

# Social support and self-compassion: Their influence on work-family conflict among mothers employed as nurses

Desthia Tasya Mahardika Putri<sup>1</sup>, Udi Rosida Hijrianti<sup>1\*</sup>, and Diany Ufieta Syafitri<sup>2</sup>

## Abstract

Nurses bear the responsibility of providing care to patients amidst demanding work schedules. For a mother working as a nurse, balancing roles in both profession and family becomes a priority; failure to achieve this balance may lead to conflict. This study investigates the predictive ability of social support and self-compassion on work-family conflict among nurse mothers. The study involved 143 nurse mothers recruited through accidental sampling methods. Instruments employed included the Multidimensional Scale of Perceived Social Support (MSPSS), self-compassion scale, and work-family conflict scale. Multiple linear regression analysis revealed that social support and self-compassion collectively predict work-family conflict among nurse mothers ( $R^2 = 0.130$ ,  $F = 10.487$ ,  $p = 0.00$ ). The ability of social support and self-compassion to predict work-family conflict was 13%, with the remaining variance attributable to unexamined variables in this study. The implications of this study suggest that managing work-family conflict necessitates social support from family, supervisors, colleagues, and friends. Furthermore, enhancing self-compassion through self-kindness, acknowledging common humanity, and fostering mindfulness while reducing self-judgment, isolation, and over-identification could prove advantageous.

## Keywords

Nurses, mothers, self-compassion, social support, work-family conflict

## Introduction

Nurses represent the largest workforce within hospital settings, comprising 50.8% of the total compared to other employees (Kementerian Kesehatan Republik Indonesia, 2022). They serve as the primary caregivers for patients with diverse clinical responsibilities, high workloads, and significant emotional and physical demands. Nurses are entrusted with substantial duties, including patient care, management, and health education. Surveys across approximately 104 countries have shown that nursing is predominantly a female-dominated profession, with women constituting 79% of nurses in Southeast Asia (Boniol et al., 2019). This data suggests a prevalent presence of female nurses compared to their male counterparts.

The predominance of female nurses poses substantial challenges to their lives as they strive to balance their personal and professional roles. This challenge arises because, apart from fulfilling their duties at the hospital, nurses also play pivotal roles within their families as caregivers, spouses, and parents after their shifts (Yu et al., 2020). Issues arise for female nurses when they encounter difficulties in harmonizing these roles, leading to work-family conflict (WFC). Such conflicts often stem from entrenched gender roles, where wives are expected to primarily manage household affairs while husbands are viewed as primary providers (Cerrato & Cifre, 2018). The traditional expectation for women to assume dominant roles within the household is reinforced by societal norms dictating that mothers and wives are responsible for serving their husbands, caring for their children, managing household tasks, and catering to the needs of all family

members (Arfidianingrum, 2013). However, women also have the right to pursue significant roles outside the home and develop their potential and capacities. Balancing personal and professional responsibilities is a priority for all individuals, regardless of gender (Yu et al., 2020). Failure to achieve this balance can have adverse consequences.

Besides, work-family conflict (WFC) arises from conflicting demands between roles, where the expectations of one role clash with those of another (Greenhaus & Beutell, 1985). It is associated with role conflicts related to responsibilities, needs, expectations, tasks, and commitments (Mukanzi & Senaji, 2017). The psychological impact of WFC is evident in individuals through feelings of guilt, anxiety, fatigue, and frustration (Greenhaus & Beutell, 1985; Ilies et al., 2012; Karatepe, 2013). Various factors influence WFC, including personality traits, family dynamics, and job-related factors (Schabracq et al., 2003). Personality aspects include resilience and locus of control. At the same time, family factors encompass family situations, relationships with partners and children, role ambiguity within the family, family social support, and emotional support from partners (Schabracq et

<sup>1</sup>Faculty of Psychology, University of Muhammadiyah Malang, Indonesia,

<sup>2</sup>Department of psychology, Institute of Psychiatry, Psychology, and Neuroscience, King's College London, United Kingdom

## \*Corresponding author:

Udi Rosida Hijrianti. Faculty of Psychology, University of Muhammadiyah Malang Jl. Raya Tlogomas No.246, 65144, Malang City, East Java, Indonesia

Email: udi@umm.ac.id

al., 2003). Job-related factors include work hours, job types, workload, and role ambiguity within the job (Schabracq et al., 2003). Poor physical and mental health have been identified as contributors to WFC among working women (Molina, 2021). Family values and partner conflict issues stem from interactions with other generations within the home, such as children remaining at home or grandparents living together (Molina, 2021). Significant family demands and inadequate support from supervisors and organizations contribute to WFC (Kelly et al., 2014).

Mothers with dual roles face various role demands, requiring them to demonstrate logical, assertive, authoritative, and emotionally stable behaviors in the workplace while providing emotional warmth and nurturing at home (Greenhaus & Beutell, 1985). Balancing these roles can be challenging, as time allocated to work may impede fulfilling family roles and vice versa. Tensions arising from one role can hinder the fulfillment of another, while behaviors required in one role can make it challenging to fulfill another.

In such situations, mothers often find it challenging to prioritize their roles, sometimes leading them to compromise on one role over another (Arfidianingrum, 2013). Individuals experiencing such circumstances greatly benefit from support networks comprising family, friends, and colleagues, as it can influence their perception of the situation as a stressor (Lam, 2019). Therefore, social support aids mothers in effectively managing their responsibilities both at home and in the workplace.

As an external factor, social support is significant in helping individuals manage WFC. It encompasses resources others provide and supportive actions, making individuals feel acknowledged and valued (Oakley, 2018). Social support is a psychological process that helps maintain healthy behavior, manifesting as strength or assistance from close individuals in one's life one's (Indriani & Sugiasih, 2018). Social support includes behavioral aid, information, or material support obtained from close social relationships, fostering feelings of care and love (Harnida, 2015). Individuals receiving social support are better equipped to overcome life challenges and experience progress (Feeney & Collins, 2015). Apart from external factors like social support, internal factors within individuals, such as self-compassion, can also serve as valuable assets in alleviating WFC.

Self-compassion is a strategy or ability for individuals to regulate their emotions, preventing distress or accepting themselves unconditionally, thereby fostering proactive responses (Neff & McGehee, 2010). It empowers individuals to persevere through challenges without self-condemnation amidst adversities (Neff & Vonk, 2009). Those with high self-compassion exhibit self-kindness by embracing their imperfections as inherent to the common humanity, alongside a keen mindfulness of their present circumstances (Neff, 2016). Whereas individuals with low self-compassion often engage in harsh self-criticism (self-judgment), perceive their experiences as unique to them (isolation), and struggle with excessive identification with their difficulties (overidentification) (Neff, 2016). Therefore, cultivating a strong sense of self-compassion can significantly mitigate WFC among nurses.

Drawing from the earlier discussion, this study aims to evaluate the predictive abilities of social support and self-compassion about WFC among mothers employed as nurses. Additionally, it examines the predictive capacity of social support and self-compassion individually. The significance of this research lies in its contribution to the body of knowledge and literature on social support, self-compassion, and WFC within the realm of psychology. Moreover, it holds practical implications by highlighting the pivotal role of social support and self-compassion in minimizing the challenges associated with juggling multiple roles, mainly working mothers, especially those in nursing.

## Method

### Participants

The subjects of this study were mothers employed as nurses, aged between 23 and 45. The data were collected using an accidental sampling technique, wherein samples were selected incidentally whenever they met the research criteria (Azwar, 2013). Data collection for this study took place from March 22, 2023, to June 3, 2023, using Google Forms, with 143 participants. All participants were females working as nurses. Details of the participants are as follows.

**Table 1.** Description of Participants

Data	Frequency	%
Age		
23 – 30 y.o.	74	52
31 – 45 y.o.	69	48
Number of Children		
1 children	70	49
2 children	59	41
3 children	14	10
Total	143	100

Table 1 illustrates that most participants were aged between 23 – 30 years, comprising 74 individuals (52%). Additionally, a significant proportion of participants, 70 individuals (49%), had one child.

### Research Instruments

The study used the adapted Multidimensional Scale of Perceived Social Support (MSPSS) adapted into Bahasa Indonesia, with a Cronbach's  $\alpha$  of 0.83 (Oktarina et al., 2021). It comprised 16 items across three dimensions: family support, support from significant others (supervisors or colleagues), and support from friends (non-colleagues), rated on a 1-7 scale (strongly disagree – strongly agree). Total scale scores were obtained by summing the scores for each item.

On the other hand, self-compassion was evaluated using the adapted Self-compassion Scale (SCS) in Bahasa Indonesia, with a Cronbach's  $\alpha$  of 0.92 (Sugianto et al., 2020). This 26-item scale encompasses six dimensions: self-kindness, self-judgment, common humanity, isolation, mindfulness, and overidentification, with responses ranging from 1 to 5. Favorable aspects, such as self-kindness, common humanity, and mindfulness, were scored from 1 for "rarely" to 5 for "often." In contrast, unfavorable aspects, including self-judgment, isolation, and overidentification, ranged from 5

(rarely) to 1 (often). The total SCS score was obtained by summing up the scores of each item.

Moreover, the Work-family conflict (WFC) was assessed using a scale adapted from Greenhaus & Beutell (1985) by Hijrianti et al. (2023), demonstrating a Cronbach's of 0.90. This scale comprised 18 items across three dimensions: time-based, strain-based, and behavior-based conflict, each with four response options: Strongly Agree (SA), Agree (A), Disagree (D), and Strongly Disagree (SD), with scoring ranging from 4 to 1, respectively.

### Data Analysis Technique

Multiple linear regression was conducted to analyze the data, with checks for normality, linearity, and multicollinearity. Normality testing for unstandardized residuals revealed a Kolmogorov-Smirnov value of 0.068 (Sig. >0.05), indicating customarily distributed data. Linearity tests showed non-linear relationships for social support and WFC ( $p = 0.566$  and  $0.543$  [ $>0.05$ ], respectively), as well as for self-compassion and WFC ( $p = 0.000$  and  $0.384$  [ $>0.05$ ], respectively). Furthermore, multicollinearity testing on social support and self-compassion revealed a tolerance value of  $0.957$  ( $>0.1$ ) and VIF of  $1.044$  ( $>10$ ), indicating no multicollinearity.

## Result

**Table 2.** Data Category of the Variables

Variable	Freq	%	Mean	SD
Social Support			84.97	12.58
High	11	8		
Moderate	116	81		
Low	16	11		
Self-compassion			106.36	17.11
High	24	17		
Moderate	89	62		
Low	30	21		
Work-family conflict			42.10	7.82
High	19	13		
Moderate	109	76		
Low	15	10		

We summarize categorical data on social support, self-compassion, and work-family conflict among participants. Table 2 indicates that most participants are in the moderate category for social support, self-compassion, and work-family conflict, with 116 (81%), 89 (62%), and 109 (76%) individuals, respectively. This suggests that while participants generally perceive moderate levels of external social support and internal self-compassion, they still experience moderate levels of work-family conflict.

Table 3 displays the multiple regression results, indicating a significant predictive ability of social support and self-compassion on WFC [ $R = 0.361$ ,  $p = .000$  ( $<.05$ )], supporting H1. Regarding the effective contribution of the independent variables to the dependent variable, as shown by the coefficient of determination (R Square) of .130, social support and self-compassion collectively contribute 13% to WFC, with the remaining 87% determined by other unexamined factors. While social support cannot predict WFC ( $p =$

.126), which leads to rejecting H2, self-compassion shows significant predictive ability ( $p = .000$ ) or supporting H3.

## Discussion

The multiple regression analysis revealed that social support and self-compassion collectively predict work-family conflict in nurse mothers, aligning with previous research (Rahmat et al., 2021). Social support aids individuals in navigating stressful situations like conflicting work-home demands, typically manifested through familial, peer, and community assistance, providing tangible aid such as advice, coping strategies, and emotional support (French et al., 2018). Additionally, self-compassion prevents deep suffering in conflict situations, fostering proactive behaviors for maintaining well-being (Neff, 2003). Therefore, sufficient social support and vital self-compassion enable individuals to endure conflict situations more emotionally balanced.

However, social support alone did not predict work-family conflict in nurse mothers, possibly due to the perception that excessive intervention or support renders them less competent in fulfilling their duties (Dayatri & Mustika, 2021) leading to increased guilt and psychological distress. This finding contrasts with research suggesting that social support significantly influences mothers in balancing their personal lives and professional roles (Bilqis & Rozana, 2023). The effectiveness of social support depends on the alignment between the type of support provided and the issue at hand, and it is also highly influenced by timing. Therefore, social support's support in its delivery process depends on the recipient's condition (Astuti & Hartati, 2013).

Furthermore, self-compassion partially predicted work-family conflict in nurse mothers, indicating that higher self-compassion experience leads to lower levels of conflict (Utami, 2021). Individuals experiencing work-family conflict may feel inadequate in fulfilling their family duties, leading to negative emotions such as regret, failure, or self-criticism (Hijrianti et al., 2023). Thus, self-compassion during conflicts promotes positive thinking, rational problem-solving, and self-forgiveness for failures and mistakes in meeting family expectations (Utami, 2021).

Most participants in this study experienced moderate work-family conflict (WFC), indicating that nurse mothers perceive a significant conflict between work and family roles. Role conflict arises from efforts to fulfill multiple roles influenced by various factors (Hasanah, 2017), such as demographic characteristics, time management, role characteristics, and social support (Drummond et al., 2017). Additional factors impacting WFC encompass resilience, locus of control, family situation, relationships with partners and children, role ambiguity, emotional support from partners, work hours, job type, workload, and role ambiguity at work (Schabracq et al., 2003). Demographic variables like gender, age, family status, and number of children also play a significant role. Besides, positive outcomes arise from family support, aiding individuals' coping with WFC (Hasanah, 2017).

Previous research indicates that female nurses experience higher levels of WFC than their male counterparts despite similar work resources and relevant sociodemographic factors (child presence, living with a partner) (Zurlo et al., 2020). Female nurses perceive work demands and time spent working

**Table 3.** Multiple Linear Regression Equation Results

Model	r	R Square	F	Unstandardized coefficients				
				$\beta$	Std Error	$\beta$	T	Sig
Constant	0.361	0.130	10.487	30.887	5.192		5.947	0.00
Social support				-0.077	0.050	-0.124	-1.541	0.13
Self-compassion				0.167	0.037	0.366	4.538	0.00

disrupt their ability to fulfill family responsibilities more than male nurses (Zurlo et al., 2020).

Nevertheless, this study lacks detailed demographic data on subjects, such as the age of children, office situation, work duration, and length of employment in institutions, which may contribute to WFC among nurse mothers. Future researchers should explore these factors more thoroughly to broaden the discussion and consider alternative research methods like the qualitative approach.

## Conclusion and Implications

This study concludes that social support and self-compassion collectively influence work-family conflict (WFC), accounting for 13% of the variance among nurse mothers. Other factors not examined influence the remaining 87%, such as family situation and relationships with partners and children. Individually, social support does not affect WFC, while self-compassion does.

These findings suggest that managing WFC for nurse mothers requires diverse social support. Family support should include empathy, care, and attention. Supervisors should provide positive recognition and encouragement. Colleagues can assist with tasks and shift exchanges, while friends can offer advice and counsel. Additionally, nurse mothers should enhance self-compassion through self-kindness, recognizing that suffering and mistakes are part of the human experience, and maintaining mindfulness. Reducing self-judgment, isolation, and over-identification is also crucial.

## Declaration

### Acknowledgement

This research is a final project successfully defended before the Thesis Examination Board. Therefore, the author extends gratitude to all research participants and everyone who has contributed to completing this research process.

### Author contributions

DTP prepared the research manuscript under the supervision of URH as a requirement for obtaining a Bachelor's degree in Psychology. All authors have reviewed and refined it.


### Conflict of interest

The researcher has no conflicts of interest in the research, the writing of the research results, or the publication of this research.

### Funding

The funds funded this research.

## Orchid ID

Desthia Tasya Mahardika Putri:  0009-0008-3700-8993

Udi Rosida Hijrianti:  0000-0002-4611-6522

## Article history

Submissions: 2023-08-19

Review Process: 2023-11-01

Revised: 2023-12-14

Accepted: 2024-04-16

Published: 2024-08-09

## References

- Arfidianingrum, D. (2013). Hubungan antara adversity intelligence dengan work-family conflict pada ibu yang bekerja sebagai perawat. *Developmental and Clinical Psychology*, 2 (2), 13 - 22. <http://journal.unnes.ac.id/sju/index.php/dcp>
- Astuti, T. P., & Hartati, S. (2013). Dukungan sosial pada mahasiswa yang sedang menyusun skripsi (studi fenomenologis pada mahasiswa Fakultas Psikologi UNDIP). *Jurnal Psikologi Undip*, 12(1), 1–13. <https://ejournal.undip.ac.id/index.php/psikologi/article/view/8339>
- Azwar, S. (2013). *Sikap Manusia: Teori dan Pengukurannya*. Pustaka Belajar.
- Bilqis, N. S., & Rozana, A. (2023). Pengaruh dukungan sosial terhadap work family conflict pada polwan. *Bandung Conference Series: Psychology Science*, 3(1), 83–90. <https://doi.org/10.29313/bcsps.v3i1.5143>
- Boniol, M., McIsaac, M., Xu, L., Wuliji, T., Diallo, K., & Campbell, J. (2019). Gender equity in the health workforce: analysis of 104 countries. *World Health Organization*. <https://iris.who.int/handle/10665/311314>.
- Cerrato, J., & Cifre, E. (2018). Gender inequality in household chores and work-family conflict. *Frontiers in Psychology*, 9 1-11. <https://doi.org/10.3389/fpsyg.2018.01330>
- Dayatri, N. F., & Mustika, M. D. (2021). Peran dukungan sosial terhadap work-family conflict dan employment-related guilt ibu bekerja di indonesia. *Jurnal Psikologi Udayana*, 8(2), 72–84. <https://doi.org/10.24843/JPU.2021.v08.i02.p09>
- Drummond, S., O'Driscoll O'Driscollrough, P., Kalliath, T., Siu, O. L., Timms, C., & Lo, D. (2017). The relationship of social support with well-being outcomes via work-family conflict: Moderating effects of gender, dependants, and nationality. *Human Relations*, 70(5), 544-565. <https://doi.org/10.1177/0018726716662696>
- Feeney, B. C., & Collins, N. L. (2015). A new look at social support: A theoretical perspective on thriving through relationships. *Personality and social psychology review*, 19(2), 113-147. <https://doi.org/10.1177/1088868314544222>

- French, K. A., Dumani, S., Allen, T. D., & Shockley, K. M. (2018). A meta-analysis of work–family conflict and social support. *Psychological Bulletin*, 144(3), 284–314. <https://doi.org/10.1037/bul0000120>
- 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>
- Harnida, H. (2015). Hubungan efikasi diri dan dukungan sosial dengan burnout pada perawat. *Persona: Jurnal Psikologi Indonesia*, 4(1), 31–43. <http://dx.doi.org/10.30996/persona.v4i1.487>
- Hasanah, S. F. (2017). Work family conflict pada single parent. *Jurnal Muara Ilmu Sosial, Humaniora, Dan Seni*, 1(2), 381–398. <https://doi.org/10.24912/jmishumsen.v1i2.972>
- Hidayati, F. N. R. (2015). Hubungan antara self compassion dengan work family conflict pada staf markas palang merah Indonesia provinsi Jawa Tengah. *Jurnal Psikologi Undip*, 14(2), 183–189. <https://doi.org/10.14710/jpu.14.2.183-189>
- Hijrianti, U. R., Fasikhah, S. S., & Fitriati, S. (2023). *Peran kompetensi emosi dan dukungan sekolah terhadap technostress untuk menurunkan work-family conflict ibu guru*. Laporan Blockgrant Penelitian Fakultas Psikologi Universitas Muhammadiyah Malang.
- Ilies, R., Pater, I. E. D., Lim, S., & Binnewies, C. (2012). Attributed causes for work–family conflict: Emotional and behavioral outcomes. *Organizational Psychology Review*, 2(4), 293–310. <https://doi.org/10.1177/2041386612452288>
- Ilies, R., Huth, M., Ryan, A. M., & Dimotakis, N. (2015). Explaining the links between workload, distress, and work–family conflict among school employees: Physical, cognitive, and emotional fatigue. *Journal of educational psychology*, 107(4), 1136–1149. <https://doi.org/10.1037/edu0000029>
- Indriani, D., & Sugiasih, I. (2018). Dukungan sosial dan konflik peran ganda terhadap kesejahteraan psikologis karyawan PT. SC Enterprises Semarang. *Proyeksi: Jurnal Psikologi*, 11(1), 46–54. <https://jurnal.unissula.ac.id/index.php/proyeksi/article/view/2882>
- Karatepe, O. M. (2013). The effects of work overload and work–family conflict on job embeddedness and job performance: The mediation of emotional exhaustion. *International Journal of contemporary Hospitality management*, 25(4), 614–634. <https://doi.org/10.1108/09596111311322952>
- Kelly, E. L.; Moen, P.; Oakes, J. M.; Fan, W.; Okechukwu, C.; Davis, K. D.; Hammer, L. B.; Kossek, E. E.; King, R. B.; Hanson, G. C.; Mierzwa, F.; & Casper, L. M. (2014). Changing work and work–family conflict: Evidence from the work, family, and health network. *American Sociological Review*, 79(3), 485–516. <https://doi.org/10.1177/0003122414531435>
- Kementerian Kesehatan Republik Indonesia. (2022). *Profil kesehatan Indonesia tahun 2021*. Retrieved from <https://www.kemkes.go.id/id/profil-kesehatan-indonesia-2021>
- Lam, B. (2019). Correction to: Social support, well-being, and teacher development. *Springer*. [https://doi.org/10.1007/978-981-13-3577-8\\_8](https://doi.org/10.1007/978-981-13-3577-8_8)
- Molina, J.A. (2021). The work–family conflict: Evidence from the recent decade and lines of future research. *Journal of Family and Economic Issue*, 42, 4–10. <https://doi.org/10.1007/s10834-020-09700-0>
- Mukanzi, C. M., & Senaji, T. A. (2017). Work–family conflict and employee commitment: The moderating effect of perceived managerial support. *SAGE open*, 7(3), <https://doi.org/10.1177/2158244017725794>
- Neff, K. (2003). Self-compassion: An alternative conceptualization of a healthy attitude toward oneself. *Self and Identity*, 2(2), 85–101. <https://doi.org/10.1080/152988603090302>
- Neff, K. D. (2016). Does self-compassion entail reduced self-judgment, isolation, and over-identification? A response to Muris, Otgaar, and Petrocchi. *Mindfulness*, 7(3), 791–797. <https://doi.org/10.1007/s12671-016-0531-y>
- Neff, K. D., & McGehee, P. (2010). Self-compassion and psychological resilience among adolescents and young adults. *Self and Identity*, 9(3), 225–240. <https://doi.org/10.1080/15298860902979307>
- Neff, K. D., Tóth-Király, I., Yarnell, L. M., Arimitsu, K., Castilho, P., Ghorbani, N., Guo, H. X., Hirsch, J. K., Hupfeld, J., & Hutz, C. S. (2019). Examining the factor structure of the Self-Compassion Scale in 20 diverse samples: Support for use of a total score and six subscale scores. *Psychological Assessment*, 31(1), 27–45. <https://doi.org/10.1037/pas0000629>
- Neff, K. D., & Vonk, R. (2009). Self-compassion versus global self-esteem: Two different ways of relating to oneself. *Journal of Personality*, 77(1), 23–50. <https://doi.org/10.1111/j.1467-6494.2008.00537.x>
- Oakley, A. (2018). *Social support and motherhood (reissue): The natural history of a research project*. Policy Press.
- Oktarina, T. D., Cahyadi, S., & Susanto, H. (2021). Adaptasi revised-multidimensional scale of perceived social support pada guru di kota bandung. *Jurnal Kependidikan: Jurnal Hasil Penelitian Dan Kajian Kepustakaan Di Bidang Pendidikan, Pengajaran Dan Pembelajaran*, 7(2), 289–296. <https://doi.org/10.33394/jk.v7i2.3259>
- Rahmat, A., Asri, A., & Wulandari, R. M. (2021). Pengaruh self-compassion dan dukungan sosial terhadap work-family conflict pada wanita di kota makassar. *Jurnal Sosialisasi*, 2(12), 164–169. <https://ojs.unm.ac.id/sosialisasi/article/view/22909>
- Rikantika, R. (2016). *Pengaruh work family conflict dan kepuasan kerja terhadap kinerja karyawan*. Studi Pada Pegawai Wanita Badan Pusat Statistik (Bps) Provinsi Daerah Istimewa Yogyakarta (Doctoral Dissertation, Fakultas Ekonomi Universitas Muhammadiyah Yogyakarta). <http://repository.ums.ac.id/handle/123456789/5545>
- Sarafino, E. P., & Smith, T. W. (2014). *Health psychology: Biopsychosocial interactions*. Seventh Edition. John Wiley & Sons.
- Schabracq, M., Winnubst, J. A. M., & Cooper, C. L. (2003). *The handbook of work and health psychology*. Wiley Online Library.
- Sugianto, D., Suwartono, C., & Sutanto, S. H. (2020). Reliabilitas dan validitas self-compassion scale versi Bahasa Indonesia. *Jurnal Psikologi Ulayat*, 7(2), 177–191. [https://www.researchgate.net/publication/341671196\\_RELIABILITAS\\_DAN\\_VALIDITAS\\_SELF-COMPASSION\\_SCALE\\_VERSI\\_BAHASA\\_INDONESIA](https://www.researchgate.net/publication/341671196_RELIABILITAS_DAN_VALIDITAS_SELF-COMPASSION_SCALE_VERSI_BAHASA_INDONESIA)
- Utami, D. A., Wahyuningsih, S., & Kesumaningsari, N. P. A. (2021). Hubungan self-compassion dan work-family conflict pada ibu pekerja. *CALYPTRA*, 9(2) <https://journal.ubaya.ac.id/index.php/jimus/article/view/5016>
- Utami, K. P., & Wijaya, Y. D. (2018). Hubungan dukungan sosial pasangan dengan konflik pekerjaan-keluarga pada ibu bekerja. *Jurnal Psikologi: Media Ilmiah Psikologi*, 16(1), 1–8. <https://ejournal.esaunggul.ac.id/index.php/psiko/article/view/2351>

- Wilson, C.J., & Hutchison, B. (2019). *The foundations of career theory*. Career development across the lifespan: Counseling for community schools, higher education, and beyond, (Second Edition) 17-43. Information Age Publishing Inc.
- Yu, J., Song, H., Shi, H., & Wang, K. (2020). Association between work–family conflict and overall well-being among Chinese nurse leaders. *Journal of Nursing Management*, 28(7), 1498–1503. <https://doi.org/10.1111/jonm.13084>
- Zimet, G. D., Dahlem, N. W., Zimet, S. G., & Farley, G. K. (1988). The multidimensional scale of perceived social support. *Journal of Personality Assessment*, 52(1), 30–41. [https://doi.org/10.1207/s15327752jpa5201\\_2](https://doi.org/10.1207/s15327752jpa5201_2)
- Zurlo, M. C., Vallone, F., & Smith, A. P. (2020). Work–family conflict and psychophysical health conditions of nurses: Gender differences and moderating variables. *Japan Journal of Nursing Science*, 17(3), e12324. <https://doi.org/10.1111/jjns.12324>