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Predicting burnout based on work-family conflict with the mediation of perceived social support and psychological capital

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ABSTRACT

The present study aimed to predict job burnout in employed men and women based on work-family conflict mediated by perceived social support and psychological capital. This study is applied in terms of its purpose and descriptive in terms of its method and is of the correlation type. The statistical population of this study consists of all men and women employed in governmental and non-governmental offices and organizations in Tehran in the spring of 2024, of which 237 people were selected through available sampling. The research tools included the Job Burnout Questionnaire by Maslach et al. (2001), Multidimensional Measure of Work-Family Conflict by Carlson et al. (2000), Multidimensional Scale of Perceived Social Support by Zimet et al. (1990), and the Psychological Capital Questionnaire by Luthans et al. (2007). The structural model fit was examined using structural equation modeling and SPSS and AMOS software. The results showed that burnout in employed women and men is predicted based on workfamily conflict (P=0.001, β =0.500). Burnout in employed women and men is predicted based on work-family conflict with the mediation of perceived social support (P=0.001, Z=5.33). Burnout in employed women and men is predicted based on work-family conflict with the mediation of psychological capital (P=0.001, Z=5.07).

Introduction

A major part of each person's life is spent at work, with employed individuals dedicating more than half of their waking hours to their jobs. As such, workplaces are not only environments for productivity but also critical settings that influence individuals' well-being. Given this, attention to employees' health—especially their mental health—is of particular importance. Mental health challenges, if left unaddressed, can reduce work performance, increase absenteeism, and lower overall job satisfaction. The World Health Organization has emphasized this by including mental health as a core principle of primary health care within the strategic agendas of its member states (Goetzel, 2018). In today's competitive and high-pressure work environments, mental health promotion is no longer a luxury but a necessity.

Organizational performance increasingly depends on the quality of human resources rather than merely on tools, technologies, or capital. A hallmark of a healthy organization is its investment in the physical and psychological health of its employees, giving equal weight to worker well-being and productivity outcomes. While each profession has its unique stressors, a shared feature across many occupations is chronic exposure to psychological stress, which leads to cumulative emotional strain. Prolonged exposure to stress without adequate recovery or coping mechanisms can ultimately result in burnout—a state of emotional exhaustion, depersonalization, and reduced personal accomplishment (Maslach & Leiter, 2023).



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Burnout has been the subject of increasing empirical investigation over recent decades, as it is linked not only to declines in job performance and satisfaction but also to broader issues such as turnover intentions, absenteeism, and even physical illness. It reflects a depletion of emotional and physical energy due to prolonged involvement in emotionally demanding situations (Cañadas-De la Fuente et al., 2015).

Among the critical contributors to burnout is work-family conflict, a form of interrole conflict that arises when the demands of work and family roles are mutually incompatible. Stressors encountered at work can spill over into family life and vice versa, thereby increasing vulnerability to burnout over time (Toygar et al., 2023). Understanding this dynamic requires framing burnout not as a standalone condition, but as part of a continuous daily struggle to balance work and family roles (Pluut et al., 2018). The challenge of managing multiple roles is a common experience for modern workers. Researchers have examined this challenge through the lens of bidirectional work-family conflict, consisting of two core dimensions: work interfering with family (WIF) and family interfering with work (FIW). Moreover, this conflict can manifest in time-based conflict, where the time demands of one role hinder participation in the other, and strain-based conflict, where stress in one domain makes it difficult to meet expectations in the other (Nicklin et al., 2022). These forms of conflict often interact with organizational variables, such as job autonomy, supervisor support, and work schedule flexibility, intensifying or mitigating their effects on burnout and other mental health outcomes.

In support of this framework, Yang et al. (2024) conducted a study involving 432 hotel employees and found that family-work interference (a subtype of work-family conflict) was positively related to employees' work time control and negatively related to organizational commitment. Interestingly, the study revealed that work time control and commitment acted as mediating variables in the relationship between family-work interference and outcomes such as job satisfaction and life satisfaction. However, work-family interference (i.e., work affecting the family domain) was not found to have a significant direct impact on these variables in this sample. These findings suggest that the direction and nature of work-family conflict matter and that not all forms of conflict exert equal influence. They also highlight the importance of organizational policies that enhance employees' autonomy over their work schedules and strengthen organizational commitment, which can buffer the negative effects of interrole stress.

Perceived social support has been shown to effectively reduce work-family conflict (French et al., 2018). It refers to individuals' perceptions of the various types of support they receive through multiple social relationships, including emotional, instrumental, informational, and appraisal support (Sanderson, 2013). When integrated into organizational culture, social support can help employees manage the competing demands of work and family life more effectively. Organizations that foster a supportive climate—by offering benefits such as paid leave, on-site or subsidized childcare, flexible working hours, and caregiver support—enhance employee well-being and reduce burnout (Isfianadewi & Noordyani, 2020). Empirical evidence supports this view. For example, Salari et al. (2019) found that social support had a significant negative effect on work-family conflict, which in turn impacted job performance. Similarly, Zare Bahramabadi (2014) reported that social support and work-family conflict jointly explained over 13% of the variance in emotional exhaustion among teachers.

In addition to social support, psychological capital is another key protective factor that helps reduce stress and mitigate work-family conflict (Asghari & Jabbari, 2012). As stress is a principal antecedent of burnout, increasing levels of psychological capital may act as a buffer and contribute to better mental health outcomes. Research shows that strengthening psychological capital is an effective strategy for addressing workplace challenges, enhancing procedural effectiveness, and lowering stress levels. Psychological capital is defined as an individual's positive psychological state of development and includes four core components: (1) self-efficacy—the confidence to take on and put in the necessary effort to succeed in challenging tasks; (2) optimism—a positive outlook based on favorable expectations for the present and future; (3) hope—the ability to persevere toward goals and, when necessary, redirect paths to goals in order to succeed; and (4) resilience—the capacity to bounce back and recover from adversity (Luthans & Youssef-Morgan, 2017). Norouzi & Sakinehpour (2022) found that individuals with high psychological capital are better equipped to cope with stressful job conditions, experience lower levels of stress, and maintain a clear, stable self-concept in the face of setbacks. Likewise, Issa Morad & Khalili

<u>Sadrabad (2017)</u> demonstrated that enhancing psychological capital can reduce the impact of work-family conflict on job stress, thereby moderating its negative effects and promoting resilience.

Among family-related variables, work-family conflict appears to play a particularly significant role in predisposing individuals to psychological distress and burnout. While direct relationships between work-family conflict and burnout have been documented, there is growing interest in exploring the indirect mechanisms through which this relationship unfolds. Specifically, perceived social support and psychological capital may serve as key mediators that help buffer the adverse effects of conflict between work and family roles. Despite increasing scholarly attention, a gap remains in modeling the causal pathways among these variables in an integrated framework. Therefore, the unique contribution of the present study lies in predicting burnout based on work-family conflict, while examining the mediating roles of perceived social support and psychological capital using structural equation modeling. Drawing on existing research, it is hypothesized that work-family conflict is associated with burnout both directly and indirectly—through reductions in perceived social support and psychological capital. Consequently, the study seeks to address the following research question:

To what extent can burnout in employed men and women be predicted based on work-family conflict, with the mediation of perceived social support and psychological capital?

Method

Sample and Sampling Method

This research is applied in terms of purpose and descriptive in terms of methodology. It is a correlational study conducted using structural equation modeling (SEM). The statistical population consists of all employed men and women working in governmental and non-governmental organizations in Tehran during the spring of 2024. Based on recommendations for SEM—where a minimum of 5 and up to 50 samples are typically required per parameter, and an overall sample size between 200 and 400 is generally considered sufficient—this study selected 24 samples for each of the 10 parameters, resulting in a target sample size of 240 participants. Participants were recruited through a convenience sampling method, and the final sample consisted of 237 individuals (Kline, 2016).

The inclusion criteria were age between 25 and 50 years, at least 2 years of work experience, informed consent to participate in the study, and no current use of psychotropic substances or medications (self-reported). The exclusion criteria included lack of consent to participate, incomplete questionnaire responses, and use of psychiatric medication or current psychotherapy treatment.

Tools Used

Job Burnout Questionnaire: The Job Burnout Questionnaire developed by Maslach et al. in 2001 consists of 22 items that assess three components: emotional exhaustion (item numbers 1, 2, 3, 6, 8, 13, 14, 16, 20), depersonalization phenomena (item numbers 5, 10, 11, 15, 22), and lack of personal success (item numbers 4, 7, 9, 12, 17, 18, 19, 21) on a 7-point Likert scale from never = 0 to always = 6. The minimum score is zero, and the maximum score is 132; and higher scores in this tool indicate higher job burnout. Maslach et al. (2001) reported a test-retest coefficient of 0.60 for this tool and a correlation of the components of this tool with job satisfaction in a range of 0.17 to 0.23. In the study by Akbari et al. (2011), the results of confirmatory factor analysis supported the three-factor model of this instrument (χ 2/df=1.86, CFI=0.98, RMSEA=0.041, GFI=0.85). Rezaei Aderyani et al. (2013) reported Cronbach's alpha coefficients for the three components of emotional exhaustion, depersonalization phenomena (personality distortion), and lack of personal success as 0.79, 0.93, and 0.81, respectively.

Multidimensional Measure of Work–Family Conflict: The Multidimensional Measure of Work–Family Conflict developed by <u>Carlson et al. (2000)</u> consists of 18 items that measure three components: time-based conflict (items 1 to 6), strain-based conflict (items 7 to 12), and behavior-based conflict (items 13 to 18). Responses are rated on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). In the Iranian norming study of this instrument, <u>Hashemi et al. (2022)</u> conducted confirmatory factor analysis and demonstrated that the three-factor model of the work-family conflict scale showed a good fit

to the data. They also reported a high internal consistency with a Cronbach's alpha coefficient of 0.91 for the overall scale. In a study by Rajabi et al. (2020), exploratory factor analysis using principal components analysis with Varimax rotation identified three factors corresponding to time-based, strain-based, and behavior-based work-family and family-work conflict. The Cronbach's alpha coefficients for the total scale and the three factors were 0.86, 0.85, 0.84, and 0.88, respectively. The item-total correlations ranged from 0.40 to 0.65. Furthermore, the scale demonstrated good divergent validity, with correlation coefficients of -0.72 and -0.62 when compared to multidimensional perceived social support scales.

Multifaceted Scale of Perceived Social Support: The Multifaceted Scale of Perceived Social Support, developed by Zimet et al. (1990), was designed to measure individuals' perceptions of the adequacy of social support from family, friends, and significant others. The scale includes 12 items rated on a 7-point Likert scale. Zimet et al. (1990) reported a Cronbach's alpha coefficient of 0.88 for the instrument, and demonstrated its concurrent validity through negative correlations with depression (r = -0.24) and anxiety (r = -0.18). In Iran, Bagherian-Sararoudi et al. (2013) conducted factor analysis which supported the three-factor structure—family support, support from significant others, and support from friends. These factors explained 77.87% of the variance in social support among patients with myocardial infarction and 78.55% among a non-patient population. The Cronbach's alpha coefficients were 0.85 for the patient group and 0.92 for the non-patient group. Similarly, Nasiri and Abdul-Malaki (2016) confirmed the three-factor model through factor analysis and reported Cronbach's alpha coefficients ranging from 0.74 to 0.76, supporting the scale's reliability in their sample.

Psychological Capital Questionnaire: The Psychological Capital Questionnaire, developed by <u>Luthans et al. (2007)</u> consists of 24 items divided into four components: self-efficacy (items 1–6), hope (items 7–12), resilience (items 13–18), and optimism (items 19–24). Responses are rated on a 6-point Likert scale, ranging from strongly disagree (1) to strongly agree (6). <u>Luthans et al. (2007)</u> reported Cronbach's alpha coefficients for the subscales ranging from 0.66 to 0.89 and found significant correlations between these subscales and measures of performance and satisfaction. In the present study, the Cronbach's alpha coefficients for self-efficacy, hope, resilience, and optimism were 0.78, 0.74, 0.72, and 0.75, respectively. Likewise, in the research of <u>Mohsenabadi et al. (2021)</u> the results of confirmatory factor analysis determined a hierarchical model that four first-order factors are explained by a higher-order factor (Psychological Capital; χ 2/df=1.46, GFI=0.90, CFI=0.99, TLI=0.99, RMSEA=0.03). The correlation of the total score of Psychological Capital with depression (-0.54), anxiety (-0.40), stress (-0.40), and job satisfaction (0.49) was significant (P<0.01). Also, the internal consistency of the factors assessed by Cronbach's alpha method was from 0.85 to 0.89, and the test-retest reliability after a 4-week interval was confirmed (Psychological Capital: r=0.80, P<0.01).

Procedure

Data collection was conducted following coordination with and obtaining approval from Islamic Azad University. Subsequently, the questionnaires were prepared in an online format. An invitation to participate, along with the corresponding questionnaire link, was disseminated via virtual networks, enabling voluntary participation. Upon reaching the required sample size, the data were extracted and organized for subsequent analysis.

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Both descriptive and inferential statistical methods were employed for data analysis. The descriptive analyses included the presentation of demographic characteristics and central tendency measures such as means and standard deviations. Inferential analyses involved calculation of Pearson correlation coefficients and verification of the assumptions underlying structural equation modeling. Specifically, data normality was assessed using skewness, kurtosis, and Mahalanobis distance statistics; linearity was examined through scatterplots of standardized residuals; and multicollinearity was evaluated via tolerance coefficients and variance inflation factors. The goodness-of-fit of the structural model was then assessed employing fit indices, maximum likelihood estimation, and standardized regression coefficients, utilizing SPSS and AMOS software packages.

Results

In the present study, 36 people (15.61%) were 25 to 30 years old, 106 people (44.7%) were 31 to 40 years old, and 94 people (39.7%) were 41 to 50 years old. The educational level of 34 people (14.4%) of the participants in the present study was a diploma, 16 people (6.8%) had a post-diploma degree, 104 people (43.9%) had a bachelor's degree, and 83 people (35.00%) had a master's degree or higher. 73 people (30.8%) of the participants in the present study were male and 164 people (69.2%) were female. The duration of employment of 27 (11.4%) of the participants in the present study was less than 5 years, 46 (19.4%) were 5 to 10 years, 65 (27.4%) were 10 to 15 years, and 83 (41.8%) were over 15 years.

Adaptive goodness of fit index	Goodness of fit index	Adaptive fitness index	Root mean square error of approximation	Softened chi-square	The square of Ka	Viability indicators
0/867	0/934	0/967	0/067	2/45	185/040	Basic model
0/080<	0/090<	0/090<	0/080>	3>	P>0/05	acceptable values

Table 1 shows that the obtained fit indices support the acceptable fit of the research structural model with the collected data.

Table 2- Direct and indirect path coefficients

probability value	Standard regression coefficient	Standard error	Unstandardized regression coefficient	Predictor variable - Mediator variable/criterion	path
0/001	0/050	0/077	0/369	Work-family conflict - burnout	
0/001	-0/534	0/064	-0/434	Psychological capital - burnout	
0/001	-0/549	0/058	-0/348	Perceived social support - job burnout	direct
0/001	-0/544	0/078	-0/412	Work-family conflict - psychological capital	
0/001	-0/555	0/080	-0/207	Work-family conflict - perceived social support	
0/001	0/555	0/045	0/589	Work-family conflict - burnout	Indirect

Table 2 indicates that burnout among employed men and women is significantly predicted by work-family conflict (P = 0.001, $\beta = 0.500$). Furthermore, when considering the mediating effects of psychological capital and perceived social support, work-family conflict remains a significant predictor of burnout (P = 0.001, $\beta = 0.555$).

Subsequently, the Sobel test (Baron and Kenny, 1986) was employed to assess the individual mediating roles of psychological capital and perceived social support in the relationship between work-family conflict and burnout. The Sobel test evaluates the statistical significance of the indirect effect of a mediator variable on the relationship between an independent and a dependent variable.

Table 3- Sobel test to estimate the mediating role of psychological capital and perceived social support variables

probability Z statistic path	probability
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0/001	5/33	Work-family conflict - psychological capital - burnout
0/001	5/070	Work-family conflict - perceived social support - burnout

Table 3 demonstrates that burnout among employed men and women is significantly predicted by work-family conflict through the mediating effect of perceived social support (P = 0.001, Z = 5.33). Additionally, burnout is also significantly predicted by work-family conflict with the mediation of psychological capital (P = 0.001, Z = 5.07).

Discussion

The present study aimed to predict burnout in employed men and women based on work-family conflict, with perceived social support and psychological capital serving as mediating variables. The results indicated that burnout among employed men and women is directly predicted by work-family conflict. Furthermore, burnout is also predicted by work-family conflict through the mediating effects of perceived social support and psychological capital.

To explain these findings, work-family conflict can be conceptualized as a form of role conflict in which pressures from work and family domains are incompatible. This incompatibility manifests in the difficulty of fulfilling one role (e.g., work) due to the demands of the other (e.g., family). Work-family conflict is bidirectional: challenges in the work domain can spill over and negatively impact the family domain, and vice versa. The conflict originating from the work domain is referred to as work-based conflict, while that originating from the family domain is family-based conflict. Moreover, work-based conflict can be further categorized into time-based, behavior-based, and strain-based conflicts. Time-based conflict arises when time demands of work interfere with family responsibilities, leading to scheduling conflicts. Behavior-based conflict occurs when the behaviors and expectations in the work role (such as rule enforcement) clash with those in the family role (such as nurturing), creating tension. Strain-based conflict involves the transfer of work-related stress and tension into the family domain, which adversely affects family life quality and causes additional conflict (Fan et al., 2024).

Individuals confronted with conflicting demands often experience a sensation of being pulled in multiple directions simultaneously. This overload frequently results in fatigue and, ultimately, burnout. Various workplace factors contribute to burnout, including excessive workload, time pressure, conflicting demands, insufficient information to perform tasks, lack of supervisory support, and inadequate feedback (Harwell, 2013). The Constraint-Support-Demand model conceptualizes stress as the outcome of interactions among job demands, available support, and constraints. This model underscores the critical role of support in mitigating stress induced by job demands. Specifically, even jobs with high demands may not cause stress if workers receive adequate social support. Job constraints refer to limitations such as restricted opportunities for promotion or underutilization of skills. Support encompasses social backing from supervisors and colleagues, while demands include factors such as high work pressure and job sensitivity (Portoghese et al., 2020).

Social support, irrespective of an individual's exposure to stress or psychological pressures, enables avoidance of adverse life experiences and positively influences overall health. Individuals with higher levels of social support often exhibit greater feelings of belonging and self-esteem compared to those without such support. This enhanced sense of connection fosters a positive and optimistic outlook, which benefits health regardless of the stress experienced (Moradi et al., 2019). The stronger an individual's unity with their social environment, the greater the social support they receive, thereby reducing vulnerability to illness and dysfunction. Furthermore, social support enhances the accurate perception of stressful events, diminishing the psychological impact of stress and mitigating complications arising from adverse experiences (Amarloo and Shareh, 2018).

Psychological capital—comprising self-efficacy, hope, optimism, and resilience—is susceptible to influences from family conflicts (<u>Luthans & Youssef-Morgan, 2017</u>). The absence of work-family conflict positively affects these mediating variables, as suggested by the present model, by enhancing individuals' self-efficacy. In critical life moments, individuals with higher self-efficacy are better equipped to overcome challenges by relying on their abilities. Those experiencing lower levels of conflict derive greater benefits from social support and verbal encouragement during life crises, leading to an increased

sense of competence and effectiveness. According to Bandura, verbal encouragement from one's social environment is a key factor in developing self-efficacy. Employees with elevated self-efficacy maintain optimism about the future, and this positive outlook fosters persistence in the face of obstacles. Typically, such individuals approach problems with purpose and commitment to their goals, viewing challenges not as insurmountable issues but as natural occurrences or even opportunities for growth and advancement (Eskandari et al., 2019).

Although all research fundamentally aims to investigate the relationships between variables and quantify their effects, it is invariably subject to certain limitations. In the present study, the use of a non-random sampling method may have introduced sampling bias, thereby limiting the generalizability of the findings. Furthermore, demographic characteristics of the participants, such as socio-economic status, were beyond the researcher's control and may have exerted an influence on the results. Addressing these variables would have necessitated additional resources, including extended time and financial investment. Consequently, it is recommended that future research employ random sampling techniques to improve representativeness. Additionally, it is advisable to replicate the study across populations with diverse socio-economic backgrounds to enhance the external validity of the findings. Finally, it is recommended that organizations endeavor to mitigate employee burnout by fostering robust social support systems and implementing training programs designed to enhance psychological capital.

Conclusion

The findings of this study carry important theoretical and practical implications. Theoretically, the results provide empirical evidence for the mediating roles of perceived social support and psychological capital in the relationship between work-family conflict and job burnout, emphasizing the significance of social and psychological resources in understanding and addressing burnout. Practically, the study highlights the need for organizations to not only reduce work-family conflict but also to actively enhance perceived social support and psychological capital among employees. Implementing family-friendly policies such as flexible working hours, remote work options, and supportive workplace environments can effectively mitigate work-family conflict. Moreover, fostering a culture of support through strong interpersonal relationships and providing access to counseling and mental health resources can improve perceived social support, buffering the adverse effects of conflict. Additionally, training programs designed to develop employees' self-efficacy, optimism, hope, and resilience can strengthen psychological capital and reduce the likelihood of burnout. Overall, the findings underscore the importance of a comprehensive approach to employee well-being that integrates both external work-family dynamics and internal psychological and social resources to promote mental health, job satisfaction, and organizational productivity.

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