Examination of the Relationship Between Family Care, Organizational Support, and Health Professionals' Quality of Life

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Abstract

Professional quality of life (ProQOL) encompasses the well-being of healthcare professionals, including compassion satisfaction, burnout, and secondary trauma. While research on ProQOL has expanded, limited attention has been given to the influence of family care and organizational support on nurses' work experiences. This study aims to assess the impact of family care and organizational support on the three dimensions of ProQOL among clinical nurses. A cross-sectional study was conducted using a structured questionnaire administered to 1,700 nurses. The survey collected demographic data and utilized validated scales, including the Family Care Scale, Professional Quality of Life Scale (ProQOL), Organizational Support Scale, and Work-Family Conflict Scale. Multiple stepwise regression analyses were performed to examine the relationships between family care, organizational support, and ProQOL dimensions. The findings demonstrated that family care, organizational support, and work-family conflict were significantly associated with all three ProQOL dimensions (P < 0.05). Higher levels of family care and organizational support were positively correlated with compassion satisfaction and negatively correlated with burnout and secondary trauma. Work-family conflict exhibited an inverse relationship with ProQOL, contributing to increased burnout and secondary trauma. Nurses who reported stronger family care and greater organizational support experienced higher professional well-being. This study underscores the crucial role of family care and organizational support in shaping nurses' professional quality of life. Healthcare institutions should implement targeted strategies to enhance organizational support, reduce work-family conflict, and foster a supportive work environment. By addressing these factors, nursing administrators can improve job satisfaction, reduce burnout, and enhance overall professional well-being among clinical nurses.

Keywords: *Family Care, Health Professionals', Quality of Life.*

Introduction

Professional quality of life (ProQOL) refers to the overall well-being experienced by individuals in helping professions, encompassing both compassion satisfaction and compassion fatigue, which includes burnout and secondary trauma (1, 2). Research on ProQOL has expanded in recent years, yet studies remain limited in scope and departmental focus. Previous findings indicate that clinical nurses often experience a moderate

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level of ProQOL, highlighting the need for improvement in this area. In particular, the influence of familial support and organizational backing on nurses' professional well-being requires further exploration (3, 4).

Scholars have debated the various elements influencing ProQOL in nursing. As research continues to grow worldwide, studies have revealed notable trends. In European contexts, researchers such as Ruiz-Fernández have reported increased burnout and compassion fatigue among nurses, identifying work environment factors as key contributors to ProQOL (2). Vidal-Blanco et al. (5) emphasize that emotional well-being is crucial for improving nurses' work-life quality and advocate for intervention programs to mitigate emotional distress. In Asia, studies by Alshehry have linked workplace civility to ProQOL (6), while Cruz highlights the role of optimism and adaptive coping strategies in maintaining a high quality of professional life (7). Similarly, Wang et al. (8) found that nurses with poor sleep quality, low job satisfaction, and extended working hours exhibit higher levels of burnout, suggesting the need for targeted interventions to alleviate professional exhaustion. Yu et al. (9) focused on oncology nurses, revealing that those with extensive nursing experience, employment in secondary hospitals, and passive coping strategies reported greater burnout and fatigue. These insights offer potential strategies for identifying individuals at risk of low ProQOL. Additionally, Khatatbeh et al. (11) proposed an integrated theoretical model combining the compassion satisfaction-compassion fatigue framework with the empowerment model, providing a comprehensive understanding of factors influencing nurses' professional well-being and burnout.

Given the demanding nature of the nursing profession, both individual characteristics and external conditions contribute to variations in ProQOL. Research by Guerra et al. (12) demonstrated in a randomized controlled trial that providing healthcare support for caregivers enhances well-being, reduces stress, and promotes a better quality of life. Furthermore, Adolfo's study of 427 nurses identified gender and marital status as influential factors in professional well-being, with male nurses displaying greater resilience against workplace bullying and experiencing lower psychological distress (13, 14).

ProQOL consists of three primary dimensions: compassion satisfaction, burnout, and secondary trauma. Compassion satisfaction (CS) refers to the sense of fulfillment healthcare professionals experience from their work, including positive interactions with colleagues and recognition of their contributions to society (15). Burnout (BO) manifests as emotional exhaustion, detachment, and diminished personal accomplishment, resulting from prolonged exposure to work-related stressors (16). Secondary trauma (ST) arises from providing care to individuals who have undergone traumatic or distressing events, leading to emotional strain on the caregiver (17).

Despite the growing body of research on ProQOL, limited attention has been given to the role of familial and organizational support in shaping nurses' well-being. These forms of support significantly influence psychological stability, work attitudes, and behavioral responses (13, 18). Emotional backing from both family and professional units fosters a sense of belonging and contributes to career growth. This study seeks to examine the effects of family care and workplace support on nurses' professional quality of life, with the goal of identifying preemptive interventions.

Materials and Methods

This research employed a single-center, descriptive, cross-sectional approach.A structured questionnaire was distributed to nursing personnel . Prior to survey completion, participants were provided with a brief overview of the questionnaire's purpose. The estimated time for completion was approximately 15 minutes. Participation was voluntary, and anonymity was ensured. A total of 2000 questionnaires were collected, of which 1,700 were deemed valid. Convenience sampling was used to select the study population

Strict inclusion and exclusion criteria were applied. The inclusion criteria were as follows: (1) possession of a valid nursing license and official registration, (2) at least one year of clinical nursing experience, (3) no communication impairments or history of psychiatric disorders, and (4) voluntary agreement to participate in the study. Exclusion criteria included: (1) nurses without formal registration (n = 80), (2) those who were unavailable during the survey period (n = 60), and (3) individuals with a prior psychiatric diagnosis (n =

20). After applying these criteria, the final study sample consisted of 1,460 participants. This study was conducted in accordance with the ethical principles outlined in the Declaration of Helsinki.

Data Collection Instruments

A general demographic questionnaire was developed in consultation with multiple investigators. It collected data on participants' age, gender, ethnicity, department, professional title, job role, work experience, number of night shifts, highest education level, marital status, commuting time, personal hobbies, chronic illness history, hypertension, diabetes, prior strokes, and sleep patterns.

The Family Care Scale (APGAR) was originally developed by Snulkstein in 1978 (19). It assesses family support across five dimensions: Adaptation, Partnership, Growth, Affection, and Resolve.

The Professional Quality of Life Scale (ProQOL), developed by Stamm, consists of three subscales: Compassion Satisfaction, Burnout, and Secondary Trauma. Each dimension includes 10 items rated on a 5-point Likert scale (1 = "never" to 5 = "always"). Scores were categorized as follows: low level (<23), intermediate level (23–41), and high level (≥42).

The Organizational Support Perception Scale, developed by Haozen Wang, contains 15 items on a single dimension, with a Cronbach's alpha coefficient of 0.985, split-half reliability of 0.909, and test-retest reliability of 0.812. Responses were rated on a 5-point Likert scale, with higher scores indicating greater perceived organizational support.

The Work-Family Conflict Scale (WFCS), designed by Hauk and Chodkiewicz (20), consists of 10 items covering two dimensions: work-to-family conflict and family-to-work conflict, rated on a 5-point Likert scale.

All questionnaires were pre-translated into Chinese (21) before administration. Institutional and departmental approvals were obtained in advance. A trained surveyor conducted the data collection, ensuring that surveys were completed in a standardized setting. After collection, responses were checked for missing data, which were completed on-site when necessary.

A total of 1,800 questionnaires were distributed, with 1,460 valid responses obtained, yielding a response rate of 81.1%.

Data Analysis

Data analysis was performed using SPSS version 25.0 (SPSS Inc., Chicago, IL, USA). Descriptive statistics, including frequencies, percentages, means, standard deviations, and quartiles, were used to summarize demographic data and survey results. Inferential statistical methods such as t-tests, rank sum tests, and one-way ANOVA were applied to compare scale variables across different demographic and professional categories. Correlation analyses and multiple linear regression were employed to identify key factors influencing ProQOL. A p-value < 0.05 was considered statistically significant.

Results

Data was successfully gathered from 1,700 eligible nursing professionals. The average age of the respondents was 33.4 ± 8.3 years. Among them, (3.4%) were male, while (96.6%) were female. Regarding job titles, (52.4%) held the rank of nurse practitioner. The majority of participants (81.6%) occupied clinical roles, with an average work experience of 11.2 ± 7.2 years. The estimated mean number of night shifts per year was 60.5 ± 34.1.

Most respondents (94.2%) possessed an undergraduate degree. A smaller proportion of participants reported having hypertension, diabetes, or a history of stroke. Sleep disturbances were noted in (43.3%) of the nurses surveyed. A detailed breakdown of participant demographics and clinical attributes is presented in Table 1.

Table 1. General Information on Clinical Nurses (n = 1,700)

| Characteristic	%
Gender	
Female	96.6
Male	3.4
Technical Title	
Nurse	7.7
Nurse Practitioner	52.4
Nurse-in-Charge	37.2
Associate Professor/Professor	2.7
Job Role	
Non-clinical	18.4
Clinical	81.6
Highest Educational Level	
Master's Degree or Higher	5.5
Undergraduate	94.2
College or Below	0.3
Marital Status	
Married	73.6
Unmarried	26.4
Daily Commute Time	
< 0.5 hours	15.7
0.5–1.0 hours	35.0
1.0–1.5 hours	23.5
>1.5 hours	25.8
Hobbies	
No	42.8
Yes	57.2
Hypertension	
No	97.2
Yes	2.8
Chronic Medical Conditions	
No	80.6
Yes	19.4
Diabetes	
No	99.2
Yes	0.8
Stroke	
No	100.0
Yes	0.0
Sleep Condition	
Normal	56.7
Disturbed	43.3
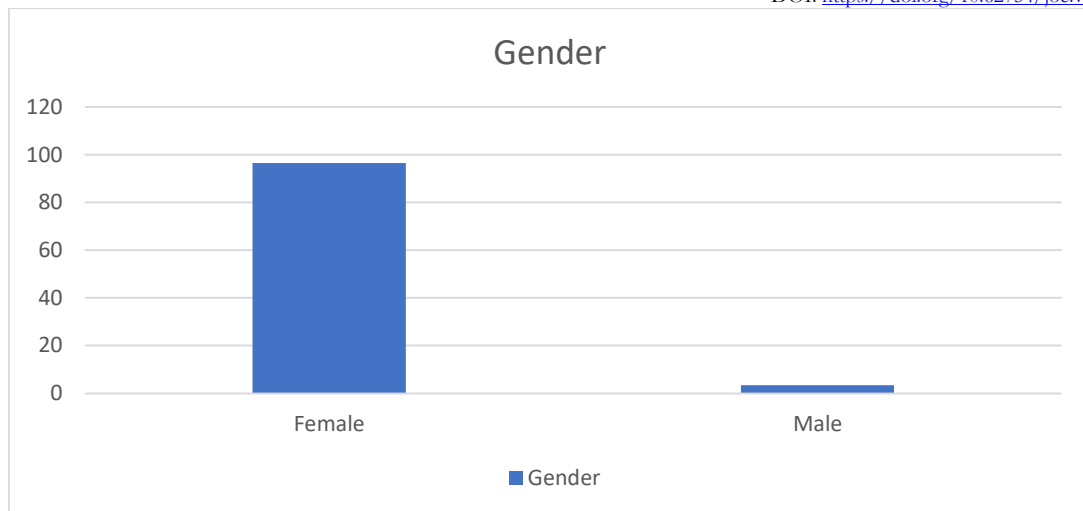
Fig 1. Gender
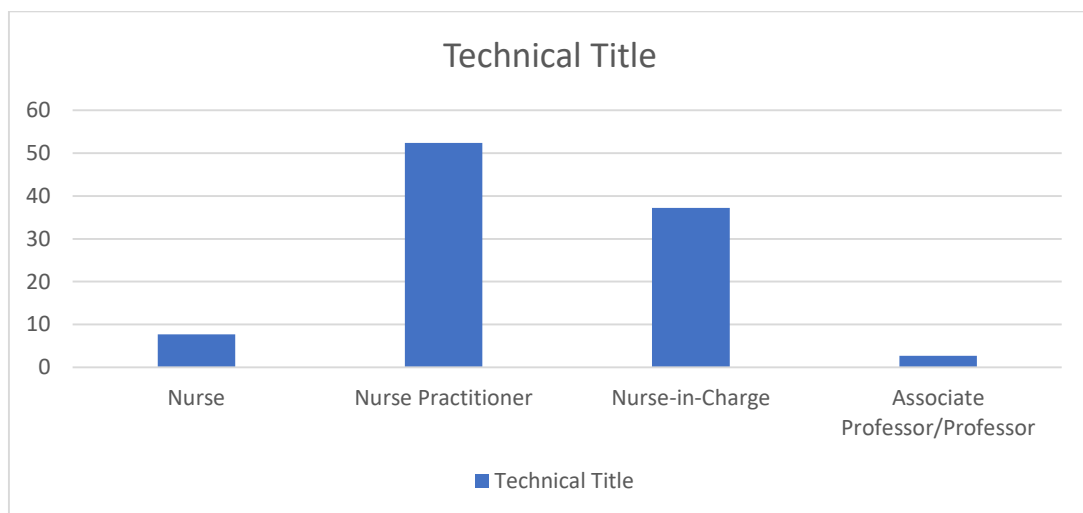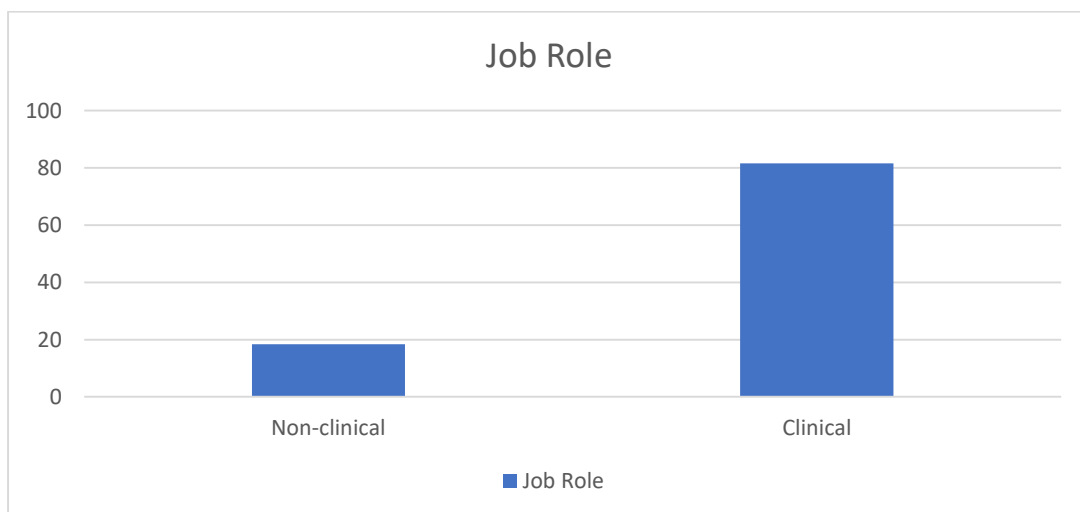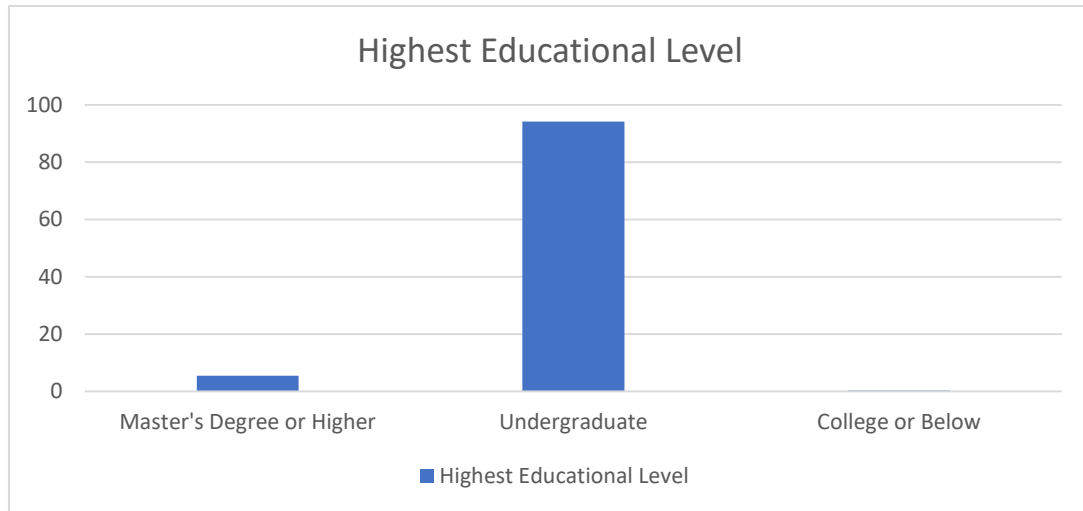

Fig 2. Technical Title

Fig 3. Job Role

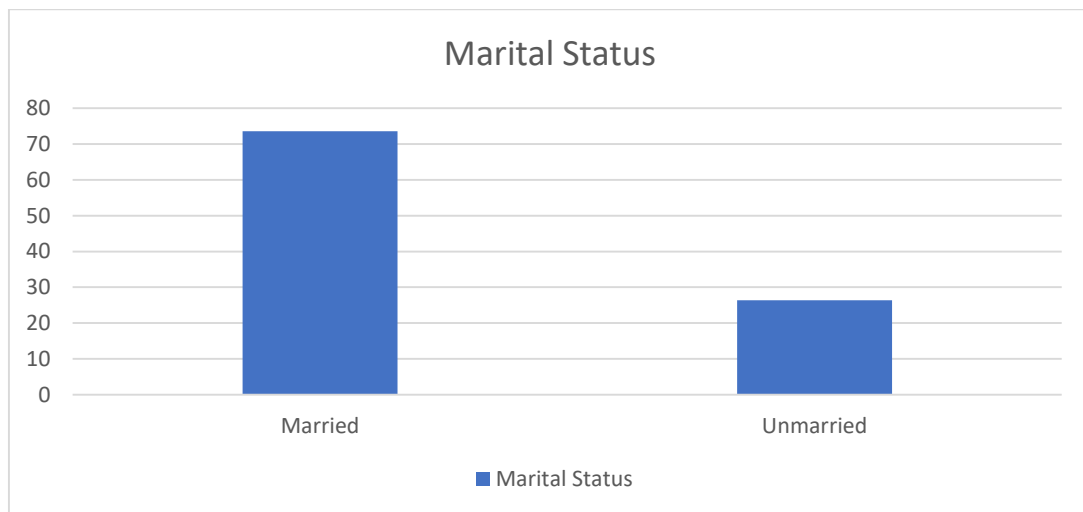**Fig 4. Highest Educational Level**
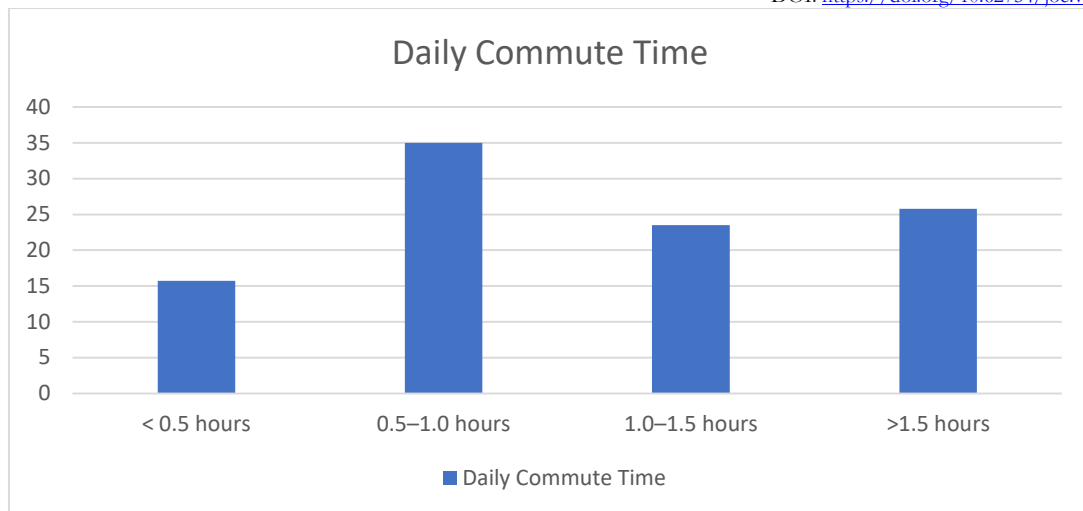

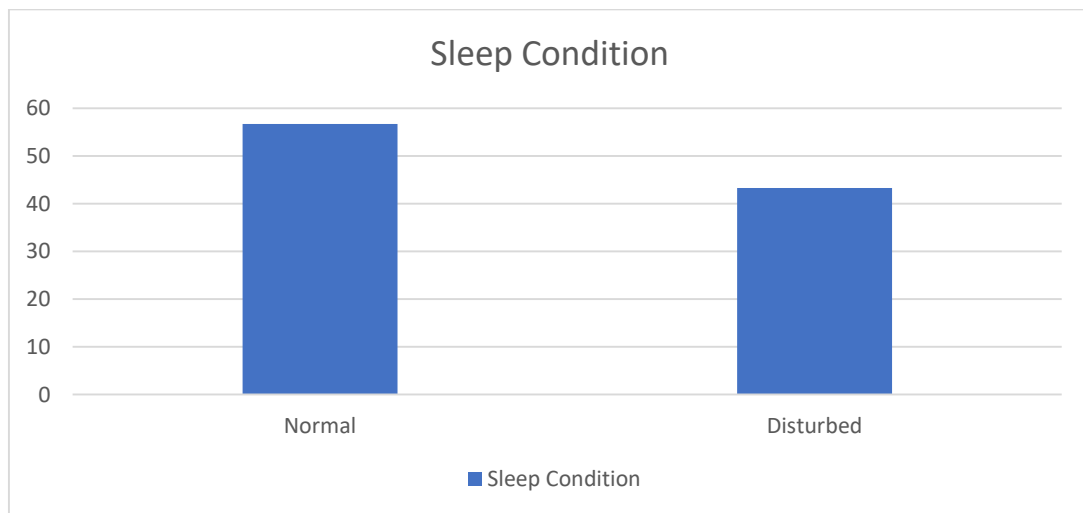**Fig 5. Marital Status**

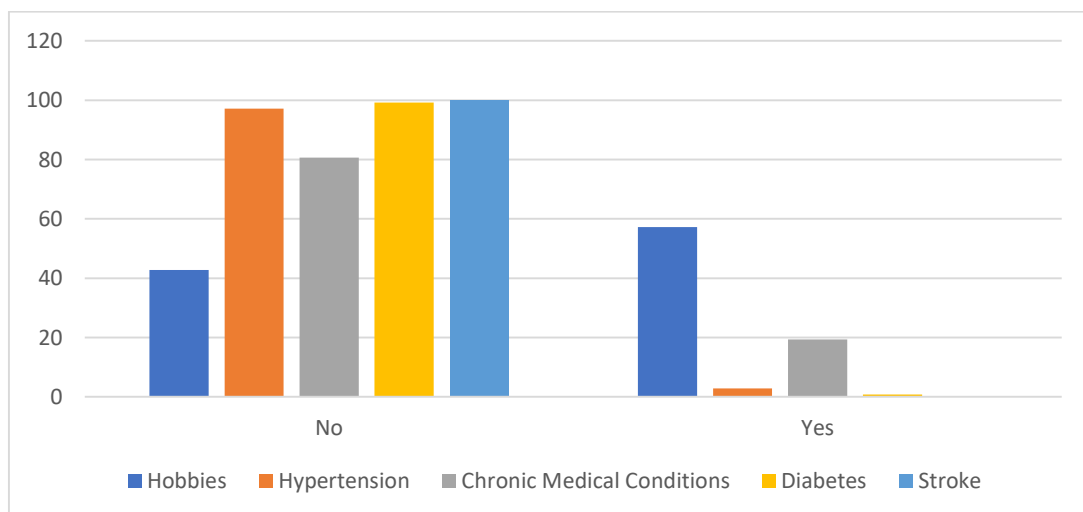**Fig 6. Daily Commute Time**

Fig 7. Sleep Condition

Fig 8. Others

The internal consistency of the applied scales was evaluated using Cronbach's alpha coefficient. The Professional Quality of Life Scale demonstrated a high reliability coefficient of 0.931. Similarly, the Family Support Scale showed strong reliability (0.905), followed by the Organizational Support Scale (0.985) and the Work-Family Conflict Scale (0.903) (21).

The Professional Quality of Life Scale scores were as follows: Compassion Satisfaction = 28.74 ± 3.83, Burnout = 30.82 ± 3.45, and Secondary Trauma = 29.40 ± 3.70. Further details are displayed in Table 2.

Table 2. Scores for Different Scales and Their Components (n = 1,460)

Measurement Scale	Dimension	Mean Score ± SD
Professional Quality of Life	Compassion Satisfaction	28.74 ± 3.83
	Burnout	30.82 ± 3.45
	Secondary Trauma	29.40 ± 3.70
Family Support Scale	-	7.27 ± 2.61
Organizational Support Scale	-	58.84 ± 11.29
Work-Family Conflict Scale	-	27.17 ± 7.21

A t-test and one-way ANOVA were conducted to examine differences in nurses' professional quality of life dimensions. The findings revealed significant variations in compassion satisfaction scores based on marital status and highest education level ($P < 0.05$). Burnout levels significantly differed according to marital status and sleep patterns ($P < 0.05$). Secondary trauma scores showed statistically significant differences concerning education level and marital status ($P < 0.05$)

The study assessed professional quality of life scores across various work sectors, considering factors such as compassion satisfaction, burnout, secondary trauma, family support, life satisfaction, organizational support, and work-family conflict. Results indicated that intensive care units and infectious disease units reported lower scores for family care. In contrast, outpatient clinics, medical/technical departments, and surgical units had lower empathy satisfaction. The highest burnout rates were observed in medical/technical departments, outpatient clinics, and surgery. Secondary trauma was most prevalent in medical/technical fields and surgery. Additionally, work-family conflict scores were notably high in infectious disease units, internal medicine, and emergency medicine.

Pearson's correlation analysis demonstrated significant relationships among key variables. Burnout, secondary trauma, family care, life satisfaction, organizational support, and work-family conflict were positively linked to compassion satisfaction. Family care exhibited a negative correlation with work-family conflict ($r = -0.406$, $P < 0.01$) and was positively associated with other measured factors. Organizational support also showed an inverse relationship with work-family conflict ($r = -0.424$, $P < 0.01$). However, no significant correlation was found between secondary trauma and work-family conflict.

To explore the influence of family support and organizational backing on nurses' professional quality of life, a multiple stepwise regression analysis was performed. The analysis incorporated demographic variables (such as gender, age, education level, and job title), as well as scores from the family support, organizational support, and work-family conflict scales as independent variables. The dependent variables included the dimensions of professional quality of life. The findings indicated that family support, organizational backing, and work-family conflict were significantly related to all three dimensions of professional quality of life ($P < 0.05$)

Discussion

Over the past few years, research exploring nurses' professional quality of life has gained attention. However, the number of departments involved remains limited, and the sample sizes used in studies require expansion. In contrast, scholars from Western countries have long investigated professional quality of life (Pro-QOL) across multiple regions and specialties (22–26). Compared to findings from these countries, the

overall professional quality of life among clinical nurses in the present study appears lower, indicating the need for targeted interventions to foster improvement. This research examined the association between nurses' family support and organizational backing in relation to the three core dimensions of Pro-QOL.

Findings revealed that the reliability of all measurement scales exceeded 0.8, indicating strong internal consistency. Moreover, the scores across the three dimensions of Pro-QOL were generally within a moderate range, aligning with the trends reported in several studies conducted across Asia. A study by Ma (27) identified that nurses working in various healthcare institutions exhibited a moderate level of professional quality of life, suggesting that institutional leadership and management strategies could play a role in enhancing these outcomes. Similarly, research by Matsuishi et al. (28) conducted among Japanese nurses reported mean scores around 30 for all three Pro-QOL dimensions, closely mirroring the present study's results. Comparatively, nurses in Western countries tend to achieve higher scores in these domains. For instance, Kelly (25) surveyed 491 nurses in a U.S. teaching hospital and reported an average Compassion Satisfaction score of 40.51. Additionally, a literature review by Flarity et al. (29) highlighted that specific training programs could effectively enhance Compassion Satisfaction, suggesting that healthcare systems in Asian settings should prioritize intervention strategies tailored to improving professional quality of life.

Correlation analyses demonstrated statistically significant associations between Pro-QOL dimensions and factors such as family care, life satisfaction, organizational support, and work-life balance. Furthermore, multivariate regression analyses confirmed the relevance of family support and organizational backing across all three dimensions. The family care construct encompassed factors such as adaptability, teamwork, emotional bonds, and interpersonal support. Adaptability reflects the ability to utilize available family resources effectively in response to crises. Teamwork denotes the extent to which family members share responsibilities and make joint decisions. Emotional bonds reflect the level of affection and support within the family unit. Nurses benefiting from strong family care structures tend to exhibit better resilience, effectively utilizing resources to mitigate work-related stress. Research by Piotrkowska et al. (30, 31) identified a strong link between nurses' life satisfaction and family support, highlighting that enhanced family care directly contributes to improvements in professional quality of life.

In terms of organizational support, nurses' perception of institutional backing significantly influenced their overall well-being. Organizational support encompasses factors related to the work environment, emotional support from leadership, and resource allocation. Bobbio et al. (32) found that effective nursing leadership fosters trust in institutions, promoting staff retention and reducing workplace stress. Likewise, Eisenberger et al. (33) emphasized that strong organizational support, coupled with supervisory encouragement, strengthens nurses' sense of belonging, ultimately reducing turnover intentions. Similarly, Liu et al. (34) discovered that organizational support served as a mediating factor in workplace dynamics, influencing variables such as job satisfaction, burnout, and intent to leave. These findings underscore the importance of fostering a supportive work environment. Healthcare administrators should prioritize implementing structured incentives, providing necessary resources, and ensuring professional development opportunities to enhance nurses' organizational support perceptions.

Despite the valuable insights gained, this study has several limitations. First, the data were drawn from a single healthcare institution, where nurses may have higher educational backgrounds, greater job satisfaction, and more financial stability compared to those in other settings. Future research should incorporate a broader range of participants to allow for comparative analysis. Second, the study relied on a convenience sampling method, introducing potential selection bias. Further research should include multi-center studies to enhance generalizability.

Conclusion

In summary, the professional quality of life among nurses is significantly influenced by both family care and organizational support. Nurses who actively engage with family support systems tend to experience enhanced well-being. From an institutional perspective, nursing administrators should identify modifiable factors that impact Pro-QOL and implement appropriate interventions. Strengthening the work

environment by improving resource availability, expanding training opportunities, and promoting skill development can contribute to a more fulfilling professional experience for nurses. Additionally, establishing structured incentive programs and professional growth pathways can reinforce nurses' sense of value in their roles, ultimately leading to improved job satisfaction and retention.

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