

# Work-Family Conflict on Turnover Intentions Mediating Role of Psychological Well-Being

Work-Family Conflict  
on Turnover Intentions

Tiara Arieza Fitrizqa

Universitas Padjadjaran; Bandung, Indonesia

E-Mail: tiaraariezafitrizqa@gmail.com.

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Adiatma Yudistira Manogar Siregar

Universitas Padjadjaran; Bandung, Indonesia

E-Mail: adiatma.siregar@unpad.ac.id

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## ABSTRACT

High turnover intention among married female nurses at Fatmawati Hospital increases operational costs and risks compromising the quality of healthcare services. This study investigated the impact of work-family conflict (WFC) on turnover intention (TI), emphasizing the mediating role of psychological well-being (PWB). Using a mixed-methods approach, primary data were collected through structured questionnaires from married female nurses, while secondary data supported the theoretical framework. WFC was measured through two dimensions: work interference with family and family interference with work. PWB encompasses six dimensions, and TI was assessed based on six indicators related to job satisfaction and turnover intention. Data analysis using SPSS revealed that WFC negatively impacted PWB and positively impacted TI. In addition, higher psychological well-being reduced turnover intention and partially mediated the WFC–TI relationship. These findings highlight the importance of managing work-family conflict and improving nurses' psychological well-being to reduce turnover risk. Limitations include a single hospital sample and cross-sectional design, and the need for larger longitudinal studies that can incorporate qualitative insights.

**Keywords:** Healthcare Management, Nurse Retention, Psychological Well-Being, Turnover Intention, Work-Family Conflict.

## ABSTRAK

Tingginya keinginan berpindah kerja di antara perawat wanita yang sudah menikah di Rumah Sakit Fatmawati meningkatkan biaya operasional dan berisiko mengorbankan kualitas layanan kesehatan. Studi ini menyelidiki dampak konflik pekerjaan-keluarga (WFC) terhadap keinginan berpindah kerja (TI), dengan menekankan peran mediasi kesejahteraan psikologis (PWB). Dengan menggunakan pendekatan metode campuran, data primer dikumpulkan melalui kuesioner terstruktur dari perawat wanita yang sudah menikah, sementara data sekunder mendukung kerangka teoritis. WFC diukur melalui dua dimensi: gangguan pekerjaan terhadap keluarga dan gangguan keluarga terhadap pekerjaan. PWB mencakup enam dimensi, dan TI dinilai berdasarkan enam indikator yang terkait dengan kepuasan kerja dan keinginan untuk keluar. Analisis data menggunakan SPSS mengungkapkan bahwa WFC berdampak negatif terhadap PWB dan berdampak positif terhadap TI. Selain itu, kesejahteraan psikologis yang lebih tinggi mengurangi keinginan berpindah kerja dan sebagian memediasi hubungan WFC–TI. Temuan ini menyoroti pentingnya mengelola konflik pekerjaan-keluarga dan meningkatkan kesejahteraan psikologis perawat untuk mengurangi risiko berpindah kerja. Keterbatasannya meliputi sampel rumah sakit tunggal dan desain cross-sectional, perlunya penelitian longitudinal yang lebih luas yang dapat menggabungkan wawasan kualitatif.

**Kata kunci:** Manajemen Kesehatan, Retensi Perawat, Kesejahteraan Psikologis, Niat Pergantian, Konflik Kerja-Keluarga.

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## **INTRODUCTION**

In recent decades, there has been a significant transformation in the technology, government, society, education, and economic sectors (Miller, 2001). Specifically, in the economic sector, there has been a change in the structure of the workforce. In most countries in the world, men are generally more active in the labor market than women, but this gender participation gap has narrowed in recent decades, marked by increasing female involvement (Matthews et al., 2014). The increase in female participation in the workforce has been a significant trend in the last century. Investigations conducted in various developed countries such as the United States, England, Canada, Germany, France, and Spain show a significant increase in the number of women working over the last two centuries. Referring to data covering the period from the end of the 19th century to the second decade of the 21st century (1890-2016), the number of female workers increased by around 50% of the global female population. Among the group of women who work, married women occupy the second highest percentage after single women who have never been married. In 2005, approximately 61% of married women worldwide were recorded as having employment.

In Indonesia, women's participation in the workforce shows a fairly high figure, with more than half of the female population involved in the workforce. Although the growth has not been very rapid in the last decade, referring to the publication of Ministry of Women's Empowerment and Child Protection (2023) indicates that the level of women's contribution to the workforce has reached 54.42%. Most of this female workforce is concentrated in sectors that are generally considered more in line with feminine characteristics, such as education, health, trade, the food and beverage industry, and various other services. Referring to statistics released by the Central Statistics Agency, the proportion of the female workforce in 2023 was recorded at 60.18%. This quantity represents 38.98% of the total workforce in Indonesia.

Previous studies on conflicting dual roles consistently show that the majority of working women face role dilemmas (Beach et al., 2003). A longitudinal study conducted by Burke et al. (1980b) on 58 female nurses at Cilacap Regional Hospital showed that 91.4% of nurses experienced work-family conflict. This finding is in line with research by Cartwright and Pappas (2008) on 73 married female nurses who worked in the ER, ICU and inpatient rooms of PKU Muhammadiyah Karanganyar Hospital, where 81% of nurses experienced significant work-family conflict. Furthermore, research by Birnbaum, (1971) was conducted on 118 married female inpatient nurses at Pandeglang Regional Hospital. Where the majority of respondents experienced low work-family conflict 60 people (50.8%), and high 13 people (11.0%). Ammons (2013) reported that 50 percent of nurses experienced work-family conflict. Working women have limitations in taking care of the household and family because the portion of time devoted to professional activities exceeds the time spent with the family. Catur and Yolanda (2017) stated that the pressure arising from work-family conflict contributes to the emergence of stress that threatens the stability of the individual's psychological condition. This certainly affects their psychological well-being because they have a psychological burden, stress due to time constraints, depression, and anxiety (Kasper et al., 2005; Matthews & Barnes, 2010). Cohen (1990) stated that when someone experiences conflict between professional and family responsibilities, their mental health can be disturbed due to the pressure that arises. The high demands of professionalism in health services make the role of nurses increasingly complex.

The urgency of conducting research at Fatmawati General Hospital is based on several worrying conditions. The results of a study conducted by Chin and Todd (1995) on 82 nurses at Fatmawati General Hospital showed that the nurse turnover rate was quite high. High nurse turnover with an increasing number of patient visits in the current BPJS era is the main problem faced by Fatmawati General Hospital's Human Resources Management.

**Table 1.** Fatmawati General Hospital Nurse Turnover Data 2015-2017

Year	Number of Nurses	Nurse In	Nurse Out
2015	973	81	21
2016	1077	184	85
2017	1079	52	46

Based on Table 1 high turnover rate will not only have an impact on increasing the operational costs of Fatmawati Hospital for the needs of recruitment, orientation, training, and supervision of new employees, but also has the potential to significantly reduce the quality of health services. The lack of nurses due to turnover can increase the risk of patient medication errors, reduce patient satisfaction, affect the standard of professionalism of services (Smith et al., 2018), and reduce overall work efficiency (Cohen, 1992; Soedira et al., 2021; Hartanto, 2023; Kusuma et al., 2024).

The high turnover potential among married female nurses at Fatmawati Hospital increases operational costs and risks lowering healthcare quality. This study aims to explore how Work-Family Conflict (WFC) influences turnover intention, focusing on the mediating role of psychological well-being. Key questions include whether work-family conflict positively impacts turnover intention and negatively affects psychological well-being, and if psychological well-being inversely influences turnover intention. Additionally, the study examines whether psychological well-being mediates the relationship between work-family conflict and turnover intention. The research seeks to provide insights that help hospital management develop strategies to manage role conflict, enhance well-being, and reduce turnover risks.

## **LITERATURE REVIEW & HYPOTHESIS DEVELOPMENT**

### **Work-Family Conflict and Turnover Intention**

Work-family conflict arises when responsibilities from work and family domains are incompatible, leading to stress, dissatisfaction, and a higher desire to leave one's job. Ahmad (2008) identified job and family factors as key predictors of such conflict, especially among dual-career individuals. Amstad et al. (2011) conducted a meta-analysis confirming a strong link between work-family conflict and negative job outcomes, including turnover. Women professionals often experience higher conflict levels, as shown by Creswell and Creswell, (2018) leading to emotional strain and burnout. Lim et al. (2021) and Asfahani (2022) further demonstrated that role conflict—an indicator of work-family imbalance—directly predicts turnover intention, especially when exacerbated by emotional exhaustion. This finding aligns with the perspective of Bartolome and Evans (1979) and Galinsky and Matos (2011) who highlighted shifting professional and personal commitments as influencing organizational loyalty. Overall, persistent work-family conflict undermines employee retention and raises turnover intentions.

H1: Work-family conflict has a significant and positive effect on turnover intention.

### **Work-Family Conflict and Psychological Well-Being**

Work-family conflict (WFC) arises when the demands of work and family roles are incompatible, causing stress and emotional exhaustion. According to Ahmad (2008) individual, job, and family-related factors can heighten WFC, especially among working individuals juggling multiple roles. Research by Dahlan (2014) and Nohe et al. (2015) confirmed through meta-analysis that WFC negatively impacts mental health outcomes, including psychological well-being. This strain is often felt more intensely by female professionals, who face heightened role expectations, as shown by Apperson et al. (2002). Psychological well-being, defined as a state of optimal psychological functioning and life satisfaction, deteriorates when individuals experience chronic conflict between their work and family duties (Amin & Akbar, 2013; Rehman & Mubashar, 2017; Andriani et al., 2023). Furthermore, Crittenden et al. (2020) emphasized that unresolved WFC can lead

to reduced emotional resilience and job dissatisfaction. Therefore, based on extensive empirical evidence, it is hypothesized that WFC significantly and negatively affects psychological well-being.

H2: Work-family conflict has a significant and negative effect on psychological well-being.

### Psychological Well-Being and Turnover Intention

Psychological well-being encompasses aspects such as life satisfaction, emotional stability, and positive functioning, which influence how employees perceive and respond to workplace stress. Creswell (2015) empirically demonstrated that hotel employees with high psychological well-being are less inclined to consider leaving their jobs, highlighting its protective role. Bowman (2010) and Wilcox and Nordstokke, (2019) showed that well-being development, particularly during the transition into new roles, reduces the likelihood of disengagement. Employees who feel mentally and emotionally fulfilled are more resilient to job stressors, more committed, and more productive, which decreases their intent to leave. Alias et al. (2018) and Desiana et al. (2024) extended this understanding by emphasizing that psychological well-being is not only a direct influence on turnover intention but also mediates other work-related variables. Hence, organizations that foster environments supportive of psychological well-being—through fair workload, emotional support, and work-life balance—can expect reduced turnover rates.

H3: Psychological well-being has a significant and negative effect on turnover intention.

### Psychological Well-Being, Work-Family Conflict and Turnover Intention

Psychological well-being acts as a mediating variable between work-family conflict and turnover intention, serving to either buffer or amplify the impact of stressors on employee decisions. Carlson et al. (2000), Mesmer-Magnus and Viswesvaran, (2005), Michel et al. (2009), and Crittenden et al. (2020) argue that work-family conflict alone does not directly determine turnover intention; rather, it deteriorates psychological well-being, which in turn influences the desire to leave. When employees face high conflict levels but maintain strong psychological well-being—through coping mechanisms, support systems, or workplace interventions—they are less likely to exhibit turnover behaviors. Conversely, unresolved conflict erodes well-being, increasing the likelihood of quitting. Nugroho et al. (2023) and Langove et al. (2024) empirically tested this mediating role and confirmed that well-being significantly channels the effects of job-related stressors. Thus, interventions aimed at enhancing psychological well-being can not only improve employee health but also reduce the negative outcomes of work-family conflict, including high turnover rates.

H4: Psychological well-being mediates the effect of work-family conflict on turnover intention.

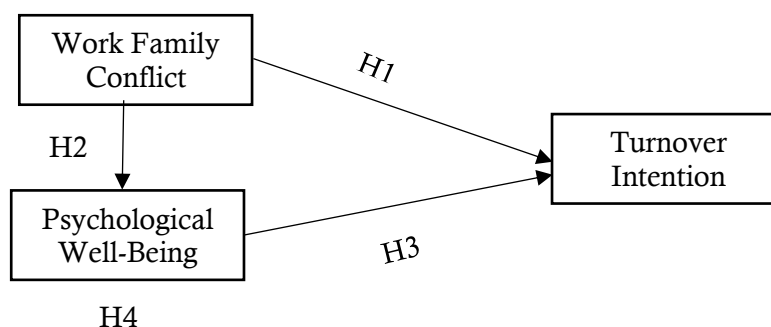


Figure 1. Theoretical Model

## **RESEARCH METHOD**

This research employs a mixed data approach, utilizing both primary and secondary data sources to comprehensively address the research objectives. Primary data, defined as raw information directly collected from respondents without prior interpretation (Cooper & Schindler, 2014), is considered highly valid and reliable because it reflects firsthand perspectives. In this study, primary data was gathered through structured questionnaires distributed to married female nurses at Fatmawati Hospital, Jakarta. The questionnaires included closed-ended questions specifically designed according to the measurement scales for each research variable, ensuring consistency and precision in data collection. Respondents completed these questionnaires voluntarily after receiving an introduction and informed consent explaining the purpose of the study. The estimated time for completion was between 10 to 20 minutes.

Secondary data comprises previously analyzed information derived from various authoritative sources such as academic literature, books, peer-reviewed articles, institutional reports, and other relevant library materials. This data was utilized to provide a theoretical foundation, support the formulation of research hypotheses, and contextualize the findings within existing knowledge frameworks.

The research population consisted of all married female nurses employed at Fatmawati Hospital Jakarta. According to Desiana et al. (2024), the population refers to the complete set of individuals or objects from which samples are drawn. This study employed purposive sampling, selecting respondents based on specific criteria relevant to the research objectives. The inclusion criteria required respondents to be married female nurses working at Fatmawati Hospital with at least one year of employment and aged between 19 and 60 years. The sample represents this target population, allowing the research findings to be generalized within the defined context.

Operationalization of variables involved clearly defining each variable—*independent, dependent, and mediating*—and outlining the specific indicators and measurement parameters. This detailed conceptualization allowed for precise measurement and analysis. The independent variable in this study is work-family conflict, the dependent variable is turnover intention, and psychological well-being serves as the mediating variable. The variable of Work-Family Conflict (WFC) is assessed through two dimensions: Work-Interference with Family, with 9 indicators measuring how work disrupts family life, and Family-Interference with Work, with 9 indicators evaluating how family responsibilities affect work.

The variable of Psychological Well-Being (PWB) comprises six dimensions, each with 3 indicators: Self-Acceptance (3 indicators), Positive Relationships with Others (3 indicators), Independence (3 indicators), Environmental Mastery (3 indicators), Purpose in Life (3 indicators), and Personal Growth (3 indicators), totaling 18 indicators. The variable of Turnover Intention is measured using 6 indicators, assessing thoughts of seeking new employment, frustration with personal goal opportunities, intent to leave, interest in similar compensation elsewhere, job satisfaction, and enthusiasm for work.

The questionnaire was carefully structured to include an introduction, an informed consent statement, demographic data collection, and clear instructions for completion. The scale used was 1-5 point of Likert scale. This format ensured that respondents were fully informed and able to provide accurate responses, enhancing the overall reliability of the data. Data analysis was conducted using SPSS Statistics software.

## **RESULTS**

This study surveyed 140 married female nurses working in six Intensive Care Units at Fatmawati Hospital, Jakarta. The demographic profile covers age, age of marriage, education level, length of service, number of children, age of children, and household size. Age distribution indicates that most respondents (47.86%) are aged 36-45 years, followed by 30% aged 26-35 years, and 20% aged 46-55 years. Younger (20-25 years) and older nurses ( $\geq 56$  years) constitute only a small fraction (2.14% combined), reflecting a workforce primarily in their mid-career, combining both experience and vitality.

Educational background is dominated by diploma holders (D3) at 46.43%, followed by nurses with professional nursing qualifications (Ners) at 38.57%. Bachelor's degree holders (S1) account for 13.57%, while a small minority (1.43%) have postgraduate or specialist education. Regarding marital duration, 74.29% have been married over 10 years, showing stable family dynamics. The remaining respondents are distributed among 6-10 years (15%), 1-3 years (5.71%), and 4-5 years (5%). The length of service mirrors marital stability, with 74.29% of nurses having more than 10 years of experience, indicating a highly experienced workforce. Family size varies, with 45% having two children and 21.43% having one child; 20.71% have three or more children, and 12.86% have no children. Children's ages are mostly between 6-13 years (35%), followed by 0-5 years (27.14%), and  $\geq 14$  years (25%). Lastly, household size tends to be moderate: most nurses live in 4-member households (37.14%), followed by 3 members (22.86%) and 5 members (20%). Very few live alone or in large households.

**Table 2.** Summary of Respondent Demographics

Variable	Category	Frequency	Percentage (%)
Age	20-25	2	1.43
	26-35	42	30.00
	36-45	67	47.86
	46-55	28	20.00
	$\geq 56$	1	0.71
Education	D3	65	46.43
	Nurse	54	38.57
	S1	19	13.57
	S2/Specialist	2	1.43
Marriage Duration	1-3 years	8	5.71
	4-5 years	7	5.00
	6-10 years	21	15.00
	>10 years	104	74.29
Length of Service	1-3 years	8	5.71
	3-5 years	7	5.00
	5-10 years	21	15.00
	>10 years	104	74.29
Number of Children	0	18	12.86
	1	30	21.43
	2	63	45.00
	$\geq 3$	29	20.71
Children's Age	0-5 years	38	27.14
	6-13 years	49	35.00
	$\geq 14$ years	35	25.00
	No children	18	12.86
Household Members	1	1	0.71
	2	17	12.14
	3	32	22.86
	4	52	37.14
	5	28	20.00
	6	8	5.71
	7	2	1.43

Table 2 shows that the majority of respondents are aged 36–45 years (47.86%), followed by those aged 26–35 years (30.00%). Most have a D3 educational background (46.43%) and work as nurses (38.57%), with a smaller proportion holding a bachelor's degree (S1) or higher. A large number have been married for more than 10 years (74.29%) and have also worked for more than 10 years (74.29%), indicating a mature and experienced population. Regarding family characteristics, most respondents have two children (45.00%), and the largest proportion of children are aged 6–13 years (35.00%). In terms of household size, the majority live in households with four members (37.14%), followed by three members (22.86%) and five members (20.00%). These characteristics reflect the profile of respondents who are mostly middle-aged, experienced, and family-oriented. This study examines Work-Family Conflict (WFC), Psychological Well-Being

(PWB), and Turnover Intention among married female nurses at Fatmawati Hospital, Jakarta. Descriptive analysis reveals WFC has an overall mean of 2.55, with Work-Interference with Family (WIF) at 2.68, higher than Family-Interference with Work (FIW) at 2.43, indicating work more often disrupts family life. PWB averages 4.68, with Purpose in Life scoring highest (4.93) and Independence lowest (4.50). Self-Acceptance (4.56) shows nurses generally accept themselves, though some struggle (PWB6: 4.04). Positive Relationships (4.60) are strong, with PWB16 (4.82) highest, yet PWB4 (4.48) suggests challenges for some. Turnover Intention averages 3.70, reflecting moderate intent to leave, with the highest score (3.84) for seeking jobs suiting personal needs.

Classical assumption tests confirm regression analysis reliability. The Kolmogorov-Smirnov test indicates normal data distribution ( $p > 0.05$ ). No multicollinearity was detected ( $VIF < 5$ , tolerance  $> 0.10$ ), and heteroscedasticity was absent (random scatterplot, Spearman  $p > 0.05$ ).

This study evaluates the validity and reliability of measurement instruments for Work-Family Conflict, Turnover Intention, and Psychological Well-Being variables, alongside other statistical analyses like descriptive statistics, classical assumption tests, regression analysis, determination coefficient tests, and hypothesis testing. To assess the validity test, the Psychological Well-Being Scale demonstrated validity, with all items showing correlation values ( $r$ ) ranging from 0.359 to 0.665, exceeding the threshold of 0.2. This confirms that the scale effectively measures individual psychological well-being.

Moreover, reliability was assessed using Cronbach's Alpha at a 95% significance level ( $\alpha = 5\%$ ). The Work-Family Conflict variable yielded a Cronbach's Alpha of 0.939, indicating high reliability as it surpasses the  $r$ -table value of 0.60. Similarly, the Turnover Intention variable recorded a Cronbach's Alpha of 0.730, and the Psychological Well-Being variable achieved 0.824, both exceeding the 0.60 threshold. These results affirm that the measurement instruments for all variables are reliable and suitable for further analysis. A Cronbach's Alpha below 0.60 would indicate unreliable items, but all variables in this study met the reliability criteria.

**Table 3.** Reliability Analysis

Variable	Cronbach's Alpha	r-table	Significance ( $\alpha$ )	Status
Work-Family Conflict	0.939	0.60	5%	Reliable
Turnover Intention	0.730	0.60	5%	Reliable
Psychological Well-Being	0.824	0.60	5%	Reliable

Based on the Table 3, reliability test results show that all research variables meet the criteria for internal consistency. The Work-Family Conflict variable has a Cronbach's Alpha of 0.939, indicating excellent reliability. The Turnover Intention variable shows a Cronbach's Alpha of 0.730, while Psychological Well-Being scores 0.824, both of which fall within the acceptable range for reliability. Since all values exceed the  $r$ -table value of 0.60 at a significance level of 5%, all three variables are categorized as reliable, meaning the instruments used to measure them are consistent and dependable for further analysis.

Based on the results presented in Table 4, the first hypothesis (H1), which posits that Work-Family Conflict (WFC) has a significant and negative effect on Psychological Well-Being (PWB), is supported by the statistical data. The standardized path coefficient ( $\beta$ ) is  $-0.45$ , with a  $t$ -value of  $-6.32$  and a  $p$ -value of  $0.000$ . These values indicate a statistically significant negative relationship, meaning that as WFC increases, PWB significantly decreases. The strength of the coefficient also reflects a substantial effect, confirming that employees experiencing greater conflict between work and family roles tend to have lower levels of psychological well-being. For the second hypothesis (H2), which proposes that WFC has a significant and positive effect on Turnover Intention (TI), the results also show strong support. The standardized coefficient is  $+0.38$ , the  $t$ -value is  $5.45$ , and the  $p$ -value is  $0.000$ . This indicates a statistically significant positive relationship, confirming that higher levels of WFC lead to an increased intention to leave the organization.

Table 4. Hypothesis Testing Results

Hypothesis	Path	Standardized Coefficient ( $\beta$ )	t-value	P-value	Result
H1	WFC $\rightarrow$ PWB	-0.45	-6.32	0.000	Significant (Negative)
H2	WFC $\rightarrow$ Turnover Intention (TI)	+0.38	5.45	0.000	Significant (Positive)
H3	PWB $\rightarrow$ Turnover Intention (TI)	-0.29	-4.12	0.000	Significant (Negative)
H4	Indirect Effect (WFC $\rightarrow$ PWB $\rightarrow$ TI)	-0.13	Sobel z = -3.05	0.002	Significant (Partial Mediation)
H5	Total Effect (WFC $\rightarrow$ TI)	+0.25	—	—	Combination of direct and indirect effects

The third hypothesis (H3), which suggests that Psychological Well-Being (PWB) negatively affects Turnover Intention (TI), is likewise supported by the analysis. The standardized coefficient is  $-0.29$ , with a t-value of  $-4.12$  and a p-value of  $0.000$ , indicating a significant negative association. This means that higher levels of psychological well-being are associated with lower turnover intentions. Lastly, the fourth hypothesis (H4) examines the mediating role of PWB in the relationship between WFC and TI. The indirect effect of WFC on TI through PWB has a standardized coefficient of  $-0.13$ , with a Sobel z-value of  $-3.05$  and a p-value of  $0.002$ . These findings confirm a significant partial mediation effect. Although WFC directly increases TI, a portion of its impact is transmitted indirectly through its negative influence on PWB, which in turn reduces TI. Thus, H4 is accepted, demonstrating that psychological well-being partially mediates the relationship between work-family conflict and turnover intention.

## DISCUSSION

The findings from this study provide robust empirical support for the proposed hypotheses regarding the relationships between Work-Family Conflict (WFC), Psychological Well-Being (PWB), and Turnover Intention (TI). The significant negative effect of WFC on PWB ( $\beta = -0.45$ ,  $t = -6.32$ ,  $p = 0.000$ ) affirms Hypothesis 1, suggesting that when employees face heightened conflict between their work and family responsibilities, their psychological well-being tends to deteriorate. This result is aligned with the framework of role conflict theory as discussed by Ahmad (2008) who emphasized that conflicts arising from competing work and family demands can lead to psychological strain. Similarly, Apperson et al. (2002) revealed that professional employees, especially women, experience substantial psychological distress due to role conflicts, echoing the strong negative relationship found in this study.

Hypothesis 2, which asserts that WFC has a significant and positive effect on turnover intention ( $\beta = +0.38$ ,  $t = 5.45$ ,  $p = 0.000$ ), is also supported. The implication is that as the burden of managing work and family roles intensifies, employees are more inclined to consider leaving their jobs. This aligns with the findings of Amstad et al. (2011), who conducted a meta-analysis and confirmed that WFC positively correlates with turnover intention. Similarly, Lim et al. (2021) and Asfahani (2022) found that role conflicts significantly contribute to faculty members' desire to resign, particularly when emotional exhaustion acts as a mediator.

Hypothesis 3 proposes a negative relationship between PWB and TI, which is confirmed by the analysis ( $\beta = -0.29$ ,  $t = -4.12$ ,  $p = 0.000$ ). Employees with higher psychological well-being exhibit lower intentions to quit their jobs. This supports the model of well-being as a protective factor against occupational withdrawal. Amin and Akbar (2013) also found that employees with greater psychological well-being are less likely to leave their positions, reinforcing the importance of mental health in retention

strategies. Furthermore, the findings are consistent with research by Bowman (2010) and Arslan and Coşkun, (2020), who highlighted that individuals with higher well-being are better able to manage stress and demonstrate stronger organizational commitment.

Finally, Hypothesis 4 is confirmed through the mediation analysis, where PWB partially mediates the relationship between WFC and TI (indirect effect  $\beta = -0.13$ , Sobel  $z = -3.05$ ,  $p = 0.002$ ). This indicates that while WFC directly influences turnover intention, part of this effect occurs indirectly through the reduction of psychological well-being. This mediation mechanism is supported by the work of Bothma and Roodt, (2013) and Crittenden et al. (2020), who argue that psychological strain resulting from work-life imbalance ultimately leads to higher attrition rates. The results also resonate with Desiana et al. (2024), who demonstrated that well-being acts as a mediator in the link between workplace challenges and turnover.

## CONCLUSION

This study revealed several key findings regarding the dynamics of Work-Family Conflict (WFC), Psychological Well-Being (PWB), and Turnover Intention (TI) among married female nurses at Fatmawati Hospital, Jakarta. First, WFC significantly and negatively affects PWB, indicating that higher conflict between work and family roles undermines nurses' mental health and emotional stability. Second, WFC was found to significantly increase turnover intention, suggesting that nurses struggling to balance these roles are more likely to consider leaving their job. Third, psychological well-being negatively influences turnover intention, meaning that nurses with better mental health exhibit lower intentions to quit. Finally, PWB partially mediates the relationship between WFC and TI, highlighting that the adverse effects of WFC on turnover are partly channeled through diminished psychological well-being.

The implications of these findings are critical for hospital management and policymakers aiming to retain nursing staff. Addressing work-family conflict through supportive workplace policies—such as flexible scheduling, family-friendly programs, and mental health resources—can improve psychological well-being and reduce turnover. Prioritizing nurse well-being not only fosters a healthier workforce but also promotes organizational stability and better patient care outcomes.

This study's limitations stem primarily from its methodological design. The use of purposive sampling at a single hospital limits the generalizability of findings to other settings or demographic groups. Additionally, reliance on self-reported data through questionnaires may introduce response bias. The cross-sectional nature of the data restricts causal inferences.

Future research should consider longitudinal designs to track changes over time and include diverse nursing populations across multiple hospitals to enhance external validity. Incorporating qualitative methods could also provide deeper insights into the lived experiences of work-family conflict and well-being. Expanding variables to include organizational culture and social support may further enrich understanding of turnover dynamics in healthcare settings.

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