

## **The Influence of Work-Family Conflict on Subjective Well-Being with Perceived Supervisor Support as a Moderating Variable Among Nurses in Private Hospitals in South Lampung**



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**ABSTRACT:** Nursing is a profession with high job demands and irregular working hours, which often lead to conflicts between work and family responsibilities. This condition can trigger Work-Family Conflict (WFC), which negatively affects nurses' subjective well-being. Perceived Supervisor Support (PSS) is considered an important factor in mitigating the negative effects of WFC. This study aims to examine the influence of work-family conflict on subjective well-being and to investigate the moderating role of perceived supervisor support. This research employed a quantitative approach using a questionnaire method. A total of 132 nurses from private hospitals in South Lampung Regency were selected through simple random sampling. The instruments used in this study were the work-family conflict scale, subjective well-being scale, and perceived supervisor support scale. Data were analyzed using Moderated Regression Analysis (MRA) with the assistance of SPSS software. The results showed that work-family conflict had a significant negative effect on nurses' subjective well-being. In addition, PSS was proven to moderate the effect of work-family conflict on subjective well-being. High supervisor support was able to weaken the negative impact of work-family conflict on nurses' subjective well-being. In conclusion, both the first hypothesis (H1) and the second hypothesis (H2) were supported. These findings highlight the importance of supervisors in creating a supportive work environment to maintain nurses' subjective well-being. The managerial implication is that management should pay attention to work pressure and health issues experienced by nurses.

**KEYWORDS:** Nurses, Perceived Supervisor Support, Subjective Well-Being, Work-Family Conflict

### **I. INTRODUCTION**

Work-family conflict (WFC) is an increasingly prevalent phenomenon in modern life, driven by the rising demands of work and the evolving dynamics of family roles in the era of globalization and technological development (Achour, 2017). Greenhaus and Beutell (as cited in AlAzzam, 2017) define WFC as a role conflict that arises when the demands of work and family are mutually incompatible. There are two directions of conflict: work interfering with family (WIF) and family interfering with work (FIW), both of which can be significant sources of stress (Carlson et al., 2000; Yu, 2020).

In the context of nursing, WFC is a critical concern given the heavy workloads nurses face, including shift work, emotional stress, extended working hours, and substantial family responsibilities (Zhang, 2020; Pien, 2021; Achour, 2017). Poorly managed WFC can lead to stress, decreased job satisfaction and life satisfaction, and both physical and mental health issues (Carlson et al., 2000; Sharma, 2016; Lu, 2017; Pien, 2021). These conditions can ultimately contribute to a decline in nurses' subjective well-being (Niinihuhta, 2022; Zurlo, 2020; Achour, 2017). Several studies have found that WFC is negatively associated with nurses' job satisfaction and mental well-being (AlAzzam, 2017; Zurlo, 2020).

In this study, well-being refers specifically to subjective well-being, defined as an individual's internal evaluation of life satisfaction, health problems, energy levels, mood, self-control, and emotional relaxation (Fazio, 1977; Gurkova, 2014; Oates, 2017). Nurses' well-being is highly affected by work-family conflict due to job characteristics such as night shifts and limited control over work schedules (Yu, 2020). Nurses often struggle to balance their personal lives with their professional duties, especially because night shifts reduce recovery time and increase health risks (Zurlo, 2020). A lack of well-being in the workplace can result in decreased employee productivity (Lu, 2017).

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Support from supervisors, co-workers, and management is essential to help employees complete their tasks effectively and minimize work-family conflict (Achour, 2017). Perceived Supervisor Support (PSS) is recognized as a crucial factor in mitigating the negative effects of WFC. Supervisor support plays a moderating role in role conflict and can enhance employee well-being (Achour, 2017; Zhang, 2020).

In South Lampung Regency, the number of nurses has not yet met the national standard of 117 per 100,000 population, with only 113 nurses per 100,000 population (Dinkesprov Lampung, 2022). This shortage increases nurses' workloads, particularly in private hospitals, which, based on field observations, have high job demands and intensive shift work systems. On average, nurses work between 160–190 hours per month, with a minimum of six night shifts, potentially causing physical fatigue and role conflict (Lu, 2017; Zurlo, 2020).

These conditions highlight the urgent need for further research on the influence of work-family conflict on nurses' subjective well-being, as well as the moderating role of perceived supervisor support, particularly in private hospitals in South Lampung Regency.

## **II. LITERATURE REVIEW**

### **A. Work-Family Conflict**

Greenhaus and Beutell (as cited in AlAzzam, 2017) define WFC as a role conflict that arises when the demands of work and family are mutually incompatible. There are two directions of conflict: work interfering with family (WIF) and family interfering with work (FIW), both of which can be significant sources of stress. Work-family conflict consists of three forms: time-based, strain-based, and behavior-based conflict. Each form occurs in two directions, resulting in six dimensions of work-family conflict (Carlson et al., 2000; Yu, 2020).

### **B. Subjective Well-Being**

Subjective well-being refers to a comprehensive psychological evaluation of an individual's overall satisfaction and happiness with life (Liu, 2017). In this study, well-being refers specifically to subjective well-being, defined as an individual's internal evaluation of life satisfaction, health problems, energy levels, mood, self-control, and emotional relaxation (Fazio, 1977; Gurkova, 2014; Oates, 2017).

### **C. Perceived Supervisor Support**

Perceived Supervisor Support (PSS) is defined as an employee's perception that their supervisor values their contributions and cares about their well-being (Eisenberger, 2002; Zhang, 2020). PSS comprises two dimensions, as outlined in the Survey of Perceived Organizational Support (SPOS): evaluative judgments regarding the supervisor, and the supervisor's behaviors in response to situations that affect employees (Eisenberger, 1986).

### **D. Work-Family Conflict and Subjective Well-Being**

Nurses are critical to healthcare systems, tasked with delivering high-quality patient care while managing physically and emotionally demanding work conditions, often under shift-based schedules (Zhang, 2020). Beyond their professional roles, nurses maintain significant family responsibilities, creating competing demands between work and home (Yu, 2020). Poor integration of these domains can result in work-family conflict (WFC), characterized by time-based, strain-based, and behavior-based interferences.

The irregularity of shift work limits nurses' autonomy over personal time, leading to role conflict and heightened stress (Lu, 2017; Sharma, 2016). Consequently, WFC is associated with negative outcomes such as fatigue, dissatisfaction, and diminished subjective well-being (Achour, 2017; Zurlo, 2020; Niinihuhta, 2016). Subjective well-being, reflecting life satisfaction and happiness, is highly sensitive to emotional distress and the inability to regulate emotions (Fazio, 1977; Yu, 2020).

Moreover, inconsistent work hours and night shifts disrupt physical recovery, further affecting health and well-being. Empirical studies confirm that dimensions of subjective well-being—including life satisfaction, health, energy levels, tension, and mood—are negatively impacted by WFC (Fazio, 1977; Yu, 2020; Liu, 2017).

#### **Hypothesis 1 (H1):**

Work-family conflict has a significant negative effect on the subjective well-being of nurses in private hospitals in South Lampung Regency.

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## E. The Moderating Role of Perceived Supervisor Support

Within healthcare settings, nurses operate within teams supervised by managers who influence work conditions, including shift scheduling. Supervisors play a vital role in reducing work-family conflict by offering support through schedule flexibility, shift adjustments, and emotional guidance (Achour, 2017).

Perceived Supervisor Support (PSS) refers to employees' perception that their supervisors value their contributions and care about their well-being (Eisenberger, 2002; Zhang, 2020). Higher levels of PSS can buffer the adverse effects of WFC by providing emotional reassurance and practical solutions, thus enhancing individuals' capacity to manage dual role demands.

Supportive supervisory practices foster a sense of security and reduce stress, which, over time, contributes to greater life satisfaction, emotional resilience, and improved subjective well-being (Zhang, 2020; Achour, 2017; Lu, 2017; Sharma, 2016).

### Hypothesis 2 (H2):

Perceived supervisor support moderates the effect of work-family conflict on subjective well-being among nurses in private hospitals in South Lampung Regency.

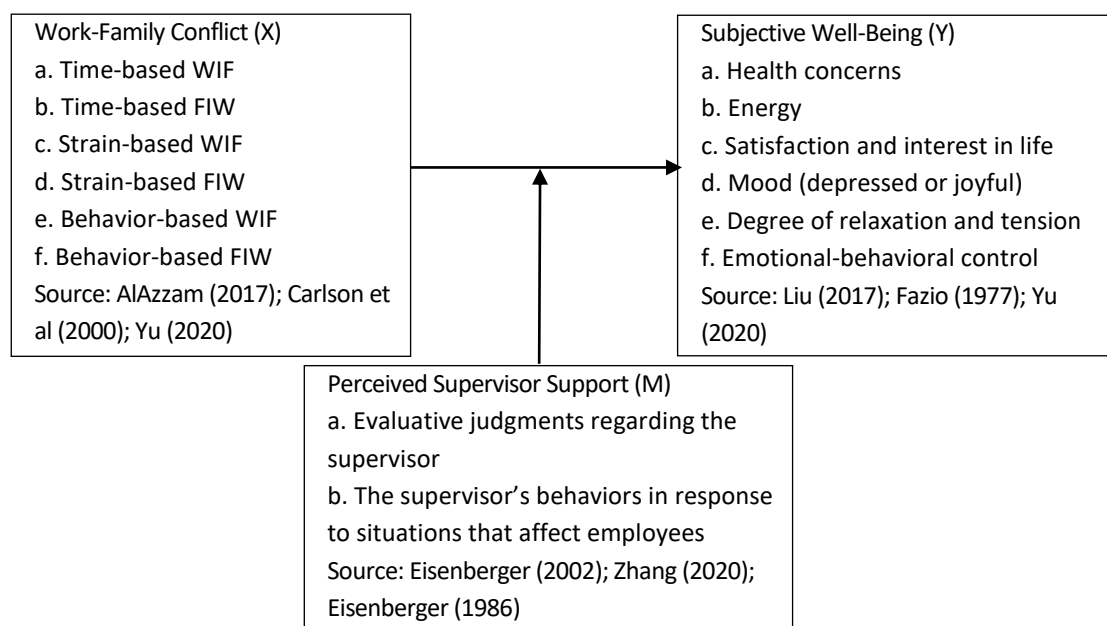


Figure 1. Conceptual model

## III. METHOD

This study employed a quantitative approach with data collected through a questionnaire. The data were then analyzed using SPSS version 25. The objective of this research is to examine the effect between work-family conflict, subjective well-being, and perceived supervisor support among nurses in private hospitals in South Lampung Regency.

The population in this study consisted of all nurses working in private hospitals within the region. From a total population of 200 individuals, a sample of 132 respondents was selected using a simple random sampling technique. The sample size was determined based on the sample size determination table by Sekaran and Bougie (2018).

There are three main variables in this study: work-family conflict (X), subjective well-being (Y), and perceived supervisor support (M). The data were collected using questionnaires developed based on previous theories and studies. Each variable was measured using a five-point Likert scale (Hair et al., 2019). The questionnaire items were constructed based on established indicators, including six dimensions of work-family conflict (Carlson et al., 2000; Yu, 2020), six dimensions of subjective well-being (Fazio, 1977; Yu, 2020; Liu, 2017), and two dimensions of perceived supervisor support (Eisenberger et al., 1986).

The instruments underwent validity and reliability testing. Validity was assessed through exploratory factor analysis, while reliability was evaluated using Cronbach's Alpha coefficients. The normality of the data was tested using the Kolmogorov-Smirnov test. Data analysis techniques included simple regression analysis and Moderated Regression Analysis (MRA) to examine the moderating role of perceived supervisor support in the effect of work-family conflict on subjective well-being.

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## IV. RESULTS AND DISCUSSION

### A. Results

Data collection was conducted in February 2025 by distributing online questionnaires via Google Form links and physical questionnaires, resulting in a total of 132 respondents. The collected data were subsequently processed. The results of data collection provide both the demographic characteristics of respondents and the outcomes of data analysis, as follows.

Respondent characteristics based on gender showed that 97 respondents (73.5%) were female, and 35 respondents (26.5%) were male. Based on age groups, 18.9% were aged 20–25 years, 25% were aged 26–30 years, 29.5% were aged 31–35 years, 18.2% were aged 36–40 years, 6.1% were aged 41–45 years, and 2.3% were aged 46 years and above. Regarding marital status, 65.2% of respondents were married, while 34.8% were unmarried. Among married respondents, 19.8% had no child, 53.5% had two or fewer children, and 26.7% had more than two children. Regarding work units, respondents were distributed as follows: inpatient unit (40.9%), emergency unit (18.2%), outpatient clinic (14.4%), intensive care unit (12.9%), operating room (7.6%), perinatology (4.5%), and hemodialysis unit (1.5%). Based on working tenure, 22.7% had worked for two years or less, 27.3% for 3–5 years, 31% for 6–10 years, 15.2% for 11–15 years, and 3.8% for more than 15 years.

The results of the validity test using exploratory factor analysis showed that each statement item had a high factor loading ( $\geq 0.5$ ) on one factor and low loadings on the others. The items with high loadings clustered together within each component, indicating that they are valid for measuring the intended construct and have a strong relationship with the relevant factor (Hair et al., 2019). In conclusion, all statement items are valid and can be used in the instrument.

The reliability test results showed that the Cronbach's alpha for the work-family conflict variable was 0.861, while the Cronbach's alpha values for subjective well-being and perceived supervisor support were 0.925 and 0.923, respectively. According to Sekaran and Bougie (2018), a Cronbach's alpha greater than 0.6 indicates acceptable reliability, and a value greater than 0.8 indicates good reliability. Therefore, the instruments used for all three variables were considered reliable.

The normality test using the Kolmogorov-Smirnov test showed significance values of 0.079 for the work-family conflict variable, 0.057 for the subjective well-being variable, and 0.067 for the perceived supervisor support variable. As the significance values were greater than 0.05, it can be concluded that the data for all variables were normally distributed.

Descriptive analysis results for each variable are as follows. Based on responses from 132 participants, the average score for the Work-Family Conflict (WFC) variable was 2.62. Overall, this average score is considered relatively low. However, the strain-based Work Interference with Family (WIF) dimension still showed a relatively high score of 3.38. Meanwhile, the average score for the Subjective Well-Being variable was 3.19, which is considered relatively high. Nonetheless, the health concerns dimension had a relatively lower average score of 2.85. Overall, the average score for the Perceived Supervisor Support (PSS) variable was also relatively high at 3.31. However, within the evaluative judgment dimension related to supervisors, the average score for items concerning employee well-being was still relatively low, at 2.97.

**Hypothesis 1:** Work-family conflict has a negative effect on the subjective well-being of nurses in private hospitals in South Lampung Regency. The simple regression analysis conducted to test this hypothesis produced a negative regression coefficient for the independent variable (X), with a significance level of 0.000. This result indicates that work-family conflict has a negative and significant influence on the subjective well-being of nurses. An increase in work-family conflict will consequently lead to a decrease in subjective well-being. In conclusion, the first hypothesis (H1) is supported.

**Hypothesis 2:** Perceived supervisor support moderates the effect of work-family conflict on subjective well-being among nurses in South Lampung Regency private hospitals. The Moderated Regression Analysis (MRA) showed that the regression coefficient for the interaction term (X.M) was positive. This indicates that work-family conflict (X), when interacting with perceived supervisor support (M), has a positive effect on nurses' subjective well-being. An increase in perceived supervisor support leads to an improvement in subjective well-being, accompanied by a decrease in work-family conflict. Therefore, it can be concluded that the presence of the moderating variable (perceived supervisor support) weakens the negative effect of work-family conflict on the subjective well-being of nurses in private hospitals in South Lampung Regency. Thus, the second hypothesis (H2) is supported.

### B. Discussion

Work-family conflict (WFC) is a form of inter-role conflict that occurs when the demands and responsibilities of one role (work or personal life) are incompatible with those of another role (AlAzzam, 2017). The results of this study confirm that work-family conflict has a negative and significant effect on the subjective well-being of nurses in private hospitals in South Lampung Regency. This indicates that as work-family conflict increases, the subjective well-being of nurses decreases.

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There are two types of work-family conflict situations: first, work interfering with family (WIF), and second, family interfering with work (FIW) (Carlson et al., 2000; Yu, 2020). Furthermore, WFC can be categorized into three forms: time-based, strain-based, and behavior-based conflicts (Carlson et al., 2000; Yu, 2020). Conflicts often arise due to time demands, emotional strain, and behavioral expectations that require nurses to fulfill both work responsibilities and family obligations simultaneously.

Based on the descriptive statistics, the highest average score for the work-family conflict variable was 3.38, observed in the strain-based WIF dimension. These findings suggest that private hospitals in South Lampung Regency need to pay closer attention to the level of stress and pressure placed on nurses. Creating a supportive work environment can help mitigate fatigue and emotional exhaustion, thereby reducing the work-related stress that negatively impacts family life.

Subjective well-being refers to an individual's evaluation of their happiness and satisfaction with various aspects of life, such as work, home, and family (Oates, 2017). Subjective well-being encompasses feelings of satisfaction and happiness with one's personal and professional life. Depression and emotional dysregulation are major concerns affecting individual well-being (Fazio, 1977; Yu, 2020). Moreover, irregular work schedules and night shifts can contribute to physical health problems due to inadequate recovery time.

According to the descriptive statistics, the lowest average score for the subjective well-being variable was 2.85, specifically in the health concerns dimension. This result aligns with the findings of Liu (2017), who reported the lowest scores in the "satisfying interesting life" and "health worry" dimensions. These results highlight the need for private hospitals in South Lampung Regency to prioritize the physical and mental health of their nursing staff. Establishing supportive systems for health monitoring and prevention can help reduce health-related concerns and enhance nurses' subjective well-being.

Perceived supervisor support (PSS) is defined as an employee's perception that their supervisor values their contribution and cares about their well-being (Eisenberger et al., 2002; Zhang, 2020). Supervisor support, such as providing advice, flexible scheduling, and assistance with shift changes, can play a crucial role in helping employees manage work-family conflicts (Achour, 2017). The results of the MRA analysis indicate that while work-family conflict (X) initially had a negative effect on subjective well-being, the interaction with perceived supervisor support (M) moderated this effect, leading to an overall positive impact. Thus, perceived supervisor support can mitigate the negative influence of work-family conflict on the subjective well-being of nurses in South Lampung private hospitals.

The moderating role of perceived supervisor support reduces the negative consequences of work-family conflict on subjective well-being (Zhang, 2020; Achour, 2017). When nurses perceive support from their supervisors, they experience greater comfort in managing dual roles. This sense of security enhances their resilience to future work-family conflicts, as they feel that assistance is available and they are not left to handle challenges alone. Consequently, work-related stress and conflict-induced stress are gradually reduced, improving nurses' overall health and subjective well-being (Lu, 2017; Sharma, 2016).

Descriptive analysis of the perceived supervisor support variable revealed that the lowest average score was 2.97, corresponding to the evaluative dimension related to employee well-being. Based on these findings, it is recommended that private hospitals in South Lampung Regency develop a more supportive work environment to address perceptions of exploitation among nurses and to enhance their well-being. Strengthening the role of supervisors in providing effective support is critical to this effort.

In conclusion, private hospitals in South Lampung Regency that enhance the role and support provided by supervisors can significantly improve the subjective well-being of nurses facing high levels of work-family conflict. The findings of this study emphasize the crucial role of supervisor support in mitigating the adverse effects of work-family conflict. While work-family conflict may reduce nurses' well-being, supervisor support—such as flexible scheduling, attention to emotional well-being, and recognition of nurses' contributions—can help alleviate the pressures arising from work and family role demands. Therefore, hospitals should strive to create more supportive work environments by empowering supervisors to deliver appropriate and effective support.

## **V. CONCLUSION**

Based on the research findings and discussion presented, the following conclusions can be drawn:

1. Work-family conflict has a negative and significant effect on the subjective well-being of nurses in private hospitals in South Lampung Regency. This indicates that higher levels of work-family conflict are associated with lower levels of subjective well-being among nurses in private hospitals in South Lampung Regency.
2. Perceived supervisor support moderates the effect of work-family conflict on subjective well-being. The presence of strong perceived supervisor support can weaken the negative impact of work-family conflict on nurses' subjective well-being in private hospitals in South Lampung Regency.



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## VI. SUGGESTION

Based on the conclusions of this study, the following recommendations are proposed:

1. For private hospitals in South Lampung Regency: Hospitals are encouraged to provide greater supervisory support to mitigate the negative impact of work-family conflict on nurses' subjective well-being by:
  - A. Monitoring and managing the levels of tension and workload assigned to nurses to help reduce work-family conflict.
  - B. Paying attention to both the physical and mental health of nurses to enhance their overall subjective well-being.
  - C. Creating a more supportive work environment to minimize perceptions of exploitation, thereby enabling supervisors to offer more effective and positive support.
2. For future researchers: It is recommended to investigate other variables related to work-family conflict, identify additional factors influencing subjective well-being, or explore alternative moderating variables that may strengthen the understanding of the effect of work-family conflict on subjective well-being, thereby contributing to more comprehensive future research.

## ACKNOWLEDGMENT

The author would like to express sincere gratitude to all the nurses at private hospitals in South Lampung Regency who participated as respondents in this study. Appreciation is also extended to the institution and the supervising lecturer for their invaluable guidance and support throughout the research process. The support and contributions of all parties have played a crucial role in the completion of this article.

## REFERENCES

- 1) Achour, M., Shahidra, Bahiyah, Nor, M.R.M.N., and Zukifli M.Y. 2017. Management and supervisory support as a moderator of work-family demands and women's well-being: A case study of Muslim female academicians in Malaysia. *Humanomics*. 33(3): 335-356. <https://doi.org/10.1108/H-02-2017-0024>
- 2) AlAzzam, M., AbuAlRub, R.F., and Nazzal, A.H. 2017. The Relationship Between Work-Family Conflict and Job Satisfaction Among Hospital Nurses. *Nursing Forum*. 1-11.
- 3) Carlson, D.S., Kacmar, K.M., and Williams, L.J. 2000. Construction and Initial Validation of a Multidimensional Measure of Work-Family Conflict. *Journal of Vocational Behavior*. 56:249-276. doi:10.1006/jvbe.1999.1713
- 4) Dinas Kesehatan Pemerintah Kabupaten Lampung Selatan. 2024. Profil Kesehatan Kabupaten Lampung Selatan Tahun 2023. Lampung Selatan: Dinkes Lampung Selatan.
- 5) Eisenberger, R., Huntington, R., Hutchison, S., and Sowa, D. 1986. Perceived Organizational Support. *Journal of Applied Psychology*. 71(3): 500-507.
- 6) Eisenberger, R., Stinglhambe, F., and Vandenberghe, C. 2002. Perceived Supervisor Support: Contributions to Perceived Organizational Support and Employee Retention. *Journal of Applied Psychology*. 87(3):565-573. DOI: 10.1037//0021-9010.87.3.565
- 7) Fazio, Anthony F. 1977. A concurrent validation study of the NCHS' general well-being schedule. DHEW publication. 2(73), 78-1347.
- 8) Gurkova, E., Harokova, S., Dzuka, J., and Ziakova, K. 2014. Job Satisfaction and Subjective Well-Being Among Czech Nurses. *International Journal of Nursing Practice*. doi:10.1111/ijn.12133
- 9) Hair, J.F., Black, W.C., Babin, B.J., and Anderson, R.E. 2019. *Multivariate Data Analysis*, Eighth edition. United Kingdom: Cengage Learning EMEA.
- 10) Liu, H., Zhang, X., Chang, R., and Wang, W. 2017. A research regarding the relationship among intensive care nurses' self-esteem, job satisfaction and subjective well-being. *International Journal of Nursing Sciences*. 4:291-295. <http://dx.doi.org/10.1016/j.ijnss.2017.06.008>.
- 11) Lu, Y., Hu, X.M., Huang, X.L., Zhuang, X.D., Guo, P., Feng, L.F., Hu, W., Chen, L., Zou, H., and Hao, Y.T. 2017. The relationship between job satisfaction, work stress, work-family conflict, and turnover intention among physicians in Guangdong, China: a cross-sectional study. *BMJ Open*. 7:e014894. doi:10.1136/bmjopen-2016-014894.
- 12) Niiniluhta, M., Moisio, A.T., Kvist, T., and Laitila, A.H. 2022. A comprehensive evaluation of factors affecting nurse leaders' work-related well-being. *Leadership in Health Services*. 35(3): 1751-1879. DOI 10.1108/LHS-12-2021-0098.
- 13) Oates, J., Jones, J., and Drey, N. 2016. Subjective well-being of mental health nurses in the United Kingdom: Results of an online survey. *International Journal of Mental Health Nursing*. doi: 10.1111/inm.12263

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- 14) Pien, L.C., Cheng, W.J., Chou, K.R., and Lin, L.C. 2021. Effect of Work–Family Conflict, Psychological Job Demand, and Job Control on the Health Status of Nurses. *International Journal of Environment Research and Public Health*. 18, 3540. <https://doi.org/10.3390/ijerph18073540h>
- 15) Sekaran, Uma & Bougie, Roger. 2018. *Research Methods for Business: A Skill-Building Approach* (Seventh Edition). Italy: Printer Trento Srl.
- 16) Sharma, J., Dhar, R.L., and Tyagi, A. 2016. Stress as a mediator between work–family conflict and psychological health among the nursing staff: Moderating role of emotional intelligence. *Applied Nursing Research*. 30: 268-275. <http://dx.doi.org/10.1016/j.apnr.2015.01.010>
- 17) Yu, J., Song, H., Shi, H., and Wang, K. 2020. Association between work-family conflict and overall well-being among Chinese nurse leaders. *Journal of Nursing Management*. 28(7): 1498-1503. <https://doi.org/10.1111/jonm.13084>
- 18) Zhang, Y., Rasheed, M.I., and Luqman, A. 2020. Work-Family Conflict and Turnover Intentions Among Chinese Nurses. *Personnel Review*. 49(5): 1140-1156. DOI 10.1108/PR-01-2019-0017
- 19) Zurlo, M.C., Vallone, F., and Smith, A.P. 2019. Work-family conflict and psychophysical health conditions of nurses: Gender differences and moderating variables. *Japan Academy of Nursing Science*. <https://doi.org/10.1111/jjns.12324>



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