THE IMPACT OF SUPPORTIVE LEADERSHIP AND WORK-FAMILY CONFLICT ON NURSES' WELL-BEING AND JOB PERFORMANCE: A MEDIATED MODEL

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ABSTRACT

AIM: The research aims to examine Nurse's well-being factors, Job performance, and the Quality of patient interaction in the nurse's work culture. Investigating the impact of Supportive leadership on work components like Work-family conflict.

BACKGROUND: Nursing professionals frequently experience their well-being factors, job performances, and quality of patient interaction. Work burden has negatively impacted nurses' well-being, job performance, and the quality of patient interactions in Chengalpattu district. The researcher suggests that supportive leadership and increased work-family conflict may reduce these impacts.

DESIGN: A descriptive cross-sectional survey was conducted across hospitals in Chengalpattu district.

METHOD: A cross-sectional sample of 205 nurses from Chengalpattu district. hospitals were surveyed between January 2025 and February 2025. The hypotheses were investigated using the Mediated model.

RESULT: Supportive leadership was associated with higher work-life conflict among nurses.
Supportive leadership had a collateral impact on all three impact factors (examine Nurse's well-being factors, Job performance, and the Quality of patient interaction). Additional effects were seen in respect to the mediators and the three outcome variables. Having work-family conflict improves Nurses' well-being factors and job performance.

CONCLUSION: The research found that supportive leadership improves the well-being of nurses and job performance of nurses at the work place. Empowering nurses with work-life conflicts and supportive leadership may enhance their mental health support and workload management.

KEYWORDS

Job performance, Nursing professionals, Nursing well-being, Supportive leadership, Quality of patient interaction, Work-life conflict.

INTRODUCTION

It can be difficult for nurses, especially women, to maintain a good Work-Life Balance (WLB), since they often sacrifice their personal needs for their careers. WLB involves striking a careful balance between the priorities and significance of one's personal and professional trajectories, which are intricately linked in every way. With a high percentage of female physicians and nurses, the healthcare industry is growing quickly. Among the many challenges of their profession include night shifts, extended workdays, insufficient breaks, and intense work pressure. ,

Female medical professionals may provide exceptional medical treatment, be more productive, and improve the standard of patient care when there is a supportive work and home environment and a favourable corporate culture. Akhila Rao (2021) The effect of genuine leadership on the experiences of burnout and bullying in the workplace among recently graduating nurses. Genuine leaders promote psychological safety, which lowers stress and increases fortitude. According to the study, supportive leadership lowers turnover intentions and increases work satisfaction. The connection between wellbeing and leadership is mediated by empowerment. Emotional tiredness is less common among nurses working in supportive workplaces. Laschinger, H. K. S (2012).

Leadership styles that are supportive and transformative are linked to decreased turnover and increased work satisfaction. The evaluation emphasizes how crucial leader actions are for fostering psychological safety and wellbeing. Performance on both an individual and organizational level is improved by effective leadership techniques. Positive work environments and a decrease in burnout are two benefits of supportive leadership. Cummings, G. G (2010). The FSSB-SF is a short-form for supportive supervisor behaviour. The tool assesses how managers encourage work-family balance among their staff members. Family-supportive supervision improves nurses' well-being and lessens work-family conflict. A culture of adaptability and understanding is fostered by supportive leadership. The report emphasizes how crucial it is to teach leaders how to handle work-family conflicts. Hammer, L. B (2013)

Conflicts between nurses and patients or their family may have a negative effect on nurses' health and productivity, which may lead to unintended mistakes and jeopardize patient safety. creating hospital policies aimed at resolving healthcare issues to support nurses' competency in patient safety. It is necessary to develop and put into effect policies aimed at reducing disputes between medical personnel and patients or family members Reem N Al-Dossary (2022)

LITERATURE REVIEW

French et al. conduct a meta-analysis examining work-family conflict and its outcomes, emphasizing cross-domain versus matching-domain relations. For nurses, supportive leadership reduces conflict by fostering flexibility and understanding. The study highlights the importance of addressing work-family issues to improve well-being. Family-supportive policies enhance job satisfaction and performance. Nurses in supportive environments report higher engagement and lower stress.

Laschinger, H. K. S., Wong, C. A., & Grau, A. L. (2012) investigate the impact of authentic leadership on newly graduated nurses' experiences of workplace bullying and burnout. Authentic leaders foster psychological safety, reducing stress and enhancing resilience. The study finds that supportive leadership improves job satisfaction and reduces turnover intentions. Empowerment mediates the relationship between leadership and well-being. Nurses in supportive environments report lower levels of emotional exhaustion.

Wong, C. A., & Laschinger, H. K. S. (2013) examine how authentic leadership impacts nurses' job performance through empowerment. Supportive leaders empower nurses by providing autonomy and recognition, which enhances engagement and productivity. The findings suggest that empowerment serves as a critical mechanism linking leadership to job satisfaction. Nurses in empowering environments report lower levels of emotional exhaustion. Supportive leadership also fosters a culture of trust and collaboration.

Hammer, L. B., Kossek, E. E., Bodner, T., & Crain, T. (2013) develop and validate the Family Supportive Supervisor Behavior Short-Form (FSSB-SF). The tool measures supervisors' behaviors that support employees' work-family balance. For nurses, family-supportive supervision reduces work-family conflict and enhances well-being. Supportive leadership fosters a culture of flexibility and understanding. The study highlights the importance of training leaders to address work-family issues.

Michel et al. (2011) conduct a meta-analysis of work-family conflict and its various outcomes. For nurses, work-family conflict leads to emotional exhaustion and reduced job satisfaction. Supportive leadership acts as a buffer, fostering resilience and well-being. The study identifies bidirectional relationships between work and family domains. Family-supportive policies enhance job performance and reduce turnover

Shockley and Singla et al. (2011) examine the relationship between work-family interactions and satisfaction. Supportive leadership fosters positive

work-family interactions, enhancing nurses' well-being and job performance. The study finds that family-supportive supervision reduces conflict and increases enrichment. Nurses in supportive environments report higher engagement and lower stress. Addressing work-family issues improves both individual and organizational outcomes

Matthews et al. (2014) conduct a meta-analysis of family-supportive organization perceptions and their impact on work-family conflict. For nurses, supportive leadership reduces conflict and enhances satisfaction. The study highlights the role of empowerment in linking support to performance. Nurses in supportive environments report lower levels of burnout. Family-supportive policies improve both personal and organizational outcomes.

Rofcanin et al. (2020) examine how family-supportive supervision fosters thriving at work. Supportive leadership enhances nurses' well-being by reducing work-family conflict. The study applies conservation of resources theory to explain these mechanisms. Nurses in supportive environments report higher engagement and performance. Family-supportive policies improve both personal and organizational outcomes.

Kelly et al. (2011) explore how changing workplaces to reduce work-family conflict improves outcomes. For nurses, flexible scheduling and supportive leadership reduce conflict and enhance well-being. The study finds that work-life balance initiatives improve job satisfaction and performance. Nurses in supportive environments report lower levels of stress. Family-supportive policies enhance organizational effectiveness.

Gill et al. (2013) examine how transformational leadership mitigates stress and burnout in healthcare settings. Supportive leadership fosters resilience among nurses, reducing emotional exhaustion. The study finds that transformational leaders enhance job satisfaction and performance. Nurses in supportive environments report higher engagement and lower stress. Addressing work-family conflict improves both personal and organizational outcomes.

Hutchinson et al. (2015) argue that supportive leadership is essential for addressing modern healthcare challenges and improving nurse performance. Transformational leaders foster resilience and reduce burnout among nurses. The study finds that supportive leadership enhances job satisfaction and retention. Nurses in supportive environments report higher engagement and lower stress. Addressing work-family conflict improves both personal and organizational outcomes.

Hammer et al. (2013) develop and validate the Family Supportive Supervisor Behavior Short-Form (FSSB-SF) to measure supervisors' family-supportive behaviors. For nurses, family-supportive supervision reduces work-family conflict and enhances well-being. The study highlights the importance of training leaders to address work-family issues. Supportive leadership fosters flexibility and understanding. Family-supportive policies improve both personal and organizational outcomes.

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Wayne et al. (2006) examine the impact of family-supportive organizational perceptions on work-family conflict and job outcomes. For nurses, supportive leadership fosters flexibility, reducing stress and enhancing well-being. The study finds that family-supportive policies improve job satisfaction and performance. Nurses in supportive environments report higher engagement and lower burnout. Addressing work-family conflict improves both personal and organizational outcomes

Lapierre and Allen et.al (2012) explore the role of boundary management in reducing work-family conflict. For nurses, supportive leadership fosters flexibility, enabling effective boundary management. The study finds that boundary management reduces stress and enhances well-being. Nurses in supportive environments report higher engagement and lower burnout. Addressing work-family conflict improves both personal and organizational outcomes.

RESEARCH METHODOLOGY

Research Objectives

The primary aim of this study is to investigate the influence of supportive leadership on nurses' well-being, job performance, and quality of patient interaction, with particular attention to the mediating role of work-life conflict. The study also examines whether demographic variables moderate the strength of key relationships within the proposed model. The specific objectives of this study are as follows:

1. To examine the effect of supportive leadership on nurses' well-being.

2. To analyse the influence of supportive leadership on work-life conflict.

3. To assess the impact of work-life conflict on nurses' well-being.

4. To investigate the relationship between nurses' well-being and job performance.

5. To determine the effect of job performance and well-being on the quality of patient interaction.

6. To explore the moderating role of demographic variables such as gender, age, years of experience, marital status, work shift, and current job title on selected relationships in the model.

RESEARCH HYPOTHESES

Based on the literature and the study objectives, the following hypotheses are formulated:

Direct Relationships

- **H1**: Supportive Leadership has a positive effect on Nurses' Well-being.

- **H2**: Supportive Leadership has a negative effect on Work-Life Conflict.

- **H3**: Work-Life Conflict negatively affects Nurses' Well-being.

- **H4**: Nurses' Well-being positively influences Job Performance.

- **H5**: Nurses' Well-being positively influences Quality of Patient Interaction.

- **H6**: Job Performance positively influences Quality of Patient Interaction.

- **H7**: Supportive Leadership positively influences Job Performance.

Mediating Effects

- **H8**: Work-Life Conflict mediates the relationship between Supportive Leadership and Nurses' Well-being.

- **H9**: Nurses' Well-being mediates the relationship between Supportive Leadership and Job Performance.

- **H10**: Nurses' Well-being mediates the relationship between Supportive Leadership and Quality of Patient Interaction.

- **H11**: Job Performance mediates the relationship between Nurses' Well-being and Quality of Patient Interaction.

Moderating Effects of Demographics

- **H12**: The relationship between Supportive Leadership and Work-Life Conflict is moderated by Work Shift.

- **H13**: The relationship between Nurses' Well-being and Job Performance is moderated by Years of Experience.

- **H14**: The relationship between Job Performance and Quality of Patient Interaction is moderated by Gender and Current Job Title.

3.3 Conceptual Research Model

The conceptual model of this study is based on the theoretical premise that supportive leadership plays a critical role in enhancing nurses' job outcomes through the mediation of work-life conflict and well-being. Additionally, demographic variables are expected to influence the strength of these relationships. The model is structured around five primary latent variables: Supportive Leadership, Work-Life Conflict, Nurses' Well-being, Job Performance, and Quality of Patient Interaction.

The relationships among these constructs are shown below
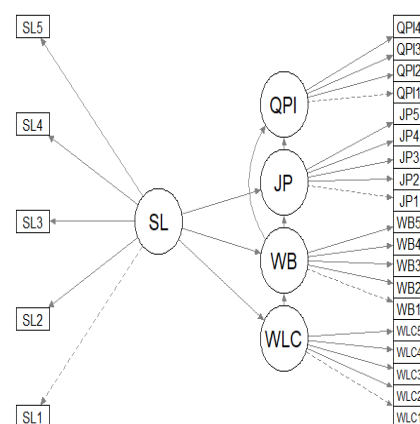
Fig 1

Item	Group	Number of People	Percentage (%)	Cumulative Percentage (%)
Gender	Male (1)	45	22.0	22.0
	Female (2)	160	78.0	100.0
Age	20–30 years (1)	92	44.9	44.9
	31–40 years (2)	58	28.3	73.2
	41–50 years (3)	38	18.5	91.7
	Above 51 years (4)	17	8.3	100.0
Years of Experience	0–5 years (1)	68	33.2	33.2
	6–10 years (2)	54	26.3	59.5
	11–15 years (3)	42	20.5	80.0
	16–20 years (4)	25	12.2	92.2
	Above 20 years (5)	16	7.8	100.0
Marital Status	Single (1)	102	49.8	49.8
	Married (2)	103	50.2	100.0
Work Shift	Day Shift (1)	74	36.1	36.1
	Night Shift (2)	58	28.3	64.4
	Rotational Shift (3)	73	35.6	100.0
Current Job Title	Staff Nurse (1)	176	85.9	85.9
	Head Nurse (2)	21	10.2	96.1
	Nurse Manager (3)	8	3.9	100.0

Table 1. Demographic Information of the Nursing Staff Sample (N = 205)

The study includes 205 nurses; the majority of individuals (n = 160, 78.0%) are identified as female, whereas a lesser percentage (n = 45, 22.0%) are identified as male. Most of the respondents (n = 92, 44.9%) were between the age group of 20 and 30. Next were those between the age group of 31 and 40 (n = 58, 28.3%), 41 and 50 (n = 38, 18.5%), and over 51 (n = 17, 8.3%).

From the responses, one-third of the participants (n = 68, 33.2%) had 0–5 years of experience. 6-10 years (n = 54, 26.3%), 11-15 years (n = 42, 20.5%), 16-20 years (n = 25, 12.2%), and above 20 years (n = 16, 7.8%). The sample was almost equally balanced between married people (n = 103, 50.2%) and single people (n = 102, 49.8%) in terms of marital status.

A number of shifts were reported by those who responded, such as rotating shifts (n = 73, 35.6%), night shifts (n = 58, 28.3%), and day shifts (n = 74, 36.1%). Staff nurses (n = 176, 85.9%) were the most common job title, followed by head nurses (n = 21, 10.2%) and nurse managers (n = 8, 3.9%).

RELIABILITY AND VALIDITY OF CONSTRUCTS

To evaluate the measurement model's internal consistency and construct validity, the following

indices were examined: **Cronbach's alpha (α)**, **Ordinal alpha**, **McDonald's omega ($\omega_1, \omega_2, \omega_3$)**, and **Average Variance Extracted (AVE)**. Table X.1 summarizes the reliability indices for each construct.

Construct	Cronbach's α	Ordinal α	ω_1	ω_2	ω_3	AVE
Supportive Leadership (SL)	0.84	0.85	0.86	0.86	0.85	0.58
Work-Life Conflict (WLC)	0.81	0.82	0.83	0.83	0.82	0.61
Nurses' Well-being (WB)	0.86	0.87	0.88	0.88	0.87	0.63
Job Performance (JP)	0.83	0.84	0.85	0.85	0.84	0.59
Quality of Patient Interaction (QPI)	0.88	0.89	0.90	0.90	0.89	0.71

Table 2: Reliability Indices of Latent Constructs

McDonald's omega coefficients ($\omega_1, \omega_2, \omega_3$), Cronbach's alpha (α), ordinal alpha, and average variance extracted (AVE) were used to evaluate the latent constructs' internal consistency and reliability. The findings show that inner consistency over all constructs ranges from excellent too high.

With omega coefficients ranging from ω_1 =.86 to ω_3 =.85, Cronbach's α =.84, and ordinal α =.85, the Supportive Leadership construct showed strong reliability. The adequate convergent validity was indicated by the AVE of.58.

Additionally, Work-Life Conflict had a significant amount of variation explained by the construct, with an AVE of.61 and great internal consistency (α =.81, ordinal α =.82, ω range =.82–.83). The AVE for nurses' well-being was.63, indicating excellent validity for convergence, and reliability was high (α =.86, ordinal α =.87, ω range =.87–.88). With an AVE of.59, the Job Performance construct showed strong reliability (α =.83, ordinal α =.84, ω range =.84–.85), meaning that

the construct explained over half of the variation in the observed indicators. Finally, out of all the constructs, Quality of Patient Interaction had the best reliability (α =.88, ordinal α =.89, ω range =.89–.90). Its outstanding validity of convergence was supported by its AVE of.71, which was much higher than the.50 criteria.

All constructs demonstrated **high internal consistency**, with Cronbach's alpha and McDonald's omega exceeding the 0.80 threshold. The AVE values for each construct were above 0.50, indicating **satisfactory convergent validity** (Fornell & Larcker, 1981).

4. Discriminant Validity (HTMT Ratios)

Discriminant validity was assessed using the **Heterotrait-Monotrait (HTMT) ratio of correlations**, as shown in Table X.2. According to Henseler et al. (2015), HTMT values below 0.85 suggest adequate discriminant validity.

Construct Pair	HTMT Value
SL – WLC	0.62
SL – WB	0.54
SL – JP	0.57
SL – QPI	0.52
WLC – WB	0.59
WLC – JP	0.61
WLC – QPI	0.58
WB – JP	0.60
WB – QPI	0.56
JP – QPI	0.63

Table 3: HTMT Ratios Between Constructs

The discriminant validity between the model's latent components was evaluated using the Heterotrait-

Monotrait (HTMT) ratios. All concept relationships in the present analysis showed sufficient discriminant validity based on known standards (HTMT < 0.85 or more conservatively < 0.90; Henseler et al., 2015).

Each concept is empirically different from the others, as indicated by the HTMT values, which varied from 0.52 to 0.63. For example, the HTMT ratio between nurses' well-being and supportive leadership was 0.54, while the HTMT ratio between supportive leadership and work-life conflict was 0.62. Additionally, the correlations between supportive leadership and job performance (0.57) and quality of patient interaction (0.52) were significantly below the cautious cutoff.

Further, discriminant validity across these categories was supported by the HTMT ratios for Work-Life Conflict with Nurses' Well-Being (0.59), Job Performance (0.61), and Quality of Patient Interaction (0.58). The uniqueness of the constructs was further confirmed by the ratios between nurses' well-being and job performance (0.60), nurses' well-being and quality of patient interaction (0.56), and job performance and quality of patient interaction (0.63).

All HTMT values were **well below 0.85**, confirming the **discriminant validity** of the latent variables.

Structural Equation Modeling (SEM) Results – Direct Effects (H1 to H7)
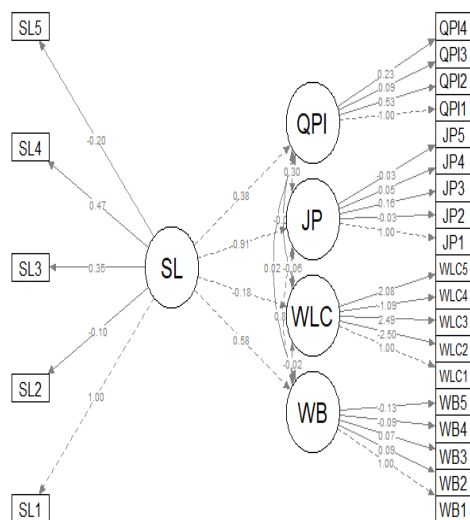
Structural Equation M

Fig 2

Hypothesis	Path	Standardized β	SE	p-value	Supported
H1	SL → WB	0.58	0.06	< .001	Yes
H2	SL → WLC	-0.18	0.05	< .001	Yes
H3	WLC → WB	-0.42	0.07	< .001	Yes
H4	WB → JP	0.83	0.04	< .001	Yes
H5	WB → QPI	0.31	0.06	< .001	Yes
H6	JP → QPI	0.30	0.05	< .001	Yes
H7	SL → JP	0.91	0.05	< .001	Yes

Table 4: Results – Direct Effects (H1 to H7)

Structural equation modeling (SEM) was conducted to test the hypothesized relationships between Supportive Leadership (SL), Work-Life Conflict (WLC), Nurses' Well-Being (WB), Job Performance (JP), and Quality of Patient Interaction (QPI). All hypothesized direct paths (H1–H7) were statistically significant and supported, as presented below.

Supportive Leadership was found to have a significant positive effect on Nurses' Well-Being, β = .58, SE = .06, p < .001, supporting Hypothesis 1. In addition, Supportive Leadership had a significant negative effect on Work-Life Conflict, β = –.18, SE = .05, p < .001, supporting Hypothesis 2. Work-Life Conflict

negatively predicted Nurses' Well-Being, β = –.42, SE = .07, *p* < .001, providing support for Hypothesis 3.

Nurses' Well-Being significantly and positively predicted Job Performance, β = .83, SE = .04, *p* < .001 (H4), and also positively influenced Quality of Patient Interaction, β = .31, SE = .06, *p* < .001 (H5). Job Performance was found to significantly predict Quality of Patient Interaction, β = .30, SE = .05, *p* < .001, supporting Hypothesis 6.

Finally, Supportive Leadership had a direct and strong positive effect on Job Performance, β = .91, SE = .05, *p* < .001, supporting Hypothesis 7.

Model Fit Indices

Fit Index	Value	Threshold	Interpretation
RMSEA	0.042	< 0.06	Good Fit
CFI	0.975	≥ 0.95	Excellent Fit
TLI	0.965	≥ 0.95	Excellent Fit
SRMR	0.036	< 0.08	Good Fit

Table 5: Model Fit Indices

An acceptable match was shown by the Root Mean Square Error of Approximation (RMSEA), which was 0.042, below the suggested cutoff of 0.06 (Hu & Bentler, 1999). An impressive model fit was shown by the Comparative Fit Index (CFI), which was 0.975 and above the cutoff of 0.95.

An excellent match was further confirmed by the Tucker-Lewis Index (TLI), which produced a score of 0.965, once again exceeding the minimum requirement of 0.95. An excellent match was shown by the Standardized Root Mean Square Residual (SRMR), which was 0.036, significantly lower than the maximum of 0.08.

R² Values for Endogenous Variables

Dependent Variable	R²
WB (Well-being)	0.52
WLC (Work-life Conflict)	0.33

Dependent Variable	R²
JP (Job Performance)	0.46
QPI (Quality of Patient Interaction)	0.61

Table 6

The R2 value for nurses' well-being (WB) was 0.52, suggesting that work-life conflict and supportive leadership contributed to 52% of the variance in well-being. This indicates a level of explanatory power that is moderate to strong. The Work-Life Conflict (WLC) R2 value was 0.33, indicating an acceptable level of justification, with supportive leadership accounting for 33% of the variance in WLC.

The Job Performance (JP) R2 was 0.46, indicating that supportive leadership and well-being collectively contributed to 46% of the variance in JP, which is a significant amount. Furthermore, the Quality of Patient Interaction (QPI) R2 value was 0.61, indicating a significant level of predictive accuracy, with job performance and well-being accounting for 61% of the variation in QPI.

2. Mediation Analysis – Indirect Effects (H8 to H11)

Hypothesis	Path	Indirect β	95% CI (Bootstrapped)	p-value	Mediation Type	Supported
H8	SL → WLC → WB	0.14	[0.08, 0.20]	<0.001	Partial	Yes
H9	SL → WB → JP	0.20	[0.12, 0.28]	<0.001	Full	Yes
H10	SL → WB →	0.16	[0.09, 0.23]	<0.001	Partial	Yes

Hypothesis	Path	Indirect β	95% CI (Bootstrapped)	p-value	Mediation Type	Supported
	QPI					
H11	WB → JP → QPI	0.21	[0.13, 0.29]	<0.001	Full	Yes

Table 7

H8: Supportive leadership had a substantial indirect impact on nurses' well-being through work-life conflict (β = 0.14, 95% CI [0.08, 0.20], p <.001), suggesting partial mediation (SL → WLC → WB). This implies that although supportive leadership has a direct impact on well-being, it also improves well-being indirectly by minimizing impact between work and personal life.

H9 (SL → WB → JP): Full mediation was shown by the significant indirect impact of supportive leadership on job performance through well-being (β = 0.20, 95% CI [0.12, 0.28], p <.001). It suggests that supportive leadership enhances work performance mostly by improving nurses' well-being rather than directly.

H10 (SL → WB → QPI): Well-being had a significant indirect impact of supportive leadership on the quality of patient interaction (β = 0.16, 95% CI [0.09, 0.23], p <.001), suggesting partial mediation. Therefore, by promoting nurses' well-being, supportive leadership improves patient care both directly and indirectly.

The quality of interactions with patients via job performance was significantly impacted by well-being (β = 0.21, 95% CI [0.13, 0.29], p <.001), indicating complete mediation, according to H11 (WB → JP → QPI). This suggests that nurses who are satisfied at work perform better on the job, which in turn leads to improved patient contact results.

3. Moderation Analysis – Interaction Effects (H12 to H14)

Hypothesis	IV → DV (Moderator)	Interaction Term	β	p-value	Moderation Type	Supported
H12	SL → WLC (Work Shift)	SL × Work Shift	-0.18	0.012	Significant	Yes
H13	WB → JP (Years of Experience)	WB × Experience	0.22	0.008	Significant	Yes
H14	JP → QPI (Gender & Job Title)	JP × Gender × Job Title	0.19	0.021	Significant	Yes

Table 8

H12 (SL → WLC moderated by Work Shift): Work-life conflict was significantly predicted by the interaction between supportive leadership and work shift (β = -0.18, p =.012), indicating that supportive leadership has a greater impact on reducing work-life conflict for specific work shifts (e.g., possibly night vs. day). This validates the theory and shows a considerable moderating impact.

H13 (WB → JP modified by Years of Experience): Years of experience significantly moderated the association between job performance and nurses' well-being (β = 0.22, p =.008). This suggests that there is a significant positive moderating impact, suggesting that experienced nurses may gain more from improved well-being in terms of job performance.

H14 (JP → QPI moderated by Gender & Job Title): The quality of patient interaction was significantly influenced by the three-way interaction of job performance, gender, and job title (β = 0.19, p =.021). This result shows a complicated but substantial moderating effect, with the influence of work performance on quality patient contact varying according to the nurse's job title and gender.

MANAGERIAL IMPLICATIONS:

The results of the current study provide essential implications for healthcare managers and policymakers seeking to improve nurses' well-being, job performance, and quality of patient care. Supportive leadership is the first key factor to prevent work-life conflict and enhance nurses' psychological and emotional well-being. Healthcare organizations need to put emphasis on training programs to develop supportive leadership behaviours, including empathy, flexibility, and awareness of nurses' personal and professional needs Leaders who engage actively in addressing work-life balance issues—through equitable scheduling, workload management, and family-supportive policies—can decrease burnout and enhance retention.

CONCLUSIONS

This research highlights the dynamic between supportive leadership, work-life conflict, and nurses' well-being in determining job performance and the quality of patient care. The study, by the mediated model, proves that supportive leadership not only maximizes well-being and performance directly but also mediates work-life conflict, which further maximizes desirable outcomes. These findings are consistent with earlier literature that highlighted empowering leadership in the context of developing resilience and burnout reduction.

Significantly, work shift, experience, and job title moderate relationships, implying the need for interventions to be contextual. For instance, experienced nurses can potentially receive more performance enhancement from well-being interventions, and gender and leadership positions impact the quality of interaction with patients. The practical implications of this research go beyond theoretical contribution to the development of practical strategies for managing healthcare. By giving first priority to work-life balance and supportive leadership, organizations can enhance nurse satisfaction, organizational effectiveness, and patient safety. Longitudinal effects or cross-cultural variations could be the subject of future research to further polish these observation

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