The impact of Work-Family Conflict on Psychological Health, Work Stress, and the Turnover Intentions among frontline Nurses against Covid 19 Disease

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Abstract
Objective: COVID-19 has caused an unprecedented crisis in the occupational field and affected various aspects of frontline nurses' working and personal lives. Considering that most studies on work-family conflict and its effects examine individualistic societies, the purpose of this study is to examine the effect of work-family conflict on the turnover intention of nurses in Iran mediated by psychological health and workplace stress.

Methodology/ approach: The major research strategy is quantitative, and the primary technique is descriptive-survey analytical. This study examined 274 Covid19 frontline nurses in Iran. Data collected with a five-point Likert scale questionnaire. Confirmatory factor analysis and structural model measurement performed using SEM AMOS 24 software.

Findings: The results of data analysis show that work-family conflict negatively affects psychological health while positively affects workplace stress. As well, psychological health reduces the tendency to turnover, while work stress increases turnover intention. The Variables Mediation test found that work-family conflict has an indirect effect on turnover intention. This study helped to comprehend work-family conflict, psychological issues of nurses, and therefore their turnover intention.

Practical Implication: Because of the importance of family foundation and the Islamic context, researchers recommend that the health care system devote more attention to nurses' psychological health and personal life during the COVID-19 pandemic. These measures result in a compromise between work and family, resulting in reduced work stress, reduced turnover, and improved psychological well-being.

Originality/ Value: It is vital to investigate the consequences of work and personal conflicts of nurses and psychological injuries that threaten people's occupation during COVID-19. The present study is the first research on work-family conflict and its consequences in the COVID-19 crisis in Iran.

Keywords: work-family conflict, psychological health, Workplace stress, Turnover intention, Covid 19

1. Introduction
COVID-19 has an unprecedented impact on occupations, the economy, and personal lives around the globe. The exponential effects of this new virus have resulted in job losses, uncomfortable living conditions, and sudden deaths (WHO, 2020). Nurses are the most crucial part of the workforce; they describe as the main base of healthcare systems that play a crucial role in developing actions and preserving the core values of healthcare systems worldwide (Jackson et al., 2020). Also, nurses always played a crucial role in accidents and emergencies, including the prevalence of epidemics (Mo et al., 2020; Catton, 2020). In working with patients who have COVID-19, nurses experience many physical and mental problems, including social isolation, role conflicts, fear and anxiety, and significant psychological distress (Chen et al., 2020). For people experiencing high-life conflicts, their job role prevents them from concentrating on essential things in their family or personal lives. They do not have enough time or energy for essential people in their lives because of their occupation (Schieman et al., 2021). A conflict between work and family is one form of inter-role conflict,
which means pressure or imbalance between work and family roles. High working hours and heavy responsibilities due to spending too much time and effort to work are a direct sign of work-family conflict (Beutell & Greenhaus, 1985). One of the main factors creating different job attitudes and outcomes such as job satisfaction, organizational commitment, job involvement, job engagement, organizational citizenship behavior, and performance levels are the ineffective combination of job and family roles (Cooklin et al., 2014; Mauna et al., 2015; Rubel et al., 2017). Workplace factors such as working hours, overtime requirements, inflexible Work schedules, different coworkers, and incompatible organizational culture lead to work-family conflict (Aboobaker & Edward, 2019). Work-family conflict is associated with increased job stress and occupational burnout, the intention to abandon the organization, reduced health, and job performance, high absenteeism, decreased work commitment, reduced psychological health, increased parental conflict, and marital problems (Voydanoff, 2015; Dettmers, 2016; Aboobaker & Edward, 2017). Alternatively, excellent adaptation between work and family motivates people and brings a high sense of success at work (Baeriswyl et al., 2016). The 19-COVID pandemic significantly affected nurses' mental health and job performance (Khattak et al., 2020). An exponential increase in the number of patients with COVID-19 has increased healthcare workers' workload who are now working 24 hours a day (Lucchini et al., 2020). The increasing mortality rate among healthcare workers caring for 19-COVID patients has created many psychological challenges. Excessive working hours, far from family, and uncertainty in these new conditions significantly impact nurse's performance and psychological health (Zhang et al., 2020; De Los Santos & Labrague, 2021). Nurses' exposure to workplaces with high job demands and low resources can lead to higher job stress and physical and mental stress that can affect their physical and mental health (Chou et al., 2014; Khamis, et al., 2015; Malinauskiene et al., 2011). Stress in the workplace can have profound adverse effects on nurse health and performance (Foster et al., 2020). During an epidemic crisis, severity, mortality, and sensitivity to the disease can cause anxiety and fear in nurses or exacerbate it, potentially affecting their health, well-being, and effectiveness at work (Aboobaker et al., 2019). According to the RCN (Royal College of Nursing in England) report, nurses feel ignored by employers when they raise concerns about their mental health (Mitchell, 2019). Researchers consistently challenge the focus on personal responsibility for mental health and well-being and overemphasize nurses' resilience faced with labor shortages and extreme emotional pressures (Traynor, 2018). Some nurses rethink continuing their career due to the perceived risk, psychological pressure, and helplessness they felt (Ranney et al., 2020). Turnover intention is not only a warning signal for employees who are about to leave the company, but it is a factor that can effectively predict changes in employees within the organization and job positions (Brown & Peterson, 1993). The turnover intention is a significant predictor of the actual rate of voluntary turnover. Alternatively, it is much easier to express turnover intention than perform it (Park & Min, 2020). Anderson et al. (2002) found that the work-family conflict positively influences the employee's turnover intention. If employees fail to balance work and family, then employees tend to turnover (Anderson et al., 2002). Yildiz et al (2021) stated that work-family conflict in nurses is an important factor in increasing turnover intention. Therefore, managers must take the conflicts between work and family more seriously and take the necessary measures (Yildiz et al., 2021). Yorulmaz and Sevinc (2021) found that psychological resilience regulates the relationship between work and family conflict and turnover intention (Yorulmaz and Sevinc, 2021). We assess the impact of work-family conflict on work stress, psychological health, and ultimately turnover intention in the context of a collective society. In this field, most studies to date examined individualistic Western societies. The empirical study of nurses from the perspective of Islamic culture is a significant innovation in this research. In societies with strong traditions of marital commitment, the effect of work-family conflict is different (Liu et al., 2016). We must understand these cultures in terms of family commitment, where employees feel more tired and unable to cope with stress (Brough and O'Driscoll, 2005; Sun and Pan, 2008). Few studies have focused on working life and challenges associated with the COVID-19 crisis among nurses in Iran. On the other hand, several reports indicate that severe job conditions and personal problems have contributed to nurses' turnover. Given the importance of family...
foundation in Iran and the necessity of paying attention to this issue, this study examines the effect of work-family conflict on the turnover intention with the mediation effect of psychological health and work stress among COVID-19 frontline nurses.

2. Literature review and conceptual model

2.1 The relationship between work-family conflict and psychological health

The most significant challenge in societies is the management of work-family relationships. The work-family relationship defines as the interdependence between the family and the field of work. Work-family conflict occurs when they negatively impact each other (Molina, 2020). The work-family conflict is a kind of interpersonal conflict that occurs when working and family pressures are incompatible (Mauno et al., 2015). Deciding on critical family issues (For example, deciding whether one partner should accept the new job or the consort's promotion, which requires family relocation) or simple everyday decisions (For example, which should leave work to pick up the kid from school) can lead to work-family conflict. Work-family conflict is a psychological phenomenon that causes imbalances between work and life at home (Csikszentmihalyi, 2003). According to Jerg-Bretzke et al. (2020), work-family conflict affects employees' mental and physical health. The measure should design to improve employees' work-family balance and improve their physical and mental health (Jerg-Bretzke et al., 2020). Conflicts between work and personal life are of high social significance as they are associated with adverse physical and mental health (Molina, 2020). Negative work-family interaction reduces mental health through exhausting mental resources and high psychological pressures (Grandey and Crocken, 1999; Voydanoff, 2002; Eby et al., 2005; Baeriswyl et al., 2016). It appears that poor physical health, poor mental hygiene, and behavioral disorders are significantly associated with work-family conflict (WFC) (Molina, 2020). According to Fotiadis et al. (2019), work-family conflict leads to lower psychological well-being and increased psychological stress in employees. For instance, moderate work pressure causes employees to grow professionally by accepting this challenge and thus improves psychological health (Harter et al., 2002). Job stressors through work-family conflict cause mental disturbances and affect employees' mental health (Bilodeau et al., 2019). Many researchers have linked Work-family conflict to countless adverse outcomes, such as domestic violence, insufficient physical activity, poor emotional health, reduced marital satisfaction decreased emotional well-being, and neuroticism (Grzywacz et al., 2003; Luk & Shaffer, 2005; Powell & Greenhaus, 2006; Zhang, Griffith, & Fried, 2012; Salanova et al., 2014). The findings of Zhao et al. (2021) highlight the complex and mutual impact of irregular work shifts on the relationship between work-life conflicts and mental disturbances (Zhao et al., 2021). Different studies have shown a significant relationship between work-family conflict and mental and physical health (Hämmig et al., 2011, Knecht et al., 2010). Work-family conflict is also associated with mental hygiene issues and may decrease mental abilities (Zapf et al., 1996). We conclude from the evidence presented above that work-family conflict is a significant predictor of nurses' psychological health. Accordingly, we derive the following hypothesis:

Hypothesis 1: Work-family conflict has a negative impact on psychological health.

2.2 The relationship between work-family conflict and work stress

Both work and family become conflicting poles, demanding equal amounts of energy, time, and responsibility. Work-family conflict (WFC) define as a kind of inter-role conflict in which role pressures from work and family areas are incompatible (Greenhaus and Beutell, 1985). WFC is a type of inter-role conflict in which role pressures from work and family areas are incompatible and, in some respects, WFC occurs when the demands of work conflict with time or attention to the family. Various workplace factors such as total working hours, overtime requirements, inflexible work schedules, uncompromising peers, and an inconsistent organizational culture create conflicts between work and family roles (Carlson et al., 2000). Several studies have examined the relationship between work-family conflict and work stress (Kazmi et al., 2017; Lu et al., 2017; Smith et al., 2018). The work-family conflict increases
work pressure and stress and negatively affects employees (Mansour & Mohanna, 2017). According to Armstrong et al. (2015), work-family conflict causes stress in employees (Armstrong et al., 2015). Pal & Saksvik researched work-family conflict among Norwegian nurses and found that high job demand and low flexibility during working hours were predictors of job stress (Pal & Saksvik, 2008). Work and family conflicts cause occupational burnout, dissatisfaction, work stress, long working hours, and role conflicts (Kossek and Ozeki, 1998; Spector et al., 2004; Bakker et al., 2005; Ford et al., 2007). In addition, some studies investigated the potential impact of work-family conflict on organizational and personal well-being (Kossek and Ozeki, 1998; Ford et al., 2007). When work stress reflects on people's relationships with family members, it can hurt their psychological health and mental safety (Kahn, 1990). Based on the evidence mentioned above, we conclude work-family conflict is a significant predictor of employees' work stress. Accordingly, we assume:

Hypothesis 2: Work-family conflict has a positive impact on work stress.

2.3 The relationship between psychological health and turnover intention

The World Health Organization (WHO) describes psychological health as a state in which a person realizes his or her abilities, can cope with life stresses, and can work productively (WHO, 2004). Psychological health includes three components: psychological well-being, emotional well-being, and social well-being (Galderisi et al., 2015). The increased work intensity, lack of effective treatment or vaccines, high infection rates, and the fear of becoming infected has a significant adverse effect on healthcare workers' mental health caring for COVID-19 patients (Kisely et al., 2020). Good mental health is related to mental and psychological well-being (WHO, 2019). Psychological well-being is a broad concept that depicts emotional and psychological conditions, job satisfaction, and general life satisfaction levels. Psychological well-being determines the overall effectiveness of an individual in terms of psychological performance (Cartwright and Pappas, 2008). Moderate work pressure causes employees to grow professionally by accepting this challenge and therefore enjoy psychological health (Harter et al., 2002). Yáez and et al. (2020) found that health workers in Peru experienced anxiety and mental disturbances during the COVID19 pandemic. Meanwhile, younger employees are more willing to turnover than older colleagues (Yáez et al., 2020). Due to limited clinical knowledge of the new virus, frontline physicians and nurses, especially those with close contact with infected patients, regularly experience anxiety and symptoms of depression (depression afterward), emotional breakdown, and sleep disorders. Nurses Furthermore, other health and emergency workers suffer from physical and mental stress. They face complex and unpleasant ethical issues, ethical conflicts, high acuity, patient death, and long working hours in practice. During work at the the forefront of the epidemic, nurses, need moral courage, stamina, and high resistance while being separated from loved ones (Turale et al., 2020). Epidemics have a significant psychological impact on nurses (Fernandez et al., 2020). Previous studies have shown that epidemics exacerbate the stress felt by nurses as they cope with intense emotional, physical, and cognitive demands (Chen et al., 2020). Professionals faced risks, pain, and death at the forefront, as well as significant moral dilemmas. Furthermore, nurses' day-to-day work poses unnecessary risks because of the shortage of resources, lack of personal protective equipment, and increased workload (Ives et al., 2009; Inchausti et al., 2020; Zhao, 2020). Several studies investigated the inverse relationship between psychological health and turnover intention (Wu et al., 2017). According to Wright & Bonett (2007), low psychological well-being leads to lower job satisfaction and higher turnover intentions (Wright, & Bonett, 2007). If employees feel that the organization has met their needs, it is possible to reduce the turnover intention by improving psychological well-being. In other words, employees with psychological well-being at their workplaces are more productive, contribute to the organization's goals, and have less turnover intention (Harter et al., 2002; Aryee & Chay, 2001). During the COVID-19 pandemic, frontline healthcare workers reported poor psychological health. A cross-sectional survey of 1,257 healthcare workers caring for the COVID-19 patients in China revealed that nearly half of respondents were suffering from anxiety and depression (Lai et al., 2020). In addition, a lack of patient flow control, mismanagement, and a lack of planning may also cause occupational burnout.
Accordingly, we derive the following hypothesis:

**Hypothesis 3:** Psychological health has a negative impact on turnover intention.

### 2.4 The relationship between work stress and turnover intention

The World Health Organization defines Workplace stress as follows: The reaction of individuals to imposing work demands and pressures that do not match their knowledge and abilities (WHO, 2017). Reactions to stress issues are not a single phenomenon, and workplace stress is becoming one of the most critical problems for most employees today (Kuo, Liao, Jou, Chao, 2015). Hospital staff and related occupations are one of the occupational areas affected by work stress. Several studies defined working conditions in hospitals as severe conditions (Limbrecht-Ecklundt et al., 2016; Angerer & Weigl, 2015). Nurses experience moderate to high stress levels (Badu et al., 2020). The COVID-19 pandemic is a stressor for healthcare workers. Current research indicates that healthcare professionals suffer psychological disturbance due to the COVID-19 pandemic (Chen et al., 2020). They experience significant problems when working with patients with COVID-19, including psychological distress, social isolation, role conflicts, fear, and anxiety (Chen et al., 2020). Several factors, including weekly working hours and shift work, special services, and time pressure was identified as the leading causes of stress (Zwack et al., 2011; Beschoner et al., 2019).

Organizations must develop strategies to handle harmful and costly stressors, and organizations that fail to do so will see their employees seek better job opportunities elsewhere (Wang et al., 2020). The COVID-19 pandemic is a stressor for healthcare workers. Current research indicates that healthcare professionals suffer psychological disturbance due to the COVID-19 pandemic (Chen et al., 2020). They experience significant problems when working with patients with COVID-19, including psychological distress, social isolation, role conflicts, fear, and anxiety (Chen et al., 2020). Several factors, including weekly working hours and shift work, special services, and time pressure was identified as the leading causes of stress (Zwack et al., 2011; Beschoner et al., 2019).

Thus, we propose:

**Hypothesis 4:** Work stress has a positive impact on turnover intention.

### 2.5 Mediating variables

The reviewed literature indicates that work stress and psychological health mediate the relationship between work-family conflict and turnover intention. Panatik et al. (2011) conducted a study in Malaysia, identifying several specific factors of work-family conflict that affect psychological health. They found that the role of work-family conflict is evident in increasing anger and aggression levels so that work-family conflict leads to mental health problems and causes employee turnover (Obrenovic et al., 2020). Furthermore, Westman's crossover model suggests that psychological stress and work-family conflict are transferable to other team members. These negative experiences reduce the waste of resources, which has adverse consequences such as turnover or leaves of absence and sick leave for the organization (Westman et al., 2004). Additionally, Lu et al. (2017) found a significant relationship between work-family conflict, work stress, and turnover intention. An employee's turnover intention increases due to work-family conflict and employee workplace stress (Rubel, 2017). Alternatively, there is a direct relationship between WFC and the stress experienced in the workplace, which leads to an increased tendency to turnover (Hardy et al., 2003). One study advised healthcare managers to focus on critical factors that may directly affect physician's well-being and ultimately reduce staff (Harun et al., 2020). Thus, we propose:

**Hypothesis a5:** Psychological health mediates the relationship between work-family conflict and turnover intention.

**Hypothesis b5:** Work stress mediates the relationship between work-family conflict and turnover intention.
This research uses a quantitative methodology for the primary strategy and in terms of analytical technique, it is a descriptive survey type. The sample of this study is COVID-19 frontline nurses in the west of Iran. We used a closed question questionnaire with a five-point Likert scale to collect demographic data and research variables. We collected data from December 2020 to February 2021. All survey participants were informed of the study's objectives and consented verbally to participate in the survey. We ensured that the collected data were kept confidential from the respondents. We collected questionnaires in one envelope to protect participants' privacy and the topic's sensitivity. To increase the response rate, a souvenir worth $0.50 was provided. Questionnaires were sent to 420 people, of which 303 participated in the study. To analyze, we only considered filled questionnaires. After removing the questionnaires with missing values, the final sample consisted of 274 nurses, 211 women, and 63 men. Among the participants analyzed, 36.4% of employees were between 35 and 44 years old, 53.8% of participants were between 24 and 35 years old, and 8.9% were over 55 years old. 31.3% of the participants had less than five years of work experience, and 68.7% had more than five years of experience. To prepare the questionnaire items, we used reverse translation. Two researchers fluent in both languages translated the items written in English into Persian and then inverted them from Persian to English to ensure that there was no semantic difference. A month before the original survey, we conducted a preliminary survey to reconsider vague items. The first part of the questionnaire included demographic questions about participants (e.g., age, gender, and tenure duration) because these characteristics play an essential role in predicting employees' attitudes (Williams & Hazer, 1986). The other parts of the questionnaire addressed research variables. The proposed questionnaire by Haslam et al. (2014) assessed the work-family conflict variable. Cronbach's alpha index is 0.901, which shows good internal consistency. The 12-item Goldberg & Williams (1988) questionnaire (GHQ-12) was used to assess psychological health. The Cronbach's alpha index is 0.927. We used a 15-item Kahn et al. (1964) questionnaire to measure workplace stress. Cronbach's alpha index is 0.931. To measure turnover intention, we used a 4-item questionnaire developed by Cammann et al. (1979) and Seashore et al. (1982). The Cronbach's alpha index is 0.806.

### 3.1 Statistical analysis
The collected data were analyzed with SPSS and AMOS software. In the first instance, skewness and kurtosis indices were used to assess the type of data distribution. Then, a Pearson correlation test was performed to confirm that the orientation of the measurement items corresponded to the hypotheses. Table 1 describes the variables to be studied.

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Minimum</th>
<th>Maximum</th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work-family conflict</td>
<td>274</td>
<td>1.00</td>
<td>5.00</td>
<td>3.400</td>
<td>.73599</td>
<td>.542</td>
</tr>
<tr>
<td>Psychological health</td>
<td>274</td>
<td>1.42</td>
<td>5.00</td>
<td>3.386</td>
<td>.73438</td>
<td>.539</td>
</tr>
<tr>
<td>Workplace stress</td>
<td>274</td>
<td>1.47</td>
<td>5.00</td>
<td>3.530</td>
<td>.69413</td>
<td>.482</td>
</tr>
<tr>
<td>Turnover intention</td>
<td>274</td>
<td>1.50</td>
<td>5.00</td>
<td>3.453</td>
<td>.76339</td>
<td>.583</td>
</tr>
</tbody>
</table>
First, we tested the normality of the distribution of variables to determine which method (parametric or non-parametric) used when testing the research hypotheses.

<table>
<thead>
<tr>
<th>Variables</th>
<th>Skewness Statistics value</th>
<th>Kurtosis Statistics value</th>
<th>Std. Deviation</th>
<th>Test result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work-family conflict</td>
<td>-.297</td>
<td>.147</td>
<td>.115</td>
<td>293</td>
</tr>
<tr>
<td>Psychological health</td>
<td>-.134</td>
<td>.147</td>
<td>-.435</td>
<td>293</td>
</tr>
<tr>
<td>Workplace stress</td>
<td>-.448</td>
<td>.147</td>
<td>.266</td>
<td>293</td>
</tr>
<tr>
<td>Turnover intention</td>
<td>.053</td>
<td>.147</td>
<td>-.294</td>
<td>293</td>
</tr>
</tbody>
</table>

The correlation coefficient ranges from -1 to +1. This coefficient is closer to +1, which indicates a stronger and more positive relationship between the two variables. In other words, when one variable increases, the other increases, and vice versa, when one variable decreases, the other variable decreases. Additionally, the closeness of this coefficient to ?1 indicates the severity and negativity of the relationship between the two variables. Therefore, when one variable increases, the other decreases, and when one decreases, the other increases.

As can be seen, the relationships between the study variables are significant. According to the correlation sign in the table above, the relationship between the three variables of work-family conflict, workplace stress, and turnover intention is positive. The relationship between psychological health and the other three variables is negative and inverse.

### 3.2 KMO and Bartlett sphericity tests

To some extent, questionnaire questions should correlate with each other, but excessive correlation leads to multicollinearity, preventing identifying independent factors. In this study, we used Bartlett's test of sphericity to investigate this issue. Bartlett's test of sphericity statistical significance indicates enough correlation in the data matrix to proceed with factor analysis. The Kaiser-Meyer-Olkin (KMO) test, also known as the sample size adequacy test, examines whether we can categorize the questionnaire questions into smaller sets of factors. The value of this index is between 0 and 1, and a value of 0.5 means the number of data is appropriate for factor analysis. In the table below, we show details of the KMO and Bartlett's sphericity tests.

<table>
<thead>
<tr>
<th>KMO test</th>
<th>Bartlett’s Test of Sphericity</th>
<th>degrees of freedom</th>
<th>Significance level</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.939</td>
<td>6674.62</td>
<td>520</td>
<td>0.00</td>
</tr>
</tbody>
</table>

In the table above, the KMO index value was 0.939, which indicates the adequacy of sampling. Bartlett's test of sphericity was also significant (p = 0.00), indicating that the correlation matrix is suitable for factor analysis of data.

The appropriateness of the measurement tool (questionnaire) was assessed through confirmatory factor analysis (CFA) using a covariance-based approach. Also, to assess the
goodness of fit model, we used $\chi^2$/df, IFI, CFI, GFI, RMSEA, and NFI indices. Table 3 provides a summary of the values of the indicators. We tested five hypotheses using Structural Equation Modeling (SEM) running on AMOS24 software. Standard errors and p values were calculated for the structural model to estimate the standard parameters of the path analysis. Model suitability was judged when the CR value was equal to or greater than 1.96 or in the exact opposite direction, i.e., when it was equal to or less than (-1.96). We followed Haye's (2009) procedures in formulating mediating hypotheses. After introducing mediating variables, assumed that the independent variable of work-family conflict affects turnover intention increases.

The researchers were confused because conceptual model fitting and indicators that best define the model fitting are varied and complex. The table below provides chi-square/ degrees of freedom indices; the root means a square error of Approximation, the normative fit index, the comparative or adaptive fit index, the incremental fit index, the goodness of fit indices, and Cronbach's alpha coefficients used during the research.

<table>
<thead>
<tr>
<th>Examined indicators</th>
<th>Latin symbol</th>
<th>Standard rate</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>chi-square/ degrees of freedom</td>
<td>($\chi^2$/ df)</td>
<td>Less than 3</td>
<td>Karmynz and Mklavr (1981)</td>
</tr>
<tr>
<td>Root means square error</td>
<td>(RMSEA)</td>
<td>Less than 0.08</td>
<td>Haier et al. (1998)</td>
</tr>
<tr>
<td>Normative fitness index</td>
<td>(NFI)</td>
<td>More than 0.9</td>
<td>Bentler and Bunt (1980)</td>
</tr>
<tr>
<td>Comparative fitness index</td>
<td>(CFI)</td>
<td>More than 0.9</td>
<td>Bentler and Bunt (1980)</td>
</tr>
<tr>
<td>Incremental fitness index</td>
<td>(IFI)</td>
<td>More than 0.9</td>
<td>Bentler and Bunt (1980)</td>
</tr>
<tr>
<td>Goodness of fit index</td>
<td>(GFI)</td>
<td>More than 0.8</td>
<td>Etzadi and Forouhmand (1996)</td>
</tr>
<tr>
<td>Cronbach's alpha</td>
<td>(ALPHA)</td>
<td>More than 0.7</td>
<td>Cronbach (1951)</td>
</tr>
</tbody>
</table>

The following diagram shows the coefficients extracted in standard mode.

Figure 2.
Standardized coefficients of the confirmatory factor analysis model
3.3 Factor loads and significance tests

Using the standardized coefficient model, we can check whether there is a significant correlation between the latent variables and their corresponding indices. Standard coefficients represent the path coefficients or standardized factor loads between factors and markers. Validity requires significant relationships between structure and dimension as well as between dimension and index. We can say that the questions have good explanatory power if the standardized factor load is higher than 0.4. A critical CR value indicates whether the parameters are significant. The model parameters are significant if the CR value is greater than the absolute value of 1.96.
### Table 6. Factor loads and significance level between questions and latent variables

<table>
<thead>
<tr>
<th>Variables</th>
<th>Questionnaire questions</th>
<th>SRW</th>
<th>RW</th>
<th>S.E.</th>
<th>C.R.</th>
<th>F</th>
<th>alpha</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Work-family conflict</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WFC10</td>
<td>.731</td>
<td>1.000</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>Optimal</td>
</tr>
<tr>
<td>WFC9</td>
<td>.631</td>
<td>.884</td>
<td>.087</td>
<td>10.166</td>
<td>***</td>
<td>Optimal</td>
<td></td>
</tr>
<tr>
<td>WFC8</td>
<td>.631</td>
<td>.899</td>
<td>.088</td>
<td>10.173</td>
<td>***</td>
<td>Optimal</td>
<td></td>
</tr>
<tr>
<td>WFC7</td>
<td>.594</td>
<td>.805</td>
<td>.084</td>
<td>9.546</td>
<td>***</td>
<td>Optimal</td>
<td></td>
</tr>
<tr>
<td>WFC6</td>
<td>.573</td>
<td>.860</td>
<td>.093</td>
<td>10.394</td>
<td>***</td>
<td>Optimal</td>
<td></td>
</tr>
<tr>
<td>WFC5</td>
<td>.644</td>
<td>.883</td>
<td>.085</td>
<td>10.012</td>
<td>***</td>
<td>Optimal</td>
<td></td>
</tr>
<tr>
<td>WFC4</td>
<td>.681</td>
<td>.930</td>
<td>.084</td>
<td>10.112</td>
<td>***</td>
<td>Optimal</td>
<td></td>
</tr>
<tr>
<td>WFC3</td>
<td>.810</td>
<td>1.160</td>
<td>.083</td>
<td>10.191</td>
<td>***</td>
<td>Optimal</td>
<td></td>
</tr>
<tr>
<td>WFC2</td>
<td>.818</td>
<td>1.075</td>
<td>.081</td>
<td>10.335</td>
<td>***</td>
<td>Optimal</td>
<td></td>
</tr>
<tr>
<td>WFC1</td>
<td>.738</td>
<td>1.101</td>
<td>.089</td>
<td>12.309</td>
<td>***</td>
<td>Optimal</td>
<td></td>
</tr>
<tr>
<td><strong>Psychologic al health</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PH1</td>
<td>.675</td>
<td>1.000</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>Optimal</td>
</tr>
<tr>
<td>PH2</td>
<td>.795</td>
<td>1.266</td>
<td>.086</td>
<td>11.918</td>
<td>***</td>
<td>Optimal</td>
<td></td>
</tr>
<tr>
<td>PH3</td>
<td>.801</td>
<td>1.336</td>
<td>.095</td>
<td>11.907</td>
<td>***</td>
<td>Optimal</td>
<td></td>
</tr>
<tr>
<td>PH4</td>
<td>.734</td>
<td>1.075</td>
<td>.097</td>
<td>11.107</td>
<td>***</td>
<td>Optimal</td>
<td></td>
</tr>
<tr>
<td>PH5</td>
<td>.755</td>
<td>1.053</td>
<td>.092</td>
<td>11.395</td>
<td>***</td>
<td>Optimal</td>
<td></td>
</tr>
<tr>
<td>PH6</td>
<td>.701</td>
<td>.993</td>
<td>.093</td>
<td>10.652</td>
<td>***</td>
<td>Optimal</td>
<td></td>
</tr>
<tr>
<td>PH7</td>
<td>.727</td>
<td>1.031</td>
<td>.094</td>
<td>11.015</td>
<td>***</td>
<td>Optimal</td>
<td></td>
</tr>
<tr>
<td>PH8</td>
<td>.747</td>
<td>1.101</td>
<td>.098</td>
<td>11.277</td>
<td>***</td>
<td>Optimal</td>
<td></td>
</tr>
<tr>
<td>PH9</td>
<td>.765</td>
<td>1.101</td>
<td>.096</td>
<td>11.527</td>
<td>***</td>
<td>Optimal</td>
<td></td>
</tr>
<tr>
<td>PH10</td>
<td>.637</td>
<td>.886</td>
<td>.088</td>
<td>10.052</td>
<td>***</td>
<td>Optimal</td>
<td></td>
</tr>
<tr>
<td>PH11</td>
<td>.642</td>
<td>.898</td>
<td>.091</td>
<td>9.833</td>
<td>***</td>
<td>Optimal</td>
<td></td>
</tr>
<tr>
<td>PH12</td>
<td>.592</td>
<td>.856</td>
<td>.093</td>
<td>9.125</td>
<td>***</td>
<td>Optimal</td>
<td></td>
</tr>
<tr>
<td><strong>Workplace stress</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>WS15</td>
<td>.690</td>
<td>1.000</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>Optimal</td>
</tr>
<tr>
<td>WS14</td>
<td>.666</td>
<td>.983</td>
<td>.095</td>
<td>10.353</td>
<td>***</td>
<td>Optimal</td>
<td></td>
</tr>
<tr>
<td>WS13</td>
<td>.673</td>
<td>1.038</td>
<td>.099</td>
<td>10.457</td>
<td>***</td>
<td>Optimal</td>
<td></td>
</tr>
<tr>
<td>WS12</td>
<td>.735</td>
<td>1.197</td>
<td>.093</td>
<td>11.661</td>
<td>***</td>
<td>Optimal</td>
<td></td>
</tr>
<tr>
<td>WS11</td>
<td>.629</td>
<td>.932</td>
<td>.095</td>
<td>9.818</td>
<td>***</td>
<td>Optimal</td>
<td></td>
</tr>
<tr>
<td>WS10</td>
<td>.689</td>
<td>1.004</td>
<td>.094</td>
<td>10.684</td>
<td>***</td>
<td>Optimal</td>
<td></td>
</tr>
<tr>
<td>WS9</td>
<td>.705</td>
<td>.902</td>
<td>.083</td>
<td>10.922</td>
<td>***</td>
<td>Optimal</td>
<td></td>
</tr>
<tr>
<td>WS8</td>
<td>.747</td>
<td>1.167</td>
<td>.104</td>
<td>11.253</td>
<td>***</td>
<td>Optimal</td>
<td></td>
</tr>
<tr>
<td>WS7</td>
<td>.745</td>
<td>1.232</td>
<td>.107</td>
<td>11.518</td>
<td>***</td>
<td>Optimal</td>
<td></td>
</tr>
<tr>
<td>WS6</td>
<td>.683</td>
<td>1.089</td>
<td>.103</td>
<td>10.611</td>
<td>***</td>
<td>Optimal</td>
<td></td>
</tr>
<tr>
<td>WS5</td>
<td>.694</td>
<td>1.092</td>
<td>.109</td>
<td>10.779</td>
<td>***</td>
<td>Optimal</td>
<td></td>
</tr>
<tr>
<td>WS4</td>
<td>.694</td>
<td>1.093</td>
<td>.101</td>
<td>10.770</td>
<td>***</td>
<td>Optimal</td>
<td></td>
</tr>
<tr>
<td>WS3</td>
<td>.623</td>
<td>.993</td>
<td>.102</td>
<td>9.713</td>
<td>***</td>
<td>Optimal</td>
<td></td>
</tr>
<tr>
<td>WS2</td>
<td>.621</td>
<td>1.067</td>
<td>.106</td>
<td>9.085</td>
<td>***</td>
<td>Optimal</td>
<td></td>
</tr>
<tr>
<td>WS1</td>
<td>.727</td>
<td>1.093</td>
<td>.097</td>
<td>11.249</td>
<td>***</td>
<td>Optimal</td>
<td></td>
</tr>
<tr>
<td><strong>Turnover intention</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TI1</td>
<td>.614</td>
<td>1.000</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>Optimal</td>
</tr>
<tr>
<td>TI2</td>
<td>.815</td>
<td>1.415</td>
<td>.145</td>
<td>7.973</td>
<td>***</td>
<td>Optimal</td>
<td></td>
</tr>
<tr>
<td>TI3</td>
<td>.636</td>
<td>1.276</td>
<td>.104</td>
<td>10.254</td>
<td>***</td>
<td>Optimal</td>
<td></td>
</tr>
<tr>
<td>TI4</td>
<td>.736</td>
<td>1.165</td>
<td>.126</td>
<td>9.266</td>
<td>***</td>
<td>Optimal</td>
<td></td>
</tr>
</tbody>
</table>

SRW, standardized regression weights; URW, unstandardized regression weights; CR, critical value.

As shown in the table above, all questions have a standardized factor load greater than 0.4. All significant numbers (CR) between items with relevant latent variables exceed 1.96, and the significance level is below 0.05, proving the constructs are valid at a significance level of 0.05. It is not necessary to change or eliminate questions in the research model and questionnaire. It is necessary to estimate Cronbach's alpha coefficients for latent variables to perform confirmatory factor analysis. The acceptable criterion for this index was 0.7, showing the optimal and reliable reliability of the variables. Each variable achieved this value.

### 3.4 Confirmatory factor analysis model fitting indicators

Confirmation of the factor analysis model and documentation of the results require model fitting indicators within an acceptable range. The indicators used, along with their values, are listed in the table below.
In the confirmatory factor analysis model, as shown in the table above, the chi-square value with a degree of freedom of 1.635 is lower than 3. As well, the estimated root means square error (RMSEA) is 0.048 and less than 0.08. The calculations also revealed that the comparative fitness index (CFI), cumulative fitness index (IFI), normative fitness index (NFI), and goodness of fit index (GFI) are all at a satisfactory level. Consequently, based on the calculated indicators, we conclude that the model has a good fit. According to the above table, confirmatory factor analysis of the questionnaire constructs shows a good fit, and the structures of the questionnaire show relevant variables.

Also, the model fitting indices and Cronbach's alpha value are optimal and attributable. Thus, based on the collected data and 95% probability, we can state that the survey questions measure what we consider. This part of the research used structural equation modeling to investigate the hypothesis. We must ensure optimal proportion and fitness before confirming structural relationships. As shown in Table 7, the index of fit of all models is favorable. As such, we conclude that the model has good fitness and is approved.

The diagram below shows the research model based on non-standardized path coefficients.

### Table 7.
Results of fitting indicators of confirmatory factor analysis models

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Estimation</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>chi-square/ degrees of freedom (x²/ df)</td>
<td>1.635</td>
<td>Less than 3 and acceptable</td>
</tr>
<tr>
<td>Root means square error (RMSEA)</td>
<td>0.048</td>
<td>Less than 0.08 and acceptable</td>
</tr>
<tr>
<td>Normative fitness index (NFI)</td>
<td>0.822</td>
<td>Close to 0.9 and acceptable</td>
</tr>
<tr>
<td>Comparative fitness index (CFI)</td>
<td>0.922</td>
<td>More than 0.9 and acceptable</td>
</tr>
<tr>
<td>Incremental fitness index (IFI)</td>
<td>0.922</td>
<td>More than 0.9 and acceptable</td>
</tr>
<tr>
<td>Goodness of fit index (GFI)</td>
<td>0.820</td>
<td>More than 0.8 and acceptable</td>
</tr>
</tbody>
</table>

### Table 8.
Results of fitting indicators of the conceptual research model

<table>
<thead>
<tr>
<th>x²/ df&lt;3</th>
<th>RMSEA&lt;0.08</th>
<th>CFI&gt;0.9</th>
<th>NFI&gt;0.9</th>
<th>IFI&gt;0.9</th>
<th>GFI&gt;0.8</th>
</tr>
</thead>
<tbody>
<tr>
<td>13.019</td>
<td>0.210</td>
<td>0.945</td>
<td>0.942</td>
<td>0.946</td>
<td>0.953</td>
</tr>
</tbody>
</table>

### Figure 4.
The research model for non-standardized path coefficients
The diagram below shows the research model based on standardized coefficients.

The table above shows that all four paths of the model are statistically significant. The psychological health and workplace stress coefficients were estimated at 0.32 and 0.41, respectively. Therefore, we can conclude that work-family conflict alone predicts 32% of changes in psychological health and 41% of changes in workplace stress. The coefficient of determination of turnover intention (0.44) indicates that psychological health and workplace stress together predict 44% of turnover intention changes (variance).

Hypothesis 1
H1 Work-family conflict has a significant effect on psychological health.

Table 10 shows the absolute value of critical statistics and the significance level of the association between work-family conflict and psychological health as 11.344 and 0.00, respectively. Since the estimated significance level is less than 0.05 and the estimated critical value is more significant than 1.96, the effect of work-family conflict on psychological health was confirmed. As the standard path coefficient between these two variables is negative and equal to -0.57, it should be clear that by increasing a unit of standard deviation in the work-family conflict, we will see a decrease in psychological health up to 0.57 units. By increasing the rate of work-family conflict, psychological health will decline. Therefore, the first hypothesis is confirmed.
Hypothesis 2
H1 Work-family conflict has a significant effect on workplace stress.
According to Table 10, the absolute value of critical statistics (CR) and the significance level between work-family conflict and workplace stress were respectively 13.794 and 0.00. Because the estimated significance level is less than 0.05, and the estimated critical value is more significant than 1.96, the effect of work-family conflict on workplace stress is confirmed. Because the standard path coefficient between these two variables is positive and equal to 0.64, we can say that a one-unit increase in the standard deviation of the work-family conflict will increase to 0.64 units in the standard deviation of workplace stress. As work-family conflict intensifies, workplace stress will increase.

Hypothesis 3
H1 Psychological health has a significant effect on turnover intention
According to Table 10, the absolute value of critical statistics (CR) and the significance level between psychological health and turnover intention was calculated as 7.552 and 0.00, respectively. As a result, since the estimated the significance level is less than 0.05, and the estimated critical value is higher than 1.96, it is inferred that the effect of psychological health on turnover the intention is confirmed. Since the standard path coefficient between these two variables are negative and equal to -0.37, with one unit increase in the the standard deviation of psychological health, there will be an increase of 0.37 units in the standard deviation of turnover intention. As psychological health intensifies, the turnover intention will decline. Therefore, hypothesis 3 is confirmed.

Hypothesis 4
H1 Workplace stress has a significant effect on turnover intention
As shown in Table 10, the absolute value of critical statistics (CR) and the significance level between workplace stress and turnover intention was calculated as 9.003 and 0.00, respectively. As a result, since the estimated the significance level is less than 0.05, and the estimated critical value is higher than 1.96, it is inferred that the effect of workplace stress on turnover the intention is confirmed. Since the standard path coefficient between these two variables are positive and equal to 0.44, with one unit increase in the standard deviation of workplace stress, there will be an increase of 0.44 units in the the standard deviation of turnover intention. As workplace stress intensifies, the turnover intention will increase. Therefore, hypothesis 4 is confirmed.

3.5 The direct, indirect, and total work-family conflict effects on turnover intention
According to the conceptual model of the research, work-family conflict affects turnover the intention in two ways, firstly through psychological health and second through workplace stress; the table below shows the results of both paths.

<table>
<thead>
<tr>
<th>Path</th>
<th>Indirect impact</th>
<th>Total impact</th>
<th>Total effects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work-family conflict → psychological health → turnover intention</td>
<td>0.2109</td>
<td>0.2109</td>
<td>0.4925</td>
</tr>
<tr>
<td>Work-family conflict → workplace stress → turnover intention</td>
<td>0.2816</td>
<td>0.2816</td>
<td></td>
</tr>
</tbody>
</table>

As Table 9 shows, the effect of work-family conflict on turnover intention was estimated to be 0.2109 through psychological health mediation and 0.2816 through workplace stress mediation. Also, the effect of total work-family conflict on turnover intention through two mediators of psychological health and workplace stress was equal to 0.4925. As a result, we can infer that by increasing the rate of work-family conflict, we will see an increase in turnover intention.
4. Discussion and Conclusion Section

Because of the COVID-19 crisis, we researched the relationship between work-family conflict of nurses and their turnover intention. This experimental study examined the impact of work-family conflict on psychological health and work stress. We assumed that these two factors mediate the relationship between work-family conflict and turnover intention. This study demonstrates that there is a relationship between work-family conflict and psychological health, and work stress. Nurses usually suffer from enormous psychological stress due to high levels of workload and high-risk environments. Nurses who work in such difficult physical and emotional conditions often suffer mental exhaustion. Nevertheless, the literature suggests that the outbreak of COVID19 has a significant impact on the mental health of nurses. Much evidence indicates a significant relationship between the prevalence of COVID-19 and sides mental health problems such as stress or occupational burnout, depression, and anxiety (Wu et al., 2020; Mo et al., 2020). Alternatively, given the influential role of nurses during this epidemic, nurses must balance their work and personal lives and maintain their mental health. This study's findings are consistent with previous studies examining the effect of work-family conflict on psychological health (Zhao et al., 202; Molina, 2020; Fothiadis et al., 2019; Grzywacz et al., 2003). The results of the analysis showed that work-family conflict has a positive effect on nurses' work stress. According to previous studies, we found that negative work-family interaction exerts stress on nurses. This stress manifests itself by influencing the physical, behavioral, and cognitive parts of their daily lives. This study's findings are consistent with previous studies examining the effect of work-family conflict on work stress (Armstrong et al., 2015; Kazmi et al., 2017; Lu et al., 2017; Smith et al., 2018; Mansour & Mohanna, 2017; Pal & Saksivik, 2008). At a professional level, an organization can contribute to the employees' psychological health by preventing conflict and providing advice to employees on family or occupational issues. Organizational stimuli create a calm, worry-free environment by fostering a positive organizational climate. According to Mansour and Tremblay (2016), employees spend more time at home with a higher quality of life when they believe that the organization cares about their personal lives, which reduces family obligations and reducing stress. Conversely, the employee may transfer job-related frustration to the family environment due to overtime, fatigue, and lack of freedom at work (Mansour and Tremblay, 2016). Work stress is essential in organizational research because it will be harmful to employees and organizations at the same time. Emotional dissatisfaction and anxiety are reflected in occupational and family areas, resulting in unproductive behaviors toward colleagues and organizations (Bennett and Robinson, 2000; Yu et al., 2019). According to Balicer et al. (2006) and Kahn et al. (2016), psychological support was a critical factor affecting employees during and after the pandemic. Emotional skill training among nurses is very beneficial in preserving mental health in emergencies. Hammer et al. (2009) stated that supportive policies help employees achieve their goals effectively manage their work and family roles. A significant number of investigations were conducted in organizational efforts to investigate the devastating consequences of work-family conflict (Grant Vallone and Donaldson, 2001; O'Driscoll et al., 2004). People's mental hygiene increases when organizational principles encourage work-family balance (Fitzpatrick et al., 2012). Knowing that a "happy" employee is a more productive employee, organizations are increasingly paying attention to employee family life and actively participating in solving work-family conflicts. It is crucial to pay attention to psychological health factors and thus motivate significant work achievements. Simultaneously, more attention is paid to factors causing uncertainty, dissatisfaction, insecurity, and conflicts, as well as factors reducing personal and organizational well-being (Obrenovic et al., 2020). Several studies have examined the effects of negative workplace on individuals. The lack of social, emotional, and organizational support may cause the employee to become increasingly distant from their job. It is clear from the outcomes that organizational support at the workplace can reduce stressors. According to the findings of this study, psychological health and work stress influence turnover intentions. Work-related problems, family problems, and health problems can affect psychological health. We hypothesized that turnover intention decreases when employees' psychological health is desirable. A mediating effect of psychological health is...
identified. This study's findings are consistent with previous studies (Gao et al., 2014; Wu et al., 2017; Wright, Wright, & Bonett, 2007; Harter et al., 2002; Aryee & chay, 2001). Additionally, we assumed that employees would be more willing to turn over their current job when work stress increases. People who experience stress and tension at work have difficulty concentrating on their work, which would transfer into their personal lives. Additionally, the mediating effect of work stress on work-family conflict and turnover intention was identified. Work-related stress is a significant threat to healthcare workers' quality of life and can cause hostility, aggression, absenteeism, turnover, and reduced productivity (Mosadeghrad et al., 2011). These findings are consistent with the evidence presented in previous research (Wang et al., 2020; Labrague De Los Santos, 2020; Lu et al., 2017; Menon & Padhy; 2020). Finally, the work-family conflict has an indirect effect on turnover intention. The results were consistent with previous findings (Ozbag & Ceyhun, 2014; Blonname et al., 2010; Post et al., 2009; Anderson et al., 2002). Work-family conflict affects turnover intention, psychological disturbance, and life satisfaction (Greenhaus and Beutell, 1985). Reducing work-family conflict also reduces the turnover intention (Aboobaker & Edward, 2019). In societies with a strong tradition of marital commitment, the work-family conflict has a different effect (Liu et al., 2016). This empirical study was conducted in Iran in an Islamic context. Islam emphasizes the importance of the role of nurses and the high value of this job. In Islam's viewpoint, nursing is an act for God's sake and a way of approaching Him. According to the Hofstadt study (2003), resources are perceived and funded differently depending on the culture and whether it is individualistic or collectivist. Organizational policies in individualistic societies tend to encourage and educate individuals to preserve their physical and psychological resources. Collectivist cultures tend to emphasize the benefits of the group as they are considered to affect the whole seamlessly. Therefore, the aim is to create a healthy and safe environment during social activities and emphasize maintaining social harmony. We concluded from our study that the healthcare system and hospital managers should strive to improve nurses' work and personal life during the COVID-19 crisis. They must use practical strategies and policies to improve nurse working and personal lives to promote a safe working environment away from traumatic and stressful factors in which nurses can interact freely. These measures will bring peace of mind to nurses and encourage them to continue their current job. According to this study, work-family conflict is a significant predictor of turnover intention during the Covid-19 epidemic. Understanding the nature of work-family conflict and its causes is crucial to ensuring the success of nurses and hospitals. This study confirms the association between work-family conflict with psychological health as well as work stress. The turnover intention increases with increased work stress, and psychological health reduces turnover intention. The work-family conflict relationship and turnover intention are mediated by psychological health and work stress. Increasing knowledge in organizational psychology confirms that the interaction between work and family and psychological health is one of the most critical issues for scientists and professionals concerning staying or leaving the job.

5. Practical Implications and Future Study
This study shows a relationship between work-family conflict with psychological health and stress and the ultimate effect on turnover intention. This concept contributes to filling the gaps in studies on the COVID-19 pandemic in the Middle East region and enriches organizational psychology. This study is critical because it is differentiated from previous research focused on Western societies with different family cultures and analyzes the effects of research variables of the turnover intention. This study's innovative feature is the study of nurses in the COVID-19 crisis and the potential impact of this outbreak on variables measured in this study. This research indicates that managers and strategists should pay particular attention to nurses' life-work interactions during COVID-19. They must create an environment where nurses are motivated to use energy and achieve full potential to ensure their mental health decreases work-family conflicts and negative organizational behaviors. During the COVID-19 epidemic, the healthcare system should pay more attention to nurses' personal life and psychological health to reduce work-family conflicts and stress and their
good mental health. A healthy work environment plays a vital role in providing optimal patient care by nurses (Vollers et al., 2009). It is crucial to create an open and safe environment to express concerns, work, and personal life problems. A closed work environment and lack of work flexibility can disturb nurses mentally. Healthcare workers have a unique tie to the community, so crises like COVID-19 have a notable impact on their lives. Considering that a large proportion of nurses are women, and given the prevailing culture in Islamic countries, it can be stated that work-family conflicts and occupational problems during the COVID-19 pandemic will be more significant for women than men. According to the global trend, although women account for 39% of global employment, 54% of the job losses in the COVID-19 pandemic are associated with women (Madgavkar et al., 2020). Prior research indicates that flexible working arrangements, regulatory support, family-supportive cultures, and resource-rich job components contribute to positive work outcomes for the family. Such interventions can effectively strengthen work-family interactions and positively affect the employee and, therefore, the organization and society. Creating flexibility, transparency, and focusing on employees' outcomes, and encouraging an open and supportive culture can positively impact their mental peace. These measures also contribute to the level of engagement and reduce turnover intention. In line with the study results, managers should develop more accurate intervention strategies and organizational initiatives and precisely tailor them to reduce the amount of work interference in the family. The organizational culture plays a vital role in improving working conditions and the treatment of behavioral disorders. Complex organizations such as healthcare organizations. Healthcare organizations typically consist of several professional groups with different cultures, and the related aspects of each subculture in a large organization may not prefer planned changes. Organizational culture can help employees resolve work and family problems and strengthen their commitment to staying and continuing working by reducing stress and improving psychological health. Employees experience less work-family conflict in organizations with influential cultures (Bakker & Schaufeli, 2008). These organizational cultures minimize the chances of family-work conflict and the organization will benefit from employee intervention. Reflecting on the available evidence, we find that mental health creates feedback in work environments, thereby contributing to higher demands and resources. It is therefore critical that organizational leaders recognize this impact and begin change accordingly. Healthcare centers and hospitals must therefore focus on creating a healthy organizational culture. Nursing leaders should develop training programs and interventions for organizational change toward constructive cultural styles. Work stress and psychological health play a crucial role in turnover intention. Fear and anxiety about this infectious disease can be debilitating if they are not adequately identified and controlled. Since the disease outbreak occurred suddenly, it is unclear how nurses experience stress and mental health issues. Nurses have been working in the crisis center for more than a year. Understanding the psychological changes in these nurses and ways to control their stress is essential. Nurse leaders need this information immediately to design stress management programs and interventions to maintain nurses' psychological health. Therefore, Managers should pay more attention to reducing workplace stresses and improving mental relaxation. Efforts to reduce the occurrence of work-family conflict and its effect resulted in a significant reduction in turnover. Organizations should identify and implement strategies to reduce the occurrence of work-between-family conflicts and improve work-life balance. A flexible program and reduced work intensity are suitable options that organizations should consider. Moreover, introducing new communication tools based on innovative technology can significantly reduce work stress (Cascio and Montealegre, 2016). Organizations must consider the family responsibilities of employees and their work responsibilities. Today, only a limited number of organizations take the necessary measures to retain and develop their employees. In this regard, organizations can offer employees various training sessions that help them grow personally and professionally. It is also necessary to consider different methods for managing work-family conflicts. Alternatively, The human resource management policies and practices should plan strategically and implement correctly. By improving the status of intra-role and inter-role behaviors of employees, organizations can obtain the necessary results from
employees by implementing these strategies. Most organizations actively search for techniques to improve communication between employees and organizations, even if it makes a costly investment. The organization will have more committed staff if these techniques are implemented correctly. The literature shows that work-family conflicts can be managed by focusing on the issue itself (Rapoport et al., 2002). Hospitals should implement effective mental health promotion programs focused on occupational safety and family support to improve nurse well-being (Zheng et al., 2021). The innovative points of this study translate into practical implications for managers and leaders, showing that they must create a healthy work environment that motivates nurses and reduces work-family conflicts. This study contributes to occupational, psychological health, and management literature. Future research is also suggested to consider other determinants such as strong traditional and religious values that may lead to work-family conflict through some work outcomes. Another part of this study is that our research was performed among nurses from an Islamic culture in Iran. In this field, most studies to date examined Western societies.

6. Futures studies and Limitations
This study has several limitations that require consideration. First, this study is cross sectional and performed during the COVID-19 pandemic, affecting many factors and variables. Future studies should collect data at different times to assess turnover intention with work-family conflict and consider psychological health and work stress. In this study, we approached work-family conflict from interference between work and family roles. Future studies can examine situations where people have several roles to perform but cannot decide that one to fulfill. Another limitation is that the convenience sampling method was used. This study examined a sample of nurses fighting COVID-19 disease. So, the question is whether the study is generalizable? The current study is reproducible, and future studies should confirm the validity of the findings on nurses in other countries. This sample is also more composed of women, so future studies should examine gender differences and work-family conflict and determine whether men or women are vulnerable to stress and impaired mental health when performing multiple roles. Furthermore, the effect of specific elements of work-family conflicts, such as time, energy, and behavior on turnover intention, requires further research. Finally, we used self-reported actions in this study to assess model variables, including turnover intention. Further studies could use turnover observation and statistics from managers and supervisors to verify our research findings.

Ethical Statement
This research was conducted under the highest research standards. Before beginning the questionnaire, participants consciously agreed with the overall objectives of the research. They were informed that their participation was voluntary and that their responses would be collected and analyzed anonymously and confidentially. Additionally, they received the researchers' contact information.

Conflict of interest
The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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