# Work-Life Imbalance in Mosul's Female Nursing Workforce: Societal Pressures and Professional Strain

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## Abstract

**Introduction.** Work-life balance (WLB) is a crucial aspect of overall well-being, particularly for healthcare professionals such as nurses, who face the dual pressures of demanding professional responsibilities and personal life obligations. In post-conflict settings like Mosul, Iraq, female nurses encounter additional socio-cultural challenges that impact their ability to maintain WLB.

**Aim.** This study explores the factors connected to work-life balance among female nurses working in Mosul's teaching hospitals, focusing on professional and socio-cultural influences.

**Methods.** A cross-sectional descriptive survey was conducted on 250 female nurses employed in six teaching hospitals in Mosul. Data were collected using the Work-Life Balance (WLB) scale to assess participants' perceptions of their work-life balance. The mean age of the participants was 35.6 ± 7.8 years.

**Results.** The overall mean WLB score was 3.48, indicating moderate levels of perceived balance. Junior nurses reported lower WLB than senior nurses (3.31 vs. 3.72). Marital status was a significant predictor of WLB, with married nurses scoring lower than unmarried nurses. A negative correlation between years of experience and WLB (r=-0.43, *p*<0.01) was observed, suggesting a decline in WLB with increased job tenure. Strong support from family and colleagues was associated with better WLB, but structural challenges remained a key obstacle.

**Conclusions.** The findings highlight significant work-life balance challenges for female nurses in Mosul, particularly among junior and married nurses. Interventions such as flexible work schedules and enhanced organisational support are needed to improve WLB and reduce stress. Addressing the societal expectations placed on women in caregiving roles is also critical for fostering a more supportive work environment.

## Introduction

Work-life balance (WLB) refers to the equilibrium between professional responsibilities, family obligations, and social activities aligned with an individual's personal life priorities (1). Achieving this balance is essential for maintaining overall well-being, as an imbalance can lead to significant negative consequences (2). When work-life balance is disrupted, it takes a toll on physical and mental health and diminishes the quality of life for individuals and their families (3). This imbalance can manifest in various ways, such as increased stress, burnout, and a decline in personal relationships. Additionally, a lack of work-life balance often reduces job satisfaction, weakening employees' connection to their organization (4). Over time, this dissatisfaction can result in lower organizational commitment, ultimately increasing employee turnover (5). Therefore, promoting work-life balance is crucial not only for the health and happiness of individuals but also for fostering a more engaged, productive, and loyal workforce (6). Work-life balance is a critical topic in occupational health psychology, especially when understanding women's experiences in the workforce (7). The concept is gaining increasing attention as more research highlights women's unique challenges in balancing their professional responsibilities with personal and family obligations (8). In occupational health psychology, work-life balance is about managing time and ensuring psychological well-being, job satisfaction, and overall quality of life (9). For women, achieving a harmonious balance between work and life is often complicated by additional factors such as societal expectations, caregiving responsibilities, and gender-based workplace dynamics (10). Therefore, exploring work-life balance among women is essential to developing strategies that promote healthier work environments, enhance productivity, and support women's mental and physical well-being across various professions (11). Nurses are fundamental to the healthcare system, serving as the frontline caregivers, often patients' first point of contact. Their role extends beyond initial interactions; they maintain long-term communication and build trust with patients, providing continuous care throughout the treatment process (12). On the healthcare frontlines, nurses are responsible for delivering immediate care and attention and play a vital role in life-saving interventions. Their expertise and dedication make them indispensable pillars within hospitals, ensuring that patients receive comprehensive and compassionate care (13). Whether in emergencies, routine check-ups, or chronic care management, nurses are essential to the functioning of healthcare institutions, embodying the core values of empathy, skill, and resilience in the medical field (14). Their contribution is integral to patient recovery and overall health outcomes, underscoring their crucial role in the success of healthcare systems worldwide (15). While numerous studies have explored work-life balance in the healthcare sector, a lack of research focuses specifically on female nurses in post-conflict settings like Mosul. Most existing studies are concentrated in developed countries or stable environments, where the challenges and resources differ significantly from those in Mosul. Furthermore, there is limited data on how Mosul's unique socio-cultural and economic conditions impact female nurses' work-life balance. This gap in the literature highlights the need for localized research to inform policy and practice that can effectively address the needs of this specific group.

Female nurses in Mosul face significant challenges in balancing their work and personal lives due to the demanding nature of their jobs, socio-cultural expectations, and the recovering state of the healthcare system. However, empirical data on the factors influencing their perceived work-life balance is lacking. Without this information, developing targeted interventions to support these nurses is difficult, potentially leading to increased job dissatisfaction, burnout, and turnover rates.

## Aim

To explore the factors influencing work-life balance (WLB) among female nurses working in teaching hospitals in Mosul, Iraq, with a focus on both professional responsibilities and socio-cultural challenges unique to a post-conflict setting. By identifying these factors, the study seeks to provide insights that can inform strategies to enhance WLB for healthcare professionals in similar contexts.

## Methods

### Study design

A cross-sectional survey was conducted to collect participant data and explore the research topic thoroughly. The survey was administered systematically and without bias, ensuring that all participants were asked the same questions to facilitate easy comparison of their responses.

### Study setting

The study encompassed government hospitals in the City of Mosul, including six teaching hospitals: Al Salam Teaching Hospital, Al-Khansa Teaching Hospital, Ibn-Sina Teaching Hospital, Mosul General Hospital, Al-Jamhory Teaching Hospital, and Ibn Al-Atheer Teaching Hospital.

### Study sample

The study's sample comprised 250 female nursing staff from Mosul Teaching Hospitals, selected through a purposive sampling method to ensure a comprehensive understanding of work-life balance across various roles within the nursing profession. The mean age of participants was 35.6 years (± 7.8 years), with an age range from 22 to 55 years. The majority held a bachelor's degree in nursing, while some had diplomas or advanced degrees. Participants had an average of 10.2 years (± 5.3 years) of experience in the nursing field. In terms of marital status, approximately 60% were married, 25% were single, and 15% were widowed or divorced. On average, participants had 2.4 dependents, highlighting family obligations that could influence their work-life balance. The sample included nurses from various departments, such as emergency, surgery, pediatrics, and general medicine, reflecting a diverse range of professional roles and responsibilities. This demographic profile provides a rich context for understanding the challenges and factors affecting work-life balance among female nurses in Mosul's healthcare system.

### Criteria for selecting the purposive sample

The purposive sample for this study was carefully selected based on specific criteria to ensure the participation of female nursing staff who could provide meaningful insights into work-life balance practices. The inclusion criteria were as follows:

1. **Gender-Specific Focus**: Only female nursing staff were included, as the study aimed to focus on the unique work-life balance experiences of women in the nursing profession.
2. **Current Employment**: Participants needed to be actively employed as nursing staff in one of the Mosul Teaching Hospitals during the study period, ensuring the data represented current work-life balance practices in this setting.
3. **Role and Experience Diversity**: Nurses from a range of roles and experience levels, from junior to senior nursing leaders, were included to capture diverse perspectives across the nursing hierarchy.
4. **Availability During the Study Period**: Nurses who were on leave or otherwise unable to participate were excluded to maintain the consistency and relevance of the data.
5. **Voluntary Participation and Informed Consent**: Only those who voluntarily agreed to participate, having been fully informed of the study's purpose and procedures, were included. This ensured adherence to ethical standards and a genuine interest from participants.
6. **Focused Healthcare Environment**: The sample was exclusively drawn from nursing staff at the six teaching hospitals in Mosul City, creating a consistent healthcare environment for data collection.

These criteria were established to select a sample that would provide valuable insights and support the study's objectives effectively.

### Exclusion criteria

Several exclusion criteria were applied to ensure the integrity and relevance of the data collected for the study on work-life balance among female nursing staff in Mosul Teaching Hospitals. Male nursing staff were excluded, as the focus was on female nursing experiences. Part-time, temporary, or contractual

employees were also excluded to maintain consistency, focusing on full-time, permanent staff, whose work-life balance may be more representative of long-term employment. Female nurses on extended leave, such as maternity or medical leave, were excluded to reflect the experiences of those actively engaged in their professional roles. Newly hired nursing staff who worked for less than six months were not included to avoid data from individuals who may have yet to fully integrate into their roles. Additionally, nurses holding administrative or non-clinical roles were excluded, as their work-life balance experiences could differ significantly from those in clinical roles.

## Instruments

### Work-Life Balance (WLB) scale

The primary tool used for data collection in this study was the Work-Life Balance (WLB) scale, a comprehensive questionnaire of 22 statements designed to assess various dimensions of how individuals manage and maintain a balance between their work and personal lives. Participants responded to each statement using a Likert scale with the following options: Strongly Agree, Agree, Indifferent, Disagree, and Strongly Disagree.

The WLB scale demonstrated reliability, with a Cronbach's alpha coefficient of 0.87, indicating high internal consistency. The scale includes several subscales that measure different aspects of work-life balance, such as work demands, personal life fulfilment, and support systems, each showing acceptable reliability ranging from 0.75 to 0.83.

In interpreting the results, a higher total WLB score indicates a better work-life balance, meaning that participants are more effectively managing their professional and personal responsibilities.

It is important to note that some items in the scale had negative connotations; therefore, these statements were recoded to ensure a consistent interpretation of the overall results. After recording, higher scores consistently reflected a more favourable perception of work-life balance among participants. This approach allowed for more precise analysis and understanding of the factors influencing work-life balance in the context of female nurses in Mosul.

**Key areas assessed by the WLB scale**

1. **Communication and boundaries**: This section included **three statements,** such as "I clearly communicate my work hours to colleagues" and "I openly discuss work-life boundaries with my manager", which evaluated how effectively participants communicated their work-life boundaries to others.

2. **Time management**: **4 statements** like "I set specific times to check and respond to work emails" and "I have specific rituals to signal the end of my workday" were designed to measure participants' ability to manage their time and establish routines that separate work from personal life.

3. **Workspace and physical separation**: **3 statements,** such as "I have a designated workspace at home that helps me focus on work" and "I feel that my work and personal life are physically separated", assessed the degree to which participants created distinct physical environments for work and personal activities.

4. **Work interruptions and personal time**: This area included **three statements**: "I often get work-related calls or messages during personal time" and "I find it difficult to focus on personal activities due to work interruptions", which examined the impact of work-related intrusions on personal time.

5. **Support from family and colleagues**: The scale featured **two statements** such as "My family understands when I need to focus on work tasks" and "I feel supported by my colleagues when I need to leave work early for personal matters" to gauge the level of support participants received in maintaining a work-life balance.

6. **Flexibility and adaptability**: **3 statements**, "I can adjust my work hours to accommodate personal responsibilities better" and "I adapt my schedule as needed to maintain a balance", measured participants' flexibility in their work schedules and their ability to adapt to maintain balance.

7. **Stress and well-being**: **2 statements,** such as "I feel less stressed when I maintain clear boundaries" and "Maintaining work-life boundaries improves my overall well-being", were in-

cluded to assess the psychological impact of work-life balance on stress levels and overall well-being.

8. **Impact on productivity**: The item "I notice a decline in my productivity when my boundaries are blurred" was one of the **two statements** used to evaluate how a lack of work-life balance affected participants' productivity.

## Statistics

The data collected from the study were analyzed using SPSS version 26.0, employing both descriptive and inferential statistical methods to address the research objectives. Descriptive statistics were used to summarize the data, including frequencies, percentages, means, and standard deviations. Inferential statistics included Pearson correlation analysis to explore relationships between WLB scores and demographic variables, while independent samples t-tests and one-way ANOVA were used to compare WLB scores across different groups, such as married vs. unmarried participants and job positions. Post-hoc tests were performed when significant differences were found. To ensure the appropriateness of the parametric statistical analyses, a Kolmogorov-Smirnov (KS) test was conducted to assess the normality of the distribution of WLB scores. The results indicated that the distribution was approximately normal, justifying the use of parametric tests for further analysis.

Finally, multiple regression analysis was conducted to identify predictors of work-life balance, with demographic factors such as age, marital status, and job position treated as independent variables and WLB score as the dependent variable. The conditions for the regression analyses were met, ensuring the validity of the results. This analysis provided insights into the significant factors influencing work-life balance among female nurses in Mosul.

## Ethics

This study adhered to ethical standards to safeguard participants' rights and well-being. Prior to commencement, ethical approval was granted by the Institutional Review Board (IRB) at the University of Mosul (Reference Number: 43-CCMRE-NUR-24-14) on 28/10/2024. Participants received comprehensive information about the study's purpose, procedures, potential risks, and benefits. They provided written informed consent and were assured of their right to withdraw at any point without consequence. To maintain confidentiality, all responses were anonymized, and data access was restricted to authorized research personnel only. Data will be securely stored in a password-protected system for the duration required by institutional guidelines and responsibly disposed of thereafter.

## Results

### Demographic characteristics of participants

The sample included 250 female nursing staff from various teaching hospitals in Mosul. The mean age of the participants was 35.6 years (SD = 7.8), with the majority (62%) having between 5 and 15 years of work experience. Most participants (78%) were married, while 22% were unmarried. Regarding job positions, 55% were junior nurses, and 45% held senior nursing roles, providing a balanced representation across different levels of experience and responsibility.

| Table 1. **Demographic characteristics of participants** | |
|---|---|
| **Characteristic** | **Value** |
| Mean Age (Years) | 35.6 (SD=7.8) |
| Marital Status (Married) | 78% |
| Marital Status (Unmarried) | 22% |
| Job Position (Junior Nurse) | 55% |
| Job Position (Senior Nurse) | 45% |

The results in Table 1 provide an overview of the demographic characteristics of the participants in the study. The Mean Age of participants was 35.6 years (SD=7.8), indicating a moderately young nursing workforce. In terms of Marital Status, 78% of participants were married, while 22% were unmarried, suggesting that most participants balance work responsibilities alongside family life. Regarding Job Position, 55% were identified as junior nurses, whereas 45%

held senior nursing roles. This distribution shows a slightly higher representation of junior nurses, though senior nurses still make up a significant portion of the sample. These demographic insights provide context for interpreting the work-life balance findings within the study.

### Table 2. Work-Life Balance Scores

| Category | Mean Score | Standard Deviation |
|---|---|---|
| Overall WLB Score | 3.48 | 0.76 |
| Junior Nurses WLB | 3.31 | 0.67 |
| Senior Nurses WLB | 3.72 | 0.72 |

The results in Table 2 present work-life balance (WLB) scores for nursing staff, indicating differences between overall scores and those of junior versus senior nurses. The Overall WLB Score had a mean of 3.48 (SD=0.76), suggesting a moderate level of work-life balance across all participants. Junior Nurses had a slightly lower mean score of 3.31 (SD=0.67), reflecting potentially greater challenges in achieving work-life balance compared to their senior counterparts. Senior Nurses, however, had the highest mean score of 3.72 (SD=0.72), indicating that experience and seniority may be associated with better work-life balance. This variation highlights that senior nurses, with more experience and likely greater role flexibility, tend to report stronger work-life balance than junior nurses.

The results in Table 3 provide a comprehensive overview of work-life balance among nursing staff, highlighting both strengths and challenges. Participants demonstrated effective Communication and Boundaries (M=3.50, SD=0.70) and Time Management (M=3.42, SD=0.65), indicating consistent efforts to manage their schedules and communicate work-life boundaries. Workspace and Physical Separation (M=3.25, SD=0.60) was moderately maintained, although Work Interruptions and Personal Time (M=3.11, SD=0.82) posed a common issue, suggesting frequent disruptions to personal time. The highest mean score was in Support from Family and Colleagues (M=3.95, SD=0.62), reflecting strong social support, which likely contributes positively to balance. Flexibility and Adaptability (M=3.40, SD=0.75) and Impact on Productivity (M=3.20,

SD=0.68) scores indicate moderate adaptability and productivity levels, respectively, while Stress and Well-being scored lowest (M=2.98, SD=0.83), suggesting that stress and well-being are significantly impacted by work-life boundary challenges. These findings suggest that while support and communication are strong, maintaining personal time and managing stress remain critical areas for improvement.

### Table 3. Key areas assessed

| Category | Mean Score | Standard Deviation |
|---|---|---|
| Communication and Boundaries | 3.50 | 0.70 |
| Time Management | 3.42 | 0.65 |
| Workspace and Physical Separation | 3.25 | 0.60 |
| Work Interruptions and Personal Time | 3.11 | 0.82 |
| Support from Family and Colleagues | 3.95 | 0.62 |
| Flexibility and Adaptability | 3.40 | 0.75 |
| Stress and Well-being | 2.98 | 0.83 |
| Impact on Productivity | 3.20 | 0.68 |

### Table 4. Regression Analysis Results

| Predictor | Beta Coefficient | p-value |
|---|---|---|
| Marital Status | -0.36 | 0.001 |
| Job Position | 0.29 | 0.004 |
| Years of Experience | -0.24 | 0.011 |
| Model summary | R | $R^2$ |
|  | 0.65 | 0.42 |

The results in Table 4 present findings from the regression analysis, showing the influence of marital status, job position, and years of experience on work-life balance scores. Marital Status had a significant negative impact (Beta=-0.36, p=0.001), indicating that married participants reported lower work-life balance scores compared to their unmarried counterparts. Job Position had a positive effect (Beta=0.29, p=0.004), suggesting that those in senior roles

experienced better work-life balance. Years of Experience also showed a significant negative effect (Beta=-0.24, p=0.011), meaning that as years of experience increased, work-life balance scores tended to decrease. The overall model was significant, with an R value of 0.65 and an R² value of 0.42, indicating that approximately 42% of the variance in work-life balance scores can be explained by these predictors. These findings highlight the substantial influence of personal and professional factors on nurses' work-life balance.

## Discussion

The findings from this study provide valuable insights into the work-life balance (WLB) challenges faced by female nurses in Mosul teaching hospitals. The results indicate that achieving an effective balance between professional responsibilities and personal life is a significant challenge for many nurses, particularly for those in junior positions and those with more years of experience. These findings align with previous research, which suggests that work-life imbalance is prevalent among healthcare workers, especially in high-demand environments such as hospitals, where long working hours, high patient loads, and emotional stress are standard.

### Work-life balance challenges

Work-life balance (WLB) has been a critical issue in healthcare, particularly among nurses, where high workloads and emotional demands often lead to imbalance. The overall mean WLB score of 3.48 in this study reflects moderate levels of perceived balance, consistent with findings from similar research (16). Studies have shown that nurses, especially in high-demand environments, often struggle to maintain a healthy balance between work and personal life due to long shifts, emotional stress, and patient care demands (17-19).

The lower WLB scores among junior nurses compared to senior nurses (3.31 vs. 3.72) in this study likely reflect the limited control over work schedules and fewer coping resources available to junior staff – a

common challenge for early-career healthcare professionals. Research suggests that junior nurses often face greater difficulty establishing boundaries between work and personal life due to less experience and fewer support systems (20-23). Additionally, the significant negative correlation between years of experience and WLB scores (r=-0.43, $p$<0.01) indicates that, while senior nurses may report a higher sense of work-life balance, the increased responsibilities and potential for stress associated with greater tenure can impact balance negatively over time. Senior nurses benefit from job autonomy and role flexibility, which enhances WLB by allowing them more control in managing work and personal demands effectively. This supports findings from other studies, where job autonomy and role flexibility emerge as key factors in improving WLB, especially among more experienced healthcare workers (24).

### Societal and cultural factors

Societal and cultural factors are critical in shaping work-life balance (WLB), particularly in regions where traditional gender roles are emphasized. In this study, marital status emerged as a significant predictor of WLB, with married participants reporting lower WLB scores than their unmarried counterparts, reflecting the dual burden of managing professional obligations and domestic responsibilities. This finding aligns with existing literature, which consistently highlights those married women, especially those in healthcare, face increased challenges in balancing work and family life due to traditional gender roles that prioritize women's caregiving and household duties (25-27).

Studies have demonstrated that women in many cultures, including in the Middle East, are often expected to manage both work and home responsibilities, making it harder for them to achieve WLB (28-31).

In the specific cultural context of Mosul, societal expectations around women's roles as caregivers and homemakers further exacerbate these challenges. Research has shown that in conservative societies, such as Iraq, women often experience heightened pressure to fulfill family obligations, which can negatively impact their professional lives (32-33).

The strong support from family and colleagues reported in this study (mean score=3.95) is a positive finding, as numerous studies indicate that social support is a protective factor against workplace stress

and is associated with improved work-life balance.

However, social support alone may not fully alleviate the structural and systemic challenges contributing to work-life imbalance. Research suggests that while social support can mitigate some aspects of stress, addressing deeper organizational and societal issues, such as rigid work schedules and unequal domestic responsibilities, is essential for meaningful improvements in WLB (34-35).

## Implications for practice

The findings from this study have several practical implications. Firstly, healthcare administrators need to recognize the importance of flexible work schedules and support systems to help alleviate work-life imbalance, especially for junior nurses. Providing opportunities for job-sharing, flexible hours, or childcare support may help to ease the burden on nurses, particularly those with families.

Moreover, the significant role of marital status and years of experience as predictors of WLB highlights the need for targeted interventions that address the unique challenges faced by these groups. Senior nurses, for instance, may benefit from leadership training that includes strategies for managing work-life balance. In contrast, married nurses could benefit from family-friendly workplace policies that reduce the conflict between professional and personal responsibilities.

## Limitations and future research

This study provides valuable insights into the work-life balance of female nursing staff in Mosul Teaching Hospitals; however, several limitations should be acknowledged. The use of convenience sampling and the reliance on self-reported data introduce potential biases, which may affect the generalizability of the findings. Although the sample size of 250 participants is substantial, it may still limit the applicability of the results to other regions or healthcare settings in Iraq. The cross-sectional design of the study prevents the establishment of causal relationships, and the findings are specific to Mosul's cultural and social context, which limits their transferability.

Additionally, the study did not account for factors such as organizational culture, leadership styles, or external stressors, all of which could significantly impact work-life balance. Non-response bias may also be a concern, as the experiences of those who chose not to participate were not captured. Finally, the relatively short data collection period may not have fully reflected variations in work-life balance experiences over time or in response to different events. Future research should consider longitudinal studies to explore how work-life balance evolves over time and in response to organizational changes, as well as comparative studies in different regions or countries to provide a broader understanding of the factors affecting work-life balance in healthcare settings.

## Conclusion

In conclusion, this study highlights the complex and multifaceted nature of work-life balance for female nurses in Mosul teaching hospitals. While many nurses report moderate levels of WLB, significant challenges remain, particularly for junior nurses, married nurses, and those with more experience. Addressing these challenges will require a combination of organizational support, flexible policies, and targeted interventions that consider the unique needs of this population. By promoting a healthier work-life balance, healthcare institutions can improve the well-being of their nursing staff and enhance job satisfaction, retention, and patient care quality.

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# NERAVNOTEŽA IZMEĐU POSLOVNOG I PRIVATNOG ŽIVOTA MEDICINSKIH SESTARA U MOSULU: DRUŠTVENI PRITISCI I PROFESIONALNI NAPOR

## Sažetak

**Uvod**. Ravnoteža između poslovnog i privatnog života (WLB) ključni je aspekt sveukupnog blagostanja, posebno za zdravstvene djelatnike poput medicinskih sestara, koji se suočavaju s dvostrukim pritiscima zahtjevnih profesionalnih odgovornosti i osobnih životnih obveza. U postkonfliktnim okruženjima poput Mosula u Iraku medicinske sestre susreću se s dodatnim društveno-kulturnim izazovima koji utječu na njihovu sposobnost održavanja ravnoteže poslovnog i privatnog života.

**Cilj**. Ova studija istražuje čimbenike povezane s ravnotežom između poslovnog i privatnog života među medicinskim sestrama koje rade u nastavnim bolnicama u Mosulu, usredotočujući se na profesionalne i društveno-kulturne utjecaje.

**Metode**. Provedeno je presječno deskriptivno istraživanje na 250 medicinskih sestara zaposlenih u šest nastavnih bolnica u Mosulu. Podaci su prikupljeni primjenom ljestvice ravnoteže između poslovnog i privatnog života kako bi se procijenila percepcija sudionika o ravnoteži između njihova poslovnog i privatnog života. Prosječna dob sudionika bila je 35,6 ±7,8 godina.

**Rezultati**. Ukupni srednji WLB rezultat bio je 3,48, što ukazuje na umjerene razine percipirane ravnoteže. Mlađe medicinske sestre prijavile su niži WLB od starijih medicinskih sestara (3,31 u odnosu na 3,72). Bračni status bio je značajan prediktor WLB-a, pri čemu su udane medicinske sestre imale niži rezultat od neudanih. Uočena je negativna korelacija između godina iskustva i WLB (r = –0,43, $p<0,01$), što ukazuje na pad WLB s povećanjem radnog staža. Snažna podrška obitelji i kolega bila je povezana s boljim WLB-om, ali strukturni izazovi ostali su ključna prepreka.

**Zaključci**. Rezultati ističu znatne izazove ravnoteže između poslovnog i privatnog života za medicinske sestre u Mosulu, posebno među mlađim i udanim medicinskim sestrama. Potrebne su intervencije kao što su fleksibilni rasporedi rada i poboljšana organizacijska podrška kako bi se poboljšao WLB i smanjio stres. Rješavanje društvenih očekivanja koja se postavljaju ženama u ulogama njegovatelja također je ključno za poticanje radnog okruženja koje pruža veću podršku.

**Ključne riječi:** ravnoteža između poslovnog i privatnog života, medicinske sestre, profesionalni stres, bračni status