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The Effect of Social Support on Work-Life Balance: The Role of Psychological Well-Being

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Abstract

Objective: This research was conducted to determine the relationships between psychological well-being, social support, and work-life balance and the mediating effect of psychological well-being on the relationship between social support and work-life balance. *Methods:* Data were collected from a convenience sample of 277 participants. Data analysis was done with regression and the Pearson correlation coefficient. Regression-based mediation analysis developed by Hayes (2013) was used to examine the mediation effect of psychological well-being. *Results:* Work-life balance is negatively related to social support ($r=-.51$) and, positively related to psychological well-being ($r=.50$). As a result of the mediation analysis based on regression to determine the mediating effects, it was concluded that psychological well-being had a mediating effect on the relationship between social support and work-life balance. The bootstrapp (10000) method was used to determine whether the mediation analysis was significant. *Conclusions:* These findings suggest that the inverse relationship between social support and work-life balance is at least partly explained by the level of psychological well-being.

Keywords: Work-life balance, Social support, Psychological well-being

Introduction

Health workers (WHO, 2022), defined as all people engaged in improving, protecting, and developing public health, provide important and effective health services for patients within the scope of their job descriptions (Acar, 2018). While performing these services, health workers, like all employees, continue their personal lives outside of their work lives (Kurt, 2016). In general, satisfaction with one's life is related to being satisfied with work and personal life and balancing these two lives (Sen & Hooja, 2018). Work-life balance is the individual's ability to balance his/her private life and work-related wishes and to provide satisfaction in both areas of his/her life (Altun-Dilek & Yılmaz, 2016). Like other employees, healthcare professionals may face various problems both in their personal and working lives (Mohanty, Kabi, & Mohanty, 2019). Health workers' professional and legal responsibilities and obligations may increase in proportion to their work, and they may experience emotional difficulties such as stress (Pozgar, 2020).

This study examines the mechanisms underlying the relationship between social support and work-life balance in healthcare workers working in a hospital setting. It is thought that the variable mediating this relationship is psychological well-being.

Social Support

Social support, which is effective in coping with stress and negative situations against social, psychological, and general problems experienced by individuals, is an important factor for the continuation of human mental health (Hogan, Lindel, & Najarian, 2002). Social support is also defined as ready-to-use help from people with whom the individual is in contact, especially during difficult times when he or she needs support (Pfungstmann, 1987). In addition, individuals meet their social needs, such as love, belonging, and security, by interacting with others (Sollbarra-Rovillard & Kuiper, 2011). Humanity as a social being is involved in communication and interaction with other people, both in personal and business life. Basic social needs such as love, respect, acceptance,

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belonging, identity, and security are met by the communication and interaction resources of the individual (Ben-David & Leichtentritt 1999).

The importance of social support in human life starts from the first moments of life, and it is seen that the need for social support increases with individuals' awareness of their social relationships (Santrock, 2017). However, it is inevitable for people to have difficulties in their lives, and it is important for them to have sufficient social support for the social problems they have experienced and to maintain their general well-being (Abay-Alyüz, 2020; Taylor, 2011). Individuals who receive social support, help others, approach empathically, and have the skills necessary in social relations are generally satisfied with their lives (Taylor, 2011).

It is known that the level of stress and job satisfaction in the work life, where a person spends most of his daily life, is affected by the social support he receives from his close environment (Lambert, Hogan, & Altheimer, 2009). Studies have shown that social support is a basic resource that reduces the negative effects of stressful life events and also affects people's behaviors and the way they fulfill their social roles (Wallace, Paulson, Bond, & Lord, 2005) and has a protective effect on individuals from psychological and physical diseases (Zkody & McKinney, 2019).

Work-Life Balance

For individuals, life constitutes a unity of family, personal, and working life (Ghorbani, 2003). Maintaining a quality life, having a positive interaction with his family and social environment, and meeting the expectations of the employer ensure a balance between work and life (Ekinci & Sabancı, 2020). While work-life balance is defined as success in health, career, and private life, in another aspect, it is evaluated as satisfaction in the fields of work and personal life (Altıok-Gürel, 2018). Personal factors such as gender, education, and career planning affect a person's work-life balance with role ambiguity in the job, excess workload, role conflict, organizational management, employee participation in management, the quality of the physical characteristics of the place of work, job security, and similar organizational factors (Ballica, 2010; Kalliath & Brough, 2008). In cases where a balance between work and life cannot be achieved, behavioral, physical, and psychological consequences arise due to the deterioration of work and family life balance (Quick, Wright, Adkins, Nelson, & Quick, 2013). The effects of work-life imbalance on individuals are observed in general living areas (Ghorbani, 2003). Stress experienced at work greatly affects individuals' family relationships, mental health, well-being, and quality of life outside of work (Losyk, 2006; Özafşarlıoğlu, & Kılıç, 2013). Studies show that the level of work stress experienced by the employee affects the quality of family conflict and family relationships (Karatepe & Baddar, 2006; Netemeyer, Alejandro, & Boles, 2004; Vinokur, Pierce, & Buck, 1999).

The Mediator Role of Psychological Well-Being

The main determinant of positive psychology is that it develops a perspective to look at the negative situations and difficulties that individuals encounter in their lives from their positive aspects (Lambert, Passmore, & Holder, 2015). Psychological well-being is one of the concepts that positive psychology focuses on (Sarı, 2015). The concept of well-being in the lives of individuals, on the other hand, can be considered separately from psychological and subjective well-being (Çankır & Yener, 2017). The concept of happiness comes to the fore in the subjective well-being of a person (Bartels, 2015). Psychological well-being, on the other hand, is defined as managing one's life in areas such as maintaining meaningful goals, personal development, and establishing quality relationships with other people despite the existential challenges faced in life, rather than the concept of happiness (Keyes, Shmotkin, & Ryff, 2002). It is seen that self-realization, maturation, full functionality, and individualization, which are prominent elements in the concept of psychological well-being, are among the determinants of the positive criteria of individuals' mental health (Ryff, Magee, Kling, & Wing, 1999). There are six dimensions in Ryff's (1989) psychological well-being model: self-acceptance, positive relationships with others, autonomy, environmental control, life purpose, and personal growth. In this model, psychological well-being is explained in terms of emotional, physical, cognitive, spiritual, personal, and social processes. It is thought that with positive relationships with others, which is one of these dimensions, and emotional, social, and instrumental support from the social environment, people's life satisfaction will increase, and they will feel better spiritually (Carol, Ryff, & Singer, 2008). Social support can also be defined as the person's ability to keep in touch with his/her social environment and to establish quality communication (Roothman, Kirsten, & Wissing, 2003). When support is received, it is expected that the person will feel good psychologically (Saltzman, Hansel, & Bordnick, 2020). In addition, it is thought that the factor that will make the person feel good depends on the perceived social support, and there is a positive relationship between social support and psychological well-being (Hellfeldt, López-Romero, & Andershed, 2020). However, the concept of psychological well-being is closely related to psychological resilience (Batmaz et al., 2021; Batmaz et al., 2022).

Present Study

It is thought that the social support that healthcare professionals receive from their environments in coping with the difficulties they encounter in their work lives plays an important role in both their psychological well-being and their work-life balance. It is known that working individuals have difficulties fulfilling their other roles, such as parenting outside of work life, due to the intensity of the time they spend at their jobs, and the intensity at work delays responsibilities outside of work life (Pichler, 2008). Considering the heavy working hours of health workers and the weight of the workload on health workers in Turkey, it is important to examine the mechanisms underlying work-life balance. The research can guide the planning and content creation of intervention studies that will increase work-life balance. In addition, considering the lack of empirical evidence on the factors that affect the work-life balance of health workers after the COVID-19 pandemic, this study analyzes the social support, psychological well-being, and work-life balance described in the literature on the mental health of health workers after the pandemic by using a sample of health workers living in Turkey. Therefore, it is examined whether the variables discussed in the study provide explanatory power in predicting the work-life balance of health workers and whether psychological well-being explains the relationship between social support and work-life balance.

Method

This study was carried out with the relational screening method. This method investigates the existence or degree of co-variation between two or more variables. In this context, the relations between social support, work-life balance, and psychological well-being were examined via correlation and mediation analysis.

Participants

Data were collected from 277 Turkish individuals ($M_{\text{age}} = 34.26$, $SD = 8.04$). Of the participants, 75.8% were female and 24.2% were male. Data related to other demographic information, such as ethnicity or socioeconomic status, were not gathered. Participants were selected using a convenience sampling method and voluntarily completed the questionnaires.

Measures

Psychological Well-Being Scale

It was developed by Diener et al. (2009-2010) to measure psychological well-being to complement existing measures of well-being. The Turkish adaptation of the scale was made by Telef (2013). At the end of the exploratory factor analysis, the total explained variance was 42%. Confirmatory factor analysis values: RMSEA= 0.08, SRMR= 0.04, GFI= 0.96, NFI= 0.94, RFI= 0.92, CFI= 0.95, and IFI= 0.95. The Cronbach alpha internal consistency coefficient was calculated at .80. The item-total correlations of the scale ranged from .41 to .63 ($p < 0.001$). A high score indicates a high level of psychological well-being. In the present study, Cronbach's alpha value was .85.

Work-Life Balance

It was developed by Apaydın (2011) to determine individuals' perceptions of work-life balance. The scale consists of four dimensions. The total reliability of the scale is .91, and the reliability coefficients of the four sub-dimensions are .88, .81, .77, and .79, respectively. According to the results of the Kaiser-Meyer-Olkin (KMO) and Barlett Sphericity Test, the data are suitable for factor analysis, The KMO of 20 items was calculated as .863 and $p = 0.000$ ($p < 0.001$). As a result of the factor analysis, the rate of explanation of the total variance was calculated at 62.423%. In confirmatory factor analysis, fit index values were found to be $\chi^2 / sd = 1.99$, RMSEA= 0.059, SRMR= 0.075, GFI= 0.83, NFI= 0.94, and AGFI= 0.78. In the present study, Cronbach's alpha value was .88.

Swedish Workload-Control-Support Survey

Swedish Workload-Control-Support Survey: The Swedish Workload-Control-Support Questionnaire, developed using the studies of Karasek (1979), consists of 17 questions. Scale Demiral et al. (2007) adapted to Turkish culture. The scale has three main sub-dimensions. These dimensions include 17 questions, including workload (cognitive and quantitative (5)), job control (impact, potentials, meaning, and involvement (6)), and social support (from colleagues and managers (6)) (Hansen et al., 2009). Cronbach's alpha coefficients for the sub-dimensions of the scale range from 0.51 to 0.72. The social support sub-dimension was used in this article. In this study, Cronbach's alpha value for the social support sub-dimension was found to be .84.

Statistical Analysis

In this study, the mediation model was tested to reveal the mediating role of psychological well-being in the relationship between social support and work-life balance. Data were analyzed with the SPSS PROCESS (Model 4) version. Before mediation analysis, data regarding linearity, normality, and multicollinearity problems were checked. Eight outliers that harmed the normal distribution were removed from the 285 raw data collected, and analyses were performed on 277 data. The results are presented in Table 1.

Table 1. Descriptive statistics, linearity, normality, and multicollinearity

Variables	N	Min.	Max.	Means	SD	Skew.	Kurt.	VIF	CI
Work-life balance	277	30.00	96.00	63.54	13.53	.252	-.239		1.000
Social support	277	6.00	24.00	11.25	3.61	.472	.338	1.194	5.54
Psychological well-being	277	11.00	56.00	41.18	8.84	-.536	.466	1.194	15.39

By looking at the skewness and kurtosis values, it was examined whether the variables had a normal distribution, and it was seen that the data showed a normal distribution. It was observed that the skewness and kurtosis values of the variables were in the range of -1 and +1. Since the Variance Amplification Factor (VIF) values were below 10, the multicollinearity problem was not observed.

Results

The relationships between variables were examined with the Pearson correlation coefficient, and the results are presented in Table 2.

Table 2. The Relationships between variables

Variables	<i>a</i>	<i>b</i>	<i>c</i>
a- Work-life balance	<i>1</i>		
b- Psychological well-being	0.50**	<i>1</i>	
c- Social support	-0.51**	-0.40**	<i>1</i>

***p* < 0.001

The relationships between work-life balance, psychological well-being, and social support were examined. As shown in Table 2, work-life balance is negatively related to social support ($r = -.51$) and positively related to psychological well-being ($r = .50$).

Mediation Role of Psychological Well-Being

The values in Table 3 showed that social support significantly predicted work-life balance ($\beta = -1.93$, 95% CI: -2.31 – -1.55; $p < .001$).

Table 3. Regression analysis

Predictor	β	SE	<i>p</i>	F	R	R ²
Constant	85.35	2.28	<.001	100.39	.52	0
Social support	-1.93	.19	<.001			.27

The mediation role of psychological well-being was tested with the mediation model, and the results are presented in Table 4.

Table 4. Mediation model coefficients

Predictors	Consequent					
	Psychological Well-Being			Work-Life Balance		
	Coeff.	SE	<i>P</i>	Coeff.	SE	<i>p</i>

Social Support	<i>a</i> -0.98	0.13	0.000	<i>c'</i>	-1.40	0.19	0.000
Psychological Well-Being	-----	-----	-----	<i>b</i>	0.54	0.08	0.000
Constant	<i>i</i> ₁ 52.30	1.59	0.000	<i>i</i> ₂	56.96	4.68	0.000
	<i>R</i> = 0.40, <i>R</i> ² = 0.16			<i>R</i> = 0.61; <i>R</i> ² = 0.37			
	<i>F</i> (1, 275) = 53.39, <i>p</i> = 0.000			<i>F</i> (2, 274) = 81.47, <i>p</i> = 0.000			

Figure 1 and Table 4 show that social support significantly predicts psychological well-being. (Coeff. = -0.98; 95% CI: -1.25 to -0.72; *p* < .001). Psychological well-being significantly predicts work-life balance (Coeff. = 0.54; 95% CI: -0.38 to 0.70; *p* < .001), and it also decreases the effect of social support on work-life balance (from -1.93 to -1.40). It is seen that the effect of social support on work-life balance decreases through the variable of psychological well-being (from 1.98 to 1.40). This explains partial mediation.

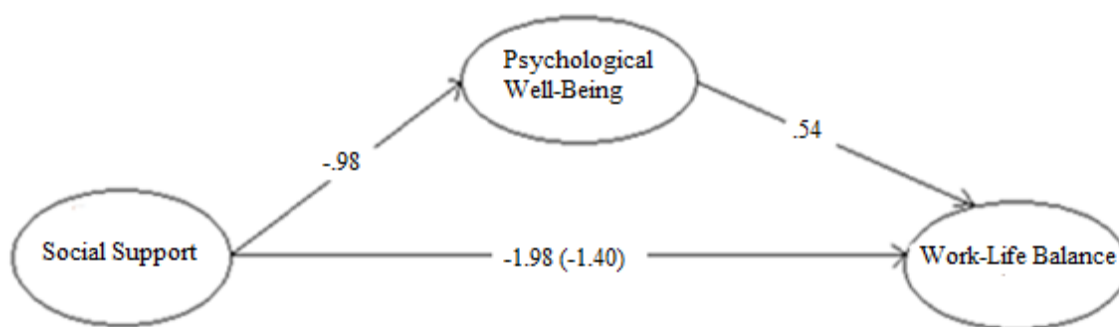


Figure 1. The mediational role of psychological well-being

Table 5. Bootstrapping process of partial model

	Coeff	BootMean	BootSE	BootLLCI	BootULCI
Constant	52.30	52.33	1.56	49.28	55.30
Social Support → PW-B	-.98	-.99	.13	-1.26	-.72
Constant	56.96	56.94	5.08	47.14	66.93
Social Support → W-LB	-1.401	-1.407	.20	-1.81	-.99
PW-B → W-LB	.542	.543	.08	.37	.71

PW-B: Psychological Well-Being; W-LB: Work-Life Balance

In Table 5, direct and indirect path coefficients were significant (bootstrap coefficient = -1.40, 95% CI. = -1.81, -0.99, *p* < 0.001).

Discussion

This study aims to investigate the mediating role of psychological well-being in the relationship between social support and work-life balance. Health professionals perform a stressful profession due to their professional duties and responsibilities such as protecting, saving, and sustaining a person's life (Yüncü & Yılan, 2020). In addition, the COVID-19 pandemic, announced by WHO on March 11, 2020, adversely affected the lives of healthcare workers. Although the pandemic affects all people negatively (Taylor, 2019), it is known that those who are at risk due to their duties during the epidemic tend to experience more negativity and predispose to psychological

problems (Lancee, Maunder, & Goldbloom, 2008; McNeill, Harris, & Briggs, 2016). It has been observed that factors arising from work life, such as increased workload during pandemic times, encountering a heavy virus load, providing care to patients at risk in the context of isolation or quarantine, and a decrease in support systems, increase the physical and emotional load and negatively affect the non-working living spaces of healthcare professionals (Brooks et al., 2018; Xiao et al., 2020). For this reason, it is thought that it is necessary to examine the current work-life balance and the mechanisms underlying the work-life balance of health workers after the pandemic. Therefore, in this study, the mediating role of psychological well-being in the relationship between social support and work-life balance in health workers was investigated. Although these variables have been examined separately, in other samples, or during the pandemic in studies (Bruffaerts et al., 2021; De Kock et al., 2021; Özutku, 2019; Palabıyık & İşözen, 2021; Zhang et al., 2020), It is known that this study is the first to examine these variables in health workers in the same model and after the pandemic.

According to the first finding of the study, social support, which is considered a sub-dimension of work stress, negatively affects work-life balance. Studies have shown that the presence of social support at work has an impact on work-life balance (Dahlem, Zimet, & Walker, 1991; Marcinkus, Whelan-Berry, & Gordon, 2007; Sargent, 2000). Work-life balance is the successful continuation of one's work and non-work lives (Blyton & Noon, 2007). Social support, on the other hand, is the contribution and help of one person to another to solve their problems and feel good (Lirio et al., 2007). It is an expected situation that the social support deficiencies of health workers working under intense and severe conditions will reduce their work-life balance. The fact that health workers have social support in the workplace reduces work stress, changes their perspectives on stressful events, develops the ability to cope with the difficulties they encounter in their work and non-work life, and increases job satisfaction (Abadi et al., 2021; Ardahan, 2006; Negussie et al., Kaur, 2016). Sanders (2006) also stated that social support in business life reduces conflicts between one's work and family. This situation can be explained by the presence of social support, the reduction of stress caused by the work, the increase in organizational commitment and job satisfaction, and thus the positive effects of these factors on non-work life.

According to another finding of the study, it was observed that psychological well-being mediated the effect of social support on work-life balance. Social support is defined as a resource that makes the individual feel loved, valued, and like they belong to the interaction unit (Cobb, 1976). Psychological well-being, on the other hand, is expected to be influenced by social support resources, as it focuses on establishing quality relationships with other people as well as components such as self-acceptance, personal development, life purpose, environmental dominance, and autonomy (Ryff & Keyes, 1995). It is known from the studies conducted in the literature that social support has positive effects on the health and well-being of individuals (Holland & Holahab, 2003; Malkoç & Yalçın, 2015; Prati & Pietrantonio, 2010). This situation can be explained by the fact that social support resources provide individuals with the ability to cope with difficult and stressful life events. Wang, Tao, Bowers, Brown, and Zhang (2018) also stated that social support increases psychological resilience and thus increases the well-being of the individual by reducing the negative emotions experienced. Similarly, in the absence of social support in business life, it has been observed that work-related stress increases and negatively affects the psychological well-being of individuals (Clair, Gordon, Kroon, & Reilly, 2021). Lack of social support may cause individuals working in the human-oriented service field to feel lonely at work. This, in turn, can negatively affect their non-work lives by causing them to succumb to work-based stress factors and decrease their well-being (Lambert, Alheimer, & Hogan, 2010). It is an indicator of work-life balance that individuals get satisfaction from their work and non-work lives by minimizing the role conflict in the work and home environments (Guest, 2002). Work-life conflict occurs when an individual cannot fulfill his/her family and life duties while fulfilling the requirements of his/her profession, or if the difficult working conditions of his/her job prevent him/her from regulating his/her life (Frone & Mary, 1992). According to Quick, Nelson, and Hurrell (1997), indicators of well-being such as an individual's participation and belonging in business life, quality relationships established, commitment, satisfaction, and trust are important factors in establishing work-life balance. In a study on health workers, it was observed that as the perception of social support in business increased, emotional exhaustion and depersonalization decreased, while the sense of personal achievement increased (Özbezek et al., 2021). This situation can be explained by the fact that healthcare professionals spend a significant amount of their daily lives practicing their profession, and the occupational group of healthcare professionals includes more human responsibilities than other professionals. These research findings, consistent with the literature, support that social support resources increase the psychological well-being of the individual, and thus the work-life balance of the working individual increases. Especially after pandemic outbreaks such as COVID-19, it is inevitable that healthcare professionals will need support at work to cope with the work stress they experience. With the presence of social support, it can be expected that they can cope with difficult life events, increase their well-being by coping with their negative emotions, and thus establish a balance by minimizing role conflicts in work and home life.

As seen in the results of the research, social support resources and psychological well-being have an important place in ensuring the work-life balance of health workers. However, it was also observed that the effect of social support on work-life balance increased with the presence of psychological well-being.

Conclusion

Considering that healthcare professionals work with long-term and shift-based working hours and encounter dangerous situations in terms of health and safety (Joseph & Joseph, 2016; Palabıyık & İşözen, 2021), it can be considered important to examine the relationship between social support and work-life balance and the underlying mechanisms. The results obtained from the research show that interventions designed to increase the work-life balance of health workers should focus on increasing social support resources and psychological well-being in the workplace. The findings of the research reveal the necessity of a psychological counselor who will work in a preventive and developmental way with the problems they experience at work, career development, and mental health in the institutions and organizations where they are located. It is thought that the research will shed light on the creation of preventive and improvement plans to be prepared for the mental health of employees in health institutions and organizations. Again, individual or group efforts to increase the perception of social support and psychological well-being among health workers in the workplace can also positively affect the organizational commitment and job satisfaction of the employees.

Recommendations

In line with the results obtained from the research, it can be recommended to support the psychological and social resources that health professionals need in order to maintain work-life balance. In this direction, it can be suggested that managers employ psychological counselors who can provide this support to their employees. In addition, it may be recommended to determine the factors affecting the work-life balance and psychological well-being of employees in health institutions and organizations and to conduct individual and group counseling intervention studies regarding these factors. In addition, it is important for managers to organize meetings and socializing activities within the institution in order to provide the social support necessary for health workers to maintain their well-being at work. Findings from the study are limited to healthcare professionals. In future research, studies can be conducted on the work-life balance of individuals working in different institutions. and inter-institutional comparisons can be made. The research results are limited to the quantitative data obtained from the scales used in the research. In future research, it may be suggested to obtain in-depth information through qualitative methods in order to determine the factors that increase the work-life balance of the employees. However, in future research, it may be recommended to conduct experimental studies that will improve work-life balance with intervention approaches that include social support resources and psychological well-being.

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Authors Contribution Rate

%20: Hasan Batmaz, %20: Suzan Birel, %30: Emin Kurtuluş, %30: Hacer Yıldırım Kurtuluş.

Conflicts of Interest

There is no conflict of interest between the authors.

Ethical Approval

Ethics committee approval of the study was obtained from a state university in Turkey (25.01.2022, 2022/1).

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