



Resilience and Work-life Balance in First-line Nurse Manager



Miyoung Kim, RN, PhD,^{1,*} Carol Windsor, RN, PhD²

¹ Division of Nursing Science, College of Health Sciences, Ewha Womans University, South Korea

² School of Nursing, Queensland University of Technology, Brisbane, Australia

ARTICLE INFO

Article history:

Received 28 November 2013

Received in revised form

22 August 2014

Accepted 28 September 2014

Keywords:

interview
nurse managers
qualitative research
psychological resilience

SUMMARY

Purpose: The aim of this study was to explore how first-line nurse managers constructed the meaning of resilience and its relationship to work-life balance for nurses in Korea.

Methods: Participants were 20 first-line nurse managers working in six university hospitals. Data were collected through in-depth interviews from December 2011 to August 2012, and analyzed using Strauss and Corbin's grounded theory method.

Results: Analysis revealed that participants perceived work-life balance and resilience to be shaped by dynamic, reflective processes. The features consisting resilience included "positive thinking", "flexibility", "assuming responsibility", and "separating work and life". This perception of resilience has the potential to facilitate a shift in focus from negative to positive experiences, from rigidity to flexibility, from task-centered to person-centered thinking, and from the organization to life.

Conclusions: Recognizing the importance of work-life balance in producing and sustaining resilience in first-line nurse managers could increase retention in the Korean nursing workforce.

Copyright © 2015, Korean Society of Nursing Science. Published by Elsevier. All rights reserved.

Introduction

A survey of nationwide medical institutions showed that turnover rates of Korean registered nurses in 2010, 2011, and 2012 were 18.5%, 17.0%, and 16.8%, respectively [1]. The majority of nurses in Korea are in their 20s, which accounts for 47.2% of all nurses. Nurses in their 30s and 40s constitute 31.6% and 15.7% of the workforce respectively, indicating that nurses in these age groups have been leaving the workforce. In contrast, the average age of working nurses in Japan and the United States is late 30s to early-to-mid 40s [2]. Married nurses account for approximately 70% of the nursing workforce in the United States and Canada [3].

Key reasons reported for the turnover of Korean nurses include marriage and childbirth [1]. Married nurses may find it difficult to achieve work-life balance by having shift duties as well as the responsibilities of housework and childcare [4]. An inverse relationship between quality of work-life among nurses and their intention to leave the workforce, has been reported [5,6]. A law has been passed in Korea to help double-income families to balance work and family, however, it has not yet been enacted [7]. It is therefore

critical to consolidate the organizational culture in applying the policy on work-life balance [8].

The Organization for Economic Cooperation and Development [9] defines work-life balance as a state of equilibrium between an individual's work and personal life. Regarding personal life, this current study focuses on family. Greater understanding of nurses who have family responsibilities is important in developing policies to retain experienced nurses in the workforce [10]. Retaining staff has been shown to enhance the quality of patient care [11]. It is therefore important to retain experienced married nurses.

Recent research has focused on the relationship between organisations and its impact on the well-being of registered nurses [12,13]. There has also been a focus on the role of organisational practices in health care institutions in developing and sustaining individual resilience [14,15]. Gittel et al. [14,15] argued that relational coordination, or the capacity to collectively communicate effectively, indicates a resilient response to an external threat. These studies in particular suggest the importance of managerial and organizational relations in engendering resilience in nurses. In this sense, nurse managers are in a key position to foster a supportive environment, wherein work-life balance might be achieved [16].

To date, the study of resilience in the nursing context has been conducted in the areas of peri-operative care [17], hospice care [18], aged care [19], and in new graduates [20]. The results generally

* Correspondence to: Miyoung Kim, RN, PhD, Division of Nursing Science, College of Nursing Sciences, Ewha Womans University, 52, Ewhayeodae-gil, Seodaemun-gu, Seoul 120-750, South Korea.

E-mail address: mykim0808@ewha.ac.kr

show that resilience is perceived as a strategy to overcome challenging situations in nursing. Work-life balance has been found to be a decisive factor underpinning resilience in aged care nurses [19] and in circumstances of workplace adversity [17,21].

Resilience is generally defined as the capacity of an individual or organisation to survive and to adapt to adversity [22]. It allows individuals to establish supportive relationships with family and friends during stressful periods [23]. Considering the inherently stressful nature of the nursing environment, resilience is arguably an important factor as an attribute of a nurse [19]. Thus, it is meaningful to explore the ways in which first-line nurse managers perceive work-life balance, and how resilience is relevant to this issue.

The aim of this research was to explore how first-line nurse managers constructed the meaning of resilience and its relationship to work-life balance for nurses. The intention was to generate a strategic framework for developing the competence of first-line nurse managers in ensuring work-life balance for staff nurses.

Methods

Study design

We applied grounded theory within a symbolic interactionist framework, in which individuals align their actions to the actions of others to guide data collection and analysis [24,25]. In other words, we act and react to how we think others see us. The research constituted a combination of inductive and deductive approaches in exploring the ways in which the participants interpreted and therefore acted in their social worlds. Inductive reasoning was applied in the coding and analytical interpretation of semi-structured, open-ended interview data. Deductive reasoning was employed to assimilate the analytical findings with existing knowledge and in generating new understandings of the research phenomena.

Participants

Participants were first-line nurse managers (head nurses or unit managers) from six university hospitals in a major city in Korea. All of whom were married and had children as inclusion criteria. Twenty participants were recruited through purposive sampling,

and data was collected until data saturation was reached. Theoretical sampling methods were employed as data collection and analysis progressed. For example, participants were selected to investigate differences between coping methods and strategies based on the experience of the first-line nurse managers. To explore this issue further, we interviewed participants with over 10 years' working experience.

Mean age of participants was 45 years (with a range of 41–51 years), and all were female. Twelve participants (60%) had a master's degree. On average, the participants had 19.8 years of nursing experience and 10.2 years' experience as first-line nurse managers. The majority of participants had two children. Eleven received support from maternal parents and six from paternal parents. The six hospitals included in the study were large (with an average of 800–1,500 beds). However, they provided restricted support for work-family balance, for example, nursery facilities and flexible work schedules (Table 1).

Data collection

Data was collected via in-depth interviews carried out between December 1, 2011 and August 20, 2012. Guiding questions were developed from a review of the relevant literature. Interviews began with an open-ended question ("What are the advantages in maintaining work-life balance?"). More focused questions aiming at a clearer understanding of the data included the following: "How do you overcome difficult situations?" and "What strategies do you use in dealing with difficult situations?" Initially, guiding questions were used. Thereafter, interviews proceeded in accordance with relevant topics raised by participants.

In the first phase, all 20 participants were interviewed individually and for an average of 60 minutes. In the second phase, seven participants were interviewed face-to-face and three were interviewed over the phone. The duration of these interviews averaged 20 minutes. Five participants were interviewed a third time, for the purpose of member checking. The time and place for interviews were selected on the basis of convenience for participants. Most interviews were held in meeting rooms at the respective hospitals with one conducted in a university laboratory. A reflective diary was completed following each interview and later transcribed. The recorded interviews were transcribed verbatim in Korean.

Table 1 Characteristics of Participants.

PN	Age	Education	NE	NEM	NC/Age	Caregivers of participants' children	UH
1	41	Bachelor's degree	18	6	2/13,11	Neighbor, relative	A
2	42	Master's degree	19	7	2/17,13	Mother, day care center	A
3	42	Master's degree	20	11	2/13,10	Mother, sister, baby-sitter	A
4	47	Master's degree	21	13	2/23,21	Mother	B
5	44	Master's degree	21	10	2/18,16	Parents in law	B
6	46	Bachelor's degree	14	4	2/19,12	Mother, Baby-sitter	A
7	41	Bachelor's degree	16	7	2/15,12	Mother in law, relatives	C
8	47	Master's degree	23	10	3/21,19,13	Parents in law, parents	C
9	48	Bachelor's degree	26	19	3/22,21,18	Participant, childcare center	C
10	45	Master's degree	22	12	2/16, 14	Mother	D
11	43	Bachelor's degree	19	8	1/8	Aunt	D
12	51	Doctor's degree	29	20	2/25,17	Mother in law	D
13	44	Bachelor's degree	17	9	2/13,11	Mother	D
14	46	Bachelor's degree	23	12	2/14,11	Mother	E
15	40	Master's degree	15	7	2/10, 8	Mother in law	E
16	44	Master's degree	21	10	1/15	Mother	B
17	45	Master's degree	17	9	2/16,13	Mother	E
18	43	Master's degree	15	7	2/16,14	Baby-sitter	F
19	48	Master's degree	21	12	2/17,14	Mother in law, childcare center	E
20	49	Bachelor's degree	20	10	2/19,17	Mother, sister, baby-sitter	F

Note. PN = participant number; NE = nursing experience (year); NEM = nursing experience in first-line nurse managers (year); NC = number of children; UH = university hospital.

Data analysis

The constant comparative method is fundamental to grounded theory [25,26] and was used to facilitate data analysis. Data collection and analysis were conducted simultaneously, using open, axial, and selective coding phases [25]. In open coding, codes were verified through line-by-line analysis and groups of conceptually similar open codes were combined to form larger categories. In axial coding, correlations were identified within those categories, and relationships between the categories and the properties and dimensions of each category were verified. In selective coding, the core category of “dynamic and reflective processes” emerged from the final analysis. The final model was formed through the researcher’s memos and diagrams describing links between categories (Figure 1). The first author translated the Korean transcripts and interpretations into English. A bilingual consultant reviewed the English version for external validation. The rigor of the study results was enhanced using several strategies, including member checks to obtain feedback on the researcher’s interpretations and conclusions drawn from the data, prolonged engagement in the field, peer review through data collection and result description, a search for negative cases that challenged emerging hypotheses, and a reflective memo to develop categories that directed theoretical sampling [27,28].

Ethical consideration

This study was carried out following approval from the Ewha Womans University Institutional Review Board (IRB No. 2011-8-5) to provide participants with ethical protection. Written informed consent (assurances of confidentiality and the right to withdraw from the study at any time) was obtained from each participant prior to her interview.

Results

Core category: “dynamic and reflective process”

The “dynamic and reflective process” refers to the interrelation of resilience and support for work-life balance in first-line nurse managers. Personal conflicts in achieving work-life balance were an essential component in understanding married nurses’ difficulties

dealing with this issue. The main factors facilitating resilience included a sense of achievement, family support, and financial independence. Factors constituting resilience (positive thinking, flexibility, assuming responsibility, and separating work and life) promote the retention of married nurses in the workforce by enabling them to balance work and family. The relationship between resilience and work-life balance is mediated by nurse managers’ perceptions of the importance of work-life balance, and this is linked to the support that staff nurses receive. Their resilience facilitates shifts from negativity to positivity, from rigid to flexible thinking, and from task-oriented to human-orientated and organization-centered to family-centered approaches.

“Dynamic and reflective process” emerged as the core theme. While reflecting on continuous conflicts between work and life, participants underwent ongoing development and transformation in their resilience, and consequently in helping staff nurses achieve work-life balance (Figure 1).

Meaning of resilience

Positive thinking

Participants referred to changes in their perception of interpersonal relations over time. Their focus shifted from weaknesses in others to strengths. Participants recognized the capabilities of each staff nurse, and encouraged their development through positive feedback.

I used to judge staff nurses only with my own subjective standards and force them to do something as I wanted. Now, I can come to understand their characteristics and wait until some nurses show their responses even later than I’ve expected. (Participant 2)

Flexibility

The participants noted that, as first-line nurse managers, they were often criticized for being assertive and too critical or rigid. They subsequently sought to be more broad-minded and flexible. One participant recalled a staff nurse who resigned after being severely reprimanded by a head nurse, and noted the importance of accepting different views and thus being flexible in the

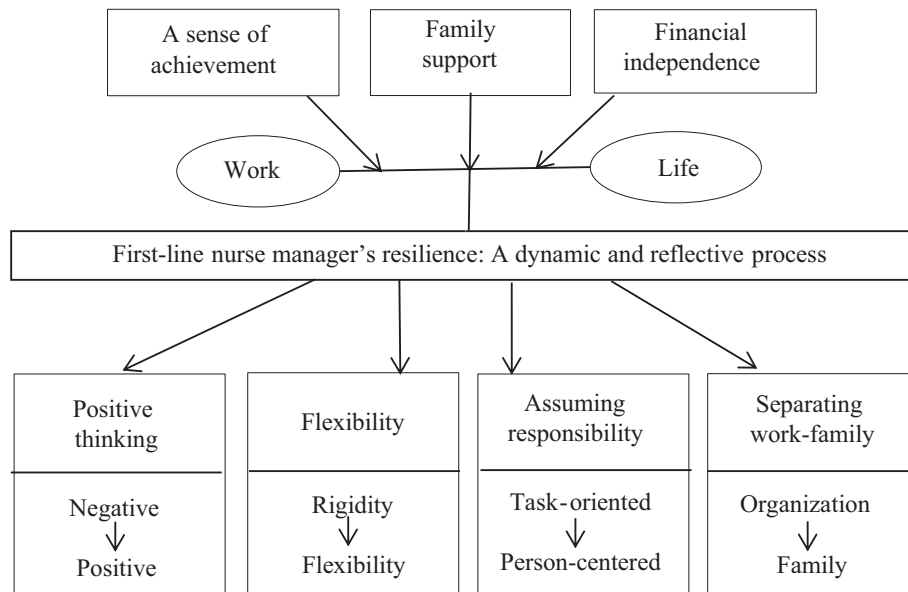


Figure 1. First-line nurse manager’s dynamic and reflective process.

achievement of productive outcomes. The issue of managers' inflexibility was raised by employees with health problems. This suggests the impact of manager's attitudes on their health [29]. Where consensus among nurses was needed, the participants sought to persuade others through group or individual communication and by bringing supporting evidence to the conversations. One participant had the experience of aggravating everyone in the ward by treating a married nurse favorably, which was perceived as unprincipled. Nevertheless, conversations facilitated reflection on sensitive issues and fostered flexibility in addressing these issues:

I gave one nurse favors because of her difficult situation and also told others about her problems. When a colleague complained that this was unfair, I met her and tried to persuade her by saying "It was inevitable. If not, she would end up resigning and this would cause much damage. So please understand." But I also clearly set a time limit for favors. Most understood my concern. (Participant 3)

I'm going through similar situation ... I know how difficult it is. Nurses who work shifts will go through tough times. So, I suggested setting a rule that helps married nurses in our ward. Because this is what other colleagues will also face some day. (Participant 18)

Assuming responsibility

Participants were acutely aware of their responsibility in ensuring staff satisfaction. They delegated authority to staff nurses in order to enhance their skills and to educate them to respond effectively in complex situations. In particular, they felt a sense of pride and reward when married nurses were promoted. Yet the participants worked in relative isolation and were at times uncertain of their duties as first-line nurse managers:

I'm the one who has to protect staff nurses. They cannot but depend on the head nurse. But, there is no one I can talk to, and I feel afraid and wonder if I'm qualified as a manager. (Participant 13)

Most participants did not apply the same promotion criteria to staff nurses who had taken maternity leave. On reflecting on their personal experience, managers felt a responsibility to support staff nurses' work-life balance. Participants had conflicting views on the promotion process for staff nurses. Some argued for equal promotion opportunities, regardless of maternity leave, and others disagreed. Generally, organizations that emphasized task performance offered fewer promotion opportunities for those who took leave for family or other reasons [30]. This shifted, however, when participants embraced flexibility and focused on human relations. First-line nurse managers were responsible for accommodating this shift, despite their position as mediator between senior leaders and staff nurses:

Reflecting on my difficulty in child-care 10 years ago, I think all nurses should be offered maternity leave and we should help them avoid any unfair treatment. Organizations should not pursue their goals at the cost of neglecting the rights of the individual. (Participant 15)

Separating work and life

Participants recalled their own crises emanating from work-life conflict, and how prioritizing work exacerbated these difficulties. It left little time and energy for them to engage in their children's education, and more generally in household activities. Participants reflected on times when their children faced challenges at school or became ill, which reinforced the importance of family:

One day when I got back from work totally exhausted, I found myself raging at my children and I knew that I was not a good mother. Looking back in 2007 when my children were in elementary school and I was under a lot of stress, I was diagnosed with hyperthyroidism. I was so sorry for my children. (Participant 7)

Participants perceived themselves as neglectful mothers and, as a result, attempted to separate work and life as a means of redressing the situation. Participants separated their work from their lives by prioritizing, in other words, by controlling tasks through efficient time management. Nurses could achieve better work-life balance when afforded autonomy in selecting and controlling their work [31]:

Previously, I tended to regard overtime shifts as the norm for nurses. But, I realized that I had not considered their families. Suffering insufficient time to deal with domestic responsibilities while working, I could understand how important a boss's consideration was. Looking backward, I believed that sort of understanding is initiated from recognition of work-life balance. (Participant 5)

Facilitating resilience

A sense of achievement

Participants experienced their work as rewarding when their accomplishments were recognized. Self-esteem was connected to success in the hospital evaluation program and in public activities, such as conference presentations. A strong desire for self-development and achievement was expressed in the form of expectation of and hope for a better future:

Quitting the job and going back to my family may be good for children for a while. But, for me and in the future, it is important to overcome adversities. (Participant 6)

Family support

Most participants relied on maternal or paternal parents for help with childrearing. In particular, mothers with previous career experience encouraged their daughters or daughters-in-law to work and advocated domestic responsibilities being shared in families. Family support therefore facilitates resilience. In this study, participants relied heavily on the maternal parents: 11 maternal parents took care of the children, accounting for 55% of the sample; this figure is higher than the 12% found in a survey of double-income families [32]. This support may be interpreted as an indication of maternal parents' hope for and dedication to their daughters' career development. It is an indicator of the stronger family support received by successful nurse managers [16]:

My mother-in-law liked me to work like my husband, so she helped and supported me a lot. My mother also supported me to continue my career because I've been educated enough to demonstrate my ability. Returning from work, I complained to my mother about the hard work, saying, "I want to quit the job." But my mother listened to my complaints without showing any of her feelings about housework and child-care. (Participant 7)

Financial independence

Participants defined financial independence as willingness to spending income on cultural life, educational costs for children, and self-development. Most participants considered themselves

financially independent. They distributed their expenses equally across ongoing professional training, exercise, and stress management to sustain their professional life.

Supporting work-life balance for nurses

Giving favors

Participants distinguished between married and unmarried nurses. The former were perceived as more considerate and generous, the latter as more practical and pragmatic. This reflected an empathetic identification with the situations of married staff nurses:

As I get older, I realize that the most important thing in life is people, so I have become more humane. In comparing married and unmarried nurses, I can distinguish the difference: Unmarried nurses handle tasks rapidly and promptly, while married nurses are more likely to listen and understand every single patient's situation even though it may take time. (Participant 1)

Participants suggested that married nurses were open-minded and demonstrated deep understanding that was achieved through experience. Because married nurses were considered to be experienced, participants sought to retain them by granting favors. These included reducing their number of night shifts, assigning them work as they requested, and ensuring weekends off. One married nurse could endure her work-life situation because she was permitted work hours from 10 a.m. to 6 p.m. Participants face a dilemma in offering flexible work schedules to help married nurses maintain work-life balance, while maintaining fairness for all staff nurses. A study in Japan suggested that allowing nursing managers to adjust working hours to be more flexible might appear unfair to nursing employees, and might impact the functional effectiveness of the hospital [33]. This is illustrated by participants' statements, including the following:

I gave favors to a married nurse by exempting her from the conference held once a month to allow her to rest at home. But her role at work was reduced, the evaluation was not good, and relationships with other nurses seemed to be getting worse. (Participant 13)

Participants, who were all managers with an average of 10 years' career experience, felt that the best solution would be to establish a system providing married nurses with preferential treatment. They reached this conclusion through trial and error. When participants assigned married nurses with visible tasks according to their abilities as a basis for favors, staff nurses understood and reached a certain level of consensus:

Married nurses require certain favors concerning family and childrearing, but these need to be justified in order to be accepted by other staff members. You have to make other nurses acknowledge that those married nurses were entitled to such favors, thinking "she worked a lot, so she deserves less night work" or "she has knowhow and skill, so it is fine to give her a special favor." Then each can get along without conflicts. (Participant 15)

Advising as a mentor

Participants assumed the role of mentor for married nurses and reinforced the importance of maintaining work-life balance and leading a life as a mother, wife, and woman. One participant recounted her experience of how she treated her parents who took care of her children:

I sometimes met with my parents who cared for my children and complained about how difficult my life was ... I visited alone. So, I advise married nurses to visit their parents with their husbands and to give the husbands a chance to treat the parents better. (Participant 16)

Participants also acknowledged the childrearing rights of their nurses. They allowed nurses to bring children to private meetings and helped care for them when they were ill. One participant kept photos of staff members' children and, as a result, their relationships developed with greater trust:

If a child came to a hospital, I also visited the child after the clinic and kept photos of them. So, it is interesting to see them growing up. Married nurses liked such interest and were concerned about their children. (Participant 11)

Discussion

The results generated by this study reveal that resilience in first-line nurse managers is a dynamic, reflective process involving managing personal lives and responding to organizational demands. In this context, resilience is not merely a collection of personal characteristics, but a social process of accessing resources and acting to overcome adversity [17]. The study showed resilience to be a process of ongoing development, whereby participants drew on personal and institutional resources and maintained increasingly objective views on dealing with issues and conflicts. Nurses with longer experience exhibited more advanced skills related to resilience [34]. Therefore, resilience is understood not as an innate talent, but one that is nurtured through career development [35].

The meaning of resilience as perceived by first-line nurse managers included "positive thinking", "flexibility", "assuming responsibility", and "separating work and life". According to resilience-related characteristics as addressed in previous studies, positive thinking contributes to the development of adaptability and creativity among nurses or healthcare providers in stressful workplaces [36]. Giordano [37] suggested that resilient nurses possess self-discipline, self-confidence, resourcefulness, and flexibility. In mental health clinicians, separation of work from home has been found to mitigate stress and anxiety [35].

The first-line nurse managers had the ability to recognize and develop the strengths of staff nurses. This result is supported by previous research, showing that filling a personal role—such as spouse, coach or parent—could enrich one's interpersonal skills and provide personal resources to obtain further skills, values, and knowledge useful in managerial roles [38]. Jackson et al. [21] found that nurses who participated in personal activities, rather than concentrating solely on their profession, were better able to foster physical, emotional, and spiritual development, and achieve work-life balance. This applied especially to those with highly demanding careers, such as nursing. First-line nurse managers came to understand staff nurses' work-life balance by reflecting on their personal roles. The personal role could thus be considered a key attribute for managers. Understanding personal roles fosters positive long-term thinking, and leads to positive attitudes by motivating individuals to develop their personal and/or professional capacities.

Participants described a trajectory of experience, in which thinking was task-oriented and management was rigid. Sieber [39] found positive outcomes for managers' role-diversity, including personal roles. This was attributed to the development of flexibility: adjusting to diverse demands and becoming more tolerant towards discrepant points of view. Initially, most first-line nurse

managers tended to put work before life. The participants in this study, who sought to separate work and life, had an average of 10 years' managerial experience. They expressed their realization of the importance of life through their experiences of work-life conflict. A shift in managerial values was needed to recognize that separating work and life traditionally leads to greater value being placed on potential career development [40].

Some participants attempted to elicit understanding and sympathy from staff nurses by assigning certain tasks to married nurses in consideration of their circumstances. They tried to retain married nurses on their staff by offering emotional support, such as showing interest in and sharing advice regarding their children. Previous studies have found that managers' support for work-life balance is closely related to the turnover rate of employees [41], and that the amount of sleep employees get affects their health [29]. Since nurse managers play a key role in fostering an atmosphere supportive of work-life balance [10,16], the strategies for developing resilience and work-life balance suggested in this study may serve as a foundation for further research.

Because of work commitments, first-line nurse managers could only examine their health or life retrospectively—when they were sick or struggling at school as a child. This decreased their ability to perceive family and health crises, and supports the suggestion that nurse managers underestimate the effect of stress on their health [16]. Further, junior healthcare managers were not recognized as potential causes of stress, which could affect their health and performance [42]. The occurrence of crises, such as children's abnormalities and health problems, afforded them an opportunity to reflect on their lives. Resilience can be interpreted as a rite of passage, consisting of learning by undergoing and perceiving crises.

A limitation of this study was participants' average number of years of career experience (10.2 years, with the least experience at 6.2 years). The results therefore cannot be generalized to new first-line nurse managers. More diverse variation in sampling is required for future studies. Even with these limitations, this study is addressing the significance of resilience as a dynamic and reflective process affecting work-life balance for staff nurses. Although a special pilot program of flexible working hours was initiated in three hospitals in an attempt to develop work-life balance for nurses [43], there are few flexible scheduling systems and workplace childcare facilities for nurses. Current employees in Korea have a legal right to an unpaid leave of absence of up to 12 weeks; 64.3% of female employees take maternity leave [44]. Only 18% of registered nurses, however, take an annual leave of absence, including maternity leave without constraint [45]. This indicates that actual use of leave of absence is restricted. Therefore, organizational support providing an alternative workforce should be offered as a strategy to improve use of maternity leave in nurses.

It is essential to explore first-line nurses' views, since they play a vital role in creating a supportive environment and enabling staff nurses to achieve work-life balance. This study has implications for an in-depth understanding of work-life balance among first-line nurse managers. Recognition of the importance of balance translated into support for staff nurses. "Positive thinking", "flexibility", "assuming responsibility", and "separating work-life" were features of resilience possessed by first-line nurse managers in this study, and the qualities derived from ongoing efforts to attain work-life balance.

Conclusion

Resilience in first-line nurse managers has the potential to shift focus from negative to positive experiences, from a principle-based approach to flexibility, from task-centered to person-centered thinking, and from the organization to family. First-line nurse

managers set up various strategies to allow married nurses to maintain work-life balance. Longer experience in a managerial position allowed managers to implement more strategically complementary principles and to have greater flexibility.

It is important to retain married nurses who have rich clinical experience. This study suggests that strengthening resilience in first-line nurse managers helps married nurses maintain work-life balance. Finally, this study points to a need for further research on the impact of nurse managers' positions regarding work-life balance on the retention of staff nurses and on work satisfaction outcomes in nursing organizations. Furthermore, the study indicates that institutional support should be prioritized to promote work-life balance for nurses. This would include maximizing the use of maternity leave, and by expanding business owners' welfare services, such as workplace nursery facilities and flexible work schedules.

Conflict of Interest

The authors declared no conflict of interest.

Acknowledgment

This work was supported by the Ewha Womans University (2011-1892-001-1) Research Grant of 2011.

References

- Hospital Nurses Association. Research on current status of nursing workforce placement in hospitals [Internet]. Seoul: Hospital Nurses Association; 2012 [cited 2013 July 23]. Available from: <http://www.khna.or.kr/web/information/resource.php>
- Kim IS. Job sharing example of work-family balance type: working condition of nurse manpower in medium and small-sized hospital. *Mon Work Rev*. 2009 May;16–26.
- Killien MG. Nurses' health: work and family influences. *Nurs Clin N Am*. 2004;39:19–35. <http://dx.doi.org/10.1016/j.cnur.2003.11.002>
- Camerino D, Sandri M, Sartori S, Conway PM, Campanini P, Costa G. Shiftwork, work-family conflict among Italian nurses, and prevention efficacy. *Chronobiol Int*. 2010;27(5):1105–23. <http://dx.doi.org/10.3109/07420528.2010.490072>
- Lee YW, Dai YT, Park CG, McCreary LL. Predicting quality of work life on nurses' intention to leave. *J Nurs Scholarsh*. 2013;45(2):160–8. <http://dx.doi.org/10.1111/jnu.12017>
- Mosadeghrad AM, Ferlie E, Rosenberg D. A study of relationship between job stress, quality of working life and turnover intention among hospital employees. *Health Serv Manag Res*. 2011;24(4):170–81. <http://dx.doi.org/10.1258/hsmr.2011.011009>
- Ministry of Employment and Labor. The current status on policies for supporting work-family balance [Internet]. Seoul: Ministry of Employment and Labor; 2013 [cited 2014 Apr 21]. Available from: <http://www.esdc.go.kr/bbs/down.asp?code=method&number=140&seq=1&mime=pdf>. Korean.
- Kim TH. Creating the society for women to work. *The Korean Nurses Association News*; 2010 Oct 20 [cited 2014 May 15]. Available from: <http://www.nursesnews.co.kr/Article/ArticleDetailView.asp?typ=3&articleKey=1242>. Korean.
- Economic Cooperation and Development. How's life? 2013-Measuring well-being [Internet]. OECD Publishing; 2013 Nov 05 [cited 2014 Mar 15]. Available from: <http://www.oecd.org/statistics/howslife.htm>
- Carlson DS, Grzywacz JG, Zivnuska S. Is work-family balance more than conflict and enrichment? *Hum Relat*. 2009;62:1459–86. <http://dx.doi.org/10.1177/0018726709336500>
- Bally JM. The role of nursing leadership in creating a mentoring culture in acute care environments. *Nurs Econ*. 2007;25(3):143–8.
- Brunetto Y, Xerri M, Shriberg A, Farr-Wharton R, Shacklock K, Newman S, et al. The impact of workplace relationships on engagement, well-being, commitment and turnover for nurses in Australia and the USA. *J Adv Nurs*. 2013;69(12):2786–99. <http://dx.doi.org/10.1111/jan.12165>
- Rodwell J, Munro L. Well-being, satisfaction and commitment: the substitutable nature of resources for maternity hospital nurses. *J Adv Nurs*. 2013;69(10):2218–28. <http://dx.doi.org/10.1111/jan.12096>
- Gittel J. Relationships and resilience: care provider responses to pressures from managed care. *J Appl Behav Sci*. 2008;44:25–47. <http://dx.doi.org/10.1177/0021886307311469>
- Gittel JH, Weinberg D, Pfefferle S, Bishop C. Impact of relational coordination on job satisfaction and quality outcomes: a study of nursing homes. *Hum Resour Manag*. 2008;18:154–70. <http://dx.doi.org/10.1111/j.1748-8583.2007.00063.x>

16. Shirey MR. Stress and coping in nurse managers: two decades of research. *Nurs Econ*. 2006;24(4):193–203.
17. Gillespie BM, Chaboyer W, Wallis M, Grimbeek P. Resilience in the operating room: developing and testing of a resilience model. *J Adv Nurs*. 2007;59:427–38. <http://dx.doi.org/10.1111/j.1365-2648.2007.04340.x>
18. Ablett JR, Jones RS. Resilience and well-being in palliative care staff: a qualitative study of hospice nurses' experience of work. *Psycho-Oncology*. 2007;16(8):733–40. <http://dx.doi.org/10.1002/pon.1130>
19. Cameron F, Brownie S. Enhancing resilience in registered aged care nurses. *Australas Aging*. 2010;29:66–71. <http://dx.doi.org/10.1111/j.1741-6612.2009.00416.x>
20. Hodges HF, Keeley AC, Troyan PJ. Professional resilience in baccalaureate-prepared acute care nurses: first steps. *Nurs Educ Perspect*. 2008;29:80–9.
21. Jackson D, Firtko A, Edenborough M. Personal resilience as a strategy for surviving and thriving in the face of workplace adversity: a literature review. *J Adv Nurs*. 2007;60:1–9. <http://dx.doi.org/10.1111/j.1365-2648.2007.04412.x>
22. Luthar S, Cicchetti D, Becker B. The construct of resilience: a critical evaluation and guidelines for future work. *Child Dev*. 2000;27:543–62. <http://dx.doi.org/10.1111/1467-8624.00164>
23. Friberg O, Hjemdal O, Rosenvinge J, Martinussen M. A new rating scale for adult resilience: what are the central protective resources behind healthy adjustment? *Int Methods Psychiatr Res*. 2003;12(2):65–77. <http://dx.doi.org/10.1002/mpr.143>
24. Blumer H. *Symbolic interactionism*. Englewood Cliffs, NJ: Prentice Hall; 1969.
25. Strauss A, Corbin J. *Basics of qualitative research: techniques and procedures for developing grounded theory*. 2nd ed. Thousand Oaks, CA: Sage Publications; 1998.
26. Glaser BS, Strauss A. *The discovery of grounded theory: strategies for qualitative research*. Chicago, IL: Aldine; 1967.
27. Sandelowski M. Rigor or rigor mortis: the problem of rigor in qualitative research revisited. *Adv Nurs Sci*. 1993;16:1–8.
28. Lincoln YS, Guba EG. *Naturalistic inquiry*. Newbury Park, CA: Sage; 1985.
29. Berkman LF, Buxton O, Ertel K, Okechukwu C. Managers' practices related to work-family balance predict employee cardiovascular risk and sleep duration in extended care settings. *J Occup Health Psychol*. 2010;15(3):316–29. <http://dx.doi.org/10.1037/a0019721>
30. Judiesch MK, Lyness KS. Left behind? The impact of leaves of absence on managers' career success. *Acad Manag*. 1999;42:641–52. <http://dx.doi.org/10.2307/256985>
31. Pryce J, Albertsen K, Nielsen K. Evaluation of an open-rota system in a Danish psychiatric hospital: a mechanism for improving job satisfaction and work-life balance. *J Nurs Manag*. 2006;14:282–8. <http://dx.doi.org/10.1111/j.1365-2934.2006.00617.x>
32. Kim KA, Hwang HW. A study on the factors that influence the psychological well-being of dual-earner couples. *Social Science Research Review Kyungsoong University*. 2010;26:143–68.
33. Fujimoto T, Kotani S, Suzuki R. Work-family conflict of nurses in Japan. *J Clin Nurs*. 2008;17:3286–95. <http://dx.doi.org/10.1111/j.1365-2702.2008.02643.x>
34. Kornhaber RA, Wilson A. Building resilience in burns nurses: a descriptive phenomenological inquiry. *J Burn Care Res*. 2011;32:481–8. <http://dx.doi.org/10.1097/BCR.0b013e3182223c89>
35. Edward KL. The phenomenon of resilience in crisis care mental health clinicians. *Int Mental Health Nurs*. 2005;14:142–8. <http://dx.doi.org/10.1111/j.1440-0979.2005.00371.x>
36. Pipe TB, Buchda VL, Launder S, Hudak B, Hulvey L, Karns KE, et al. Building personal and professional resources of resilience and agility in the healthcare workplace. *Stress Health*. 2011;28:11–22. <http://dx.doi.org/10.1002/smi.1396>
37. Giordano BP. Resilience—a survival tool for the ninties. *AORN J*. 1997;65:1032–6.
38. Ruderman MN, Ohlott PJ, Panzer K, King SN. Benefits of multiple roles for managerial women. *Acad Manag*. 2002;45:369–86. <http://dx.doi.org/10.2307/3069352>
39. Sieber SD. *Toward a theory of role accumulation*. *Am Sociol Rev*. 1974;39:567–78.
40. Lyness KS, Judiesch MK. Can a manager have a life and a career? International and multisource perspectives on work-life balance and career advancement potential. *J Appl psychol*. 2008;93:789–805. <http://dx.doi.org/10.1037/0021-9010.93.4.789>
41. Thompson CA, Beauvais LL, Lyness KS. When work-family benefits are not enough: the influence of work-family climate on benefit utilization, organizational attachment, and work-family conflict. *J Vocat Behav*. 1999;54:392–415.
42. Rodham K, Bell J. Work stress: an exploratory study of the practices and perceptions of female junior healthcare managers. *J Nurs Manag*. 2002;10:5–11. <http://dx.doi.org/10.1046/j.0966-0429.2001.00263.x>
43. Chung KS. The special pilot program of flexible working hours in three hospitals [Internet]. The Korean Nurses Association News; 2010 Dec 22 [cited 2013 Jan 19]. Available from: <http://www.nursesnews.co.kr/Article/ArticleDetailView.asp?typ=2&articleKey=1368>. Korean.
44. Kim SJ, Park JL. Can I really take maternity leave? [Internet]. *Asia Economy*; 2013 Feb 18 [cited 2013 Apr 15]. Available from: <http://www.asiae.co.kr/news/view.htm?idxno=2013021813262242916>. Korean.
45. Jeong SK. *Labor in crisis and nursing in crisis: analysis of nursing workforce*. Seoul: FKTU Research Center; 2011. Korean.