Education on Work–Family Conflict, Work–Life Balance, and Job Satisfaction as Predictors of Nurses' Intention to Stay

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Abstrak
Tingginya tingkat turnover di kalangan perawat menjadi perhatian serius bagi manajemen rumah sakit karena berdampak pada kontinuitas layanan dan kualitas perawatan pasien. Salah satu faktor yang memengaruhi keputusan perawat untuk tetap bekerja adalah adanya tekanan dari konflik antara tuntutan pekerjaan dan tanggung jawab keluarga, serta sejauh mana mereka mampu mencapai keseimbangan kehidupan kerja. Dalam konteks ini, kepuasan kerja juga berperan penting dalam membentuk komitmen perawat terhadap organisasi. Tujuan dari kajian literatur ini adalah untuk mengeksplorasi dan mensintesis bukti empiris terkait pengaruh konflik kerja–keluarga (work–family conflict), keseimbangan kerja–kehidupan (work–life balance), dan kepuasan kerja terhadap intensi perawat untuk tetap bekerja di rumah sakit. Studi ini menggunakan pendekatan tinjauan naratif dengan mengumpulkan artikel dari database Scopus, PubMed, dan Google Scholar. Dari 267 artikel yang diidentifikasi, 35 artikel dipilih berdasarkan kriteria inklusi seperti fokus pada perawat, relevansi konteks rumah sakit, dan kejelasan metodologi. Hasil kajian menunjukkan bahwa konflik kerja–keluarga berdampak negatif terhadap keseimbangan kerja–kehidupan dan kepuasan kerja, yang kemudian menurunkan intensi untuk bertahan dalam pekerjaan. Sebaliknya, keseimbangan kerja–kehidupan dan kepuasan kerja terbukti sebagai mediator penting yang mampu mengurangi efek negatif konflik peran terhadap retensi tenaga kerja. Kajian ini mengadopsi perspektif teori stres peran dan teori pertukaran sosial untuk menjelaskan hubungan antarvariabel. Temuan ini menekankan pentingnya dukungan organisasi melalui kebijakan fleksibilitas, pengakuan kinerja, dan perhatian terhadap kesejahteraan psikologis perawat untuk meningkatkan niat bertahan dan menstabilkan tenaga kerja keperawatan di rumah sakit.
Kata kunci: *Work-Family Conflict, Work-Life Balance, Job Satisfaction, Nurses'Intention to Stay*

Abstract
High turnover rates among nurses have become a serious concern for hospital management, as they affect the continuity of care and the overall quality of patient services. One of the factors influencing nurses' decisions to remain in their jobs is the pressure arising from conflicts between work demands and family responsibilities, as well as their ability to achieve work–life balance. In this context, job satisfaction also plays a crucial role in shaping nurses' commitment to the organization. The purpose of this literature review is to explore and synthesize empirical evidence regarding the influence of work–family conflict, work–life balance, and job satisfaction on nurses' intention to stay in hospital settings. A narrative review approach was employed, gathering studies from Scopus, PubMed, and Google Scholar. From an initial pool of 267 articles, 35 met the inclusion criteria, which focused on nurses, hospital-based contexts, and methodological clarity. The findings reveal that work–family conflict negatively affects both work–life balance and job satisfaction, which in turn lowers the intention to stay. Conversely, work–life balance and job satisfaction serve as critical mediators that can buffer the negative impact of role conflict on workforce retention. The review is framed by Role Stress Theory and Social Exchange Theory to explain the dynamic relationships among variables. These findings underscore the importance of organizational support mechanisms, such as flexible work arrangements, performance recognition, and psychological well-being programs, to improve nurses' motivation and long-term retention. In conclusion, promoting positive work–life interaction and enhancing job satisfaction are essential strategies for sustaining a stable nursing workforce in hospital environments, particularly in high-demand and resource-limited healthcare systems.

Keywords*: work–family conflict, work–life balance, job satisfaction, intention to stay, nurse retention*

INTRODUCTION

The sustainability of healthcare delivery systems relies not only on physical infrastructure and financial investment but also, and more crucially, on the availability and stability of human resources. In this context, nurses play a vital role as the largest segment of healthcare professionals providing continuous, direct, and often emotionally intensive care. Their contribution underpins the quality, safety, and responsiveness of patient services. Without a stable nursing workforce, healthcare institutions face systemic challenges that impact care delivery and institutional resilience (Boone et al., 2024; Fromme et al., 2025). High turnover rates among nurses threaten this stability. When experienced nurses leave, they take with them essential knowledge, clinical expertise, and the capacity to mentor junior staff. This creates gaps in service provision and forces hospitals to continuously invest in recruitment and orientation, often without long-term returns. Furthermore, turnover contributes to increased workloads for remaining staff, higher stress levels, and deteriorating morale—factors that can intensify the risk of further attrition and negatively affect patient outcomes (Raeve, 2024).

In Indonesia, these challenges are particularly evident in rural areas and among non-profit or faith-based institutions, where healthcare workers face significant barriers such as limited professional development, inadequate facilities, and restricted access to psychosocial support. While nurse retention in urban hospitals may appear relatively stable due to better working conditions and financial incentives, disparity in healthcare human resources continues to be a structural concern for equitable health service distribution. Therefore, understanding and managing the factors that influence nurses' decisions to remain employed becomes essential in maintaining a functional and responsive healthcare system (Muchlis et al., 2022).

The concept of *intention to stay* has gained increasing attention in human resource research. Defined as a nurse's deliberate and proactive commitment to continue working in their current organization, intention to stay captures a sense of loyalty, emotional attachment, and alignment with institutional values. Unlike turnover intention, which focuses on the desire or plans to leave, intention to stay emphasizes positive organizational citizenship and personal engagement with professional roles (Qian & Balwi, 2024). It serves as a psychological indicator of workplace retention and is often influenced by a complex combination of organizational, interpersonal, and individual factors (Bello & Steil, 2020). Three constructs frequently cited in the literature as key predictors of intention to stay are *work–family conflict*, *work–life balance*, and *job satisfaction*. These variables directly affect the daily lived experience of nurses, shaping their capacity to manage competing demands and derive meaning and motivation from their work. *Work–family conflict* emerges when work obligations interfere with family responsibilities, creating role strain, emotional fatigue, and time-based conflicts. In healthcare, this is intensified by rotating shifts, emergency demands, and emotionally taxing patient interactions (Netemeyer, Boles, & McMurrian, 1996; Coelho Júnior et al., 2023).

Such conflict often leads to decreased job involvement, reduced emotional energy, and difficulty maintaining personal well-being. Nurses dealing with persistent work–family conflict may begin to perceive their work as a burden, rather than a vocation, which in turn reduces their willingness to stay. In this sense, work–family conflict can act as both a stressor and a predictor of withdrawal behavior if left unaddressed by hospital management (Alshaibani, Aboshaiqah, & Alanazi, 2024). Gender roles and caregiving expectations in many cultural contexts—including Indonesia—can exacerbate these effects, particularly for female nurses balancing childcare and professional demands. *Work–life balance* represents the extent to which individuals perceive equilibrium between their personal and professional roles. It is a dynamic and subjective construct, shaped not only by external support systems but also by internal coping strategies and job design. A well-balanced life allows nurses to recover from work stress, maintain social connections, and preserve their physical and mental health. The ability to separate work stress from personal domains is particularly important in high-pressure environments such as hospitals (Dominic Suta, 2023; Gunawan, 2019).

Empirical studies have shown that when nurses perceive they have control over their schedules and experience support for managing personal commitments, their intention to stay increases significantly. Work–life balance acts as a buffer, reducing the harmful effects of work–family conflict and enhancing job satisfaction. It also fosters a positive perception of organizational

care, whereby employees feel valued not only as workers but as individuals with multifaceted lives. Thus, organizations that prioritize work–life integration are more likely to retain skilled nursing staff (Gunawan, 2019).

Job satisfaction, on the other hand, has long been recognized as a central element in workforce retention models. It encompasses emotional responses to job roles, work conditions, supervisory relationships, compensation, and opportunities for growth. Intrinsic elements such as recognition, autonomy, and sense of achievement are critical for nurses who seek purpose in their professional practice. Simultaneously, extrinsic components—such as fair compensation, leadership transparency, and organizational climate—contribute to employees' sense of justice and belonging (Heier & Nelson-Brantley, 2024; Walkowiak & Staszewski, 2019). Nurses who report high levels of job satisfaction tend to develop stronger organizational commitment and demonstrate lower levels of burnout, which are both predictive of long-term retention. In particular, the post-pandemic healthcare environment has drawn greater attention to the importance of emotional support, workload distribution, and team cohesion in maintaining satisfaction. Dissatisfaction, on the contrary, can accelerate turnover despite high professional calling, especially when unmet needs accumulate over time and diminish morale (Walkowiak & Staszewski, 2019).

These three constructs—work–family conflict, work–life balance, and job satisfaction—are not isolated variables, but interdependent predictors that mutually shape nurses' occupational experiences. Work–family conflict may erode satisfaction, which in turn weakens intention to stay; conversely, job satisfaction and work–life balance may function as protective mediators that counterbalance the negative effects of conflict. Understanding these interrelations is vital for hospital administrators seeking to implement effective human resource strategies that address both structural and psychological needs (Alshaibani et al., 2024). Therefore, this literature review aims to explore and synthesize current empirical findings on how work–family conflict, work–life balance, and job satisfaction influence nurses' intention to stay. By analyzing theoretical frameworks such as role strain theory and social exchange theory, the review identifies critical pathways through which these constructs interact. The ultimate goal is to offer evidence-based recommendations for healthcare institutions seeking to strengthen nurse retention and ensure long-term organizational sustainability. Therefore, this literature review aims to explore and synthesize current empirical findings on how work–family conflict, work–life balance, and job satisfaction influence nurses' intention to stay. By analyzing theoretical frameworks such as role strain theory and social exchange theory, the review identifies critical pathways through which these constructs interact. The ultimate goal is to offer evidence-based recommendations for healthcare institutions seeking to strengthen nurse retention and ensure long-term organizational sustainability. Educational interventions have also been shown to be effective in empowering vulnerable groups, such as in the study by Rahayu and Irmayani (2025), which highlighted how inclusive health education improved chronic pain management among persons with disabilities. Similarly, structured educational efforts within hospital organizations may enhance nurses' understanding of role conflict and balance, leading to greater job satisfaction and a stronger intention to remain in their roles.

METODE

This literature review was conducted to examine how work–family conflict, work–life balance, and job satisfaction relate to nurses' intention to stay in hospital settings. A narrative review approach was chosen to allow flexibility in exploring both theoretical perspectives and empirical findings across diverse contexts. Articles were identified through a search of several academic databases, including Scopus, PubMed, and Google Scholar, using keywords including "intention to stay," "nurse retention," "work–family conflict," "work–life balance," and "job satisfaction," either individually or in combination.

The review included studies written in English, and focusing on nurses or comparable clinical roles in hospital-based environments. Articles were selected if they discussed at least one of the key variables and its relationship to intention to stay. Exclusion criteria included studies focusing exclusively on turnover intention, those conducted outside the healthcare context, or papers lacking methodological clarity. The screening process began with title and abstract review, followed by a full-text assessment to ensure relevance. Emphasis was placed on studies using

established measurement tools and theoretical models from organizational behavior, occupational health, or human resource literature. To guide and document the selection process transparently, a modified PRISMA flow diagram was used to illustrate the number of studies identified, screened, assessed for eligibility, and included in the review.

A total of 267 articles were initially identified through database searches. After removing 42 duplicates, 225 unique articles remained. These were screened based on titles and abstracts, resulting in the exclusion of 159 articles that either focused solely on turnover intention, were unrelated to hospital-based nursing contexts, or lacked relevance to the core variables. The remaining 66 full-text articles were assessed for eligibility. Following this review, 35 studies met the inclusion criteria and were included in the final analysis. The selection process is summarized in the modified PRISMA diagram (Figure 1).

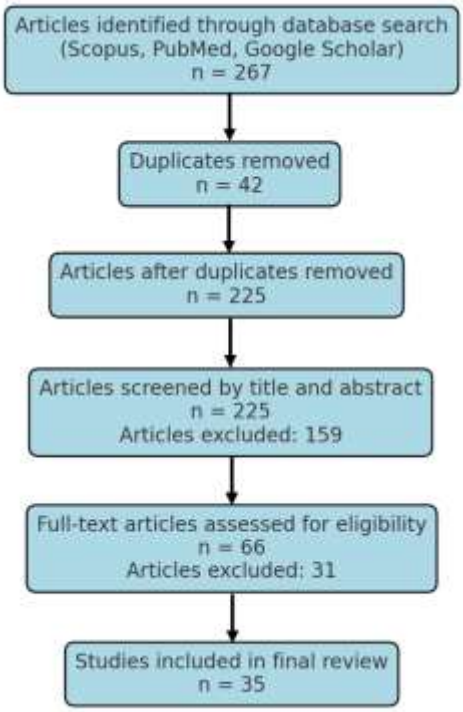


Figure 1. modified PRISMA diagram

RESULT AND DISCUSSION

Work-Family Conflict

Work–Work-family conflict (WFC) is defined as a form of inter-role conflict in which the demands of work and family roles are incompatible in some respect, such that participation in one role makes it difficult to participate in the other (Mihelic & Tekavcic, 2013). WFC operates in two primary directions: Work Interference with Family (WIF) and Family Interference with Work (FIW). WIF occurs when job-related pressures and obligations obstruct one's ability to fulfill family responsibilities, whereas FIW arises when family demands hinder job performance (Dan, 2013; Kelloway, Gottlieb, & Barham, 1999). Both types of conflict contribute to diminished well-being and are frequently assessed using distinct yet complementary scales (Netemeyer et al., 1996). WFC is further understood through three dimensions: time-based conflict, where time required by one domain limits time for the other; strain-based conflict, where stress from one domain impairs performance in the other; and behavior-based conflict, where behavioral patterns in one role are not suitable for the other (Rafique, Jaafar, Ahmed, & Amjad-ur-Rehman, 2024; Saeedtaleshi, Shafie Abadi, & Yousefi, 2024; Smoktunowicz, Lesnierowska, Ziolkowska, & Roczniewska, 2023). For example, long working hours or shift work may reduce family engagement (time-based), while emotional exhaustion from clinical care may diminish patience at home (strain-based). Similarly, behaviors such as assertiveness or hierarchical communication styles encouraged in hospitals may not translate well in a familial setting (behavior-based).

The theoretical underpinnings of WFC are informed by Role Stress Theory, which suggests that managing multiple roles under conflicting demands induces stress, and Spillover Theory, which posits that emotions, stressors, and behaviors from one domain can carry over into another (Pascucci, Hernández Sánchez, & Sánchez García, 2022; Vercruyssen & Van de Putte, 2013). These theories highlight the interconnectivity of work and personal life, especially in professions with high emotional labor, such as nursing. Empirical evidence consistently shows that WFC is associated with negative psychological outcomes including stress, burnout, and reduced well-being (Bian & Mohd Sukor, 2024; Wang, Zhao, Tong, Wang, & Wang, 2024). In the healthcare sector, particularly among nurses, WFC has been identified as a significant predictor of job dissatisfaction, reduced work engagement, and increased turnover intention (Hanoum, Rizan, & Handaru, 2024; Zahra & Fazlurrahman, 2023). The dual pressures from clinical obligations and family responsibilities exacerbate emotional fatigue, which in turn lowers job commitment and increases withdrawal behaviors.

Furthermore, cultural and contextual factors, such as expectations surrounding gender roles and family responsibilities, influence how WFC is experienced and managed. In dual-income households, WIF experienced by one partner may indirectly affect the stress levels of the other (Rizal, Govindasamy, Fikry, & Duryati, 2024), and in some contexts, flexible work arrangements like flextime or remote work have been shown to mitigate both WIF and FIW (F. S. Johari, Ahmad, Bashirun, Zolkapli, & Samudin, 2024). Taken together, these findings support the view that WFC is not merely a personal challenge but an organizational concern with implications for employee retention and well-being. As such, targeted interventions to reduce WFC—such as flexible scheduling, support systems, and organizational responsiveness—are increasingly viewed as strategic imperatives for healthcare institutions.

Work-Life Balance

Work–Life Balance (WLB) reflects how individuals perceive and manage the relationship between the demands of their work and personal lives. Over time, the concept has evolved from a rigid view of "balance" to more nuanced understandings that include integration and enrichment. While some scholars frame WLB as the absence of conflict between work and non-work roles, others emphasize a broader view that includes satisfaction and well-being in both domains, not necessarily an equal distribution of time or energy (Monneuse, 2016; Sojka, 2020). The idea of balance itself is now seen as fluid and subjective, changing with life stages, job conditions, and social contexts (Wattis, Standing, & Yerkes, 2013). A widely used framework breaks WLB into four dimensions: Work Interference with Personal Life (WIPL)**,** Personal Life Interference with Work (PLIW)**,** Work Enhancement of Personal Life (WEPL)**,** and Personal Life Enhancement of Work (PLEW) (Gautam, Gautam, & Bhetuwal, 2025; Gunawan, 2019). WIPL captures how work demands restrict personal activities—long shifts, for instance, may prevent nurses from fulfilling family roles. PLIW refers to how personal stressors, like caregiving duties, reduce focus at work. In contrast, WEPL and PLEW focus on positive spillover: work that builds skills or confidence can enrich home life (WEPL), and a supportive home environment can boost energy and focus at work (PLEW) (Chaniago & Rahmawati, 2024; Lau & Marianti, 2024).

WLB significantly affects employee well-being and engagement. When individuals experience low interference and high enrichment across domains, they report better mental health, lower stress, and a stronger sense of fulfillment in both roles. Studies show that WLB enhances job satisfaction, supports organizational citizenship behavior, and strengthens commitment to stay, especially in demanding fields like healthcare (Ihwughwavwe & Shewakramani, 2024; Marnoto, Supardi, & Soegiarto, 2024). Nurses with better WLB tend to be more productive, emotionally present, and motivated to continue in their current roles (Badaruddin, Surianto, & Fatmasari, 2024; Lin, Gu, Gillani, & Fahlevi, 2024). Subsequently, organizational factors play a central role in shaping WLB outcomes. Flexible scheduling, break policies, mental health support, and workload management are consistently linked to better WLB (Cornelia & Nasution, 2024; Mandalahi, Damayanti, Prasanti, & Maharani, 2024). Even green HR practices and leadership sensitivity to employee needs have been associated with higher levels of work–life integration and lower turnover (Lin et al., 2024). On the other hand, in some high-pressure settings, such as the hospitality sector during the pandemic, WLB alone was not enough to improve performance, suggesting that broader organizational support and contextual factors also matter (Islam, Hasan, &

Chowdhury, 2024). Overall, WLB is not merely about reducing conflict—it also involves enabling positive experiences across life domains. In nursing and other human-centered professions, where emotional and physical demands are high, supporting WLB is not only beneficial to employees but also essential for sustaining care quality and workforce stability.

Job Satisfaction

Job satisfaction is a key psychological state reflecting how individuals feel about their work, and it remains one of the most important predictors of employee engagement, organizational commitment, and retention. It encompasses both emotional responses and evaluative judgments toward various aspects of one's job, including tasks, relationships, and rewards (Heier & Nelson-Brantley, 2024; Lumbanraja & Pangaribuan, 2022). The construct is commonly divided into two broad categories: intrinsic and extrinsic satisfaction. Intrinsic factors relate to the nature of the work itself—such as task variety, autonomy, responsibility, achievement, and meaningfulness—often associated with personal growth and fulfillment (Rogozin & Solodovnikova, 2024; Wardoyo, 2017). Extrinsic satisfaction, on the other hand, pertains to external conditions, including salary, job security, supervision quality, and relationships with colleagues (Ordoñez-Hernández, 2023; Walkowiak & Staszewski, 2019). Both components are necessary to create a work environment conducive to sustained motivation and performance.

Job satisfaction plays a central role in explaining why employees choose to remain in their jobs. It is consistently linked to higher intention to stay, especially in the healthcare sector where emotional and physical demands are high. In a study among nurses, satisfaction with supervisory support and recognition was shown to significantly increase retention rates (Ngabonzima, Asingizwe, & Kouveliotis, 2020). Similarly, workplace cultures that foster fairness, involvement, and respect were found to elevate job satisfaction and reduce turnover intentions (Kao & Kao, 2024; SENBURSA, 2023). Beyond its direct influence, job satisfaction also acts as a mediator between workplace stressors—such as work–family conflict and poor work–life balance—and intention to stay. When employees face high role strain but perceive their jobs as satisfying and meaningful, they are less likely to consider leaving (Hanoum et al., 2024; Zahra & Fazlurrahman, 2023). In this way, satisfaction serves as a psychological buffer, protecting employees from the full impact of stress and dissatisfaction.

Moreover, organizational support and recognition enhance job satisfaction by signaling that employee contributions are valued. For instance, in healthcare settings, perceived organizational support significantly improved satisfaction and strengthened commitment, especially when accompanied by clear communication and professional development opportunities (Bell & Sheridan, 2020; Duong, Ho, & Hoang, 2024). Leadership quality, in particular, plays a moderating role—leaders who engage with staff, provide feedback, and show empathy contribute to higher morale and loyalty (Ngabonzima et al., 2020). In summary, job satisfaction is not merely a personal feeling—it is a strategic asset for healthcare organizations. Promoting both intrinsic and extrinsic aspects of satisfaction can directly improve retention, reduce burnout, and help build a more stable and motivated nursing workforce.

Interrelations and Conceptual Framework

The interrelationship between work–family conflict (WFC), work–life balance (WLB), job satisfaction, and intention to stay has been well-documented in organizational behavior and healthcare literature. Numerous studies confirm that WFC exerts a negative influence on both WLB and job satisfaction, acting as a primary stressor that disrupts personal well-being and workplace attitudes (Bian & Mohd Sukor, 2024; Hanoum et al., 2024; Zahra & Fazlurrahman, 2023). Employees who experience frequent interference between work and family domains often report reduced balance, lower morale, and increased psychological strain, all of which erode satisfaction with work and decrease their desire to remain in the organization (Mihelic & Tekavcic, 2013; Saeedtaleshi et al., 2024). Conversely, WLB and job satisfaction are widely recognized as positive determinants of intention to stay. Employees who perceive their work and personal lives as harmoniously integrated are more likely to engage meaningfully with their roles and show long-term commitment to the organization (Gautam et al., 2025; Lin et al., 2024). In the nursing profession, a positive work–life interface and fulfillment in one's role directly translate into lower turnover intention and stronger organizational attachment (Duong et al., 2024; Muchlis et al., 2022).

Recent empirical findings support the view that WLB and job satisfaction serve as mediators in the pathway between WFC and intention to stay. That is, WFC reduces WLB and satisfaction, which in turn diminishes retention intention. When WLB or satisfaction is improved—even in the presence of WFC—the negative impact on retention can be partially mitigated (Hanoum et al., 2024; Zahra & Fazlurrahman, 2023). This dynamic underscores the importance of targeting WLB and satisfaction as leverage points in retention strategies. From a theoretical standpoint, this model aligns with Role Stress Theory and Social Exchange Theory, suggesting that when organizations provide adequate support for employees to manage role demands and acknowledge their contributions, employees reciprocate with loyalty and sustained tenure (Qian & Balwi, 2024; Swastasi & Sartika, 2021). Based on this synthesis, the study posits a mediation model in which WFC negatively influences intention to stay, both directly and indirectly through its effects on WLB and job satisfaction. This framework provides the conceptual justification for the hypotheses and the analytical model employed in the study.

CONCLUSION

This literature review highlights how work–family conflict, work–life balance, and job satisfaction jointly shape nurses' intention to stay in hospital-based settings. Work–family conflict, especially when chronic and unaddressed, disrupts both personal well-being and professional functioning, leading to lower job satisfaction and reduced retention. In contrast, a strong sense of work–life balance and satisfaction with one's role serve as important buffers, increasing motivation, commitment, and the desire to remain in the organization. The evidence supports the development of integrative models that not only recognize the direct impact of each construct but also emphasize the mediating roles of WLB and job satisfaction in mitigating the adverse effects of work–family conflict. Theoretical perspectives such as Role Stress Theory and Social Exchange Theory provide useful frameworks to understand these relationships in complex healthcare environments. Given the critical importance of nursing workforce stability, particularly in high-demand and resource-constrained settings, this review underscores the need for more targeted, contextually relevant interventions. Organizational strategies that promote flexibility, recognition, and psychological support may not only improve staff well-being but also strengthen long-term workforce retention.

SUGGESTIONS

Further empirical studies are needed to validate these relationships and explore their dynamics in different healthcare contexts, ultimately guiding policies aimed at sustaining and supporting the nursing profession.

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