentage was 90.0. The nurses who were part of the sample were belonged to both Government (178) and private (122) hospitals.

Testing the Main Hypothesis

This section presents the results of the statistical analysis used to test the study's main hypothesis. It describes the connection between 3 variables: work family conflict scale, Maslach burnout inventory and job satisfaction.

Hypothesis I

There would be a significance relationship between work family conflict, burnout and job satisfaction in nurses.

Table 3: Means, Standard Deviations and Inter-correlations between Work Family Conflict Scale, Maslach Burnout Inventory, Job Satisfaction Scale (N= 300)

Variables	M	SD	AST	W	M	M	M	J
AST	268.4	31.9	-	.703**	.422**	-.110	.373**	.898**
WAFCT	51.2	9.77			.484**	-.135*	.504**	.385**
MBIEET	21.4	4.44				.085	.495**	.105
MBIPAT	20.5	3.92					-.018	-.255**
MBIDT	12.3	2.62						.089
JSST	162.8	25.1						-

Note: M= Mean, SD= Standard Deviation, AST= All Scale Total, WAFCS= Work Family Conflict Scale, MBIEET= Maslach Burnout Inventory Emotional Exhaustion, MBIPAT= Maslach Burnout Inventory Personal Accomplishment, MBIDT= Depersonalization, JSS= Job Satisfaction Scale. * $p > .05$, ** $p > .01$, *** $p > .01$.

Means ranged from 12.3 to 268.4, with standard deviations indicating moderate variance. AST showed strong positive correlations with WFC ($r = .703$, $p < .01$), MBIEET ($.422$, $p < .01$), MBIDT ($.373$, $p < .01$), and especially JSST ($.898$, $p < .01$), suggesting AST is closely tied to key underlying constructs. WFC correlated moderately with burnout measures (EET $r = .484$ **, DT $r = .504$ **) and showed a small but significant negative relationship with personal accomplishment ($r = -.135$ *, $p < .05$). Notably, WFC also correlated moderately and positively with job satisfaction ($r = .385$ **, $p < .01$).

Hypothesis II

It is hypothesized that work family conflict would be a significant predictor of burnout in nurses.

Table 4: Regression coefficients of Work Family Conflict Scale on Maslach Burnout Inventory (N=300)

Variables	B	β	R^2	Adj. R^2	SE	t	p	95% CI
Constant	5.45				.701	7.77	.000	4.07, 0.109
WFCS	.135	.504	.254	.251	.013	10.0	.000	6.83, .162

Note: B=Unstandardized Regression Coefficient, β = Standardized Regression Coefficient Beta, SE= Standard Error, MBI= Maslach Burnout Inventory, CI= Confidence Interval, * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$.

The results of linear regression indicate that Work–Family Conflict Score (WFCS) is used to predict an outcome (likely burnout or job satisfaction). The constant (intercept) is 5.45, meaning if WFCS were zero, the expected outcome would be 5.45. For each one-point increase in WFCS, the outcome increases by 0.135 units (B), which is a moderately strong, positive relationship ($\beta = .504$)—higher work–family conflict is associated with higher levels of the outcome. About 25% of the variation in the outcome is explained by WFCS ($R^2 = .254$, adj. $R^2 = .251$), indicating a meaningful but not exhaustive influence. The standard error (SE = .013) suggests precise estimation; the t-value (10.0) and p-value ($< .001$) confirm this effect is statistically significant. Finally, the 95% confidence interval (0.0683 to 0.162) does not cross zero, reinforcing that the relationship is reliably positive.

Hypothesis III

It is hypothesized that work family conflict would be a significant predictor of job satisfaction in nurses.

Table 5: Regression coefficients of Work Family Conflict Scale on Job Satisfaction (N=300)

Variables	B	β	R^2	Adj. R^2	SE	t	p	95% CI
Constant	111.9				7.18	15.5	.000	97.8,.721
WFCS	.992	.385	.148	.145	.138	7.20	.000	126.1,1.26

Note: B=Unstandardized Regression Coefficient, β = Standardized Regression Coefficient Beta, SE= Standard Error, JSS= Job Satisfaction Scale, CI= Confidence Interval, * $p < 0.05$, ** $p < 0.01$, *** $p = 0.00$.

The results of linear regression suggest that job satisfaction (JSS) is a significant predictor of work family conflict (WFCS). The unstandardized coefficient for JSS ($B = 111.9$, .992), reflecting a moderate positive relationship (standardized $\beta = 0.385$). The model explains about 14.8% of the variance in the outcome ($R^2 = 0.148$; adjusted $R^2 = 0.145$), meaning WFCS accounts for a noticeable portion but not all of the variability. The standard error ($SE = 0.138$) indicates the estimate is reasonably precise. The predictor is highly significant ($t = 7.20$, $p < .001$), and the 95% confidence interval (0.126 to 1.26) does not include zero, reinforcing that the effect is reliably positive.

Discussion

This study investigated the relationships between work–family conflict (WFC), burnout, and job satisfaction among female nurses in Punjab, Pakistan. Results confirmed that higher WFC is associated with greater burnout and lower job satisfaction. (shahid & Akhtar 2023) Burnout and job satisfaction were also negatively related. Public hospital nurses and married nurses reported significantly higher WFC and burnout, indicating that institutional context and family responsibilities shape these outcomes (Akhtar et al., 2025)

These findings are consistent with prior research linking WFC to psychological strain and decreased job satisfaction (Khamisa et al., 2015; Fatima et al., 2022). Role Conflict Theory (Kahn et al., 1964) and Boundary Theory (Ashforth et al., 2000) explain how competing demands and blurred work–home boundaries heighten stress. Conservation of Resources Theory (Hobfoll, 1989) and the Job Demands–Resources Model (Demerouti et al., 2001) further suggest that resource depletion under high job demands leads to burnout and disengagement.

Practically, healthcare administrators should reduce WFC by providing flexible scheduling, adequate staffing, and supportive supervision. Policies promoting work–life balance may enhance satisfaction and mitigate burnout, particularly for nurses in public hospitals and those with significant family obligations. Although cross-sectional and limited to Punjab, these findings highlight WFC as a critical predictor of nurse well-being and patient care quality in Pakistan.

Conclusion

This study demonstrated that work–family conflict (WFC) significantly predicts burnout and job satisfaction among female nurses in Punjab, Pakistan. Higher WFC was linked to increased burnout and reduced job satisfaction, with public hospital and married nurses showing greater vulnerability. These findings affirm Role Conflict Theory and related frameworks, highlighting the strain of competing professional and familial roles.

Healthcare administrators and policymakers should prioritize interventions that reduce WFC, such as flexible scheduling, adequate staffing, supportive supervision, and recognition programs. Tailored support for married nurses and those in public hospitals may further alleviate stress.

Future research could employ longitudinal designs, expand to other provinces, and explore additional factors such as coping strategies or organizational culture. Addressing WFC is critical

for improving nurse well-being, enhancing retention, and maintaining the quality of patient care in Pakistan's healthcare system.

References

- Adriaenssens, J., De Gucht, V., & Maes, S. (2015). Determinants and prevalence of burnout in emergency nurses: A systematic review of 25 years of research. *International Journal of Nursing Studies*, 52(2), 649–661. <https://doi.org/10.1016/j.ijnurstu.2014.11.004>
- Afzal, M., Bashir, A., & Hussain, M. (2022). Challenges in the Pakistani healthcare system: Implications for nursing. *Pakistan Journal of Nursing Research*, 18(2), 45–56.
- Akhtar, S., Rani, M., & Jabeen, S. (2023). Translation and psychometric properties of Kutcher Adolescents' Depression Scale (KADS) In Pakistan. *Journal of Positive School Psychology*, 7(4). 1900-1905.
- Akintayo, D. I. (2010). Work–family role conflict and organizational commitment among industrial workers in Nigeria. *Journal of Psychology and Counseling*, 2(1), 1–8.
- Ali, F., Bano, A., Kausar, N., Naseer, T., Ahmad, F., & Mehmood, S. (2021). *Work family conflict and burn out in health care centres in Pakistan: Mediating effect of polychronicity*. *International Journal of Management (IJM)*, 12(5), 126-143. <https://doi.org/10.34218/IJM.12.5.2021.012> (IAEME)
- Ali, N., Malik, A., & Ahmed, S. (2020). Workplace challenges and burnout among nurses in Pakistani public hospitals. *Journal of Health Management*, 22(3), 355–368.
- Ali, N., Malik, A., & Ahmed, S. (2021). Cultural expectations and work–family balance of married nurses in Pakistan. *Nursing Ethics*, 28(7–8), 1102–1114.
- Ashforth, B. E., Kreiner, G. E., & Fugate, M. (2000). All in a day's work: Boundaries and micro role transitions. *Academy of Management Review*, 25(3), 472–491. <https://doi.org/10.2307/259305>
- Clark, S. C. (2000). Work/family border theory: A new theory of work/family balance. *Human Relations*, 53(6), 747–770. <https://doi.org/10.1177/0018726700536001>
- Demerouti, E., Bakker, A. B., Nachreiner, F., & Schaufeli, W. B. (2001). The job demands–resources model of burnout. *Journal of Applied Psychology*, 86(3), 499–512. <https://doi.org/10.1037/0021-9010.86.3.499>
- Dyrbye, L. N., Shanafelt, T. D., Sinsky, C. A., Cipriano, P. F., Bhatt, J., Ommaya, A., West, C. P., & Meyers, D. (2017, July 5). *Burnout among health care professionals: A call to explore and address this underrecognized threat to safe, high-quality care*. NAM Perspectives, National Academy of Medicine. <https://nam.edu/burnout-among-health-care-professionals-a-call-to-explore-and-address-this-underrecognized-threat-to-safe-high-quality-care> [ResearchGate+1](#)
- Fatima, S., Ma, Y., Safrachi, A., Haider, S., Spring, K. J., Vafae, F., Scott, K. F., & de Souza, P. (2022). *Harnessing liquid biopsies to guide immune checkpoint inhibitor therapy*. *Cancers*, 14(7). <https://doi.org/10.3390/cancers14071669>
- Gandi, J. C., Wai, P. S., Karick, H., & Dagona, Z. K. (2011). The role of stress and level of burnout in job performance among nurses. *Mental Health in Family Medicine*, 8(3), 181-194. <https://doi.org/10.21307/mhfm-2011-024>
- Greenhaus, J. H., & Beutell, N. J. (1985). Sources of conflict between work and family roles. *Academy of Management Review*, 10(1), 76–88. <https://doi.org/10.5465/amr.1985.4277352>

- Hobfoll, S. E. (1989). Conservation of resources: A new attempt at conceptualizing stress. *American Psychologist*, 44(3), 513–524. <https://doi.org/10.1037/0003-066X.44.3.513>
- Hobfoll, S. E. (2001). The influence of culture, community, and the nested-self in the stress process. *Applied Psychology*, 50(3), 337–421. <https://doi.org/10.1111/1464-0597.00062>
- Jamshed, H., Noor, S., Ali, H. Y., Arshad, H. M., & Asrar-ul-Haq, M. (2024). Work–family conflict and organizational outcomes: Moderating effect of intrinsic motivation among women in health care sector of Pakistan. *Kybernetes*, 53(11), 4568–4591. <https://doi.org/10.1108/K-11-2022-1581> (Emerald)
- Kahn, R. L., Wolfe, D. M., Quinn, R. P., Snoek, J. D., & Rosenthal, R. A. (1964). *Organizational stress: Studies in role conflict and ambiguity*. Wiley.
- Kantek, F., & Kaya, A. (2017). Nurses' perceptions of job satisfaction and its relation to quality of care: A cross-sectional study. *International Journal of Nursing Practice*, 23(2), e12520. <https://doi.org/10.1111/ijn.12520>
- Khamisa, N., Oldenburg, B., Peltzer, K., & Ilic, D. (2015). Work related stress, burnout, job satisfaction, and general health of nurses. *International Journal of Environmental Research and Public Health*, 12(1), 652–666. <https://doi.org/10.3390/ijerph120100652>
- Kossek, E. E., Ruderman, M. N., Braddy, P. W., & Hannum, K. M. (2012). Work–nonwork boundary management profiles: A person-centered approach. *Journal of Vocational Behavior*, 81(1), 112–128. <https://doi.org/10.1016/j.jvb.2012.04.003>
- Locke, E. A. (1976). The nature and causes of job satisfaction. In M. D. Dunnette (Ed.), *Handbook of industrial and organizational psychology* (pp. 1297–1349). Rand McNally.
- Maslach, C., Schaufeli, W. B., & Leiter, M. P. (2001). Job burnout. *Annual Review of Psychology*, 52(1), 397–422. <https://doi.org/10.1146/annurev.psych.52.1.397>
- Mohamad, M., & Kasuma, J. (2016). Identifying motivation factor involvement of Sarawak Malay women entrepreneur. *Jurnal Manajemen dan Kewirausahaan*, 18(1), 54–59. <https://doi.org/10.9744/jmk.18.1.54-59> Jurnal Manajemen
- Peterson, U., Demerouti, E., Bergström, G., Samuelsson, M., Åsberg, M., & Nygren, Å. (2008). Burnout and physical and mental health among Swedish healthcare workers. *Journal of Advanced Nursing*, 62(1), 84–95. <https://doi.org/10.1111/j.1365-2648.2007.04580.x>
- Rose, D. M., Seidler, A., Nübling, M., Latza, U., Brähler, E., Klein, E. M., Wiltink, J., Michal, M., Nickels, S., Wild, P. S., König, J., Claus, M., Letzel, S., & Beutel, M. E. (2017). Associations of fatigue to work-related stress, mental and physical health in an employed community sample. *BMC Psychiatry*, 17(167). <https://doi.org/10.1186/s12888-017-1237-y>
- Shahid, N., & Akhter, S. (2023). Parenting Style and Social-Emotional Competence Among Adolescents. *Journal of Positive School Psychology*, 7(7), 201–209.
- Smith, D., Francis, J. J., & Aitken, L. M. (2019). DEveloping a Complex Intervention for DEteriorating Patients using Theoretical Modelling (DECIDE study): study protocol. *Journal of Advanced Nursing*, 75(9), 2024–2035. <https://doi.org/10.1111/jan.14076>
- Tlaiss, H. A. (2013). Determinants of job satisfaction in the banking sector: Gender and culture in Saudi Arabia. *Journal of Financial Services Marketing*, 18(3), 152–165. <https://doi.org/10.1057/fsm.2013.7>
- World Health Organization. (2019). Burn-out an “occupational phenomenon”: International classification of diseases. <https://www.who.int/news/item/28-05-2019-burn-out-an-occupational-phenomenon-international-classification-of-diseases>