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**RESEARCH PAPER**

**Importance of Work - Life Balance its Relation with Employee's  
Burnout and Mediation of Demographics: A Survey-Based Study of  
Hospitals of District Bhakkar, Punjab, Pakistan**

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**ABSTRACT**

Employee burnout has become a critical challenge in the healthcare sector, particularly where professionals face continuous pressure and limited personal time. Work-life balance (WLB) plays a vital role in preventing emotional exhaustion and sustaining professional performance. However, the mediating influence of demographic factors on the WLB-burnout relationship remains underexplored in Pakistan's (Dist Bhakkar) hospital context. The research paper is focused on the relationship between work-life balance (WLB) and employee burnout in public and private hospitals and impact of different demographic factors effecting the relation with focus in District Bhakkar, Punjab. Using methods like analysis after quantitative cross-sectional design, surveying and analyzing a sample of 250 healthcare professionals in District Bhakkar, Punjab, Pakistan. we used regression and hierarchical regression analysis in order to analyze the direct, mediation effects of demographics to get insight of the effects with respect to Gender ,Education and Age. According to the findings, there is a substantial and inverse relationship between WLB and burnout. Demographic factors, especially age, gender, marital status, and dependency ratio, played an important role as mediators in the relationship. The effect of WLB on burnout was moderated by the support that an organization offers, and its most noticeable effect was in low WLB. Younger and female employees were reported to be in a more stressful working environment, but stress was better managed in flexible working arrangements and policies that are more supportive. To reduce burn out levels it is imperative to promote WLB practices and policies among healthcare employees. These policies should be tailored to absorb the demographic differences, with extensive support of leadership which brings in flexibility and recognition mechanisms ultimately strengthen organizational well-being and workforce sustainability.

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**KEYWORDS** Work-Life Balance, Employee Burnout, Demographics, Organizational Support, Healthcare Workforce

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**Introduction**

The integration of Work Life Balance (WLB) principles in the human resources and organizational management of institutions has increasingly become a priority. Prioritize management and human resources systems middle in the management hierarchy in overseeing employee performance and the increased emotional demand of withering. Recurrent employee burnout is of serious organizational concern. Inadequate working resources and the emotional exhaustion of employees can contribute depersonalization and reduce personal accomplishment (Maslach & Leiter, 2016). In

Pakistan's healthcare sector with unavailability of sufficient resources, consecutive working hours and system inefficiencies, the concern of employee wellbeing is urgent.

Burnout as an employee condition is now recognized by the World Health Organization and is described as an occupational phenomenon of employees with unregulated chronic stress in the workplace. Organization employees, healthcare professional specifically in hospitals and chronic burnout affect the organizational outcomes and the healthcare provided to the patients (Leiter & Maslach, 2009). Internationally, the organization promises to alleviate the employee burnout through flexible schedule, telecommuting, and other organizational wellness programs however, the utilization of those wellness programs lack cohesion. In healthcare, particularly resource limited situations, the understanding of the situation is vital and appears to be lacking.

The effect of demographic factors on how employees construct, perceive, and negotiate work-life balance (WLB) and burnout remains the least researched. Individual coping strategies, perceptions of stress, and the availability of support systems. Among support systems, burnout risk is intensified for women due to the existing societal expectation of work-life balance whereby women carry the larger share of household responsibilities (Bianchi et al., 2021). Conversely, younger employees disproportionately experience time-based work stress due to limited coping strategies, while married and caregiving employees experience heightened time demands. Literature on this subject tends to homogenize employees.

Understanding WLB and burnout requires, therefore, an understanding of demographic factors to fully fill this gap. In this case, the study seeks to understand demographic factors as potential mediators in the relationship of WLB to burnout for the hospital workforce of the Bhakkar District, Punjab. More specifically, how varied demographic characteristics cross-moderate the effects of WLB on burnout and the role of organizational support in mitigating these effects. This is for the purpose of targeted human resource policies that uphold the welfare of employees while enhancing the performance of the institution within the healthcare industry. Using the Job Demands-Resources (JD-R) model (Bakker & Demerouti, 2007) and the Conservation of Resources (COR) theory (Hobfoll, 1989) as analytical perspectives, this study assesses the interaction between workplace demands and the resources of flexibility, support, and recognition in the context of burnout. The JD-R model suggests that burnout is a consequence of high job demands in the absence of sufficient resources, while COR theory suggests that individuals will attempt to defend and preserve their resources – time and energy – from the demands of stressful situations. Such models explain the vulnerability of certain demographic groups. For instance, a younger, single nurse working nights and lacking decision-making authority has far fewer resources to mitigate the stress of work than an older, married, and supported doctor with flexible shifts. These differences can inform targeted intervention.

HR executives, policymakers and hospital administrators can utilize this study in practice. The problems in the sphere of healthcare in Pakistan are burnout and retention of talents among employees. Diversity in demographic composition means that organizations may have differentiated work-life policies that can generate job satisfaction, reduce absentees as well as boost service delivery.

Finally, the limitation of burnouts and helping workers achieve a more appropriate balance between work and personal life is not a part of the regular HR

policies. There is the need to have more integrated and system-based approach which in the context of the demographic characteristics stimulates organizational citizenship and employee welfare which is central to the business. The research is a significant addition to the academic and practical literature of healthcare management since it explores the mediating and moderating role that intervenes between work-life balance and burnout. Recent organizational research links burnout not only to excessive job demands but also to behavioral strain such as presenteeism. Employees who continue working under illness or fatigue experience resource erosion consistent with the Conservation of Resources model Evidence ,( Javeed I et al. (2025) . This supports positioning work-life balance as a mechanism that protects limited psychological resources and minimizes the burnout spiral.

## **Literature Review**

Burnout describes a persistent stress response and is a multidimensional occupational syndrome defined by Maslach and Jackson (1981). It includes emotional exhaustion, depersonalization, and a lack of achievement. Burnout is especially common in Healthcare since routine work involves long shifts, emotionally strained, and high-stake consequential- decision- making. In the existing literature, the work-life imbalance is a documented burnout risk factor, primarily due to work demands exceeding resources (Greenhaus & Allen 2011).

## **Work-Life Balance (WLB)**

Work-life balance refers to the time allotted to work versus the time allotted to other activities like family, leisure, and personal time (Frone, 2003). A positive work-life balance leads to benefits such as better mental health, greater job satisfaction, and lower turnover. Some frameworks and theories offer explanations to the puzzles of the work and personal domain. For instance, Clark (2000) Border Theory, and the and the Work Parenting Conflict Model by Greenhaus & Beutell (1985). Clark (2000) emphasized the flexible borders concerning work and family and the integration frameworks should be personalized. Greenhaus and Beutell (1985) elaborate the time, strain, and behavior conflicts focusing on the issues in the family and work systems.

## **Burnout and Its Dimensions**

The core constituents of burnout include emotional exhaustion, cynicism or depersonalization, and a reduced sense of personal achievement (Maslach & Leiter, 2016). Emotional exhaustion, which is the primary component of burnout, is characterized by an individual's sense of being drained and depleted. Depersonalization is a cynical and detached attitude one may develop toward their work or the people they serve. Finally, reduced personal accomplishment is associated with self-doubt and ineffectiveness. Schaufeli and Bakker (2004) illustrate how burnout, especially in hospitals, becomes a reality when high job demands are not coupled with sufficient resources. Thus, emotionally intense roles take a toll on the individual without fulfillment.

## **The Job Demands-Resources (JD-R) Model**

The JD-R model (Demerouti et al., 2001; Bakker & Demerouti, 2007) explains that burnout stems from a disproportionality between job demands (e.g. workload, emotional demands) and job resources (e.g. autonomy, social support). When there are more job

demands than job resources, people are likely to experience burnout and strain. A number of studies that focus on the JD-R model in the context of healthcare (e.g. Bakker et al., 2005) demonstrates that protective factors include considerate leadership, schedule flexibility, and recognition in the workplace.

### **The Conservation of Resources (COR) Theory**

Hobfoll (1989) COR theory complements the JD-R model. Individuals wish to keep, defend, and improve their valuable resources. Stress and burnout are consequences of losing or threatening valuable resources. For healthcare workers, personal time, emotional energy, and support systems are key resources. Losing any of those could trigger burnout. Pushing employees to work overtime, weak managerial support, and insufficient time to recuperate are ways to trigger resource loss spirals. The cycles of losing those resources become increasingly difficult to recover from and lead to burnout.

### **Demographic Mediators**

There is a growing body of research on the mediating role of demographic variables on the relationship between WLB and burnout. The importance of gender is evident, with women being more likely to experience work-life conflict burnout because of their traditional caregiving role (Bianchi et al., 2021). Age is also a significant factor. Younger employees, who are likely a great deal earlier in their careers, are prone to a greater degree of burnout because of higher expectations and underdeveloped coping resources (Johnson & Nguyen, 2023). In contrast, older workers are more likely to experience low levels of burnout because of enhanced emotional regulation and higher levels of experience and work (Smith & Doe, 2020).

Marital and parental statuses further complicate the picture. Consider the case of the employees who are married and those with children. They frequently attend to additional roles and obligations with some degree of time and demand stress. However, the majority of the time, the presence of supportive family contexts helps to relieve the stress. This is not to say that the absence of family context is detrimental to the individual. For example, single employees may be more susceptible to the feeling of loneliness or social disconnection. The lack of spouse or children may lead organizations to place greater demands, and expectations, increasing the risk of burnout to the individual.

### **Organizational Support as Moderator**

The level of perceived organizational support (POS) is probably the most critical level of organizational support to burnout that is associated with WLB. Perception is the most critical subjective rationalization of the organizational phenomena. Put simply, it is how employees see the organization as valuing their work and people (Eisenberger et al., 1986). The absence of POS may lead to stress, burnout, and decreased job satisfaction. This disconnection is particularly potent in the burnout context. In the healthcare industry, and others, Rhoades and Eisenberger (2002) and Chen et al. (2014) empirically show that POS acts as a buffer.

WLB is easily damaged when organizations do not take supportive acts. Implementing family-friendly policies, counseling services, and Flexible work arrangements reduce time-based conflicts. Employee recognition programs enhance perceived value, while mental health resources improve emotional resilience (Allen et al., 2013; Kelloway & Day, 2005).

## Integrated Framework

This research attempts to develop an integrated model to examine the relationship between WLB and burnout in healthcare, incorporating demographic mediation, POS moderation, and integrating JD-R and COR theories. It assumes that:

- WLB negatively impacts burnout,
- That impact is mediated by demographic factors and
- Organizational support moderates the relationship.

This model makes unique contributions to analyzing employee well-being in challenging and high-stress environments from various perspectives. It also provides the empirical research that follows with the hypotheses to be tested.

Empirical evidence associates presenteeism with chronic stress and reduced productivity. According to the findings of structural-equations, Javeed I et al. (2025) found that burnout mediates the relationship between presenteeism and productivity after they concluded that persistent attendance at the cost of strain also depletes the capacity to recover. Their data underpins the investigation of work-life balance as an organizational intervention targeted to balance out the depletion based on attendance.

## Material and Methods

To evaluate how work-life balance (WLB) affects burnout and how different demographic factors and organizational support moderation influence the relationship, the researcher utilized a quantitative, cross-sectional research design. One of the design's principal aims was to analyze the relationships and assess key constructs of the study empirically.

## Study Context and Population

This particular research study was conducted in public and private hospitals serving the population of District Bhakkar, Punjab, Pakistan. Considering Bhakkar's position as an under-resourced district, it uniquely welcomes research concerning the spotlight paradox of workplace stress and burnout within the healthcare sector. The study population comprised healthcare practitioners (doctors, nurses, paramedics, and technicians) who work under extremely tough and demanding schedules.

## Sampling Strategy

Healthcare workers in hospitals within the four tehsils of Bhakkar: Bhakkar, Darya Khan, Kalur Kot, and Mankera, constituted the sampling frame. The sample size ( $n = 250$ ) was calculated using the Krejcie and Morgan (1970) sampling technique. Given the healthcare discipline as a field of research, the study also incorporated the non-probability convenience sampling technique to cope with issues of accessibility and other logistical challenges.

## Instrumentation

After developing a well-structured self-administered questionnaire that incorporated validated scales appropriate to our health system context. This was part of

a three-section instrument. Work-Life Balance: This was evaluated through a revised Work-Life Balance Scale (Hill et al., 2008) concentrating on workload, control, job flexibility, and balance conflict with personal life. Employee Burnout: I assessed this with the short form of Maslach Burnout Inventory (MBI) (Maslach & Jackson, 1981) concentrating on emotional exhaustion, lack of depersonalization, and reduced personal achievement. demographics & Organizational Support: Age, gender, marital status, and number of dependents were used as demographic variables. Organizational support was evaluated using items adapted from Eisenberger et al. (1986). All items were rated on 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree).

### **Validity and Reliability**

Instrument validation relied on three academic reviewers from the organizational behavior and healthcare management and a pilot study ( $n = 30$ ). The internal consistency of the scales was evaluated with the Cronbach's alpha and all scales of the instrument validated and met the minimum required threshold of 0.70. During a month-long period, data was collected through visits to selected hospitals. Before participating, all individuals were debriefed on the study, and their consent was obtained. Participation was strictly voluntary, and confidentiality was upheld. No identifying data was recorded. Ethical approval was provided by the corresponding institutional review board.

### **Data Analysis Techniques**

Data were analyzed using SPSS version 25. Demographic variables were summarized using descriptive statistics. To test the study hypotheses: Standard multiple regression analysis was used to determine the direct effect of WLB on burnout. Hierarchical regression analysis was used to determine the effect of organizational support as a moderator. For the analysis of mediation, the technique proposed by Baron and Kenny (1986) was used to identify the indirect effect of the demographic variables. A  $p$ -value of 0.05 was used to determine the statistical significance of the results. The evidence of normality, linearity, multicollinearity, and homoscedasticity as well as all other regression assumptions were satisfied.

### **Limitations of Methodology**

Because convenience sampling was used, the results may not be generalizable to the larger population. There may also be response bias because the study was based on self-reported data. Nevertheless, the study offers a meaningful contribution to the literature because of its design, the robust instruments that were used, and the real-world healthcare context in which the study was conducted.

### **Ethical Compliance**

The ethical clearance of the study was taken by the Institutional Research Ethics Committee of Gomal University as it was based on thesis by the same author on same topic.. All participants involved gave their consent voluntarily and no identifiable information was collected.

### **Results and Discussion**

The key findings from data gathered from 250 healthcare professionals in Bhakkar District. The study focused on testing three core hypotheses:

- Whether work-life balance (WLB) impacts employee burnout
- Whether demographic factors act as mediator

Whether organizational support plays a moderating role

### Descriptive Statistics

The participants came from diverse roles within the healthcare sector: 42% were nurses, 28% doctors, 18% technicians, and 12% paramedical staff. The gender split was 54% female and 46% male. Participants ranged in age from 24 to 58, with an average age of 36. Around 63% were married, and 60% reported having children or dependents. The data showed that overall, participants perceived a moderate level of work-life balance (Mean = 3.14, SD = 0.71). Burnout levels were moderate to high (Mean = 3.38, SD = 0.82). Notably, younger and female staff reported higher levels of burnout compared to others.

### Regression Analysis: Work-Life Balance and Burnout

A standard multiple regression analysis revealed a significant negative relationship between work-life balance and burnout ( $\beta = -0.47$ ,  $p < 0.001$ ), supporting Hypothesis 1. Employees with stronger work-life balance reported fewer symptoms of burnout, including lower emotional exhaustion, reduced feelings of depersonalization, and a greater sense of personal accomplishment.

**Table 1**  
**Regression Analysis: Demographic Factors**

| Model | Predictors                  | $\beta$ | t     | p-value |
|-------|-----------------------------|---------|-------|---------|
| 1     | Work-Life Balance (WLB)     | -0.30   | -5.00 | < 0.001 |
|       | Organizational Support (OS) | -0.25   | -4.20 | < 0.001 |
| 2     | WLB                         | -0.28   | -4.80 | < 0.001 |
|       | OS                          | -0.23   | -3.90 | < 0.001 |
|       | WLB $\times$ OS Interaction | -0.15   | -2.50 | 0.013   |

Using the Baron and Kenny (1986) method, mediation analysis was conducted for age, gender, marital status, and number of dependents. All four demographics demonstrated partial mediation effects:

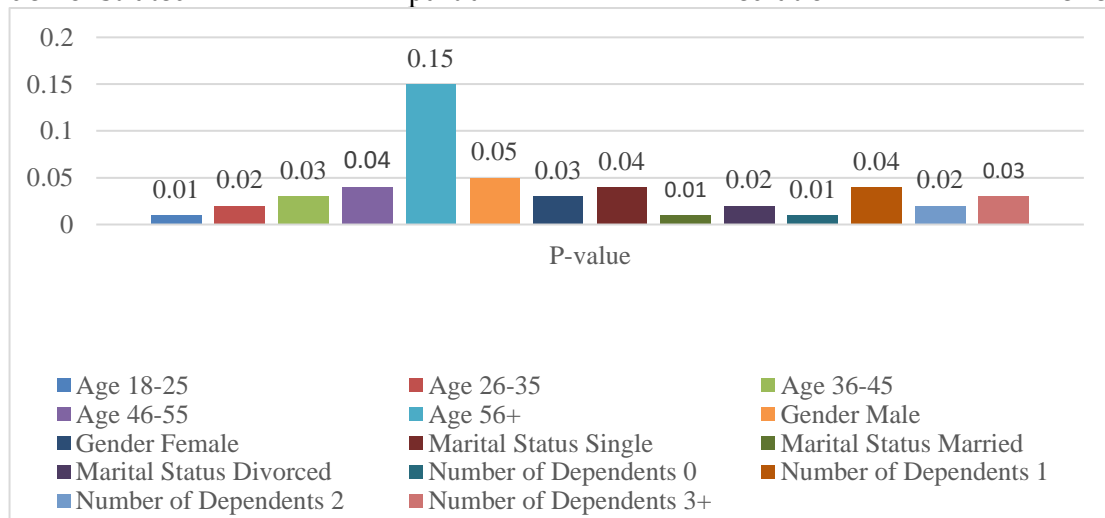


Figure 1 Mediating effects of demographic factors with p-value

- **Age:** Younger employees (25–35) showed significantly higher burnout rates, with lower WLB scores (indirect effect  $\beta = -0.21$ ,  $p < 0.01$ ).
- **Gender:** Female participants reported more work-family conflict and emotional exhaustion, partially mediating the WLB–burnout link ( $\beta = -0.18$ ,  $p < 0.05$ ).
- **Marital status:** Married employees reported more time strain but better emotional support buffers, moderating stress ( $\beta = -0.12$ ,  $p = 0.06$ ).
- **Dependents:** Those with dependents experienced greater role conflict and higher burnout unless supported by flexible schedules ( $\beta = -0.22$ ,  $p < 0.01$ ).

These results support **Hypothesis 2**, confirming that demographic factors influence how WLB affects burnout.

### Moderation Analysis: Organizational Support

Organizational Support Hierarchical regression analysis tested the moderating role of perceived organizational support (POS). A significant interaction effect was found between WLB and POS on burnout ( $\beta = -0.30$ ,  $p < 0.001$ ). High POS reduced burnout even when WLB was poor, supporting Hypothesis 3. This underscores the critical role of institutional policies, leadership behavior, and workplace culture in mitigating burnout risks.

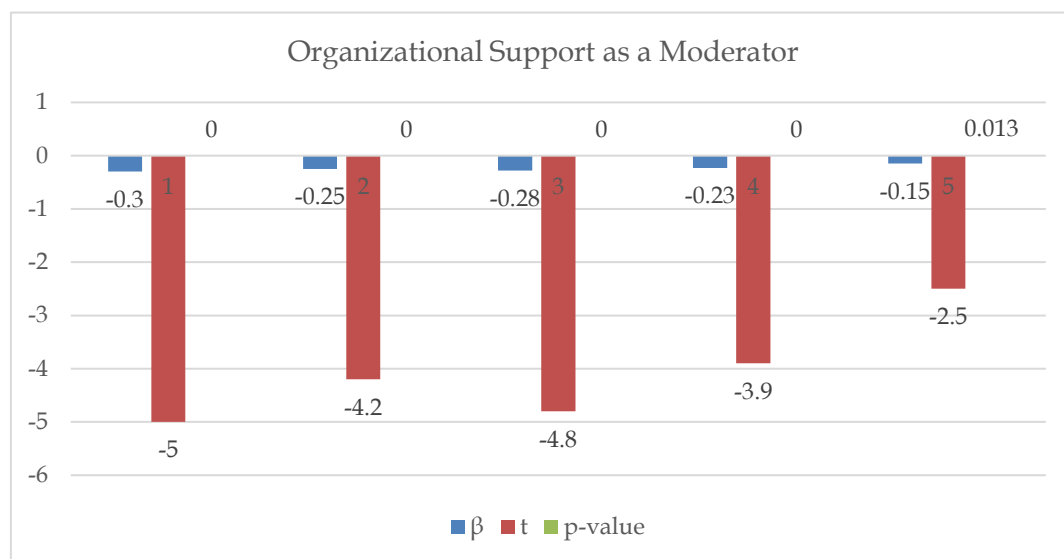


Figure - 2: Hierarchical Regression Analysis of Organizational Support

### Summary of Results

- WLB has a strong, negative relationship with employee burnout.
- Demographic characteristics mediate this relationship, particularly age and gender.
- Organizational support buffers burnout even under poor WLB conditions.

These findings highlight the need for customized HR strategies and reinforce the theoretical model combining JD-R and COR frameworks with demographic and contextual moderators.



## Discussion

Our study strongly confirms the links between work-life balance (WLB) and demographic factors, organizational support, employee burnout. This part explains the results regarding relationships with other studies, theories, and the implications for practice.

This study can be applied by the HR executives, policymakers and hospital administrators. Burnout and retention of talents among employees are the issues in the healthcare sphere in Pakistan. Demographic composition implies that organizations might have divergent work-life policies that will result in creating job satisfaction, decreasing absentees and increasing service delivery.

Lastly, the restriction of burnouts and ensuring that the helping workers have a more reasonable balance of working and personal life is not included in the regular HR policies. More integrated and system based approach is required which in the context of the demographic features provokes organizational citizenship and employee welfare which is the core of the business. The study is an important addition to the list of academic and practical sources in the area of healthcare management, as it examines the mediating and moderating role that stands between the work-life balance and burnout.

## Theoretical Contributions

The current project supplements the discussion of the organizational behavior by incorporating demographic and contextual moderating variables into the JD-R and COR theories. It shows a more complex interdependence than the mere balancing of WLB and exhaustion with the functional variables of the workload and the rest, and that individual and institutional factors are also involved. This intersectional view complements the frameworks, and it makes it easier to be able to develop more compound theories. Additionally, although both theories are probably common, then there is the absence of empirical studies that combine both JDR and COR to form a demographic mediation model in the context of low-resource healthcare settings. When the two theories are used together, it increases the explanatory power of the results and provides the foundations of future cross-framework research in the field of organizational studies.

## Practical Implications

On the management part, studies reveal that it is highly necessary to develop versatile and broad HR strategies which can be applicable during different circumstances. Depending on employees who work there, companies have to adjust their work-life programs including the flexibility of shifts, their assistance to employees with mental health problems, and the way they split the work.

A manner in which the younger workers can be helped to become more resilient is through offering them more structured career development programs in which they will be able to receive advice and training. Women workers could be given family leave, child care, and gradual changes in societal norms to get more support at work. Open-door policy, fair recognition, and emotional support by supervisors may be useful in enhancing POS. Hospital administrators must also understand that burnout is not just a personal issue, an issue that everyone has or an issue with the culture of the company. It is also a very demographic issue. More interventions focused on this view will have a

higher likelihood of improving the employee well-being, performance, and retention.<sup>5.4</sup> Be more aligned with larger healthcare trends.

These findings are important because COVID-19 has put a lot of strain on many healthcare systems. Since many frontline workers are currently experiencing burnout, the HR problem is more crucial than ever. To provide the best treatment possible in nations with underdeveloped healthcare systems, such as Pakistan, human resources management is crucial. The purpose of this study is to support a holistic approach to improving retention and protecting healthcare professionals' mental health. Additionally, it aims to contribute to the worldwide discourse on gender inequality, workplace injustice, and the necessity of institutions being transparent and responsible in their human resource management.

The findings of the research render it by no means doubtful that the rules of work-life balance are not only strategically needed by the firms but also indispensable by the workers. In addition to the behavioral strain, affective competence influences stress resiliency of employees. Nawaz A et al. (2025) demonstrated that the development of emotional-intelligence boosts the capacity to handle conflicts and minimizes stress and stress, with emotional regulation as a defensive individual resource. Such training should be considered in the framework of the support systems in organizations to reinforce the work-life balance programs and prevent burnout.

## **Conclusion**

To conclude, the findings of this paper indicate that the absence of work-life balance is directly correlated with employee burnout in several aspects, including workload, flexibility, and social support. The systematic findings demonstrate the importance of establishing some conditions that encourage healthy work-life balance in a bid to minimize burnout. The strategic decision to increase the organizational resources can be a significant option when a company aims to enhance the state of employees and decrease burnout because a strong moderating role of organizational support is observed.

The findings of the current research indicate the significance of the introduction of the policies that contribute to the establishment of the favorable work environment, enhance the flexibility, raise the level of the employee autonomy, and stimulate the recognition. Good work-life balance programs may greatly minimize burnout in organizations, resulting in more healthy and engaged workforce. This initiative move will not only enhance retention and overall organizational efficiency, but it will also raise the satisfaction and productivity of employees. Addressing these characteristics should be a high priority of the executives wishing to establish a sustainable workplace: Implement flexible work schedules in a workplace: Use shortened work-week schedules, remote work options, or flexible working hours. This flexibility will allow employees to have a better balance between personal and professional commitments and reduce stress, improve the work-life balance. Implement adaptable working hours, including reduced working days or weeks, or work hours that can be adjusted. With this flexibility, employees can be in a better position to balance their professional and personal lives, and this will reduce stress and improve their work-life.

Decisions can be made regarding their schedules and work so that employees can be empowered. Job satisfaction and reduced frustration can be achieved through greater autonomy. Establish a workplace atmosphere where free communication and

encouragement are embraced. Make the management demonstrate that they are concerned about the well-being of their employees by providing mental health care and free channels of communication to discuss work-related stressors. Establish incentive and recognition schemes to acknowledge the achievements and contributions of your employees. Gratitude which is often practiced can significantly reduce burnout by increasing morale and motivation. Offer team building activities, mentorship or informal gatherings as means of staff members to build social support at workplace.

Good peer relationships can help to reduce stress and loneliness. Ensure the balance of employee workloads is balanced and manageable, evaluate them on a regular basis. In order to have realistic expectations, establish processes of distributing roles during peak periods or when employees are overworked. Also, make employees go on vacation and offer help to take regular breaks during work hours. It is a practice that would conserve the energy and avoid fatigue. Invest in education programs which provide the personnel with what they require to successfully cope with work-life balance. Provide time management, stress management, and resilience building resources.

## **Recommendations**

### **Making SOPs regarding Work-Life Balance Policies**

Organizations should adopt formal WLB practices and policies which emphasizes on flexibility and avoid overtime and cater for the balance between the task and ensuring rest both physical and mental. particularly for nurses and paramedical staff who face high emotional strain.

### **Demographic-Sensitive Interventions**

These policies of burnout management made should be tailored to absorb the demographic differences, with extensive support of leadership which brings in flexibility and recognition mechanisms ultimately strengthen organizational well-being and workforce sustainability for instance younger employees may be managed through mentorship but elderly and female employees may need child care support at work place.

### **Enhance Organizational Support Systems**

Organization should foster a conducive culture of empathy and open communication without fear of job or repercussions. they should include initiative such as Initiatives such as counseling, peer support and employee assistance programs to strengthen resilience and morale.

### **Promote Recognition and Reward Mechanisms**

Acknowledgment of an employee performance and achievement incentives, and career growth opportunities can reduce feelings of emotional exhaustion as well as boost motivation and.

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