



Compulsory citizenship behaviour and work-family conflict among nurses in Nigeria: Examining the moderating effects of psychological detachment and conscientiousness

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Received: 16 May 2025; Accepted: 18 November 2025; Published: 29 April 2026

Abstract: This study examined the moderating effects of psychological detachment and conscientiousness on the relationship between compulsory citizenship behaviour (CCB) and work-family conflict (WFC) among nurses. Data were gathered from 289 nurses (104 males and 185 females) working in public hospitals in the southwestern part of Nigeria. They completed self-report measures on CCB, WFC, psychological detachment, and conscientiousness. Hayes PROCESS Macro results showed that CCB was associated with higher WFC among nurses. Psychological detachment ($\beta = -0.05$, $p < 0.006$) and conscientiousness ($\beta = -0.02$, $p < 0.003$) significantly moderated the relationship between CCB and WFC, such that higher levels of these factors mitigated the negative impact of CCB on WFC. These findings are consistent with the conservation of resources theory, as they indicate that the negative effects of resource-depleting demands (CCB) are attenuated by the availability of additional resources, namely, psychological detachment and conscientiousness. Interventions aimed at fostering psychological detachment and conscientious work habits, such as time management training or goal-setting workshops, could be strategically implemented to enhance this protective trait among nurses.

Keywords: compulsory citizenship behaviour; conscientiousness; psychological detachment; nurses; work-family conflict; Nigeria

Introduction

Nurses, as frontline caregivers, often endure and bear the brunt of workplace pressures, regularly undertaking responsibilities that extend beyond their official job descriptions (Faremi et al., 2019; Balogun et al., 2025). While some of these actions may be voluntary and beneficial to the organization, others are performed under duress, a phenomenon known as compulsory citizenship behaviour (CCB) (Baig & Riaz, 2021). CCB refers to additional responsibilities that employees feel pressured to undertake rather than choosing to do so voluntarily (Vigoda-Gadot, 2007). Such behaviors may increase the risk of work-family conflict (WFC), which arises when work demands interfere with family obligations and responsibilities (Liu et al., 2017).

However, despite existing research, the specific potential moderators of the relationship between CCB and WFC remain unclear in the healthcare services literature. Although personal resources such as psychological detachment and conscientiousness have been proposed as potential moderators (Chen et al., 2023), few studies have examined these dynamics within the nursing profession in a developing country like Nigeria. Consequently, this study aims to investigate the moderating effects of psychological detachment and conscientiousness on the relationship between CCB and WFC among nurses working in public hospitals in Nigeria.

Compulsory citizenship behaviour and work-family conflict

CCB refers to nurses' engagement in extra-role tasks that are performed under pressure rather than through voluntary prosocial motivation (Neves & Andrade,

2021; Vigoda-Gadot, 2006). In nursing, such behaviours often emerge when nurses feel compelled to extend their working hours, cover additional shifts, or perform tasks beyond their formal job descriptions to maintain patient care and team functioning (Van Bogaert et al., 2013; Zhang et al., 2022). Although these behaviours may appear beneficial for organizations in the short term, they often carry negative psychological and familial consequences. Higher CCB can deplete nurses' emotional and physical resources, increasing work-related stress (Ünalı Baydın et al., 2020) and reducing the energy available for family responsibilities (Neves & Andrade, 2021). Consequently, CCB may increase WFC among nurses (Zhang et al., 2022).

In nursing, CCB has emerged as a significant yet under recognized issue due to the profession's intense interpersonal and hierarchical dynamics. Nurses frequently encounter situations where they feel obligated to perform additional duties, such as extending work hours, filling staffing gaps, or attending to non-assigned patients, to meet organizational or managerial expectations (Balogun, 2023; Lake, 2007). Studies have revealed that such coerced extra-role behaviors often arise in understaffed or high-demand hospital environments, where compliance is perceived as a prerequisite for favorable evaluations or continued employment (Yildiz et al., 2022). For instance, Van Bogaert et al. (2013) and Lucas and Nunes (2020) demonstrated that unfavorable nurse practice environments characterized by poor staffing levels, inadequate managerial support, and high workload demands contribute to burnout and emotional exhaustion, conditions that may compel nurses to engage in non-voluntary extra-role behaviors to maintain care standards.



The conservation of resources (COR) theory (Hobfoll et al., 2012) supports this reasoning. According to COR theory, individuals possess finite resources, time, energy, and psychological capacity, and stress ensues when these resources are threatened, lost, or expended without adequate replenishment (Hobfoll, 1989, 2011). This suggests that nurses who frequently engage in CCB expend additional resources, such as time, energy, and knowledge, on work demands at the expense of their family and personal roles, thereby increasing their experience of WFC.

Some empirical findings within nursing populations have also shown that excessive work demands and involuntary citizenship behaviours spill over into nurses' personal lives, disrupting rest, family interaction, and psychological recovery. For instance, Van Bogaert et al. (2013) found that high workloads, limited autonomy, and strained interpersonal relations within the nurse practice environment led to greater burnout and job dissatisfaction, both of which are established precursors of WFC. Similarly, Rhéaume (2022) reported that nurses who experienced coercive work expectations or excessive job demands demonstrated higher emotional exhaustion and greater interference between work and family roles. These findings suggest that the resource-draining nature of CCB can have significant implications for nurses' work–life balance.

Psychological detachment moderation

Psychological detachment, mentally switching off from work during non-work time, is a core recovery experience and is central in the stressor-detachment/recovery literature (Sonnentag et al., 2010). Psychological detachment allows nurses to replenish their personal resources, thereby enhancing their well-being and non-work outcomes (Boekhorst et al., 2017). Nurses with high levels of psychological detachment are better able to conserve and restore their limited resources (Zhao et al., 2023). Consistent with the framework of COR theory (Hobfoll, 2011), when nurses successfully detach from work during non-work periods, the recovery process that follows can reduce exhaustion and dissatisfaction stemming from job demands and facilitate the acquisition of additional personal resources for family and leisure activities (Kilroy et al., 2020). By mentally disengaging from work stressors, nurses can restore depleted cognitive and emotional resources, interrupting the resource loss spiral triggered by CCB and reducing the spillover of work demands into the family domain (Li et al., 2025; Sonnentag & Fritz, 2015). Consequently, this restoration process may lessen the degree of WFC experienced. Prior research has shown that nurses with higher psychological detachment tend to report low levels of WFC (Park et al., 2021).

Conversely, low detachment sustains cognitive and emotional preoccupation with work, exacerbating resource loss. The inability of nurses to “switch off” may prevent recovery and perpetuates resource depletion, thereby increasing the risk of WFC (Zhao et al., 2023). For instance, Hamilton Skurak et al. (2018) reported that employees who frequently worked overtime tended to experience greater work–life conflict, largely because they struggled to psychologically detach from work during their nonworking hours. Thus, psychological detachment

may operate as a moderator that mitigates the resource-depleting effects of CCB on WFC.

Empirical studies within nursing settings have supported this buffering function. For example, Boekhorst et al. (2017) found that psychological detachment mitigates the negative impact of work intensity on life satisfaction among nurses by reducing emotional exhaustion. Similarly, Kilroy et al. (2020) reported that the recovery processes associated with psychological detachment can buffer the detrimental effects of high-involvement work practices on burnout among nurses and midwives. More recently, Zhang et al. (2025) demonstrated that nurses' psychological detachment moderates the mediated relationship between basic psychological need frustration and WFC. These studies collectively affirm that detachment acts as a psychological boundary mechanism that mitigates the detrimental consequences of involuntary work engagement.

Nurses who struggle to detach from work during leisure time report persistent cognitive rumination about patients and unfinished tasks, leading to emotional exhaustion and work–family interference (Yildirim & Aycan, 2008; Sonnentag & Kühnel, 2016). Conversely, when nurses successfully detach, they are better able to replenish resources and maintain role balance, thereby weakening the CCB–WFC link.

Conscientiousness moderation

Conscientiousness, a fundamental trait within the Big Five personality model, has been identified as an important factor influencing how individuals perceive, respond to, and manage job demands (McCrae, 1991). Within the framework of the COR theory (Hobfoll, 1989; Hobfoll et al., 2018), conscientiousness can be viewed as a personal resource that shapes individuals' capacity to acquire, protect, and efficiently allocate other valuable resources such as time, energy, and attention (McCrae & John, 1992). Accordingly, conscientious nurses may be better equipped to handle the additional role pressures associated with CCB, thereby mitigating the potential for WFC (Etemadinezhad et al., 2024; McCrae & Costa, 1999).

Nurses high in conscientiousness tend to be organized, disciplined, and goal-oriented, which enables them to set boundaries and structure their tasks effectively (Ellershaw et al., 2015). From a COR perspective, these individuals are more adept at resource management, using self-regulatory strategies to prevent resource depletion and to sustain engagement across multiple life domains. Consequently, when compelled to engage in CCB, conscientious nurses may interpret such behaviors as professional obligations rather than burdensome impositions, responding with persistence and efficiency that help them balance competing work and family demands (Ye et al., 2025). Empirical research supports this reasoning; for instance, Haeruddin and Natsir (2016) found that conscientiousness is associated with reduced WFC in the face of heavy workloads among nurses. Akpunne et al. (2020) also reported a negative relationship between conscientiousness and WFC among hospital workforce.

Conversely, nurses' low in conscientiousness may struggle to conserve or replenish their resources, as they

are less likely to plan, prioritize, or regulate their work behavior effectively. According to COR theory (Hobfoll, 2011), these individuals are more susceptible to resource loss spirals, whereby the energy and time expended on involuntary extra-role tasks deplete personal resources essential for fulfilling family responsibilities. This depletion increases vulnerability to WFC, as such nurses lack the psychological buffer and organizational skills to offset the stress associated with CCB (Halbesleben et al., 2009).

Research within healthcare settings supports the buffering role of conscientiousness. For example, Sun et al. (2025) found that conscientiousness negatively influences the relationship between workloads and work engagement among medical staff in Chinese public hospitals, suggesting that higher levels of conscientiousness may help mitigate the adverse effects of heavy workloads on engagement.

Despite the theoretical and empirical support for conscientiousness as a personal resource that buffers the negative impact of excessive job demands, research directly examining the interaction among CCB, WFC, and conscientiousness within the nursing profession remains limited. This gap is particularly salient in high-pressure healthcare environments, such as those found in Nigeria, where chronic understaffing and extended workloads may intensify both compulsory behaviors and work–family strain. Future studies are therefore needed to explore how conscientiousness operates as a moderating resource within the COR framework to protect nurses from the adverse effects of CCB on WFC.

The Nigerian context

The healthcare system in Nigeria faces persistent challenges, including workforce shortages, excessive patient loads, and systemic inefficiencies (Balogun et al., 2025). The doctor-to-patient and nurse-to-patient ratios remain far below World Health Organization (WHO) recommendations, leaving health professionals overstretched and unable to meet growing demand (Balogun et al., 2025; Okunade & Awosusi, 2023). This situation has been further exacerbated by the migration of skilled health workers in search of better working conditions abroad, a phenomenon commonly referred to as “brain drain” (Amorha et al., 2022). Resource constraints, such as inadequate infrastructure, insufficient medical equipment, and chronic underfunding, also undermine service delivery and intensify pressures on frontline staff (Balogun et al., 2023). Consequently, nurses, who form the backbone of the healthcare workforce, are routinely compelled to take on additional responsibilities beyond their designated roles to fill critical gaps created by staff shortages (Balogun, 2023). These circumstances not only compromise the quality of patient care but also increase the likelihood of stress and WFC among Nigerian nurses (Faremi et al., 2019).

Goal of the study

The objective of this research is to investigate the underexplored coerced aspect of organizational citizenship behaviour, specifically CCB, among Nigerian nurses who frequently endure prolonged working hours in demanding environments. Building on the theoretical framework of the COR theory and existing literature, this study

posits the following hypotheses regarding nursing practice in Nigeria:

H1: Higher CCB is associated with higher WFC.

H2: Psychological detachment moderates the relationship between CCB and WFC, such that positive association between CCB and WFC is weaker among nurses high in psychological detachment.

H3: Conscientiousness moderates the relationship between CCB and WFC such that the positive association between CCB and WFC is weaker among nurses high in conscientiousness.

Methods

Participants and setting

A total of 289 Nigerian nurses participated in the study, comprising 104 males and 185 females. The nurses were recruited from various departments, including gynecology, surgery, emergency, intensive care, pediatrics, obstetrics, and orthopedics. The age of participants ranged from 27 to 55 years ($M = 38.23$; $SD = 8.44$). In terms of marital status, 101 (34.9%) were single, 145 (50.2%) were married and 43 (14.8%) were separated/divorced/widowed. Job positions included 167 (57.8%) at the junior level and 122 (42.2%) at the senior level. Educational qualifications were as follows: 141 (48.4%) had a Bachelor’s degree, 109 (37.71%) had a Diploma/Associate Degree and 39 (13.49%) had a Master’s degree. The average work tenure reported was 10.45 years ($SD = 5.76$).

Measures

Work-family conflict: This was measured using a 5-item Work-family Conflict Scale (WFCS) developed by Netemeyer et al. (1996). Sample items were “The amount of time my job takes up makes it difficult to fulfill family responsibilities” and “Things I want to do at home do not get done because of the demands my job puts on me” Participants rated their WFC on a scale from 1 (strongly disagree) to 7 (strongly agree). In this study, scores from the WFCS showed good Cronbach’s alpha reliability of 0.92.

Compulsory citizenship behaviour: The CCB scale, designed by Vigoda-Gadot (2007), was used to measure nurses’ CCB. The scale evaluate whether employees engaged in CCB under pressure from their organizations and supervisors. This scale comprises five items rated on a 5-point Likert scale (1 = Never to 5 = Always), resulting in a total score range of 5 to 25 to indicate behaviour intensity. An example of an item used in this scale was: “There is pressure in this organization to work extra hours, beyond the formal workload and without any formal rewards”. The Cronbach’s alpha for CCB scores was 0.88.

Psychological detachment: The 4-item Psychological Detachment Scale (PDS) by Sonnentag and Fritz (2007) was used to measure from work-related thoughts and activities during non-work hours. Sample items were “I distanced myself from my work” and “I got a break from the demands of work.” Participants rated their psychological detachment on this scale from 1 (strongly disagree) to 7 (strongly agree). Score from the PDS yielded a Cronbach’s alpha of 0.98.

Table 1. Correlations, mean, and standard deviations

Variables	1	2	3	4	5	6	7	8	9
1. Age	1								
2. Gender	0.30	1							
3. Marital status	-0.37	0.14*	1						
4. Educational qualification	0.19*	0.14	-0.17*	1					
5. Work tenure	0.03	0.08	-0.09	-0.05	1				
6. CCB	-0.14*	0.31	-0.13*	0.09		1			
7. Psychological detachment	-0.28*	-0.13*	0.07	-0.13*	-0.22*	0.38*	1		
8. Conscientiousness	-0.19*	0.09	0.03	0.30*	0.22*	-0.25*	0.41**	1	
9. WFC	-0.30*	-0.21*	-0.34*	-0.17*	-0.33*	0.35*	-0.38*	-0.49	0.1
Mean	38.23	–	–	–	10.45	29.96	4.53	3.57	6.32
SD	8.44	–	–	–	5.76	9.43	0.54	0.64	1.19

Note. SD = Standard Deviation; CCB = Compulsory Citizenship Behaviour; WFC = Work-Family Conflict.
* $p < 0.05$; ** $p < 0.01$.

Conscientiousness: This was assessed using 5-item scale from the Mini International Personality Item Pool (mini-IPIP) (Donnellan et al., 2006). To complete the scale, participants are asked how accurately they are described by certain phrases on a 5-point scale ranging from 1 (very inaccurate) to 5 (very accurate). A sample item is “Get chores done right away”. A higher score indicates a higher level of conscientiousness. There is evidence of good psychometric properties for mini-IPIP among Nigerian population (Ogunsemi et al., 2022). In the current study, mini-IPIP scores yielded a Cronbach’s alpha of 0.89.

Procedure

This study received approval from the Ethics and Research Committee of the Department of Psychology, at Adekunle Ajasin University, Akungba-Akoko, Ondo State, Nigeria (EA17/1/2025). Participants provided their consent with the understanding that they had the right to refuse participation or withdraw from the study at any point. Data collection was conducted by trained research assistants during regular clinic hours. Three hundred (300) questionnaires were distributed, with 289 (96.3% response rate) being completed and used for analysis.

Data analysis

All analyses were performed utilizing version 27 of the Statistical Package for Social Sciences (SPSS). A preliminary examination of the demographic variables was carried out using descriptive statistics. To determine the relationships between demographic factors such as age, gender, and educational attainment with the primary study variables, Pearson’s correlation was applied. For testing the moderation hypothesis, the PROCESS macro for SPSS was utilized for the moderation analysis (Hayes, 2013). Due to its strength, the PROCESS macro is preferred over conventional regression analysis for investigating moderation hypotheses. It conducts regression-based path analysis and produces product terms to evaluate interaction effects, while also automatically centering the predictor variables prior to the analysis.

Results

Table 1 presents the correlations, means, and standard deviations of the study variables. As anticipated, there is a positive correlation between CCB and WFC ($r = 0.35$, $p < 0.05$), indicating that higher levels of CCB among nurses are linked to increased WFC. Conversely, psychological detachment shows a negative association with WFC ($r = -0.38$, $p < 0.05$), and conscientiousness also exhibits a negative correlation with WFC ($r = -0.49$, $p < 0.05$).

Hypothesis Testing

CCB effects on WFC

Table 2 presents the results of moderation analyses conducted using CCB as the predictor; psychological detachment and conscientiousness as potential moderators; and WFC as outcome. Results showed that the overall model was significant ($R^2 = 0.42$, $F = 38.67$, $p < 0.001$), indicating that 42% of variance in WFC was explained by the predictors. Work demand was included as a control variable in the regression model. The results indicated that work demand positively predicted WFC ($\beta = 0.27$, $p < 0.01$), suggesting that higher work demand is associated with greater WFC among nurses.

CCB positively predicted WFC ($\beta = 0.33$, $p < 0.001$), suggesting an association between higher CCB and increase WFC among nurses. Therefore, Hypothesis 1 is supported. Additionally, psychological detachment predicted WFC ($\beta = -0.21$, $p < 0.001$), indicating that higher psychological detachment is associated with low WFC among nurses.

Psychological detachment moderation

Moreover, the interaction between CCB and psychological detachment on WFC ($\beta = -0.05$, $p < 0.006$) was significant, indicating that the negative effect of CCB on WFC decreased significantly for nurses with higher psychological detachment levels. This result supported Hypothesis 2. The interaction term is depicted in Figure 1.

Conscientiousness moderation

As shown in Table 2, conscientiousness was negatively associated with WFC ($\beta = -0.37$, $p < 0.0001$) and

Table 2. Hayes PROCESS results of psychological detachment and conscientiousness as moderators of the relationship between CCB and WFC

	β	SE	t	p	95%CI
Work demands (Covariate)	0.27	0.06	4.50	0.010	0.15, 0.39
Compulsory citizenship behaviour (CCB)	0.33	0.07	8.42	0.001	0.41, 0.09
Psychological detachment (PD)	-0.21	0.04	-3.57	0.001	-0.29, -0.47
Conscientiousness	-0.37	0.09	-6.85	0.001	-0.29, -0.14
CCB x PD	-0.05	0.02	-2.28	0.006	-0.44, -0.02
CCB x Contentiousness	-0.02	0.01	-2.74	0.013	-0.13, -0.05
Model Summary: $R^2 = 0.42$, $F = 38.67$. $p < 0.001$					

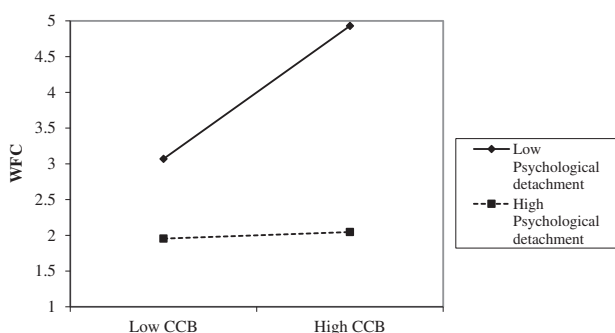


Figure 1. Moderating effect of psychological detachment in the relationship between CCB and WFC among nurses

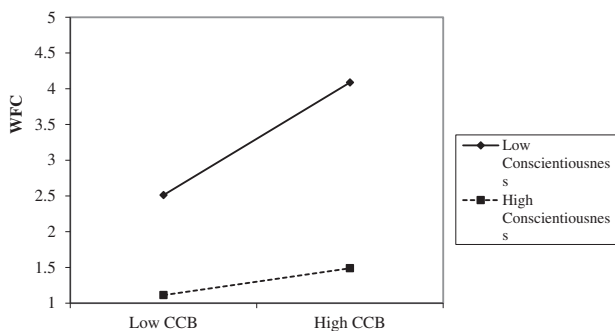


Figure 2. Moderating effect of conscientiousness in the relationship between CCB and WFC among nurses

also moderated the relationship between CCB and WFC ($\beta = -0.02$, $p < 0.013$), indicating that the negative effect of CCB on WFC decreased significantly for nurses with higher conscientiousness. Therefore, Hypothesis 3 is supported. The interaction effect is depicted in Figure 2.

Discussion

The findings of the study showed that higher CCB was associated with high levels of WFC among nurses. This finding aligns with previous research highlighting the detrimental consequences of CCB on employees WFC (Liu et al., 2017). Specifically, it corroborates the findings of Hamilton Skurak et al. (2018), Rhéaume (2022), and Van Bogaert et al. (2013) which revealed that nurses who experienced higher CCB reported high levels of WFC. This finding is not surprising, as CCB frequently requires individuals to exceed their job responsibilities. Nurses who

feel pressured to perform, rather than opting to do so voluntarily, may experience negative effects. According to the COR theory, an increase in CCB can lead to greater workloads and stress, potentially exhausting nurses’ resources like time and energy (Hobfoll, 2011). As a result, this can obscure the distinction between professional and personal life, leading to WFC.

Furthermore, the results indicated that psychological detachment played a significant role in moderating the relationship between CCB and WFC. This implies that nurses’ ability to disengage from work during their off-hours mitigates the adverse effects of CCB on WFC. This finding is consistent with Kilroy et al. (2020) and Zhang et al. (2025), who reported that psychological detachment can mitigate the negative effects of high-involvement work practices on burnout and WFC among nurses and midwives. This is not unexpected, as psychological detachment aids nurses in conserving and replenishing the resources expended during work (Zhao et al., 2023). According to COR theory (Hobfoll, 2011), nurses who successfully detach psychologically after work experience less residual stress from CCB, as they avoid further mental investment. Furthermore, they can restore their emotional and cognitive resources, counteracting the resource depletion caused by CCB. Consequently, they are better prepared to meet family obligations upon returning home, equipped with enhanced emotional and mental capacity. In summary, detachment safeguards the resource reservoir of these nurses, diminishing the influence of involuntary work demands on their home life (Boekhorst et al., 2017). Therefore, psychological detachment enables nurses facing elevated organisational citizenship behaviour (OCB) to concentrate effectively on their family responsibilities without the interference of work-related issues.

Finally, conscientiousness appears to moderate the relationship between CCB and WFC, buffering the adverse effects of CCB among nurses. This finding aligns with Sun et al. (2025), who reported that conscientiousness can mitigate the negative effects of high workloads and work engagement among medical staff in Chinese hospitals. It is unsurprising that conscientious nurses report lower levels of WFC, as they often perceive CCB more positively, viewing it as an integral part of their professional responsibilities and the demanding nature of their roles (Halbesleben et al., 2009). Moreover, conscientious nurses may view CCB as an integral aspect of their professional responsibilities and work ethic, allowing them to

manage it effectively and remain psychologically attuned to its demands. As a result, they experience less psychological strain. Consequently, even in demanding work environments, conscientious nurses are less likely to feel overwhelmed or burdened because their capabilities and expectations align with the additional workload, reducing the spillover of work-related stress into their family roles. This psychological alignment makes CCB less disruptive for them, thereby offering protection against WFC.

Consistent with the principles of the COR theory (Hobfoll, 1989), conscientious nurses may acquire additional resources, such as reputation, recognition, or professional growth, through engagement in CCB, thereby transforming potentially stressful demands into opportunities for development. Moreover, their enhanced capacity to manage and replenish personal resources through effective time management, strategic planning, boundary-setting, and recovery practices may further reduce their vulnerability to WFC when performing CCB. As a result, the conscientious nurses in this study likely experienced reduced stress from CCB due to their ability to conserve or recover resources more effectively.

Implications for theory, research and practice

The present study advances knowledge on the predictors of WFC among nurses in Nigeria. The study contributes to the literature on the dark side of OCB by highlighting the negative impact of CCB on nurses' levels of WFC from a developing country such as Nigeria. Furthermore, this study adds to the existing literature on the moderators between CCB and WFC by examining psychological detachment and conscientiousness as potential moderators within the context of the COR theory (Hobfoll, 1989), which has hitherto been underexplored by previous research. The study highlights psychological detachment and conscientiousness as important personal resources that can influence nurses' capacity to cope with the negative effect of CCB. In particular, this study suggests that although CCB may increase nurses' levels of WFC, detachment and conscientiousness can mitigate this positive relationship.

The current research demonstrates that nurses with high levels of CCB are more likely to encounter increased WFC. This study emphasizes the importance for healthcare authorities to acknowledge that while CCB can yield beneficial outcomes in the workplace, it may also adversely affect employees. Therefore, it is crucial for them to be aware of the extent of citizenship pressure they impose. Healthcare management should contemplate the option of relaxing the requirements for CCB or, more practically, reaching an agreement with employees regarding the boundaries of their official job roles and the point at which voluntary actions begin. They could implement measures to reduce CCB, such as introducing supportive work policies like flexible working arrangements (Liu et al., 2017) or providing training on how workers can detach from work-related activities during non-work hours. This approach may provide workers with additional time and energy to manage family demands, thereby reducing the risk of WFC. Furthermore, it is vital for healthcare

management to establish equitable and just policies that empower employees to express their concerns when they feel overwhelmed by their responsibilities, as well as to devise strategies for addressing work overload (Lake, 2007; Lucas & Nunes, 2020).

Moreover, interventions aimed at fostering conscientious work habits, such as time management training, goal-setting workshops, or mindfulness-based organisational programs, could be strategically implemented to enhance this protective trait among current staff. Such developmental efforts may equip nurses with better coping mechanisms to handle compulsory work demands without allowing them to interfere excessively with their family responsibilities. Additionally, nurses' leaders should be trained to recognize personality traits like conscientiousness and adapt their delegation of extra-role tasks accordingly to ensure fair and sustainable workload distribution.

Limitations and future research directions

Despite the significant contribution this study makes to the literature, it does have some limitations that should be addressed by future studies. Firstly, the cross-sectional nature of the data did not allow for causal interpretations. Longitudinal studies would provide a more robust understanding of the temporal relationships between CCB, WFC, psychological detachment and conscientiousness. Additionally, the reliance on self-report measures may introduce common method bias. Future studies could employ multi-source approaches to gather more objective and comprehensive data. Furthermore, the generalizability of the findings may be limited to the specific hospitals from which the sample was drawn. Therefore, future studies should strive to replicate these findings across various organizational settings to enhance external validity. Subsequent research should investigate additional contextual factors, such as social support, and individual factors, including psychological capital, that could alleviate the adverse impact of CCB on WFC. Furthermore, future inquiries might explore possible mediators, like work overload and burnout, that exist between CCB and WFC in the nursing profession, as this could enhance understanding of how CCB influences WFC among nurses. Additionally, future studies should assess other potential consequences of CCB within the nursing community, as this would yield valuable insights into strategies for mitigating or preventing the detrimental effects of CCB in this demographic.

Conclusion

The current study examined the moderating effects of psychological detachment and conscientiousness on the OCB-WFC relationship. This study adds to our understanding of the consequences and management of the dark side or coerced aspect of OCB by examining the impact of CCB on WFC, as well as the moderating effects of psychological detachment and conscientiousness in this relationship. The results reveal the negative effects of CCB on nurses' levels of WFC and emphasize the importance of psychological detachment, as well as conscientiousness, in

mitigating these effects. The study underscores the importance of fostering a work-family supportive environment in the healthcare industry. Additionally, the findings suggest practical implications for health support systems, such as providing training to help nurses improve their ability to detach psychologically from work during non-work hours.

Acknowledgement: The authors acknowledge the management of the hospitals and the nurses that participated in the study.

Funding Statement: The authors received no financial support from any organisation.

Author Contributions: The authors confirm their contributions to the paper as follows: Initiation of the first draft and introduction, development, collection of data, and data analysis: Anthony Gbenro Balogun; Interpretation of results and review of the draft: Victor Chidi Onyencho and Choja Akpovire Oduaran. All authors reviewed and approved the final version of the manuscript.

Availability of Data and Materials: The datasets generated or analyzed during the current study are available from the corresponding author on reasonable request.

Ethics Approval: This study received approval from the Ethics and Research Committee of the Department of Psychology, at Adekunle Ajasin University, Akungba-Akoko, Ondo State, Nigeria (EA17/1/2025).

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

Conflicts of Interest: The authors declare no conflicts of interest.

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