



Experiences of nurses managing parenthood and career. A systematic review and meta-synthesis

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Abstract

Aim: Consolidate and synthesize evidence on working nurse-parent experiences of parenthood.

Background: Demands in healthcare strain the workforce, causing burnout and high turnover rates, especially among nurses. Balancing work and family responsibilities is even more challenging for nurse-parents.

Introduction: Nursing is highly stressful, and the experiences of nurse-parents are under-researched highlighting the need to better understand and support nurse-parents in their dual roles.

Methods: Seven databases (PubMed, Embase, CINAHL, PsycINFO, ProQuest, Scopus, and Web of Science) were systematically searched for published and unpublished primary qualitative studies. Extracted data were meta-summarized and synthesized using Sandelowski and Barroso's approach.

Findings: Twelve peer-reviewed studies, conducted between 2007 and 2022, investigated the challenges faced by 339 female nurse-parents across various countries. The meta-synthesis revealed two main themes: (a) Clashes of dual roles, and (b) Accept, adapt, and compromise, which were supported by six subthemes. Nurse-parents struggled with dual roles, often neglected self-care, and experienced work-family conflicts. However, they learned to accept their situations, adapt by seeking help from family, friends, and colleagues, and compromise on career aspirations to prioritize their families. The importance of organizational support and flexibility in accommodating their dual roles was emphasized.

Discussion: Female nurse-parents face challenges in balancing their dual roles, resulting in fatigue, compromised self-care, and limited social interactions. The culture of self-sacrifice in nursing contributes to these challenges, impacting patient safety. Supportive interventions like mindfulness programs and exercise classes can promote well-being. Staffing shortages and shift work further affect the work-life balance for nurse-parents.

Conclusion and implications for nursing and health policy: Creating a supportive work environment for nurse-parents is crucial. Family-friendly shifts revised parental leave policies, and improved childcare support are needed. Supporting nurse-parents benefits their well-being and enhances patient care. Collaboration between health-care organizations and policymakers is essential to address workforce shortages and implement changes.

KEYWORDS

Child-rearing, nurses, parenting, parents, systematic review, work-life balance



INTRODUCTION

The rising demand for health services, driven by an aging population, places significant strain on the hospital workforce and exacerbates the current nursing shortage (Haddad et al., 2022; Mwinga, 2015). As nurses grapple with managing multiple, often conflicting, patient demands and heavy workloads, they become increasingly susceptible to burnout (Gandi et al., 2011). This job burnout can lead to resignations, resulting in a growing number of nurses leaving the profession. With average turnover rates ranging from 8.8% to 37.0%, the current situation is far from ideal (Haddad et al., 2022). In today's society where both men and women actively participate in the workforce and family life, achieving a work–life balance has become a challenge for many (Shockley et al., 2017; Yildirim & Aycan, 2008). Nurses, particularly those with children, often juggle the dual roles of caregiving at home and fulfilling professional duties. These responsibilities extend beyond their work commitments to include childcare (Simunić & Gregov, 2012). Research has shown that nurses with child-rearing responsibilities were more prone to burnout and job dissatisfaction as compared with their counterparts without such obligations (Chayu & Kreitler, 2011; Takayama et al., 2017). A study conducted by Nabirye et al. (2011) in Kampala found that nurses with childcare responsibilities experienced higher levels of occupational stress, leading to poor job satisfaction and decreased job performance in hospitals (De la Fuente-Solana et al., 2020; Nabirye et al., 2011). This decline in performance compromises the quality of nursing care and risks patient safety.

A study by Jamieson et al. (2013) revealed that the younger generation placed high importance on work–life balance, valuing quality time with family and friends over career pursuits. Given the highly stressful nature of nursing, this preference deterred many from choosing nursing as a career (Jamieson et al., 2013). The resulting decline in new entrants to the profession exacerbates the existing shortage of nurses as it fails to offset the high turnover rate (Flinkman et al., 2008). An existing systematic review by De la Fuente-Solana et al. (2020) further identified marital status as a risk factor for burnout among pediatric oncology nurses, possibly due to the added stress of balancing work and family life. Additionally, Kim and Kim's (2021) study highlighted that parenting stress positively predicted turnover intentions among hospital nurses.

The nursing profession is widely recognized as one of the most stressful and demanding occupations as it presents specific challenges such as long shifts, physical and emotional exhaustion, and the pervasive culture of self-sacrifice (Arafa et al., 2003; Ciezar-Andersen & King-Shier, 2021). Additionally, a significant number of nurses also shoulder childcare responsibilities (Arafa et al., 2003). This combination of the taxing nature of nursing and the challenges of childcare responsibilities presents a unique set of challenges that are unique to this population, which is under-researched and poorly consolidated (Arafa et al., 2003). As such, our review aims to consolidate findings from published and unpublished qualitative studies on the experiences and needs of

nurse-parents. Specifically, this review seeks to explore the experiences and needs of nurses balancing their careers and parenthood.

METHODS

Study design and search strategy

This qualitative systematic review was guided by The Preferred Reporting Items for Systematic Review and Meta-Analysis (PRISMA) guidelines (Page et al., 2021) (see Supplementary Table S1). Seven databases (PubMed, Embase, CINAHL, PsycINFO, ProQuest, Scopus, and Web of Science) were searched from the database's inception to January 2023 using keywords, Boolean, index terms, and truncation symbols. An experienced librarian was consulted to optimize the search strategy. The preliminary search started from PubMed to identify keywords and subject headings about the topic of interest. A more thorough search was then conducted throughout the remaining six electronic databases. The search strategy consisted of three key concepts derived from the research aim: (“nurses”) AND (“childrearing”) AND (“experiences”) AND (“attitudes”) AND (“struggles”). Only published and unpublished English-language studies were included. The reference list of all potential studies selected was manually screened to prevent the exclusion of potential studies. Discrepancies that surfaced were resolved through discussion between reviewers and the content experts (co-authors with extensive research experience). The detailed search strategy for each database is presented in Supplementary Table S2.

Eligibility criteria

The inclusion criteria for this review were qualitative studies that explored the experiences and needs of both female and male nurses (regardless of rank), who were parents and had to simultaneously work in clinical settings and manage childcare responsibilities. The included studies are qualitative studies of any research designs (e.g., phenomenology, descriptive, and grounded) and mixed-methods studies (where qualitative data can be exclusively extracted). Quantitative studies, correlational studies, exploratory studies, conference proceedings, opinion reports, and reviews were excluded. The retrieved studies were imported into EndNote Version 20 (Team, 2013) for the organization and removal of duplicate studies.

Quality appraisal

Two reviewers independently appraised the quality of the included studies using the Critical Appraisal Skills Program (CASP) ten-item checklist (Programme, 2018). The relevance, reliability, and validity of the studies were evaluated through their design, methods, and reporting using the CASP checklist (Nadelson & Nadelson, 2014). To enhance the thoroughness of



the review, all studies were included regardless of their evaluation scores (Walsh & Downe, 2006). Discrepancies between reviewers were resolved through discussions or by seeking the input of other reviewers. The CASP appraisal for each included study is presented in Supplementary Table S3.

Data extraction

Following the PRISMA checklist, data were extracted in two steps and independently by two reviewers (Liberati et al., 2009). The extracted qualitative data were categorized into the following groups: (i) primary author, year, and country; (ii) aims of the study; (iii) methodology, data collection, and analysis; (iv) sample characteristics; and (v) main findings from the primary studies. Primary constructs (verbatim quotes) and secondary constructs (primary authors' interpretations) of the demands, challenges, and lived experiences of nurses who were simultaneously raising their children and working shifts were also extracted.

Data synthesis

Sandeloski and Barroso's (2007) two-step approach guided the data synthesis process. First, all relevant findings from the included studies were meta-summarized into statements. These summarized statements were then meta-synthesized using Braun and Clarke's (2006) thematic analysis approach. Through inductive comparison and analysis, themes and subthemes were derived to provide a comprehensive understanding of nurses' experiences and needs while balancing their careers and parenthood. To uphold the triangulation approach, the meta-summarized findings from the included studies were repeatedly compared, and consensus regarding the main themes was achieved through collaborative discussions involving all co-authors. A summary of the methods is displayed in Supplementary Figure S1.

RESULTS

A total of 1,516 articles were retrieved. After removing 332 duplicates, 1,184 titles and abstracts were screened and 107 were excluded due to irrelevancy. The remaining 95 full texts were further assessed for eligibility. Eleven qualitative studies and one mixed-method study were selected and included in the final synthesis. The screening process is displayed in Figure 1.

Characteristics of the included studies

The 12 included studies were all peer-reviewed and published between 2007 and 2022. The study designs of the

included studies were: descriptive qualitative design ($n = 4$), phenomenological ($n = 4$), grounded theory ($n = 3$), and Q-methodology ($n = 1$). They were conducted in Australia ($n = 3$), Brazil ($n = 1$), Iran ($n = 2$), South Korea ($n = 2$), Taiwan ($n = 1$), Turkey ($n = 2$), and the United States ($n = 1$). A total of 339 female nurses' responses were analyzed. None of the included studies focused on male nurse-parents. The study characteristics of the included studies are summarized in Table 1.

The meta-synthesis identified two main themes: (1) clash of dual roles and (2) accept, adapt, and compromise, which was supported by six subthemes. The studies that contributed to each theme and the subthemes are listed in Supplementary Table S4, and the organization of the themes is presented in Figure 2. Overall, the included studies provided a variety of experiences and challenges nurses experienced in embracing parenthood. Several nurses managed to seek support and devised coping mechanisms to navigate these difficult circumstances and many others hoped that more could be done to support them.

Theme 1: Clash of dual roles

This theme highlighted the struggles and difficulties nurses faced as parents when managing dual roles and responsibilities. This theme was supported by three subthemes.

Negligence to self-care

Nurses prioritized their careers and children before themselves (Albini & Labronici, 2007; Skinner et al., 2011; Yoo & Shim, 2022). As expressed by the participants, "Every break I felt I had to stay with my family, I didn't think it was a right to go out without them" (Albini & Labronici, 2007, p. 303) and "I don't go out, I don't go for even a walk, I don't go anywhere, I live for my work and home" (Albini & Labronici, 2007, p. 303). For others, they had sacrificed their own quality rest time and self-care opportunities, best expressed by one of them: "When I work, I work like crazy, and when I come home, it is impossible to have my own time because I need to take care of my kid. I don't even have enough time for a meal" (Yoo & Shim, 2022, p. 321). Parents reported having poor health outcomes as a result of juggling multiple roles (Ha, 2016; Lagerström et al., 2010; Matheson et al., 2019; Öke Karakaya et al., 2021; Yoo & Shim, 2022). For instance, as stated by another participant who had described her daily schedule, "I have to go to work at dawn for my day shift. When I come home... I have to look after my children, and then I pretty much pass out around 9 P.M. About the evening shifts, I get very tired because I can only sleep after preparing my kids for school the next day and doing household chores. The night shift is difficult because it does not guarantee sleep..." (Yoo & Shim, 2022, p. 323).



TABLE 1 Summary table of study characteristics.

Author (year)	Study title	Country	Study aim	Population	Methodology	Key findings
Albini and Labronici (2007)	Exploitation and alienation of the body of the nurse: a phenomenological study.	Brazil	To understand the experience of being a woman, mother, and nurse.	Sample size: 7 registered nurses surrogate mothers aged 32–48 years old. Nursing experience: 14–20 years Number of children: At least 1 child per nurse. Age of children: Aged 2–16 years old.	Phenomenology Interpretative phenomenological analysis	<ol style="list-style-type: none"> Poor physical or psychological outcomes Insufficient time for other activities since they focus on their scarce “free time” in looking after their children No interest and support from the institution in terms of human resource development and improvement.
Alhani and Mahmoodi-Shan (2018)	Work–family conflict as a stressor in the lifestyle of nurses: a content analysis.	Iran	To ask how nurses perceive their work environments, and how they talk about the relational care labor they provide to patients and their own children.	Sample size: 25 registered nurses (16 females and 9 males) aged 25–55 years old. Nursing experience: 3–29 years. Number of children: NR Age of children: NR	Generic qualitative design Inductive qualitative content analysis	<ol style="list-style-type: none"> Predisposing factors or sources of work–family conflict. <ol style="list-style-type: none"> Nurses bear huge responsibilities leading to physical and mental exhaustion. Nurses should work in rotating shifts and on holidays. Consequently, they face protest from their children and family members. Insufficiency of welfare and lack of supportive strategies for families. Heavy workload caused longer working hours which compromised family time. Coordinating work with family, childcare and family support are alternatives to childcare support. Coping methods, stress management and obstacles. <ol style="list-style-type: none"> Interference in plans. The nurses plan accurately for accomplishing professional duties and running family affairs such as keeping children and doing works and plans.
Christopher (2022)	A double bind of relational care: nurses' narratives of caregiving at work and home.	United States	To explore nurses' lived experiences of relational care labor at work and home	Sample size: 26 Registered nurses/licensed practical nurses ($n = 22$) Nursing aids/certified nursing assistant ($n = 3$) Nurse practitioner ($N = 1$) Nursing experience: NR Number of children: NR Age of children: NR	Grounded theory Grounded theory analysis	<ol style="list-style-type: none"> Working long shifts and overtime often drained nurses' energy and time for their own children. Received substantial support at work from colleagues which included more manageable work schedules and more reasonable workloads.

(Continues)

TABLE 1 (Continued)

Author (year)	Study title	Country	Study aim	Population	Methodology	Key findings
Ha (2016)	Attitudes toward child-rearing in female clinical nurses working in three shifts.	South Korea	To identify attitudes toward child-rearing in this particular cohort, female clinical nurses working three shifts.	<p>Sample size: 110 female nurse clinicians (of which 12 underwent in-depth interviews) aged 26–52 years old.</p> <p>Nursing experience (mean): 8.68–11.35 years</p> <p>Number of children (mean): 1.5–1.62 children per nurse.</p> <p>Age of children: NR</p>	Q-Methodology Principal component analysis	<ol style="list-style-type: none"> Child-rearing is a parent's fundamental role, which mothers are supposed to accomplish without any help. This group had strong feelings of independence and felt a strong sense of responsibility toward child-rearing, and expressed feeling sorry for being unable to share time with their kids because of working three shifts. Typical conflict between child-rearing and work and worried about nursing mistakes that occurred because of physical and mental exhaustion. Concurrently managed both child-rearing and their nursing jobs and insisted that their husbands' support and 24-hour workplace childcare facilities were necessary. In their view, the help of another person or an institution positively improved their ability to successfully manage child-rearing and work.
Lagerström et al. (2010)	Striving for balance between family and work demands among Iranian nurses.	Iran	<p>To describe Iranian women nurses' experience of managing family and work roles.</p> <p>To explore the antecedents and consequences of the interference between family and work roles.</p>	<p>Sample size: 22 registered nurses aged 24–50 years old.</p> <p>Staff nurses ($n = 15$)</p> <p>Head nurses/nursing supervisors ($n = 7$)</p> <p>Nursing experience: NR</p> <p>Number of children: NR</p> <p>Age of children: NR</p>	Grounded theory Constructivist grounded theory	<ol style="list-style-type: none"> Seeking family support Lack of work support Personal resources and adaptation were used by the nurses as coping mechanisms in response to work-family role pressure. Family dissatisfaction happened when the family and children's needs were neglected because of high work demands on the nurses. Most of the informants were dissatisfied with their work schedule, shift work, and heavy workload. They often requested support from their workplace but did not receive it. Had high expectations of themselves, ignored their own needs, and consequently often felt exhausted, and complained of having bad health.

(Continues)



TABLE 1 (Continued)

Author (year)	Study title	Country	Study aim	Population	Methodology	Key findings
Lindsay et al. (2009)	Modified maternalism: nurses and their families managing work and care in Australia.	Australia	To investigate how work/family decisions were chosen between couples and to describe the key impacts of work/family intersections.	Sample size: 18 registered nurses (16 females and 2 males) aged 24–50 years old. Nursing experience: NR Number of children: At least one child per nurse. Age of children: Under 12 years old	Grounded theory Grounded theory analysis	<ol style="list-style-type: none"> 1. Structured nature of nursing shift work meant inability to be present at crucial times for their children; partners were seen to have more flexible working hours and undertook more childcare. 2. Detriment to the nurses' work entitlements and opportunities for career advancement. 3. Few childcare alternatives for these couples because shift times do not mesh with childcare opening hours. 4. Parent care is the best and many couples displayed strong negative views about childcare because it involved care by a "stranger" rather than a parent.
Matheson et al. (2019)	Women's experience of shift work in nursing whilst caring for children: a juggling act.	Australia	To explore women's experiences of working shift work in nursing whilst caring for children.	Sample size: 10 female registered nurses aged 26–58 years old. Nursing experience: NR Number of children: 1–3 children per nurse Age of children: NR	Hermeneutic Phenomenological Design Thematic analysis	<ol style="list-style-type: none"> 1. Being guilty <ol style="list-style-type: none"> a. First aspect was simple guilt about the need to leave their children to go to work. b. Second aspect was the feelings of guilt associated with not being able to go to work for family-related reasons. 2. Being juggler. 3. Nurses had come to expect that it was reasonable to expect a woman who has worked all night (and in some cases were up for the majority of the day before) to care for their children either between or at the end of night shifts. 4. Being the person in their household whose work it was to manage their home, in the same way as they "owned" the care related to the children, whilst their husbands "helped." 5. Shift-working women experience decreased sleep quantity and quality.

(Continues)



TABLE 1 (Continued)

Author (year)	Study title	Country	Study aim	Population	Methodology	Key findings
Öke Karakay & Sönmez (2021)	A phenomenological study of nurses' experiences with maternal guilt in Turkey.	Turkey	This study aims to describe nurses' views on what it is like to be a working mother in Turkey.	Sample size: 10 registered nurses aged 25–41+ years old. Nursing experience: 7–21+ years Number of children: 1–3 children per nurse Age of children: NR	Phenomenological design Thematic analysis	<ol style="list-style-type: none"> Sense of inadequacy/helplessness <ol style="list-style-type: none"> Feeling of inadequacy created by being caught between job-related requirements and expectations in motherhood Missing out on spending time with their children. Sense of responsibility. Participants expressed an intense belief that it was their primary responsibility as the child's primary caregiver to be involved in the management of the child's developmental process. Tools the participants use in dealing with their intense feelings of responsibility and inadequacy regarding their children is tapping into their desire to have a positive impact on their children. Torn between advancing in their career and being a "good mother." Some signs of burnout were noted in the experiences conveyed by the participants.
Sarıtaş (2019)	Precarious contours of work–family conflict: the case of nurses in Turkey	Turkey	To contribute to the research on precariousness through a focus on the gendered aspects of the work–family (im)balance experienced by full-time nurses and on how gender roles have adjusted to current tendencies inside and outside of the HLP.	Sample size: 50 registered nurse Nursing experience: At least 10 years (mean 20–30 years) Number of children: 43 children in total Age of children: 21 children were of pre-school age.	Generic qualitative design Content analysis	<ol style="list-style-type: none"> 1. Invasion of life by work. <ol style="list-style-type: none"> As another outcome of the staffing deficit, shifts rotated rapidly and the absence of one nurse put the physical and emotional burden of the workload on the shoulders of nurses remaining in the ward. Rapid shift rotation, upward pressure on working hours and increases in the numbers of night shifts made the health labor process physically and emotionally more demanding for nurses. 2. Compliance in work–family balance. 3. Aspects of reproductive insecurity. 4. Nurses find reconciling motherhood responsibilities difficult with intensified workload, unpredictable working hours and rapidly rotating night shifts. 5. Nurseries were not free and the nurses' possibility of benefiting from these nurseries was restricted by limited capacity and expensiveness. 6. Increased importance of spousal support in easing family interference with work associated with rapidly rotating night shifts due to staffing deficits

(Continues)



TABLE 1 (Continued)

Author (year)	Study title	Country	Study aim	Population	Methodology	Key findings
Skinner et al. (2011)	An in-depth study of Australian nurses' and midwives' work-life interaction.	Australia	To identify key workplace factors that contribute to negative work-life spill over for nurses and midwives in hospital practices.	Sample size: 25 registered nurses (21 females and 4 males) aged 18-55+ years old. Nursing experience: NR Number of children: NR Age of children: NR	Generic qualitative research Content analysis	<ol style="list-style-type: none"> Work Scheduling. <ol style="list-style-type: none"> Benefits to shorter shifts spoke arrangements, especially for those with caring responsibilities. Teamwork, negotiation, and good communication between management and staff were highlighted in examples of successful flexible working arrangements. Work-life and health detriments related to shiftwork <p>Difficulties managing school holiday care due to restrictions on the number of approvals for leave (some had to apply for leave 12 to 24 months in advance). Childcare.</p> <ol style="list-style-type: none"> a3. Participants managed by restricting the shifts that they worked or by coordinating working hours and care with their partner. <ol style="list-style-type: none"> Benefits of on-site childcare facilities.
Wu et al. (2022)	Intensive care unit nurses' perceptions of and coping strategies for motherhood experiences: a qualitative study.	Taiwan	To investigate ICU nurses' work and coping experiences in relation to their parental role, which can be considered to create and promote a friendly nursing workplace environment.	Sample size: 10 ICU registered nurses aged 28-37 years old. Nursing experience: NR Number of children: -1-2 children per nurse Age of children: 4 months-7 years old	Generic qualitative design Content analysis	<ol style="list-style-type: none"> Dilemma in life and work. <ol style="list-style-type: none"> Difficult for nurses to take an urgent leave and are required to work shifts. Insufficient manpower and deployment need nurses' support or extended working hours. If working nurses are unable to take temporary leave to care for their sick children, they feel sad and stressed. Swing shifts at work affect the parenting method. Parental engagement. <ol style="list-style-type: none"> Nurses with children must use coping strategies such as taking responsibility, becoming alert, seeking resources and support, and learning and practicing achieving a family-work balance. During time outside work, the participants tried to provide care and companionship in person to their children. Keep learning and practicing. <ol style="list-style-type: none"> Participants found that being alert, taking responsibility, seeking resources and support, and continuously learning and practicing helped them face the challenges of motherhood and establish family-work balance.

(Continues)



TABLE 1 (Continued)

Author (year)	Study title	Country	Study aim	Population	Methodology	Key findings
Yoo & Shim (2022)	Child-rearing experiences of female nurses working three shifts in South Korea: a qualitative study.	South Korea	To explore the experience of balancing a career with raising school-aged children and working three shifts and to suggest working environment changes to balance these roles	<p>Sample size: 12 registered nurses aged 30–40 years.</p> <p>Nursing experience: 7.17–15 years</p> <p>Number of children: At least 1 child per nurse</p> <p>Age of children: 4–9 years old.</p>	<p>Phenomenological design</p> <p>Interpretative phenomenological analysis</p>	<ol style="list-style-type: none"> 1. Facing a great crisis that completely shatters the axis of life. 2. Struggling with a hectic life. 3. Stuck in the shackles of parental leave without peace of mind. 4. Endless work and parenting inner conflict. 5. Children's fixed daily schedule made it hard for participants to simultaneously work and care for them because of their own unpredictable rotating work schedules. 6. Mentally difficult to be a three-day shift nurse when working at night or when their child was sick. 7. Physically difficult to work in rotating shifts and expressed being increasingly tired from reduced sleep time caused by their busy daily lives. 8. Struggling to continue their nursing career. 9. Support from whole family. 10. Longing for practical childcare policies and flexible workplace culture. <p>Work engagement inspired by the experience of someone's mother, rather than being identified as someone's mother, confirmed that they were worthy.</p>

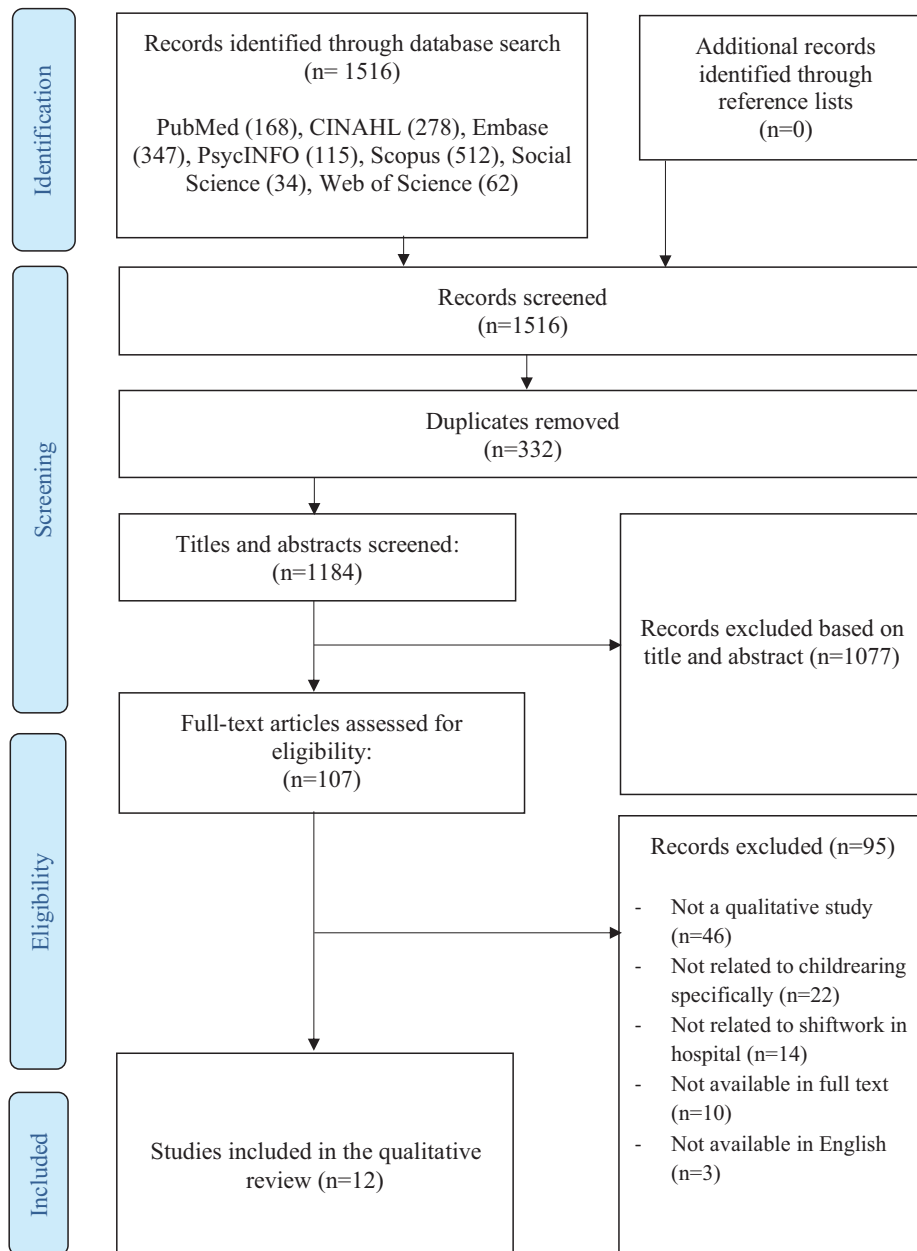


FIGURE 1 PRISMA flow diagram.

Work spill leading to parenting stress and familial frustrations

In multiple included studies, nurses reported experiencing heavier workloads and longer working hours due to a shortage of manpower leading them to spend lesser time with their children and hindering bonding opportunities (Alhani & Mahmoodi-Shan, 2018; Ha, 2016; Lagerström et al., 2010; Matheson et al., 2019; Öke Karakaya et al., 2021; Saritaş, 2020; Yoo & Shim, 2022). This was further exacerbated by the round-the-clock shift work, including weekends and public holidays, which often clashed with their children's schedules. Consequently, nurses felt guilty and stressed about neglect-

ing their children (Alhani & Mahmoodi-Shan, 2018; Ha, 2016; Lagerström et al., 2010; Öke Karakaya et al., 2021; Saritaş, 2020) as childcare responsibilities were often entrusted to other caregivers, and they had no time to check on their children's day to day lives. As one participant mentioned, "I think that you feel reliant on somebody else or you're asking someone to pick them up at school or you're asking someone can you just wait until I get there to pick them up.. you have no time to look into all this?" (Matheson et al., 2019, p. 3821).

Family members frequently expressed frustrations due to the nurses' work schedules, particularly during holidays or when planning family outings. As one participant stated, "I face difficulties during New Year's holidays. I have been on

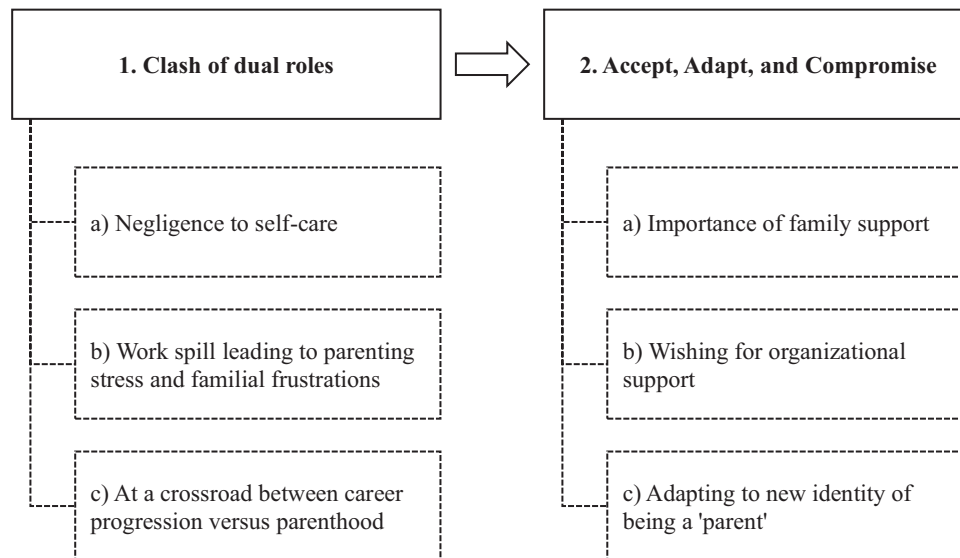


FIGURE 2 Summary of themes and subthemes.

shift on the transition to New Year... my husband and our children said, 'Wasn't it possible not to go on shift on that day?' or 'When we want to go somewhere on those days if it interferes in my shift. It aches my heart' (Alhani & Mahmoodi-Shan, 2018, p. 83). Additionally, unforeseen circumstances in the hospital often caused nurses to work extra hours, further reducing bonding opportunities with their children. As one participant explained, "Sometimes, maybe a patient's condition changes suddenly, like needing extracorporeal membrane oxygenation! Your working hours will be extended for a long time, yes! Even your vacation will get cancelled. You're just going to go to work..." (Wu et al., 2022, p. 5).

Given the relentless and intensified demands from work, nurses were completely exhausted and were unable to provide quality care to their children, leading many participants to express shame and remorse about not being able to invest the same amount of effort in their children as they did in their careers (Albini & Labronici, 2007; Christopher, 2022; Saritaş, 2020). As one nurse put it, "As compared to children in a ward, I do not devote the same amount of attention and patience to my own children and husband at home. I sometimes regret this situation and ask myself...don't my husband and children deserve the same attention and patience?" (Saritaş, 2020, p. 66).

At a crossroad between career progression versus parenthood

Balancing career advancement and parenting responsibilities was a common challenge for participants, who were worried that taking time off for family-related reasons could negatively impact their job prospects (Albini & Labronici, 2007; Öke Karakaya et al., 2021; Yoo & Shim, 2022). As noted, "If I keep

taking a break, it becomes difficult to adjust again, and I stayed with an anxious mind during parental leave because I thought that I could be in a disadvantageous position at work in the long term, and I eventually returned faster than planned" (Yoo & Shim, 2022, p. 321). However, due to the shortage of nurses in hospitals, taking leave from work was not always feasible (Alhani & Mahmoodi-Shan, 2018; Lagerström et al., 2010; Matheson et al., 2019; Öke Karakaya et al., 2021; Saritaş, 2020; Skinner et al., 2011; Wu et al., 2022; Yoo & Shim, 2022), leaving many with a difficult choice when it came to last-minute absences (Matheson et al., 2019; Öke Karakaya et al., 2021; Wu et al., 2022; Yoo & Shim, 2022), such as feeling guilty about placing an additional burden on their colleagues or leaving their sick children behind. This led a participant to "push [herself] to go [to work]" even when her child was sick and needed care (Matheson et al., 2019). Additionally, advanced planning did not always ensure that participants could secure a leave of absence (Alhani & Mahmoodi-Shan, 2018; Skinner et al., 2011) and often put them at the crossroads of choosing between their careers or families.

Theme 2: Accept, adapt, and compromise

This theme highlighted how some participants accepted their situation and found ways to adapt by seeking help from their family and friends. Despite the availability of alternative support for some, many compromised on their job goals to prioritize their family commitments.

Importance of family support

Shared childcare responsibilities between both partners were a significant supporting factor mentioned by the nurses



(Ha, 2016; Lagerström et al., 2010; Lindsay et al., 2009; Saritaş, 2020; Wu et al., 2022; Yoo & Shim, 2022). Those whose partners were non-nurses and had more flexible working arrangements were able to better accommodate their children's schedules compared with nurses. As mentioned by a participant, "Since my husband currently has a flexible work schedule, he often takes care of the children alone. As the kids spend a lot of time with their dad, they have a very close bond, and I like that" (Yoo & Shim, 2022, p. 323). Support from parents and in-laws also helped to shoulder the childcare burden (Alhani & Mahmoodi-Shan, 2018; Matheson et al., 2019; Yoo & Shim, 2022). This allowed participants to have some time for themselves and "that extra hour (of sleep)..." (Matheson et al., 2019, p. 3822).

Wishing for organizational support

Nurses highlighted the support available from friends and family was greatly appreciated; however, they emphasized the need for the organizations to have flexibility and improvisation in childcare policies (Lagerström et al., 2010; Lindsay et al., 2009; Saritaş, 2020; Skinner et al., 2011; Yoo & Shim, 2022). Nurses preferred on-site childcare facilities over private centers due to their flexible hours that accommodated shift work (Alhani & Mahmoodi-Shan, 2018; Ha, 2016; Lindsay et al., 2009; Skinner et al., 2011; Yoo & Shim, 2022). However, the cost and limited capacity of such facilities often made it difficult for nurses to utilize them (Lindsay et al., 2009; Saritaş, 2020; Skinner et al., 2011; Yoo & Shim, 2022). Nurses also highlighted the importance of establishing good relationships with colleagues, particularly managers, to promote flexible working arrangements (Christopher, 2022; Saritaş, 2020; Skinner et al., 2011; Wu et al., 2022; Yoo & Shim, 2022). Managers who displayed understanding and responsiveness to parents' needs were highly valued as they facilitated the arrangement of shifts to accommodate family responsibilities. Echoing this sentiment, a participant expressed appreciation for the head nurses' support, stating, "If we experience any situations, as long as we tell the head nurse in advance, she will try her best to change shifts for us... I really appreciate her support" (Wu et al., 2022, p. 7). This participant's testimonial further emphasizes the significance of colleagues' willingness to cover for each other in promoting teamwork and fostering understanding among team members (Skinner et al., 2011).

Adapting to new identity of being a 'parent'

Nurses felt a strong sense of responsibility toward their children as they transitioned into parenthood (Lindsay et al., 2009; Matheson et al., 2019; Öke Karakaya et al., 2021; Wu et al., 2022). Participants emphasized the importance of parents serving as the primary caregivers and taking accountability for their children's development. As expressed by nurses in the study, "I suppose think about your priorities and how important they are. Do you want the child raised by a stranger? What

did you actually have a child for in the first place?" (Lindsay et al., 2009, p. 669) and "Parents are the primary role models of children. Although grandparents can assist in childcare, they are not responsible for educating and raising children. Parenting and education actually fall on parents" (Wu et al., 2022, p. 7). Despite the challenges of juggling both roles, nurses adapted and found ways to cope (Alhani & Mahmoodi-Shan, 2018; Ha, 2016; Lagerström et al., 2010; Öke Karakaya et al., 2021; Wu et al., 2022; Yoo & Shim, 2022), which sometimes involved making compromising decisions about their career aspirations, such as working part-time or leaving their career, to prioritize their children's well-being (Lagerström et al., 2010; Lindsay et al., 2009; Skinner et al., 2011; Yoo & Shim, 2022).

DISCUSSION

This review consolidated the findings of 11 qualitative and mixed-methods studies that explored the experiences of nurses juggling professional and parental responsibilities. Current findings revealed that female nurses faced difficulties managing their dual roles, particularly due to the demanding nature of their profession. They relied on support systems and coping mechanisms to mitigate these challenges and called for additional organizational support to address their needs. Although the geographical scope of the included studies is broad, there is a lack of literature on the experiences of male nurses as all included studies were based on the experiences of female nurse-parents.

Female nurse-parents in our review devoted most of their time managing multiple role obligations, frequently sacrificing their time and self-care opportunities. This aligns with prior findings, which indicated that fatigue left nurses too drained to engage in physical activities, cook nutritious meals, or participate in stress-reducing practices such as yoga or meditation (Ross et al., 2019). Additionally, this exhaustion made it difficult for them to maintain social connections with friends and family, or to even get sufficient sleep, particularly when faced with quick shift turnarounds (Ross et al., 2019). Moreover, the nursing milieu has been characterized in previous research as one in which self-sacrifice is esteemed and regarded as standard practice (Ross et al., 2019). This could be cause for concern, as prolonged stress and insufficient rest have been associated with an increased likelihood of medication errors and reduced attentiveness to patient care among nurses (Nabirye et al., 2011). Such circumstances could contribute to compromised patient safety and a decline in the overall quality of care provided, emphasizing the need to provide needed support to the nurse-parents.

As such, it would be valuable to address the underlying factors contributing to the pervasive culture of self-sacrifice within the nursing profession. Healthcare professionals should strive to create an environment where a healthy work-life balance is encouraged, and one which emphasizes the importance of self-care. For instance, previous research (Botha et al., 2015; Penque, 2019; Veigh et al., 2021) has



emphasized that having mindfulness-based programs could help promote nurses' well-being, as these mindfulness interventions have been proven to be promising in reducing stress to help equip nurses with the necessary skills to manage clinical stress. In addition, nurse leaders could also organize exercise and fitness classes such as yoga or dance specifically for nursing staff as physical activity can contribute to improved mental and physical well-being as has been found (Puetz, 2006; Rice et al., 2014) to help combat feelings of fatigue and low energy. Besides, these group-based sessions can provide nurses with additional opportunities for social interaction with colleagues outside of work, which can help create a sense of camaraderie and mutual support within the nursing community. However, these suggestions need to be contextualized and further evaluated in future research.

Furthermore, in line with previous research by Simsek and Gunay (2021), we found that hospital staffing shortages and increased workloads led to longer working hours for nurses, which affected their parenting activities. Consequently, nurses faced burnout, which adversely affected the time spent with their children and the quality of parenting care provided. This can be attributed to the physical and mental exhaustion experienced during burnout, causing parents to become detached and emotionally distant from their children over time (Mikolajczak et al., 2021). These findings align with previous research suggesting that parents who suffer from burnout tend to engage in child abuse and neglect, placing children at risk of adverse short-term outcomes (such as psychological problems like depressive and anxiety symptoms) (Norman et al., 2012; Yang et al., 2021), and long-term consequences (such as being at a greater risk for suicide and drug use) (Norman et al., 2012). As such, it is essential to provide nurse-parents additional support to prevent them from overworking and to safeguard their mental well-being as they navigate the challenges of balancing professional and parental responsibilities.

Potential approaches to better support nurse-parents in balancing their professional and personal lives could include hospitals providing their nurses with not only access to childcare resources to manage their parenting duties but also access to well-being resources such as mental health support and self-care resources, such as counseling services or stress management programs to help them cope with the dual demands of their profession and family care. Hospitals could also address the issue of staff shortages by hiring ancillary staff to reduce excessive workloads and alleviate the pressure on nurses piling clinical work. Future research could also consider the evaluation of alternative shift works (e.g., more rest days with longer working hours with prolonged overlapping shifts to have adequate staffing), to ensure nurses who are parents have time to gradually transit and adapt to the competing demands of their professional and parenting roles.

Moreover, a major concern that was raised by nurses was the impact of shift work on their family lives. In line with the findings of Morrell (2005), nurses in this review highlighted that shift work often required them to work on public holidays and weekends, which frequently conflicted with their

family's schedules. This issue, in addition to the uncertainty of being able to take a leave of absence, results in nurse-parents struggling to allocate equal time and effort to their children as compared with their careers. This lack of attention may not only stress nurses as parents but could have long-term significant consequences on their children, as children neglected during their early childhood years are at a higher risk of developing emotional and behavioral difficulties (Duffield et al., 2014). Moreover, active child-parent interaction has been proven to be effective in developing better social and fine motor skills in children in the long run (Gutman & Feinstein, 2010), which may have a long-term impact on society by large.

Consequently, as nurses have expressed a preference for regular working hours over irregular shift work due to the reduced disruption to family responsibilities (Morrell, 2005), policymakers should be receptive to the concerns that have been raised by nurses, and make adjustments to accommodate at least the needs of nurses who are new parents. To better support nurses with family responsibilities, changes can be implemented at the organizational level to create a more supportive work environment for nurse-parents. For instance, hospitals should introduce family-friendly shift arrangements, such as avoiding consecutive night shifts, offering nurses the option to choose preferred shifts, and providing predictable and consistent schedules to minimize disruption to family life (Wiß, 2017). In addition, legislative bodies should review and revise parental leave policies to promote employee well-being, ensuring that these policies help individuals effectively manage their family life while remaining equitable and supportive of both parents' needs. Although some changes may require legislative action, healthcare organizations and policymakers should collaborate with various stakeholders, especially the regulatory boards, to identify and implement the most appropriate strategies, without negatively impacting career progression or job security, to alleviate the challenges faced by nurses and support them as they strive to balance their professional and personal responsibilities.

Furthermore, nurses raised the need to improve the current childcare policies. Many nurses preferred on-site childcare centers over private ones as the opening hours were accommodated to nursing shift work hours. However, the high cost and limited capacity of childcare hindered nurses from fully utilizing such facilities. As the purpose of childcare is to relieve parenting responsibilities such that nurses can better focus on work (Clendon & Walker, 2017), revisions to existing childcare regulations should be considered to lessen nurses' childcare burdens and promote parenthood within the profession. For instance, establishing on-site or nearby childcare facilities with extended operating hours to accommodate nursing shift work can alleviate childcare-related concerns for nurse-parents. Financial support or subsidies for childcare costs can also be considered.

Ultimately, parental care has been proven to be the most effective and beneficial to children's upbringing as compared with other forms of childcare (Hesketh et al., 2017). As such, healthcare organizations and policymakers must work



together to create an environment that supports nurses in balancing their professional and personal lives. This includes ensuring that nurses are not penalized in terms of career progression when they become new parents or need to take childcare-related leave. In these situations, management should exhibit leniency and understanding toward nurse-parents, fostering a supportive environment. Adopting these supportive measures would not only benefit the well-being of nurses and their families but also indirectly contribute to better patient care and outcomes. Nonetheless, despite the difficulties and challenges these nurse-parents faced, they learned to adapt and adjust to provide the most optimal care for their children. While a few nurses eventually chose to work part-time, many left this profession to focus more on their children's needs rather than on career progression. Moreover, the inability to manage both professional and familial aspects without compromising either eventually results in work-family conflict (Grzywacz et al., 2006). This work-family conflict further illiterates that nurses with childcare responsibilities eventually leave their careers, which exacerbates the manpower shortage issue (Jamieson & Tava, 2009).

Another issue that has been brought up by nurses in our review was the guilt they felt when delegating their workload to colleagues or when taking urgent leaves due to their children being sick. This finding aligns with another research's findings (Laskowski-Jones, 2014), and may be attributed to the desire of nurses to take responsibility for their actions, as it can be challenging to be accountable for the actions of others. Additionally, newer nurses may be apprehensive that colleagues might perceive them as incapable of handling their workload and develop a negative impression of them (Laskowski-Jones, 2014). One way to address this guilt experienced by nurses when delegating their workload is to foster a supportive and collaborative work culture within the healthcare setting. Staff members with children can contribute to a supportive work culture by offering guidance and peer support to colleagues who are parents and providing reassurance that seeking help is not a sign of weakness or incompetence, but rather an essential aspect of managing both professional and personal roles. Nurses with older children can also serve as peer supporters to share their coping and parenting skills and role model their professional journeys to provide hope and assurance to nurses who are new parents or nurses with younger or sick children.

Limitations

Due to the limited scope of the database search, imprecise titles or abstracts or the inclusion of only English-language studies may have left potential studies out. As nursing is a profession that is predominately held by women, the included studies may not be representative of the general population. This suggests the need for further research that equally focuses on perspectives from both male and female nurses. Despite the broad geographical scope of the included studies, this diversity may limit the transferability of the findings to specific

cultural and organizational contexts. Despite these limitations, to the best of our knowledge, this is the first qualitative systematic review that has consolidated and synthesized the evidence about nurses' (working on shift duties) experiences while managing parenthood.

Implications for future research

As culture plays an important role in parenting practices and help-seeking behaviors, there is a need for future research to take into account the unique challenges faced by nurses in different cultural and organizational settings, to develop context-specific interventions and support systems to address parenting and caregiving challenges effectively. Additionally, parenthood can be influenced by many external factors such as nurses' socioeconomic status, the number of children raised, marital status, etc. Future research could investigate the correlations and predictive factors that can influence parenting and professional roles. Moreover, our review did not specifically differentiate between the experiences of nurses with different ranks such as Chief Nursing Officers (CNOs) and Advanced Practice Registered Nurses (APRNs) in managing work and parental duties. Given the varying roles and responsibilities of nurses with additional administrative and clinical roles within the nursing profession, exploring how these differences may influence the demands and pressures faced by individuals when managing their work and parenthood may prove to be beneficial in identifying the unique challenges faced by nurses in balancing their professional and parental roles and responsibilities. Lastly, future research could also investigate male nurses' perspectives on parenting, which would offer a more holistic view of nurses' experiences with parenthood. Comparisons between different cultural and geographical customs could also be investigated, as these factors might influence how nurses care for their children. Longitudinal research should be conducted to ensure that childcare policies are introduced timely and remain effective and relevant, meeting the evolving needs of nurses and parenthood.

Implications for practice

This review highlighted the challenges faced by female nurse-parents in balancing their professional and parental responsibilities, with concerns ranging from long working hours, shift work, and childcare to delegation-related and urgent leave-taking-related guilt. The demanding nature of the nursing profession contributed to stress, burnout, and negative consequences for family life. To address these issues, administrators and policymakers should provide relevant support from self-care resources, to hire ancillary staff to alleviate the pressures of demanding shift work on nurses who are new parents. Policymakers and relevant stakeholders should work together to introduce family-friendly alternative shift arrangements, review parental leave policies, and revise childcare regulations, all of which would help support nurses as parents



with family responsibilities. Furthermore, fostering a supportive work culture within the healthcare setting, including clear delegation guidelines and teamwork-focused policies, can help alleviate the guilt experienced by nurses when delegating tasks. Introducing a peer buddy support system where experienced nurse-parents can share their coping and survival tips for handling professional and personal lives. Addressing these concerns will not only benefit the well-being of nurse-parents and their families but also contribute to better and safer patient care as well as society by large.

CONCLUSION

This review consolidated the challenges faced by nurse-parents in balancing professional and parental responsibilities. Key issues included long working hours, shift work, childcare difficulties, and delegation-related guilt, which contributed to stress, burnout, and negative consequences for family life. To address these concerns, relevant stakeholders should provide holistic support and self-care resources, introduce family-friendly shift arrangements, review parental leave policies, and revise childcare regulations. Fostering a supportive work culture within healthcare settings can help alleviate the guilt experienced by nurses when delegating tasks or taking urgent leaves. Addressing these challenges will benefit nurse-parents, their families, patient care, and ultimately, society by large.

AUTHOR CONTRIBUTIONS

Data search: PO, YY; data extraction: PO, YY; data analysis: PO, YY, SS; manuscript writing: PO, YY, SS; critical review: CX; review supervision: SS; critical revisions: SS.

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SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

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