



## Cognitive-Behavioral Therapy in the Group on the Quality of Nurse' Work Life

Mardhiah<sup>1\*)</sup>; Bustami Syam<sup>2</sup>; Mahnum Lailan Nasution<sup>3</sup>; Elvi Andriani Yusuf<sup>4</sup>

<sup>1\*)</sup> Faculty of Nursing Universitas Sumatera Utara

<sup>2</sup> Faculty of Engineering Department of Mechanical Engineering Universitas Sumatera Utara

<sup>3</sup> Faculty of Nursing Universitas Sumatera Utara

<sup>4</sup> Faculty of Psychology Universitas Sumatera Utara

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### ABSTRACT

QThere are many problems in the quality of nursing service found in hospitals, which is influenced by the quality of the work-life of nurses. An alternative way that can improve the quality of work-life of nurses is cognitive-behavioral therapy in group implementation. The study aimed to identify the effect of cognitive-behavioral therapy in the group on the quality of work-life of nurses in the inpatient room at the hospital. The study was quasi-experimental with a control group pre-posttest design. The sample of each group was thirty-two nurses selected by simple random sampling. Data were collected using questionnaires and analyzed by paired sample t-test and independent t-test. The result showed that there was a significant difference between the quality of work-life before and after intervention in both groups (p-value 0.027). Cognitive-behavioral therapy in the group has an impact on improving the quality of the work-life of nurses. Cognitive-behavioral therapy in the group can be applied in hospitals to improve the quality of the work-life of nurses

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### Kata kunci:

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*\*) corresponding author*

Mardhiah

Faculty of Nursing Universitas Sumatera

Utara

Email: mardhiah\_21@yahoo.com

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### ABSTRAK

Ada banyak masalah dalam kualitas pelayanan keperawatan ditemukan di rumah sakit, yang mana berpengaruh dengan kualitas kehidupan kerja perawat. Salah satu cara alternative yang dapat meningkatkan kualitas kehidupan kerja pada perawa adalah implementasi cognitive-behavioral therapy in group. Tujuan penelitian untuk mengidentifikasi pengaruh cognitive-behavioral therapy in group terhadap kualitas kehidupan kerja perawat di ruang rawat inap rumah sakit. Penelitian ini adalah kuasi eksperiment dengan kelompok kontrol dengan rancangan sebelum dan sesudah. Sampel setiap kelompok adalah 32 perawat dipilih dengan simple random sampling. Data dikumpulkan dengan menggunakan kuesioner dan dianalisis menggunakan paired sample t-test and independent t-test. Hasil menunjukkan bahwa ada perbedaan yang significant diantara kualitas kehidupan kerja sebelum dan sesudah intervensi dalam kedua kelompok (p-value 0.027). Cognitive-behavioral therapy in group memiliki dampak terhadap peningkatan kualits kehidupan kerja perawat. Cognitive-behavioral therapy in group dapat diterapkan di rumah sakit untuk meningktakna kualitas kehidupan kerja perawat.

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## INTRODUCTION

The nurse's shift rotation schedule causes family life to change, where nurses cannot care for and accompany children when the child is healthy or sick at certain times according to the nurse's shift rotation schedule (Pahlavanzadeh, Asgari, & Ali mohammadi, 2016). Women have roles as mothers, wives, housekeepers, so women have multifunctional roles. This condition reduces the quality of the work-life of nurses (Pahlavanzadeh et al., 2016). Quality of work life is one of the concepts applied by management in managing the organization in general and human resources in particular. There are four dimensions in the quality of work-life that are expected to improve the quality of human resources, one of which is being able to participate in problem-solving (Nurendra & Purnamasari, 2017).

A high workload will reduce the quality of patient care and patient safety. A high workload will increase the level of anxiety, stress, fatigue, and conflicts among nurses. The negative effect caused by the high workload of nurses on patients is failure to save, while the negative effects on nurses are low job satisfaction, emotional exhaustion, fatigue, and high nurse turnover (Aiken, Sloane, Bruyneel, & Heede, 2015).

Nurses are very worried about workplace safety, physical security against contracting patient diseases, safety against reproach among professions and between professions, lack of a nursing manager's role in nursing work, and lack of nurse participation in decision making by nursing managers (Ahmad, 2013; Almalki, FitzGerald, & Clark, 2012). Nurses are seen as immoral, uncaring, and harsh individuals, have less medical competence, and lack autonomy (Sommers, Tarihoran, Sembel, & Tzeng, 2018).

The quality of work-life can be improved by reducing the work stress of nurses to improve the quality of work-life of nurses, one of which is the provision of a nurse stress reduction program. The stress reduction program that can be applied to nurses in hospitals is cognitive-behavioral therapy (CBT) in the group, which is a program that teaches nurses about techniques and methods to reduce nurse stress and improve nurses' ability to adapt to everyday stress (Wenzel, 2017).

The therapy is done by combining thoughts, feelings, and behavior. This method is cheap and effective in reducing nurse work stress, this program can reduce negative thinking and increase pleasure, thereby increasing the nurse's desire to carry out the therapy. Increasing the ability of nurses in managing stress will be able to reduce the factors that cause stress and build a comfortable environment, to improve patient recovery (Shariatkhah, Farajzadeh, & Khazae, 2017). The purpose of this study was to identify the effect of cognitive-behavioral therapy in the group on the quality of work-life of nurses in the Inpatient Room of the Hospital. Dr. Pirngadi Medan City.

## METHOD

### *Research design*

The study was Quasi-experimental with a control group pretest-posttest design where there was an intervention group that received Cognitive-behavioral therapy in the group while the control group was a group that did not receive intervention and was just a comparison from the

intervention group. The study was conducted at Dr. Pirngadi Hospital Medan from September to December 2019.

### *Sampling*

To determine the sample was used power analysis with  $\alpha=0.05$ , power  $(1-\beta)=0.08$ , effect size=0.7 (Polit & Beck, 2012) so that the sample was 32 each group selected using simple random sampling. Researchers screened the sample by distributing stress level questionnaires to nurses to capture nurses who had moderate and severe stress levels. After getting nurses who had moderate and severe stress levels, the researchers conducted simple random sampling to determine the sample and the researchers distributed a questionnaire on the quality of work-life in the intervention group and the control group as a pre-test. After assessing the quality of work-life of nurses, the intervention group respondents were given cognitive-behavioral therapy in the group, while the control group was not given any treatment

### *Procedure*

Cognitive-behavioral therapy in the group was carried out by dividing the sample into three groups, each group consisting of 12 to 13 participants. The implementation of cognitive-behavioral therapy in the group is led by a therapist, the therapist is assisted by a co-therapist and two facilitators. Activities in the first week were conducted in 1, 2, and 3 sessions, each session lasting 90 minutes. In the first week of the session, the co-therapist brainstormed with the participants regarding the stress experienced by the participants at work and related to theoretical concepts. The co-therapist also explained the relationship between stress experienced and quality of work-life as a result of the stress experienced by nurses so far. Then session 2 was explained the problems experienced by nurses and identified negative automatic thoughts. In session 3 the problems presented by the nurses were analyzed using the SORC concept (Stimulus, Organism, Response, Consequences). The activity continued with session 3, namely relaxation for nurses using progressive muscle relaxation.

The second week was continued with session 4 cognitive restructuring by identifying irrational thoughts that cause unpleasant emotions then counteracting those irrational thoughts with Socratic dialogue through the reality checking method, followed by teaching logical reasoning to find problem solutions and training nurses to use rational and functional thinking to reconstruct negative automatic thoughts. The activity was continued with 5 sessions, namely problem solving, the activities in this session began with the presentation of the problem then brainstorming was carried out to produce alternative solutions. The alternative solutions obtained are then listed and we evaluate together the advantages and disadvantages of each solution that we get. Then we choose one of the alternative solutions and we re-verify by re-evaluating whether the solution can solve the problem. To apply the alternative solutions that have been determined, what means must be prepared and if we apply the alternative solutions, what will the impact be on the results. The measurement of the quality of work-life of nurses was carried out after one month of the intervention was completed (Sank & Shaffer, 1984).

### *Measuring instrument*

The study used a measuring instrument that was standard and has proven its validity and reliability. Data

were collected using a nurse's quality of the work-life questionnaire. The questionnaire has been tested for validity using the content validity index (CVI) which was 0.9218. The reliability test using Cronbach's alpha was 0.879.

**Data analysis**

Demographic data was presented in the form of numbers and presentations while the quality of nurses' work-life

nurses was presented in the form of the average count. Data were analyzed using paired t-test and independent t-test. The analysis will be said to be significant if the p-value <0.05, which shows the effectiveness of cognitive-behavioral therapy in the group on the quality of nurses' work-life, with the help of IBM software 20.

**RESULTS AND DISCUSSION**

**Table 1.**  
**Respondent characteristics of intervention and control group (n=64)**

Variable	Intervention group (n=32)		Control group (n=32)	
	F	%	F	%
Age (years)				
Early adulthood 26-35	10	31.3	5	15.6
Late adult 36-45	16	50.0	27	84.4
Early elderly 46-55	5	15.6	0	0.0
Late 56-65	1	3.1	0	0.0
Gander				
Male	29	90.6	0	0.0
Female	3	9.4	32	100
Status				
Married	30	93.8	30	93.8
Widow/widower	1	3.1	2	6.3
Living separately with partner	1	3.1	0	0.0
Number of children				
Have not had a child yet	1	3.1	3	9.4
Have 1 child	3	9.4	4	12.5
Have 2 children	13	40.6	12	37.5
Have 3 children	14	43.8	7	21.9
Have more than 3 children	1	3.1	6	18.8
Ethnic				
Bataknese	19	59.4	21	65.5
Javanese	5	15.6	5	15.6
Malay	3	9.4	3	9.4
Aceh	5	15.6	1	3.1
Others	0	0.0	2	6.3
Religion				
Muslim	19	59.4	14	43.8
Christian	12	37.5	17	53.1
Others	1	3.1	1	3.1
Education				
Diploma	22	68.8	20	62.5
Bachelor	10	31.3	12	37.5
Employment status				
Permanent employees	23	71.9	15	46.9
Contract employees	9	28.1	17	53.1
Income				
≥ 2.500.000	23	71.9	15	46.9
< 2.500.000	9	28.1	17	53.1

**Table 2.**  
**Results of analysis of paired sample t-test on differences in the average quality of nurses' work-life before and after cognitive behavioral therapy interventions in the group (n=64)**

Group		Mean	SD	T	sig	N	
Intervention	Quality of nurses' work life	Before	164.34	20.844	-3.207	0.003	32
		After	179.31	18.306			
Control	Quality of nurses' work life	Before	165.63	17.661	-1,313	0.199	32
		After	169.81	15.120			

Table 1. shows that the majority of aged for both group intervention and control were late adults 50 % and 84.4%. The majority of gender was male 90.6% for intervention group while the female was a majority for control group 100%. The majority of status was married 93.8% for both group intervention and control. The majority have children was 3 children 43.8% for intervention group while the majority have children was 2 children 37.5% for the control group. The majority of ethnic for both groups was bataknese 59.4% intervention group and 65.5% control group. The majority of

religion for the intervention group was Muslim 59.4%, while the majority of religion for the control group was Christian 53.1%. The majority of education level was a diploma for both groups, 68.8% for the intervention group and 62.5% for the control group. The majority of employment status was permanent employees 71.9% for the intervention group, while the control group was contract employees 53.1%. The majority income was more than Rp2.500.000 for the intervention group 71.9%, while the control group was less than Rp2.500.000 (53.1%).

**Table 3.**  
**Results of the Wilcoxon sign rank test analysis of the average differences for each dimension of nurses' quality of work-life (work-life/home life, work design, work context, work world) before and after cognitive-behavioral therapy (n=64 )**

Group		Mean	SD	z	Sig	N
Intervention						
Work-Life/Home Life	Before	25.94	4.158	-	0.073	32
	After	28.13	3.679	1.791		
Work Design	Before	42.31	4.967	-	0.019	32
	After	44.75	4.235	2.338		
Work Context	Before	78.13	9.876	-	0.000	32
	After	86.69	10.397	3.681		
Work World	Before	17.97	3.238	-	0.020	32
	After	19.75	2.896	2.325		
Control						
Work-Life/Home Life	Before	26.47	3.877	-	0.795	32
	After	26.78	3.982	0.260		
Work Design	Before	42.63	3.462	-	0.141	32
	After	44.03	4.410	1.473		
Work Context	Before	79.09	11.011	-	0.611	32
	After	80.66	9.338	0.509		
Work World	Before	17.44	3.222	-	0.148	32
	After	18.41	1.915	1.446		

**Table 4.**  
**The results of the analysis of the average increase and decrease in each dimension of the quality of work-life of nurses (Work-Life/Home Life, Work Design, Work Context, Work World) Before and After Cognitive Behavioral Therapy in Group (n=64)**

Group		Mean Rank	N	Difference between Increase and Decrease	sig	N
Intervention						
Work-Life/Home Life	Increase	15.79	19	2.29	0.073	32
	Decrease	13.50	10			
	Unchanged		3			
Work Design	Increase	16.48	21	3.26	0.019	32
	Decrease	13.22	9			
	Unchanged		2			
Work Context	Increase	15.85	23	7.55	0.000	32
	Decrease	8.30	5			
	Unchanged		4			
Work World	Increase	12.83	18	1.33	0.020	32
	Decrease	11.50	6			
	Unchanged		8			
Control						
Work-Life/Home Life	Increase	14.34	16	-1.47	0.795	32
	Decrease	15.81	13			
	Unchanged		3			
Work Design	Increase	17.13	20	1.67	0.141	32
	Decrease	15.46	12			
	Unchanged		0			
Work Context	Increase	14.18	17	-1.99	0.611	32
	Decrease	16.17	12			
	Unchanged		3			
Work World	Increase	14.40	15	3.5	0.148	32
	Decrease	10.90	10			
	Unchanged		7			

Table 2. shows that the statistical test results of the paired sample t-test in the intervention group obtained a p-value of 0.003, it can be concluded that the p-value <0.05 means that there is an influence of cognitive-behavioral therapy in the group on the quality of work-life of nurses.

Table 3. shows that several dimensions in the intervention group have a significant effect on Cognitive Behavioral Therapy in Group, including work design with a significance value of 0.019, work context with a significance value of 0.000, work world with a significance value of 0.020, while the work dimension has a significance value of 0.020. Life/home life does not have a significant effect on Cognitive Behavioral Therapy in Group. In the control group, it was found that all dimensions, namely Work-Life/Home Life, Work Design, Work Context, Work World did not have a significant effect on Cognitive Behavioral Therapy in Group.

The intervention group has 3 dimensions of quality of work-life that have a significant influence after being given cognitive behavioral therapy in the group, namely the dimensions of work design, work context, and work world. The dimension that has the greatest influence after cognitive behavioral therapy in the group is the work context dimension with an average increase of 15.85 experienced by a sample of 23 nurses, an average decrease of 8.30 experienced by a sample of 5 nurses, and no change experienced by the sample as many as 4 nurses so that the difference between the highest increase and decrease is 7.55. The work context dimension also has a significance value of 0.000, so it can be concluded that cognitive-behavioral therapy in the group has a significant influence on the work context. It can be seen in table 4.

**Table 5.**  
**Results of independent t-test analysis of differences in mean values of quality of work-life in the control group and intervention before and after cognitive-behavioral therapy in the group (n=64)**

Variable	Group	Mean	SD	T	sig	n
<i>Pre-Test</i>						
Quality of work-life of nurses	Intervention	164.34	20.844	-0.265	0.792	64
	Control	165.63	17.661			
<i>Post Test</i>						
Quality of work-life of nurses	Intervention	179.31	18.306	2.263	0.027	64
	Control	169.81	15.120			

Table 5. shows that the results of the independent t-test statistical test obtained a p-value 0.027 on the quality of work-life of nurses after the intervention, so it can be concluded that if the p-value <0.05, it means that there is a significant difference in the mean value in the intervention and control group after intervention (post-test).

The quality of the working life of nurses at various ages indicates the need for attention to the personal needs of nurses at various ages. Nurses with good educational qualifications tend to have a lower quality of nurses' work-life than others, this shows that career development is not optimal and requires long-term career development planning in hospitals. The quality of work-life of contract nurses is lower than that of permanent nurses, this is related to the unequal payment system for different nurse statuses, the need to apply the same payment system to work, and the same responsibilities to nurses (Wang & Tsai, 2014).

There are significant differences in the quality of working life in various genders, marital status, number of dependent children, position, tenure, amount of salary received. Male nurses have a lower quality of nursing work life compared to women. Older nurses have a better quality of work-life compared to younger nurses. Older nurses have more experience, a higher quality of work-life than younger and less experienced nurses. Nurses who are married, have children, and live with their families have a higher quality of nursing work life compared to nurses who are not married and do not have children. Nurses who have a good education have a higher quality of work-life for nurses than others (Abdelhafiz et al., 2016).

Cognitive-behavioral therapy in groups is one of the programs used to improve the quality of nurses' working life. Cognitive-behavioral therapy in the group is a therapy designed to change dysfunctional thinking into functional so that nurses will look for different thoughts from before related to the problems faced by each nurse. In addition, Cognitive behavioral therapy in the group teaches nurses to find solutions to problems faced more effectively, to improve

the quality of nurses' work life and productivity at work (Shariatkhah et al., 2017; Viselita, Handiyani, & Pujasari, 2019; Wenzel, 2017).

The quality of the work-life of nurses in hospitals is not only influenced by internal factors from within the nurses themselves but is influenced by external factors from nurses. One of the external factors found by researchers at the research site was the hospital's policy related to the monthly nurse payment system which had problems, nurses were often not paid on time, even within a few months the hospital nurse did not get paid. This greatly affects the quality of work-life of nurses, even these problems can affect other factors, which in turn will reduce the quality of working life of nurses in hospitals to be very poor (Brooks et al., 2007).

The quality of the work-life of nurses is defined as the degree to which nurses can meet important personal needs through their experience in their work organization while achieving organizational goals. It is very important for hospitals to continuously evaluate the quality of the work-life of nurses. Evaluating the quality of the work-life of nurses allows hospitals to be aware of the challenges in the hospital work environment that affect the job satisfaction of nurses and nurses' commitment to their work (Kaddourah, Abu-Shaheen, & Al-Tannir, 2018).

Cognitive-behavioral therapy in a group applies problem-solving activities in certain time intervals which aims to reduce emotional distress and improve nurses' adaptability to psychological disorders and problem-solving. Cognitive-behavioral therapy in the group uses a cognitive restructuring method, by changing dysfunctional thinking into functional, in this therapy nurses are introduced to situations and factors that can trigger stress within a certain period, with intensity, ability to control stress and goals to be achieved. This therapy provides an opportunity for nurses to train themselves in solving problems at hand, so nurses can find ways to solve problems effectively (Shariatkhah et al., 2017; Wenzel, 2017). Cognitive-behavioral therapy in the

group is a program that can be used to improve the quality of the working life of nurses in hospitals. This program can also be used to improve nurse performance and nurse commitment to work (Kuribayashi et al., 2019; L. Wang, Wang, Liu, & Wang, 2020).

Stress reduction programs can improve the quality of work life. However, if the program is supported by other factors, it will have a greater influence. The quality of the work-life of nurses in hospitals is also influenced by the ease of nurses working administratively and operationally. Nurses more easily reach all the documents and equipment needed, nurses in caring for patients are supported by facilities that make it easier for nurses to reach patients both in terms of rooms and technology provided by hospitals for patient care. This factor greatly affects the productivity and satisfaction of nurses at work. The better the hospital supports these factors, the better nurses are at work, and this improves the quality of nurses' working life.

#### LIMITATION OF THE STUDY

The implementation of cognitive-behavioral therapy in the group was carried out to improve nurses' coping with the problems they were facing, and to train them to solve the problems they were facing more effectively, but some samples found that the problems they faced became more severe due to the addition of external stressors, so they needed time to return. for respondents to obtain appropriate coping and problem-solving for new stressors.

#### CONCLUSIONS AND SUGGESTIONS

There was a significant difference between the quality of work-life of nurses before and after cognitive-behavioral therapy in the group for the intervention group. Cognitive-behavioral therapy in the group has an impact on improving the quality of work-life of nurses in the intervention group, the dimension of quality of work-life that has the most influence in this study is the work context. There was a significant difference in the work context post-giving cognitive behavioral therapy in the group in the intervention and control group.

It is hoped that the hospital management will hold cognitive behavioral therapy in groups regularly for nurses who have a low quality of work-life for nurses. Cognitive-behavioral therapy in this group is one of the therapeutic options for nurses to reduce stress levels so that the quality of the work-life of nurses can increase.

#### ETHICAL CONSIDERATIONS

This study was approved by The Research Ethics Committee, Faculty of Nursing, Universitas Sumatera Utara No. 1883/VIII/SP/2019.

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#### Conflict of Interest Statement

The author declares that there is no potential conflict of interest concerning the authorship and publication of this article.

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