

# The Relationship Between Spousal Support and Nurse Burnout: A Parallel Dual-Mediator Model of Work-Family Conflict and Work-Family Facilitation

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## Article

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# Abstract

**Objective:** To investigate how work–family conflict (WFC) and work–family facilitation (WFF) simultaneously mediate the relationship between spousal support (SS) and burnout in nurses.

**Background:** Nurse burnout poses a significant management challenge, contributing to high turnover rates and diminished quality of care. SS emerges as a crucial potential resource in addressing this issue. However, the mechanisms by which spousal support influences nurse burnout, especially through positive work–family spillover, remain insufficiently examined within nursing populations.

**Methods:** A cross-sectional survey was administered to 343 married clinical nurses across various Chinese provinces. The study utilized validated self-report scales to assess SS, WFC, WFF and burnout. To examine the parallel dual-mediator model, path analysis with bootstrapping was conducted.

**Results:** The model exhibited an excellent fit, as indicated by  $\chi^2/df = 1.281$  and RMSEA = 0.029. SS showed a negative correlation with WFC ( $\beta = -0.225$ ,  $p < .001$ ) and a positive correlation with WFF ( $\beta = 0.279$ ,  $p < .001$ ). Both mediators were significantly linked to burnout. The total indirect effect of SS on burnout was significant (effect =  $-0.643$ , 95% CI  $[-0.835, -0.461]$ ). Importantly, the indirect path via enhanced WFC accounted for 62.36% of the total effect, which was considerably larger than the 37.64% attributed to reduced WFC.

**Conclusion:** SS alleviates nurse burnout primarily by fostering positive work–family spillover, in addition to reducing conflict. This highlights the crucial "resource-gain" function of family support.

**Implications:** Interventions must not only focus on reducing workload but also actively promote SS to enhance personal resource development. Implementing partner-inclusive programs, such as workshops on emotional validation and transferring skills from home to work, is advisable. Policies should cultivate a family-friendly culture that acknowledges and supports positive work-family integration, viewing it as a strategic asset for improving nurse burnout.

## 1. Introduction

Burnout, first identified by American psychologist Herbert Freudenberger in 1974 [1], describes a chronic state of psychological and physical stress due to prolonged work-related pressures, especially in human service professions. According to Maslach et al. [2], burnout comprises three core dimensions: emotional exhaustion, depersonalization, and reduced personal accomplishment. Emotional exhaustion manifests as a loss of motivation or enthusiasm for patient care. Depersonalization often results in symptoms like dizziness, headaches, nausea, and interpersonal tension during nursing tasks. Reduced personal accomplishment is marked by feelings of professional failure, persistent self-doubt, decreased job satisfaction, and diminished work efficiency. A meta-analysis by Sohrabi et al. found a 55% prevalence of burnout among nurses. This condition severely affects nurses' mental and physical health, closely linking it to psychological issues such as anxiety and depression [4]. Additionally, burnout leads to decreased work engagement and increased turnover intention [5]. Consequently, it directly undermines clinical care quality and patient safety, posing a significant threat to the healthcare system's stability and effectiveness, while also presenting substantial challenges to management [6].

Previous research on nurse burnout has largely concentrated on external factors like workload and organizational climate [7-8], often overlooking the family system, especially the role of spousal support as a vital personal resource. Recent evidence, however, underscores the importance of spousal support as a crucial buffer against occupational stress. For instance, O'Sullivan's study on physicians revealed that high levels of spousal support significantly enhance work-life integration satisfaction and reduce burnout risk. Similarly, research involving married residents highlighted that support within intimate relationships serves as a substantial protective factor [10]. These findings strongly suggest that spousal support—through emotional comfort, sharing household responsibilities, and recognizing professional value—plays an essential yet under-explored role in alleviating burnout among nurses.

Guided by work-family border theory, much of the existing research has concentrated on the negative aspects of work-family conflict (WFC), suggesting that the interference between work and family roles leads to resource depletion and ultimately burnout [10]. WFC arises from the clash between work and family demands, particularly in terms of interpersonal strain and time pressure, and is a significant risk factor for burnout [11-12]. Studies indicated that spousal support can mitigate burnout by reducing WFC [5,13]. According to the Conservation of Resources (COR) theory [14], individuals aim to protect their current resources while acquiring new ones, operating within gain spirals (where resources generate more resources) and loss spirals (where resource loss leads to further loss). This highlights the interconnectedness of various resources. Beyond conflict, the work-family interface also includes positive spillover effects, such as work-family facilitation (WFF), where family support resources enhance an individual's work performance, vitality, and efficacy [15]. Research has shown that positive coping strategies can buffer the negative effects of occupational stress on mental health, with spousal

support playing a crucial role in fostering such adaptive coping [9]. Spousal support (SS) encompasses emotional, informational, and practical assistance from a spouse, acting as a key family resource. Its influence likely extends beyond merely reducing conflict to actively creating gains, thereby disrupting loss spirals and initiating gain spirals [16-17]. Thus, focusing solely on the conflict pathway is insufficient to fully understand the role of spousal support. A dual-path perspective that includes both conflict reduction and gain creation is essential for a comprehensive understanding of how family resources impact occupational well-being.

This study aims to develop a dual-mediator model to explore how WFC (the negative pathway) and WFF (the positive pathway) mediate the relationship between SS and burnout among nurses. By hypothesizing that SS indirectly reduces burnout by both minimizing conflict and enhancing facilitation, this research not only validates the proposed mechanism but also enriches the understanding of protective factors. It holds significant theoretical value in elucidating the underlying psychological processes. Additionally, it provides a solid foundation for creating targeted interventions for nurses and their spouses, incorporating both "burden-reduction" and "resource-gain" strategies.

We proposed the hypothesis:

H1: SS is negatively correlated with WFC and burnout, and positively correlated with WFF.

H2: WFC and WFF act as parallel mediators in the link between SS and burnout. Specifically, SS indirectly lowers burnout by reducing WFC (Path 1) and increasing WFF (Path 2).

In summary, this study presents its theoretical framework, illustrated in Figure 1.

## 2. Methods

### 2.1 Design

This research utilizes a cross-sectional study design, strictly adhering to the ethical standards set forth in the Declaration of Helsinki by the World Medical Association for medical research involving human subjects. The study protocol was approved by the Ethics Committee for Clinical Trials of Hunan Cancer Hospital (Approval No. SRSPR-2025-253) and complies with the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) reporting guideline.

### 2.2 Sample/setting

Data collection began in October 2025. Participants were recruited through non-probability sampling, specifically using convenience sampling combined with snowball sampling techniques. Initially, the research team invited 25 nurses to act as seed nodes for distributing the questionnaire via WeChat social networks. The staffing variables considered for this project included: (1) possession of a valid nurse practicing certificate, (2) at least one year of clinical nursing experience, (3) being currently married, and (4) provision of informed consent. Participants were excluded if they: (1) had experienced major negative family events, such as bereavement, within the past three months to minimize acute stress interference on support perception, or (2) were not currently on active duty due to leave, further training, or other reasons. Additional exclusion criteria for ensuring data quality included incomplete survey responses, patterned responses, and excessively short completion times of less than 360 seconds.

### 2.3 Data collection

The screen-based announcement outlined the study's objective, which was to explore the relationship between spousal support, work-family balance, and burnout, while emphasizing the voluntary nature of participation. Upon signing the informed consent, participants moved on to the questionnaire phase. To maintain data quality and security, the survey was conducted using Wenjuanxing ([www.wjx.cn](http://www.wjx.cn)), a popular and certified online survey platform in China that adheres to national data security and privacy standards. The platform was equipped with specific technical and procedural controls to protect the anonymity of participants, maintain data integrity, and comply with the ethical standards of online survey research:

**Duplicate Submission Prevention:** A "one response per IP address" restriction was enabled to prevent duplicate entries from the same device or network.

**Response Quality Control:** The platform was designed to reject submissions completed in less than 360 seconds, as identified through pilot testing, to minimize random or inattentive responses.

Data Encryption: All data transmissions between the respondent's device and the platform servers were secured with SSL/TLS encryption.

Anonymous Data Collection: The survey was designed to ensure anonymity by not gathering personally identifiable information like names, precise addresses, or IP addresses, except for duplication verification. Additionally, no tracking cookies or third-party analytics were incorporated.

Access Control: The data collected were stored on password-protected servers managed by Wenjuanxing, with access restricted to the research team through a secure login. For analysis, the data were downloaded in an aggregated and anonymized format.

Compliance with Data Regulations: The platform adheres to China's Personal Information Protection Law (PIPL) and Cyber Security Law, guaranteeing lawful and ethical data management.

## 2.4 Sample size

In our correlation analysis of cross-sectional studies, we determined that the sample size should be 10-20 times the number of variables. With 22 independent variables in our study, we initially calculated the sample size. To account for potential missing data, we increased this number by 20%, establishing a minimum requirement of 275 participants.

## 2.5 Study Measures

### 2.5.1 Burnout

In this study, we utilized the Maslach Burnout Inventory (MBI), initially developed and continually refined by Maslach et al. [18], to evaluate burnout. The Chinese version, translated and validated by Feng et al. [19], is the leading tool for assessing occupational burnout in China. It consists of 22 items divided into three subscales, each rated on a 7-point Likert scale ranging from 0 ("never") to 6 ("every day"). The emotional exhaustion subscale includes 9 items, with scores of 26 or higher indicating high levels. The depersonalization subscale contains 5 items, with scores of 9 or higher considered high. The personal accomplishment subscale has 8 items and is reverse-scored, with scores of 14 or higher indicating high levels. For all subscales, higher scores reflect more severe burnout. Burnout levels are classified as follows: depersonalization  $\geq 10$  points, emotional exhaustion  $\geq 27$  points, and reduced personal accomplishment  $\geq 15$  points. Meeting the score criterion in any single dimension indicates mild burnout; meeting criteria in two dimensions indicates moderate burnout; and meeting criteria in all three dimensions indicates severe burnout. The original Chinese version had a Cronbach's  $\alpha$  of 0.737. In our study, the overall scale demonstrated excellent internal consistency, with a Cronbach's  $\alpha$  of 0.777.

### 2.5.2 SS

The Work-Family Support Scale, created by Li Yongxin and Zhao Na [20], assesses family support among clinical nurses through 30 items divided into four dimensions: organizational, leadership, emotional, and instrumental support. Each item is evaluated on a 5-point Likert scale, from 1 ("strongly disagree") to 5 ("strongly agree"), resulting in a total score between 30 and 150. Higher scores reflect greater perceived family support, and the scale has a Cronbach's  $\alpha$  of 0.972, indicating high reliability. For this study, only the emotional and instrumental support subscales relevant to the family domain were analyzed. The scale demonstrated excellent internal consistency in this context, with a Cronbach's  $\alpha$  of 0.726.

### 2.5.3 WFC and WFF

Work-family balance was evaluated using a scale derived from the model by Grzywacz & Marks (2000) [21], with distinct scores for the work-to-family conflict (WFC) and work-to-family facilitation (WFF) dimensions. The scale comprises four subscales: work-to-family conflict (items 1-4), work-to-family facilitation (items 12-14), family-to-work conflict (items 8-11), and family-to-work facilitation (items 5-7). Respondents rate items on a 5-point Likert scale ranging from 1 ("strongly disagree") to 5 ("strongly agree"). The Chinese version of this scale demonstrates Cronbach's  $\alpha$  coefficients of 0.870, 0.854, 0.878, and 0.878 for each dimension, respectively [22]. In this study, the overall Cronbach's  $\alpha$  coefficient was 0.932.

## 2.6 Statistical Analysis

Data analysis utilized SPSS 25.0, employing a complete-case approach. All tests were two-sided, maintaining a significance threshold of  $P < .05$ . To rigorously evaluate our parallel dual-mediation hypothesis, the analytical procedure was executed in the following sequential steps:

### 2.6.1 Preliminary Analysis:

Continuous variables underwent normality assessment. Skewed variables, such as burnout scores, were reported as Median (Interquartile Range, IQR). Demographic data were summarized using frequencies and percentages. The Mann-Whitney U and Kruskal-Wallis H tests were employed to identify demographic and occupational variables, like gender, income satisfaction, and night shifts, that showed significant associations with burnout ( $P < .10$ ). These variables were included as control variables in subsequent models to minimize confounding effects.

#### 2.6.2 Correlational Analysis:

To establish a foundation for the mediated model, Spearman's correlations were calculated to explore the initial relationships among SS, WFC, WFF, and burnout.

#### 2.6.3 Testing the Parallel Dual-Mediation Model:

To rigorously test our hypothesis that WFC (the negative path) and WFF (the positive path) simultaneously mediate the relationship between SS and burnout, we adopted a robust, model-based approach. We utilized AMOS 24.0 with Maximum Likelihood Estimation to fit the model and employed the PROCESS macro for SPSS (Version 25.0, Model 4) for parallel mediation analysis, as recommended by Preacher and Hayes [66]. The Bootstrap method was used to test the hypothesized parallel multiple mediators, enhancing the analysis's robustness. We set the number of Bootstrap samples to 5,000 and the confidence interval (CI) to 95%, using the bias-corrected nonparametric percentile method for sampling. The independent variable (SS), mediators (WFC and WFF), outcome variable (Burnout), and control variables were entered into the PROCESS macro simultaneously. This approach allowed us to derive all necessary results, including path coefficients and indirect effects. We determined the significance of the mediation pathways by examining the bootstrap confidence intervals for the indirect effects. The total indirect effect, which is the sum of both specific indirect effects, indicates the overall mediation strength.

### 3. Results

Given that job burnout, perceived support, WFC, and WFF were all derived from employee self-reports, there is a risk of common method bias, which could lead to covariation among these variables and inflate their correlations. To address this issue, the study adhered to the procedures outlined by Liu Xiaoyu et al., employing both procedural and statistical measures to mitigate potential common method variance. Initially, participants were assured of the anonymity and confidentiality of their responses to reduce evaluation anxiety and social desirability bias. Additionally, psychological separation was achieved by organizing key research variables into different sections of the questionnaire, thereby minimizing participants' awareness of any direct links between them. To further assess potential common method bias, Harman's single-factor test was conducted to determine if a single method factor could account for a significant portion of the variance [24]. The test results indicated that the first unrotated factor explained only 13.16% of the variance, well below the 40% threshold recommended by Podsakoff et al. [24]. This finding suggests that no single method factor significantly accounted for the majority of the variance, thus reducing concerns about common method bias.

A total of 358 questionnaires were collected from four provinces. After removing invalid responses, 343 valid questionnaires remained, resulting in an effective response rate of 95.81%. The median total burnout score was 47.00 (IQR: 32.00, 59.00). Analysis of the dimensions showed that the emotional exhaustion subscale had a median score of 18.00 (IQR: 18.61, 20.5), with 64 individuals (18.7%) experiencing severe levels. The depersonalization subscale had a median score of 5.00 (IQR: 5.24, 6.22), with 78 individuals (22.7%) showing severe levels. The reduced personal accomplishment subscale had a median score of 21 (IQR: 18.57, 20.59), with 240 individuals (70%) experiencing severe levels. The study found that 250 individuals (72.9%) were experiencing occupational burnout, including 148 (43.1%) with mild burnout, 71 (20.7%) with moderate burnout, and 31 (9.0%) with severe burnout.

Table 1 provides a summary of the demographic and occupational characteristics of the 343 participants. The majority were female (328 [95.63%]). Most nurses were aged 30 to 39 years (212 [61.8%]), held a bachelor's degree (287 [83.67%]), and occupied the position of Supervising Nurse (222 [64.72%]). Geographically, 178 (51.90%) worked in provincial capital cities, while 130 (37.90%) had over 15 years of work experience. Regarding work conditions, 167 (48.69%) worked 36-40 hours per week, 123 (35.86%) reported about four-night shifts per month, and 182 (53.06%) expressed neutral income satisfaction. In terms of family and career tenure, 152 (44.31%) had been married for over 15 years, 274 (79.88%) lived with their spouse, and 291 (84.84%) had minor children. Additionally, a majority (204 [59.48%]) reported having a chronic disease, and 198 (57.73%) identified as the primary caregiver for their children. Statistical analyses indicated significant differences in burnout scores across groups defined by age, education level, professional title, employment type, number of night shifts, income satisfaction, chronic disease presence, marriage duration, and primary childcare responsibility (all  $P < .05$ ).

Table 1 Work and Life Experiences of Survey Respondents

| Variables                 | n (%)       | burnout, M (Q <sub>1</sub> , Q <sub>3</sub> ) | Statistic        | P               |
|---------------------------|-------------|-----------------------------------------------|------------------|-----------------|
| Total                     | 343 (100)   | 47.00 (32.00, 59.00)                          |                  |                 |
| Age                       |             |                                               | $\chi^2=15.80\#$ | <b>&lt;.001</b> |
| <30                       | 41 (11.95)  | 52.00 (40.00, 62.00)                          |                  |                 |
| 30-39                     | 212 (61.81) | 48.50 (34.75, 59.25)                          |                  |                 |
| ≥40                       | 90 (26.24)  | 39.00 (23.25, 54.00)                          |                  |                 |
| Gender                    |             |                                               | Z=-0.75          | 0.451           |
| Male                      | 15 (4.37)   | 49.00 (37.00, 60.00)                          |                  |                 |
| Female                    | 328 (95.63) | 47.00 (31.00, 59.00)                          |                  |                 |
| Residence                 |             |                                               | $\chi^2=5.91\#$  | 0.052           |
| Town                      | 44 (12.83)  | 41.00 (26.00, 58.25)                          |                  |                 |
| City                      | 121 (35.28) | 51.00 (37.00, 60.00)                          |                  |                 |
| Provincial capital        | 178 (51.90) | 46.00 (30.25, 57.00)                          |                  |                 |
| Education                 |             |                                               | $\chi^2=8.27\#$  | <b>0.016</b>    |
| Associate degree or below | 26 (7.58)   | 44.00 (37.00, 57.75)                          |                  |                 |
| Bachelor's degree         | 287 (83.67) | 48.00 (33.00, 59.00)                          |                  |                 |
| Master's degree or above  | 30 (8.75)   | 36.00 (26.25, 49.75)                          |                  |                 |
| Professional title        |             |                                               | $\chi^2=9.69\#$  | <b>0.021</b>    |
| Beginner                  | 20 (5.83)   | 51.50 (38.50, 60.00)                          |                  |                 |
| Junior                    | 51 (14.87)  | 49.00 (37.00, 59.50)                          |                  |                 |
| Senior                    | 222 (64.72) | 47.00 (31.00, 59.00)                          |                  |                 |
| Deputy Director or above  | 50 (14.58)  | 39.00 (22.00, 52.75)                          |                  |                 |
| Hospital level            |             |                                               | $\chi^2=2.80\#$  | 0.247           |
| Level 2 or below          | 61 (17.78)  | 41.00 (27.00, 58.00)                          |                  |                 |
| Level 3, Grade B          | 36 (10.50)  | 46.00 (31.50, 60.25)                          |                  |                 |

| Variables                         | n (%)       | burnout, M (Q <sub>1</sub> , Q <sub>3</sub> ) | Statistic        | P               |
|-----------------------------------|-------------|-----------------------------------------------|------------------|-----------------|
| Level 3, Grade A                  | 246 (71.72) | 48.00 (34.25, 59.00)                          |                  |                 |
| Weekly working hours(h)           |             |                                               | $\chi^2=3.35\#$  | 0.341           |
| ≤35                               | 51 (14.87)  | 48.00 (26.50, 58.50)                          |                  |                 |
| 36-40                             | 167 (48.69) | 46.00 (33.50, 57.00)                          |                  |                 |
| 41-45                             | 81 (23.62)  | 48.00 (31.00, 59.00)                          |                  |                 |
| ≥46                               | 44 (12.83)  | 49.00 (37.00, 63.50)                          |                  |                 |
| Employment                        |             |                                               | $\chi^2=9.93\#$  | <b>0.019</b>    |
| Formal                            | 167 (48.69) | 44.00 (27.50, 57.00)                          |                  |                 |
| Temporary                         | 93 (27.11)  | 51.00 (38.00, 63.00)                          |                  |                 |
| Labor dispatch                    | 57 (16.62)  | 41.00 (33.00, 55.00)                          |                  |                 |
| Others                            | 26 (7.58)   | 52.00 (37.25, 61.00)                          |                  |                 |
| Income (RMB/Month)                |             |                                               | $\chi^2=5.85\#$  | 0.119           |
| ≤5000                             | 56 (16.33)  | 51.00 (36.75, 61.00)                          |                  |                 |
| 5000-10000                        | 224 (65.31) | 47.00 (32.00, 59.00)                          |                  |                 |
| 10000-20000                       | 60 (17.49)  | 43.50 (28.75, 56.00)                          |                  |                 |
| >20000                            | 3 (0.87)    | 27.00 (24.00, 38.50)                          |                  |                 |
| The number of night shifts/ Month |             |                                               | $\chi^2=18.77\#$ | <b>&lt;.001</b> |
| 0                                 | 87 (25.36)  | 39.00 (24.50, 54.00)                          |                  |                 |
| 1-4                               | 123 (35.86) | 44.00 (30.50, 57.00)                          |                  |                 |
| 5-8                               | 97 (28.28)  | 53.00 (36.00, 62.00)                          |                  |                 |
| ≥9                                | 36 (10.50)  | 52.50 (39.75, 62.25)                          |                  |                 |
| Income satisfaction               |             |                                               | $\chi^2=52.42\#$ | <b>&lt;.001</b> |
| Very dissatisfied                 | 15 (4.37)   | 61.00 (52.00, 66.50)                          |                  |                 |
| Dissatisfied                      | 46 (13.41)  | 59.00 (47.00, 64.75)                          |                  |                 |

| Variables                       | n (%)       | burnout, M (Q <sub>1</sub> , Q <sub>3</sub> ) | Statistic        | P               |
|---------------------------------|-------------|-----------------------------------------------|------------------|-----------------|
| General                         | 182 (53.06) | 48.00 (35.00, 58.75)                          |                  |                 |
| Satisfied                       | 88 (25.66)  | 38.00 (26.00, 52.50)                          |                  |                 |
| Very satisfied                  | 12 (3.50)   | 18.00 (10.75, 39.00)                          |                  |                 |
| Do you have a chronic disease?  |             |                                               | Z=-3.54          | <b>&lt;.001</b> |
| No                              | 139 (40.52) | 53.00 (36.50, 62.00)                          |                  |                 |
| Yes                             | 204 (59.48) | 42.00 (28.00, 57.00)                          |                  |                 |
| Marriage Duration (Year)        |             |                                               | $\chi^2=15.52\#$ | <b>0.001</b>    |
| <1                              | 17 (4.96)   | 58.00 (47.00, 68.00)                          |                  |                 |
| 1-5                             | 73 (21.28)  | 54.00 (38.00, 61.00)                          |                  |                 |
| 6-10                            | 101 (29.45) | 43.00 (31.00, 58.00)                          |                  |                 |
| >10                             | 152 (44.31) | 42.00 (26.00, 56.00)                          |                  |                 |
| Living situation with spouse    |             |                                               | $\chi^2=3.01\#$  | 0.222           |
| Living together                 | 274 (79.88) | 46.50 (31.00, 58.00)                          |                  |                 |
| Separation                      | 57 (16.62)  | 51.00 (37.00, 61.00)                          |                  |                 |
| Others                          | 12 (3.50)   | 54.00 (35.75, 62.25)                          |                  |                 |
| Do you have any minor children? |             |                                               | Z=-1.02          | 0.310           |
| Yes                             | 291 (84.84) | 47.00 (29.50, 59.00)                          |                  |                 |
| No                              | 52 (15.16)  | 48.00 (38.75, 59.00)                          |                  |                 |
| Primary caregiver               |             |                                               | $\chi^2=11.59\#$ | <b>0.021</b>    |
| Myself                          | 198 (57.73) | 47.50 (29.25, 58.00)                          |                  |                 |
| Spouse                          | 53 (15.45)  | 39.00 (26.00, 55.00)                          |                  |                 |
| Grandparents                    | 36 (10.50)  | 52.50 (35.50, 62.25)                          |                  |                 |
| Nannies and others              | 5 (1.45)    | 60 (58.75, 71.00)                             |                  |                 |
| years of work experience(years) |             |                                               | $\chi^2=4.93\#$  | 0.177           |

| Variables                             | n (%)       | burnout, M (Q <sub>1</sub> , Q <sub>3</sub> ) | Statistic       | P     |
|---------------------------------------|-------------|-----------------------------------------------|-----------------|-------|
| <5                                    | 19 (5.54)   | 52.00 (39.50, 62.50)                          |                 |       |
| 6-10                                  | 61 (17.78)  | 48.00 (33.00, 59.00)                          |                 |       |
| 11-15                                 | 132 (38.48) | 47.50 (33.00, 59.00)                          |                 |       |
| >15                                   | 130 (37.90) | 43.50 (27.00, 57.00)                          |                 |       |
| Department                            |             |                                               | $\chi^2=5.07\#$ | 0.167 |
| Emergency Room / ICU / Operating Room | 40 (11.66)  | 47.50 (37.00, 62.25)                          |                 |       |
| Internal/General Surgery              | 190 (55.39) | 49.00 (34.00, 59.00)                          |                 |       |
| Oncology                              | 50 (14.58)  | 47.50 (31.50, 59.00)                          |                 |       |
| Others                                | 63 (18.37)  | 40.00 (24.50, 56.50)                          |                 |       |

M: Median, Q<sub>1</sub>: 1st Quartile, Q<sub>3</sub>: 3rd Quartile, Z: Mann-Whitney test, #: Kruskal-Wallis test

Table 2 displays the results of the two-tailed Spearman's correlation analyses among the burnout subscales (emotional exhaustion, depersonalization, and reduced personal accomplishment), the SS subscales (perceived emotional support and perceived instrumental support), WFC, and WFF. All correlations were statistically significant ( $p < 0.001$ ), with coefficients ranging from  $-0.517$  to  $0.821$ . Notably, SS showed a negative correlation with each burnout subscale and with WFC, while it was positively correlated with WFF ( $p < 0.001$ ).

Table 2. Correlations among the continuous variables

|                            | Burnout | Emotional exhaustion | Dehumanization | Low achievement | Perceive emotional support | Perception tool support | SS      | WFC     | WFF   |
|----------------------------|---------|----------------------|----------------|-----------------|----------------------------|-------------------------|---------|---------|-------|
| Burnout                    | 1.000   |                      |                |                 |                            |                         |         |         |       |
| Emotional exhaustion       | .821**  | 1.000                |                |                 |                            |                         |         |         |       |
| Dehumanization             | .783**  | .658**               | 1.000          |                 |                            |                         |         |         |       |
| Low achievement            | .751**  | .330**               | .436**         | 1.000           |                            |                         |         |         |       |
| Perceive emotional support | -.384** | -.282**              | -.259**        | -.352**         | 1.000                      |                         |         |         |       |
| Perception tool support    | -.420** | -.297**              | -.291**        | -.405**         | .796**                     | 1.000                   |         |         |       |
| SS                         | -.407** | -.295**              | -.276**        | -.383**         | .968**                     | .913**                  | 1.000   |         |       |
| WFC                        | .545**  | .549**               | .439**         | .352**          | -.312**                    | -.362**                 | -.336** | 1.000   |       |
| WFF                        | -.517** | -.377**              | -.310**        | -.500**         | .578**                     | .554**                  | .593**  | -.312** | 1.000 |

Note: All correlations in this matrix are statistically significant at a p-value of less than 0.01 (\*\*). Abbreviations: SS represents perceived spousal support; WFC stands for work-family conflict; WFF denotes work-family facilitation.

The hypothesized parallel dual-mediator model was examined using path analysis, with adjustments for key demographic and occupational variables such as age, education, professional title, employment type, number of night shifts, income satisfaction, chronic disease status, marriage duration, and primary childcare responsibility. The findings are illustrated in Fig. 2. Table 3 reveals that SS significantly influenced both mediators. Specifically, SS had a notable negative impact on WFC ( $B = -0.225$ ,  $SE = 0.038$ ,  $p < .001$ ) and a significant positive impact on WFF ( $B = 0.279$ ,  $SE = 0.022$ ,  $p < .001$ ). Subsequently, both WFC and WFF showed strong associations with burnout. WFC was positively linked to burnout ( $B = 1.078$ ,  $SE = 0.151$ ,  $p < .001$ ), while WFF was negatively linked to burnout ( $B = -1.439$ ,  $SE = 0.264$ ,  $p < .001$ ). After considering the mediators, the direct path from SS to burnout was no longer statistically significant ( $B = -0.164$ ,  $SE = 0.129$ ,  $p = .202$ ).

The mediation analysis, as detailed in Table 4, confirmed the significance of the indirect pathways. Guided by work-family interface theory and modification index suggestions, we allowed the residuals of Work-Family Conflict (WFC) and Work-Family Facilitation (WFF) to correlate. This adjustment resulted in a revised model with a good fit, evidenced by the following indices:  $\chi^2/df = 1.281$  ( $<3$ ), CFI = 0.924, RMSEA = 0.029 ( $<0.05$ ), TLI = 0.996, IFI = 0.999, GFI = 0.998, and AGFI = 0.981. Collectively, these indices confirmed the model's satisfactory fit. The total indirect effect of social support (SS) on burnout, mediated through both WFC and WFF, was significant, with an effect size of -0.643 and a 95% confidence interval of [-0.835, -0.461]. Specifically, the path through WFC showed a significant specific indirect effect of -0.242, accounting for 37.64% of the total effect, with a 95% confidence interval of [-0.358, -0.143]. Similarly, the path through WFF had a significant specific indirect effect of -0.401, representing 62.36% of the total effect, with a 95% confidence interval of [-0.559, -0.257]. Both paths were statistically significant, as their bias-corrected 95% confidence intervals did not include zero.

Table 3 Results of Path Coefficients

| Path           | $\beta$ | SE    | P     | $\beta$ (95%CI) |
|----------------|---------|-------|-------|-----------------|
| SS--> WFC      | -0.225  | 0.038 | <.001 | -0.30 ~ -0.151  |
| SS--> WFF      | 0.279   | 0.022 | <.001 | 0.236 ~ 0.321   |
| SS--> Burnout  | -0.164  | 0.129 | 0.202 | -0.417, 0.089   |
| WFC--> Burnout | 1.078   | 0.151 | <.001 | 0.781, 1.375    |
| WFF--> Burnout | -1.439  | 0.264 |       | -1.959, -0.919  |

Adjust the following variables: age, education level, professional title, employment status, number of night shifts, income satisfaction, presence of chronic disease, marriage duration, and primary caregiver status.

Abbreviations: SS, perceived spousal support; WFC, work-family conflict; WFF, work-family facilitation.

Table 4 Results of Indirect Effect Analysis

| Effect | Estimate | SE    | Confidence interval |
|--------|----------|-------|---------------------|
| WFC    | -0.243   | 0.055 | [-0.358, -0.143]    |
| WFF    | -0.401   | 0.077 | [-0.559, -0.257]    |
| Total  | -0.643   | 0.095 | [-0.835, -0.461]    |

Adjust the following variables: age, education, professional title, employment status, number of night shifts, income satisfaction, presence of chronic disease, marriage duration, and primary caregiver role.

Abbreviations: SS, perceived spousal support; WFC, work-family conflict; WFF, work-family facilitation.

## 4. Discussion

### 4.1. Key findings and interpretation

To our knowledge, this is the first study to explore how WFC and WFF simultaneously mediate the relationship between SS and burnout in nurses. Our findings expand the COR theory into the family domain. We not only support the theory's tenet of preventing resource loss—by disrupting the loss spiral through reduced WFC—but, more importantly, highlight the primacy of initiating a gain spiral. It provides robust empirical evidence for a deeper understanding of how family resources influence occupational burnout.

Our study aligns with previous research [25, 26], revealing that burnout affects 72.9% of nurses, underscoring the high-risk nature of healthcare professions due to their emotional and stressful demands. Among burnout's three dimensions, reduced personal accomplishment was most prevalent, impacting 70% of participants. This finding echoes Getie A, et al.'s assertion that diminished personal accomplishment is a common feature of nurse burnout [27]. In China, this may be influenced by the perception of nursing as an auxiliary role, career stagnation, and high-pressure dynamics in clinician relationships [28]. Demographic analysis showed that nurses with higher professional titles, advanced education, and longer tenure experienced lower burnout levels [29, 30]. This observation supports COR theory, which links these factors to greater job autonomy, better resource access, and enhanced coping capacity [31]. Conversely, frequent night shifts and income dissatisfaction correlated with increased burnout, reflecting chronic resource depletion, consistent with previous findings [32]. A particularly noteworthy insight was that nurses whose spouses were the primary childcare providers reported significantly lower burnout levels. O'Sullivan's study also found a link between weekly hours spent on household/childcare duties and burnout [9], highlighting the role of instrumental support. These findings emphasize the need to consider such variables in future analyses to reduce confounding.

Correlational analyses revealed that SS is significantly negatively correlated with WFC and burnout [34], while showing a significant positive correlation with WFF [35], thereby supporting Hypothesis H1. This indicates that SS functions both as a "burden-reducer" and a "resource-enabler." A closer look at the dimensions showed that emotional exhaustion had the strongest correlation with WFC ( $r = 0.549$ ). This suggests that the depletion of resources from intense emotional labor directly leads to negative work-to-family spillover, hindering family role fulfillment and increasing conflict [36]. In contrast, reduced personal accomplishment had the strongest negative correlation with WFF ( $r = -0.500$ ), implying that the family domain can serve as a compensatory system. Positive experiences and recognition at home can effectively counterbalance feelings of low self-worth resulting from perceived professional marginalization [10]. Further analysis of support dimensions indicated that instrumental support had a slightly stronger negative correlation with WFC ( $r = -0.362$ ) compared to emotional support ( $r = -0.312$ ). Conversely, emotional support showed a slightly stronger positive correlation with WFF ( $r = 0.578$ ) than instrumental support ( $r = 0.554$ ). This subtle difference suggests distinct mechanisms: instrumental support may act as "defensive" aid by alleviating objective resource scarcity, such as time and labor, which triggers conflict. Meanwhile, emotional support, through listening and validation, may serve as "enabling" aid by fostering positive psychological resources and enhancing self-worth. These correlational patterns provide a solid foundation for testing the hypothesized parallel dual-mediator model involving WFC and WFF.

Path and mediation analyses robustly supported Hypothesis H2, elucidating how spousal support alleviates nurse burnout. Both WFC and WFF acted as mediators in the relationship between spousal support (SS) and burnout [9, 37], with both pathways demonstrating full mediation. This finding has significant theoretical implications: it indicates that spousal support enhances nurse mental health not directly but by altering experiences and resource flows between work and family domains, thus identifying key process indicators for evaluating intervention effectiveness. A particularly insightful finding is the contrast between the two mediating paths. The indirect path via enhanced WFF accounted for a significantly larger portion of the total indirect effect (62.36%) compared to the path via reduced WFC (37.64%). This suggests that for Chinese clinical nurses, the "resource-enabling" function of spousal support is more crucial in combating burnout than its "conflict-buffering" function. This can be explained by the unique characteristics of nursing: 1) Compensation for Emotional Labor: Nursing demands high-intensity emotional labor, leading to exhaustion. Positive emotional experiences at home can quickly replenish emotional energy, providing a more targeted response to exhaustion than merely reducing family burdens [38]. 2) Substitutive Fulfillment of Professional Value: Emotional support from spouses helps nurses reaffirm the value of skills like empathy and patience, cultivated at work, within the family context, effectively compensating for deficits in professional self-worth [9]. Allowing the residuals of WFC and WFF to correlate acknowledges the theoretical non-independence of these pathways at the work-family interface. It suggests the presence of unmeasured common factors, such as individual emotion regulation traits, workplace team culture, or actual spousal supportive behaviors, which simultaneously influence nurses' perceptions of both conflict and facilitation. This approach enables the model to more accurately capture the complexity of work-family interactions.

#### 4.2. Implications for nursing management

Healthcare workers often face frequent WFC, inadequate emotional support, and a lack of effective strategies to manage emotional exhaustion. It indicates that interventions at either the individual or organizational level alone may not sufficiently address burnout [10, 28]. To tackle this issue, we propose several strategies for nursing management: Firstly, including spouses in support programs is

essential. Institutions should organize regular workshops, both online and offline, for the spouses of nurses. These workshops should go beyond discussing the division of household chores and focus on training spouses to provide high-quality emotional validation and feedback. This approach directly strengthens the WFF gain pathway. Secondly, advocating for empowerment-focused interventions is crucial. Programs like "Skill Transfer and Value Discovery" can enhance resource conversion capabilities for nurses and their families. Additionally, promoting "Family Appreciation Rituals" can help consistently translate implicit support into explicit WFF experiences. Thirdly, tiered management for high-risk groups is necessary. Nurses who undertake heavy night shifts, low-income satisfaction or major parenting responsibilities need practical intervention measures. Flexible scheduling, on-site childcare support, and financial wellness programs can significantly reduce the strain that depletes resources [17]. Furthermore, "Spouse-Involved Career Coaching" for novice and junior nurses can prevent negative spirals. Tailored support is also recommended: for nurses primarily experiencing emotional exhaustion, reducing WFC through increased instrumental spousal support is key; for those with low personal accomplishment, creating WFF through enhanced emotional spousal support is more effective.

#### 4.3 Limitations and Future Research

This study has several limitations. Firstly, its cross-sectional design limits the ability to draw definitive causal inferences. To address this, future research should utilize longitudinal or diary-based approaches to verify the temporal precedence and dynamic interactions suggested in our model. Secondly, despite controlling for numerous covariates and testing for common method bias, the study's reliance on self-reported data from a single source remains a limitation. Future research would benefit from incorporating multi-source data, such as partner-reported support and objective institutional indicators of burnout, like turnover rates. Lastly, the sample was predominantly female and drawn from a specific cultural context, which may impact the generalizability of the findings to male nurses or cultures with different family dynamics and gender roles.

## 5. Conclusion

In conclusion, this study demonstrates that spousal support serves as a protective factor against job burnout among nurses through a dual-channel mechanism. It not only alleviates the resource-draining effects of WFC but also enhances the resource-generating advantages associated with WFF. The pronounced impact of the promotion pathway underscores a shift from merely alleviating burdens to actively fostering benefits. Effectively addressing job burnout among nursing staff necessitates a comprehensive strategy that includes bolstering spousal support, minimizing work-family conflicts, and encouraging work-family promotion. By implementing these strategies, human resource management can cultivate a supportive and balanced work environment that ultimately benefits both employees and the healthcare system.

## Declarations

**Funding:** No.

**Data availability:** The datasets used and analyzed during the current study available from the corresponding author on reasonable request.

**Competing interest:** The authors have no relevant financial or non-financial interests to disclose.

**Author contribution:** Yan Tan and Juan Li contributed to the conception and design of the study. Zhen Liang, YuLian Yuan, Qiaofeng Zhang and Xiaoyu Huang collected the data. Ling Li and Sha Lin entered and checked the data. Yulian Yuan and Juan Li analyzed and interpreted the data. Juan Li was the major contributor in writing the manuscript. Yulian Yuan and Yan Tan critically revised the manuscript for intellectual content. All authors read and approved the final manuscript.

**Ethics approval:** This study was performed in line with the principles of the Declaration of Helsinki. Approval was granted by the Ethics Committee of Hunan Cancer Hospital (Approval No. SRSPR-2025-253)

**Consent to participate:** Informed consent was obtained from all individual participants included in the study.

**Consent for publication:** Not Applicable.

**Clinical trial number:** not applicable.

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Figures

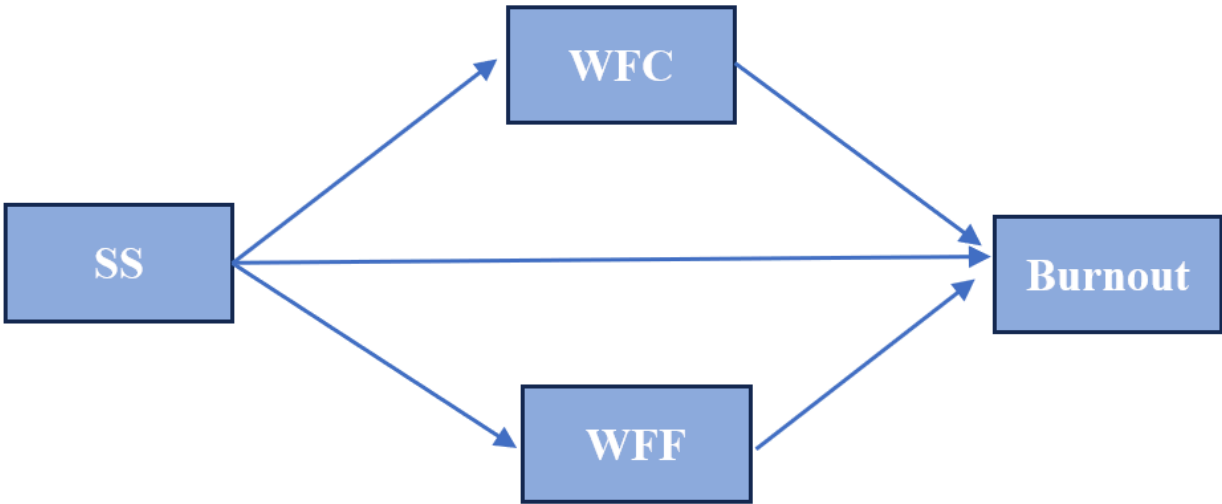


Figure 1

The theoretical framework of this study

Abbreviations: SS, spousal support; WFC, work-family conflict; WFF, work-family facilitation.

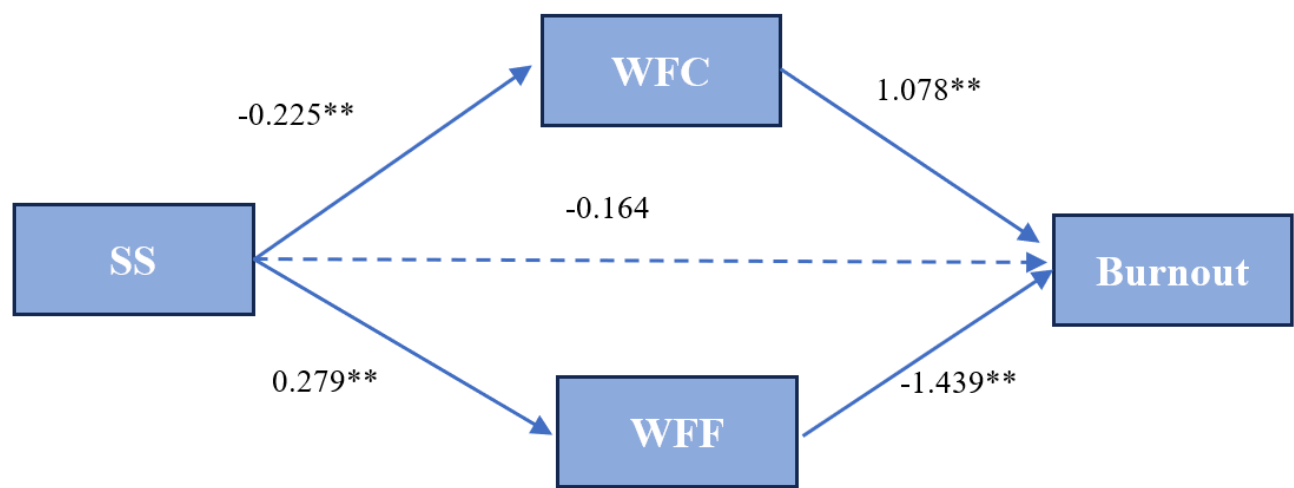


Figure 2

Path Analysis Results

Abbreviations: SS, perceived spousal support; WFC, work-family conflict; WFF, work-family facilitation.

Note\*\* p<0. 010 \*p<0. 050.