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HUMAN RESOURCE MANAGEMENT PRACTICES, WORK-FAMILY CONFLICT, AND ORGANIZATIONAL COMMITMENT AMONG FEMALE HEALTHCARE WORKERS: THE MODERATING ROLE OF GENDER STEREOTYPES IN PUBLIC HOSPITALS IN THE MEKONG DELTA, VIETNAM

PRÁTICAS DE GESTÃO DE RECURSOS HUMANOS, CONFLITO TRABALHO-FAMÍLIA E COMPROMISSO ORGANIZACIONAL ENTRE PROFISSIONAIS DE SAÚDE DO SEXO FEMININO: O PAPEL MODERADOR DOS ESTEREÓTIPOS DE GÊNERO EM HOSPITAIS PÚBLICOS NO DELTA DO MEKONG, VIETNÃ

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Abstract
This study examines how human resource management practices, work–family conflict, and family support influence organizational commitment among female healthcare workers in public hospitals, considering the mediating roles of work–life balance and job satisfaction and the moderating role of gender stereotypes. Using a mixed-methods design, survey data were collected from 695 female healthcare workers in four public hospitals in the Mekong Delta, Vietnam, and analyzed using Partial Least Squares Structural Equation Modeling (PLS-SEM). The findings show that compensation and benefits, working conditions, and work environment significantly improve work–life balance, while all HRM practice dimensions positively affect job satisfaction. Job satisfaction emerges as the strongest predictor of organizational commitment and serves as a key mediating mechanism. Work–family conflict displays asymmetric effects: work-to-family interference weakens commitment, whereas

Resumo
Este estudo examina como as práticas de gestão de recursos humanos, o conflito entre trabalho e família e o apoio familiar influenciam o comprometimento organizacional entre as profissionais de saúde em hospitais públicos, considerando os papéis mediadores do equilíbrio entre vida profissional e pessoal e da satisfação no trabalho, bem como o papel moderador dos estereótipos de gênero. Utilizando um desenho de métodos mistos, foram coletados dados de pesquisa com 695 profissionais de saúde do sexo feminino em quatro hospitais públicos no Delta do Mekong, no Vietnã, e analisados utilizando o Modelo de Equações Estruturais de Mínimos Quadrados Parciais (PLS-SEM). Os resultados mostram que a remuneração e os benefícios, as condições de trabalho e o ambiente de trabalho melhoram significativamente o equilíbrio entre vida profissional e pessoal, enquanto todas as dimensões das práticas de gestão de recursos humanos afetam positivamente a satisfação no

family-to-work interference strengthens it. Family support enhances work–life balance, and gender stereotypes shape organizational commitment both directly and indirectly by moderating work–family relationships.

Keywords: Organizational Commitment. Work–Life Balance. Human Resource Management Practices. Work–Family Conflict. Gender Stereotypes.

trabalho. A satisfação no trabalho surge como o indicador mais forte do comprometimento organizacional e serve como um mecanismo mediador fundamental. O conflito trabalho-família apresenta efeitos assimétricos: a interferência do trabalho na família enfraquece o comprometimento, enquanto a interferência da família no trabalho o fortalece. O apoio familiar melhora o equilíbrio entre vida profissional e pessoal, e os estereótipos de gênero moldam o comprometimento organizacional de forma direta e indireta, moderando as relações entre trabalho e família.

Palavras-chave: *Compromisso Organizacional. Equilíbrio entre vida Profissional e Pessoal. Práticas de Gestão de Recursos Humanos. Conflito entre Trabalho e Família. Estereótipos de Gênero.*

1 INTRODUCTION

Retaining a committed healthcare workforce remains a major challenge for public health systems worldwide, particularly in labor-intensive sectors where service quality relies heavily on human resources. Organizational commitment plays a crucial role in workforce stability, continuity of care, and service quality, as committed employees are more likely to remain with their organizations and sustain performance under demanding conditions (Allen & Meyer, 1990; Bisharat *et al*., 2016). In healthcare settings, declining organizational commitment can therefore pose serious risks to system effectiveness and long-term sustainability.

These challenges are especially evident in emerging economies, where public healthcare systems often operate under structural constraints and limited incentives. In Vietnam, public hospitals have faced growing pressure in the post-COVID-19 period due to heavier workloads, modest compensation, demanding working conditions, and intensified work–family pressures. Together, these factors have contributed to increasing turnover intentions and labor mobility from public to private healthcare providers. The Mekong Delta, characterized by uneven healthcare resource distribution and persistent difficulties in retaining qualified personnel, represents a particularly vulnerable context (Quách Hằng & Đức Đương, 2021).

Female healthcare workers account for a substantial share of the public healthcare workforce, especially in nursing and allied health professions (WHO, 2016). At the same time, prevailing gender norms often place greater family responsibilities on women, increasing their exposure to work–family conflict. Such pressures can undermine work–life balance and job satisfaction, which in turn may weaken organizational commitment. Accordingly, understanding organizational commitment among female healthcare workers requires attention to both organizational conditions and family-related demands.

From an organizational standpoint, human resource management practices (HRMP) constitute a key mechanism through which organizations shape employees' attitudes and behaviors. Rather than isolated activities, HRMP are increasingly conceptualized as an integrated system encompassing recruitment, compensation and benefits, training and promotion, working conditions, and the work environment (Armstrong, 2014; Schuler & Jackson, 1999). Drawing on social exchange theory, supportive HRMP signal organizational care and investment, encouraging employees to reciprocate with positive attitudes such as higher job satisfaction and stronger organizational commitment (Guest, 2002; Rhoades & Eisenberger, 2002). However, empirical evidence regarding the effectiveness of specific HR practices remains mixed and context-dependent, particularly within public healthcare settings (Addow *et al*., 2022; Ikhsani *et al*., 2022; Luturlean *et al*., 2019).

Beyond organizational practices, work–family dynamics play a critical role in shaping employee attitudes. Work–family conflict (WFC), including work-to-family and family-to-work interference, has been widely shown to erode work–life balance, reduce job satisfaction, and weaken organizational commitment, especially in high-pressure occupations such as healthcare (Geisler *et al*., 2019; Greenhaus & Beutell, 1985). In contrast, family support serves as an important extra-organizational resource that helps employees manage competing role demands and sustain positive work outcomes (Nayak & Sharma, 2018; Uddin *et al*., 2020).

Despite increasing scholarly attention, several gaps remain in the literature. Few studies integrate HRMP, work-family conflict, and family support within a single explanatory framework. Moreover, findings on the mediating roles of work–life balance and job satisfaction remain inconsistent across contexts, while empirical evidence from public healthcare systems in developing regions-particularly focusing on female

healthcare workers—is still limited. The potential moderating role of gender stereotypes in shaping responses to work–family pressures also remains underexplored.

In this context, this study examines the influence of human resource management practices, work-family conflict, and family support on organizational commitment among female healthcare workers in public hospitals in the Mekong Delta, Vietnam. Specifically, it investigates the mediating roles of work–life balance and job satisfaction, as well as the moderating effect of gender stereotypes. By addressing these issues, the study provides context-specific evidence to advance the HRM and work–family literature and offers practical insights for sustaining organizational commitment in resource-constrained public healthcare systems.

2 LITERATURE REVIEW AND HYPOTHESIS DEVELOPMENT

2.1 Fundamental theoretical framework

This study draws on an integrated theoretical framework combining Social Exchange Theory, Role Theory, Conservation of Resources theory, and Gender Stereotype Theory to explain how organizational and socio-cultural mechanisms jointly shape work–life balance, job satisfaction, and organizational commitment among female healthcare workers.

Social Exchange Theory (Homans, 1958) suggests that employees reciprocate supportive HRM practices, such as fair compensation, favorable working conditions, and a positive work environment, with higher job satisfaction and organizational commitment, particularly when these practices directly improve daily work experiences.

Role Theory (Kahn *et al*., 1978) explains how competing work and family demands generate role strain, which is especially salient for female healthcare workers facing dual professional and caregiving responsibilities.

Conservation of Resources theory (Hobfoll, 1989) further clarifies how supportive organizational and family resources help preserve work-life balance, while family-related pressures may also strengthen organizational commitment as a resource-protection strategy in secure public-sector settings.

Finally, Gender Stereotype Theory (Eagly, 1987; Eagly & Steffen, 1984) highlights how socially constructed gender norms shape expectations and evaluations of work and family roles. In collectivist and family-oriented contexts, traditional gender role expectations may lead female employees to evaluate work–life balance subjectively, emphasizing role fulfillment rather than objective time allocation, thereby conditioning the effects of work–family conflict on organizational commitment.

2.2 Effects of HRM practices on WLB, JSA, and OCO

Prior research conceptualizes human resource management practices (HRMP) as an integrated system rather than a set of isolated activities. In this study, HRMP include recruitment, compensation, rewards and benefits, training and promotion, working conditions, and the work environment. According to Schuler & Jackson (1999) and Armstrong (2014) a coherent HRM system plays a critical role in shaping employees' attitudes, behaviors, and psychological states. From the perspective of social exchange theory and perceived organizational support, employees who perceive organizational investment through HRMP are more likely to reciprocate with positive work-related outcomes, such as improved well-being, higher job satisfaction, and stronger organizational attachment.

Empirical evidence consistently indicates that supportive HRMP enhance work–life balance (WLB) by helping employees manage job demands alongside personal responsibilities (Addow *et al*., 2022; Luturlean *et al*., 2019; Saragih *et al*., 2021). Similarly, effective HRMP are positively associated with job satisfaction (JSA), as fair compensation, development opportunities, and supportive working conditions strengthen perceptions of organizational justice and person–job fit (Carvajal *et al*., 2018; Nguyen & Uong, 2022; Van Tran *et al*., 2023). Beyond attitudinal outcomes, HRMP also function as an important antecedent of organizational commitment (OCO), reducing turnover intentions and fostering both affective and long-term attachment to the organization, particularly in high-pressure healthcare settings (Aryateja *et al*., 2021; Bisharat *et al*., 2016; Dang, 2020; Ikhsani *et al*., 2022). Based on the theoretical arguments and empirical evidence, the following hypotheses are proposed:

H1a-H1e: HRMP components positively affect WLB.

H2a-H2e: HRMP components positively affect JSA.

H3a-H3e: HRMP components positively affect OCO.

2.3 Effects of WFC on WLB and OCO

Work–family conflict (WFC) is a bidirectional construct comprising work-to-family interference (WIF) and family-to-work interference (FIW) (Carlson *et al*., 2000). In the healthcare sector, long working hours, high emotional demands, and workload intensity heighten WIF, while family responsibilities may intensify FIW, particularly among female employees (Shaffer *et al*., 2016; Yuswanti *et al*., 2021). Prior studies consistently demonstrate that both forms of WFC undermine work–life balance (WLB) and weaken organizational commitment by increasing role stress and depleting personal resources (Geisler *et al*., 2019; Hoài Phương *et al*., 2017; Karya *et al*., 2021; Lu *et al*., 2017).

For female healthcare workers, who often simultaneously face demanding professional roles and primary family responsibilities, persistent WFC represents a substantial barrier to maintaining balance and sustaining long-term attachment to the organization.

H4a: Work-to-family interference (WIF) negatively affects the work–life balance (WLB) of female healthcare workers.

H4b: Family-to-work interference (FIW) negatively affects the work–life balance (WLB) of female healthcare workers.

H5a: Work-to-family interference (WIF) negatively affects organizational commitment (OCO) of female healthcare workers.

H5b: Family-to-work interference (FIW) negatively affects organizational commitment (OCO) of female healthcare workers.

2.4 Effects of family support (FAS) on WLB

Family support (FAS) refers to emotional and instrumental assistance that helps individuals cope with competing work and family demands (Ayuningtyas, 2014). Prior research shows that inadequate family support increases stress and burnout (Nayak &

Sharma, 2018), whereas supportive family relationships facilitate work–life balance by alleviating role overload (Anggriansyah *et al*., 2022; Banik *et al*., 2021; Uddin *et al*., 2020). This role is particularly salient for female healthcare workers, for whom family support helps buffer work pressures and enables more effective management of professional and domestic responsibilities.

H6: Family support (FAS) has a positive effect on work–life balance (WLB).

2.5 Effects of Work–Life Balance (WLB) on Job Satisfaction (JSA) and Organizational Commitment (OCO)

Work–life balance (WLB) reflects employees' ability to harmonize work and family roles, thereby shaping emotional well-being and work-related attitudes (Soomro *et al*., 2018).. Empirical evidence consistently indicates that higher levels of WLB reduce role strain and enhance job satisfaction (JSA) (Harini *et al*., 2019; Wong *et al*., 2020; Zhang *et al*., 2024). Moreover, WLB directly contributes to organizational commitment (OCO) by strengthening perceptions of organizational support and fairness (Aryateja *et al*., 2021; Jawaad *et al*., 2019; Saragih *et al*., 2021). Job satisfaction, in turn, serves as a key attitudinal mechanism through which balanced work–life experiences translate into stronger affective and long-term organizational attachment (Greguras & Diefendorff, 2009; Locke, 1976), particularly in high-demand sectors such as healthcare (Mccarthy *et al*., 2007).

H7: Work–life balance (WLB) positively affects job satisfaction (JSA).

H8: Work–life balance (WLB) positively affects organizational commitment (OCO).

H9: Job satisfaction (JSA) positively affects organizational commitment (OCO).

2.6 Effects of gender stereotypes on work–life balance and their moderating role

Drawing on social role theory (Eagly, 1987), gender stereotypes reflect socially shared beliefs about appropriate roles for men and women and often assign greater family responsibilities to women. In healthcare settings, such stereotypes intensify role pressure, constrain career opportunities, and amplify the negative effects of work–family conflict

on work–life balance and organizational commitment (Lippa *et al*., 2014; SA *et al*., 2023). Gender stereotypes may also weaken the buffering role of family support and exacerbate family-to-work interference, accelerating the depletion of personal resources (Kan *et al*., 2011; Nayak & Sharma, 2018).

Accordingly, gender stereotypes are expected not only to directly impair work–life balance but also to moderate the relationships between work–family conflict and organizational commitment, strengthening adverse effects under conditions of heightened gender bias.

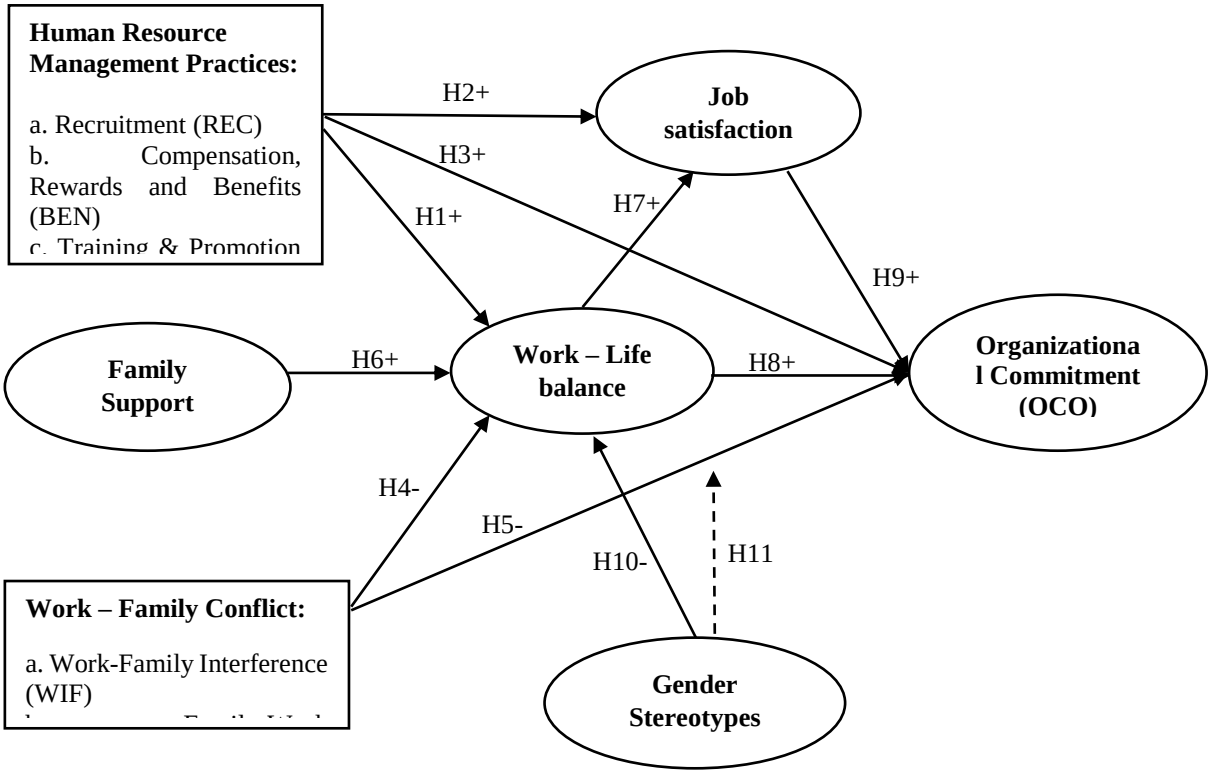
H10: Gender stereotype (GEN) negatively affects work – life balance WLB.

H11a: Gender stereotype (GEN) moderates the relationship between WIF and organizational commitment (OCO).

H11b: Gender stereotype (GEN) moderates the relationship between FIW and organizational commitment (OCO).

Figure 1

Proposed research model



3 METHODOLOGY

3.1 Research design

This study adopts a mixed-methods design, combining qualitative and quantitative approaches to enhance contextual validity and empirical robustness. The research was conducted in two stages: a preliminary qualitative phase to refine the research framework and measurement scales, followed by a quantitative phase to test the proposed hypotheses.

3.2 Qualitative phase

A qualitative approach was employed to support scale refinement and ensure contextual validity. A systematic review of international literature indexed in Scopus, Web of Science (ISI), and ScienceDirect, together with relevant domestic studies, was conducted to synthesize measurement items from established scales.

The initial scale consisted of 62 items synthesized from prior studies. After expert validation and qualitative refinement, four items were removed due to redundancy and contextual overlap, resulting in 58 items administered in the survey. No items were eliminated based on statistical criteria prior to data collection.

3.3 Quantitative phase and data collection

The quantitative phase employed a cross-sectional survey design to test the proposed research model using Partial Least Squares Structural Equation Modeling (PLS-SEM). Sample size determination followed power-based recommendations. The inverse square root method (Kock & Hadaya, 2018), assuming a 5% significance level and a minimum expected path coefficient of 0.20, indicated a minimum required sample size of 155 observations. To enhance statistical robustness, a larger sample was targeted.

Data were collected from female healthcare workers at four public provincial-level hospitals in the Mekong Delta, Vietnam, such as An Giang General Hospital, Dong Thap General Hospital, Tien Giang General Hospital, and Tra Vinh Obstetrics and

Pediatrics Hospital, using quota sampling across core occupational groups. Of the 790 distributed questionnaires, 695 valid responses were retained for subsequent analysis.

3.4 Measurement instruments

The measurement instruments were adapted from previously validated scales and refined through the qualitative phase. All constructs were operationalized using multi-item measures. Responses were recorded on a five-point Likert scale ranging from 1 ("strongly disagree") to 5 ("strongly agree"). The questionnaire covered human resource management practices, work– family interference, family–work interference, family support, work - life balance, job satisfaction, gender stereotypes and organizational commitment (see Appendix for details).

3.5 Data analysis technique

Data were analyzed using Partial Least Squares Structural Equation Modeling (PLS-SEM) implemented in SmartPLS. This method was selected because it is appropriate for examining complex structural frameworks, supports prediction-focused analyses, and is robust to deviations from multivariate normality (Hair & Alamer, 2022).

The analytical procedure was carried out in two sequential stages. First, the adequacy of the measurement model was examined, followed by an evaluation of the structural relationships among the latent constructs.

3.6 Measurement model evaluation

The measurement model was evaluated to establish reliability and validity. Indicator reliability was assessed using outer loadings, with values of 0.70 or higher considered acceptable. Internal consistency was examined through Cronbach's alpha and composite reliability (CR), applying a minimum threshold of 0.70. Convergent validity was assessed using average variance extracted (AVE), with values exceeding 0.50 indicating adequacy. Discriminant validity was evaluated using the heterotrait–monotrait ratio (HTMT), with values below 0.85 considered acceptable (Hair *et al*., 2019).

3.7 Structural model evaluation

The structural model was assessed to examine the hypothesized relationships. Collinearity was evaluated using variance inflation factors (VIF), with values below 5 indicating no multicollinearity concerns. Path coefficients and their significance were assessed using a bootstrapping procedure with 5,000 resamples. Model explanatory power was examined using coefficients of determination, while effect sizes and predictive relevance were assessed using f^2 and Q^2 values, respectively (Hair *et al*., 2019).

4 RESULTS

4.1 Measurement model assessment

4.1.1 Indicator reliability (Outer loadings)

The assessment of the observed variables indicates that all outer loadings exceed the acceptable threshold of 0.70, as recommended by Hair *et al*. (2019), ranging from 0.793 to 0.956. These results suggest that the observed variables adequately represent their respective latent constructs, thereby supporting the reliability of the measurement model (see Appendix).

4.1.2 Scale reliability assessment

The reliability assessment indicates that all constructs meet the recommended criteria. Cronbach's alpha coefficients exceed the threshold of 0.70, ranging from 0.887 (BEN) to 0.962 (FIW), demonstrating strong internal consistency (Hair *et al*., 2019). In addition, both composite reliability indices (rho_a and rho_c) are above 0.70, with rho_c values exceeding 0.90, confirming the robustness of the measurement model (see Table 1).

4.1.3 Convergent validity assessment

Regarding convergent validity, the average variance extracted (AVE) values of all constructs exceed the recommended threshold of 0.50, ranging from 0.700 (JSA) to 0.867 (FIW). This indicates that the observed variables adequately explain the variance of their corresponding latent constructs. Overall, the results confirm that the measurement model demonstrates satisfactory reliability and convergent validity, providing a sound basis for subsequent structural model analysis.

Table 1

Outer loadings and reliability statistics of the measurement model

	Outer loadings											
	BEN	**FAS**	**FIW**	**GEN**	**JSA**	**OCO**	**PRO**	**REC**	**WCO**	**WEN**	**WIF**	**WLB**
BEN1	0.849											
BEN2	0.837											
BEN3	0.895											
BEN4	0.876											
FAS1		0.902										
FAS2		0.884										
FAS3		0.911										
FAS4		0.913										
FIW1			0.914									
FIW2			0.932									
FIW3			0.956									
FIW4			0.923									
FIW5			0.929									
GEN1				0.888								
GEN2				0.903								
GEN3				0.810								
GEN4				0.880								
GEN5				0.864								
GEN6				0.848								
JSA1					0.793							
JSA2					0.864							
JSA3					0.844							
JSA4					0.816							
JSA5					0.863							
OCO1						0.918						
OCO2						0.910						
OCO3						0.904						
OCO4						0.917						
OCO5						0.887						
PRO1							0.878					
PRO2							0.811					
PRO3							0.872					
PRO4							0.900					
PRO5							0.851					

	Outer loadings											
	BEN	**FAS**	**FIW**	**GEN**	**JSA**	**OCO**	**PRO**	**REC**	**WCO**	**WEN**	**WIF**	**WLB**
REC1								0.908				
REC2								0.933				
REC3								0.901				
REC4								0.863				
WCO1									0.885			
WCO2									0.898			
WCO3									0.896			
WCO4									0.893			
WCO5									0.820			
WEN1										0.896		
WEN2										0.918		
WEN3										0.916		
WEN4										0.898		
WEN5										0.894		
WIF1											0.906	
WIF2											0.946	
WIF3											0.947	
WIF4											0.948	
WIF5											0.899	
WLB1												0.913
WLB2												0.895
WLB3												0.926
WLB4												0.916
WLB5												0.920
Cronbach's alpha	0.887	0.924	0.962	0.939	0.892	0.946	0.914	0.923	0.926	0.944	0.961	0.951
CR (rho_a)	0.891	0.926	0.966	1.141	0.893	0.949	0.916	0.925	0.926	0.944	0.991	0.954
CR (rho_c)	0.922	0.946	0.970	0.947	0.921	0.959	0.936	0.945	0.944	0.957	0.969	0.962
AVE	0.747	0.815	0.867	0.750	0.700	0.823	0.744	0.813	0.772	0.818	0.864	0.835

Source: author's calculation, 2026

4.1.4 Discriminant validity assessment

The results indicate that all HTMT values are below the recommended threshold of 0.85 (Hair *et al*., 2019), confirming adequate discriminant validity and minimal overlap among the constructs (see Table 2). Overall, the measurement model demonstrates satisfactory reliability as well as convergent and discriminant validity, supporting the robustness of the scales and providing a sound basis for subsequent structural model analysis.

Table 2

Discriminant validity Heterotrait – Monotrait (HTMT) - Matrix

	BEN	FAS	FIW	GEN	JSA	OCO	PRO	REC	WCO	WEN	WIF	WLB	GEN x FIW	GEN x WIF
BEN														
FAS	0.504													
FIW	0.065	0.037												
GEN	0.052	0.032	0.685											
JSA	0.533	0.450	0.036	0.077										
OCO	0.508	0.391	0.037	0.047	0.664									
PRO	0.603	0.552	0.073	0.053	0.634	0.593								
REC	0.399	0.414	0.091	0.105	0.459	0.367	0.516							
WCO	0.534	0.563	0.058	0.036	0.607	0.500	0.624	0.522						
WEN	0.465	0.474	0.071	0.073	0.565	0.529	0.541	0.466	0.651					
WIF	0.059	0.033	0.661	0.511	0.111	0.096	0.070	0.030	0.099	0.031				
WLB	0.441	0.430	0.076	0.055	0.458	0.421	0.398	0.296	0.500	0.462	0.045			
GEN x FIW	0.160	0.143	0.155	0.226	0.311	0.266	0.186	0.244	0.249	0.187	0.103	0.259		
GEN x WIF	0.186	0.073	0.104	0.183	0.316	0.192	0.128	0.117	0.193	0.145	0.074	0.230	0.675	

Source: author's calculation, 2026

4.2 Structural model assessment

4.2.1 Multicollinearity assessment

The results indicate that the variance inflation factor (VIF) values for all independent variables are below the threshold of 3.0 (Hair *et al*., 2021). This suggests that multicollinearity is not a concern in the structural model, thereby supporting the stability and reliability of the estimated path coefficients. Detailed results are reported in Table 3.

4.2.2 Hypothesis testing

Hypotheses were tested based on the bootstrapping results, with path coefficients considered significant at $p < 0.05$. The detailed results of the structural model analysis are reported in Table 3.

Table 3

Structural model path coefficients and hypothesis testing results

Hypo-theses	Correlation	Original sample (O)	Standard deviation (STDEV)	T statistics (|O/STDEV|)	VIF	f^2	P values	Conclusion
H1a	**REC -> WLB**	**-0.026**	**0.045**	**0.576**	**1.489**	**0.001**	**0.565**	**Rejected**
H1b	BEN -> WLB	0.170	0.072	2.353	1.607	0.027	0.019	Accepted
H1c	**PRO -> WLB**	**0.015**	**0.105**	**0.146**	**1.947**	**0.000**	**0.884**	**Rejected**
H1d	WCO -> WLB	0.218	0.081	2.682	2.181	0.032	0.007	Accepted
H1e	WEN -> WLB	0.170	0.079	2.155	1.803	0.024	0.031	Accepted
H2a	REC -> JSA	0.073	0.041	1.784	1.448	0.007	0.074	Accepted
H2b	BEN -> JSA	0.111	0.051	2.195	1.600	0.014	0.028	Accepted
H2c	PRO -> JSA	0.264	0.075	3.532	1.875	0.068	0.000	Accepted
H2d	WCO -> JSA	0.159	0.057	2.776	2.094	0.022	0.006	Accepted
H2e	WEN -> JSA	0.160	0.073	2.198	1.792	0.026	0.028	Accepted
H3a	**REC -> OCO**	**-0.019**	**0.038**	**0.490**	**1.540**	**0.000**	**0.624**	**Rejected**
H3b	BEN -> OCO	0.125	0.061	2.041	1.667	0.019	0.041	Accepted
H3c	PRO -> OCO	0.201	0.078	2.572	2.022	0.039	0.010	Accepted
H3d	**WCO -> OCO**	**-0.044**	**0.066**	**0.663**	**2.220**	**0.002**	**0.508**	**Rejected**
H3e	WEN -> OCO	0.183	0.082	2.230	1.918	0.035	0.026	Accepted
H4a	WIF -> WLB	0.114	0.062	1.857	1.782	0.011	0.063	Accepted
H4b	FIW -> WLB	-0.209	0.061	3.431	2.188	0.030	0.001	Accepted
H5a	WIF -> OCO	-0.172	0.054	3.179	2.035	0.029	0.001	Accepted
H5b	FIW -> OCO	0.144	0.068	2.112	2.335	0.018	0.035	Accepted
H6	FAS -> WLB	0.134	0.063	2.138	1.592	0.017	0.033	Accepted
H7	WLB -> JSA	0.116	0.050	2.312	1.406	0.018	0.021	Accepted
H8	WLB -> OCO	0.097	0.050	1.963	1.527	0.012	0.050	Accepted
H9	JSA -> OCO	0.303	0.067	4.556	2.042	0.089	0.000	Accepted
H10	GEN -> WLB	0.154	0.063	2.456	1.660	0.021	0.014	Accepted
H11a	GEN x WIF -> OCO	-0.092	0.048	1.905	2.052	0.011	0.057	Accepted
H11b	GEN x FIW -> OCO	0.120	0.050	2.386	2.063	0.020	0.017	Accepted

*Note: *$p < 0.10$ (90% confidence level).*
Source: author's calculation, 2026

Based on the bootstrapping results, Table 3 summarizes the structural relationships and hypothesis testing outcomes. Regarding work–life balance (WLB), compensation, rewards and benefits (BEN), working conditions (WCO), and work environment (WEN) exhibit positive and statistically significant effects, supporting H1b, H1d, and H1e. In contrast, recruitment (REC) and training and promotion (PRO) do not show significant effects on WLB, leading to the rejection of H1a and H1c.

All dimensions of human resource management practices demonstrate positive and statistically significant relationships with job satisfaction (JSA), thus supporting hypotheses H2a–H2e. For organizational commitment (OCO), significant positive effects

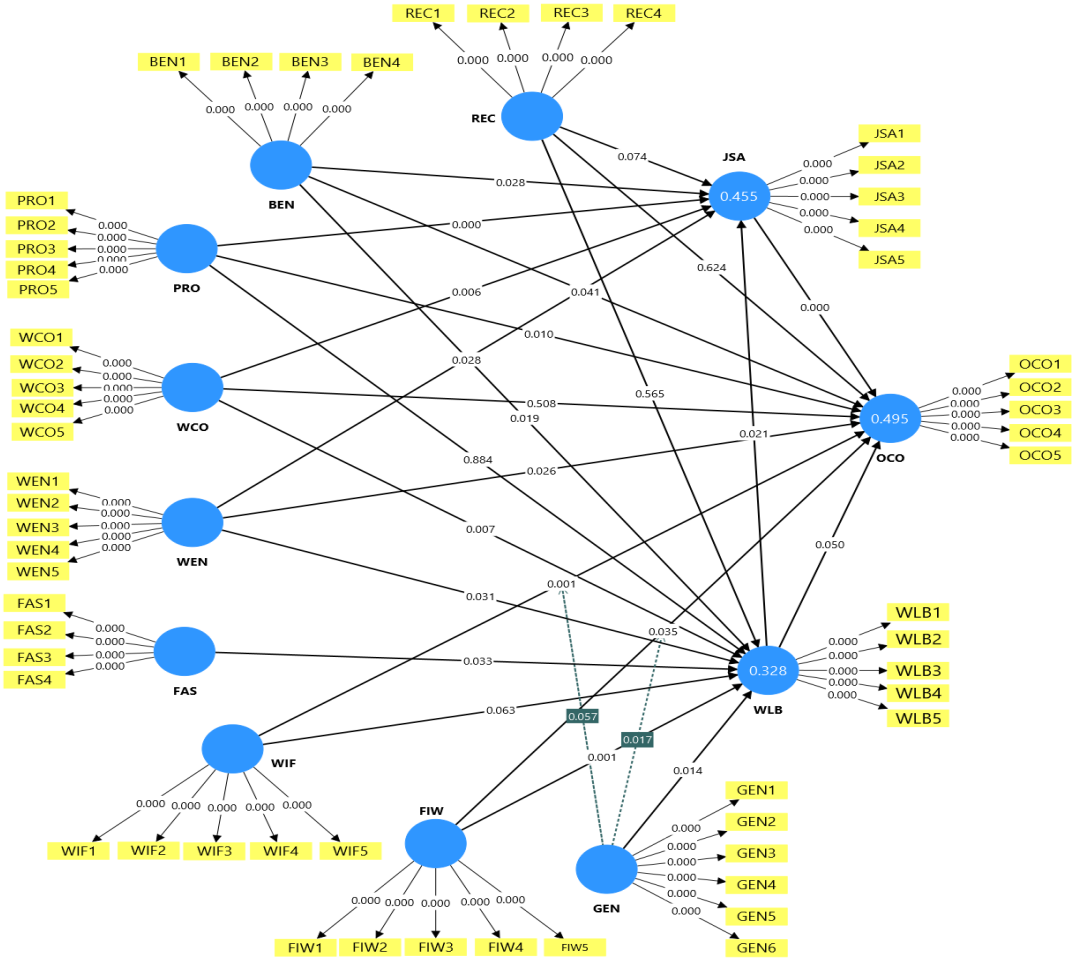
are observed for BEN, PRO, and WEN, supporting H3b, H3c, and H3e, while REC and WCO are not significant predictors.

With respect to work–family conflict, work interference with family (WIF) shows a positive effect on WLB at the 90% confidence level, whereas family interference with work (FIW) exerts a negative effect, supporting H4a and H4b. In addition, WIF negatively influences OCO, while FIW positively influences OCO, confirming H5a and H5b.

Furthermore, family support (FAS) positively affects WLB, supporting H6. WLB is positively associated with both JSA and OCO (H7 and H8), and job satisfaction emerges as a strong predictor of organizational commitment, supporting H9. Finally, gender stereotypes (GEN) have a direct positive effect on WLB (H10) and significantly moderate the relationships between work–family conflict and OCO, supporting H11a and H11b.

Figure 2

Relationships between work–family conflict and OCO



Source: author's calculation, 2026

4.2.3 Evaluation of the coefficient of determination (R^2)

The results indicate that the adjusted R^2 values of the endogenous variables range from 0.319 to 0.486, reflecting a moderate level of explanatory power according to Cohen's (1988) criteria. Specifically, the independent variables in the structural model explain 48.6% of the variance in organizational commitment (OCO), 45.0% of the variance in job satisfaction (JSA), and 31.9% of the variance in work–life balance (WLB). These findings suggest that the proposed model demonstrates an acceptable level of explanatory capability within the research context.

Table 4

R^2 and adjusted R^2 of endogenous constructs

Latent Variable	R-square	R-square Adjusted
JSA	0.455	0.450
OCO	0.495	0.486
WLB	0.328	0.319

Source: author's calculation, 2026

4.2.4 Evaluation of effect size (f^2)

For work–life balance (WLB), working conditions (WCO: $f^2 = 0.032$), family–work interference (FIW: $f^2 = 0.030$), compensation and benefits (BEN: $f^2 = 0.027$), and work environment (WEN: $f^2 = 0.024$) exhibit small but meaningful effects, whereas recruitment and training–promotion show negligible contributions (REC, PRO: $f^2 \approx 0.000–0.001$).

Regarding job satisfaction (JSA), training and promotion has the largest effect (PRO: $f^2 = 0.068$), approaching a moderate level, while other HRM practices: WCO, WEN, BEN, and REC exert smaller yet practically relevant effects ($f^2 \approx 0.007–0.026$).

For organizational commitment (OCO), job satisfaction emerges as the strongest predictor (JSA: $f^2 = 0.089$), followed by training and promotion (PRO: $f^2 = 0.039$) and work environment (WEN: $f^2 = 0.035$). In contrast, recruitment and working conditions show negligible effects.

Work–family conflict variables demonstrate small but substantive effects on WLB and OCO (WIF, FIW: $f^2 \approx 0.011–0.030$). Family support (FAS: $f^2 = 0.017$) and gender stereotype (GEN: $f^2 = 0.021$) also contribute modestly to WLB. The moderating effects of gender stereotype on WFC–OCO relationships are small ($f^2 = 0.011–0.020$), which is consistent with expectations for interaction effects in PLS-SEM.

4.2.5 Predictive relevance (Q^2)

Job satisfaction (JSA) shows the highest predictive relevance ($Q^2 = 0.423$), followed by organizational commitment (OCO) ($Q^2 = 0.398$) and work–life balance (WLB) ($Q^2 = 0.279$). These findings suggest that the model predicts JSA and OCO more accurately than WLB, which is consistent with their higher explained variance and

stronger effect sizes observed in the structural model. The low and comparable RMSE and MAE values across endogenous constructs further indicate stable and reliable predictive performance.

Table 5

Results of the Model's Out-of-Sample Predictive Assessment

Latent Variable	Q^2predict	RMSE	MAE
WLB	0.279	0.853	0.602
JSA	0.423	0.763	0.574
OCO	0.398	0.780	0.536

Source: author's calculation, 2026

4.3 Mediation analysis

The mediation analysis indicates that job satisfaction (JSA) serves as a partial mediation in the relationships between training and promotion (PRO), work environment (WEN), compensation and benefits (BEN), work–life balance (WLB), and organizational commitment (OCO), as both direct and indirect effects through JSA are statistically significant. This finding suggests that HRMP and WLB not only exert direct influences on organizational commitment but also strengthen employees' attachment to the organization by enhancing their job satisfaction.

By contrast, JSA functions as a full mediation in the relationships between recruitment (REC) and OCO, as well as between working conditions (WCO) and OCO. In these cases, the direct effects become non-significant once JSA is introduced, while the indirect effects through JSA remain significant. This pattern indicates that procedural and operational practices foster organizational commitment only insofar as they are experienced by employees as satisfying and meaningful aspects of their daily work.

Table 6

Results of mediation analysis

Mediation paths	Indirect effect		Direct effect		Conclusion
	Original sample (O)	P values	Original sample (O)	P values	
REC -> JSA -> OCO	0,022	0,092*	-0,019	**0,624**	**Full mediation**
BEN -> JSA -> OCO	0,034	0,061*	0,125	0,041	Partial mediation
PRO -> JSA -> OCO	0,080	0,010	0,201	0,010	Partial mediation
WCO -> JSA -> OCO	0,048	0,024	-0,044	**0,508**	**Full mediation**
WEN -> JSA -> OCO	0,048	0,041	0,183	0,026	Partial mediation
WLB -> JSA-> OCO	0,035	0,053*	0,097	0,050	Partial mediation

*Note: *p < 0.10 (90% confidence level).*
Source: author's calculation, 2026

5 DISCUSSION

5.1 Human resource management practices (HRMP) and work–life balance (WLB)

At the 95% confidence level, the results indicate that compensation, rewards and benefits (BEN), working conditions (WCO), and work environment (WEN) have positive and statistically significant effects on work–life balance. Specifically, H_{1b} (BEN → WLB: $\beta = 0.170$; $p = 0.019$), H_{1d} (WCO → WLB: $\beta = 0.218$; $p = 0.007$), and H_{1e} (WEN → WLB: $\beta = 0.170$; $p = 0.031$) are supported. These findings are consistent with prior studies (Luturlean *et al*., 2019; Saragih *et al*., 2021), which emphasize that HR practices addressing employees' immediate working conditions and material security play a critical role in alleviating stress and facilitating work–family balance, particularly in public-sector and service-intensive settings.

In the context of public hospitals, BEN reduces financial strain and the need for additional work effort, while WCO (e.g., workload, duty schedules, safety, and resources) and WEN (e.g., fairness, collegial support, and open communication) enhance employees' perceived control over time and energy allocation. Together, these practices form the operational foundation of daily balance, enabling female healthcare workers to better manage professional and personal demands.

By contrast, recruitment (REC) and training and promotion (PRO) do not show significant effects on WLB (H1a and H1c rejected). This suggests that these practices primarily shape long-term career expectations rather than addressing the immediate, day-

to-day constraints associated with workload intensity, shift schedules, and family responsibilities. For female healthcare workers in public hospitals, work–life balance appears to be more sensitive to HR practices with direct and tangible impacts on daily work conditions than to those oriented toward long-term career development.

5.2 Human resource management practices (HRMP) and job satisfaction (JSA)

The findings show that most HRMP components have positive and statistically significant effects on job satisfaction. Specifically, BEN, PRO, WCO, and WEN are supported at the 95% confidence level, while REC shows a marginally significant effect at the 90% confidence level. These results are consistent with prior studies demonstrating that HR practices enhance job satisfaction, particularly in labor-intensive service sectors and public organizations (Aburumman *et al*., 2020; Addow *et al*., 2022; Hằng & Thông, 2018; Jawaad *et al*., 2019; Nguyen & Uong, 2022; Van Tran *et al*., 2023)

Among the HRMP dimensions, training and promotion (PRO) exhibits the strongest effect on job satisfaction. This indicates that opportunities for skill development, application of competencies, and clearly defined career paths are central to shaping satisfaction among female healthcare workers. In public hospitals, where income growth may be constrained, perceptions of career advancement and organizational investment become particularly salient sources of satisfaction.

The significant effects of BEN, WCO, and WEN further reinforce international evidence that material rewards, manageable workloads, and supportive organizational climates are key predictors of job satisfaction in healthcare settings. Although the effect of REC is relatively weak, it suggests that transparent recruitment processes contribute to perceived person–job fit, thereby reducing dissatisfaction. However, due to staffing constraints and regulatory rigidity in public hospitals, recruitment practices play a less prominent role in shaping job satisfaction than career development and daily working conditions.

5.3 Human resource management practices (HRMP) and organizational commitment (OCO)

The results indicate that BEN, PRO, and WEN have positive and statistically significant effects on organizational commitment, supporting H3b, H3c, and H3e. These findings align with prior studies (Bisharat *et al*., 2016; Jawaad *et al*., 2019; Nguyen & Uong, 2022)), which show that tangible rewards, career development opportunities, and supportive work environments foster organizational commitment by strengthening perceptions of organizational support and fair exchange.

In contrast, REC and WCO do not exert direct effects on OCO, leading to the rejection of H3a and H3d. Importantly, mediation analysis reveals that job satisfaction fully mediates the relationships between REC and OCO, and between WCO and OCO. This indicates that fair recruitment practices and favorable operational conditions contribute to organizational commitment only when they are translated into positive affective evaluations of work.

By contrast, BEN, PRO, and WEN exhibit partial mediation through JSA, suggesting that these practices strengthen organizational commitment both directly and indirectly. Drawing on social exchange theory and the Job Demands–Resources framework, these findings highlight a key distinction: HR practices related to recognition, career development, and organizational climate are more likely to generate direct affective attachment, whereas more structural practices shape commitment primarily through their impact on job satisfaction.

5.4 Work–family conflict and work–life balance (WLB)

The results confirm that both work-to-family interference (WIF) and family-to-work interference (FIW) significantly influence work–life balance, supporting H4a and H4b. Consistent with role conflict theory, FIW exerts a strong negative effect on WLB ($\beta = -0.209$; $p = 0.001$), indicating that when family demands interfere with work responsibilities, female healthcare workers experience a substantial decline in perceived balance. This finding aligns with prior studies (SA *et al*., 2023; Geisler *et al*., 2019) and reinforces the view that family responsibilities constitute a dominant social role for

women, such that disruptions originating from the family domain are particularly detrimental to work–life balance.

By contrast, WIF shows a positive and marginally significant relationship with WLB (β = 0.114; p = 0.063), a finding that deviates from much of the international literature. From a conservation of resources perspective, increased work demands may activate adaptive coping strategies aimed at preserving emotional and social resources, particularly in contexts where work is perceived as meaningful and socially valued. In public hospitals in the Mekong Delta, female healthcare workers may cognitively reframe work spillover into family life as legitimate and necessary, thereby maintaining a subjective sense of balance rather than perceiving role conflict.

Moreover, drawing on conservation of resources theory, heightened work demands may trigger adaptive strategies aimed at preserving emotional and social resources, which are reflected in the energy-based items of the WLB scale. In addition, the healthcare profession in public hospitals in the Mekong Delta, Vietnam is often imbued with strong moral meaning and social value. As a result, prioritizing work obligations may be cognitively reframed as legitimate and meaningful rather than as a source of imbalance. Under such contextual conditions, the spillover of work into family life may be perceived as compatible with work–life balance, rather than as role conflict.

5.5 Work–family conflict and organizational commitment (OCO)

The findings show that work–family conflict significantly shapes organizational commitment among female healthcare workers, lending support to both H5a and H5b. Consistent with role conflict theory, work-to-family interference (WIF) exerts a strong negative effect on organizational commitment (β = -0.172; p = 0.001). This suggests that when work demands encroach upon family life, female employees are more likely to experience role strain, emotional exhaustion, and a weakened affective bond with their organization. This result aligns with prior research documenting the detrimental consequences of WIF for organizational attitudes (Geisler *et al*., 2019; Greenhaus & Beutell, 1985; Karya *et al*., 2021).

By contrast, family-to-work interference (FIW) shows a positive and statistically significant effect on organizational commitment (β = 0.144; p = 0.035), a result that

diverges from much of the existing literature. Drawing on conservation of resources theory, this finding may reflect a resource-protection mechanism: when family pressures interfere with work, female healthcare workers may strengthen their attachment to the organization as a means of safeguarding critical resources, such as stable income, occupational status, and professional identity. In the context of public hospitals in Vietnam, where healthcare work is socially valued and economically secure, the organization may serve as a key source of psychological and social anchoring under family strain.

The mediation analysis further reveals a dual mechanism underlying the FIW–OCO relationship. While FIW exerts a positive direct effect on organizational commitment, it also has a weak negative indirect effect through work–life balance (FIW → WLB → OCO; $\beta = -0.020$; $p = 0.089$). This suggests that although family interference may undermine employees' perceived balance, its resource-protective and identity-based effects can simultaneously reinforce organizational commitment. In contrast, no mediating effect of WLB is observed in the WIF–OCO relationship, indicating that work-to-family interference reduces commitment primarily through direct role strain rather than through balance perceptions.

5.6 Family support (FAS) and work–life balance (WLB)

The results indicate that family support (FAS) has a positive and statistically significant effect on the work–life balance of female healthcare workers ($\beta = 0.134$; $p = 0.033$), supporting H6. This finding is consistent with prior studies (Anggriansyah *et al*., 2022; Banik *et al*., 2021; Nayak & Sharma, 2018), which highlight family support as a critical social resource enabling women to manage competing work and family roles.

In this study, FAS captures both emotional support (care, listening, and recognition) and instrumental support (sharing household responsibilities when work demands intensify). These forms of support help alleviate family-role pressure and sustain positive energy and mood, which are central dimensions measured by the WLB scale. From a Conservation of Resources (COR) perspective, family support functions as a compensatory resource that buffers the depletion of time and emotional energy caused by high workloads and long shifts in public hospitals. In the socio-cultural context of the

Mekong Delta, where family responsibilities are strongly embedded in women's roles, such support further legitimizes continued work engagement, thereby reinforcing perceived work–life balance.

5.7 Work–Life Balance (WLB), Job Satisfaction (JSA), and Organizational Commitment (OCO)

The results indicate that work–life balance (WLB) has a positive and statistically significant effect on job satisfaction among female healthcare workers (H7: $\beta = 0.116$; $p = 0.021$), thereby supporting Hypothesis H7. This finding suggests that when female healthcare workers in public hospitals perceive a better balance between professional and personal life, they are more likely to experience higher levels of job satisfaction. The result is consistent with prior studies (Harini *et al*., 2019; Jawaad *et al*., 2019; Majumder *et al*., 2019; Quân, 2021; Zhang *et al*., 2024), which conceptualize WLB as a key psychological resource that helps mitigate work-related stress and foster positive job-related emotions.

From a conservation of resources (COR) perspective, maintaining work–life balance enables employees to preserve and restore emotional and psychological resources that are frequently depleted in high-pressure healthcare settings. In public hospitals, where female healthcare workers often face heavy workloads, rotating shifts, emergency duties, and blurred work–life boundaries, perceived balance plays a particularly salient role in sustaining energy, positive mood, and emotional engagement at work—core dimensions reflected in the job satisfaction scale used in this study.

The results further show that work–life balance also exerts a positive influence on organizational commitment (H8: $\beta = 0.097$; $p = 0.050$), supporting Hypothesis H8. In addition, job satisfaction emerges as a strong and direct predictor of organizational commitment (H9: $\beta = 0.303$; $p < 0.001$), confirming Hypothesis H9. These findings align with previous research (Aisyah *et al*., 2021; Harini *et al*., 2019; Luturlean *et al*., 2019; Nguyen & Uong, 2022; Saragih *et al*., 2021; Shabir & Gani, 2020), which consistently demonstrates that employees who feel satisfied with their work are more likely to develop emotional attachment, willingness to exert extra effort, and intention to remain with the organization.

Taken together, these findings suggest that for female healthcare workers in public hospitals, organizational commitment is shaped less by structural job features alone and more by everyday affective experiences associated with achieving balance between work and personal life.

5.8 Gender stereotypes (GEN), work–life balance (WLB), and organizational commitment (OCO)

The results show that gender stereotypes (GEN) have a positive and statistically significant association with perceived work–life balance (H10: $\beta = 0.154$; $p = 0.014$). This finding is best interpreted through gender role theory, suggesting that traditional role expectations shape how female healthcare workers subjectively evaluate balance, placing greater emphasis on role fulfillment and emotional acceptance rather than on objective time allocation. Such norm-based appraisal processes have been noted in prior studies examining the influence of gender norms on women's work–family evaluations (Geisler *et al*., 2019; Karya *et al*., 2021).

Furthermore, GEN moderates the relationships between work–family conflict and organizational commitment. Specifically, GEN moderates the negative relationship between work-to-family interference (WIF) and OCO (H11a: $\beta = -0.092$; $p = 0.057$), indicating that the strength of this association varies across levels of gender-role pressure. This pattern is consistent with role conflict theory, which posits that work interference induces role strain that undermines organizational commitment (Greenhaus & Beutell, 1985).

By contrast, GEN strengthens the positive relationship between family-to-work interference (FIW) and OCO (H11b: $\beta = 0.120$; $p = 0.017$). Drawing on conservation of resources (COR) theory, this result suggests that under strong gender-role expectations, female healthcare workers may intensify organizational commitment as a resource-protection strategy when family demands threaten work-related resources such as income stability and professional identity. Although empirical evidence on GEN as a moderator remains limited, this result extends work–family conflict research by highlighting gender stereotypes as an interpretive mechanism that conditions how family pressures are translated into organizational attachment in public hospital settings.

6 CONCLUSION, LIMITATION, AND FUTURE RESEARCH

6.1 Conclusion

This study provides robust empirical evidence, based on PLS-SEM analysis (n = 695), on the mechanisms shaping organizational commitment (OCO) among female healthcare workers (physicians, nurses, midwives, and technicians) in public hospitals in the Mekong Delta, Vietnam. The core contribution of the study lies in demonstrating how daily work-related experiences are translated into long-term organizational commitment through affective and context-specific mechanisms in a high-pressure public healthcare setting.

Firstly, with regard to human resource management practices (HRMP), the findings show that practices with immediate and operational relevance, namely working conditions (WCO), work environment (WEN), and compensation and benefits (BEN) directly enhance work–life balance (WLB). In contrast, recruitment (REC) and training and promotion (PRO) do not exert direct effects on WLB. This distinction indicates that the work–life balance of female healthcare workers is more sensitive to workload intensity, shift arrangements, resource availability, and workplace climate than to HR practices oriented toward long-term career development.

Secondly, the study confirms the central role of job satisfaction (JSA) as the strongest predictor of organizational commitment and validates the affective pathway WLB → JSA → OCO. The mediation results further show that REC and WCO influence organizational commitment only indirectly through job satisfaction, underscoring that procedural or operational improvements foster commitment only when they are perceived and evaluated positively by employees.

Third, the findings reveal the context-dependent nature of work–family conflict (WFC). While family-to-work interference (FIW) significantly undermines work–life balance, it simultaneously strengthens organizational commitment through resource-protection and professional-identity mechanisms associated with public hospital employment. By contrast, work-to-family interference (WIF) consistently weakens organizational commitment through direct role strain.

Finally, by incorporating gender stereotypes (GEN), the study extends work–family research by demonstrating that gender norms not only shape subjective evaluations of work–life balance but also condition how female employees respond to work–family conflict in terms of organizational commitment. This highlights the importance of considering gendered role expectations when examining commitment formation in public healthcare contexts.

6.2 Limitations and future research

First, the analysis is limited to public hospitals in the Mekong Delta, which may constrain the generalizability of the findings to private hospitals or large urban healthcare settings. Future research could test the stability of the proposed model through comparative analyses across sectors or regions.

Second, while the model captures key HRM, work–family, and gender-related mechanisms, it does not account for healthcare-specific factors such as burnout, emotional labor, or supervisor support. Incorporating these variables may offer a more comprehensive explanation of how working conditions and work–family conflict shape job satisfaction and organizational commitment.

Finally, gender stereotypes were measured perceptually and examined as a moderating factor. Qualitative approaches, including interviews or diary-based studies, could provide deeper insight into how female healthcare workers interpret and cope with gendered role expectations in their daily work lives.

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REFERENCES

Addow, A., Haghani, M., & Yeşiltaş, M. (2022). The Role of Human Resources Management Practices in Employee Job Satisfaction in Salaam Bank: The Moderating Role of Organizational Justice. *Journal of Business Research - Turk*. https://doi.org/10.20491/isarder.2022.1474

Allen, N. J., & Meyer, J. P. (1990). The measurement and antecedents of affective, continuance and normative commitment to the organization. *Journal of Occupational Psychology*, *63*, 1–18. https://doi.org/https://doi.org/10.1111/j.2044-8325.1990.tb00506.x

Anggriansyah, D., Qamari, I. N., & Nuryakin, N. (2022). The Effect of Family Support, Leader Support, and Work-Life Balance on Teacher Performance in Pringsewu Regency. *MIX: JURNAL ILMIAH MANAJEMEN*, *12*(1), 70. https://doi.org/10.22441/jurnal_mix.2022.v12i1.006

Armstrong, M. (2014). *Armstrong's handbook of human resource management practice* (13th ed.). Ashford Colour press Ltd, UK. www.koganpage.com

Aryateja, K. B., Susita, D., & Sebayang, K. D. A. (2021). The International Journal of Social Sciences World The Influence of Work-Life Balance and Work Environment on Employee Commitment. *The International Journal of Social Sciences World* , *3*(2), 152–168. https://doi.org/10.5281/zenodo.5214804

Ayuningtyas, D. (2014). Health policy principles and practices. *Jakarta: PT. Raja Grafindo Persada*.

Banik, S., Akter, K. M., & Molla, M. S. (2021). Impact of Organizational and Family Support on Work-Life Balance: An Empirical Research. *Business Perspective Review*, *3*(2), 1–13. https://doi.org/10.38157/businessperspectivereview.v3i2.344

Bisharat, H. , Obeidat, B. Y. , A. A. A. , Tarhini, A. , & Mukattash, I. (2016). The Effect of Human Resource Management Practices on Organizational Commitment in Chain Pharmacies in Jordan. *International Journal of Business and Management*, *12*(1), 50. https://doi.org/10.5539/ijbm.v12n1p50

Carvajal, M. J., Popovici, I., & Hardigan, P. C. (2018). Gender differences in the measurement of pharmacists' job satisfaction. *Human Resources for Health*, *16*(1). https://doi.org/10.1186/s12960-018-0297-5

Creswell, J. W., & Vicki L. Plano Clark. (2007). *Designing and Conducting Mixed Methods Research* (Sage Publication).

Dang, T. H. (2020). Ảnh hưởng của thực tiễn quản trị nguồn nhân lực đến sự cam kết của nhân viên trong doanh nghiệp nhỏ và vừa tại khu vực Hà Nội. *VNU Journal of Science: Economics and Business*, *36*(4). https://doi.org/10.25073/2588-1108/vnueab.4419

Eagly, A. H. (1987). Sex differences in sexual behavior: A social-role interpretation. *(No Title)*.

Geisler, M., Berthelsen, H., & Muhonen, T. (2019). Retaining Social Workers: The Role of Quality of Work and Psychosocial Safety Climate for Work Engagement, Job Satisfaction, and Organizational Commitment. *Human Service Organizations Management, Leadership and Governance*, *43*(1), 1–15. https://doi.org/10.1080/23303131.2019.1569574

Greenhaus, J. H., & Beutell, N. J. (1985). Sources of Conflict between Work and Family Roles. *The Academy of Management Review*, *10*(1), 76. https://doi.org/10.2307/258214

Greguras, G. J., & Diefendorff, J. M. (2009). *Different Fits Satisfy Different Needs: Linking Person-Environment Fit to Employee Commitment and Performance Using Self-Determination Theory Part of the Human Resources Management Commons, and the Organizational Behavior and Theory Commons*. http://ink.library.smu.edu.sg/lkcsb_researchhttp://ink.library.smu.edu.sg/lkcsb_research/2559

Guest, D. (2002). Human Resource Management, Corporate Performance and Employee Wellbeing: Building the Worker into HRM. *The Journal of Industrial Relations*, *44*(3), 335–358. https://doi.org/https://doi.org/10.1111/1472-9296.00053

Hair, J. F., Black, W. C., Babin, B. J., Anderson, R. E., & Tatham, R. L. (2010). Multivariate Data Analysis, 7th Edn New York. *NY: Pearson.[Google Scholar]*.

Harini, S. , Luddin, M. R. , & Hamidah, H. (2019). Work life balance, job satisfaction, work engagement and organizational commitment among lecturers. *Ournal of Engineering and Applied Sciences*, *7*(14), 2195–2.

Hoài Phương, P., Sang, N., Bá Thành, V., & Quế Minh, P. (2017). Tác động của xung đột công việc – gia đình đến sự hài lòng trong công việc: trường hợp các công ty kiến trúc tại TP.Hồ Chí Minh. *Tạp Chí Quản Lý và Kinh Tế Quốc Tế*, *98*(98). https://tapchi.ftu.edu.vn/c

Hoyle, R. H. (1995). *The structural equation modeling approach: Basic concepts and fundamental issues.*

Ikhsani, M. M., Bagis, F., & Darmawan, A. (2022). The role of human resource management on increasing organizational commitment to hospital employees in Banyumas Regency. *Business and Accounting Research (IJEBAR) Peer Reviewed-International Journal*, *6*. https://jurnal.stie-aas.ac.id/index.php/IJEBAR

Jawaad, M., Amir, A., Bashir, A., & Hasan, T. (2019). Human resource practices and organizational commitment: The mediating role of job satisfaction in emerging economy. *Cogent Business and Management*, *6*(1). https://doi.org/10.1080/23311975.2019.1608668

Kan, M. Y., Sullivan, O., & Gershuny, J. (2011). Gender convergence in domestic work: Discerning the effects of interactional and institutional barriers from large-scale data. *Sociology*, *45*(2), 234–251. https://doi.org/https://doi.org/10.1177/0038038510394014

Karya, D. F., Zahara, R., Anshori, M. Y., & Herlambang, T. (2021). Work-family conflict and organizational commitment of female lecturers of Nahdlatul Ulama University of Surabaya: An investigation of job satisfaction as a mediator using partial least square. *IOP Conference Series: Earth and Environmental Science*, *747*(1). https://doi.org/10.1088/1755-1315/747/1/012110

Kock, N., & Hadaya, P. (2018). Minimum sample size estimation in PLS-SEM: The inverse square root and gamma-exponential methods. *Information Systems Journal*, *28*(1), 227–261.

Lippa, R. A., Preston, K., & Penner, J. (2014). Women's representation in 60 occupations from 1972 to 2010: More women in high-status jobs, few women in things-oriented jobs. *PLoS ONE*, *9*(5). https://doi.org/10.1371/journal.pone.0095960

Locke, EA. (1976). The nature and causes of job satisfaction. *Handbook of Industrial and Organizational Psychology*. https://cir.nii.ac.jp/crid/1574231875206883072.bib?lang=en

Lu, Y., Hu, X. M., Huang, X. L., Zhuang, X. D., Guo, P., Feng, L. F., Hu, W., Chen, L., Zou, H., & Hao, Y. T. (2017). The relationship between job satisfaction, work stress, work-family conflict, and turnover intention among physicians in Guangdong, China: A cross-sectional study. *BMJ Open*, *7*(5). https://doi.org/10.1136/bmjopen-2016-014894

Luturlean, B. S., Prasetio, A. P., & Saragih, R. (2019). The Effect of Human Resource Practice, Perceived Organizational Support and Work-Life Balance in Enhancing Employee's Affective Commitment. *GATR Journal of Management and Marketing Review*, *4*(4), 242–253. https://doi.org/10.35609/jmmr.2019.4.4(3)

Mccarthy, G., Tyrrell Med, M. P., & Lehane, E. (2007). *Intention to "leave" or "stay" in nursing*.

Nayak, P. , & Sharma, N. (2018). Managing faculty's work–life balance in Indian Business Schools. *Teorija in Praksa*, *55(3)*. https://doi.org/https://www.proquest.com/scholarly-journals/managing-facultys-work-life-balance-indian/docview/2136874640/se-2

Nguyen, & Uong. (2022). The Impact of Human Resource Management Practices on Job Satisfaction, Organizational Commitment and Turnover Intention of Officers at State Agencies in the Fisheries Sector-A Case Study of the North Coast. *VNU Journal of Economics and Business*, *2*(5), 72–81. https://doi.org/10.25073/2588-1108/vnueab.4729

Quách Hằng, & Đức Đương. (2021). *ĐBSCL "khát" nhân lực y tế: Tuyển khó, bác sĩ lại liên tục nghỉ việc*. VTV ONLINE. https://vtv.vn/xa-hoi/dbscl-khat-nhan-luc-y-te-tuyen-kho-bac-si-lai-lien-tuc-nghi-viec-20210309114212996.htm

Rhoades, L., & Eisenberger, R. (2002). Perceived organizational support: a review of the literature. *Journal of Applied Psychology*, *87*(4), 698–714.

Saragih, R., Pradana, M., Elvira, A. Z. I. S., Driana, T. F., & Ramadhana, N. S. (2021). The Relationship between Human Resources Practice, Work-Life Balance, and Employee Engagement: An Empirical Study in Indonesia. *Journal of Asian Finance*, *8*(7), 357–0364. https://doi.org/10.13106/jafeb.2021.vol8.no7.0357

Shaffer, M. A., Sebastian Reiche, B., Dimitrova, M., Lazarova, M., Chen, S., Westman, M., & Wurtz, O. (2016). Work-and family-role adjustment of different types of global professionals: Scale development and validation. *Journal of International Business Studies*, *47*, 113–139. https://doi.org/DOI:10.1057/jibs.2015.26

Soomro, A. A., Breitenecker, R. J., & Shah, S. A. M. (2018). Relation of work-life balance, work-family conflict, and family-work conflict with the employee performance-moderating role of job satisfaction. *South Asian Journal of Business Studies*, *7*(1), 129–146. https://doi.org/DOI:10.1108/SAJBS-02-2017-0018

Uddin, M. , Ali, K. , & Khan, M. A. (2020). Impact of perceived family support, workplace support, and work-life balance policies on work-life balance among female bankers in Bangladesh. *International Journal of Economics*, *28*(1), 97–122.

Van Tran, H. , Tran, A. V. , & Le, M. N. B. (2023). The Relationship between Organizational Culture, Job Satisfaction, and Commitment of Lecturers at Universities. *Emerging Science Journal*, *7*(Special Issue), 279–292. https://doi.org/10.28991/ESJ-2023-SIED2-021

WHO. (2016). *Human Resources for Health Country Profiles*. www.who.int/about/licensing/co-

Wong, K., Chan, A. H. S., & Teh, P. L. (2020). How is work–life balance arrangement associated with organisational performance? A meta-analysis. *International Journal of Environmental Research and Public Health*, *17*(12), 1–19. https://doi.org/10.3390/ijerph17124446

Yuswanti, M., Saefuddin, D. T., Said, S., & Suleman, N. R. (2021). *The Effect of Work Life Balance, Work Family Conflict and Family Work Conflict Moderated by Job Satisfaction on the Performance of the Midwife Coordinator in the Province of Southeast Sulawesi* (Vol. 11, Number 2).

Zhang, J., Rehman, S., Addas, A., & Ahmad, J. (2024). Influence of Work-Life Balance on Mental Health Among Nurses: The Mediating Role of Psychological Capital and Job Satisfaction. *Psychology Research and Behavior Management*, *17*, 4249–4262. https://doi.org/10.2147/PRBM.S497305

APPENDICES

Appendix 1

Summary of the final measurement scales

Variables		Items	Resources
Recruitment (REC)	REC1	The organization I work for has competitive selection processes that attract competent people.	(Demo *et al*., 2012)
	REC2	The organizational recruitment process is unbiased or discriminate.	(Addow *et al*., 2022)
	REC3	Directly interviews aid in identifying workers that can provide quality health care	(Sewe, 2018)
	REC4	Selection tests of the organization where I work are designed by trained and impartial people.	(Demo *et al*., 2012)
Compensation, rewards and benefits (BEN)	BEN1	The organization I work for offers me a salary that is compatible with my skills, training, and education.	(Demo *et al*., 2012)
	BEN2	In the organization where I work, my salary is influenced by my results.	
	BEN3	Our organization has a salary promotion scheme for encouraging employee participation in quality improvement.	(Bisharat *et al*., 2016)
	BEN4	In the organization where I work, I get incentives such as promotions, allowanced functions, awards, bonuses, etc.	(Demo *et al*., 2012)
Training and promotion (PRO)	PRO1	The organization I work for helps me develop the skills I need for the successful accomplishment of my duties (e.g., participation in training, conferences, etc.).	(Demo *et al*., 2012)
	PRO2	The organization I work for invests in my development and education promoting my personal and professional growth in a broad manner (e.g., full or partial sponsorship of undergraduate degrees, postgraduate programs, language courses, etc.).	
	PRO3	I can use knowledge, skill learned in training at work.	
	PRO4	Individuals in this job have clear career paths within the organization.	(Delery và Doty, 1996)
	PRO5	I understand the criteria and requirements for promotion.	(Dung, 2005)
Working conditions (WCO)	WCO1	I am provided with adequate and modern medical equipment to perform my job effectively.	(Dung, 2005)
	WCO2	The facilities and physical condition (lighting, ventilation, noise and temperature) of the organization I work for are ergonomic, comfortable, and appropriate.	(Demo *et al*., 2012)
	WCO3	Health and safety inspections of my work area are conducted at least once a year	(Gershon *et al*., 2000)
	WCO4	The current starting and ending times of my work are appropriate.	
	WCO5	My workload does not require me to work overtime on a regular basis.	(Aryateja *et al*., 2021)
Work environment (WEN)	WEN1	The work rules make me disciplined.	(Aryateja *et al*., 2021)
	WEN2	Employees are taught to be aware of and to recognize potential health hazards at work.	(Gershon *et al*., 2000)
	WEN3	I find my colleagues to be friendly, relaxed, and highly collaborative.	(Dung, 2005)
	WEN4	I find that my superiors treat everyone fairly and without discrimination.	

Variables		Items	Resources
	WEN5	On my unit, there is open communication between supervisors and staff.	(Gershon *et al*., 2000)
Family support (FAS)	FAS1	Members in my family asks me regularly about my work.	(King *et al*., 1995)
	FAS2	My family members are genuinely interested in hearing about problems I face in doing my job.	
	FAS3	When I succeed at work, members of my family show that they are proud of me.	
	FAS4	If my job gets very demanding, someone in my family will take on extra household responsibilities.	
Work-Family Interference (WIF)	WIF1	The demands of my work influence my home and family life.	(Netemeyer *et al*., 1996)
	WIF2	The amount of time my job takes up makes it difficult to fulfill family responsibilities.	
	WIF3	Things I want to do at home do not get done because of the demands my job puts on me.	
	WIF4	My job is time-consuming and stressful, making it difficult to fulfill my family responsibilities.	
	WIF5	Due to work-related duties, I have to make changes to my plans for family activities.	
Family-Work Interference (FIW)	FIW1	The demands of my family or spouse/partner influence work-related activities.	(Netemeyer *et al*., 1996)
	FIW2	I have to put off doing things at work because of demands on my time at home.	
	FIW3	Things I want to do at work don't get done because of the demands of my family or spouse/partner.	
	FIW4	My home life influences my responsibilities at work such as getting to work on time, accomplishing daily tasks, and working overtime.	
	FIW5	Family stress affects my ability to fulfill my responsibilities to the organization.	
Gender stereotypes (GEN)	GEN1	It is believed that women may lose good jobs due to gender discrimination.	(Peters *et al*., 1974)
	GEN2	Women are not ambitious enough to be successful in the business world.	
	GEN3	Women often miss out on good jobs due to sexual discrimination.	(Swim *et al*., 1995)
	GEN4	Women are generally better suited than men to take care of children.	(Spence *et al*., 1972)
	GEN5	Women should be concerned with their duties of childrearing and house tending rather than with desires for professional and business careers.	
	GEN6	It is commonly believed that women who stay at home to care for their children are better mothers than those who work while raising their children.	(Peters *et al*., 1974)
Work-life balance (WLB)	WLB1	I currently have a good balance between the time I spend at work and the time I have available for non work activity.	(Brough *et al*., 2014)
	WLB2	My personal life gives me energy for my job.	(Grau, 2017)
	WLB3	My job gives me energy to pursue personal activities.	
	WLB4	My personal life helps me feel better at work, and my work helps me feel better in my personal life.	Adapted from Grau (2017); refined through expert panel discussion
	WLB5	I believe that my work and non work activity are balanced.	(Brough *et al*., 2014)
Job satisfaction	JSA1	The salaries and allowances provided by the company reflect the recognition of the contributions I have made to the company.	(Eliyana & Pradana, 2020)

Variables		Items	Resources
	JSA2	The existing promotion is proof of recognition of my work performance.	
	JSA3	My supervisor is able to make me feel satisfaction at work.	
	JSA4	My co-workers are people I can work with and I have a good relationship with them.	(Addow *et al.*, 2022)
	JSA5	My work load is fair for me in my work place.	
Organizational commitment (OCO)	OCO1	I would be very happy to spend the rest of my career with this organization.	(Mowday *et al.*, 1979)
	OCO2	At my work, I feel bursting with energy.	(Schaufeli & Bakker, 2003)
	OCO3	I really feel as if this organization's problems are my own.	(Mowday *et al.*, 1979)
	OCO5	I am willing to put in a great deal of effort beyond what is normally expected in order to help this organization be successful.	
	OCO6	At my work I always persevere, even when things do not go well.	(Schaufeli & Bakker, 2003)

Authors' Contribution

All authors contributed equally to the development of this article.

Data availability

All datasets relevant to this study's findings are fully available within the article.

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