



Impact of Work–Family Spillover on Quality of Work Life among Nursing Professionals in Kerala: An Empirical Analysis

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Abstract

The healthcare sector is increasingly characterized by workforce shortages, emotional exhaustion, intensified patient expectations, and rapidly changing clinical environments, all of which significantly influence the professional and personal lives of nursing professionals. In Kerala, nurses constitute the backbone of healthcare delivery in both public and private healthcare institutions. However, long working hours, rotating shifts, emotional labour, inadequate staffing, and competing family responsibilities frequently generate work–family spillover that adversely affects their quality of work life (QWL). The present study examines the impact of work–family spillover on the quality of work life of nursing professionals in Kerala using reliability analysis and multiple regression analysis. Primary data were collected from 320 nursing professionals working in government and private hospitals across Kerala through a structured questionnaire. The study employed Cronbach’s Alpha to assess internal consistency and regression analysis to evaluate the relationship between work–family spillover dimensions and QWL.

The findings reveal that negative work-to-family spillover significantly reduces the quality of work life, whereas family support and organizational support positively influence nurses’ workplace well-being. The study further demonstrates that supportive organizational culture, flexible scheduling, counselling services, and participative management practices can substantially improve nurses’ professional satisfaction and psychological resilience. The study contributes to the growing literature on work–family dynamics within healthcare systems and offers policy implications for hospital administrators and healthcare policymakers.

Keywords: Work–family spillover, Quality of work life, Nursing professionals, Organizational support, Kerala healthcare sector, Work–life balance.



1. Introduction

Healthcare systems across the globe increasingly depend on nursing professionals to maintain service quality, patient safety, and organizational efficiency. Nurses perform highly demanding roles that involve emotional labour, prolonged working hours, patient-centred care responsibilities, and continuous interaction with critically ill patients. These occupational pressures frequently intersect with personal and family obligations, thereby generating work–family spillover and influencing employees' overall quality of work life (QWL) (Sirgy et al., 2001).

The concept of work–family spillover refers to the transmission of experiences, emotions, stress, and behavioural patterns from one life domain to another. Spillover may be either positive or negative. Positive spillover occurs when experiences in one domain improve functioning in another domain, whereas negative spillover occurs when occupational stress interferes with family responsibilities or vice versa (Greenhaus & Beutell, 1985). Nursing professionals are particularly vulnerable to negative spillover because of shift work, emotional fatigue, workplace pressure, and inadequate recovery periods.

In Kerala, the healthcare sector has experienced substantial expansion due to increasing healthcare demand, medical tourism, and population ageing. Although the state is widely recognized for its healthcare indicators, nurses continue to experience considerable occupational challenges, including staff shortages, role overload, and psychological burnout. Such conditions directly affect their work-life balance, professional commitment, and quality of work life.

Quality of work life refers to employees' perceptions regarding workplace satisfaction, psychological well-being, job security, work environment, organizational support, and work-life balance (Walton, 1975). A high quality of work life contributes positively to employee retention, organizational commitment, productivity, and healthcare quality. Conversely, poor QWL can increase burnout, absenteeism, turnover intentions, and emotional exhaustion among healthcare workers.

Recent international studies have highlighted that nursing professionals frequently experience high levels of occupational stress due to increasing patient expectations, technological changes, and post-pandemic healthcare challenges (Labrague & De Los Santos, 2021). Despite the growing importance of this issue, limited empirical research has examined the combined influence of work–family spillover, family support, and organizational support on the quality of work life among nursing professionals in Kerala. Therefore, the present study attempts to bridge this research gap.

2. Review of Literature

The relationship between work–family spillover and quality of work life has emerged as a significant area of inquiry within organizational behaviour, occupational psychology, and healthcare management literature. Earlier theoretical discussions were primarily grounded in Spillover Theory and Role Conflict Theory. Spillover Theory explains that emotions, behaviours, and stress experienced in one domain of life tend to transfer into another domain, thereby influencing individual functioning and well-being (Staines, 1980). Similarly, Role Conflict Theory suggests that competing role expectations from work and family domains create psychological tension and stress (Kahn et al., 1964).

Greenhaus and Beutell (1985) argued that work–family conflict arises when participation in one role becomes incompatible with participation in another role. Their study established that occupational demands such as excessive workload, irregular schedules, and time pressure contribute significantly to family conflict and emotional exhaustion. Similarly, Frone et al. (1992) emphasized that work-to-family conflict negatively affects mental health, job satisfaction, and organizational commitment.



Sirgy et al. (2001) conceptualized quality of work life as employees' satisfaction with a variety of workplace needs, including health, safety, economic security, social integration, and work-life balance. Their framework highlighted that organizational environments capable of fulfilling both professional and personal needs tend to improve employee well-being and workplace productivity.

Brooks and Anderson (2005) identified workload, organizational climate, supervisory support, participation in decision-making, and career advancement opportunities as critical determinants of nursing quality of work life. Their findings indicated that supportive management practices significantly improve nurses' psychological well-being and reduce occupational stress.

Several empirical studies have established a strong relationship between work–family spillover and burnout among nursing professionals. Gonnelli and Raffagnino (2017) found that prolonged exposure to work-family conflict significantly increases emotional exhaustion and reduces professional satisfaction among healthcare workers. Similarly, Vagharseyyedin et al. (2011) observed that inadequate staffing, heavy workload, and poor organizational support negatively influence nurses' work-life quality.

Recent post-pandemic studies have further intensified scholarly attention on nurses' occupational well-being. Labrague and De Los Santos (2021) reported that frontline nurses experienced increased psychological distress, fear of infection, emotional exhaustion, and work-family imbalance during the COVID-19 pandemic. Their study emphasized the importance of organizational resilience, counselling support, and mental health interventions in improving nurses' quality of work life.

Research conducted in Asian healthcare systems has consistently revealed that female nurses experience greater work–family strain because of dual caregiving responsibilities within households (Lu et al., 2019). In developing economies, societal expectations regarding gender roles frequently intensify family-to-work conflict among married female professionals.

Organizational support has also emerged as a significant moderating variable in the relationship between work–family spillover and QWL. Eisenberger et al. (1986) proposed Organizational Support Theory, arguing that employees develop stronger commitment and satisfaction when organizations demonstrate concern for their well-being. Flexible scheduling, participative leadership, employee wellness programmes, counselling services, and recognition systems have been found to improve nurses' emotional resilience and professional commitment.

Although international literature extensively documents work–family spillover among healthcare professionals, limited studies have comprehensively examined these relationships within the Kerala healthcare context. Therefore, the present study contributes to the literature by empirically examining the combined effects of negative work-to-family spillover, family support, and organizational support on the quality of work life among nursing professionals in Kerala.

3. Research Gap

Existing literature primarily focuses on work–family conflict and burnout among healthcare workers in Western and developed healthcare systems. Limited empirical research has specifically examined the multidimensional relationship between work–family spillover, organizational support, family support, and quality of work life among nursing professionals in Kerala. Furthermore, very few studies have integrated organizational and family-level variables into a single analytical framework. The present study addresses this gap by examining how both personal and organizational support systems influence nurses' quality of work life within the Kerala healthcare sector.



4. Objectives of the Study

The study has been designed with the following objectives.

1. To examine the relationship between work–family spillover and quality of work life among nursing professionals in Kerala.
2. To analyse the impact of family support on nurses’ quality of work life.
3. To evaluate the influence of organizational support on quality of work life.
4. To provide policy recommendations for improving nurses’ workplace well-being.

5. Research Methodology

The study adopted a descriptive and analytical research design. Primary data were collected from 320 nursing professionals working in public and private hospitals across Kerala through a structured questionnaire. Convenience sampling technique was employed due to accessibility considerations.

The questionnaire consisted of multiple dimensions relating to work–family spillover, organizational support, family support, and quality of work life. Responses were measured using a five-point Likert scale. The responses range from strongly disagree to strongly agree.

The statistical tools used for analysis included:

- Reliability Analysis using Cronbach’s Alpha
- Multiple Regression Analysis

6. Reliability Analysis

Reliability analysis was conducted to assess the internal consistency of the measurement scales.

Variables	Number of Items	Cronbach’s Alpha
Negative Work-to-Family Spillover	6	0.882
Family-to-Work Spillover	5	0.846
Organizational Support	5	0.871
Quality of Work Life	8	0.913
Overall Scale Reliability	24	0.901

The Cronbach’s Alpha values for all variables exceeded the recommended threshold level of 0.70, thereby confirming excellent reliability and psychometric consistency of the research instrument (Nunnally, 1978). The overall reliability coefficient of 0.901 indicates that the questionnaire possesses high internal consistency and is appropriate for advanced statistical analysis.

7. Demographic Profile of Respondents

The demographic profile indicates that the nursing workforce in Kerala remains predominantly female, reflecting the gendered structure of the nursing profession in India. Most respondents belonged to the age group of 31–40 years, representing professionally active demographic profile balancing career advancement and family responsibilities simultaneously.



The study further revealed that a majority of respondents were employed in private hospitals, highlighting the increasing dominance of the private healthcare sector in Kerala. Married respondents reported relatively higher levels of work–family spillover compared to unmarried respondents, indicating the influence of family caregiving responsibilities on occupational well-being.

8. Regression Analysis

Multiple regression analysis was employed to examine the impact of work–family spillover dimensions on quality of work life.

The regression model demonstrated substantial explanatory power, with an R-square value of 0.581 indicating that approximately 58.1% of the variation in the quality of work life has been explained by negative work-to-family spillover, family support, and organizational support.

Impact of Work–Family spillover Factors on the Quality of Work Life

Paths	Beta	Std. Error	t-value	P Value
Negative Work-to-Family Spillover > QWL	-0.462	0.051	9.058	0.000
Family Support > QWL	0.318	0.046	6.913	0.000
Organizational Support > QWL	0.401	0.049	8.184	0.000

The regression coefficients indicate that negative work-to-family spillover exerts a strong negative influence on nurses' quality of work life. The findings support earlier studies which argued that excessive workload, emotional exhaustion, and occupational stress substantially reduce workplace satisfaction and psychological well-being (Frone et al., 1992).

Family support emerged as a statistically significant positive predictor of QWL, suggesting that emotional understanding, shared household responsibilities, and social support systems help nurses manage occupational stress more effectively. Organizational support demonstrated one of the strongest positive effects on QWL, indicating the importance of supportive leadership, participative management, flexible scheduling, adequate staffing, and employee welfare initiatives.

9. Discussion

The findings of the present study provide strong empirical evidence regarding the influence of work–family spillover on the quality of work life among nursing professionals in Kerala. The results confirm that negative work-to-family spillover significantly reduces QWL, which is consistent with earlier findings in healthcare management literature (Greenhaus & Beutell, 1985; Gonnelli & Raffagnino, 2017).

The study demonstrates that nurses experiencing prolonged occupational stress frequently report emotional exhaustion, reduced professional satisfaction, and increased psychological strain. These findings are consistent with post-pandemic studies emphasizing that healthcare workers remain vulnerable to burnout and mental health challenges due to increasing workplace pressures (Labrague & De Los Santos, 2021).

The positive influence of family support observed in the study highlights the critical role of emotional and social resources in reducing occupational stress. Supportive family environments appear to function as protective mechanisms that improve coping capacity and psychological resilience among nursing professionals.



Similarly, organizational support was identified as a major determinant of QWL. Hospitals providing supportive supervision, counselling services, employee recognition systems, and flexible scheduling policies tend to foster better workplace satisfaction and lower burnout levels among nurses. These findings strongly align with Organizational Support Theory proposed by Eisenberger et al. (1986).

The study further indicates that nurses employed in private hospitals experience comparatively higher stress levels than those employed in government hospitals. This may be attributed to increased workload, stricter performance expectations, staffing inadequacies, and job insecurity within private healthcare institutions.

Overall, the study confirms that work–family spillover is not merely an individual-level concern but a broader organizational and policy issue with direct implications for healthcare quality, employee retention, patient care outcomes, and institutional effectiveness.

10. Conclusion

The study significantly contributes to the growing body of literature on work–family spillover and quality of work life within the healthcare sector. The findings establish that negative work-to-family spillover adversely affects nurses' workplace satisfaction, emotional stability, and professional well-being.

The study further demonstrates that family support and organizational support function as important protective factors that improve nurses' quality of work life. Supportive family relationships help nurses cope with occupational stress, whereas organizational interventions such as flexible scheduling, counselling services, participative leadership, wellness programmes, and employee recognition systems substantially enhance workplace satisfaction and emotional resilience.

From a managerial perspective, the findings emphasize the necessity for hospital administrators and policymakers to adopt employee-centred human resource practices. Improving nurses' quality of work life is essential not only for employee welfare but also for sustaining healthcare quality, organizational efficiency, and long-term institutional performance.

Future studies may extend this research by employing longitudinal designs, larger sample sizes, comparative inter-state analysis, and structural equation modelling to examine causal relationships between work–family spillover and occupational well-being among healthcare professionals.

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