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Journal of Service Theory and Pr

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Journal:	*Journal of Service Theory and Practice*
Manuscript ID	JSTP-01-2022-0008.R3
Manuscript Type:	Research Paper
Keywords:	Cognitive-emotion regulation, Psychological resilience, Work-family conflict, Psychological distress, Emotional exhaustion, Subjective well-being
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Abstract

This paper examines the relationships among work-family conflict (WFC), cognitive emotion regulation (CER), psychological resilience (PR), psychological distress (PD), emotional exhaustion (EE), and subjective well-being (SWB) in a complex model based on the Job Demands-Resources theory. Also, the mediating role of PR, PD, and EE are analyzed. Data for this study were collected from 158 full-time nurses working in two hospitals in North Cyprus. PLS-SEM was used to test the theoretical model. Our findings revealed that CER reduces employees' WFC, which in turn has a negative effect on employees' SWB directly and through the mediating role of EE. However, the role of PR in the relationship between CER and PD was not significant. The study adds the original views for hospitals and service providers to recognize the factors which exert detrimental effects on employees' mental health, as well as the factors which help them to tackle harsh situations specifically in times of crisis. Theoretical and practical implications are provided.

Keywords: Cognitive emotion regulation, Psychological resilience, Work-family conflict, Psychological distress, Emotional exhaustion, Subjective well-being

Introduction

The hospital setting has always been known as a stressful and hectic environment, which affects nurses psychologically since they are not just in contact with patients and their families but they are also witnessing the pain of patients, or even their death (Foureur et al., 2013; Mo et al., 2020; Wu et al., 2020). These features of the hospital setting create the incidence of work-family conflicts among employees (AlAzzam et al., 2017; Cooklin et al., 2014) which, over time, may create mental distress and emotional exhaustion (Allen,

Holland, & Reynolds, 2015). However, this issue is more severe in times of pandemic (Chislieri et al., 2021; Zhang et al., 2021). Epidemics and pandemics always have a huge impact on humans and afflicted individuals' lives (Samal, 2014). The COVID-19 pandemic, for instance, has had a tremendous impact not just on the world economy but also on people's emotional and physical health and well-being (Dewey et al., 2020; Greenberg et al., 2020).

The lack of balance between work-family life and mental and physical pressures in the hospital setting leads to more distress and exhaustion both physically and mentally (Sagherian et al., 2020; Ahorsu et al., 2020; Alharbi et al., 2020; Kameg, 2020). Work-family conflict (WFC) as a demand, based on the job demands-resources theory (Bakker & Demerouti, 2007), depletes the individual's resources and causes distress and anxiety among nurses, as well as deterioration in their mental well-being (Foureur et al., 2013; Sagherian et al., 2020; Zhang et al., 2020; Zurlo et al., 2020; Halbesleben et al., 2012; Karatepe, 2013). However, in this regard, individuals' differences in personal resources and characteristics generate varied consequences (Bayighmore et al.,2021). It is supposed that those who possess more personal resources tend to experience less distress and anxiety (Losada-Batlar et al.,2021; Chiesi et al.,2022). Cognitive emotion regulation (CER) as the individual's ability to reappraise the thinking process and psychological resilience (PR) as a component of psychological capital might help individuals to overcome the conditions which are caused by the conflict between work and family life and thus avoid negative impacts on their mental health.

Addressing the aforementioned issues, the service industry, specifically the hospital setting, however, lacks sufficient studies to evaluate the impact of this phenomenon (i.e. WFC) on employees' mental health and well-being, while considering the intervening role of some crucial variables – namely, psychological resilience (PR), psychological distress (PD),

and emotional exhaustion (EE) (Finsterwalder,2021; Selzer et al., 2021; Tulucu et al., 2022; Kotera et al., 2021).

Over time, vocations with a primary focus on service activities have grasped the critical point that it is impossible to achieve organizational goals and boost productivity without sustaining employees' mental health (Hilton et al., 2010; Bubonya et al., 2017). Scholars tried to identify and evaluate the factors that threaten the mental health of employees in order to increase organizational productivity by minimizing the factors that affect the health and well-being of employees (Stupak, and Dobroczy´nski,2021; McAllister et al., 2014). As different organizations deal with diverse issues regarding job stresses, the hospital setting is one of the organizations where employees face significant levels of work-related and psychological stress.

From this introduction, the present research raises these questions: Is there a significant relationship between family and work conflict and people's sense of well-being and mental health? What are the mediating factors between work-family conflict and people's perceptions of their subjective well-being? In the meantime, this study discusses the relation between psychological distress and emotional exhaustion by examining whether mental well-being is threatened by increased distress and increased emotional exhaustion. These are questions that are less addressed in the research literature of service organizations (Cambra-Fierro et al., 2022; Tulucu et al., 2022). Another point that this research refers to is the role of psychological factors in reducing work-family conflict, which raises further questions: Are there psychological factors such as cognitive regulation involved in reducing work-family conflict? Can psychological resilience reduce the psychological distress that results from work-family conflict?; Are there psychological factors such as cognitive regulation in reducing work-family conflict? Can psychological resilience reduce the psychological

distress that results from work-family conflict? can emotional-cognitive regulation increase resilience?

To answer these questions, the present study has designed a model that adds a new contribution and value to service organizations, particularly healthcare organizations such as hospitals. To this end, the current study, based on the job demands-resources model, aims to fill this gap in various ways. *First,* we aim to discover the effect of WFC on the employee's subjective well-being (SWB). In this vein, prior studies (e.g., Borgmann et al., 2019; Molina, 2021; Yildiz et al., 2021), demonstrated that conflict between work and life arises when employees find that their roles in the workplace and in the family overlap and disturb each other. Nevertheless, not all stress is negative and harmful and is part of the nature of work. However, a review of the literature shows that an integrative analysis of the relationship between WFC and employees' SWB is lacking (Matthews et al., 2014; Matysiak et al., 2016) Although WFC and its consequences has been studied in the hospital setting, it has not been considered as one of the anticipators of SWB (e.g., Labrague et al., 2021; Nayeri et al., 2018; Yildiz et al., 2021; Zandian et al., 2020). Moreover, the studies in question investigated the role of work-family conflict in other settings and among different samples (Rahman et al., 2019; Hu et al., 2018; Wu et al., 2016). Additionally, studies on WFC, particularly in the hospital setting, are limited, since most have been conducted in other settings such as the university and hospitality contexts (Arefin et al., 2020; Jerge-Bretzke et al., 2020; O'Neill & Follmer, 2020). To achieve a deeper understanding of this relationship, we developed a model that tests the association between WFC and SWB in the hospital setting.

Second, an integrated relation between WFC, employee mental health (i.e. PD and EE), and SWB has been overlooked in the service industry, including the hospital setting (e.g., Shimazu et al., 2010; Wu et al., 2019). To fill this gap, we present a model to test the effect of WFC on employees' SWB through the mediating role of both psychological distress

(PD) and emotional exhaustion (EE). This study also contributes to the service and hospital literature by testing the psychological distress as a mediator between WFC and SWB. Many employees believe that the conflict between work and life seriously damages the family and work environment, which can endanger a person's physical and mental health. Of course, this does not mean that stress alone exacerbates mental illness. However, excessive stress can lead to depression, anxiety or anger, disrupting brain function and, ultimately, weakening the immune system. In other words, too much stress can lead to moral weakness, absenteeism, and reduced productivity (Anasori et al., 2021; Green et al., 2013).

Another novel contribution of this study is that it fills a gap in the service industry literature by examining the impact of personal resources on employees' mental health and distress in the hospital context particularly in times of crisis (e.g., Bayighmore et al., 2021; Lin et al., 2020; Tulucu et al., 2022). The current study evaluates the effect of cognitive emotion regulation to abate the work-family conflict among nurses. Although cognitive emotion regulation including positive reappraisal and refocus of planning is helping individuals to moderate their stress levels and consequently helps people to reappraise their emotions to maintain a healthy balance between work and family (Wu et al., 2019) to the best of our knowledge, no study has tested the effect of CER on hospital employees' work-family conflict.

The current study also investigated the role of cognitive emotion regulation in nurses' psychological resilience which has been overlooked in the hospital setting (Yao and Hsieh, 2019). Among other factors, the ability to regulate one's cognition might exert a constructive influence on the person's mind and how they react to stressors (Zhang et al., 2021). To address this issue, this study aims to evaluate the degree to which CER might have an impact on one's WFC, distress, and strain to react to the stressors. Although the hospital setting is a stressful work environment because of its work culture (Shen et al., 2020), an association

between CER (cognitive emotion regulation) to alleviate the effects of this stressful work environment on employees' PR (psychological resilience) and WFC (work-family conflict) and, subsequently, SWB (subjective well-being) has been largely overlooked. Also, the study fills the gap in the service literature by exploring the role of resilience in mitigating psychological distress created by work-family conflict.

Consequently, the objectives of this paper are to (a) assess the structural associations between CER, PR, WFC, PD, EE, and SWB, (b) evaluate the mediating role of both PD and EE in the connection between WFC and SWB, and (c) examine the mediating impact of PR in the link between CER and PD. Taken collectively, this study contributes to theory and practice in various ways. This research contributes to the extant literature on the job-demands resources theory by providing broader understanding and insights on the research model and its linked associations between the studied latent constructs within the service industry setting. Furthermore, the results of this article add to the existing literature on human mental health and well-being by developing and empirically investigating a comprehensive structural framework through testing the direct and indirect paths between a number of substantial variables within the hospital context. Additionally, the outcome of the research model is employees' well-being that is of utmost importance for organizations as it boosts employee productivity (Waldrop et al., 2017; Ochieng, 2020; Uysal et al., 2020). Moreover, the findings of the current work produce valuable practical guidelines and beneficial managerial implications for managers of service-related sectors in general, and hospitals' managers in particular, by indicating the extent to which employees SWB could be impacted by some variables (i.e. WFC, CER, PR, PD, and EE), taking into consideration the intervening roles of PR, PD, and EE.

Theoretical framework and hypotheses development

Theoretical framework

The current model describes the relationships among work-family conflict (WFC), psychological distress (PD) and subjective well-being (SWB) through the buffering effect of cognitive emotion regulation (CER) among full-time nurses in two private hospital based on the Job Demands-Resources (JD-R) theory, as depicted in Figure 1.

Figure 1 [at back] here

The JD-R theory (Bakker & Demerouti, 2007) considers how work demands and assets have distinctive and multiplicative impacts on work-related stress and motivation. In this model, psychological distress is a reaction to an imbalance between a work request job demand between workplace and home environment (Broeck et al., 2011) and a job resource. Demands are the physical, social, or institutional features of the workplace that require physiological or mental costs to maintain physical and mental security. On the other hand, job resources (e.g., coginitive emotion regulation and psychological resilience) are the physical, social, and hierarchical structures of the workplace that help an employee reduce job demands and their consequences. High rates of psychological distress indicate that employees have inadequate resources to effectively handle their job burdens, which leads to reduced subjective well-being (Taris, 2006). Based on Schaufeli and Bakker's (2004) model, job resources (e.g., cognitive emotion regulation) may diminish work-family conflict. We supposed that employees who are affected by job demands (WFC) have increased levels of distress, which can affect their subjective well-being. Organizational resources such as cognitive emotion regulation may help to reduce this effect of WFC on employees' job outcomes.

Work-life and family-life balance and its effect on individuals' mental health and well-being has always been a challenging issue for employees, particularly healthcare employees

(Zhang et al., 2021). Mental well-being, also known as well-being, refers to how people experience and evaluate different aspects of their lives (Diener et al., 2018).

Since its inception in the mid-1980s, mental well-being has become increasingly common as a measure of overall life satisfaction, happiness, and well-being. It is often used as a benchmark in psychological research and as an indicator of individual health (Diener et al., 2018; Tan et al., 2020; Batz et al., 2018; Yildirim et al., 2020).

Psychological distress affects the mental health and performance of nurses by destroying people's sense of well-being (Corcoran et al.,2018; Tescon et al.,2018; Tejada-Gallardo et al.,2018). Therefore, by examining whether this relationship can be significant or not, we can identify more predictive factors (e.g., job insecurity, work-family conflict) for psychological distress and ultimately the psychological well-being of individuals and prevent the destructive effect of these factors

Maintaining SWB in times of crisis is challenging and demands different versions of personal and mental resources from individuals (Brand et al., 2020). During times of crisis people need to acquire and upgrade their mental resources to cope with unprecedented challenges which they have never experienced before (Veer et al., 2020). As an unpredictable event with a global reach, the COVID-19 pandemic generated major changes in people’s lives, and particularly in the lives of healthcare and hospital employees (Spoorcy et al., 2020; Vizeh et al., 2020). Hospital employees needed extremely high levels of coping strategies to maintain their work-life and family-life balance, as well as their mental well-being (Vinkers et al., 2020). WFC defines the struggle triggered by demands and stresses originating from the work area which limit individuals’ personal abilities to handle their family duties (Frone et al., 1992). In this regard, findings from the study of Hu et al. (2016) among school principals show that work-family life conflict could directly influence SWB. Scholars also consistently find that WFC is negatively related to SWB (Matthews et al., 2014; Hu et al.,

2018; Cheng et al., 2018; Shang et al., 2018; Leung et al., 2020; Hu et al., 2021). In Leung et al.'s (2020) study, conflicts between work life and family life mediated the link between family support and SWB. WFC deteriorates SWB through PD and emotional and mental exhaustion (Matthews et al., 2014; Galletta et al., 2019; McDowell et al., 2019). According to Zhou et al. (2018), people who experience WFC more frequently are susceptible to depression, while Jacobsen et al. (2014) claimed that individuals who suffer from work–family conflict have reported sleep deficiency. The reason might be that, over time, the PD created by work-family conflict leads to emotional exhaustion among employees (Anasori et al., 2020; Thompson et al.,2020; Zou et al.,2016) which in turn causes employees' SWB to deteriorate (Qu & Wang, 2015). Work-family conflict increases emotional exhaustion among nurses (Galletta et al., 2019). Wang et al. (2019) studied 238 service worker and managers from hotels and demonstrated that WFC has a positive relationship with EE. Galletta et al. (2019) also implied that WFC needs to be studied more in a hospital setting and among healthcare staff since the nature of the job is demanding and poses mental and emotional challenges for nurses. Another significant point that the present study addresses is the effect of psychological distress in individuals on their emotional exhaustion. Although both these factors affect the individual's well-being, its vacancy can be seen in research related to the service industry, in this regard have been conducted in other settings (e.g, Thompson et al., 2020 among couples, Anasori et al.,2019 in the hotel setting). Although a few studies examined this effect in hospital settings (Arvidsdotter et al.,2016; Zou et al., 2016) these were not conducted in times of crisis. Psychological distress, which is a combination of feelings of depression, anxiety, and related behaviors, comes at the cost of emotional trauma in the long run (Okwaraji, 2014). This is very important in a hospital setting, particularly in times of crisis, as emotional exhaustion leads to a decrease in optimal job performance in individuals as well as an increase in the tendency of individuals to quit their jobs (Green et al.,2013; Lv

et al.,2012). Because this issue might have serious consequences for patients (e.g., level of care received), , we investigate whether psychological distress has a significant effect on increasing employee exhaustion. A few studies in this regard have been done by past researchers, but they were conducted before the outbreak of the pandemic (Green et al., 2013; Lv et al., 2012; Zou et al.,2 016, Arvidsdotter et al., 2016). Based on this literature, it is understood that past studies that have measured the impact of family conflict on individual well-being are not sufficient. It is also important to note that only a few studies in the field of services have assessed hospital staff and, most importantly, in the time of the pandemic crisis. Given that the conflict between home and work is a complex issue, these limited studies fail to resolve the issue and ignore the morale and psychological conflict of employees, which has a tremendous impact on patients and the quality of hospital services (Smith, 2014; Moss et al., 2016). Therefore, the present study addresses this gap in the service industry literature. Furthermore, hospital staff face additional pressures that are much greater than in other service industries (Tulucu et al., 2022).

Therefore, based on the above-mentioned literature, we present the following hypotheses:

H1: Work-family conflict directly and negatively affects individuals' subjective well-being.

H2: Psychological distress mediates the relationship between work-family conflict and subjective well-being.

H3: Emotional exhaustion mediates the relationship between work-family conflict and subjective well-being.

H4: Psychological distress increases the emotional exhaustion level.

Cognitive emotion regulation and psychological resilience

Based on the JD-R model, chronic job demands take away a person's physical and psychological energy and cause distress and burnout (Bakker & Demerouti, 2007). However,

job resources that can be organizational, social, or individual may help employees to reduce the impacts of job demands (Taris, 2006). Based on this theory, we claim that cognitive regulation and resilience as personal resources might help the individuals to handle the adversity in the hospital settings that hospital staff are required to deal with. We also posit that as this stressful environment has been significantly impacted by the COVID-19 outbreak, the hospital staff are required to utilize more of these resources. Therefore, the thinking style of the individuals in dealing with adversity and the ways in which they regulate their thoughts play key roles in how they handle conflicts between their work life and family life (Anasori et al., 2021). Cognitive and emotional regulation refers to "all the extrinsic and intrinsic processes responsible for monitoring, evaluating, and modifying emotional reactions, especially their intensive and temporal features" (Thompson, 1994, p. 27). Cognitive regulation might affect people's adaptability to the stressful event. It might affect the individual's ability to deal with stress and recover from stress (Kane et al., 2018; Söğüt et al., 2021). Cognitive regulation also affects employee resilience (Min et al., 2013). The individual's ability to bounce back from stress has been called 'psychological resilience' (Chi et al., 2016). Resilience refers to the personal and psychological resources and abilities employed in overcoming tensions (Maidaniuc-Chirila, 2015; Chi et al., 2016). Resilience in the literature is regarded as a personality trait which is stable over time or as a dynamic feature which is a personal response to the environment and situations (Rutter, 1985; Egeland, Carlson, & Sroufe, 1993; Connor & Davidson, 2003; Tugade & Fredrickson, 2007).

PR is a necessity for organizations and healthcare workers to assist them in dealing with tensions and adversity (King et al., 2016). Jackson et al. (2007) and Garcia and Calvo (2011) revealed that resilience abates nurses' susceptibility to severe situations in the workplace. Min et al. (2013) indicated that cognitive regulation helps to build resilience for those who suffer

from anxiety or depression. Also, a study by Mestre et al. (2017) on adolescents emphasized the role of cognitive emotion regulation in building resilience.

Therefore, based on the above arguments, we propose that:

H5: Cognitive emotion regulation alleviates the level of WFC.

H6: Psychological resilience mediates the relationship between cognitive emotion regulation and psychological distress.

H7: Psychological resilience alleviates psychological distress level.

Methodology

Sample and procedures

Data for the current study were collected from full-time nurses working in hospitals in North Cyprus. The respondents were healthcare employees from two private hospitals in North Cyprus. A total of 800 people worked in the hospitals (500 in one hospital and 250 in the other). Purposive sampling was utilized to examine the perceptions of the frontline medical staff. Data were collected from 164 out of 207 nurses during the summer of 2020. The two private hospitals' directors were contacted by phone and asked to participate in the study. The questionnaires were distributed among respondents in an envelope with a cover letter outlining the research purpose and guaranteeing the participants confidentiality and privacy of their responses. This procedure was applied to prevent common method variance and social desirability bias (Podsakoff et al., 2012; Karatepe et al., 2020).

Measurements

Hopkins' 10-item Mental Health Scale Symptoms Checklist (HSCL-10) from Kleppang and Hagquist (2016) was used to evaluate employee PD. To measure healthcare staff resilience, six items from Luthans, Youssef and Avolio (2007) were used. Eight items

adopted from Maslach and Jackson (1981) were used to operationalize emotional exhaustion. Cognitive regulation was assessed by eight items (positive reappraisal and refocus of planning) adopted from Garnefski and Kraaij (2007). Five items taken from Netemeyer et al. (1996) were used to measure work–family conflict. SWB items were adopted from Diener et al. (1985) Items of resilience were anchored on a six-point scale, while emotional exhaustion, PD and SWB were anchored on a five-point scale.

Common method bias (CMB) may exist if the independent and dependent variables used in the same survey and/or items are measured with the same response method (Kock et al., 2021). The full collinearity assessment approach was applied to control for CMB. All variance inflation factor (VIF) values are below 3.3. Hence, CMB was not observed (Kock & Lynn, 2012).

Participants

A suitable sample size was calculated by G*POWER 3.1.9.2 (Faul et al., 2007). The minimum sample size was determined as 77 (Power=.80, $f2$=0.15, α=0.05).207 questionnaires were distributed but 164 returned. Nine surveys, however, were eliminated due to missing values exceeding 5% and/or straight lining or inconsistent responses (Hair et al., 2017). Hence, 158 usable questionnaires were obtained. Of the 158 respondents, 77.8% were female, and 36.1% and 18.4% fell within the age ranges of 25-30 and 31-37, respectively. Most of the participants (70.9%) were single and 91.8% had a Bachelor's degree. Furthermore, 46.8% and 21.5% had an organizational tenure of 10 or more years and three to six years, respectively.

Data analysis

PLS-SEM was conducted to test our hypotheses. PLS-SEM is a widely used method in the literature (Hair et al., 2014; Usakli & Küçükergin, 2018). It was used for several reasons in this study. First, the sample size of this research is relatively small. PLS-SEM is a very good tool when the sample size is small (Hair et al., 2017). Second, as Sarstedt et. al. (2020) highlights PLS-SEM is a superior approach to examine mediation Factor-based SEM and regression analyses with PROCESS have some limitations while estimating "complex mediation models" (p. 295). In the research model three hypotheses were developed for mediation tests. Bootstrapping methods can be applied, and bias-corrected confidence intervals can be calculated in PLS-SEM (Hair et al., 2017).

Results

Outer model

PLS-SEM analysis was conducted in two stages. In the first stage, outer model results were examined. All indicators were measured reflectively. Therefore, we followed Hair et al.'s (2017) guidelines for reflective measurements. One item of EE and three items of PD were removed, because their loadings did not exceed 0.40. Some items' loadings ranged between 0.40 and 0.70; however, they did not affect the reliability. Therefore, they were retained in the model. Other values were higher than 0.70. Accordingly, indicator reliability was met (Hair et al., 2017). Average variance extracted (AVE) values were used to assess convergent validity. Since all AVE values were found to be higher than 0.50, convergent validity was ensured. Composite reliability (CR) values were between 0.904 and 0.952 and all Cronbach alpha (CA) values were higher than 0.70, which indicated composite reliability (see Table 1). Discriminant validity was examined with the heterotrait-monotrait ratio (HTMT) approach (see Table 2). All HTMT values are below 0.90 reflecting discriminant validity (Henseler et al., 2015).

Table 1 [at back]: To be inserted here

Table 2 [at back]: To be inserted here

Inner model

In the second stage, the inner model was evaluated. VIF values were lower than 5 indicating that no multi-collinearity existed. All Q^2 values were higher than 0 which established predictive relevance of the model (omission distance fixed at 7). The significance of paths was evaluated according to p values and bias corrected-confidence intervals (Hair et al., 2017, 2019).

Table 3: To be inserted here

Direct effects are displayed in Table 3. Accordingly, the table shows that WFC had a negative and significant effect on SWB (β=-0.256 [-0.444; -0.028]; $p<0.05$). Hence, H_1 was supported. PD positively affected EE (β=0.255 [0.053;0.437]; $p<0.05$) supporting H_4. As expected, CER had a negative effect on WFC (β=-0.283 [-0.409; -0.137]; $p<0.05$); thus, H_5 was supported. The effect of PR on PD was found to be non-significant (β=-0.040 [-0.130;0.063]; $p<0.05$). Therefore, H_7 was not statistically supported.

Table 4 [at back]: To be inserted here

Mediation analysis was conducted following Zhao et al.'s (2010) guidelines. The indirect effect from WFC via PD to SWB was not significant and its direct effect was significant, so non-mediation was found. Thus, H_2 was not supported. Because both the indirect effect of WFC via EE to SWB and its direct effect were significant, complementary mediation was found. Therefore, H_3 was supported. When the relationships among CER, PR, and PD were examined, neither an indirect nor a direct effect was found to be significant. Hence, H_6 was not supported.

Discussion

Based on JD-R theory, the current study sought to fill the gap in the service literature (i.e. the hospital context) by developing and empirically investigating a comprehensive structural model of the crucial factors affecting employees' SWB. This includes the assessment of direct paths between CER, PR, WFC, PD, EE, and SWB. In addition, it examines the intervening role of PR between CER and PD as well as the mediating role of PD and EE in the link between WFC and SWB.

The findings of the current study revealed that SWB is negatively and significantly impacted by WFC, supporting the findings of prior related studies; as an example, Hu et al. (2016) who found that WFC negatively influences SWB among employees. The studies of Matthews et al. (2014) and Sirgy et al. (2016) also showed that WFC mitigates the feeling of well-being among respondents. Additionally, according to the findings of Sirgy et al. (2020), coping strategies impacted the ways in which employees respond to the stressors and WFCs. Our study also investigated different aspects of coping strategies (i.e. CER) to see how and to what extent these factors might impact individuals to cope with stressors; but also, how they may act as barriers or filters to the negative impacts of stressors on employees' work life and family life and subsequent consequences. The results of this study have shown that CER has a negative impact on WFC. In other words, CER could enhance the ways in which healthcare staff deal with the stress coming from the conflict between work life and family life. This finding is in line with previous research (e.g., Matzka et al., 2016; Bacchi & Licinio, 2017; Sommerfield & Ungern-Sternberg, 2020; Sogut et al., 2021), revealing that CER alleviates the effects of stressors on people's work-life and family-life balance. However, the impact of PR on PD was not significant. This is contrary to previous findings where employees with higher levels of resilience could avoid the effect of job stressors on their mental health (Garcia & Calvo, 2011; King et al., 2016). This might happen since the condition of the crisis is different and imposes an extra burden on healthcare staff so just being resilient and flexible

cannot help the hospital workers prevent the stressors' effects on their work-life and family-life balance. However, the results of our study revealed that the procedures people employ to regulate their minds and emotions exert a positive impact on individuals to retain a positive balance between their work and their family.

What is equally critical is the regulating of thought among individuals. The findings of this study demonstrated that mental regulation helps nurse to deal with stress. This is mainly significant in hospital contexts where employees are able to work under the stress of satisfying the needs and strains of mentally and emotionally susceptible patients (Stelmaschuk, 2010; Allen & Holland, 2014).

This study demonstrated that EE plays a mediating role in the connection between WFC and SWB. CER helps individuals to boost their flexibility and ability to bounce back from stress during the COVID-19 pandemic. Consequently, this leads to less EE and higher levels of SWB among healthcare employees.

Theoretical implications

The present work has various theoretical implications as follows. To begin with, this study depends on the JD-R theory (e.g., Bakker & Demerouti, 2007; 2017) to investigate a novel structural framework that is examining the direct and indirect paths between specified variables related to mental health and well-being of employees within the hospital setting. In this respect, some prior studies have used this model among different disciplines and areas to predict various factors such as connectedness (e.g., Lewig et al., 2007), commitment, job enjoyment (Bakker et al., 2010), outcomes of sickness absenteeism (e.g., Clausen et al., 2012; Schaufeli et al., 2009), job burnout (e.g., Demerouti et al., 2001), and performance (e.g., Bakker et al., 2008). That said, the findings of this work do expand the existing knowledge in relation to this theory by presenting empirical evidence and understanding concerning the

current research model and the associations between the studied variables included in this model. In other words, the current work adds to theory by using the JD-R model to predict the well-being of hospital employees.

Moreover, this research adds to the extant literature on mental health and well-being within the service sector field, particularly in the hospital context. This could be reflected in the structural associations between the variables of WFC, CER, PR, PD, EE, and SWB. First, as far as we know, the current study is one of the first attempts to predict employees' SWB at hospitals through assessing the effect of certain variables – namely WFC, CER, PR, and PD – on SWB within an integrated structural model. Next, to the best of our knowledge, no known work has explored the effect of WFC on SWB through the mediating role of PD and EE within the hospital sector. To be more specific, WFC and its outcomes have been examined in the hospital context, but not as one of the SWB predictors (e.g., Labrague et al., 2021; Nayeri et al., 2018; Yildiz et al.,2021; Zandian et al., 2020). Further, the connection between WFC and SWB has been rarely studied in previous research (e.g., Matthews et al., 2014; Matysiak et al., 2016). Moreover, the findings of our work provide beneficial contributions to academicians through illustrating and articulating the direct and indirect associations between substantial latent constructs which are included in an integrated structural framework, taking into consideration employees' perspectives within the hospital context. For instance, our findings add empirical evidence to the existing body of knowledge demonstrating that the CER of frontline employees reduces employees' PD and helps them with their WFC. In addition, the empirical results of this research revealed that EE could notably and significantly mediate the connection between WFC and SWB. This represents an obvious theoretical insight regarding this structural association in the hospital setting.

Besides, it can be argued that the present work is considered one of the limited attempts to investigate these structural connections between the identified latent variables in service-related sectors, involving hospitals, particularly in North Cyprus.

Managerial implications

This study also offers some managerial implications. First, hospital employees need to strengthen their mental regulations by participating in different activities. Hospitals can introduce different programs and systems to help people with their mental and cognitive regulation. In this vein, the findings of our paper suggest that hospitals need to create programs in which frontline employees, such as nurses, could cultivate their mental capacity to deal with distress and stressors and feel more satisfied with life and themselves, specifically during times of crisis (Dewey et al., 2020). Thus, hospital managers are requested to provide financial, physical, and human resources to effectively produce and adopt such programs and systems and their outcomes in work environments. Moreover, it is crucial to set an action plan including all details concerning the relevant activities to reinforce the mental regulations of their employees (i.e. nurses).

Additionally, our findings propose that cognitive regulation helps healthcare workers react to stress and anxiety with more awareness and that they are able to adjust their minds and emotions to respond to the stress in a more constructive way. This mitigates the effect of stressors on employees' work life and family life and helps them avoid conflicts. As a result, hospital managers must establish courses that teach staff about their mental processes and cognitive errors. They can accordingly reevaluate their responses to difficulties and perceive their concerns or problems in new light. These initiatives, especially amidst the COVID-19 crisis, could include cognitive-behavioral training and work-life balance policies, as well as the implementation of work-rotation systems to alleviate the ' anxiety or fear of possible job

loss' and ensure well-being. Moreover, hospital managers might implement policies to offer financial and non-financial incentives to the healthcare employees to help them improve their objectives and SWB. In addition, hospitals can set up a mentoring scheme to help employees when they experience setbacks and challenges.

A further managerial contribution of our study is how, during harsh circumstances, employees' mental regulation and resilience might help them to overcome and handle the stressors which are not under their control. This suggests that those nurses who have managed to develop emotional and physical capabilities to deal with demanding and stressful conditions are able to divide their energy and mind between work life and family life so that they do not feel exhausted or psychologically damaged during times of crisis such as the COVID-19 pandemic.

Limitations and future research

Some limitations of this study need to be underlined. First, this study used the self-report questionnaire which may produce common method variance. Second, the cross-sectional design of the study does not show the causality among variables; therefore, there is a need for a longitudinal study which illustrates the causality effects among the variables. Third, the results of this study cannot be generalizable to the whole service industry, as we focused on the hospital settings, also considering the private hospital. Also, future research can be carried out on a larger scale to include more hospitals.

Our study opens up several avenues for future research. First, forthcoming research interested in replicating this study may consider implementing a longitudinal research design. This can considerably reduce the common method variance and consider the causal effect that time will play in this relationship. Second, we encourage scholars to focus on work-family conflict and mental health in the hospital industry. Specifically, future research in this

respect should be conducted in other geographical areas, among other types of service providers, to advance the literature. Third, we recommend extending this model by testing other factors on work-family conflict and psychological distress instead of cognitive emotion regulation to contribute more to the literature.

References

Ahorsu, D. K., Lin, C. Y., & Pakpour, A. H. (2020). The association between health status and insomnia, mental health, and preventive behaviors: the mediating role of fear of COVID-19. *Gerontology and Geriatric Medicine*, *6*, 2333721420966081.

AlAzzam, M., AbuAlRub, R. F., & Nazzal, A. H. (2017, October). The relationship between work–family conflict and job satisfaction among hospital nurses. In *Nursing forum* (Vol. 52, No. 4, pp. 278-288).

Alharbi, J., Jackson, D., & Usher, K. (2020). The potential for COVID-19 to contribute to compassion fatigue in critical care nurses. *Journal of Clinical Nursing*.

Anasori, E., Bayighomog, S. W., & Tanova, C. (2020). Workplace bullying, PD, resilience, mindfulness, and emotional exhaustion. *The Service Industries Journal*, *40*(1-2), 65-89.

Anasori, E., Bayighomog, S. W., De Vita, G., & Altinay, L. (2021). The mediating role of PD between ostracism, work engagement, and turnover intentions: An analysis in the Cypriot hospitality context. *International Journal of Hospitality Management*, *94*, 102829.

Bacchi, S., & Licinio, J. (2017). Resilience and PD in psychology and medical students. *Academic Psychiatry*, *41*(2), 185-188.

Bakker, A. B., & Demerouti, E. (2007). The job demands-resources model: State of the art. Journal of Managerial Psychology, 22(3), 309–328.

Bakker, A. B., & Demerouti, E. (2017). Job demands–resources theory: taking stock and looking forward. *Journal of occupational health psychology*, *22*(3), 273.

Bakker, A. B., Van Emmerik, H., & Van Riet, P. (2008). How job demands, resources, and burnout predict objective performance: A constructive replication. *Anxiety, Stress, and Coping*, *21*, 309–324.

Bakker, A. B., Van Veldhoven, M. J. P. M., & Xanthopoulou, D. (2010). Beyond the Demand-Control model: Thriving on high job demands and resources. *Journal of Personnel Psychology*, *9*, 3–16.

Brand, R., Timme, S., & Nosrat, S. (2020). When pandemic hits: exercise frequency and SWB during COVID-19 pandemic. *Frontiers in psychology*, *11*, 2391.

Bubonya, M., Cobb-Clark, D. A., & Wooden, M. (2017). Mental health and productivity at work: Does what you do matter?. *Labour economics*, *46*, 150-165.

Cambra-Fierro, J., Gao, L., Melero-Polo, I., & Patrício, L. (2022). Theories, constructs, and methodologies to study COVID-19 in the service industries. *The Service Industries Journal*, *42*(7-8), 551-582.

Carvalho, V. S., & Chambel, M. J. (2016). Perceived high-performance work systems and SWB: Work-to-family balance and well-being at work as mediators. *Journal of Career Development*, *43*(2), 116-129.

Chiesi, F., Vizza, D., Valente, M., Bruno, R., Lau, C., Campagna, M. R., ... & Bruno, F. (2022). Positive personal resources and psychological distress during the COVID-19 pandemic: resilience, optimism, hope, courage, trait mindfulness, and self-efficacy in breast cancer patients and survivors. *Supportive Care in Cancer*, 1-10.

Cho, E., & Tay, L. (2016). Domain satisfaction as a mediator of the relationship between work–family spillover and SWB: A longitudinal study. *Journal of Business and Psychology*, *31*(3), 445-457.

Clausen, T., Nielsen, K., Gomes Carneiro, I., & Borg, V. (2012). Job demands, job resources and long-term sickness absence in the Danish eldercare services: A prospective analysis of register-based outcomes. *Journal of Advanced Nursing*, *68*, 127–136.

Cooklin, A. R., Westrupp, E., Strazdins, L., Giallo, R., Martin, A., & Nicholson, J. M. (2015). Mothers' work–family conflict and enrichment: Associations with parenting quality and couple relationship. *Child: care, health and development*, *41*(2), 266-277.

De Castella, K., Goldin, P., Jazaieri, H., Ziv, M., Dweck, C. S., & Gross, J. J. (2013). Beliefs about emotion: Links to emotion regulation, well-being, and PD. *Basic and applied social psychology*, *35*(6), 497-505.

Demerouti, E., Van Eeuwijk, E., Snelder, M., & Wild, U. (2011). Assessing the effects of a "personal effectiveness" training on psychological capital, assertiveness and self-awareness using self-other agreement. *Career Development International*, *16*, 60–81.

Faul, F., Erdfelder, E., Lang, A.-G., & Buchner, A. (2007). G*Power 3: A flexible statistical power analysis program for the social, behavioral, and biomedical sciences. Behavior Research Methods, 39(2), 175–191. https://doi.org/10.3758/BF03193146

Finsterwalder, J. (2021). Social distancing and wellbeing: conceptualizing actor distance and actor safe zone for pandemics. *The Service Industries Journal*, *41*(1-2), 9-31.

Foureur, M., Besley, K., Burton, G., Yu, N., & Crisp, J. (2013). Enhancing the resilience of nurses and midwives: Pilot of a mindfulness based program for increased health, sense of coherence and decreased depression, anxiety and stress. *Contemporary Nurse*, *45*(1), 114-125.

Galletta, M., Portoghese, I., Melis, P., Gonzalez, C. I. A., Finco, G., D'Aloja, E., ... & Campagna, M. (2019). The role of collective affective commitment in the relationship between work-family conflict and emotional exhaustion among nurses: a multilevel modeling approach. BMC nursing, 18(1), 1-9.

Ghislieri, C., Molino, M., Dolce, V., Sanseverino, D., & Presutti, M. (2021). WFC during the Covid-19 pandemic: teleworking of administrative and technical staff in healthcare. An Italian study. *La Medicina del lavoro*, *112*(3), 229.

Hair, J. F., Hult, G. T. M., Ringle, C. M., & Sarstedt, Marko. (2017). *A primer on partial least squares structural equation modeling (PLS-SEM)* (2nd ed.). Sage.

Hair, J. F., Risher, J. J., Sarstedt, M., & Ringle, C. M. (2019). When to use and how to report the results of PLS-SEM. *European Business Review*, *31*(1), 2–24. https://doi.org/10.1108/EBR-11-2018-0203

Hair, J. F., Sarstedt, M., Hopkins, L., & Kuppelwieser, V. G. (2014). Partial least squares structural equation modeling (PLS-SEM): An emerging tool in business research. *European Business Review*, *26*(2), 106–121. https://doi.org/10.1108/EBR-10-2013-0128

Halbesleben, J. R., Wheeler, A. R., & Rossi, A. M. (2012). The costs and benefits of working with one's spouse: A two-sample examination of spousal support, work–family conflict, and emotional exhaustion in work-linked relationships. *Journal of Organizational Behavior*, *33*(5), 597-615.

Hao, S., Hong, W., Xu, H., Zhou, L., & Xie, Z. (2015). Relationship between resilience, stress and burnout among civil servants in Beijing, China: Mediating and moderating effect analysis. Personality and Individual Differences, 83, 65–71.

Hilton, M. F., Scuffham, P. A., Vecchio, N., & Whiteford, H. A. (2010). Using the interaction of mental health symptoms and treatment status to estimate lost employee productivity. *Australian & New Zealand Journal of Psychiatry*, *44*(2), 151-161.

Hu, C. M., Cui, S. J., & Wang, L. (2016). Path Analysis of Work Family Conflict, Job Salary and Promotion Satisfaction, Work Engagement to SWB of the Primary and Middle School Principals. *Journal of Education and Training Studies*, *4*(9), 10-15.

Hu, S., Jiang, L., Probst, T. M., & Liu, M. (2021). The relationship between qualitative job insecurity and SWB in Chinese employees: The role of work–family conflict and work centrality. *Economic and Industrial Democracy*, *42*(2), 203-225.

Jacobsen, H. B., Reme, S. E., Sembajwe, G., Hopcia, K., Stoddard, A. M., Kenwood, C., ... & Buxton, O. M. (2014). WFC, PD, and sleep deficiency among patient care workers. *Workplace health & safety*, *62*(7), 282-291.

Kameg, B. N. (2020). Psychiatric-mental health nursing leadership during coronavirus disease 2019 (COVID-19). *Journal of psychiatric and mental health nursing*.

Kane, N. S., Hoogendoorn, C. J., Tanenbaum, M. L., & Gonzalez, J. S. (2018). Physical symptom complaints, cognitive emotion regulation strategies, self-compassion and diabetes distress among adults with Type 2 diabetes. *Diabetic Medicine*, *35*(12), 1671-1677.

Kock, F., Berbekova, A., & Assaf, A. G. (2021). Understanding and managing the threat of common method bias: Detection, prevention and control. Tourism Management, 86, 104330. https://doi.org/10.1016/J.TOURMAN.2021.104330

Kock, N., & Lynn, G. S. (2012). Lateral collinearity and misleading results in variance-based SEM: An illustration and recommendations. Journal of the Association for Information Systems, 13(7), 546–580. https://doi.org/10.17705/1JAIS.00302

Kotera, Y., Adhikari, P., & Sheffield, D. (2021). Mental health of UK hospitality workers: Shame, self-criticism and self-reassurance. *The Service Industries Journal*, *41*(15-16), 1076-1096.

Leung, Y. K., Mukerjee, J., & Thurik, R. (2020). The role of family support in work-family balance and SWB of SME owners. *Journal of small business management*, *58*(1), 130-163.

Lewig, K., Xanthopoulou, D., Bakker, A. B., Dollard, M., & Metzer, J. (2007). Burnout and connectedness among Australian volunteers: A test of the Job Demands-Resources model. *Journal of Vocational Behavior*, 71, 429–445.

Losada-Baltar, A., Jiménez-Gonzalo, L., Gallego-Alberto, L., Pedroso-Chaparro, M. D. S., Fernandes-Pires, J., & Márquez-González, M. (2021). "We are staying at home." Association of self-perceptions of aging, personal and family resources, and loneliness with psychological distress during the lock-down period of COVID-19. *The Journals of Gerontology: Series B*, *76*(2), e10-e16.

Lin, L., Liu, X., & He, G. (2020). Mindfulness and Job Satisfaction Among Hospital Nurses: The Mediating Roles of Positive Affect and Resilience. *Journal of psychosocial nursing and mental health services*, *58*(6), 46-55.

Matthews, R. A., Wayne, J. H., & Ford, M. T. (2014). A work–family conflict/SWB process model: A test of competing theories of longitudinal effects. *Journal of Applied Psychology*, *99*(6), 1173.

Matysiak, Anna, Letizia Mencarini, and Daniele Vignoli. "Work–family conflict moderates the relationship between childbearing and SWB." *European Journal of Population* 32, no. 3 (2016): 355-379.

McAllister, M., Happell, B., & Flynn, T. (2014). Learning essentials: What graduates of mental health nursing programmes need to know from an industry perspective. *Journal of Clinical Nursing*, *23*(23-24), 3449-3459.

McDowell, W. C., Matthews, L. M., Matthews, R. L., Aaron, J. R., Edmondson, D. R., & Ward, C. B. (2019). The price of success: balancing the effects of entrepreneurial commitment, WFC and emotional exhaustion on job satisfaction. *International Entrepreneurship and Management Journal*, *15*(4), 1179-1192.

Mestre, J. M., Núñez-Lozano, J. M., Gómez-Molinero, R., Zayas, A., & Guil, R. (2017). Emotion regulation ability and resilience in a sample of adolescents from a suburban area. *Frontiers in psychology*, *8*, 1980.

Min, J. A., Yu, J. J., Lee, C. U., & Chae, J. H. (2013). Cognitive emotion regulation strategies contributing to resilience in patients with depression and/or anxiety disorders. *Comprehensive psychiatry*, *54*(8), 1190-1197.

Mo, Y., Deng, L., Zhang, L., Lang, Q., Liao, C., Wang, N., ... & Huang, H. (2020). Work stress among Chinese nurses to support Wuhan in fighting against COVID-19 epidemic. *Journal of nursing management*, *28*(5), 1002-1009.

Novitasari, D., Sasono, I., & Asbari, M. (2020). WFC and worker's performance during Covid-19 pandemic: What is the role of readiness to change mentality. *International Journal of Science and Management Studies (IJSMS)*, *3*(4), 122-134.

Ochieng, P. A. (2020). *Effects of Mental Health on the Productivity of Employees within Financial Institutions: A Case of Commercial Banks in Kenya* (Doctoral dissertation, United States International University-Africa).

Qu, H. Y., & Wang, C. M. (2015). Study on the relationships between nurses' job burnout and SWB. *Chinese Nursing Research*, *2*(2-3), 61-66.

Rahman, M. M., Uddin, M. J., & Rahaman, S. (2019). Work-family, family-work conflict and SWB of commercial bank employees in Bangladesh: The moderating effects of organisational supports. *Advances in Management and Applied Economics*, *9*(6), 77-96.

Sagherian, K., Steege, L. M., Cobb, S. J., & Cho, H. (2020). Insomnia, fatigue and psychosocial well-being during COVID-19 pandemic: A cross-sectional survey of hospital nursing staff in the United States. *Journal of clinical nursing*.

Samal, J. (2014). A historical exploration of pandemics of some selected diseases in the world. *International Journal of Health Sciences and Research*, *4*(2), 165-169.

Sarstedt, M., Hair Jr, J. F., Nitzl, C., Ringle, C. M., & Howard, M. C. (2020). Beyond a tandem analysis of SEM and PROCESS: use of PLS-SEM for mediation analyses!. International Journal of Market Research, 62(3), 288-299.

Schaufeli, W. B., Bakker, A. B., & Van Rhenen, W. (2009). How changes in job demands and resources predict burnout, work engagement, and sickness absenteeism. *Journal of Organizational Behavior*, *30*, 893–917.

Selzer, V. L., Schumann, J. H., Büttgen, M., Ates, Z., Komor, M., & Volz, J. (2021). Effective coping strategies for stressed frontline employees in service occupations: outcomes and drivers. *The Service Industries Journal*, *41*(5-6), 382-399.

Shang, S., O'Driscoll, M. P., & Roche, M. (2018). Mechanisms linking acculturation, work–family conflict, and subjective well-being among Chinese immigrants in New Zealand. *Human Resource Management*, *57*(5), 1097-1109.

Sirgy, M. J., Lee, D. J., Park, S., Joshanloo, M., & Kim, M. (2020). Work–family spillover and SWB: The moderating role of coping strategies. *Journal of Happiness Studies*, *21*(8), 2909-2929.

Söğüt M, Yedidağ E, Ray-Yol E, Özdemir AB, Altan-Atalay A (2021). Problem Orientation and PD Among Adolescents: Do Cognitive Emotion Regulation Strategies Mediate Their Relationship? Psychol Rep. doi: 10.1177/00332941211018802.

Stupak, R., & Dobroczyński, B. (2021). From mental health industry to humane care. Suggestions for an alternative systemic approach to distress. *International Journal of Environmental Research and Public Health*, *18*(12), 6625.

Taris, T. W. (2006). Is there a relationship between burnout and objective performance? A critical review of 16 studies. Work & Stress, 20(4), 316–334.

Usakli, A., & Küçükergin, K. G. (2018). Using partial least squares structural equation modeling in hospitality and tourism: Do researchers follow practical guidelines? *International Journal of Contemporary Hospitality Management*, *30*(11), 3462–3512. https://doi.org/10.1108/IJCHM-11-2017-0753

Uysal, M., Joseph Sirgy, M., & Kim, H. (2020). Well-being research in the service industries. The Service Industries Journal. Volume 40, Issue 1-2, 1-5.

Veer, I., Riepenhausen, A., Zerban, M., Wackerhagen, C., Engen, H., Puhlmann, L., ... & Kalisch, R. (2020). Mental resilience in the Corona lockdown: first empirical insights from Europe.

Vinkers, C. H., van Amelsvoort, T., Bisson, J. I., Branchi, I., Cryan, J. F., Domschke, K., ... & van der Wee, N. J. (2020). Stress resilience during the coronavirus pandemic. *European Neuropsychopharmacology*, *35*, 12-16.

Waldrop, J., & McGuinness, T. M. (2017). Measurement-based care in psychiatry. *Journal of psychosocial nursing and mental health services*, *55*(11), 30-35.

Wang, I. A., Tsai, H. Y., Lee, M. H., & Ko, R. C. (2019). The effect of work–family conflict on emotional exhaustion and job performance among service workers: The cross-level moderating effects of organizational reward and caring. *The International Journal of Human Resource Management*, 1-22.

Wang, M. L., & Tsai, L. J. (2014). Work–family conflict and job performance in nurses: The moderating effects of social support. *Journal of Nursing Research*, *22*(3), 200-207.

Wu, Y., Xu, X., Chen, Z., Duan, J., Hashimoto, K., Yang, L., ... & Yang, C. (2020). Nervous system involvement after infection with COVID-19 and other coronaviruses. *Brain, behavior, and immunity*, *87*, 18-22.

Wu, Y., Wang, P., & Huang, C. (2016). Family patronage, institutional patronage, and work family conflict: women's employment status and subjective well-being in urban China. *The Journal of Chinese Sociology*, *3*(1), 1-20.

Zhang, Y., Yang, M., & Wang, R. (2021). Factors associated with work–family enrichment among Chinese nurses assisting Wuhan's fight against the 2019 COVID-19 pandemic. *Journal of Clinical Nursing*.

Zhao, X., Lynch, J. G., & Chen, Q. (2010). Reconsidering Baron and Kenny: Myths and Truths about Mediation Analysis. *Journal of Consumer Research*, *37*(2), 197–206. https://doi.org/10.1086/651257

Zhou, S., Da, S., Guo, H., & Zhang, X. (2018). Work–family conflict and mental health among female employees: A sequential mediation model via negative affect and perceived stress. *Frontiers in psychology*, *9*, 544.

Zurlo, M. C., Vallone, F., & Smith, A. P. (2020). Work–family conflict and psychophysical health conditions of nurses: Gender differences and moderating variables. *Japan Journal of Nursing Science*, *17*(3), e12324.

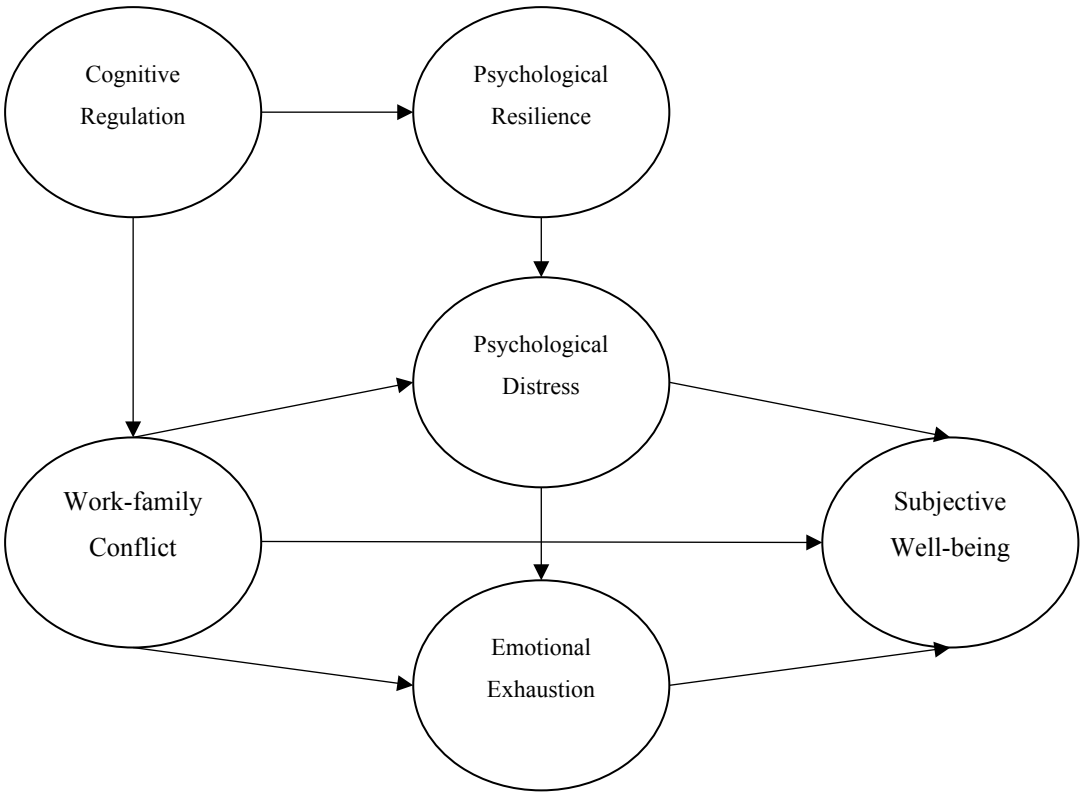

Figure-1 Research Model

Table 1 Outer Model

Dimensions	Loadings	AVE	CR	CA
Emotional Exhaustion				
I feel fatigued when I get up in the morning and have to face another day on the job.	0.851	0.693	0.940	0.926
Working with people all day is really a strain for me.	0.841			
I feel burned out from my work.	0.863			
Working directly with people puts too much stress on me.	0.866			
I feel frustrated with my job.	0.818			
I feel used up at the end of the workday.	0.752			
I feel like I am working too hard on my job.	0.832			
PD				
Suddenly scared for no reason.	0.634	0.575	0.904	0.874
Feeling fearful.	0.783			
Feeling tense or keyed up.	0.813			
Blaming yourself for things.	0.768			
Feeling blue.	0.770			
Feeling of worthlessness.	0.867			
Feeling everything is an effort.	0.644			
Psychological Resilience				
When I have a setback at work, I have trouble recovering from it, moving on. (R)	0.656	0.701	0.933	0.913
I usually manage difficulties one way or another at work.	0.872			
I can be "on my own," so to speak, at work if I have to.	0.865			
I usually take stressful things at work in my stride.	0.874			
I can get through difficult times at work because I've experienced difficulty before.	0.871			
I feel I can handle many things at a time at this job.	0.863			
Cognitive Regulation				
I think of what I can do best.	0.887	0.663	0.935	0.911
I think about how I can best cope with the situation.	0.364			
I think about how to change the situation.	0.386			
I think about a plan of what I can do best.	0.899			
I think I can learn something from the situation.	0.902			
I think that I can become a stronger person as a result of what has happened.	0.927			
I think that the situation also has its positive sides.	0.935			
I look for the positive sides to the matter.	0.938			
SWB				
In most ways my life is close to my ideal.	0.835	0.798	0.952	0.936
The conditions of my life are excellent.	0.939			
I am satisfied with my life.	0.903			
So far I have gotten the important things I want in life.	0.880			
If I could live my life over, I would change almost nothing.	0.906			

WFC				
The demands of my work interfere with my home and family life.	0.834			
The amount of time my job takes up makes it difficult to fulfill family responsibilities.	0.866			
Things I want to do at home do not get done because of the demands my job puts on me.	0.807	0.688	0.916	0.885
My job produces strain that makes it difficult to fulfill family duties.	0.892			
Due to work-related duties, I have to make changes to my plans for family activities.	0.738			

Table 2 Discriminant Validity (HTMT**)**

	Cognitive Regulation	***PD***	***Psychological Resilience***	***SWB***	***Emotional Exhaustion***	***WFC***
Cognitive Regulation						
PD	0.263					
Psychological Resilience	0.249	0.288				
SWB	0.476	0.344	0.409			
Emotional Exhaustion	0.286	0.547	0.225	0.587		
WFC	0.317	0.896	0.301	0.440	0.558	

Note: 95% bootstrap confidence intervals in brackets (5000 subsample).

Table 3 Inner Model

Hypotheses	**β**	**p**	**VIF**	f^2
H_1: WFC→SWB	-0.256[-0.444;-0.029]	0.02	2.834	0.034
H_4: PD→EE	0.255[0.053;0.437]	0.01	2.705	0.034
H_5: CR→WFC	-0.283[-0.409;-0.137]	0.00	1.000	0.087
H_7: PR→PD	-0.040[-0.130;0.063]	0.41	1.113	0.004
R^2 SWB=0.326;EE=0.282;WFC=0.080;PD=0.632				
Q^2 SWB=0.239;EE=0.179;WFC=0.050;PD=0.334				

Note: 95% bootstrap confidence intervals in brackets.

Table 4 Mediation Analysis

Hypothesis	**Effect**	**Indirect Effect [95% BC CI]**	**Direct Effect [95% Bc CI]**	**Type of Mediation**
H_2	WFC→ PD→SWB	0.099[-0.071;0.249]	-0.256[-0.444;-0.029]	Non-Mediation
H_3	WFC→ EE→SWB	-0.147[-0.240;-0.058]	-0.256[-0.444;-0.029]	Complementary Mediation
H_6	CR→ PR→PD	-0.009 [-0.037;0.013]	0.007[-0.071;0.091]	Non-Mediation