

The nexus of nurse work-life balance on performance: a case in private hospital

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ABSTRACT

The healthcare organization is highly competitive, in which excellent service becomes crucial. As part of the healthcare front-liners, nurses become the main provider of such services, especially in private hospitals. Therefore, it is essential to enhance nurse performance to ensure hospital success. This study investigated the relationship between work-life balance (WLB) on nurse performance (NP) mediated by work engagement (WE) and psychological well-being (PWB). This cross-sectional study recruited 132 eligible nurses in a internationally-accredited type B private hospital (>200 beds). The proposed model of this study is analyzed using partial least square-structural equation modeling (PLS-SEM). The association between all studied variables is significant. The relation between WLB on NP mediated by WE and PWB is significant (p-value 0.000, zero fall, CI 95%-WLB on PWB ($\beta=0.743$), WLB on WE ($\beta=0.466$), PWB on WE ($\beta=0.379$), WE on NP ($\beta=0.351$) and PWB on NP ($\beta=0.579$). This study indicates that nurse WLB should be an essential aspect to consider in enhancing NP. The hospital should also monitor and evaluate WE and PWB in improving NP.

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1. INTRODUCTION

Healthcare facilities such as hospitals are highly competitive in which quality of healthcare service becomes the leading differentiator to ensure the highest level of care is met [1]. Holistic quality care is provided by medical team. Nurses in particular hold a critical role in ensuring and delivering high-quality care that encompasses daily patient needs, such as drug administration, scheduled condition monitoring, and creating a productive and healthy working environment to support patient's health journey [2], [3]. Failure to execute the job will lead to less likely outcomes [4]. Hospital, especially private hospital, relies on nurse performance to excel in the business [5].

Nurse performance (NP) is a collection of nursing activities or daily behaviors directly influencing a patient's recovery and overall well-being [2]. Unsupported nurses will do poor-quality nursing service that causes inadequate patient care experience [5]. For example, as mentioned in a study by Vaismoradi *et al.* the failure of nurses to comply with the proper infection control procedure will raise the risk of infection. Hence prolonging the hospitalization time and affecting the clinical outcomes by increasing complication and mortality risk [4]. Another study published in Quality Management in Health Care found that patient's perception of hospital service quality dramatically impacts their impression of the hospital's degree of care [6]. In other words, the quality of nurse performance is paramount to the success of the private hospital [7].

Unfortunately, especially after COVID-19, ineffective nurse performance is still observed in hospitals. Some known reasons include poor working conditions, irregular shifts, lack of nursing staff, and emotionally taxing tasks that lead to unhealthy habits [8]. Based on a study by Afriani *et al.* [9] in a public hospital at Indonesia, the nurse workload increased majorly due to the nature of doing more protective measures, family support and additional respiratory care. Moreover, nurses were also required to perform more complex procedure and did a more frequent scheduled patient monitoring. A report by Ross *et al.* mentioned that extrinsic barriers like lack of time, perception of being underpaid, and lack of institutional and social support also supported this phenomenon. Moreover, nurses caring for the elderly and/or children are prone to higher stress, exhaustion and poor psychological functioning. Nurses with a second job and/or handling household chores and responsibilities without additional help from partners and external parties become very vulnerable to experiencing burnout [10]. The three kinds of barriers-care barriers, motivational barriers and management barriers-should be considered to improve performance and patients' quality of care [11]. The problem with unsatisfactory nurse performance was found in a private hospital in West Jakarta. From an in-depth interview with the hospital management team, the problem is possibly related to nursing work-life balance (WLB).

Work-life balance is crucial in supporting nurses to perform their best in the hospital for a several reasons. First, WLB has been linked to lower burnout risk. A previous study by Garcia *et al.* found that nurses with high work-related stress experienced more burnout, leading to errors and inadequate patient quality of care. Having adequate WLB will help nurses reasonably maintain their stress levels. Hence, guaranteeing higher satisfaction and better patient outcomes [12]. Second, WLB promotes well-being. For example, long-hour work shifts often detrimental both physical and mental status in the long run. Acknowledging the need to do self-care and having the opportunity to spare some time to do hobbies help enhance overall health, leading to better job performance and patient care [13]. Third, WLB is associated with lower turnover intention. The higher the rate, the more significant the impact on hospital quality of care. One of the ways to combat this is by offering a more flexible work schedule. By implying such an arrangement, the hospital suggests that the organization cares about nurses not only as workers but also as whole human beings that play multiple roles in life [14]. Fourth, WLB also relates patient care experience. A prior study by Bruno *et al.* showed that emotionally drained nurses would not perform as well as those with the time to rest fully and be detached from work. High-quality patient care can be given by those who feel fulfilled with the life they're having. One can't be compassionate and caring if one is constantly exhausted [15].

Last but not the least, WLB has been scientifically proven to be related to work engagement (WE). WE is a positive, fulfilling, work-related state of mind characterized by vigour, dedication, and absorption. As mentioned, nurses with good WLB tend to be more engaged at work because they can work energetically and maintain their optimal health status. In the end, it will also result in better clinical outcomes [16]. The health status encompasses both physical and psychological well-being (PWB). PWB refers to a positive affective condition and one's ability to perform daily jobs. Emotional tiresome causes disengagement that leads to higher turnover that negatively impacts the hospital brand in pursuit of serving the best patient care [17]. Encouragement can be done through monetary and non-monetary methods. If nurses constantly feel unappreciated and tired, they are prone to make mistakes at work that are costly to patients' recovery process [18]. Therefore, it is essential to implement policies that support good work-life balance to help raise nurse engagement and create a positive, productive work environment and organizational culture [16].

Previous literature on nurses indicated that factors such as WLB, WE, and PWB enhanced NP [19]–[22]. However, there is no model integrating all three predictive variables in studies done among nurses in a private hospital. Therefore, this study proposed WE and PWB as mediating variables concerning WLB to NP. This study investigated the relationship of WLB on NP through the subjective response on which one could benefit overall well-being, particularly on work engagement. The findings of this study are expected to help hospital management team in improving patient quality of care through nurse performance.

2. METHOD

This quantitative cross-sectional study adopted a previous research model through a self-administered questionnaire distributed to nurses at one of Jakarta's private hospitals to measure NP through the subjective perception of WLB, WE, and PWB. This data is gathered after the COVID-19 pandemic. The conceptual framework in this study consisted of four variables with eight hypotheses, as described in Figure 1. The independent variable, WLB, can be defined as a condition in which an individual can be equally involved in work and family matters and feel satisfied for their contribution [23]. It is crucial to ensure the balance so the enhancement of work commitment and organizational goals can be achieved. Out of the many aspects, WLB is highly influenced by WE and PWB. WE are attitude and expression that supports the

relationship with creation and coworkers in expressing oneself physically, cognitively, emotionally, and actively achieving daily work goals [24]. PWB combines positive affective condition and the ability to perform a job effectively [25]. WLB has been proven effective in maintaining commitment levels. Based on role enrichment and conservation of resources theories, a positive experience will lead to a positive emotional response that enhances one's engagement in their role [26]. Hence, a positive WLB will influence WE.

Psychological well-being has also been proven to be influenced by WLB. Bad quality of WLB will cause overall health deterioration that manifests in conditions such as stress, depression, and somatic anxiety symptoms [27]. Women face more challenges as they're expected to fulfill both roles as wives and workers. PWB and WE are also interconnected. With good overall health, individuals will have an optimal mental capacity hence performing better at work. Behavioral and cognitive interventions enhance well-being and WE for personal and career growth [28]. Nurse WE directly influence patients' clinical outcomes and satisfaction. Moreover, it ensures better performance by lowering the risk of burnout syndrome [29]. Hence, more effective and better healthservice quality at the hospital.

Work engagement and PWB act as mediating variables towards the dependent variable, NP. WE also acts as a mediating variable between WLB and PWB. Nurse performance is a collection of nursing care that directly impacts patients' recovery process in the hospital [2]. Based on job demands-resources, adequate work placement driven through the consideration of work-life balance policies will grow intrinsic motivation to support worker's life, leading to better engagement and improved NP [30]. Using the same job demands-resources concept, WE can mediate the relationship between PWB and NP through internal supervisor and coworker support. Transformational leadership can encourage the realization of well-being that would impact overall performance at work [31]. Based on the affective events theory by Weiss and Cropanzano, positive emotional perception coming from various sources, including having a WLB, will result in good PWB that leads to improved health quality service done by nurses due to the ability to deal with work and family stress [22], [32], [33].

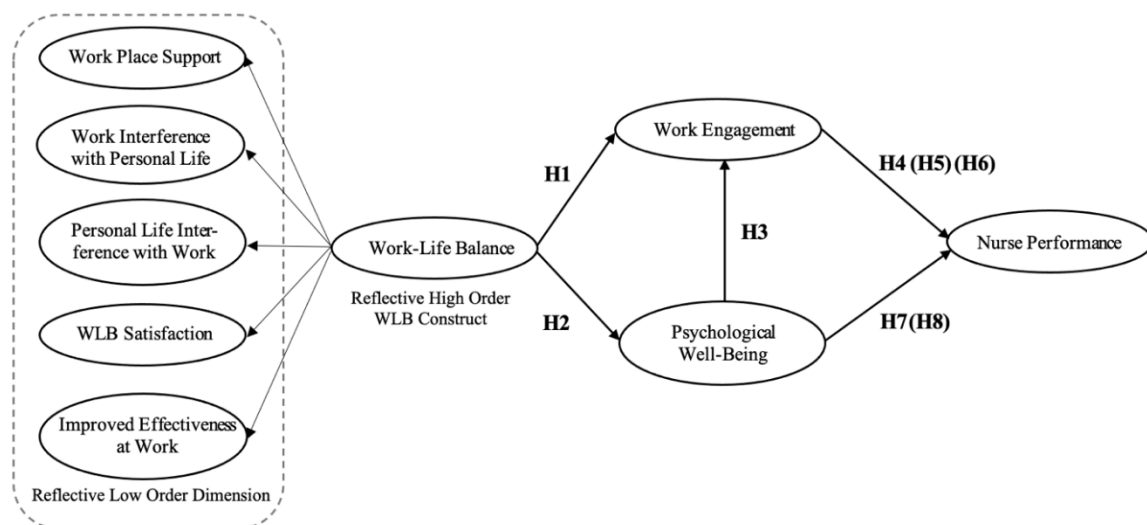


Figure 1. Research design

The targeted population in this study is all active nurses working in the chosen private hospital. There were 132 nurses recruited using the total sampling (census method). Respondents were nurses who have worked for more than a year to ensure an adequate understanding of the regulations and organizational culture and in contact with patients. The number of samples was deemed adequate, surpassing the minimum sample recommendation counted using power analysis with f^2 of 0.15, power of 90% and alpha 0.05 with three predictors [34].

This study questionnaire is divided into three sections. The first section is an informed consent that explains the purpose of this study and claims that participation is voluntary, anonymous, and non-commercial. All data gathered through the survey will be used for academic purposes. The second section is mainly for the respondent's profile. The third section is divided further into eight parts. The first five sections were statements regarding the WLB dimension adopted from Shabir & Gani's study-5 for workplace support (WPS), 11 for workplace interference with personal life (WIPL), 3 for personal life interference with work (PLWI), 2 for work-life balance satisfaction (WLBS) and 3 for improved effectiveness at work (IEWL) [35].

This study used Utrecht Work Engagement Scale (UWES-9) for WE evaluation. This questionnaire explores WE through three subscales: vigour, dedication and absorption [24]. As for PWB, this study chose Ryff's Scales of psychological well-being (PWS) 18, a shorter version that explores the variable through 6 subscales such as autonomy, environmental mastery, personal growth, positive relations, purpose in life and self-acceptance [25]. NP was assessed using the nurse performance index (NPI) [2]. All parts are evaluated using the 1-5 Likert Scale of strongly disagree, disagree, neutral, agree and strongly agree. There are filter questions in the second section to ensure the data gathered in this study are suitable, go along with the inclusion criteria and minimise sampling bias. Moreover, the translated questionnaire was tested for face validity in the expert panel to minimise misperception. Some modifications based on expert recommendations were made to fit the study's novelty and ensure respondents could handle the number of questions asked in the 10-minute questionnaire. This study has already gained ethical clearance from the ethics committee of Pelita Harapan University [005M/EC-Mrt/III/2023].

This study chose partial least square-structural equation modelling (PLS-SEM) for explorative analysis. PLS-SEM is suitable as this study had a complex research model of eight hypotheses. Moreover, the model was also analyzed for its reliability, validity and predictive capability [36], [37]. The independent variable, WLB, has five dimensions, further analyzed as lower-order components (LOC) from the higher-order construct (HOC) proposed in the model through a disjoint-two stage instead of repeated indicators approach. This method directly connects all lower-order to the model HOC. The outer loading of the LOC was evaluated first. Then, the scores were used to measure the higher-order construct. This model assessment first focused on the reflective measurement of the lower-order construct that has been proven valid using convergent and discriminant validity tests and reliable using Cronbach's alpha test. Then, the second analysis stage began with the same validity and reliable test for the latent variable scores before assessing the structural model [38]. The analysis can proceed to the next step if all reliability and validity requirements are met. Besides investigating the relationship between all variables, this study also studied the importance performance map analysis (IPMA). IPMA is a feature on the newest smart-PLS software that points out crucial aspects to maintain and improve regarding enhancing the dependent variable [39]. All analyses were performed using smart-PLS version 4 software.

3. RESULTS AND DISCUSSION

3.1. Results

3.1.1. Respondents' demographic data

As presented in Table 1, among 132 nurses in this study, almost all were female (96.2%), below 30 years old (65.2%), lived around the hospital area with a diploma degree (71.9%), and had been working for 1-3 years in the hospital. Half of them is married and live together with core family members. Half of the married group have kids. Therefore, the respondents can be deemed adequate to represent nurses in similar settings.

3.1.2. Measurement model

The measurement model first evaluates the outer model's reliability through its indicators loading score. Indicators are considered reliable if they score above 0.708 [40]. However, in exploratory research, indicators with scores above 0.5 are still acceptable. As presented in Table 2, all indicators fulfill the requirement and are deemed reliable in measuring research items. The second evaluation is constructing reliability, which is measured using Cronbach's alpha (CA) and composite reliability (CR) values ranging from 0.7-0.95 [40]. As seen in Table 2, all indicators are accepted. Then, a validity test is performed through average variance extracted (AVE). The minimum value of 0.5 means the construct can explain at least half of the variance in the model [40]. As presented in Table 2, all constructs fulfilled the requirement. Thus, the construct used in this study model is reliable and valid.

The final step in evaluating the measurement model is to test its discriminant validity through Heterotrait-Monotrait (HT/MT) ratio. This method is believed to detect discriminant ability more accurately [40]. As shown in Table 3, no construct passes 0.9 with a 95% confidence interval, hinting all indicators in the model are well-discriminated and can measure their respective construct.

Table 1. Respondents profile

Variable	Description	Sample (n)	Percentage (%)	Variable	Description	Sample (n)	Percentage (%)	
Gender	Male	5	3.8	Employment status	Permanent	98	74.2	
	Female	127	96.2		Contract	34	25.8	
Age	20-30	86	65.2	Length of Employment	1-3	49	37.1	
	30-40	39	29.5		≥3-5	24	18.2	
	40-50	7	5.3		≥5-7	16	12.1	
					≥7-9	6	4.6	
Marital status	Single	67	50.8	Working partner	≥9	37	28	
	Married	64	48.5		Yes	84	63.6	
	Divorced	1	0.7		No	48	36.4	
Address	West Jakarta*	76	57.6	Living with core family	Yes	68	51.5	
	Central Jakarta	3	2.3		No	64	48.5	
	North Jakarta	4	3.0	Children	Yes	49	37.1	
	East Jakarta	8	6.1		No	83	62.9	
	South Jakarta	4	3.0		Number of children	0	83	62.9
	Tangerang	31	23.5		1	21	15.9	
Education	Other	6	4.6	2	18	13.6		
	Bachelor (S1)	6	4.6	3	9	6.9		
	RN (NERS)	31	23.5					
	Diploma (D3)	95	71.9					

*hospital location

Table 2. Reliability and validity analysis

Variable	Dimension	Indicators	Outer loading	CA	CR	AVE
WLB	WPS	WPS01	0.749	0.858	0.870	0.642
		WPS02	0.675			
		WPS03	0.860			
		WPS04	0.888			
		WPS05	0.817			
	WIPL	WIPL01	0.652	0.940	0.946	0.625
		WIPL02	0.747			
		WIPL03	0.795			
		WIPL04	0.777			
		WIPL05	0.802			
		WIPL06	0.862			
PLWI	PLWI01	0.915	0.857	0.892	0.778	
	PLWI02	0.926				
	PLWI03	0.799				
WLBS	WLBS01	0.949	0.901	0.910	0.910	
	WLBS02	0.959				
IEWL	WLBE01	0.943	0.959	0.959	0.924	
	WLBE02	0.970				
	WLBE03	0.970				
WE	WE01	0.894	0.923	0.924	0.813	
	WE02	0.901				
	WE03	0.918				
	WE04	0.894				
PWB	PWB01	0.730	0.927	0.935	0.666	
	PWB02	0.784				
	PWB03	0.860				
	PWB04	0.656				
	PWB05	0.859				
	PWB06	0.870				
	PWB07	0.874				
	PWB08	0.865				
NP	NP01	0.839	0.922	0.926	0.721	
	NP02	0.721				
	NP03	0.883				
	NP04	0.886				
	NP05	0.902				
	NP06	0.853				

NP: nurse performance; PWB: psychological well-being; WE: work engagement; WPS: workplace support; WIPL; work interference with personal life; PLWI: personal life interference with work; WLBS: work-life balance satisfaction; IEWL: improved effectiveness at work, WLB: work-life balance, CA: cronbach's alpha; CR composite reliability; AVE: average-variance extracted

Table 3. Discriminant validity with HT/MT ratio

Variable	NP	PWB	WE	WLB
NP	0.897			
PWB	CI 95% [0.839-0.944]	0.775		
WE	CI 95% [0.766-0.890]	CI 95% [0.682-0.849]	0.835	
WLB	CI 95% [0.802-0.919]	CI 95% [0.762-0.887]	CI 95% [0.743-0.905]	

NP: nurse performance; PWB: psychological well-being; WE: work engagement; WLB: work-life balance; CI: confidence interval; HT-MT: heterotrait-monotrait

3.1.3. Structural model

The structural model is evaluated for its predictive ability using R2 and Q2 and the relationship between the variables using path coefficients and significance values that determine hypothesis results. Prior to that, an evaluation of common method bias was performed using variance inflation factor (VIF). VIF will measure multicollinearity in between studied variables [40]. In this study, all inner VIF values are less than 3, indicating no common method bias found in this model. The summary of R2 value can seen in Figure 2. R2 for NP in this study is 0.754, meaning the variables in the model have substantial predictive ability towards the dependent variable. While the R2 for WE and PWB are 0.624 and 0.552, hinting it has moderate to strong predictive accuracy. Therefore, this model is proven to have predictive ability. As for f2, it assesses the degree of predictors effect in the construct. Both WE and NP have direct relations on NP; a moderate relation from WE on NP (0.237) and a strong relation from PWB on NP (0.646). In PLS-SEM, Q2 is recommended to evaluate model's predictive ability. As for the Q2 on WE (0.501) and NP (0.533) shows large predictive relevance. However, the Q2 value on PWB (0.355) shows medium predictive relevance. Overall, this model's predictive ability evaluated through all three measurements had been consistent [40].

The model predictive power can also be determined through a newer approach called the cross-validated predictive ability test (CVPAT). CVPAT is a predictive approach based on multiple cross-validation procedures. This method is now preferred because R2 evaluates the model's explanatory power but doesn't include the out-of-sample predictive power that might changes the estimation process [41]. As presented in Table 4, the first comparison in CVPAT is done to average indicators (IA), resulting in smaller error indicated by negative value, hinting predictive value. Then, the second comparison is done to linear models (LM), resulting in negative value, indicating a strong predictive value. Hence, according to the flowchart by Sharma *et al.* [42], this model is assumed to have a strong predictive ability, hinting replication can be done in other hospitals with other varied populations.

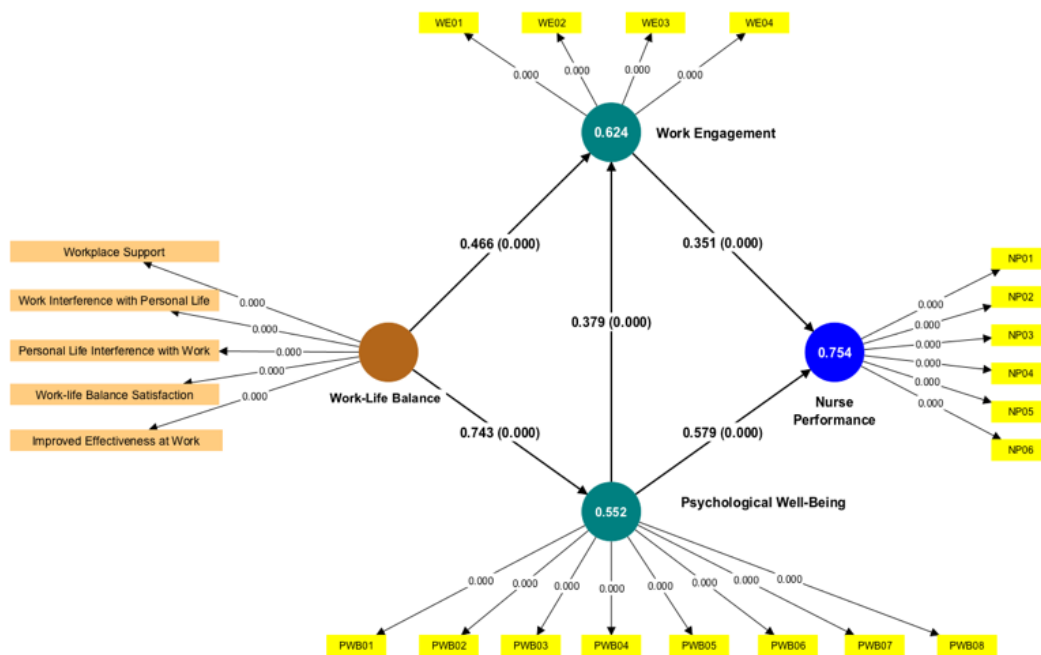


Figure 2. Structural model

Table 4. Cross-validated predictive ability test result

Var	PLS SEM vs Indicator average (IA)		PLS SEM vs Linear model (LM)	
	Average loss difference	p-value*	Average loss difference	p-value*
NP	-0.121	0.000	0.001	0.920
PWB	-0.143	0.000	-0.004	0.743
WE	-0.0196	0.000	-0.002	0.828
Overall	-0.148	0.000	-0.002	0.817

*sig. at $p < 0.05$; NP: nurse performance; PWB: psychological well-being; WE: work engagement

Hypotheses evaluation is done using a bootstrapping feature of PLS-SEM. As shown in Table 5, all eight hypotheses were supported based on the p-value (< 0.05), confidence interval (95%), and directions of the hypotheses. Of all eight hypotheses, no zero value was found in the confidence interval range from the lower margin of 5% to the upper margin of 95%. Therefore, all hypotheses can be assumed significant. With the model of several hypotheses, it is suggested to use a corrected p-value. The corrected p-value was counted using the Bonferroni approach, in which the value is calculated by dividing the p-value by the total hypotheses studied in this study [43]. Therefore, the corrected p-value was set at 0.00625. The three strongest predominant relations were observed between WLB on PWB ($\beta = 0.743$), PWB on NP ($\beta = 0.579$), and WLB on WE ($\beta = 0.466$). From the paths connecting all variables, WLB significantly shows relations with WE and PWB. We and PWB are also significantly associated with NP. Out of eight hypotheses, three mediating hypotheses were evaluated using specific indirect effects. All three are proven to have a p-value lower than the corrected p-value. Moreover, no zero value was found within the confidence interval range. Therefore, all three hypotheses are supported, meaning WE and PWB can mediate the relation between WLB and NP.

Table 5. Hypothesis test results

Hypothesis	Standard coefficient	p-value	Corrected p-value	Confidence interval		Result	f ²
				5%	95%		
1. WLB \rightarrow WE	0.466	0.000*	0.000**	0.116	0.508	Supported	0.259
2. WLB \rightarrow PWB	0.743	0.000*	0.000**	0.855	1.845	Supported	1.230
3. PWB \rightarrow WE	0.379	0.000*	0.000**	0.056	0.370	Supported	0.172
4. WE \rightarrow NP	0.351	0.000*	0.000**	0.079	0.496	Supported	0.237
5. WLB \rightarrow WE \rightarrow NP	0.163	0.001*	0.001**	0.082	0.260	Supported	-
6. WLB \rightarrow PWB \rightarrow WE \rightarrow NP	0.099	0.001*	0.001**	0.049	0.150	Supported	-
7. PWB \rightarrow NP	0.579	0.000*	0.000**	0.373	1.116	Supported	0.646
8. WLB \rightarrow PWB \rightarrow NP	0.430	0.000*	0.000**	0.327	0.550	Supported	-

*sig. at $p < 0.05$; **sig at $p < 0.00625$; NP: nurse performance; PWB: psychological well-being; WE: work engagement; WLB: work-life balance

In addition, heterogeneity can be found in a study model that might differ in the results. Therefore, an evaluation of data heterogeneity should be performed. In PLS-SEM, an advanced analytic feature to evaluate heterogeneity is called finite mixture (FIMIX) evaluation [39]. FIMIX evaluation resulted in two comparable segments; segment 1 ($n = 72$) and segment 2 ($n = 60$). Both segments fulfilled the requirement of a minimal sample calculated through power analysis. As shown in Table 6, there are significant differences between the two presented segments, hinting at extreme heterogeneity among respondents. Segment 2 has R^2 of 0.969. However, in segment 1, R^2 is found at 0.600. Therefore, a posthoc analysis is needed to ascertain the attributes of study respondents causing the unobserved heterogeneity.

Table 6. FIMIX results

Variable	R ²	Segment 1 (n=72)	Segment 2 (n=60)
NP	0.754	0.600	0.969
PWB	0.552	0.391	0.779
WE	0.624	0.471	0.962

NP: Nurse performance; PWB: psychological well-being; WE: work engagement

Another insightful feature to help practical implication is importance-performance map analysis (IPMA). IPMA uses mean values of total effect and performance to highlight crucial aspects or indicators managers should prioritize for improvement. The IPMA can be divided into four quadrants based on mean score performance and total effect. This categorization allows this study to determine the indicators' position on the map. The lower right quadrant shows the most critical hand to work on enhancing performance, and the upper right quadrant shows the aspects to maintain regarding overall work performance [41]. As seen in

Figure 3, the blue circle-work-life balance satisfaction- is the most important aspect that has performed, hence beneficial to maintain. The red circle -improved effectiveness at work- is the important aspect that has yet to perform, thus hinting at it as an aspect to work on by the management team. This finding shows that NP can be enhanced by evaluating ways to improve work effectiveness daily, which leads to better patient outcomes.

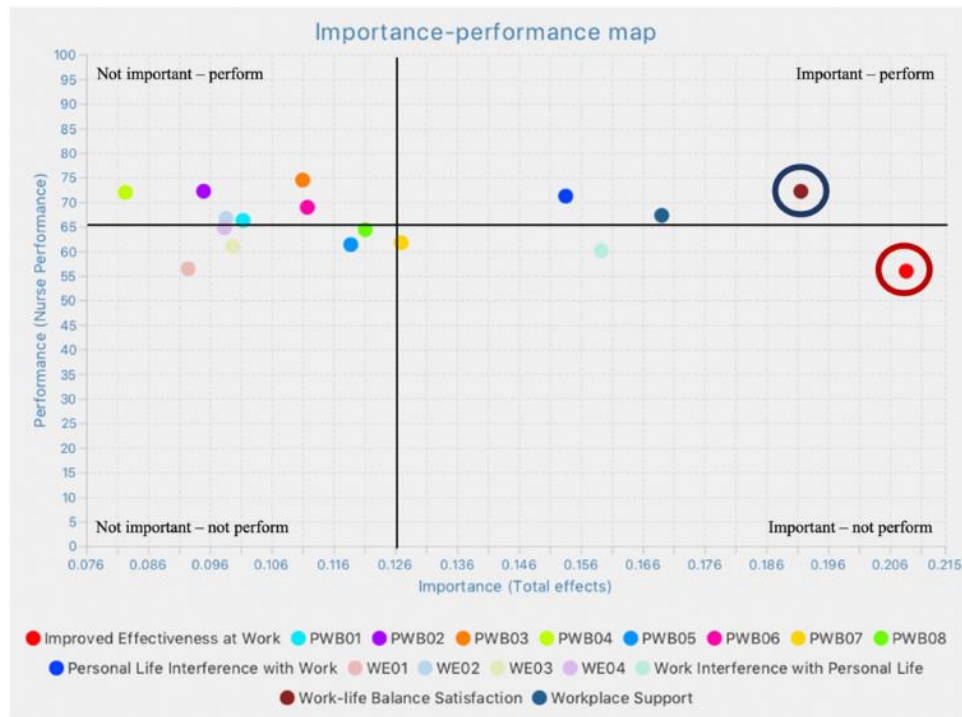


Figure 3. Importance-performance map analysis of indicators

3.2. Discussion

This study aimed to investigate the relationship between WLB and NP by evaluating nurses' responses to the questionnaire. The respondents' profiles were similar to previous studies by [44], [45]. However, there are some differences. With Nursalam *et al.* [44] the nurses mainly worked in intensive health settings, and the nurses were of wider age varieties, 17-45 years old and had longer working experience. A closer age range was found in Diana's study [45]. Regardless, a similar finding with prior studies is to be expected as respondents are included in the productive age group, who just started to manage their needs independently, especially those who are already married. Despite the ongoing shift regarding gender roles, women are still expected to take care of most of the family responsibilities [46]. Hence, supporting the need to have an adequate work-life balance.

The key findings stated that all eight hypotheses were significantly supported. WLB is related both PWB and WE directly, although it is stronger in PWB ($\beta=0.743$) compared WE ($\beta=0.466$). This finding corresponds to prior studies by Fotiadis *et al.* [47], Yang *et al.* [27], Wood *et al.* [26] and Jaharuddin and Zainol [48]. Work-life balance increased overall health conditions, resulting in lower complaints of stress-related symptoms, depression, and anxiety. Consequently, becoming a beneficial factor in maintaining work commitment, career growth, and other work benefits. This finding also goes accordingly to ladder theory which claims work-life balance to have two sides; one for the individual or worker and one for the organization. The organization is obliged to accommodate workers' needs, and at the same time, workers must be responsible for the organization they are working at [49]. Of the three dimensions of work-life balance, efficiency is the most related to improving workers' psychological well-being. An excellent organizational policy that considers work-life balance initiatives enhances productivity, efficiency, and better utilization of skills that ensure work goals are reached within the set deadlines without much distraction [50].

Specifically, in this study, the work-life balance among nurses is achieved through collectivist work culture, which allows flexibility to some extent using the value of teamwork, harmony, and empathy.

However, regardless of this, management still needs to pay attention to having policies that actively promote work-life balance implementation cause the informal agreement between workers can change as time passes. It is also essential to implement such approaches because, in this fast-paced and ever-growing industry, nurses constantly seek better job opportunities. If the hospital fails to facilitate the needs, the hospital will soon face a nurse shortage, leading to other serious problems affecting the patient care journey [46]. As shown in Figure 3, work-life balance, explicitly improving effectiveness at work, should be prioritized to promote better overall nurse performance. The management team needs to hear from the nurse managers and staff before implementing changes. A study by Khomami and Rustomfram found disagreement between the two groups regarding improving efficiency in daily practice care [51]. Most nurses believe that reducing nurse workload, especially paperwork, and good teamwork are two significant aspects to highlight. Different considerations might arise due to staff's real-time interactions with patients daily.

According to Meyer about role enrichment and conservation of resources theory, a positive experience will grow positive sentiment, making one more engaged in their role [52]. Workers with good psychological and physical health who manage to customize their workload and control their objectives will have the energy to be more engaged and energized at work [53]. The collectivist work culture might enhance the work engagement among nurses at this particular hospital and is still considered adequate because the proportion of the marriage and single nurses are proportionate, rationing at almost 1:1, indicating less work conflict. Moreover, more than half live around the hospital area, and not all married nurses have children. The significant roles they have to fulfil are nurse and wife, not yet a mother. Other than that, focusing on improving effectiveness at work by dividing work burden to lower the risk of overwhelming workers with work demands will evoke a positive response as workers feel their time and energy are appreciated and that the hospital cares for them more than just a worker but also an essential member of the organization [26].

The result also suggests that both PWB ($\beta=0.579$) and WE ($\beta=0.351$) directly enhance nurse performance, like the findings reported by Gollwitzer *et al.* [54] and Bai and Ravindran [55]. Nurses' PWB is influenced by work stress, making it imperative to have suitable coping mechanisms to manage nurses' performance and enhance productivity [54]. Nurses who are not overwhelmed and feel discouraged due to stress are proven to serve patients better. PWB combines both positive affective conditions and one ability to work effectively [56]. A positive affective state means positive self-perception, including knowing oneself capability to cope with problems independently without losing the value of life. In the hospital setting where this study is conducted, a head unit such as nurse leaders has a role in promoting the achievement of excellent psychological well-being condition through several ways - first, by having a good two-way relationship with all nurses. Hence, they feel they are working in a safe-healthy environment, leading to lower stress and burnout risk. Moreover, based on positive psychology in healthcare theory, the success in creating such an environment help nurses build a positive coping mechanism that supports the fulfilment of good nurse practice. Second, allocating nurses according to their strengths will also increase the sense of appreciation, promote loyalty and ensure the job will be done in the best quality. Third, although nurse leaders are not able to eliminate all stressors, the nurse can give motivation and remind co-workers to take care of themselves. A personalized approach to the deprived worker will strengthen the whole unit's relationship and wholesomeness [57]. Interestingly, one way that has been done goes along with the aspect that should be prioritized based on IPMA analysis recommendations.

Based on the explanation above, this study wants to recommend hospital management team manage all nurses in performing their daily tasks by doing the abovementioned actions. One of the ways to achieve such a goal is through transformational leadership. Leadership that does not solely concentrate on a process-driven but also humanistic approach will improve overall work performance. On the other hand, WE has also been proven to improve clinical outcomes. Based on [29], [58] studies, good WE implementation through appropriate work shifts and good infrastructure and facility support will decrease burnout risk, leading to better patient care. Moreover, nurses will be more attentive to accommodating patients' needs. One of the many factors that contribute to building WE is leadership [59]. As explained before, the nurse team leader at this hospital has a significant role in ensuring fellow nurses feel appreciated, hence compelling them to put more effort into serving patients in the best healthcare quality possible.

Ultimately, the indirect relation between WLB and NP through mediating variables such as WE ($\beta=0.163$) and PWB ($\beta=0.430$) was assessed as the main objective of this study. The new contribution of this study demonstrates the nexus or relation between WLB and NP mediated by both PWB and WE, in which the relation is significantly positive ($\beta=0.099$). These findings go according to the results reported by previous studies [22], [31], [33], [60]. Overall, nurses with a good WLB will likely experience more positive work-related outcomes through positive reinforcement, support and increased self-worth. An adequate WLB will also indirectly facilitate the growth of organizational commitment that improves daily performance [61]. Moreover, this study also reported that WE and PWB can predict NP parallelly as it has been proven to have a substantial strong predictive ability, based on the R^2 (0.754) and CVPAT value, with the largest effect size coming from PWB, WLB to PWB (1.230) and PWB to NP (0.646). Through Q2 testing, the model is also

proven to be valid. All these results suggest that this study model is suitable and adequate in describing the relation between studied variables towards NP and should be implemented and investigated further in future studies with a more enormous, diversified population.

There are three limitations found in this study. First, nurses' perception of WLB in this study is solely based on the regulations and organizational culture in the private hospital where this study is conducted. Therefore, the result might differ for nurses working in public hospitals. Second, the sample in this study was found to be heterogenous, hence needing a posthoc analysis to identify the problem's cause and create respondents' criteria to ensure better homogeneity. Third, nurses' perceptions of WLB were not differentiated by the ward they were working at, although knowing that different workloads might lead to different results.

4. CONCLUSION

The conclusion of this study shows the importance of hospital management to address the work-life balance of nurses properly. Nurses are key players in delivering high quality healthcare services to patients. This job can be stressful and emotionally taxing, especially after a long time. If the problem is ignored, it will disturb the work-life balance. The better the nurse's perception of work-life balance, the better the work engagement and psychological well-being nurses experience. These aspects will impact nurse performance and ultimately improve the quality of care. Therefore, this study reinforces the understanding that the condition of nurses is related to quality of care. Thus, efforts to pay attention to the work-life balance of health workers need to be seen as part of the health service management system.

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