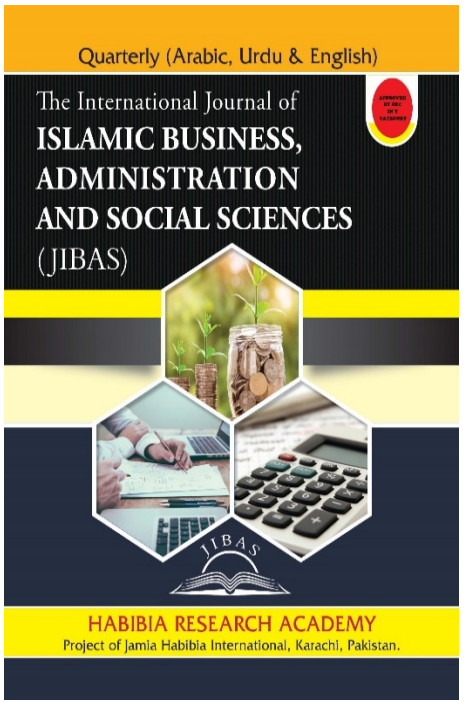
JIBAS (The International Journal of Islamic Business, Administration and Social Sciences) (Quarterly) Trilingual (Arabic, English, Urdu)
ISSN: APPLIED FOR (P) & (E)
Home Page: http://jibas.org
Approved by HEC in Y Category
Indexing: IRI (AIOU), Australian Islamic Library, Euro Pub.
PUBLISHER HABIBIA RESEARCH ACADEMY
Project of **JAMIA HABIBIA INTERNATIONAL,** Reg. No: KAR No. 2287 Societies Registration Act XXI of 1860 Govt. of Sindh, Pakistan.
Website: www.habibia.edu.pk,



TOPIC:

WORK-LIFE BALANCE AND MENTAL HEALTH: A SYSTEMATIC REVIEW TO ASSESS THE RELATIONSHIP BETWEEN THEM FOR DIFFERENT PROFESSIONS.

AUTHORS:

1. *Dr. Muhammad Farhan Bukhari, Senior Assistant Professor, Management Science Department, UIT University, Karachi, Email ID: mfbukhari@uit.edu Orcid ID: https://orcid.org/0009-0009-8121-1814*
2. *Dr. Syed Asad Hussain, Director Marketing & Academic Planning, Millennium Institute of Technology and Entrepreneurship (MiTE) Email ID: asad.hussain@mite.edu.pk Orcid ID: https://orcid.org/0009-0002-3051-5374*
3. *Muhammad Farooq, Program Coordinator & Lecturer, Millennium Institute of Technology and Entrepreneurship (MiTE) Email ID: Farooq.tahir18@hotmail.com Orcid ID: https://orcid.org/0009-0005-7734-5167*

How to Cite: *Bukhari, Muhammad Farhan, Syed Asad, Hussain, and Muhammad, Farooq. 2024. "WORK-LIFE BALANCE AND MENTAL HEALTH: A SYSTEMATIC REVIEW TO ASSESS THE RELATIONSHIP BETWEEN THEM FOR DIFFERENT PROFESSIONS". International Journal of Islamic Business, Administration and Social Sciences (JIBAS) 4 (2):103-126.*
URL: https://jibas.org/index.php/jibas/article/view/130.
Vol. 4, No.2 || April –June 2024 || P. 103-126
Published online: 2024-06-20

QR. Code

WORK-LIFE BALANCE AND MENTAL HEALTH: A SYSTEMATIC REVIEW TO ASSESS THE RELATIONSHIP BETWEEN THEM FOR DIFFERENT PROFESSIONS.

Dr. Muhammad Farhan Bukhari, Dr. Syed Asad Hussain, Muhammad Farooq,

ABSTRACT:

The increasing focus on organizational efficiency due to globalization has created a challenge in sustaining a balance concerning work and personal life. The increasing challenge of different roles and avoiding extended working hours affects the mental health of the workers, while at the same time increasing the organizational costs. Thus, the article aims to characterize the bond between WLB and the mental health of employees from different professions, for which a systematic review (literature) was carried out, and through the analysis of 32 studies, it was possible to clarify the concept of WLB. Thus, it is concluded that some studies overlook the true focus on WLB, emphasizing the negative standpoint of conflict, and instead, focusing on the symptoms of mental health. Besides, there is no agreement among studies has been found on the results concerning gender, and the influence of labor flexibility on the association between WLB and mental health.

KEYWORDS: *mental health; work-life balance; burnout; stress; depression; anxiety*

INTRODUCTION:

There are three arguments found in the literature about the difficulty in achieving WLB. First, due to current working conditions: globalization, the search for efficiency in organizations, work shifts, unstable working conditions, short vacations, among others (Hsu et al., 2019; Schnall et al., 2018; Yester, 2019); the second, the economic pressure that has increased the number of working mothers, single fathers, double-income families (Hämmig, 2014; Karkoulian et al., 2016; Yester, 2019; Zheng et al., 2015). Third, an excess of activities other than vital work activities: caring for children, housework, preparing food, studying, and caring for the elderly (Hämmig and Bauer, 2014).

The lack of WLB can have a considerable impact on both the worker and the organization. In the first case, overexposure to psychosocial risk factors can cause not only physical damage but also psychological damage such as stress, depression, anxiety, burnout, anguish, fatigue, and others. Likewise, organizations are also affected by the increase in absenteeism, presentism, work incapacity, intention to abandon, turnover, and even the interests of the organization's clients (Camacho-Ramírez and Mayorga, 2017; Yester, 2019).

Due to the above, and considering that no literature reviews have been identified that group the relationship of the constructs —WLB and mental health–associated disorders—, this article has as its research question: what is found in the scientific literature about the relationship between WLB, mental health and related disorders in workers? With this study, we aim to conduct a systematic literature review to clarify the concept of WLB; present the findings so far on the link between WLB and mental health including some related disorders and vice versa; and analyze the context of the studies, emphasizing different occupations/sectors. All to expose the implications and importance of intervening in this situation through organizational and government policies.

Work-Life Balance

In the literature, different terms currently coexist in research to refer to the balance between work and life, among them we find Work-Family Balance (WFB) (Rahman et al., 2017), Work-Home Interaction (WHI) (Nitzsche et al., 2013) and Work-Life Balance (WLB), a much broader term that encompasses those without families, extended families, same-sex relationships, shared parenting, etc. (Amazue and Onyishi, 2016; Cho and Koh, 2015).

The WLB has three perspectives: the negative one—WLC conflict—which is classified based on time, tension, and behavior (Badri, 2019; the positive (WLE enrichment) which has three sub-constructs, development, affection, and capital (Badri, 2019); and finally there is the concept of WLB that has been related with the propensity to become attentively involved in the performance of each role (Pradhan, 2016); Later Rincy & Panchanatham (2014) defined it as the satisfaction and proper functioning of one's affairs both at work and at home. Bhende et al. (2020) manage to group in the concept all the elements of balance concerning time, participation, and satisfaction in all areas of life. Finally, Wood et al. (2020) associate it with the ability to fulfill family and work responsibilities and commitments.

Finally, the directionality of the relationship between work and personal life refers to the fact that talking about the influence of work on personal life is not the same as talking about the impact of personal life on work (Das and Mishra, 2016).

Mental Health

As per WHO (World Health Organization), mental health denotes a well-being state in which an individual is aware of his or her abilities, copes with normal life stresses and in this way can work productively, contributing to his or her well-being community (Edwards & Froehle, 2023). Job stress refers to the physical and emotional harm experienced by workers when job demands do not align with their capabilities or needs (Ganster & Rosen, 2013). When stress becomes chronic, burnout appears as a psychological response to prolonged exposure to harmful work-related stress situations (Lazarus, 2020).

Finally, anxiety and depression are other mental health problems that may have shared symptoms, accompanied by a negative affectivity factor, but in the case of anxiety it refers to physiological activation, and for depression, it is related to low positive affectivity (Hobfoll & Freedy, 2017). The global cost of diagnosing and treating mental disorders, affecting 4.4% of the global population, is estimated to be USD 0.8 trillion (Trautmann et al., 2016).

Theoretical Framework

Among the main theories that cover the constructs of WLB, mental health, and associated disorders, we find the theory of demands and resources, and the theory of conservation of resources. Job characteristics are divided into psychological, physical, social, or organizational demands that require sustained effort. These demands can include responsibilities, obligations, work pressures, uncertainty, and emotionally demanding relationships (Schaufeli, 2017). The second is job resources, which refer to the psychological, physical, social, or organizational aspects of work, which can decrease job demands, reduce physiological and psychological costs, and contribute to work objectives, learning, personal growth, and development (Taris & Schaufeli, 2015).

In this case, labor demands should not necessarily be considered something negative, but they can represent a risk for those workers who do not have sufficient resources to respond to them. Likewise, those workers who have labor resources will be able to cope with the

demands of their jobs (Huang et al., 2016). This theory adapts to different work environments and any type of trade, but the demands may vary depending on the professions to be analyzed, since physical demands may become more relevant, for example, for the area of construction or nursing, while cognitive demands may be relevant, for example, for teachers, scientists and engineers (Huang et al., 2016). In summary, the propositions of this theory are associated with demands with a process of health deterioration due to the energy they generate (Bakker & Demerouti, 2014).

Regarding the conservation of resources (COR) theory, it takes as a reference the previous theory, which focuses on the stressors that arise from threats or loss of resources, based on biological, social, and cultural elements. In this theory, Halbesleben et al. (2014) consider that people make an effort to obtain, retain, promote, and protect resources that they value, taking into account that they are the ones that allow them to face the demands of daily tasks, and also allow them to obtain new resources and protect the ones already have. Stress generation occurs when people feel their resources are threatened or they lose them, but if they manage to conserve resources, they can get more of them and decrease their stress levels. The theory also considered that the loss of resources can exceed their gain, that is, the loss tends to have a greater impact on workers since it can lead to the depletion of more resources while profit can generate fewer resources (Hobfoll et al., 2018).

Human beings tend to play different roles in their lives, being parents, children, students, and workers, among others, and based on this theory, if a large amount of resources are allocated to one of these roles, neglecting the needs of others can generate an imbalance between their personal life and work, and in turn, lead to an increase in stress levels, affecting their mental health and generating related disorders (He et al., 2019).

Methodology

A systematic literature review was accompanied, which aimed to assess all the literature in the subject area to ensure that existing knowledge is not omitted (Bell et al., 2022), first a protocol was developed (Campbell et al., 2018), addressing the research question: What is found in the scientific literature about the association between WLB, mental health and related disorders in workers?

Next, the search equations were established, for example (“Work-life imbalance” OR “Life Work balance” OR “Work-life conflict”) AND (“mental health” OR “mental diseases” OR “emotional health” OR “Mental illness” OR “depression” OR “burnout” OR “stress”) AND (work* OR employ* OR job OR workplace*), in the bases of data: Scopus, Emerald and Web of Science and the inclusion and exclusion criteria were raised. After this, screening by title, abstract, and full text was carried out by two reviewers (LR, MR) independently using the Ryyan tool (Ouzzani et al., 2016). In the end, data extraction and evidence synthesis were carried out. The process is detailed in Figure 1.

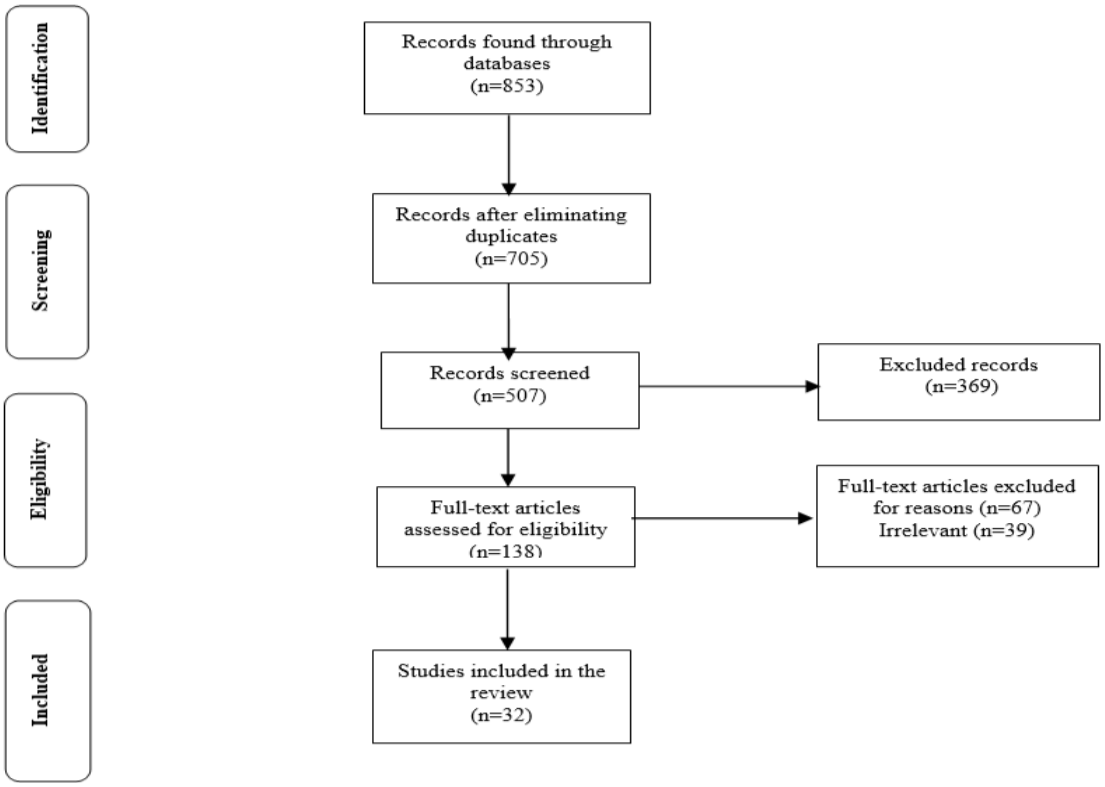


Figure 1. Prism flowchart, search strategy.

Results

Aspects of the Included Studies

Table 1 below summarizes the general aspects of the studies contained within this systematic literature review.

Table 1. Aspects of the included studies

	Authors & Year	Country	WLB Terms Used	Mental Health Issue	Organizational Issue
1	Haar et al., 2014	New Zealand, Spain, France, Italy, China & Malaysia	WLC	Anxiety and depression	Job satisfaction, life satisfaction Egalitarian, individualistic, and collectivist culture
2	Kotera et al., 2020	UK	WLB	Anxiety, depression, and stress	Working hours
3	Sugawara et al., 2017	Japan	WFC	Stress, burnout, and depression	
4	Pu et al., 2017	China	WLC	Burnout	The effect of psychological capital
5	Yang et al., 2017	China	WLC	Burnout	Job satisfaction and social support
6	Minnotte & Yucel, 2018	USA	WFC (work-family conflict)	Depression, stress, sleep problems	Job insecurity

7	Jang et al., 2020	South Korea	WLC	Burnout	Satisfaction
8	Dasgupta et al., 2019	USA	WLB	Burnout	Commitment
9	Neumann et al., 2018	USA	WLB	Burnout	Career satisfaction
10	Kala et al., 2017	India	WLB	Stress	Occupational stress
11	Karkoulian et al., 2016	Lebanon	Work-life interference	Stress	Locus of control
12	Shanafelt et al., 2015	USA	WLB	Burnout	WLB satisfaction compares doctors with other workers in the USA
13	Akanji et al., 2020	Nigeria	WLC	Stress	Nigerian Job Characteristics
14	Haar et al., 2018	New Zealand	WLB - WFC - WFE	Burnout	Commitment
15	Živčicová, et al., 2017	Slovenia	WLB	Stress and fatigue	Work hours
16	Amazue & Onyishi, 2016	Nigeria	WLB	Stress	Stress coping strategies, perceived organizational support
17	Boas & Morin, 2014	Brazil and Canada	WLB	Depression, anxiety, loss of control, emotional ties & general positive affectivity	Psychological well-being and psychological distress
18	Mutambudzi et al., 2017	USA	WFC	Mental distress	Job insecurity
19	Yester, 2019	USA	WLB	Burnout	Wellness
20	Hämmig, 2014	Swiss	WLC	Mental health	
21	Badri, 2019	Malaysia	WLC	Mental health	Job satisfaction and turnover intention
22	Hämmig & Bauer, 2014	Swiss	WLC	Sleep disorder, stress, burnout	Physical and psychosocial working conditions
23	Meharunisa, 2019	India	WLB	Stress	
24	Poms et al., 2016	USA	WLC	Physical and psychological stress	Satisfaction
25	Sumathi & Velmurugan, 2019	India	WLB	Stress	Satisfaction
26	Kim & Cho, 2020	South Korea	WLC	Mental health in general	Socioeconomic status
27	Karakash et al., 2019	USA	Work-life integration	Burnout	Strategies to improve work-life integration
28	Chakraborty et al., 2020	India	WLB	Stress	Commitment

29	Hsu et al., 2019	Taiwan	WLB	Stress	Job satisfaction and perceived control over time
30	Buchheit et al., 2016	USA	WLC	Burnout	Perceived organizational support, alternative work arrangements, and perceived viability
31	Roberts et al., 2014	USA	WLB	Burnout, fatigue, and depression	
32	Mythili & Alban, 2018	India	WLB	Stress	

Considering the selected articles, Table 2 below presents the sector studied, area of approach, type of study carried out, methodological strategy, tools used, and direction of the research. Below, Table 3 shows the instruments used and the analysis method for each case. This information is analyzed in depth in the following sections.

Table 2. Methodological characteristics of the included studies.

	Sector or Occupation	**Approach Area**	**Study Type**	**Methodology**	**Tool**	**Relationship Direction**
1	General workers	HR	Cross-sectional	Quantitative	Survey	WLC-MH
2	Construction	HR	Cross-sectional	Quantitative	Survey	WLC-MH
3	Healthcare	Occupational health	Cross-sectional	Quantitative	Survey	WFC as mediator
4	University professors	Psychology	Cross-sectional	Quantitative	Survey	WLC-Burnout
5	Healthcare	Occupational health	Cross-sectional	Quantitative	Survey	WLC-Burnout
6	Healthcare	Sociology	Cross-sectional	Quantitative	Survey	WLC-MH
7	Healthcare	Occupational health	Cross-sectional	Quantitative	Survey	WLC-Burnout
8	Healthcare	Occupational health	Cross-sectional	Quantitative & Qualitative	Survey & Interview	Burnout - WLB
9	Healthcare	Occupational health	Cross-sectional	Quantitative	Survey	Moral distress - exhaustion – WLB
10	Tech organizations	Occupational health	Cross-sectional	Quantitative	Survey	Stress-WLB
11	Banking	HR	Cross-sectional	Quantitative	Survey	Perceived stress as a mediator of WL conciliation
12	Healthcare	Occupational health	Cross-sectional	Quantitative	Survey	There is no relationship. They are evaluated independently
13	Healthcare	Occupational health	Cross-sectional	Qualitative	Interview	Stress - WLC

14	General workers	Organizational psychology	Longitudinal	Quantitative	Survey	Burnout-WFC and FWC
15	General workers	Economics and sociology	Cross-sectional	Quantitative	Survey	WLB-Stress
16	Banking	Psychology	Cross-sectional	Quantitative	Survey	Stress - WLB
17	University professor	Psychology	Cross-sectional	Quantitative	Survey	WLB-MH
18	General workers	Occupational health	Cross-sectional	Quantitative	Survey	WFC-distress
19	Healthcare	Occupational health	Review of literature	Review of literature	Literature Review	WLB-Burnout
20	Manual and white-collar workers from different economic sectors	HR	Cross-sectional	Quantitative	Survey	WLC-MH
21	University professor	Organizational psychology	Cross-sectional	Quantitative	Survey	WFC and WFE-MH
22	Industrial workers	Occupational health	Cross-sectional	Quantitative	Survey	WLC-Stress
23	University professor	HR	Cross-sectional	Quantitative	Survey	Stress- WLB
24	Female	Occupational health	Review of literature	Review of literature	Review of literature	WLC-stress
25	University professor	Education	Cross-sectional	Quantitative	Survey	Stress- WLB
26	General workers	Occupational health	Cross-sectional	Quantitative	Survey	WLC- MH
27	Healthcare	Occupational health	Review of literature	Review of literature	Review of literature	WLI-exhaustion
28	Female Marketing Executives	HR	Cross-sectional	Quantitative	Survey	WLB- Stress (moderator) commitment
29	Tech organization	Occupational health	Cross-sectional	Quantitative	Survey	Stress as a mediator between variables including WLB
30	Accountants	HR	Cross-sectional	Quantitative & Qualitative	Survey	WLC- Burnout
31	Healthcare	Occupational health	Cross-sectional	Quantitative	Survey	There are no relationships between the constructs
32	Teachers/ Professors	Social work	Cross-sectional	Quantitative	Experiment	WLB-stress

Table 3. Instruments and analysis methods used in the studies.

	WLB Instruments	Mental Health Instruments	Analysis Method
1	WFC- FWC: 6 items from the study of Carlson et al. (2000) scale WLB: 3 items from Haar (2013)	Anxiety and depression: 6 items by Axtell et al. (2002)	SEM in AMOS
2	WLBC7: consisted of seven points (Daniels and McCarraher, 2000)	DASS21 comprises 21 items ATMHP involves 35 items	Correlation analysis
3	The Work-Family Conflict Scale, the Generic Job Stress Questionnaire	Maslach Burnout Inventory-General Survey CES-D	Hierarchical linear regression analysis
4	WFC-FWC: Work-Family Conflict Scale developed by Carlson et al. (2000)	Maslach Burnout Inventory - General Survey (MBI-GS), 16 items	Hierarchical regression
5	National Survey on Time Conflicts, Behavioral Conflicts, and Pressure Conflicts	NHSS Burnout: emotional exhaustion, work dedication and work commitment	Pearson correlation analysis, univariate linear model analysis
6	Data from the 2008 NSCW; WFC: 5 items obtained from empirical studies (Voydanoff, 2005; Hill, 2005)	The scale was developed through a component analysis of the items assessing depression and stress (Beutell, 2013)	OLS regression
7	Questions about the following variables to build the equation: Work-life ratio = Working time (Intrahospital + Extrahospital) / (Time spent at home + Time for others)	Rome IV criteria questionnaire for a functional gastrointestinal disorder and HADS Maslach Burnout Inventory (MBI)	χ^2 for categorical variables and Student's t-test for continuous variables. Linear logistic regression analysis and multivariable logistic regression analysis
8	Areas of Work-Life Survey	MBI Scale	Descriptive statistics, chi-square tests, and t-tests
9	Single-item measure "Does my work leave me enough time for my personal/family life?"	MBI, a 22-item self-administered questionnaire — 3 subscales — The MDS-R is a 21-item questionnaire to identify causes of moral distress	Multivariate and univariate analyses
10	Not mentioned	Not mentioned	Independent Samples t-test and the SEM approach
11	PLIW and WIPL: selected two dimensions of Hayman's scale (2005)	Perceived stress: The scale of Cohen et al. (1983)	SEM
12	WLB: single item “My work schedule leaves me enough time for my personal/family life”	MBI: 2 items Primary Care Evaluation of Mental Disorders Suicidal ideation was assessed	Kruskal-Wallis test, chi-square test. Multivariate logistic regression analysis grouped by specialities and Breslow-Day tests
13	Interviews with questions regarding factors and constraints that affect a female doctor's WLB were asked.	Not reported	Thematic analysis

14	WFC and FWC: 6 items from Carlson, et al. (2000). WLB: 3 items from Haar (2013)	Burnout: 6 items from Maslach and Jackson (1981), combined the dimensions of emotional exhaustion and cynicism	Multilevel analysis with the MlwiN program (Rasbash, et al., 2000), and Monte Carlo Method (Bauer, et al., 2006)
15	Questionnaires to evaluate attitudes and opinions (Svec et al., 1998)	• Are you under stress due to problems connected with WLB? • Does work fatigue limit you to perform domestic duties?	The Kolmogorov-Smirnov double choice test
16	Gropel WLB Scale (2006)	SCSQ Questionnaire	Hierarchical regression analysis
17	WLB: Carlson et al. (2009)	Well-being and psychological distress in university professors: Veit and Ware (1983)	Pearson coefficient, linear regression analysis, T-test
18	Data available from the National Health Interview Survey, CDC/NCHS	Data available from the National Health Interview Survey, CDC/NCHS	Logistic regression models
19	NA	NA	NA
20	WFC: Scale of 18 items and four dimensions from the study of Carlson et al. (2000).	Self-Rated Health (SRH) scale (Benyamini,1997).	Stratified logistic regression analysis, odds ratios adjusted for sex and age were calculated.
21	WFC: (Netemeyer, et al., 2000) WFE (enrichment): (Carlson, et al., 2006)	Mental health: General Health Questionnaire12 (Goldberg and Williams, 1988)	CFA using AMOS
22	European Working Conditions Survey Questionnaire and Copenhagen Psychosocial Questionnaire by Kristensen et al. (2005) and the WFC scale by Carlson et al. (2000)	Swiss Health Survey, and Occupational Stress Questionnaire (Elo et al., 2003), Copenhagen Burnout Inventory (Kristensen, 2005)	Multivariate analysis
23	Not reported	Not reported	Frequency analysis, correlation, regression, ANOVA analysis
24	NA	NA	NA
25	Questionnaire of teachers who work in the self-financing faculties of arts and sciences.	Questionnaire of teachers who work in the self-financing faculties of arts and sciences	Structural equation model
26	WLC was examined with the three items: a) Work-life fit, b) Frequency of overtime work, and c) Work-schedule adjustment	Poor mental health: asked if they had experienced depression or anxiety in the past 12 months Perceived work stress was examined using the statement: "I am under stress at work"	Multivariate logistic regression and multiple logistic regression to study gender
27	N/A	N/A	N/A
28	Hayman's WLB scale (2005) with 15 items, an instrument adapted from FisherMcAuley et al. (2003) (WIPL, PLIW, and WPLE)	Stress: 20-item scale, developed by the authors	Kolmogorov Smirnov test, Cronbach's alpha, exploratory factor analysis, regression analysis

29	WLB: 15 items, with information on participants' schedules and scales used in studies by (Fisher-McAuley and Stanton, 2003; Hayman, 2005)	Job stress: 15 items, developed by Cooper and Marshall (1975),	Bivariate Pearson correlations, path analysis, linear and multiple regression analysis
30	WFC: Netemeyer et al. (1996) scale.	Burnout: 9 items from the burnout inventory of Maslach and Jackson (1981)	Multivariate regressions, SEM, thematic analysis
31	WLB: measured with questions relevant to work schedule and personal/family life	General quality of life was measured through a single-item linear analog scale assessment Rummans et al. (2006) Burnout: MBI Depression Symptoms: Primary Care Evaluation of Mental Disorders (Spitzer et al., 1994)	Descriptive statistics, Kruskal-Wallis test or x^2 test, multivariate analysis, linear or multiple logistic regression
32	The Solution Focused Model Questionnaire	The Solution Focused Model Questionnaire	Not reported

Relationship between WLB and Mental Health

WLB has been identified as a direct predictor of mental health problems, with a strong negative relationship (b=-0.59, p=.004,), with work hours being an important predictor for WLB in workers from different sectors—of health, banking, insurance, technology, and logistics (Hsu et al., 2019). Conversely, it has been pointed out that good WLB can lead to fewer mental health issues and fewer negative attitudes towards such issues among workers. (Kotera et al., 2020).

On the contrary, talking about work-life imbalance and conflict carry a relative risk of poor health (Hämmig, 2014; Kim and Cho, 2020; Minnotte and Yucel, 2018), since high levels of WLC were associated to a greater extent with mental health problems - anxiety, depression, lack of energy and optimism - than with physical health problems such as severe back pain, headaches, sleep disorders and fatigue (Hämmig, 2014; Sirgy and Lee, 2018).

Similarly, it has been possible to identify that the conflict between family and work also has a negative influence on the physical and mental health of workers (Minnotte and Yucel, 2018). In contrast, those who tend to self-report conflicts between work and personal life are at greater risk of indicating poor self-rated health —women: OR = 2.6 / men: OR = 2.0— , negative emotions and depression —OR = 3 .0/3.1—however, those who suffer from mental health problems have a high prevalence rate of WLC—adjusted ORs of more than 1.5, statistically significant for the indicators proposed by the authors, but an employee's positive perception of their WLB leads to a higher rating of their mental health, indicating role enrichment (Kotera et al., 2020).

Likewise, in the study conducted by Haar et al. (2014) in seven different cultures, it was possible to conclude that WLB is negatively associated with anxiety —-.37— and depression — -.38, p < .001—, although for respondents from cultures with greater gender equality and High levels of WLB reported a more pronounced decrease in anxiety —-.09, p <.01, explaining a greater variance R2=.28—, that is, corresponding to a moderating variable. The same authors also point out that individualism and collectivism do not

significantly moderate the relationship between WLB and anxiety or depression, but in the case of individualistic cultures, WLB can have a significant effect on satisfaction, due to the feeling of achievement. While, in collectivist cultures, they would be willing to sacrifice balance to favor families that represent support to face adversity.

Another interesting term that has been studied concerning WLB is work schedule control. Research was conducted in South Korea with a sample of approximately 1,293 employees from 50 companies and it was determined that, even if employees could control their work schedule, it would not be useful to improve mental health unless organizations have practices or WLB programs (Jang et al., 2020). The availability of WLB programs moderates the relationship between schedule control and job satisfaction, as well as between schedule control and mental health. For this same sample, it is suggested that job satisfaction mediates the interaction effect of schedule control and WLB on mental health.

A study from South Korea with a sample of 49,401 employees showed that WLC is strongly associated with poor mental health for people with high socioeconomic status—concerning education men: OR = 1.61 vs. 1.51; women: OR = 1.52 versus 1.24—and income—men: OR = 1.44 versus 1.10; women: OR = 1.48 versus 1.20—, for both men and women, possibly explained by stressors of internal psychological demands, since these workers tend to have greater occupational aspirations. On the other hand, the same research reveals that part-time employees are more likely to report a lower level of WLC —6.0 % for men and 12.9 % for women— than those who work full-time —42.1 % for men and 43.1 % for women. The author comments that the former may be able to manage and balance their work and personal life, but they may also report worse mental health since part-time jobs in South Korea are commonly temporary, with low wages and low security. in employment (Kim and Cho, 2020).

Some additional variables have been studied: marital status, salaries, organizational size, and union membership, but according to Jang et al. (2020), these variables were not significantly related to job satisfaction and mental health. Similarly, decision-making at work, marital status, and more work hours at home do not increase the prevalence of very high levels of WLC (Hämmig, 2014).

In another study carried out by Hämmig (2014), the WLC and its effect on physical and mental health were compared, both in workers from service-providing companies and in industrial and construction workers. It was concluded that the association between different measures of WLC and health outcomes was stronger among operational workers compared to administrative workers; high time-based WLC —20 % vs. 15.2 %—; high voltage-based WLC —33.3% vs. 21.2 %—. Similarly, low-skilled construction and industrial workers are infrequently affected by high levels of WLC—time-based 10.3% and stress-based 14.8%—but this does not mean that they have a lower risk of suffering from poor self-assessed health. The author clarifies that high levels of time-based WLC may represent a greater health risk in white-collar workers (managerial) (aOR=1.98), while high levels of tension-based WLC lead to exhaustion and Lack of energy as a result of a physical demand can affect operational workers to a greater extent (aOR=5.61).

In the United States, a study was conducted with a sample of 12,059 workers based on the 2010 National Health Interview Survey. In this case, a greater risk of moderate distress was identified —OR = 1.55; 95 % confidence interval (CI): 1.25– 1.9—and severe—OR = 3.57; 95 % CI: 2.66–4.79—in workers who reported having work and family conflicts and job

insecurity; Likewise, the more education and the more hours of work you have, the lower the rate of job insecurity, but the higher the WFC level.

The authors recommend expanding the knowledge that associates concurrent work, WFC, job insecurity, and psychological distress (Mutambudzi et al., 2017). The study by Minnotte and Yucel (2018) reinforces the above, since with a sample of 2,600 workers and data obtained from the National Study of the Changing Workforce (NSCW) survey, it was concluded that the negative effect of WFC on poor physical health and mental is greater for workers with greater job insecurity —b = 0.078, p<.05.

A study by Živčicová et al. (2017) compared the results of a European Union (EU) survey with the results of social service workers with 12-hour shifts in Slovakia regarding stress, fatigue, and WLB working hours. It turns out that stress and working hours are statistically important factors that hinder WLB and the fulfillment of family duties for many Slovaks, to a greater extent than for EU workers. Among those who reported little or no stress at work, only 21 % corresponded to Slovak workers and 46 % to EU workers, with the former being more aware of stress at work and home α: p (0, 00282)< (0:05) and considering, statistically more frequently, that work time is an obstacle to fulfilling family duties —"several times a week" with 29% vs. 8 % for EU workers.

A study conducted in Taiwan shows a robust model that reveals a high correlation between long working hours and occupational stress — r = 0.220, p < 0.01 — and between working hours and WLB —r = 0.270, p < 0.01—, similarly, a significant and positive correlation was evident between occupational stress and WLB —r = 0.460, p < 0.01—, different from the significant and negative correlation between occupational stress and job satisfaction — r = - 0.553, p < 0.01—. (Hsu et al., 2019).

The same study managed to identify significant and negative correlations between age and work hours —r = - 0.129, p < 0.05—; between age and work stress —r = - 0.144, p < 0.01— and between perceived control over time and occupational stress —r = - 0.189, p < 0.05—; The author concludes by saying that occupational stress acts as a partial mediator between long working hours and WLB —z = 3.913, p < .001— and as a total mediator between job satisfaction and working hours —z = 4.124, p < .001—in employees in two industries of high technology and banking (Hsu et al., 2019).

Finally, it is necessary to add that companies that promote WLB programs are usually perceived as supportive and family-friendly, increasing job satisfaction and the mental well-being of employees (Jang et al., 2020).

Sectors or occupations of studies on WLB and mental health

Health Workers

Doctors: Burnout significantly impacts career satisfaction and WLB, with work hours being the most significant predictor of burnout among physicians (Akanji et al., 2020). Other triggers, drawn from 52 interviews with female doctors in a developing country like Nigeria, are shortage of doctors, poor medical facilities, poor roads, inequality, salary disparity, and patriarchy, factors that negatively interfere between work and family, as well as the lack of childcare facilities, maternity leave benefits and leave flexible work schedules, and organizational policies that support WLB (Akanji et al., 2020).

The perceived prevalence of burnout in American doctors worsens over the years, as shown by Shanafelt et al. (2015) when comparing the results of a survey carried out in 2014, it

showed that 54% of doctors present at least one symptom of burnout, compared to 45.5% from the same survey in 2011. Below, the results are broken down by specialty for 2011 and 2014 respectively considering an increase of more than 10% in each:

Family medicine 51.3% vs. 63.0%; general paediatrics 35.3% vs. 46.3%; orthopaedic surgery 48.3% vs. 59.6%; radiology 47.7% vs. 61.4; urology 41.2% vs. 63.6 %; dermatology 31.8% vs. 56.5%; pathology 37.6% vs. 52.5%; physical medicine and rehabilitation 47.4% vs. 63.3%; general surgery subspecialties 42.4% vs. 52.7% (Shanafelt et al., 2015), and according to Williford et al. (2018) for surgery residents, the prevalence of burnout is 75%. Similarly, between 2011 and 2014 it was also possible to identify a considerable decrease in satisfaction with the WLB among doctors, going from 48.5 % to 40.9 %; this occurred for all specialities except obstetrics, gynecology, and general surgery. Likewise, it is concluded that in general doctors work on average 10 more hours per week and have a higher rate of burnout and a lower rate of satisfaction with the WLB than American workers in general (Shanafelt et al., 2015).

In China, a study was carried out with a sample of 1,382 medical workers, in which it was possible to identify that the three dimensions of work-family conflict based on time, tension, and behavior are positively correlated with burnout syndrome (Yang et al., 2017).

In a study carried out on 578 internists, classified between hospital and outpatient, it was observed that burnout and the detection rate of depression were common for both, but the former are more satisfied with WLB, although they have a lower rate of personal accomplishment—subscale assessed in the Maslach inventory (Roberts et al., 2014).

A study of 222 gastroenterologists in South Korea showed that young women suffered from a more severe work-life imbalance spending more time on housework and parenting (20.7 ± 19.0) vs. men (14.3 ± 13.3, P = 0.007) and greater exhaustion in 30-year-old women (29.0 ± 10.2, P = 0.419); depersonalization (11.6 ± 5.5, P = 0.012); and low personal fulfillment (28.3 ± 8.5, P = 0.003), similarly, their job satisfaction was low (3.58 ± 1.02) for women vs. men (3.82 ± 0.92, P = 0.067). They also have difficulty not being supported by their spouses and this may happen because they also work full-time (Jang et al., 2020).

In the case of the cardiology speciality, it was evident that faced with the struggle with medical records and electronic documentation, inflexible work hours, and the lack of limits between work and time at home, the risk can increase. of suffering exhaustion. For this reason, Dasgupta et al. (2019) recommend changes to the electronic health record, having more control over schedule, working part-time, and increasing team-building exercises. They conclude by discussing other elements such as long periods of work, the inability to follow personal interests, and the perception of opportunities, not only as a result of merit but as factors that influence the exhaustion of workers who have been in their position for more than 10 years. current (Dasgupta et al., 2019).

To conclude with this first occupation, the literature notes the significance of controlling those factors that may affect the health of doctors, including depression, anxiety, and thoughts of suicide; problems that affect professionals, worsen the shortage of medical personnel, generate an increase in errors, decrease physician productivity and patient satisfaction, and increase personnel turnover costs (Yester, 2019)

Nurse: In a study carried out in Japan with 180 mental health nurses - with at least one co-resident child or married - it was revealed that WFC has a mediating role between the effect

of occupational stress on depression and burnout - but only two elements, emotional exhaustion, and cynicism—, while a relationship between WFC and professional fulfillment was not identified. A potential clarification is the differences in the average age of the participants or the difference in having preschool-age children or older children (Sugawara et al., 2017).

In 2015, a survey was conducted among 914 health professionals, including nurses, doctors, pharmacists, and social workers, all hematopoietic cell transplant professionals. From these data, it was identified that those with burnout were more likely to report an inadequate WLB, as well as a low level of career satisfaction, with moral distress being an important variable contributing to burnout (Neumann et al. al., 2018).

Professors

The boundaries between work and family for teachers may become blurred as work requirements and responsibilities interfere more with family life, rather than the other way around. According to a study carried out in China with 357 university professors, it was concluded that, first, professors with high psychological capital are better at managing work responsibilities, having positive future expectations, believing in their abilities, and avoiding job burnout. Second, WFC is significantly related to job exhaustion ($b3 = 0.51$, $p < 0.01$), with psychological capital being a moderator of this relationship ($\beta = -0.10$, $p < 0.05$) (Pu et al., 2017).

In India, Sumathi and Velmurugan (2019) carried out an analysis of the information of 515 university professors, the result was that those who cannot manage their work and family commitments have a high level of stress ($r = 0.384$), but those who manage to manage and having WLB, as well as the ability to manage work stress, have a high level of job satisfaction ($r = 0.420$; $r = 0.241$) respectively. Some recommendations for institutions to reduce stress levels include employing sufficient teaching staff (Sumathi and Velmurugan, 2019), space for extracurricular programs and recreational activities, being clear about work hours and not giving extra assignments and providing permissions that are earned (Mythili & Alban, 2018).

In a study of 208 female higher education teachers in India, it was found that inadequate salary structure, gender discrimination, hectic work schedules, and lack of training are the main causes of stress in the workplace and that in addition to generating economic problems for these workers, also causes a decrease in their productivity (Meharunisa, 2019).

In Malaysia, the information of 307 higher education academics was analyzed and the result was that the lack of WLB is related to a poor state of mental health, with less job satisfaction, 49% of the variance, and greater intention to rotate, 39 % of the variance. For the specific case of mental health, the three dimensions of WFC explain 57 % and 69 % of the variance for anxiety/depression and social dysfunction respectively, with WFC-based behavior being the critical factor to explain the deterioration of the mental health of academics. From the positive perspective of enrichment, the sub-constructs of development and capital are significantly related to mental health, the former improving it and the latter increasing anxiety, depression, and social dysfunction (Badri, 2019).

By comparing 354 Brazilian teachers and 317 Canadian teachers, it was determined, first, that Brazilians report more balance between professional and private life than Canadian teachers; second, that WLB is positively related to psychological well-being and negatively

related to psychological distress, moderate negative correlation with anxiety (-0.481, p <0.000) and a moderate negative correlation with depression (-0.407, p <0.000); third, that well-being and psychological distress explain mental health scores (Boas and Morin, 2014).

Tech Workers

After analyzing the information of 600 IT workers in India, and considering that this occupation requires working on projects in developed countries, they must adjust to the business hours and holidays of the other country, it was concluded for the sample that there is a significant disparity in the perception of occupational stress and WLB between men and women.

Men perceive a higher level of stress in terms of the work day (Average of 9.81), interpersonal relationships (7.48), lack of professional advancement (8.09), and meeting deadlines (9.83) at P value <0.05; and women perceive a higher level of work-family and family-work conflict than men, the latter being higher (-8.62; 9.41).

Likewise, they conclude that work stress has a partial effect on WLB, that is, that WLB would be reduced by -0.877 for each unit of increase in occupational stress at a significance level of 1. %. In turn, they consider that minimizing work stress can lead to a better WLB (Kala et al., 2017).

Marketing Professionals

In a study of 350 female marketing executives in the fast-moving consumer goods sector in India, it was revealed that WLB has a positive relationship with employee engagement. Likewise, they identified that stress due to workload, child care, unmet professional aspirations, and family dissatisfaction moderate the relationship between WLB and employee commitment in this sample (Chakraborty et al., 2020).

Construction

In Switzerland, it was found that in industrial and construction workers, psychosocial work factors have a greater risk for health in general, and for mental health in particular, than physical work factors. It should be noted that the WLC was the only psychosocial factor that was strongly and significantly associated with physical health outcomes (back, neck, and shoulder pain), and with mental health outcomes (psychological stress symptoms and burnout), for this reason. For this reason, the author suggests prioritizing research on this factor in occupational health and organizational prevention and health promotion practices (Hämmig and Bauer, 2014).

In a study conducted by Kotera et al. (2020) among 144 workers in this sector in the UK, it was determined that WLB is a direct predictor of mental health problems, with a strong negative relationship (b=-0.59, t(141)=2.95, p=.004). They also observed that workers with day shifts reported worse mental health than workers with mixed shifts (day and night) or flexible shifts (p < .01), and identified that if an employee perceives that they have a good WLB, they will also rate their mental health as good supporting the role enrichment hypothesis.

Banking

In a study focused on the banking sector in Lebanon, it was identified that locus of control and personal life interference with work (PLIW) present a significantly positive relationship; The level of perceived stress at work being a mediator of this relationship, this result is independent of gender and type of locus of control. In the case of work-life interference (WIPL), it increases in both men and women if the locus of control increases,

but only in workers with high levels of internal locus of control as 0.43 for men and 0.61 for women. Among respondents with an internal locus of control, there is a stronger positive relationship between perceived stress and WIPL for women 0.61, and with personal life interference with work (PLIW) for men 0.73 (Karkoulian et al., 2016).

In a quantitative study of a sample of 250 banking sector workers in Nigeria, it was concluded that stress-coping strategies were a significant predictor of WLB contributing a variance of 11%, after controlling for the impact of age, gender, and education, with adaptive coping mechanisms taking positive actions and making efforts to eliminate stressors, seeking instrumental and emotional social support, and viewing the situation from a more positive perspective being the most effective in maintaining WLB and protect the worker from negative stress; For the same study, perceived organizational support was significantly related to WLB, while marital status was not (Amazue and Onyishi, 2016).

Managers and Accountants

In New Zealand, a study was carried out with a sample of 131 administrators, during a four-day information recording - through a daily self-report survey - with which it was possible to identify that the one-day FWC positively influenced the work burnout of the manager. next day, while satisfaction with autonomy on one day reduced burnout on the next day.

Likewise, it was concluded that, first, burnout reduced the WLB, and this relationship was fully mediated by WFC; second, engagement increased WLB and was partially mediated by WFE; Finally, this study concludes that the family-work dimension seems to be more useful at the beginning of the day, while the work-family dimension provides greater clarity at the end of the work day (Haar et al., 2018).

In contrast, for the American Institute of Certified Public Accountants in 2004, WLB surpassed compensation as the most important job satisfaction factor. Buchheit et al. (2016) from a sample of 1,063 accountants were able to identify that, first, Big 4 accountants report greater conflict ($\beta = 0.17$, $p < 0.01$) and exhaustion ($\beta = 0.19$, $p < 0.01$) between work and family than their colleagues in smaller companies, likewise accountants in the Big 4 have a lower perception of viability or ability to use alternative work arrangements and remain effective at work ($\beta = -0.21$, $p < 0.01$), these types of initiatives are considered less viable by men since these programs have been presented in firms mainly for women; Second, they found no differences between the perceptions of audit and tax professionals on any of the WLB measures.

Discussion

Within the review articles, it was possible to identify that the concept of WLB is robust in terms of its definition, perspectives, directionality, and associated terms. For this reason, some studies may use the term throughout the document, but in the methodology, they measure only the negative perspective—conflict (Akanji et al., 2020; Badri, 2019; Karkoulian et al., 2016; Buchheit et al., 2016; Haar et al., 2014). Taking the above into account, from the first screening of the research it was identified that 21 of the 43 articles focused on the negative perspective, that is, from the conflict, and in the case of mental health they always start from the illness or the symptoms.

During the systematic literature review, it was possible to identify the lack of consensus in the studies regarding the gender approach, specifically in the relationship between WLB and mental health. The result of one study is striking, which shows that for men there is a high

prevalence rate of WLC, but for women, the association between the degrees of WLC and health outcomes is greater (Hämmig and Bauer, 2014). Based on directionality, it is stated that men perceive a higher level of occupational stress and less WLB, while women may perceive greater family-work conflict (FWC) (Kala et al., 2017).

Likewise, there is no agreement regarding the impact that flexibility practices can have on the relationship between WLB and mental health, since on the one hand, they allow workers to carry out their activities and responsibilities. personal and family life (Kotera et al., 2020), but some consider that having work flexibility, without having control of time and activities or without organizational programs that promote WLB, can have the opposite effect, extending the hours of work. work and generating greater WLC (Hämmig and Bauer, 2014).

Conversely, as Hämmig (2014) mentions, in many cases the research is carried out with homogeneous populations, middle class, knowledge workers, employees of large companies, and those with a high educational level, limiting the comparison of the results and the generalization of the findings. Similarly, of the three literature reviews, two focused on health workers and only one on women. For this reason, in this review, we sought to differentiate the findings of the studies by professions to compare the results in different samples, demonstrate the scope that the studies have had in this regard, detect the existing limitations and knowledge gaps, and identify in which professions there are still this problem has not been studied.

All of the above serves as a reference to promote future research that improves the health of workers, not only in a particular sector but in all professions, understanding that each one has its particularities and needs and that there may be variables that have a greater impact. relevance or practices that have positive effects on both workers and organizations.

Similarly, in other studies, single workers or double-income couples without children were excluded from the sample (Chakraborty et al., 2020; Hämmig and Bauer, 2014), biasing the results and focusing only on the concept of family, ignoring the need for rest, leisure and other roles that these workers may have and that could be reflected in the term personal life. For this reason, in this review the study was not limited in terms of family; on the contrary, the terms life, personal life, home, and family were included to cover the essential activities of workers.

Most of the articles have an individual point of view, about how the worker can deal with stress or other mental health symptoms or problems, only one of the studies focused on the work environments that produce these psychosocial risk factors (Chiang et al., 2010), and only one conducted an intervention through a workshop on stress management and WLB (Mythili & Alban, 2018).

Various articles that delve into the relationship between WLB and mental health were developed in the US, followed by Switzerland – all led by Hämmig – and India. It is necessary to clarify that there are no studies dedicated exclusively to any Latin American country, but a study was identified that sought to validate a Work Home Integration instrument in Spanish-speaking countries, and another that contrasted WLB and mental health in university professors. in Canada and Brazil.

Regarding the methodological part of the research, it can be seen that in most cases the Carlson WFC scale of 2000 or Netemeyer of 1996 was used, with some adjusting the term "family" for "personal life." but those studies that focused on the balanced perspective were mostly measured with one or two questions in the questionnaires; this could create problems in terms of reliability

or error in the analyzes (Minnotte and Yucel, 2018). As presented in summary table 2, 39 of the 43 articles were developed with a quantitative methodology, the majority with previously validated scales, and very few articles with a qualitative methodology.

Regarding mental health, stress, and burnout were the topics that were most studied and related to WLB, 18 studies based the research from the direction of WLB — and other associated terms — towards mental health, and 10 with a directionality different from mental health towards WLB. During this systematic process, only three literature reviews were identified, of which two focused on burnout (Karakash et al., 2019; Yester, 2019) and one on psychological stress (Poms et al., 2016) with a directionality that was always part of the conflict, integration or balance towards the disease.

This is why it was considered important to include other elements that encompass mental health such as anxiety, depression, anguish, and fatigue, maintaining a double direction to understand a broader panorama of the relationship between the variables.

Regarding the organizational variables studied, the one that was most repeated was satisfaction, and to a lesser extent, other concepts such as organizational commitment, well-being, organizational support, work and time control, work hours, locus of control, job insecurity, among others. For the other literature reviews studied, only one worked on the topic of well-being in doctors (Yester, 2019).

Finally, regarding the limitations of the studies, we found that from the methodology, most of the data has been collected through the self-report of the participants, that is, it only reflects their perception, but does not necessarily correspond to an evaluation.

Conclusion and Implications

The population on which the studies have focused refers to helping professions or occupations, as is the case of health workers, whether technical, professional, or specialized, such as doctors or nurses. Another occupation studied is university professors, due to the large number of demands as teachers and researchers and the lack of disconnection from their work. Other professions that could be detected in the studies are workers in the banking sector, IT, construction, accountants, etc. It is necessary to clarify that studies with workers in general were also found, due mostly to the analysis of secondary sources referring to national surveys.

From the systematic literature review, it can also be concluded that the relationship between WLC and mental health is stronger in industrial or construction workers - blue-collar - than for administrative workers - white collar -, but for workers, Blue collar workers with low levels of training may be little affected by high levels of WLC. The time dimension in the WLC can represent a greater health risk in white-collar workers, while the tension dimension due to high physical demand can lead to exhaustion and lack of energy in operational workers.

Among other interesting findings, we can highlight the results of a four-day follow-up study, where workers identified the importance of WFE at the beginning of the day and WFC at the end of it. The same is true for accountants, where it was reported that those who work for the Big 4 have greater WLC and burnout than accountants from smaller companies; and accountants at local and midsize businesses report less burnout than those in the industry.

Concerning shifts, it was identified that workers with daytime shifts reported worse mental health than workers with mixed shifts—day and night—or flexible shifts; just as it was

identified that if an employee perceives that he has a good WLB, he will rate her mental health as good. Based on the concept of directionality, it has been demonstrated that there is a greater impact on mental health from the WLC than from the LWC.

With this study, it was possible to identify from the existing literature a positive correlation between WLB and better mental health, as well as a negative correlation between WLB and mental health problems. It is recommended for future research to delve deeper into the working and contractual conditions of workers, study topics such as precariousness or decent work, analyze the life stages in the relationship between WLB and mental health, evaluate the impact of different flexibility practices to identify the best options in favor of WLB that reduce symptoms and mental health problems—day-care, work at home, flexible hours, maternity leave, sabbaticals, among others.

This review managed to synthesize and compile the main results regarding the relationship between WLB and mental health in general, it is the first time that a review has been carried out that addresses both constructs, and it also provides updated information to date, which can be a key input during the work context in the COVID-19 health emergency. The results of this research were structured based on different occupations, in this way, future researchers can consider previous findings and determine new topics that can generate contributions to knowledge.

Finally, it is necessary to emphasize the importance of this issue for workers, not only to maintain a good organizational image but to understand that WLB and mental health care are very important needs that are generating cost overruns for the company. life of collaborators, organizations, and society in general. For this reason, it is important not only to address these constructs from a health perspective but also from an interdisciplinary perspective and with greater rigor for HR areas of organizations, considering the number of benefits it can bring to workers, from increased satisfaction, organizational commitment, well-being, to less interest in turnover.

REFERENCES

1. Akanji, B., Mordi, C., & Ajonbadi, H. A. (2020). The experiences of work-life balance, stress, and coping lifestyles of female professionals: insights from a developing country. *Employee Relations: The International Journal*, *42*(4), 999-1015.
2. Amazue, L. O., & Onyishi, I. E. (2016). Stress coping strategies perceived organizational support and marital status as predictors of work–life balance among Nigerian bank employees. *Social Indicators Research*, *128*, 147-159.
3. Badri, S. K. Z. (2019). Affective well-being in the higher education sector: connecting work-life balance with mental health, job satisfaction and turnover intention issues inside the academia setting. *International Journal of Happiness and Development*, *5*(3), 225-241.
4. Bakker, A. B., & Demerouti, E. (2014). Job demands–resources theory. *Wellbeing: A complete reference guide*, 1-28.
5. Bell, E., Bryman, A., & Harley, B. (2022). *Business research methods*. Oxford university press.
6. Bhende, P., Mekoth, N., Ingalhalli, V., & Reddy, Y. V. (2020). Quality of work life and work–life balance. *Journal of Human Values*, *26*(3), 256-265.

7. Boas, A. A. V., & Morin, E. M. (2014). Psychological well-being and psychological distress for professors in Brazil and Canada. *RAM. Revista de Administração Mackenzie*, *15*, 201-219.
8. Buchheit, S., Dalton, D. W., Harp, N. L., & Hollingsworth, C. W. (2016). A contemporary analysis of accounting professionals' work-life balance. *Accounting Horizons*, *30*(1), 41-62.
9. Campbell, A., Taylor, B., Bates, J., & O'Connor-Bones, U. (2018). Developing and applying a protocol for a systematic review in the social sciences. *New Review of Academic Librarianship*, *24*(1), 1-22.
10. Chakraborty, T., Gohain, D., & Saha, R. (2020). What comes in the way of engagement? Moderation analysis of stress on women marketing executives' work life balance. *International Journal of Human Resources Development and Management*, *20*(3-4), 349-368.
11. Cho, E., & Koh, C. W. (2015). Governmental interventions and social re-engineering to facilitate work-life balance: Singapore and South Korea. *Handbook of research on work-life balance in Asia. Edward Elgar Publishing, Northampton, MA*, 271-294.
12. Das, S. S., & Mishra, S. A. (2016). A study on Work life balance of women working in IT sectors of Mumbai city. *International Journal of Humanities and Social Science Invention*, *5*(9), 43-47.
13. Dasgupta, S., Dave, I., McCracken, C. E., Mohl, L., Sachdeva, R., & Border, W. (2019). Burnout and work-life balance among pediatric cardiologists: A single center experience. *Congenital Heart Disease*, *14*(3), 350-355.
14. Edwards, B., & Froehle, A. (2023). Examining the incidence of reporting mental health diagnosis between college student athletes and non-athlete students and the impact on academic performance. *Journal of American College Health*, *71*(1), 69-75.
15. Ganster, D. C., & Rosen, C. C. (2013). Work stress and employee health: A multidisciplinary review. *Journal of management*, *39*(5), 1085-1122.
16. Haar, J. M., Roche, M., & ten Brummelhuis, L. (2018). A daily diary study of work-life balance in managers: Utilizing a daily process model. *The International Journal of Human Resource Management*, *29*(18), 2659-2681.
17. Halbesleben, J. R., Neveu, J. P., Paustian-Underdahl, S. C., & Westman, M. (2014). Getting to the "COR" understanding the role of resources in conservation of resources theory. *Journal of management*, *40*(5), 1334-1364.
18. Hämmig, O. (2014). Prevalence and health correlates of work-life conflict among blue-and white-collar workers from different economic sectors. *Frontiers in public health*, *2*, 221.
19. Hämmig, O., & Bauer, G. F. (2014). Work, work–life conflict and health in an industrial work environment. *Occupational Medicine*, *64*(1), 34-38.
20. Haar, J. M., Russo, M., Suñe, A., & Ollier-Malaterre, A. (2014). Outcomes of work–life balance on job satisfaction, life satisfaction and mental health: A study across seven cultures. *Journal of vocational behavior*, *85*(3), 361-373.
21. He, G., An, R., & Zhang, F. (2019). Cultural intelligence and work–family conflict: A moderated mediation model based on conservation of resources theory. *International Journal of Environmental Research and Public Health*, *16*(13), 2406.

22. Hobfoll, S. E., & Freedy, J. (2017). Conservation of resources: A general stress theory applied to burnout. In *Professional burnout* (pp. 115-129). Routledge.
23. Hobfoll, S. E., Halbesleben, J., Neveu, J. P., & Westman, M. (2018). Conservation of resources in the organizational context: The reality of resources and their consequences. *Annual review of organizational psychology and organizational behavior*, *5*, 103-128.
24. Hsu, Y. Y., Bai, C. H., Yang, C. M., Huang, Y. C., Lin, T. T., & Lin, C. H. (2019). Long hours' effects on work-life balance and satisfaction. *BioMed research international*, *2019*.
25. Huang, J., Wang, Y., & You, X. (2016). The job demands-resources model and job burnout: The mediating role of personal resources. *Current Psychology*, *35*(4), 562-569.
26. Jang, E. S., Park, S. M., Park, Y. S., Lee, J. C., & Kim, N. (2020). Work–Life Conflict and Its Health Effects on Korean Gastroenterologists According to Age and Sex. *Digestive Diseases and Sciences*, *65*, 86-95.
27. Kala, K., Jan, N. A., Subramani, A. K., & Banureka, R. (2017). Upshot of occupational stress on work life balance of employees working in information technology organizations in Chennai. *Prabandhan: Indian Journal of Management*, *10*(7), 50-59.
28. Karakash, S., Solone, M., Chavez, J., & Shanafelt, T. (2019). Physician work-life integration: challenges and strategies for improvement. *Clinical Obstetrics and Gynecology*, *62*(3), 455-465.
29. Karkoulian, S., Srour, J., & Sinan, T. (2016). A gender perspective on work-life balance, perceived stress, and locus of control. *Journal of Business Research*, *69*(11), 4918-4923.
30. Kim, Y. M., & Cho, S. I. (2020). Socioeconomic status, work-life conflict, and mental health. *American Journal of Industrial Medicine*, *63*(8), 703-712.
31. Kotera, Y., Green, P., & Sheffield, D. (2020). Work-life balance of UK construction workers: Relationship with mental health. *Construction management and economics*, *38*(3), 291-303.
32. Lazarus, R. S. (2020). Psychological stress in the workplace. In *Occupational stress* (pp. 3-14). CRC Press.
33. Meharunisa, S. (2019). Work-life balance and job stress among female faculties in India's higher education institutions. *International Journal of Recent Technology and Engineering*, *8*(2 Special Issue 11), 846-852.
34. Minnotte, K. L., & Yucel, D. (2018). Work–family conflict, job insecurity, and health outcomes among US workers. *Social Indicators Research*, *139*, 517-540.
35. Mutambudzi, M., Javed, Z., Kaul, S., Prochaska, J., & Peek, M. K. (2017). Effects of work–family conflict and job insecurity on psychological distress. *Occupational Medicine*, *67*(8), 637-640.
36. Mythili, P., & Alban, G. F. (2018). Stress and work-life balance of school teachers: a social work intervention. *Journal of Social Work Education and Practice*, *3*(2), 57-61.
37. Neumann, J. L., Mau, L. W., Virani, S., Denzen, E. M., Boyle, D. A., Boyle, N. J., ... & Burns, L. J. (2018). Burnout, moral distress, work–life balance, and career satisfaction among hematopoietic cell transplantation professionals. *Biology of Blood and Marrow Transplantation*, *24*(4), 849-860.

38. Nitzsche, A., Jung, J., Pfaff, H., & Driller, E. (2013). Employees' negative and positive work–home interaction and their association with depressive symptoms. *American journal of industrial medicine*, *56*(5), 590-598.
39. Ouzzani, M., Hammady, H., Fedorowicz, Z., & Elmagarmid, A. (2016). Rayyan—a web and mobile app for systematic reviews. *Systematic reviews*, *5*, 1-10.
40. Poms, L. W., Fleming, L. C., & Jacobsen, K. H. (2016). Work–family conflict, stress, and physical and mental health: a model for understanding barriers to and opportunities for women's well-being at home and in the workplace. *World Medical & Health Policy*, *8*(4), 444-457.
41. Pradhan, G. (2016). *Conceptualising work-life balance*. Institute for Social and Economic Change.
42. Pu, J., Hou, H., Ma, R., & Sang, J. (2017). The effect of psychological capital between work–family conflict and job burnout in Chinese university teachers: Testing for mediation and moderation. *Journal of health psychology*, *22*(14), 1799-1807.
43. Rahman, M. M., Uddin, M. J., Abdul, M., Mansor, Z., Ali, N. A., Khairuddin, I., ... & Rahaman, M. S. (2017). Factors of work-family balance and its outcomes: A synthesis of literature review. *Journal of Advanced Research in Business and Management Studies*, *8*(1), 1-9.
44. Rincy, V. M., & Panchanatham, N. (2014). Work life balance: A short review of the theoretical and contemporary concepts. *Continental Journal of Social Sciences*, *7*(1), 1-24.
45. Roberts, D. L., Shanafelt, T. D., Dyrbye, L. N., & West, C. P. (2014). A national comparison of burnout and work-life balance among internal medicine hospitalists and outpatient general internists. *Journal of hospital medicine*, *9*(3), 176-181.
46. Schaufeli, W. B. (2017). Applying the job demands-resources model. *Organizational dynamics*, *2*(46), 120-132.
47. Schnall, P. L., Dobson, M., Rosskam, E., & Elling, R. H. (2018). *Unhealthy work: Causes, consequences, cures*. Routledge. g hours' effects on work-life balance and satisfaction. *BioMed research international*, *2019*.
48. Shanafelt, T. D., Hasan, O., Dyrbye, L. N., Sinsky, C., Satele, D., Sloan, J., & West, C. P. (2015, December). Changes in burnout and satisfaction with work-life balance in physicians and the general US working population between 2011 and 2014. In *Mayo clinic proceedings* (Vol. 90, No. 12, pp. 1600-1613). Elsevier.
49. Sugawara, N., Danjo, K., Furukori, H., Sato, Y., Tomita, T., Fujii, A., ... & Yasui-Furukori, N. (2017). Work–family conflict as a mediator between occupational stress and psychological health among mental health nurses in Japan. *Neuropsychiatric disease and treatment*, 779-784.
50. Sumathi, V., & Velmurugan, R. (2019). The impact of stress and work life balance on job satisfaction among female faculty at select arts and science colleges in Coimbatore District. *Journal of Critical Reviews*, *7*(4), 2020.
51. Taris, T. W., & Schaufeli, W. B. (2015). The job demands-resources model. *The Wiley Blackwell handbook of the psychology of occupational safety and workplace health*, 155-180.

52. Trautmann, S., Rehm, J., & Wittchen, H. U. (2016). The economic costs of mental disorders: Do our societies react appropriately to the burden of mental disorders?. *EMBO reports*, *17*(9), 1245-1249.
53. Wood, J., Oh, J., Park, J., & Kim, W. (2020). The relationship between work engagement and work–life balance in organizations: A review of the empirical research. *Human Resource Development Review*, *19*(3), 240-262.
54. Yang, S., Liu, D., Liu, H., Zhang, J., & Duan, Z. (2017). Relationship of work-family conflict, self-reported social support and job satisfaction to burnout syndrome among medical workers in southwest China: A cross-sectional study. *PloS one*, *12*(2), e0171679.
55. Yester, M. (2019). Work-life balance, burnout, and physician wellness. *The health care manager*, *38*(3), 239-246.
56. Zivcicová, E., Bulková, K., & Masárová, T. (2017). Comparison of the selected indicators of work life balance in European Union countries. *Economics & Sociology*, *10*(1), 222.