

How Couple Communication Shapes Marital Satisfaction Among Hospital Nurses Amidst Work-Family Conflict

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Keywords:

Work-Family Conflict; Marital Satisfaction; Couple Communication; Nurse; PLS-SEM

Abstract

Marital satisfaction is essential to psychological well-being and family stability; however, hospital nurses frequently experience work-family conflict caused by demanding workloads, irregular shifts, and emotional exhaustion. This study aimed to examine the effects of work-family conflict and constructive and destructive couple communication on marital satisfaction and to test the mediating role of couple communication among hospital nurses. A quantitative cross-sectional survey was conducted involving 365 nurses. Data were collected using the Work-Family Conflict Scale, Couple Communication Scale, and ENRICH Marital Satisfaction Scale and were analyzed using partial least squares structural equation modeling (PLS-SEM) with SmartPLS 4.0 and 5,000 bootstrap resamples. The results showed that destructive communication had a strong negative effect on marital satisfaction ($\beta = -0.602$, $p < .001$), whereas constructive communication had no significant effect ($\beta = 0.041$, $p = .416$). Work-family conflict significantly reduced constructive communication ($\beta = -0.362$, $p < .001$) but did not significantly affect destructive communication or marital satisfaction. Furthermore, neither constructive nor destructive communication mediated the relationship between work-family conflict and marital satisfaction. The model explained 37% of the variance in marital satisfaction. In conclusion, preventing destructive communication is more critical for sustaining nurses' marital satisfaction than merely reducing work-related pressures within their marriages.

INTRODUCTION

Marital satisfaction is the cornerstone of an individual's psychological well-being and family stability. In the modern era, maintaining marital satisfaction has become an increasingly complex challenge, especially for dual-earning couples (Maharani et al., 2024). A couple's inability to meet emotional and structural expectations within the household often leads to relationship breakdowns, disharmony, and, ultimately, divorce. Various studies indicate that a decline in marital satisfaction not only adversely affects individuals' quality of life but also has a significant domino effect, including reduced work productivity and increased organizational stress (Sandberg et al., 2012). Therefore, identifying critical factors capable of sustaining and protecting marital satisfaction amid external pressures has become a crucial research priority.

The effort to achieve marital satisfaction is essentially an attempt to realize well-being, emotional refuge, and psychological resilience (Lavner et al., 2016). For working married couples, maintaining comfort and stability within this relationship becomes

increasingly challenging. Married couples are required to continuously manage flexible boundaries between professional demands and domestic roles (Lavner et al., 2016). When spouses fail to align emotional expectations with structural realities, the relationship has the potential to experience conflict that may ultimately lead to separation (Cao et al., 2020). Various empirical studies conducted over several decades have found that declining marital quality is not merely a personal issue but also has broader impacts, including disrupting work productivity, increasing cognitive fatigue, and affecting organizational performance (Amstad et al., 2021; Hobfoll et al., 2018). Therefore, understanding how to maintain marital satisfaction amid chronic environmental pressures remains an urgent area of research in family and organizational psychology (Carroll et al., 2016).

The vulnerability of this relationship is particularly evident in the nursing profession—a high-pressure occupation in which the emotional and personal burdens resulting from nursing activities are substantial (Gonelli & Gonelli, 2017). Nurses work on the front lines of healthcare services, facing conditions characterized by severe physical exhaustion, unpredictable shift rotations, sudden overtime, and continuous exposure to human suffering and death. The structures inherent in hospital nursing practice not only consume time but also systematically deplete nurses' limited resources, self-regulation, and emotional capacity (Hobfoll et al., 2018). As a result, nurses' professional dedication to their duties and responsibilities makes their personal lives vulnerable because the heavy emotional burden of clinical duties inevitably spills over into the domestic sphere (Amstad et al., 2021; Gonelli & Rafagnino, 2017).

The direct impact of this work pressure is the emergence of work–family conflict (WFC), namely, a structural incompatibility in which pressures from the work and family domains interfere with one another (Carroll et al., 2016). Work–family conflict is defined as a specific type of interrole conflict arising from incompatible demands between work and family roles (Bamikole, Bamikole, & Ogoh, 2020). This conflict manifests in two main directions: work-to-family conflict (WFC), in which work demands interfere with family life, and family-to-work conflict (FWC), in which family demands interfere with work performance (Amstad et al., 2021; Greenhaus & Beutell, 1985). For hospital nurses, WFC is not experienced as an abstract concept but rather as a daily struggle involving two distinct pressures: time-based conflict, in which rigid shift schedules reduce nurses' physical presence with their families; and strain-based conflict, in which the heavy emotional burden of patient care—often manifested as secondary traumatic stress or compassion fatigue—leaves nurses unable to remain emotionally present at home (Amstad et al., 2021; Min & Kim, 2026). When the boundaries between the hospital ward and family life become blurred, the resulting pressure actively erodes the intimacy that couples need to cultivate a harmonious and healthy marriage (Obrenovic et al., 2020).

Empirical literature widely reports a direct and negative relationship between high levels of WFC and decreased marital satisfaction (Amstad et al., 2021; Cao et al., 2020). High levels of WFC trap individuals in a state of chronic emotional spillover,

transforming professional anxiety at work into tension within the household. When nurses return home with their psychological resources severely depleted, their ability to provide affective support, validation, and empathy to their partners becomes significantly impaired (Hobfoll et al., 2018; Gonelli & Rafagnino, 2017). The family, which should serve as a place of recovery from work-related stress, instead risks becoming a second site of conflict characterized by tension and a gradual decline in relationship satisfaction (Carroll et al., 2016; Obrenovic et al., 2020).

However, the negative impact of work–family conflict is not uniform across all couples; some marriages demonstrate strong resilience despite experiencing similar work-related pressures. This difference is partly explained by the role of couple communication, which functions as a primary mechanism for managing or, conversely, exacerbating stress within the relationship (Carroll et al., 2016; Lavner et al., 2016). Couple communication—which encompasses constructive aspects (such as active listening, emotional validation, and collaborative problem-solving) and destructive behaviors (such as verbal aggression, withdrawal, or demand–withdraw patterns)—serves as an interpersonal filter through which external stress is processed (Kahn & Jami, 2013; Cao et al., 2020; Min & Kim, 2026). Through safe and open communication, couples can reinterpret external pressures and transform shared difficulties into opportunities to build deeper intimacy (Carroll et al., 2016; Saba, Khaliq, & Bashir, 2023).

Recent research in marriage and organizational studies highlights that couple communication should no longer be viewed merely as an indicator of a happy marriage but rather as an important mediator between work stress and relationship quality (Carroll et al., 2016; Lavner et al., 2016). Structural equation modeling (SEM) analyses in several previous studies have shown patterns of full mediation (Carroll et al., 2016; Konik, 2014). This indicates that the direct negative impact of work–family conflict on marital satisfaction often weakens or disappears when communication dynamics are also incorporated into the model (Carroll et al., 2016; Konik, 2014). The findings of these previous studies provide a better perspective for nurses: a demanding nursing career does not necessarily damage a marriage (Gonelli & Rafagnino, 2017). Instead, relationship quality deteriorates when work-related exhaustion impairs couples' ability to communicate safely and intimately at home (Cao et al., 2020).

Despite these various insights, a significant research gap remains in the current literature. Most studies examining the mediating role of couple communication have focused on general populations with stable and predictable work schedules (Amstad et al., 2021). Limited empirical research has explored these dynamics in the specific context of hospital nurses, who experience extreme time misalignment and sustained emotional strain (Min & Kim, 2026; Gonelli & Rafagnino, 2017). Furthermore, conventional studies often treat communication as a static, one-dimensional variable, thereby failing to capture how specific communication patterns—such as demand–withdraw dynamics or relational turbulence—unfold daily under the strain of severe work-related fatigue (Cao et al., 2020).

To address this gap, this study examines the central question: How does couple communication mediate the relationship between work–family conflict and marital satisfaction among hospital nurses facing irregular work schedules and high levels of stress? Specifically, this study examines whether constructive communication can maintain marital quality amid high work–family conflict and the extent to which destructive communication accelerates the decline in relationship quality (Cao et al., 2020). Thus, the primary objective of this study is to evaluate and analyze the mediating role of couple communication—distinguishing between its constructive and destructive dimensions—in the relationship between work–family conflict and marital satisfaction among married hospital nurses.

This study integrates Dyadic Coping Theory, which explains stress-coping mechanisms shared between partners, into the specific context of irregular and high-pressure medical shift work (Lavner et al., 2016; Min & Kim, 2026). Moving beyond traditional and static views of communication, this study examines communication through patterns of interactive behaviors triggered by emotional exhaustion resulting from professional demands (Cao et al., 2020). By viewing communication as a multidimensional variable with two contrasting dimensions (constructive versus destructive), this study provides an in-depth understanding of how communication functions as an active psychological buffer that can be strengthened through targeted clinical and workplace interventions (Konik, 2014; Carroll et al., 2016; Hobfoll et al., 2018).

Theoretically, this research enriches the fields of organizational and family psychology by presenting a validated empirical model of role conflict management among nurses, who represent a critical healthcare workforce in hospitals (Amstad et al., 2021). Practically, these findings provide actionable insights for hospital management to design comprehensive workplace nurse well-being programs that extend beyond conventional stress management approaches by incorporating couple communication skills training (Obrenovic et al., 2020). Ultimately, maintaining nurses' marital satisfaction is a systemic necessity, as a stable home environment can reduce nurse turnover, mitigate clinical burnout, and support the quality and safety of patient care.

Based on the conceptual framework of the study, the proposed hypotheses are as follows:

H1: Work-family conflict affects constructive communication.

H2: Work-family conflict affects destructive communication.

H3: Constructive communication affects destructive communication.

H4: Constructive communication affects marital satisfaction.

H5: Destructive communication affects marital satisfaction.

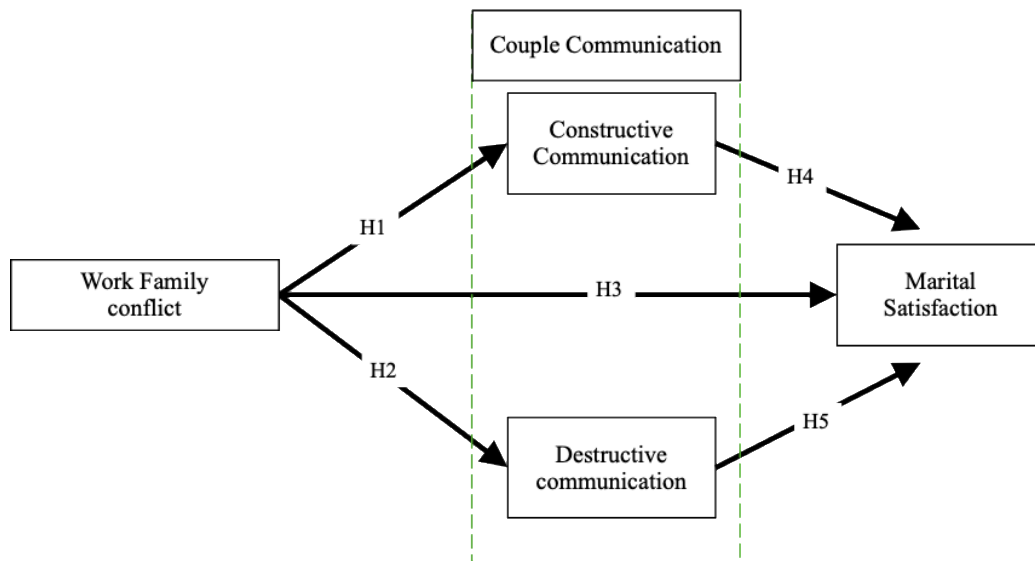


Figure 1. Research model

METHOD

Research Design

This study employed a quantitative approach using a cross-sectional survey design with descriptive and explanatory components. The descriptive component assessed work–family conflict, couple communication quality, and marital satisfaction among hospital nurses. The explanatory component used statistical modeling to evaluate direct and indirect relationships within the hypothesized mediation framework and to examine the mediating role of communication dynamics in the relationship between work–family conflict and marital satisfaction.

Participants

The sample comprised 365 participants, including 114 males (31.2%) and 251 females (68.8%). In terms of age, the largest group was between 36 and 40 years old (117 participants, 32.1%), followed by those aged 31–35 years (99 participants, 27.1%) and 26–30 years (62 participants, 17.0%). Smaller groups included participants below 25 years (10 participants, 2.7%), aged 41–45 years (40 participants, 11.0%), aged 46–50 years (29 participants, 7.9%), and above 50 years (8 participants, 2.2%).

Regarding educational background, the majority held an Associate Degree Level 3 (259 participants, 71.0%), followed by undergraduate degrees (91 participants, 24.9%). Smaller groups included those with an Associate Degree Level 4 (8 participants, 2.2%), postgraduate degrees (5 participants, 1.5%), and other qualifications (2 participants, 0.5%). With respect to marital status, most participants were married (242 participants, 66.3%), while 52 participants (14.2%) were divorced and 57 participants (15.6%) were widowed. Fourteen participants (3.8%) did not disclose their marital status. The length of marriage ranged from less than 5 years (112 participants, 30.7%) to 5–10 years (134 participants, 36.7%), and 10–15 years (119 participants, 32.6%). In terms of family composition, 139 participants (38.1%) had one child, 173

participants (47.4%) had two children, 47 participants (12.9%) had three children, and 6 participants (1.6%) had more than three children.

Ethical Considerations

The research was conducted in accordance with recognized ethical standards for studies involving human subjects. Before data collection, participants received an electronic informed consent form outlining the study's aims, their voluntary participation, assurances of confidentiality, and the option to withdraw at any stage without repercussions. Only those who provided explicit consent were included in the survey process.

No personal identifying information was gathered, and all responses remained anonymous. Data were securely stored in encrypted systems with restricted access limited to the research team. To reduce potential biases such as social desirability or self-reporting distortions, the study employed validated measurement instruments, maintained respondent anonymity, and carefully designed item wording to minimize response bias.

Ethical clearance was granted by the Institutional Ethics Committee of Universitas Muhammadiyah of Purwokerto, ensuring adherence to both national and international ethical frameworks, including the Declaration of Helsinki.

Instrument

Data collection was conducted using three psychometrically validated and internationally standardized scales, namely the Work-Family Conflict Scale (Carlson, Kacmar, & Williams, 2000). This scale consists of 18 items and covers three dimensions—time-based conflict, pressure/stress-based conflict, and behavior-based conflict—as well as two main directions (work-to-family interference (WIF) and family-to-work interference (FIW)). Each of the six subdimensions is measured using three items on a 5-point Likert scale (1 = Strongly Disagree, 5 = Strongly Agree).

The second scale is the Couple Communication Scale (Carroll et al., 2013). This scale consists of two dimensions: Constructive Communication (focused on emotional validation, active listening, and collaborative problem-solving) and Destructive Communication (including verbal aggression, withdrawal, and the demand-withdrawal pattern). The items in this scale assess the frequency and intensity of these communication patterns during interactions after work hours.

The third scale is the ENRICH Marital Satisfaction Scale [EMS] (Fowers & Olson, 1993). Marital satisfaction is evaluated using 15 items. The EMS scale consists of two subscales: the Marital Satisfaction Scale with 10 items covering the core aspects of the relationship (including communication, financial management, egalitarian roles, and conflict resolution) and the Idealistic Distortion Scale with 5 items. This latter subscale serves as an important methodological control, measuring and statistically adjusting for social desirability bias (as well as overly idealistic and unrealistic assessments of the relationship among respondents).

Data Analysis

Data were analyzed using the Partial Least Squares Structural Equation Modeling (PLS-SEM) approach with SmartPLS 4.0. This method was selected due to its suitability for testing complex models with multiple constructs, both reflective and formative, and its robustness to non-normal data distribution (Kline, 2015; Hair et al., 2019). The analysis involved two main stages: (1) assessment of the measurement model to evaluate reliability, convergent validity, and discriminant validity, and (2) assessment of the structural model to examine path coefficients, coefficient of determination (R^2), and effect sizes (f^2). Reliability was assessed using Cronbach's alpha and composite reliability (CR), while convergent validity was evaluated based on the average variance extracted (AVE) and indicator loadings. Discriminant validity was examined using the Fornell-Larcker criterion and the heterotrait-monotrait ratio (HTMT). Structural relationships were tested using bootstrapping with 5,000 resamples to obtain t-statistics, p-values, and confidence intervals.

RESULTS AND DISCUSSION

A Harman's single factor test was conducted using exploratory factor analysis without rotation, forcing the extraction of a single factor. The results showed that the first factor had an SS loading of 8.22, accounting for 14.68% of the total variance. This value is well below the commonly used threshold of 50% as an indication of common method bias. (Podsakoff, MacKenzie, Lee, & Podsakoff, 2003). Therefore, the findings suggest that common method bias is not a serious concern in this study.

Measurement model evaluation

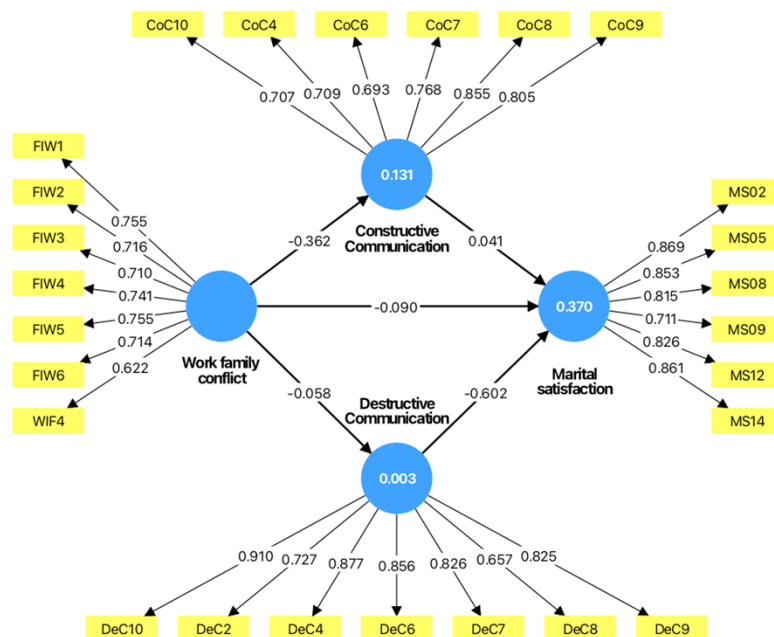
The measurement model was assessed in terms of indicator loadings, internal consistency reliability, composite reliability (CR), and average variance extracted (AVE). As shown in Table 1 and Figure 1, all constructs demonstrated satisfactory indicator loadings above the recommended threshold of 0.60 (Hair et al., 2019), ranging from 0.622 to 0.910.

For Constructive Communication, loadings ranged from 0.693 to 0.855, with a Cronbach's alpha of 0.851, CR of 0.890, and AVE of 0.575, indicating good internal consistency and convergent validity. Destructive Communication showed loadings between 0.657 and 0.910, a Cronbach's alpha of 0.914, CR of 0.932, and AVE of 0.665, meeting all recommended criteria. Work-Family Conflict had loadings from 0.710 to 0.755, with Cronbach's alpha = 0.843, CR = 0.881, and AVE = 0.514, indicating adequate reliability and convergent validity. Finally, Marital Satisfaction demonstrated loadings between 0.622 and 0.869, Cronbach's alpha = 0.905, CR = 0.927, and AVE = 0.679, also satisfying the recommended cut-off values.

Overall, all constructs met the criteria of Cronbach's alpha > 0.70, CR > 0.70, and AVE > 0.50 (Fornell & Larcker, 1981; Hair et al., 2019), supporting the reliability and convergent validity of the measurement model.

Table 1. Measurement model evaluation

Variable	Items	Loadings	Cronbach's alpha	CR	AVE
Constructive Communication	CoC10	0,707	0,851	0,890	0,575
	CoC4	0,709			
	CoC6	0,693			
	CoC7	0,768			
	CoC8	0,855			
	CoC9	0,805			
Destructive Communication	DeC10	0,910	0,914	0,932	0,665
	DeC2	0,727			
	DeC4	0,877			
	DeC6	0,856			
	DeC7	0,826			
	DeC8	0,657			
	DeC9	0,825			
Work-Family Conflict	FIW1	0,755	0,843	0,881	0,514
	FIW2	0,716			
	FIW3	0,710			
	FIW4	0,741			
	FIW5	0,755			
	FIW6	0,714			
Marital Satisfaction	MS02	0,869	0,905	0,927	0,679
	MS05	0,853			
	MS08	0,815			
	MS09	0,711			
	MS12	0,826			
	MS14	0,861			
	WIF4	0,622			



Discriminant validity was assessed using the Heterotrait-Monotrait ratio (HTMT) and the Fornell-Larcker criterion (see Table 2). The HTMT values for all construct pairs

were below the conservative threshold of 0.85 (Henseler, Ringle, & Sarstedt, 2015) ranging from 0.080 to 0.646, indicating satisfactory discriminant validity. Specifically, the HTMT values were 0.080 between Constructive Communication and Destructive Communication, 0.100 between Constructive Communication and Marital Satisfaction, 0.418 between Constructive Communication and Work-Family Conflict, 0.646 between Destructive Communication and Marital Satisfaction, 0.115 between Destructive Communication and Work-Family Conflict, and 0.104 between Marital Satisfaction and Work-Family Conflict.

The Fornell-Larcker criterion results further supported discriminant validity. The square root of the AVE for each construct (diagonal values) was greater than the correlations between constructs (off-diagonal values). For example, the square root of AVE for Constructive Communication was 0.758, exceeding its correlations with Destructive Communication (-0.025), Marital Satisfaction (0.089), and Work-Family Conflict (-0.362). Similar patterns were observed for Destructive Communication (0.815), Marital Satisfaction (0.824), and Work-Family Conflict (0.717), confirming that each construct is empirically distinct from the others.

Table 2. Discriminant validity

	Constructive Communication	Destructive Communication	Marital satisfaction	Work-family conflict
Heterotrait-monotrait ratio (HTMT) - Matrix				
Constructive Communication				
Destructive Communication	0,080			
Marital satisfaction	0,100	0,646		
Work-family conflict	0,418	0,115	0,104	
Fornell-Larcker criterion				
Constructive Communication	0,758			
Destructive Communication	-0,025	0,815		
Marital satisfaction	0,089	-0,598	0,824	
Work-family conflict	-0,362	-0,058	-0,070	0,717

Structural model evaluation

The structural model was assessed by examining the path coefficients (β), t-statistics, p-values, confidence intervals, effect sizes (f^2), and variance explained (R^2). The results showed that Destructive Communication had a significant negative effect on Marital Satisfaction ($\beta = -0.602$, $t = 14.448$, $p < .001$, 95% CI [-0.683, -0.520], $f^2 = 0.573$), indicating that higher destructive communication was strongly associated with lower marital satisfaction. Conversely, Constructive Communication did not significantly affect Marital Satisfaction ($\beta = 0.041$, $t = 0.814$, $p = .416$, 95% CI [-0.060, 0.140], $f^2 = 0.002$). Work-Family Conflict had a negative but nonsignificant direct effect on Marital Satisfaction ($\beta = -0.090$, $t = 1.815$, $p = .070$, 95% CI [-0.189, 0.004], $f^2 = 0.011$).

Work-Family Conflict significantly and negatively predicted Constructive Communication ($\beta = -0.362$, $t = 7.847$, $p < .001$, 95% CI [-0.466, -0.285], $f^2 = 0.151$, $R^2 = 0.131$), suggesting that greater work-family conflict was associated with lower constructive communication. However, its effect on Destructive Communication was nonsignificant ($\beta = -0.058$, $t = 0.961$, $p = .336$, 95% CI [-0.174, 0.058], $f^2 = 0.003$, $R^2 = 0.003$).

Regarding indirect effects, neither the path from Work-Family Conflict to Marital Satisfaction via Destructive Communication ($\beta = 0.035$, $t = 0.954$, $p = .340$) nor via Constructive Communication ($\beta = -0.015$, $t = 0.767$, $p = .443$) was significant, indicating no evidence of mediation. The R^2 value for Marital Satisfaction was 0.370, suggesting that the model explains 37% of the variance in marital satisfaction. All VIF values were below the threshold of 5, indicating no multicollinearity issues (Hair et al., 2019).

Table 3. Structural Model Evaluation

Path	β	t-stat	P	95%CI		f ²	R ²	VIF
				2.5%	97.5%			
direct effect								
CC -> MS	0,041	0,814	0,416	-0,060	0,140	0,002	0,370	1,154
DC -> MS	-0,602	14,448	0,000	-0,683	-0,520	0,573		1,006
WFC -> MS	-0,090	1,815	0,070	-0,189	0,004	0,011		1,157
WFC -> CC	-0,362	7,847	0,000	-0,466	-0,285	0,151	0,131	1,000
WFC -> DC	-0,058	0,961	0,336	-0,174	0,058	0,003	0,003	1,000
indirect effect								
WFC -> DC -> MS	0,035	0,954	0,340	-0,035	0,107	n	n	n
WFC -> CC -> MS	-0,015	0,767	0,443	-0,055	0,021	n	n	n

Notes: CC = Constructive Communication; DC = Destructive Communication; MS = Marital Satisfaction; WFC = Work-Family Conflict

The structural paths reveal a nuanced picture of the nurse's marital experience. Destructive Communication emerged as the primary negative driver of Marital Satisfaction ($\beta = -0.602$, $t = 14.448$, $p < 0.001$). The effect size for this path was exceptionally large ($f^2 = 0.573$), proving that the presence of harmful communication patterns is the single most critical factor in relationship decline.

Conversely, Constructive Communication showed no significant relationship with Marital Satisfaction ($\beta = 0.041$, $t = 0.814$, $p = 0.416$, $f^2 = 0.002$). This asymmetry supports relational theories suggesting that negative interactions carry significantly more psychological weight than positive ones ("bad is stronger than good"; Baumeister et al., 2001). In the high-stress context of a nursing household, positive communication behaviors are often treated as a baseline expectation; they do not actively increase satisfaction, but their breakdown opens the door to destructive interactions that rapidly erode the relationship.

Crucially, Work-Family Conflict did not exert a significant direct negative effect on Marital Satisfaction ($\beta = -0.090$, $t = 1.815$, $p = 0.070$, $f^2 = 0.011$), leading to the rejection of H_{1b} . This indicates that workplace strain does not automatically diminish

a nurse's marital happiness. This can be understood through professional normalization; nurses and their partners often develop a high tolerance for irregular hours and occupational stress as an expected part of the career (Wang et al., 2024).

However, WFC was a strong negative predictor of Constructive Communication ($\beta = -0.362$, $t = 7.847$, $p < 0.001$, $f^2 = 0.151$), validating H2. This pathway aligns with Ego Depletion Theory (Baumeister et al., 1998) and Conservation of Resources (COR) Theory (Hobfoll, 1989). Managing clinical crises and patient care exhausts a nurse's finite emotional and cognitive energy. When they return home in a state of ego depletion, they lack the emotional resources required to sustain constructive communication, such as patience and active listening. WFC directly impairs a nurse's capacity to engage positively with their partner.

Intriguingly, WFC showed no significant path to Destructive Communication ($\beta = -0.058$, $t = 0.961$, $p = 0.336$, $f^2 = 0.003$). This suggests that while professional exhaustion leaves perawat too drained to engage in positive communication, it does not automatically turn them hostile or aggressive toward their partner. Destructive behaviors seem to stem from deeper relational issues or individual coping styles, rather than workplace stress alone.

Consequently, both hypothesized mediation pathways (H4) were rejected. The indirect effects via Destructive Communication ($\beta = 0.035$, $p = 0.340$) and Constructive Communication ($\beta = -0.015$, $p = 0.443$) were non-significant, with confidence intervals crossing zero. This challenges classical models (e.g., Carroll et al., 2013) by demonstrating that for hospital perawat, work stress and marital satisfaction operate in separate domains. WFC drains the energy needed for positive connection, but marital quality depends almost entirely on whether the couple can prevent destructive patterns from taking root at home, independent of the hospital's daily pressures.

CONCLUSION

This study provides valuable insights into the relationship between work–family conflict, communication dynamics, and marital satisfaction among hospital nurses. The findings indicate that nurses' marital satisfaction was primarily influenced by the absence of destructive communication patterns ($\beta = -0.602$) rather than by the level of work–family conflict they experienced. Although work–family conflict (WFC) significantly reduced the psychological resources needed to maintain constructive communication ($\beta = -0.362$), it did not directly undermine marital satisfaction, and the hypothesized mediation pathway was not supported. These findings suggest that preventing destructive interactions at home is more crucial for maintaining relationship stability than merely reducing work-related demands. Hospital administrators and family counselors should focus their efforts on helping couples manage negative interactions and disrupt patterns of destructive communication, thereby supporting nurses in maintaining stable and supportive family relationships.

These empirical findings provide actionable strategies for hospital directors, nursing executives, and human resources departments. The results demonstrate that

work–family conflict reduces the energy required for positive communication ($\beta = -0.362$), whereas relationship stability depends largely on preventing destructive interactions ($\beta = -0.602$). This highlights the need for a shift in the perspective of healthcare institutions. Employee well-being should not be regarded solely as an individual responsibility; rather, hospitals should actively implement supportive policies to protect nurses from excessive emotional exhaustion.

Several programs can be developed by hospitals to address these challenges. First, hospitals should implement flexible scheduling systems, including self-scheduling mechanisms, to reduce conflicts between work and family responsibilities. Work schedules should be arranged at least three weeks in advance to allow families to plan activities effectively. In addition, mobile-based scheduling applications could be introduced to enable nurses to exchange shifts when necessary while maintaining operational continuity. Second, nurses experiencing work-related stress or work–family conflict should have access to confidential counseling services provided by qualified mental health professionals. Third, relationship education and couples counseling programs should be considered. Given that marital stability is strongly associated with the management of destructive communication, couples should be educated about the demands of nursing work and understand that a nurse's need for temporary solitude or reduced interaction after a demanding shift may represent a recovery process rather than emotional withdrawal. Fourth, hospitals should optimize workload management and recovery time. Nurse managers should monitor nurse-to-patient ratios carefully to prevent excessive fatigue. Adequate rest periods after consecutive night shifts should be provided to ensure that nurses have sufficient opportunities for physical and psychological recovery, as well as meaningful time with their families. These efforts may contribute to nurse retention and improved patient safety.

Although this study provides valuable insights, several methodological limitations should be considered as directions for future research. First, the cross-sectional design captured data at a single point in time, limiting the ability to examine long-term causal relationships and changes in marital dynamics. Future studies should employ longitudinal designs or daily diary methods to observe fluctuations in work–family conflict, communication patterns, and marital satisfaction over time. Second, this study used a monadic perspective by relying solely on self-reported data from nurses and did not incorporate the perspectives of their spouses. Because couple communication is inherently reciprocal, future research should apply dyadic research designs involving both nurses and their partners and analyze the data using the Actor–Partner Interdependence Model (APIM) to examine relational effects from both perspectives. Third, this study did not include several contextual variables that may influence marital satisfaction, such as childcare demands, social support, and marriage duration. Future research should incorporate these variables as control variables or moderators to develop a more comprehensive model of marital satisfaction among hospital nurses.

REFERENCES

- Amstad, F. T., Meier, L. L., Fasel, U., Elfering, A., & Semmer, N. K. (2021). A meta-analysis of work-family conflict and various outcomes with a special emphasis on cross-domain versus matching-domain relations. *Journal of Occupational Health Psychology*, 26(3), 191–210. <https://psycnet.apa.org/doi/10.1037/a0022170>
- Baumeister, R. F., Bratslavsky, E., Finkenauer, C., & Vohs, K. D. (2001). Bad is stronger than good. *Review of General Psychology*, 5(4), 323–370. <https://psycnet.apa.org/doi/10.1037/1089-2680.5.4.323>
- Baumeister, R. F., Bratslavsky, E., Muraven, M., & Tice, D. M. (1998). Ego depletion: Is the active self a limited resource?. *Journal of Personality and Social Psychology*, 74(5), 1252–1265. <https://psycnet.apa.org/doi/10.1037/0022-3514.74.5.1252>
- Bamikole, K. N., Bamikole, F. A., & Okoh, O. O. (2020). Influence of job burnout and work-family conflict on marital satisfaction among married nurses in Benin City, South Nigeria. *The International Journal of Humanities & Social Sciences*, 8(3). <https://doi.org/10.24940/theijhss/2020/v8/i3/hs2002-055>
- Cao, H., Li, X., Zhou, N., Lin, X., & Fang, X. (2020). Work–family conflict, relational turbulence mechanisms, conflict tactics, and marital satisfaction among Chinese married workers. *Journal of Communication*, 70(2), 210–234. [doi.org](https://doi.org/10.1111/jcom.12444)
- Carroll, S. J., Hill, E. J., Yorgason, J. B., Larson, J. H., & Sandberg, J. G. (2016). Couple communication as a mediator between work–family conflict and marital satisfaction. *Contemporary Family Therapy*, 38(3), 291–302. <https://doi.org/10.1007/s10591-013-9237-7>
- Carlson, D. S., Kacmar, K. M., & Williams, L. J. (2000). Construction and initial validation of a multidimensional measure of work-family conflict. *Journal of Vocational Behavior*, 56(2), 249–276. <https://doi.org/10.1006/jvbe.1999.1713>
- Fornell, C., & Larcker, D. F. (1981). Evaluating structural equation models with unobservable variables and measurement error. *Journal of Marketing Research*, 18(1), 39–50. <https://doi.org/10.2307/3151312>
- Fowers, B. J., & Olson, D. H. (1993). ENRICH Marital Satisfaction Scale: A brief research and clinical tool. *Journal of Family Psychology*, 7(2), 176–185. <https://psycnet.apa.org/doi/10.1037/0893-3200.7.2.176>
- Gonelli, C & Rafagnino, R. (2017) Work-Family Conflict in Nursing: An Integrative Review of Its Antecedents and Outcomes. *IAFOR Journal of Psychology & the Behavioral Sciences* Volume 3 – Issue 1 – Summer
- 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/10.2307/258214>
- Hair, J. F., Risher, J. J., Sarstedt, M., & Ringle, C. M. (2019). When to use and how to report the results of PLS-SEM. *European Business Review*, 31(1), 2–24. <https://doi.org/10.1108/EBR-11-2018-0203>

- Henseler, J., Ringle, C. M., & Sarstedt, M. (2015). A new criterion for assessing discriminant validity in variance-based structural equation modeling. *Journal of the Academy of Marketing Science*, 43(1), 115–135. <https://doi.org/10.1007/s11747-014-0403-8>
- 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., Halbesleben, J., Neveu, J. P., & Westman, M. (2018). Conservation of resources in the organizational context: The reality of resources and their consequences. *Annual Review of Organizational Psychology and Organizational Behavior*, 5(1), 103–128. <https://doi.org/10.1146/annurev-orgpsych-032117-104640>
- Kline, R. B. (2015). *Principles and Practice of Structural Equation Modeling* (4th ed.). Guilford Publications.
- Konik, K. (2014). The Relation Between Couple Communication and Work-Family Conflict. Honors Projects. Paper 150. <http://scholarworks.bgsu.edu/honorsprojects> Part of the Industrial and Organizational Psychology Commons Repository
- Lavner, J. A., Karney, B. R., & Bradbury, T. N. (2016). Does communication predict change in marital satisfaction, or does marital satisfaction predict change in communication?. *Journal of Marriage and Family*, 78(3), 680–694. <https://doi.org/10.1111/jomf.12301>
- Maharani, R., Ifdil, I., Afdal, A., Ardi, Z., & Marjohan, M. (2024). Work Family Conflict dan Kepuasan Pernikahan: Tinjauan Literatur pada Pasangan Dual-Earner di Indonesia. *Jurnal EduSociety*, 4(3), 1397–1407. <https://jurnal.permapendis-sumut.org/index.php/edusociety/article/view/608>
- Min, J., & Kim, S. (2026). Impact of work-family conflict on marital satisfaction with mediating role of conflict resolution strategies in dual-career couples. *Humanity & Social Sciences Journal*, 14(1), 45–58. <https://doi.org/10.71016/hnjss/yxfxvk09>
- Obrenovic B, Jianguo D, Khudaykulov A and Khan MAS (2020) Work-Family Conflict Impact on Psychological Safety and Psychological Well-Being: A Job Performance Model. *Front. Psychol.* 11:475. doi: 10.3389/fpsyg.2020.00475
- Podsakoff, P. M., MacKenzie, S. B., Lee, J. Y., & Podsakoff, N. P. (2003). Common method biases in behavioral research: A critical review of the literature and recommended remedies. *Journal of Applied Psychology*, 88(5), 879–903. doi.org
- Saba, N. ., Khaliq, A. A. ., & Bashir, S. . (2023). Impact of Work-family Conflict on Marital Satisfaction with Mediating Role of Conflict Resolution Strategies. *Human Nature Journal of Social Sciences*, 4(2), 635-645. <https://doi.org/10.71016/hnjss/yxfxvk09>
- Sandberg, J. G., Yorgason, J. B., Miller, R. B., & Hill, E. J. (2012). The Relation Between Marital Distress, Employee Well-Being, and Organizational Cost. *Journal of Marital and Family Therapy*, 38(3), 455-468. doi.org.