

Work-family conflict and psychological contract as predictors of work engagement: The mediating role of psychological well-being among married female employees

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Abstract

This study aims to examine the relationship between work-family conflict and the psychological contract on work engagement, with psychological well-being as a mediating variable, among married female employees at a Regional General Hospital (RSUD). The research approach used is quantitative with an explanatory research design. The study participants consisted of 201 married female employees selected through random sampling. Data collection was conducted using four standardized psychological instruments measuring work-family conflict, psychological contract, psychological well-being, and work engagement. Data analysis was performed using the Partial Least Squares-Structural Equation Modeling (PLS-SEM) method via SmartPLS software version 4. The results indicate that work-family conflict does not have a direct and significant effect on work engagement but does have a significant effect on psychological well-being. On the other hand, the psychological contract was found to have a positive and significant effect on both psychological well-being and work engagement. Furthermore, psychological well-being has a significant positive effect on work engagement and acts as a significant mediator in the relationship between work-family conflict and work engagement, as well as between the psychological contract and work engagement. These findings confirm that psychological well-being is an essential psychological mechanism in explaining work engagement among married female employees working in the healthcare sector.

Keywords: Psychological contract; psychological well-being; work engagement; work-family conflict

INTRODUCTION

Female healthcare workers are a professional group at high risk of experiencing *work-family conflict*. In addition to fulfilling professional roles with high demands and responsibilities, married female healthcare workers also shoulder domestic roles as wives and mothers. Characteristics of hospital work, such as *shift* work systems, long working hours, and emotional stress in providing healthcare services, increase the potential for conflict between work and



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family roles, making this group vulnerable to psychological stress that impacts work engagement (Frank et al., 2021).

The increase in women's participation in the workforce reflects progress in gender equality and women's empowerment. However, for married women, involvement in professional work is often accompanied by social expectations to continue fulfilling domestic roles optimally. The imbalance in meeting the demands of work and family can lead to sustained psychological stress, particularly in high-workload professions such as healthcare (Bramadewandhana & Parahyanti, 2018; Mishra & Gupta, 2023).

In this context, *work-family conflict* is an important psychological issue to examine. Greenhaus and Beutell (1985) define *work-family conflict* as a form of *inter-role conflict* that arises when the demands of work and family cannot be balanced. This conflict can be time-based, pressure-based, or behavior-based. Among married female healthcare workers, this conflict often arises due to time constraints, emotional exhaustion, and the ongoing demands of dual roles (Kobayashi et al., 2025).

Work-family conflict has significant implications for *work engagement*. *Work engagement* is a positive and fulfilling psychological state characterized by *vigor*, *dedication*, and *absorption* in work (Schaufeli & Bakker, 2004). In the hospital context, *work engagement* is a crucial aspect because it relates to the quality of healthcare services, patient safety, and the work effectiveness of healthcare workers (Okfrima et al., 2024; Saragih & Yuniasanti, 2023).

A number of studies indicate that ongoing role conflict can deplete an individual's psychological resources, increase stress levels, and reduce work engagement. Women are generally more vulnerable to *work-family conflict* due to the demands of juggling professional and domestic roles simultaneously, which ultimately has a negative impact on their psychological well-being and work engagement levels (Bian & Mohd Sukor, 2024).

In addition to *work-family conflict*, another variable contributing to *work engagement* is *the psychological contract*. The *psychological contract* is understood as an individual's perception of a mutual understanding and reciprocal obligations between employees and the organization, encompassing expectations regarding job support, job security, and concern for employee well-being (Rousseau, 1995; Saragih & Yuniasanti, 2023). When an organization is able to meet these expectations, employees tend to demonstrate a positive attitude and higher job engagement (Hardeba, 2017; Sofyanty, 2018). Conversely, a mismatch between employees' expectations and organizational reality can lead to psychological disappointment and negatively impact work engagement. An unfulfilled *psychological contract* has the potential to reduce motivation, trust in the organization, and employees' commitment to their work (Herrera & De Las Heras-Rosas, 2021; Rayton & Yalabik, 2014).

In the relationship between *work-family conflict*, *the psychological contract*, and *work engagement*, *psychological well-being* is viewed as a crucial psychological mechanism. *Psychological well-being* reflects an individual's mental health quality, which includes self-acceptance, positive relationships with others, autonomy, environmental mastery, life purpose,

and personal growth (Ryff & Keyes, 1995). Stress resulting from dual-role conflict can reduce *psychological well-being*, while fulfilling *the psychological contract* has the potential to strengthen an individual's psychological state (Ring & Hult, 2025).

Several studies indicate that individuals with high levels of *psychological well-being* tend to exhibit greater *work engagement*. Positive psychological well-being enables individuals to manage stress adaptively, maintain motivation, and engage optimally in their work (Bakker & Leiter, 2010; Strijk et al., 2013; Yiğit & Çakmak, 2024). Previous research has also shown that *psychological well-being* can serve as a mediating variable between work-related factors and *work engagement*. However, most studies have focused on direct relationships between variables and have not comprehensively tested the mediating role of *psychological well-being*, particularly in the context of married female healthcare workers (Han, 2023).

These limitations indicate a significant *research gap*. Studies that simultaneously integrate *work-family conflict* and *psychological contract* to explain *work engagement* through *psychological well-being* remain limited, particularly among female healthcare workers who face dual-role demands and high work-related stress (Okfrima et al., 2024; Yanti & Hermaleni, 2019). Based on this gap, this study aims to examine the influence of *work-family conflict* and *the psychological contract* on *work engagement*, with *psychological well-being* serving as a mediating variable, among married female healthcare workers. This study is expected to provide a more comprehensive understanding of the psychological mechanisms influencing work engagement and serve as a foundation for the development of hospital organizational policies aimed at enhancing psychological well-being and the quality of healthcare services (Hult & Terkamo-Moisio, 2023).

In practical terms, understanding the psychological mechanisms that influence *work engagement* among married female healthcare workers is becoming increasingly important given the high demands of work in the healthcare sector. Hospitals require healthcare workers who are not only technically competent but also highly engaged in their work so that they can provide safe, empathetic, and sustainable care. A decline in *work engagement* due to dual-role conflict and *psychological contract* mismatch has the potential to impact service quality, patient satisfaction, and organizational stability, making this study relevant and contextually grounded (Hult & Terkamo-Moisio, 2023; Marini et al., 2024; Saragih & Yuniasanti, 2023).

Based on the problem statement above, this study aims to examine the influence of *work-family conflict* on *work engagement* and *psychological well-being* among married female employees at the Regional General Hospital. Additionally, this study aims to test the influence of *the psychological contract* on *work engagement* and *psychological well-being*. This study is intended to determine the role of *psychological well-being* in enhancing work engagement, as well as to examine whether *psychological well-being* mediates the relationship between *work-family conflict* and *work engagement*, and between *the psychological contract* and *work engagement*.

Based on the theoretical framework and empirical findings presented, the research

hypotheses proposed in this study are as follows: H1: *Work–family conflict* influences *work engagement* among married women at the Regional General Hospital. H2: *Work–family conflict* influences *psychological well-being* among married women at the Regional General Hospital. H3: *Psychological contract* influences *work engagement* among married women at the Regional General Hospital. H4: *Psychological contract* influences psychological well-being among married women at the Regional General Hospital. H5: Psychological well-being influences work engagement among married women at the Regional General Hospital. H6: Psychological well-being mediates the relationship between work–family conflict and work engagement among married women at the Regional General Hospital. H7: Psychological well-being mediates the relationship between the psychological contract and work engagement among married women at the RSUD.

Referring to the framework of the relationship between work–family conflict and psychological contract on work engagement with psychological well-being as a mediating variable, the interrelationships among the variables in this study are presented visually in the following figure

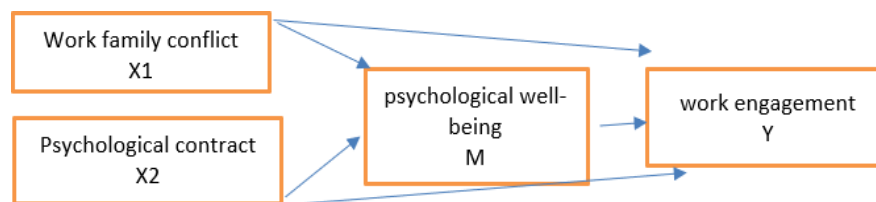


Figure 1. Hypothesis Diagram

RESEARCH METHOD

This study employs a quantitative approach with an explanatory research design aimed at analyzing the influence of work–family conflict and the psychological contract on work engagement, with psychological well-being serving as a mediating variable, among married female workers employed at the Regional General Hospital. The study population comprised 411 working mothers at the Regional General Hospital. Sampling was conducted using random sampling techniques, taking into account the proportion of married female workers. Based on the Krejcie and Morgan table, the sample size determined for this study is 201 respondents.

The research instruments used consist of four psychological scales adapted and modified from previous studies to ensure their relevance to the current research context. One of the primary instruments in this study is the Work–Family Conflict Scale, adapted from Greenhaus and Beutell (1985), which covers two main aspects: time-based conflict and strain-based conflict. This scale consists of 10 questions. Next, the Psychological Contract scale, adapted from Rousseau’s (1995) theory and further developed by previous researchers, measures three main aspects: transactional contract, relational contract, and balanced contract. This scale consists of 28 questions. The next scale is the Psychological Well-Being scale, adapted from Ryff and Keyes (1995), which measures six aspects: self-acceptance, positive social interaction with others,

autonomy, environmental mastery, life challenges, and personal growth. This scale consists of 18 questions. Next is the Work Engagement scale, modified by Schaufeli and Bakker (2004), which measures three aspects: vigor, dedication, and absorption. This scale consists of 17 items. The Work-Family Conflict Scale has a Cronbach's alpha of 0.711 and a composite reliability of 0.872, while the Psychological Contract Scale has a Cronbach's alpha of 0.820 and a composite reliability of 0.890. All reliability values are above the minimum threshold of 0.70; therefore, each scale is deemed reliable and suitable for use in structural analysis.

The data were analyzed using SmartPLS 4 software. The analysis stages included: (1) Convergent and Discriminant Validity Tests to ensure the quality of the indicators; (2) Construct Reliability Tests using Composite Reliability and Cronbach's Alpha; (3) Path Analysis to test the direct effects between variables; (4) Mediation Tests using the bootstrapping method to examine the mediating role of cognitive load. All instruments in this study were modified from the original scales to suit the respondents' context. The modifications followed the steps for modifying measurement tools, namely: (1) developing behavioral indicators; (2) developing items; (3) conducting validity tests via expert judgment (Azwar, 2022).

The analysis was conducted using SmartPLS software due to the complex nature of the model. Partial Least Squares (PLS) is a Structural Equation Modeling (SEM) approach based on variance- or component-based structural equation modeling. According to (Ghozali & Latan, 2015), the purpose of PLS-SEM is to develop or build theory with a predictive orientation. PLS-SEM is particularly suitable for this study for several reasons. First, a sample size of 275 respondents can be considered relatively small for covariance-based SEM, whereas PLS-SEM is known to perform well with smaller sample sizes. Second, PLS-SEM does not require strict assumptions of data normality, making it suitable for handling non-normally distributed data, which is common in social science research. Third, the research model includes several constructs and moderating effects, making PLS-SEM advantageous due to its ability to estimate complex models with higher predictive accuracy.

PLS-SEM comprises two main submodels: the measurement model (outer model) and the structural model (inner model). The measurement model serves to explain the relationships between each indicator and the latent construct it measures. The measurement model is evaluated through confirmatory factor analysis using the Multi-Trait Multi-Method approach to assess convergent and discriminant validity. Additionally, construct reliability is tested using the, Cronbach's Alpha, and Composite Reliability (Ghozali & Latan, 2015). The structural model, or inner model, illustrates the relationships or estimation strength among latent variables or constructs based on substantive theory.

RESULTS AND DISCUSSION

Outer Model Results

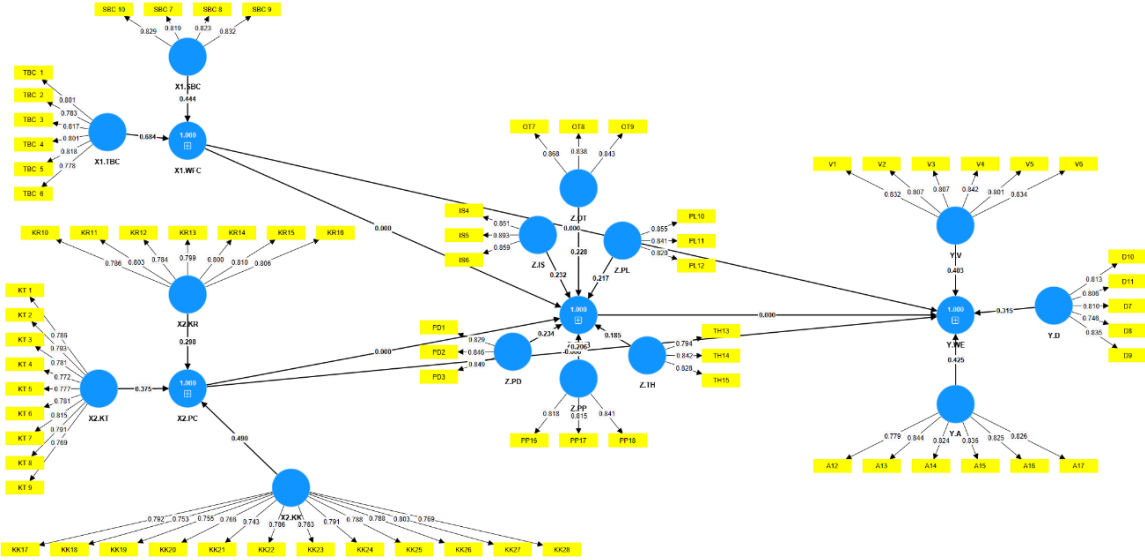


Figure 2. Outer loading of the measurement model

All indicators have *outer loadings* above 0.70, so all are deemed convergent valid and capable of strongly and consistently representing their constructs. The measurement model meets the requirements and is suitable for proceeding to the next analysis.

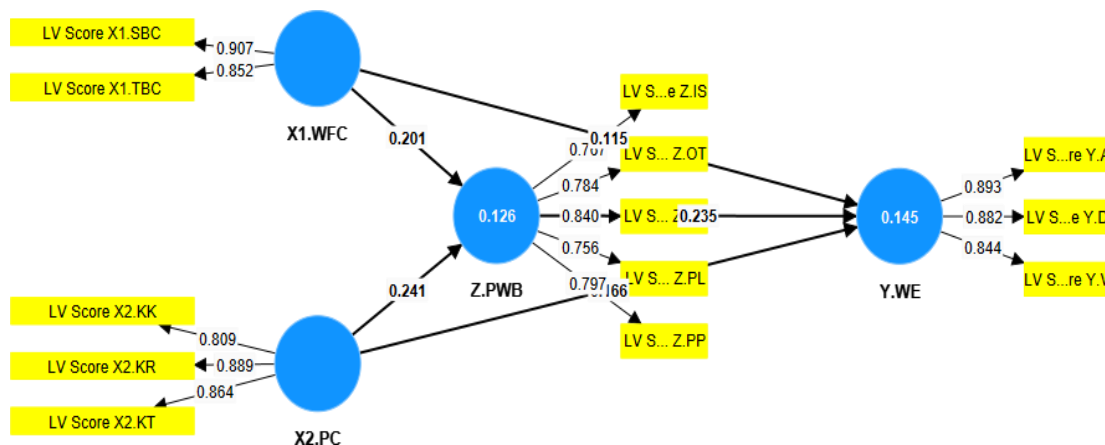
Table 1. Validity Results: Outer Loadings (Ave)

	Cronbach' Alpha	Composite reliability (rho_c)	Average variance extracted
WFC	0,711	0,872	0,774
PC	0,820	0,890	0,730
WE	0,845	0,906	0,763
PWB	0,849	0,892	0,623

All constructs have *Cronbach's Alpha (rho_c)* values above 0.70, so they are all considered reliable with strong internal consistency. This high range of reliability values indicates that the indicators within each construct function stably and consistently, making all constructs suitable for further structural analysis. All constructs have an AVE value above 0.50, indicating that each construct is capable of explaining more than half of its indicators' variance. With an AVE range of 0.601–0.753, all constructs have met convergent validity, and the measurement model is deemed robust and ready for use in subsequent structural analyses.

	WFC	PC	WE	PWB
WFC				
PC	0,382			
WE	0,2890,308			
PWB	0,330,3380,373			

Inner Model Results



WFC	PC	WE	PWB
WFC		0,014	0,042
PC		0,028	0,061
WE			
PWB		0,056	

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Table 4. R Square

	R-square	R-square adjusted
WE	0,145	0,133
PWB	0,126	0,118

The R-squared value indicates that the model explains 14.5% of the variance in work engagement and 12.6% of the variance in psychological well-being; thus, most of the variance in these two variables is still influenced by factors outside the model.

Table 5. Hypothesis test results

	Original sample (O)	Sample mean (M)	Standard deviation (STDEV)	T statistics (Io/STDEVI)	P values
WFC -> WE	0,115	0,111	0,069	1,659	0,098
WFC-> PWB	0,201	0,209	0,060	3,371	0,001
PC ->WE	0,166	0,173	0,068	2,428	0,016
PC-> PWB	0,241	0,242	0,059	4,071	0,000
PWB -> WE	0,235	0,237	0,065	3,620	0,000
WFC-> PWB->WE	0,047	0,049	0,019	0,015	
PC->PWB-> WE	0,057	0,057	0,021	0,008	
PC ->WE	0,166	0,173	0,068	2,428	0,016

The results of the hypothesis testing indicate that *work-family conflict* does not have a significant effect on *work engagement*, as the *p-value* of 0.098 is still above the 0.05 threshold. *Work-family conflict* has a positive and significant effect on *psychological well-being*, as indicated by a *p-value* of 0.001. *Psychological contract* has a positive and significant effect on *psychological well-being*, with a *p-value* of 0.000. *Psychological well-being* has a positive and significant effect on *work engagement*, as evidenced by a *p-value* of 0.000. *Psychological well-being* significantly mediates the effect of *work-family conflict* on *work engagement*, as indicated by a *p-value* of 0.015. *Psychological well-being* significantly mediates the effect of *psychological contract* on *work engagement*, with a *p-value* of 0.008

The results of this study provide a deeper understanding of the psychological dynamics experienced by married female employees in the context of public health care organizations. In general, the findings indicate that *work-family conflict* does not have a direct effect on *work engagement*, but it does have a significant effect on *psychological well-being*. Furthermore, *psychological well-being* acts as the primary mediator explaining how *work-family conflict* and the *psychological contract* influence *work engagement*. These findings confirm that psychological well-being is a key psychological mechanism linking role demands and organizational relational conditions to work engagement.

The Effect of Work-Family Conflict on Psychological Well-being The results of this study indicate that *work-family conflict* has a significant negative effect on *psychological well-being*. These findings confirm that the conflict between work and family demands is a significant source of psychological stress for married female employees. Within the framework of *Role Conflict*

Theory, individuals experience psychological stress when the demands of two or more roles cannot be met simultaneously, leading to internal tension and emotional exhaustion. For married women, work and domestic roles often demand equally significant emotional investment and time, thereby increasing vulnerability to a decline in psychological well-being.

These findings align with the results of a study by Effendy and Sarianti (2025) which found that among married career women in Indonesia, *work–family conflict* is significantly and negatively associated with *psychological well-being*. Similarly, research (Obrenovic *et al.*, 2020) indicates that *work–family conflict* increases psychological stress and reduces employees' psychological safety. The consistency of these findings suggests that the impact of *work–family conflict* on *well-being* is relatively universal, though it may be more pronounced in high-emotional-demand work contexts, such as the healthcare sector. In the context of Brebes General Hospital, high workloads, *shift* systems, and public service demands amplify the psychological pressure experienced by married female employees. When inflexible job demands clash with family responsibilities, psychological well-being is the aspect most severely impacted. Thus, the results of this study reinforce the view that *work–family conflict* constitutes a *psychological strain* that directly erodes *well-being*, even if it does not necessarily directly influence work behavior.

The Effect of *Work–Family Conflict* on *Work Engagement* Interestingly, the results of this study indicate that *work–family conflict* does not have a direct effect on *work engagement*. This finding does not fully align with the initial assumption that role conflict would directly reduce work engagement. However, these results are consistent with the findings of Wulandari dan Yulianti (2023) which indicate that the relationship between *work–family conflict* and *work engagement* is not always consistent and often depends on specific mediating or moderating factors.

Within the framework of the *Job Demands–Resources (JD-R)* Model, *work–family conflict* is positioned as a *job demand* that depletes psychological energy. However, the JD-R Model also emphasizes that the impact of *job demands* on work *outcomes*, such as *engagement*, is significantly influenced by the presence of *job resources* and *personal resources*. This explains why, in this study, *work–family conflict* does not directly reduce *engagement*, as employees still possess certain resources that enable them to maintain work engagement. A study of 491 female employees who are mothers in East Java indicates that *work–family conflict* influences *work engagement* through *employee resilience*, not directly. Findings from the study (Riski & Ticoalu, 2024) indicate that social support can mitigate the impact of *work–family conflict* on work-related aspects. Within the Javanese cultural context, values such as responsibility, commitment to work, and a public service orientation can encourage female employees to remain engaged in their work despite experiencing psychological stress. In other words, *engagement* can be maintained as a form of professional commitment, even as psychological well-being begins to erode.

The Effect of the *Psychological Contract* on *psychological well-being*. The results of this study indicate that the psychological contract has a positive and significant effect on

psychological well-being. This finding can be explained through *social exchange theory*, which emphasizes that work relationships are based on the principle of reciprocity. When organizations meet employees' psychological expectations—such as fairness, role clarity, managerial support, and recognition—employees respond with positive attitudes, including improved psychological well-being. The study by Okfrima et al. (2024) indicates that fulfilling *the psychological contract* enhances *psychological well-being* by increasing job security, trust, and a sense of being valued. Similarly, Sari (2024) found that *the psychological contract* significantly contributes to *psychological well-being* and *work engagement*. In the context of married female employees, fulfilling *the psychological contract* becomes even more important because they face dual demands from work and family. When the organization serves as a source of support, the psychological stress resulting from these dual roles can be minimized.

In addition to influencing *psychological well-being*, *the psychological contract* has also been shown to have a positive impact on *work engagement*. This finding aligns with the study (Alemayehu & Group, 2024) which found that fulfilling *the psychological contract* enhances work engagement through the perception of a fair reciprocal relationship between employees and the organization. From the perspective of the JD-R Model, *the psychological contract* can be understood as *a job resource* that enhances intrinsic motivation and *engagement*. Employees who feel their psychological expectations are met tend to demonstrate higher levels of dedication, *vigor*, and *absorption* in their work. This indicates that *engagement* is not solely determined by workload but also by the quality of the psychological relationship between employees and the organization.

The main findings of this study indicate that *psychological well-being* plays a mediating role in the relationship between *work–family conflict* and *work engagement*, as well as in the relationship between *the psychological contract* and *work engagement*. *Psychological well-being* functions not only as *a psychological outcome* but also as an internal mechanism that determines how individuals respond to work demands and resources. Psychologically, high *psychological well-being* enables individuals to manage stress more adaptively, maintain psychological energy, and find meaning in their work. These findings explain why *work–family conflict* does not directly reduce engagement, but does so through a decline in *psychological well-being*. In other words, *psychological well-being* acts as *a buffer* that protects work engagement from the negative effects of role conflict. When *psychological well-being* is maintained, female employees are still able to sustain *engagement* despite facing role conflict. Conversely, when *psychological well-being* declines, role conflict begins to impact work behavior.

Overall, the findings of this study can be integrated into three main theoretical frameworks. *Role Conflict Theory* explains how *work–family conflict* serves as a source of psychological stress that reduces *psychological well-being*. The JD-R Model explains why the impact of *work–family conflict* on *work engagement* is not direct but depends on psychological and organizational resources. *Social Exchange Theory* explains the role of *the psychological contract* as a relational resource that enhances *well-being* and *engagement* through fair

reciprocal relationships. In the context of Brebes Regional General Hospital and Javanese work culture, these findings indicate that married female employees have relatively high levels of work commitment but remain psychologically vulnerable. Therefore, organizational interventions should not only focus on reducing role conflict but also on improving psychological well-being and fulfilling employees' psychological contracts.

CONCLUSION

The findings of this study indicate that *work-family conflict* does not have a direct effect on *work engagement*, but it does have a significant effect on *psychological well-being*. This decline in psychological well-being subsequently leads to a decrease in work engagement, meaning that the effect of *work-family conflict* on *work engagement* occurs indirectly through the mediating role of *psychological well-being*. Conversely, the *psychological contract* was found to have a positive and significant influence on both *work engagement* and *psychological well-being*. When employees perceive that the organization meets their expectations and provides adequate support, their psychological well-being improves and ultimately strengthens work engagement. These results confirm that *psychological well-being* is a crucial mediator in explaining the relationship between *work-family conflict* and the *psychological contract* with *work engagement*. In general, the level of work engagement among married female employees is more heavily influenced by their psychological well-being. Therefore, organizations need to provide various forms of support, such as work flexibility, clear role communication, and fulfillment of the *psychological contract*, to maintain employees' mental health and sustain *work engagement* levels among individuals juggling dual roles.

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