

Atiku, Sulaiman Olusegun, Niimwene, Maria Tulonga, Genty, Kabiru Ishola, Abe, Ethel Ndidiamaka and Ganiyu, Idris (2026) Work–family satisfaction and task performance: evaluating the effectiveness of work–life balance strategies and coping mechanisms of healthcare professionals. Evidence-based HRM: a Global Forum for Empirical Scholarship. pp. 1-19.

Downloaded from: <https://ray.yorks.ac.uk/id/eprint/15855/>

The version presented here may differ from the published version or version of record. If you intend to cite from the work you are advised to consult the publisher's version:
<https://doi.org/10.1108/EBHRM-05-2026-0323>

Research at York St John (RaY) is an institutional repository. It supports the principles of open access by making the research outputs of the University available in digital form. Copyright of the items stored in RaY reside with the authors and/or other copyright owners. Users may access full text items free of charge, and may download a copy for private study or non-commercial research. For further reuse terms, see licence terms governing individual outputs. [Institutional Repositories Policy Statement](#)

RaY

Research at the University of York St John

For more information please contact RaY at
ray@yorks.ac.uk

Work–family satisfaction and task performance: evaluating the effectiveness of work–life balance strategies and coping mechanisms of healthcare professionals

Evidence-based
HRM: a Global
Forum for
Empirical
Scholarship

Received 16 May 2026
Revised 11 July 2026
Accepted 24 August 2026

Sulaiman Olusegun Atiku

*Department of Business Management and Economics, Walter Sisulu University,
Mthatha, South Africa and
Harold Pupkewitz Graduate School of Business, Namibia University of Science and
Technology, Windhoek, Namibia*

Maria Tulonga Niimwene

*Department of Admissions, International University of Management,
Windhoek, Namibia*

Kabiru Ishola Genty

*Harold Pupkewitz Graduate School of Business, Namibia University of Science and
Technology, Windhoek, Namibia and
Department of Industrial Relations and Human Resource Management,
Lagos State University, Lagos, Nigeria*

Ethel Ndidiamaka Abe

*Paseka School of Business, Minnesota State University Moorhead,
Moorhead, Minnesota, USA, and*

Idris Olayiwola Ganiyu

*York Business School, York St John University,
York, UK*

Abstract

Purpose – This study aims to examine the effectiveness of work–life balance strategies (WLBS) and individual coping strategies (ICS) on work–family satisfaction (WFSat) and task performance (TP) among healthcare professionals in Namibia’s public health sector.

Design/methodology/approach – Using cross-sectional survey data from 395 healthcare professionals, structural equation modeling (SEM) was employed to test the proposed relationships.

Findings – The findings indicate that work–family stressors significantly undermine the effectiveness of WLBS, while exhibiting no significant relationship with ICS. In contrast, ICS demonstrate strong positive effects on both WFSat and TP. WLBS, however, show no significant association with either outcome.

© Sulaiman Olusegun Atiku, Maria Tulonga Niimwene, Kabiru Ishola Genty, Ethel Ndidiamaka Abe and Idris Olayiwola Ganiyu. Published by Emerald Publishing Limited. This article is published under the Creative Commons Attribution (CC BY 4.0) license. Anyone may reproduce, distribute, translate and create derivative works of this article (for both commercial and non-commercial purposes), subject to full attribution to the original publication and authors. The full terms of this license may be seen at <http://creativecommons.org/licences/by/4.0/>

Funding: This research received no external funding.

Disclosure statement: No potential conflict of interest was reported by the author(s).



Evidence-based HRM: a Global Forum
for Empirical Scholarship
Emerald Publishing Limited
e-ISSN: 2049-3991
p-ISSN: 2049-3983
DOI 10.1108/EBHRM-05-2026-0323

Originality/value – This research challenges the assumptions of socio-institutional theory in a Sub-Saharan African context and offers actionable recommendations for WLB policy or program reviews in the public health sector.

Keywords Work–family stressors, Individual coping strategies, Work–family satisfaction, Task performance, Public healthcare

Paper type Research article

Introduction

Healthcare professionals operate in high-demand environments characterized by prolonged working hours, emotional strain, and escalating service pressures, particularly within public hospitals. These conditions intensify work–family conflict (WFC) and place sustained demands on employees' psychological and behavioral resources. WFC occurs when pressures arising from work and family roles are incompatible, making participation in one role more difficult because of other commitments in the other (Greenhaus and Beutell, 1985). To manage these competing demands, organizations often implement work–life balance strategies (WLBS), which are a set of formal policies and practices designed to help employees reconcile work and personal responsibilities (De Cieri *et al.*, 2005). At the individual level, employees often rely on individual coping strategies (ICS), which are cognitive, emotional, and behavioral efforts used to manage stress and adapt to challenging work–family demands (Lazarus and Folkman, 1984). The effectiveness of these institutional and individual mechanisms is often reflected in work–family satisfaction (WFSat), which captures an individual's overall satisfaction with balancing work and family roles (Jaga and Bagraim, 2011). In this study, WFSat represents a key indicator of employee well-being and an important mechanism linking coping processes to performance outcomes. Therefore, enhanced WFSat is expected to contribute to task performance (TP), which involves the effective execution of job-related duties and responsibilities that support organizational goals (Gonçalves *et al.*, 2019; Koopmans *et al.*, 2012; Lin *et al.*, 2025).

Existing research focuses on the construction (Aghimien *et al.*, 2024) and manufacturing sector (Ganiyu *et al.*, 2020), offering limited insight into healthcare contexts where patient outcomes depend heavily on professional well-being (Chandra, 2012; Lin *et al.*, 2025). Much of the literature has examined WLBS and ICS as independent mechanisms, operationalizing institutional support and individual coping in isolation (Ganiyu *et al.*, 2020). This fragmented perspective has limited opportunities for directly comparing the relative effectiveness of institutional WLBS and individual coping processes in shaping employee well-being and performance outcomes. Hence, it remains unclear whether institutional interventions or individual coping resources exert stronger influences on WFSat and employee outcomes in high-demand healthcare environments. This represents a critical gap, as it limits our understanding of how organizational resources and individual responses jointly influence employee well-being and TP under conditions of high job demands. Moreover, prior studies have been predominantly conducted in sectors such as construction (Aghimien *et al.*, 2024) and the manufacturing sector (Ganiyu *et al.*, 2020), with comparatively little attention to healthcare settings where employee well-being is directly linked to service quality and patient outcomes.

Healthcare systems across Southern Africa continue to face challenges related to workforce shortages, demanding working conditions, employee retention, and occupational stress, particularly within public healthcare institutions (Magumba *et al.*, 2013; Washeya and Fürst, 2021). These challenges have implications not only for employee well-being but also for the quality and sustainability of healthcare service delivery, underscoring the importance of understanding work–family experiences and performance outcomes within the regional healthcare workforce. Despite recent improvements in healthcare infrastructure to enhance service delivery, public healthcare systems in Namibia continue to experience workload pressures, staffing constraints, and role overload (Magumba *et al.*, 2013; Washeya and Fürst, 2021). These conditions have been linked to emotional exhaustion, job dissatisfaction, and

burnout among healthcare professionals, particularly those working in frontline roles (Pieters and Matheus, 2020; Gonçalves *et al.*, 2019). However, evidence on how such pressures influence work–family outcomes and performance in Namibian public healthcare settings remains limited, justifying further investigation. In this context, the relative effectiveness of institutional WLBS compared to ICS remains unclear, raising important questions about how employees navigate competing work and family demands when formal support systems are limited. The present study examines how WLBS and ICS jointly influence WFSat and TP among healthcare professionals in Namibia. Specifically, we investigate whether ICS serve as a more proximal mechanism linking work–family experiences to performance outcomes. Integrating institutional (Buchanan *et al.*, 2025) and individual (Lazarus and Folkman, 1984) perspectives, this study advances understanding of the interplay between organizational support and individual coping mechanisms in shaping employee outcomes.

This research makes three contributions. First, it extends work–family stressors (WFS) research by simultaneously examining the relative influence of institutional WLBS and ICS on WFSat and TP in a research model. This model enables a direct comparison of the effectiveness of Institutional WLB policies and individual mechanisms in the Namibian public health sector. Second, it contributes to the literature on employee well-being and performance by identifying WFSat as a key mechanism linking coping processes to task outcomes. Third, it provides contextually grounded insights from a sub-Saharan African healthcare system, thereby challenging the generalizability of existing assumptions on the effectiveness of institutional WLBS in such environments.

Background theory

Prior research examining the relationships among WFS, WLBS, and TP has drawn on a range of theoretical perspectives, including boundary, spillover, and border theories, as well as institutional and social exchange frameworks (Blau, 1964; Clark, 2000; Meyer and Rowan, 1977; Nippert-Eng, 1996; Staines, 1980). While these perspectives have advanced understanding of work–family dynamics, much of this literature is grounded in Western contexts characterized by relatively stable institutional structures and resource availability. Consequently, these frameworks provide limited insight into settings where institutional support is uneven and socio-cultural obligations such as extended family responsibilities and “black tax,” which influence how work–family demands are experienced and managed. “Black tax” is a socio-economic concept commonly discussed in Southern African scholarship to describe the financial and non-financial responsibilities borne by employed individuals in supporting extended family members and dependants beyond their immediate households (Mangoma and Wilson-Prangle, 2019). These obligations often require ongoing transfers of financial resources, caregiving support, and other forms of assistance to both direct and extended family members. Consequently, such responsibilities may impose significant economic and psychological pressures on healthcare professionals, potentially constraining their financial well-being, wealth accumulation, and overall quality of life.

Recent studies in public health contexts have begun to incorporate socio-institutional theory and conservation of resources perspectives to explain work–life balance outcomes (Asadullah *et al.*, 2024; Buchanan *et al.*, 2025). However, these approaches tend to under-specify the role of individual appraisal and coping processes in shaping how institutional supports translate into WFSat and TP. To address this gap, the present study integrates socio-institutional theory with the transactional theory of stress and coping (Lazarus and Folkman, 1984) to provide a more comprehensive explanation of how institutional and individual factors jointly influence TP in the public health sector.

Socio-institutional theory posits that organizational structures and practices are shaped by broader social norms, institutional rules, and expectations that confer legitimacy on organizations (Meyer and Rowan, 1977). Rather than operating independently,

organizations adapt to pressures arising from regulatory requirements, professional standards, and societal expectations. In public healthcare systems, these pressures often include expectations of continuous service delivery, workforce accountability, and high-quality patient care (Buchanan *et al.*, 2025; Washeya and Fürst, 2021). From a socio-institutional perspective, such pressures may simultaneously create demanding work environments and motivate organizations to adopt formal support mechanisms to enhance employee well-being and operational efficiency. Consequently, WLBS can be understood as institutional responses designed to help employees manage competing work and family demands while enabling organizations to meet their operational objectives.

To complement this macro-level perspective, the transactional theory of stress and coping (Lazarus and Folkman, 1984) provides a micro-level explanation of how individuals interpret and respond to work–family demands. The theory conceptualizes stress as a dynamic process involving primary appraisal (the evaluation of threat or challenge) and secondary appraisal (the assessment of coping resources). These appraisals shape coping responses, which may be problem-focused or emotion-focused (Biggs *et al.*, 2017). Importantly, coping is iterative, with individuals continuously reappraising situations as conditions evolve (Wolfers and Utz, 2022). Within this framework, ICS influence how healthcare professionals interpret institutional demands and utilize available resources to maintain WFSat and sustain TP.

With these theoretical perspectives, this study develops a multilevel explanation of how institutional WLBS and individual coping processes interact to shape WFSat and TP among healthcare professionals. This approach advances the literature by linking institutional structures with psychological mechanisms, thereby offering a more contextually grounded and theoretically integrated understanding of work–family dynamics in the public health sector of a developing country.

Literature review and hypotheses development

Institutional support versus individual coping

Work–family research has traditionally been dominated by two distinctive, but insufficiently integrated perspectives. On the one hand, socio-institutional approaches emphasize the role of organizational structures and policies, such as WLBS (Assiri *et al.*, 2021; Coll and Mignonac, 2023) in addressing work–family conflict (WFC). These approaches assume that formal support mechanisms, embedded within organizational systems, can mitigate WFC and enhance TP. On the other hand, the transactional theory of stress and coping argues that employees actively interpret and manage stressors through ICS, thereby influencing how they respond to WFC and meet work expectations (He *et al.*, 2024; Kuftyak, 2023).

Despite their shared objective of improving employee functioning, these perspectives rest on fundamentally different assumptions (Kuftyak, 2023). Socio-institutional approaches conceptualize employees as recipients of organizational resources (Hadziavdic and Forsyth, 2025; Nithya *et al.*, 2025), whereas coping perspectives view them as active agents who regulate stress through cognitive and behavioral strategies (Biggs *et al.*, 2017; Wolfers and Utz, 2022). This divergence creates a critical but underexplored theoretical tension, whether employee outcomes are primarily shaped by institutional support mechanisms or by individual coping processes, particularly in contexts characterized by high job demands and limited organizational resources. Recent theoretical developments have highlighted the value of integrating work–family research with the transactional model of stress by emphasizing how employees continuously appraise and respond to competing work and family demands (Ryu, 2024). This perspective reinforces the importance of individual coping processes in understanding work–family outcomes and employee functioning under conditions of role stress.

This tension is especially salient in healthcare settings, where employees operate under sustained pressure, emotional demands, and resource constraints. While WLBS are widely promoted as organizational solutions to WFC (Asadullah *et al.*, 2024; Kecklund *et al.*, 2017;

Thilagavathy and Geetha, 2023), their effectiveness may be contingent on contextual factors such as workload intensity, staffing shortages, and the feasibility of flexible work arrangements. In such environments, ICS may play a more proximal role in shaping outcomes, potentially compensating for inadequate institutional support mechanisms. However, existing research has largely treated WLBS and ICS (Kiri, 2024; Padmaja and Chodisetty, 2025; Riveros-Munevar *et al.*, 2025) as independent predictors, thereby overlooking their potential interaction or relative effectiveness.

Work and family stressors as antecedents of institutional and individual responses

Work stressors (WS), including high workload, long working hours, and unfavorable working conditions, represent key drivers of WFC and reduced TP (Landsbergis *et al.*, 2017; Proper and van Oostrom, 2019). Similarly, family stressors (FS), such as financial strain, caregiving demands, and interpersonal conflicts, exert additional pressures that spill over into the work domain (Chung *et al.*, 2023; Kuftak, 2023; Prime *et al.*, 2020). From a socio-institutional perspective, these stressors should trigger the utilization or effectiveness of WLBS, as organizations are expected to provide structures that help employees manage competing demands (Barck-Holst *et al.*, 2022). Conversely, from a coping perspective, stressors are appraised at the individual level, prompting the activation of ICS as adaptive responses (Wolfers and Utz, 2022). However, these perspectives imply different behavioral pathways. Institutional approaches suggest that increased stress should intensify reliance on organizational support systems, whereas coping theory suggests that individuals independently mobilize coping strategies regardless of institutional provision. This divergence leads to the following hypotheses:

- H1. Work stressors are negatively related to WLBS.
- H2. Work stressors are positively related to ICS.
- H3. Family stressors are negatively related to WLBS.
- H4. Family stressors are negatively related to ICS.

Institutional support and individual coping strategy as antecedents of work-family satisfaction

Work-family satisfaction (WFSat) reflects an individual's subjective evaluation of their ability to balance work and family roles (Jaga and Bagraim, 2011; Kalliath *et al.*, 2022; Nair and Millath, 2019). While socio-institutional approaches posit that WLBS enhance WFSat by reducing structural constraints and role conflict (Barck-Holst *et al.*, 2022; Le *et al.*, 2024). The individual coping perspective, on the other hand, suggests that satisfaction emerges from individuals' capacity to manage stress through adaptive strategies (Wolfers and Utz, 2022). These perspectives suggest different causal pathways whereby institutional mechanisms operate through structural support, whereas coping strategies operate through psychological regulation. Empirical research has produced mixed evidence regarding the effectiveness of WLBS, particularly in high-demand environments where formal policies may be difficult to implement (Landsbergis *et al.*, 2017; Proper and van Oostrom, 2019). In contrast, ICS such as problem-focused coping, emotional regulation, and boundary management have consistently been associated with improved well-being and reduced stress (De Simone *et al.*, 2014; Kalliath *et al.*, 2022). This suggests that in resource-constrained contexts, individual coping may play a more central role in shaping WFSat than institutional interventions. Based on the literature, we hypothesize that:

- H5. WLBS have a significant positive influence on WFSat.
- H6. ICS exert a significant positive effect on WFSat.

Task performance (TP)

Task performance (TP) represents a critical organizational outcome, particularly in healthcare settings where employee performance directly affects service quality and patient safety (Magumba *et al.*, 2013; Moreira *et al.*, 2023; Washeya and Fürst, 2021). Socio-institutional theory suggests that WLBS enhances TP by reducing WFC and enabling employees to allocate resources more effectively (Nithya *et al.*, 2025; Hadziavdic and Forsyth, 2025). In contrast, individual coping theory posits that TP is primarily driven by individuals' ability to manage stress and maintain psychological functioning under pressure (Bressler and Tark, 2025). The distinction between these perspectives is crucial. While WLBS operate as distal, structural mechanisms, ICS function as proximal, individual-level processes that directly influence cognitive and behavioral performance (Guan and Shen, 2024; Heras *et al.*, 2021). This suggests that ICS may exert stronger effects on TP, particularly in environments where institutional support is constrained.

Furthermore, WFSat is likely to serve as a mechanism linking both WLBS and ICS to performance outcomes (Ganiyu *et al.*, 2020). From a socio-institutional perspective, WFSat reflects the effectiveness of organizational support (Nicole, 2021), while from a coping perspective, it reflects successful stress regulation. Integrating these perspectives, WFSat can be conceptualized as a key pathway through which both institutional and individual mechanisms influence performance. Therefore, we hypothesize that:

- H7. WLBS has a significant direct effect on TP in the public health sector.
- H8. ICS exerts a significant direct effect on TP in the public health sector.
- H9. WFSat exerts a significant direct effect on TP in the public health sector.

Methodology

A quantitative approach was employed to determine the effects of institutional WLBS and ICS on WFSat and TP in the public health sector. A cross-sectional survey design was incorporated in this study to gather numerical data from survey respondents using a self-administered questionnaire. The self-administered questionnaire was shared with survey respondents via Google Forms, which is an effective online survey tool.

Sampling design and data collection

The population of this study comprises 19,976 healthcare professionals working in the participating public hospitals and clinics in Namibia (Ministry of Health and Social Services, 2022). The healthcare professionals included in the study were medical doctors and specialists, nurses, therapists, pharmacists, mental health professionals, and other healthcare professionals. Therefore, healthcare professionals working in the participating public hospitals, clinics, and other healthcare centers across the regions were used as the units of analysis. A convenience sampling technique was used to draw a sample of 395 respondents from the total population. Although the convenience sampling technique is a non-probability sampling technique, its application in a quantitative approach provides a more feasible, efficient, and ethically sound choice (Ofori *et al.*, 2023). Given the practical constraints of this sampling technique, we adopted explicit inclusion and exclusion criteria to ensure the sample better represents the population of healthcare professionals working in the participating public hospitals, rather than an arbitrary convenience sample.

The ethical considerations pertinent to social science research were rigorously observed in the current study. Before the structured questionnaires were administered, ethical clearance was obtained from the National Commission on Research, Science and Technology (NCRST) via the International University of Management (IUM), Namibia. The confidentiality and anonymity of public hospitals and survey respondents were assured and explicitly solicited in

the survey introductory page, where respondents were required to indicate their informed written consent. The online survey was administered to respondents through the Human Resources (HR) department and department heads in the participating public hospitals in Namibia. The survey administration lasted for three months, gathering 395 responses, which is a representative sample (Krejcie and Morgan, 1970) of 25,502 healthcare professionals in Namibia.

The demographic profile of the sample (395 respondents) reveals that 83.8% of the respondents were female, while the remaining 16.2% were male. The gender distribution of respondents' marks predominance of female respondents in the participating public hospitals in Namibia. The descriptive statistics of respondents across five age groups revealed that 57% of the respondents were within the age group of 26–35 years, while 26.8% were 36–45 years of age. The youngest age group within the sample of healthcare professionals was 18–25 years, accounting for 6.1%, while the older age brackets of 46–55 years and 55–60 years comprised 7.6% and 2.5%, respectively.

Measurement

The major constructs measured in this scholarly work are WS, FS, WLBS, ICS, WFSat, and TP. The associations among independent variables and the dependent variables are operationalized in the research model illustrated in Figure 1.

Work stressors

We measured WS of healthcare professionals in public hospitals in Namibia using a 10-item scale adapted from the 30-item scale developed by Rizzo *et al.* (1970). The 30-item scale was originally designed to measure role conflict and ambiguity, which are dimensions of WFS investigated in this study. The items measuring WS were adapted using a 5-point Likert-type rating scale (1 = strongly disagree, 5 = strongly agree). A sample of items on the scale includes “I am pressured to work long hours” (α ranged from 0.78 to 0.95).

Family stressors

This study measured FS using a 10-item scale adapted from the 24-item scale developed by Kopelman *et al.* (1983) to measure work conflict, family conflict, and inter-role conflict. The questions assessing family conflict and inter-role conflict in the original scale were adapted to measure the construct (FS) in the current study. Findings from a meta-analysis study ($\alpha = 0.91$) revealed a consistent reliability across different studies (Ugwu and Idemudia, 2024). Responses

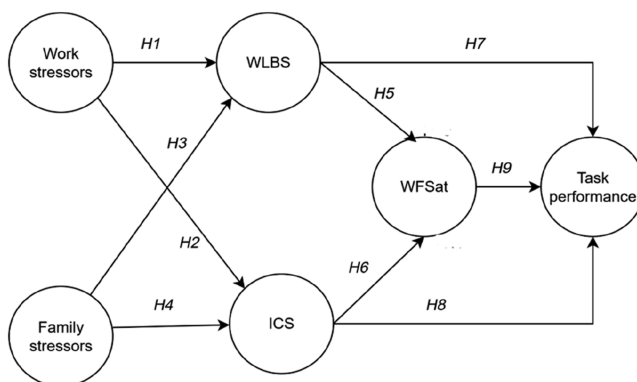


Figure 1. Research model and hypotheses. Source: Authors' compilation

were structured on a 5-point Likert-type rating scale (1 = strongly disagree, 5 = strongly agree).

Work-life balance strategies

The WLBS in public hospitals in Namibia were assessed using an 8-item scale adapted from the WLBS measurement scale developed by [De Cieri et al. \(2005\)](#). The Cronbach's alpha (CA) coefficient of this adapted scale in Nigeria was 0.88 ([Ganiyu et al., 2020](#)). Two examples of the 8-item scale used to measure WLBS in public hospitals are "Namibian Public Health Sector has flexible working hours" and "There is provision for paid maternity/paternity leave for employees at the Namibian Public Health Sector". The survey responses were designed using a 5-point Likert-type rating scale (1 = strongly disagree, 5 = strongly agree).

Individual coping strategies

The 9-item scale measuring ICS, such as turning to work or other activities to manage stress, was adapted from the foundational work of [Lazarus and Folkman \(1984\)](#), which focused on coping mechanisms. Lazarus and Folkman influenced the development of the Coping Stress Inventory (CSI) and the Coping Strategies Questionnaire (CAE), which assess diverse coping styles and strategies ([Gadzella et al., 2008](#); [Swartzman et al., 1994](#)). The response options were designed using a 5-point Likert-type rating scale (1 = strongly disagree, 5 = strongly agree). The CA coefficients for the CSI in the South African context range from 0.69 to 0.74 ([Mpondo et al., 2022](#)). These coefficients indicate acceptable reliability ([Pallant, 2020](#)) for the CSI in African samples.

Work-family satisfaction

The measure of the work satisfaction dimension of WFSat was adapted from the revised version of the Job Descriptive Index (JDI) by [Smith et al. \(1969\)](#) and the Minnesota Satisfaction Questionnaire (MSQ) by [Weiss et al. \(1967\)](#). A few examples of the 9-item scale used to measure work satisfaction are "My job gives me a feeling of personal accomplishment", "I am satisfied with the environment in which I work", among others. The 10-item scale used to measure the family satisfaction dimension was adapted from the satisfaction with family-life scale ([Diener et al., 1985](#); [Edwards and Rothbard, 1999](#)). Responses on the adapted scales were structured on a 5-point Likert-type rating scale (1 = strongly disagree, 5 = strongly agree). CA coefficients for the sub-dimensions of WFSat from previous studies in Africa were 0.88 and 0.89, respectively ([Ganiyu et al., 2020](#)).

Task performance

We measured TP in the participating public hospitals in Namibia using a 12-item scale adapted from the Individual Work Performance Questionnaire (IWPQ) developed by [Koopmans et al. \(2012\)](#). The IWPQ is a three-dimensional scale comprising TP ($\alpha = 0.78$), contextual performance ($\alpha = 0.85$), and counterproductive work behavior ($\alpha = 0.79$), demonstrating strong internal consistency across the globe. Specifically, the CA coefficient for the TP scale in South Africa was 0.89 ([van der Vaart, 2021](#)). Similarly, the response options in the survey were structured using a 5-point Likert-type rating scale (1 = strongly disagree, 5 = strongly agree).

Analytical strategy

Preliminary analyses performed are assessments of missing values and data distribution normality using skewness and kurtosis statistics. Results show that skewness values were below 1, and kurtosis values were less than 7, indicating the normality of data distributions ([Blanca et al., 2013](#)). Moreover, the negatively worded questions in the survey were recorded into different variables using the transform function in the Statistical Package for the Social Sciences (SPSS) version 30.

SmartPLS version 4 was utilized to conduct a variance-based structural equation modelling (SEM) analysis. This is a multivariate statistical analysis instrumental for hypothesis testing and path analysis, examining the direct relationships between the latent variables in a structural model. SEM can be characterized as a comprehensive multivariate statistical technique that is advantageous in a research model comprising multiple independent, moderating, mediating, and dependent variables (Hair *et al.*, 2019; Tjizumaue and Atiku, 2024). The quantitative data obtained from the 395 survey respondents were stored in a comma-separated values (CSV) file format and imported into SmartPLS version 4 (Ringle *et al.*, 2014) for analyses of psychometric properties of measurement scales and partial least squares SEM (Hair *et al.*, 2019) for the path analysis illustrated in the structural model. The evaluation of the psychometric properties of the scales employed in this study was conducted using the CA coefficient, composite reliability (CR), average variance extracted (AVE), the square root of AVE, the Fornell-Larcker criterion, and the heterotrait-monotrait ratio of correlations (HTMT).

Results

Measurement analysis

The measurement analyses conducted in this scholarly work include exploratory factor analysis (EFA) and confirmatory factor analysis (CFA). These analyses are essential in establishing the psychometric properties of the research instrument used in this study. The EFA presented in Table 1 reveals strong factor loadings across multiple constructs (ranging from 0.554 to 0.841). The items with low factor loadings were deleted during EFA to enhance the AVE values, thereby achieving an AVE value of approximately 0.50 or higher. Convergent validity is substantiated with AVE values equal to or above 0.50 for all constructs, which accounts for the proportion of variance explained by latent constructs. In terms of the reliability of constructs investigated, CA coefficients (ranging from 0.66 to 0.92) establish the internal consistency of the research instruments. Similarly, CR values (ranging from 0.734 to 0.924) are notably high, surpassing the threshold of 0.70 for all constructs, which affirms the internal consistency of the measurement scales adapted for the study.

Discriminant validity was assessed using both the Fornell-Larcker criterion and the HTMT. As indicated in Table 2, the Fornell-Larcker criterion shows that the square roots of AVEs exceed inter-construct correlations, thereby confirming discriminant validity. Moreover, the HTMT values reported in Table 2 are all below the threshold of 0.85, establishing the discriminant validity of the constructs. The multicollinearity diagnostics were conducted employing variance inflation factor (VIF) values, which revealed that all predictors have VIFs below the threshold of 3 (Becker *et al.*, 2015), indicating an absence of problematic multicollinearity.

Structural model and hypothesis testing

The results in Figure 2 showcase the dynamics of stress-related experiences, WLBS, ICS, and work outcomes in selected public hospitals in Namibia. WS exerts a significant negative effect on WLBS ($\beta = -0.289, p < 0.001$) but has no significant positive influence on ICS ($\beta = 0.030, p > 0.05$). Similarly, FS exerts a significant negative effect on WLBS ($\beta = -0.153, p = 0.014$) but has no significant negative influence on ICS ($\beta = -0.063, p > 0.05$). While ICS exerts a significant positive effect on WFSat ($\beta = 0.407, p < 0.001$), confirming its role in promoting WFSat. Conversely, institutional WLBS have no significant influence on WFSat ($\beta = 0.041, p > 0.05$) and TP ($\beta = 0.075, p > 0.05$).

As indicated in Table 3, TP is significantly influenced by ICS ($\beta = 0.212, p < 0.001$) and WFSat ($\beta = 0.492, p < 0.001$), underscoring the effectiveness of individual coping mechanisms in enhancing WFSat and optimizing TP of healthcare professionals in the participating public hospitals in Namibia.

Table 1. Factor loading, construct reliability, and convergent validity

Construct	Items	Loading	VIF	CA	CR	AVE
FS	FS1	0.777	1.940	0.867	0.883	0.558
	FS10	0.693	1.818			
	FS2	0.808	1.899			
	FS5	0.679	1.611			
	FS6	0.738	1.745			
	FS9	0.780	1.744			
ICS	ICS5	0.841	1.222	0.697	0.757	0.516
	ICS6	0.554	1.129			
	ICS7	0.731	1.133			
WFSat	SF4	0.584	1.346	0.899	0.910	0.507
	SF7	0.566	1.341			
	SW1	0.708	1.798			
	SW2	0.753	2.225			
	SW3	0.777	2.001			
	SW4	0.726	1.880			
	SW5	0.774	2.396			
	SW6	0.747	2.058			
	SW7	0.797	2.275			
	SW8	0.644	1.570			
TP	TP1	0.761	2.053	0.917	0.924	0.575
	TP10	0.820	2.957			
	TP11	0.671	1.748			
	TP2	0.757	1.855			
	TP4	0.777	2.051			
	TP5	0.789	2.356			
	TP6	0.730	1.968			
	TP7	0.724	1.962			
	TP9	0.784	2.367			
WLBS	WLBS1	0.732	1.070	0.664	0.734	0.480
	WLBS4	0.698	1.149			
	WLBS7	0.644	1.098			
WS	WS2	0.678	1.703	0.830	0.865	0.518
	WS3	0.795	2.039			
	WS4	0.735	1.620			
	WS5	0.785	1.651			
	WS6	0.634	1.481			
	WS7	0.678	1.466			

Source(s): Created by authors

Effect size (F^2) values range from small to moderate, with the largest effect size noted for the effect of WFSat on TP ($F^2 = 0.325$), indicating substantial practical significance. The predictive power of the structural model was established as Q^2 values greater than zero, confirming the predictive relevance of the key endogenous variables. These results demonstrate the prominent role of WLBS and TP in the structural model.

The findings presented in Table 3 provide empirical support for hypotheses H1 and H3, demonstrating that WS and FS exert a significant negative influence on WLBS in selected public hospitals in Namibia. In contrast, hypotheses H2 and H4 were not supported, as WS and FS exerted no significant effects on ICS. Similarly, hypotheses H5 and H7 were not supported because institutional WLBS did not exert any significant influence on WFSat and TP. Statistically, hypotheses H6, H8, and H9 were supported as ICS has a direct positive influence on WFSat and TP, while WFSat exhibits a strong positive effect on TP.

Table 2. Discriminant validity and collinearity evaluation

Discriminant validity by Fornell-Larcker's criterion

Latent variable	FS	ICS	WFSat	TP	WLBS	WS
FS	<i>0.747</i>					
ICS	−0.044	<i>0.718</i>				
WFSat	0.003	0.408	<i>0.712</i>			
TP	0.032	0.413	0.582	<i>0.758</i>		
WLBS	−0.332	0.008	0.045	0.099	<i>0.693</i>	
WS	0.618	−0.009	0.000	0.043	−0.383	<i>0.720</i>

Note(s): Diagonal in italic are the square roots of the average variance extracted (AVE)

Heterotrait-Monotrait ratio (HTMT)

ICS	0.095					
WFSat	0.072	0.558				
TP	0.055	0.536	0.610			
WLBS	0.495	0.156	0.117	0.173		
WS	0.723	0.084	0.086	0.083	0.592	

Collinearity evaluation between predictors by VIF

Latent variable	ICS	WFSat	TP	WLBS
FS	1.616			
ICS		1.000		
WFSat			1.200	
TP				1.202
WLBS		1.000	1.002	
WS	1.616			1.616

Source(s): Created by authors

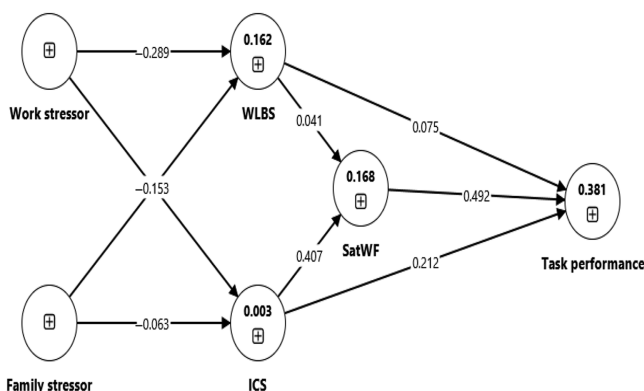


Figure 2. Structural effects of WLBS and ICS on TP. Source(s): Emerged from statistical analysis

Discussion

The findings provide a detailed insight into the state of institutional WLBS, ICS, WFSat, and TP in Namibia's public health sector. WS and FS exert a negative influence on WLBS,

Table 3. Results of PLS-SEM, including direct effects

Hypo.	Latent variable	Coeff.	<i>p</i> -values	F ²	Q ² predict	Decision
H1	WS → WLBS	−0.289	0.000	0.061	0.312	Supported
H2	WS → ICS	0.030	0.622	0.001	0.008	Not supported
H3	FS → WLBS	−0.153	0.014	0.017	0.312	Supported
H4	FS → ICS	−0.063	0.351	0.002	0.008	Not supported
H5	WLBS → WFSat	0.041	0.370	0.002	0.004	Not supported
H6	ICS → WFSat	0.407	0.000	0.199		Supported
H7	WLBS → TP	0.075	0.071	0.009	0.137	Not supported
H8	ICS → TP	0.212	0.000	0.061		Supported
H9	WFSat → TP	0.492	0.000	0.325		Supported

Source(s): Created by authors

suggesting that institutional strategies are often insufficient in buffering the strain arising from high job demands and familial responsibilities. These results are consistent with prior studies, which identified workload and cultural expectations as key drivers of burnout in healthcare (Magumba *et al.*, 2013; Pieters and Matheus, 2020). Contrary to the claim that organizational policies or programs directly shape well-being (Assiri *et al.*, 2021; Nithya *et al.*, 2025), institutional WLBS do not demonstrate any significant influence on WFSat and TP within the context of the public sector in Namibia.

In contrast, ICS significantly enhanced WFSat and TP. The findings suggest that healthcare professionals rely more on personal strategies, such as boundary management, task prioritization, and emotional regulation, than on institutional support. This empirical evidence aligns with Mauno *et al.* (2012) and Bolton *et al.* (2020), who have established the prominent role of personal coping in managing WFS. The strong positive relationship between WFSat and TP further emphasizes the importance of promoting satisfaction in work and family domains to enhance service delivery, which is consistent with studies by Jaga and Bagraim (2011) and Moreira *et al.* (2023). While institutional WLBS exist in the Namibian public health sector, they appear ineffective in practice due to structural constraints, leaving healthcare professionals to devise personal coping mechanisms to meet their job responsibilities and family demands. Therefore, this study offers a set of theoretical contributions and practical implications on both institutional WLBS and individual strategies for work-family management and service delivery in public health facilities.

Theoretical contributions

This study makes significant theoretical contributions to the transactional theory of stress and coping by evaluating the effects of institutional WLBS and ICS on WFSat and TP among Namibian healthcare professionals. While prior research largely applied socio-institutional and conservation of resource theories to public health (Asadullah *et al.*, 2024; Buchanan *et al.*, 2025), this study integrates the transactional theory of stress and coping to bridge a geographical gap and enrich understanding of work–family–self stress dynamics. Together, these theories offer a multidimensional view of how institutional and individual factors influence WFSat and performance within resource-limited healthcare settings.

The findings challenge the dominant assumption that institutional WLBS constitute the primary pathway through which work–family outcomes and performance are enhanced (Buchanan *et al.*, 2025; Coll and Mignonac, 2023; Nithya *et al.*, 2025). The analysis of institutional WLBS and ICS in the same structural model shows that individual coping mechanisms exhibit stronger associations with WFSat and TP than institutional WLB interventions in the sampled public healthcare facilities. Empirically, institutional WLBS do not exert any significant effects on WFSat and TP. These results stand in sharp contrast to the

results reported by [Ganiyu et al. \(2020\)](#) in Nigeria's manufacturing sector, where institutional WLBS exert significant effects on WFSat and TP, establishing the mediating role of WFSat in the relationship. The absence of significant effects in the current study warrants careful consideration. This divergence may be attributed to the unique operational demands and work stressors inherent in the public health sector, particularly those involved in life-saving work. Unlike the manufacturing sector, healthcare professionals often face unpredictable schedules, emotional labor, and high-stakes decision-making, which may limit the effectiveness of standardized WLBS. These non-significant findings suggest that WLBS, as currently implemented, may not adequately address the distinctive challenges faced by healthcare professionals, thereby failing to translate into enhanced WFSat or improved performance or service delivery in Namibia's public health sector. On the contrary, given the comparatively modest reliability and convergent validity statistics of the WLBS construct, these findings should be interpreted cautiously. The null effects may reflect limitations in the effectiveness and implementation of existing WLB interventions, measurement constraints, or a combination of both factors.

Furthermore, the study reveals that ICS play a more influential role in promoting WFSat and enhancing TP. WFSat exerts direct influence on ICS and performance, supporting the transactional theory's emphasis on adaptive mechanisms. These findings are consistent with previous research explaining how work-family experiences are associated with improved employee outcomes ([Kalliath et al., 2022](#)). Nevertheless, the present study extends this body of knowledge by illuminating the critical role of ICS in promoting WFSat and TP among healthcare professionals in an emerging economy. This research advances theoretical understanding of stress and coping mechanisms in the Namibian public health sector, highlighting the critical role of individual coping mechanisms in achieving WLB and improving service delivery.

Practical implications

This study provides valuable insights into the practical realities of WLB interventions within Namibia's public health sector. Findings reveal that institutional WLBS are inadequate in addressing the complex stressors posed by demanding workloads and substantial family commitments. Healthcare professionals frequently endure long hours and unpredictable schedules, which heighten stress and limit family time. Although formal interventions such as flexible scheduling and employee support programs exist, they often fail to reflect the intensity and unpredictability of healthcare work, resulting in psychological strain, job dissatisfaction, and higher turnover intentions. Institutional policies, including flexible working hours and family-friendly initiatives, therefore require contextual adaptation to ensure they function effectively rather than symbolically.

While the foregoing indicates that institutional WLB interventions exert no significant effects on WFSat and TP, these results should be interpreted with appropriate caution. The measurement properties of the WLBS construct were acceptable but comparatively weaker than those of the other constructs in the model. We cannot rule out the possibility that measurement limitations might have contributed to the observed non-significant relationships. Consequently, the findings should not be interpreted as solid evidence that WLB policies are inherently ineffective. Rather, they suggest that existing WLBS, as implemented and experienced in the sampled public healthcare facilities, may be insufficient to produce meaningful improvements in employee outcomes. Future research should employ more comprehensive and contextually validated measures of institutional WLBS to further evaluate these relationships.

The study also underscores the positive impact of ICS in promoting WFSat and TP. Professionals employing adaptive coping mechanisms, such as cognitive reframing and problem-focused approaches, demonstrate greater ability to manage the emotional demands of care, reduce WFC, and prevent burnout. Promoting such coping capacities through targeted training and resilience workshops can enhance employee well-being and service delivery.

An integrative approach that combines institutional support with individual coping strength offers a sustainable pathway for addressing persistent WFC in resource-constrained environments like Namibia. Organizational measures such as flexible work options, childcare support, and positive workplace cultures must complement personal resilience to achieve balanced outcomes. The study concludes that culturally sensitive, evidence-based WLB interventions are essential for improving satisfaction and performance among healthcare professionals. Namibia's health sector operates within distinct socio-cultural and institutional contexts, where extended family obligations and limited resources shape daily realities. Effective WLB strategies must therefore align with these conditions, transforming empirical insights into policy reforms and actionable frameworks that strengthen both employee well-being and health service delivery.

Implications for human resource management

The findings of this study offer important implications for HRM practices in the public health sector. For example, the absence of a significant positive effect of institutional WLBS on WFSat and TP suggests that the institutional work-life policies put in place are insufficient in driving employee outcomes. HR practitioners should therefore move beyond policy formulation and focus on the effective implementation, accessibility, and contextual relevance of institutional WLB initiatives for healthcare environments characterized by high workload demands and staffing constraints.

Moreso, the strong positive influence of ICS on both WFSat and TP highlights the importance of developing employee coping capabilities in the public health sector. HR departments should invest in interventions such as resilience training, stress-management programmes, emotional regulation workshops, mindfulness initiatives, and employee wellness programmes designed to strengthen employees' capacity to manage work-family demands. The strong positive relationship between WFSat and TP indicates that employee well-being should be viewed as a strategic HR outcome rather than solely a welfare concern. Line managers and the HR department should regularly monitor WFSat through employee satisfaction surveys and incorporate well-being indicators into broader HR metrics and workforce planning processes.

In a nutshell, this research suggests that HRM interventions in public healthcare should adopt an integrated approach that combines organizational support mechanisms with initiatives aimed at strengthening individual coping mechanisms. Such an approach is likely to be more effective in enhancing employee well-being, reducing the adverse consequences of work and family stressors, and sustaining high levels of performance among healthcare professionals in developing countries.

Limitations and future research

The use of a cross-sectional design and convenience sampling technique in this scholarly work limits the extent to which a causal inference or generalizability can be drawn. To this end, we can only claim that ICS are more effective in ensuring WFSat and promoting TP among sampled healthcare professionals in public health facilities in Namibia. Future studies should adopt a longitudinal survey to better capture the dynamic interplay between WLBS, ICS, WFSat, and TP over time in the public health sector. The quantitative nature of this study and its dependence on self-reported data may introduce potential biases. Nonetheless, measures were implemented to uphold anonymity, confidentiality, and mitigate common method bias. An explanatory sequential mixed-methods approach, complemented by the triangulation of qualitative data, can be utilized to provide deeper insights into specific dimensions of institutional WLBS that are ineffective in enhancing WFSat and optimizing TP. This is crucial for developing evidence-based policy recommendations and advancing employee well-being in the public health sector. Moreso, a comparative study across private healthcare and other sectors could yield richer insights into advancing WLB, WFSat, and TP research in Sub-

Saharan Africa. Therefore, future research should investigate whether gender differences are associated with ICS and WFSat, given that the public health sector is female-dominated.

Conclusion

This study assessed the effects of institutional WLBS and ICS on WFSat and the TP of public health professionals in Namibia. The findings highlight the essential role of boundary management, task prioritization, and emotional regulation in ensuring WFSat and TP. While institutional WLBS exist in Namibia's public health sector, they often fall short in cushioning the pressures faced by healthcare professionals in both work and family domains, indicating a disconnect between policy and actual experiences. The application of the transactional theory of stress and coping in public health highlights the importance of personal resilience, which, when paired with tailored organizational support, is crucial for maintaining the well-being and performance of healthcare professionals. This study holds that ICS are more effective in enhancing WFSat and optimizing service delivery in selected public health facilities in Namibia. Therefore, equipping public health professionals with both institutional resources and effective coping strategies is vital in cultivating a resilient workforce in healthcare systems under strain.

Data availability statement

Data that support the findings of this study are available from the corresponding author, SOA, upon reasonable request.

Acknowledgments

The authors would like to acknowledge the respondents in the public health sector for taking the time to complete the survey. The authors also thank the anonymous reviewers for their constructive feedback, which contributed to improving the quality of this paper.

References

- Aghimien, D., Aigbayboa, C.O., Thwala, W.D., Chileshe, N. and Dlamini, B.J. (2024), "Help, I am not coping with my job! –A work-life balance strategy for the Eswatini construction industry", *Engineering, Construction and Architectural Management*, Vol. 31 No. 13, pp. 140-159, doi: [10.1108/ECAM-11-2021-1060](https://doi.org/10.1108/ECAM-11-2021-1060).
- Asadullah, M.A., Aslam, M., Ul Haq, M.Z., Nazir, S., Khan, K.A. and Siddiquei, N.A. (2024), "Integrating work and sleep to understand work-life balance among healthcare professionals: a conservation of resources perspective", *Acta Psychologica*, Vol. 250, 104514, doi: [10.1016/j.actpsy.2024.104514](https://doi.org/10.1016/j.actpsy.2024.104514).
- Assiri, A., Al-Hashimi, M., Hamdan, A., Al Hamad, S. and Al-Sartawi, A. (2021), "Women reclaiming control: a literature analysis paper", *Journal of Management Information and Decision Sciences*, Vol. 24 No. 6.
- Barck-Holst, P., Nilsson, Å., Åkerstedt, T. and Hellgren, C. (2022), "Reduced working hours and work-life balance", *Nordic Social Work Research*, Vol. 12 No. 4, pp. 450-463, doi: [10.1080/2156857X.2020.1839784](https://doi.org/10.1080/2156857X.2020.1839784).
- Becker, J.M., Ringle, C.M., Sarstedt, M. and Völckner, F. (2015), "How collinearity affects mixture regression results", *Marketing Letters*, Vol. 26 No. 4, pp. 643-659, doi: [10.1007/s11002-014-9299-9](https://doi.org/10.1007/s11002-014-9299-9).
- Biggs, A., Brough, P. and Drummond, S. (2017), "Lazarus and Folkman's psychological stress and coping theory", *The handbook of stress and health: A guide to research and practice*, pp. 349-364, doi: [10.1002/9781118993811.ch21](https://doi.org/10.1002/9781118993811.ch21).
- Blanca, M.J., Arnau, J., López-Montiel, D., Bono, R. and Bendayan, R. (2013), "Skewness and Kurtosis in real data samples", *Methodology: European Journal of Research Methods for the Behavioral and Social Sciences*, Vol. 9 No. 2, pp. 78-84, doi: [10.1027/1614-2241/a000057](https://doi.org/10.1027/1614-2241/a000057).

- Blau, P.M. (1964), *Exchange and Power in Social Life*, John Wiley & Sons, New York, doi: [10.4324/9780203792643](https://doi.org/10.4324/9780203792643).
- Bolton, M., Lobben, I., Pruzinsky, T. and Stern, T.A. (2020), "Well-being and work-life balance: cultural, positive psychology, and practical perspectives", in IsHak, W.W. (Ed.), *The Handbook of Wellness Medicine*, Cambridge University Press, pp. 545-552, doi: [10.1017/9781108650182.046](https://doi.org/10.1017/9781108650182.046).
- Bressler, T. and Tark, A. (2025), "Pursuing work-life balance: practical strategies for today's nurse practitioners", *The Journal for Nurse Practitioners*, Vol. 21 No. 3, 105304, doi: [10.1016/j.nurpra.2024.105304](https://doi.org/10.1016/j.nurpra.2024.105304).
- Buchanan, K., Dawson, K., Taylor, J. and Bayes, S. (2025), "The work of midwives: the socio-institutional theory of the meaning of midwives' work-life balance", *Midwifery*, Vol. 140, 104240, doi: [10.1016/j.midw.2024.104240](https://doi.org/10.1016/j.midw.2024.104240).
- Chandra, V. (2012), "Work-life balance: eastern and western perspectives", *International Journal of Human Resource Management*, Vol. 23 No. 5, pp. 1040-1056, doi: [10.1080/09585192.2012.651339](https://doi.org/10.1080/09585192.2012.651339).
- Chung, G.S.K., Chan, X.W., Lanier, P. and Wong, P.Y.J. (2023), "Associations between work-family balance, parenting stress, and marital conflicts during the COVID-19 pandemic in Singapore", *Journal of Child and Family Studies*, Vol. 32 No. 1, pp. 132-144, doi: [10.1007/s10826-022-02490-z](https://doi.org/10.1007/s10826-022-02490-z).
- Clark, S.C. (2000), "Work/family border theory: a new theory of work/family balance", *Human Relations*, Vol. 53 No. 6, pp. 747-770, doi: [10.1177/0018726700536001](https://doi.org/10.1177/0018726700536001).
- Coll, C. and Mignonac, K. (2023), "Perceived organizational support and task performance of employees with disabilities: a need satisfaction and social identity perspectives", *International Journal of Human Resource Management*, Vol. 34 No. 10, pp. 2039-2073, doi: [10.1080/09585192.2022.2054284](https://doi.org/10.1080/09585192.2022.2054284).
- De Cieri, H., Holmes, B., Abbott, J. and Pettit, T. (2005), "Achievements and challenges for work/life balance strategies in Australian organizations", *International Journal of Human Resource Management*, Vol. 16 No. 1, pp. 90-103, doi: [10.1080/0958519042000295966](https://doi.org/10.1080/0958519042000295966).
- De Simone, S., Lampis, J., Lasio, D., Serri, F., Cicotto, G. and Putzu, D. (2014), "Influences of work-family interface on job and life satisfaction", *Applied Research in Quality of Life*, Vol. 9 No. 4, pp. 831-861, doi: [10.1007/s11482-013-9272-4](https://doi.org/10.1007/s11482-013-9272-4).
- Diener, E., Emmons, R.A., Larsen, R.J. and Griffin, S. (1985), "The satisfaction with life scale", *Journal of Personality Assessment*, Vol. 49 No. 1, pp. 71-75, doi: [10.1207/s15327752jpa4901_13](https://doi.org/10.1207/s15327752jpa4901_13).
- Edwards, J.R. and Rothbard, N.P. (1999), "Work and family stress and well-being: an examination of person-environment fit in the work and family domains", *Organizational Behavior and Human Decision Processes*, Vol. 77 No. 2, pp. 85-129, doi: [10.1006/obhd.1998.2813](https://doi.org/10.1006/obhd.1998.2813).
- Gadzella, B.M., Pierce, D. and Young, A.A. (2008), "Development and analysis of the coping stress inventory", *College Student Journal*, Vol. 42 No. 2, pp. 254-264.
- Ganiyu, I.O., Fields, Z., Atiku, S.O. and Derera, E. (2020), "Measuring the effectiveness of work-life balance strategies in the manufacturing sector", *SA Journal of Human Resource Management*, Vol. 18 No. 1, pp. 1-10, doi: [10.4102/sajhrm.v18i0.1216](https://doi.org/10.4102/sajhrm.v18i0.1216).
- Gonçalves, A., Fontes, L., Simões, C. and Gomes, A.R. (2019), "Stress and burnout in health professionals", in *Occupational and Environmental Safety and Health*, Springer International Publishing, Cham, pp. 563-571, available at: https://link.springer.com/chapter/10.1007/978-3-030-14730-3_60
- Greenhaus, J.H. and Beutell, N.J. (1985), "Sources and conflict between work and family roles", *Academy of Management Review*, Vol. 10 No. 1, pp. 76-88, doi: [10.2307/258214](https://doi.org/10.2307/258214).
- Guan, S. and Shen, H. (2024), "Work family conflict and job satisfaction of middle school teachers: a test based on a dual mediation model", in *Artificial Intelligence, Medical Engineering and Education*, IOS Press, pp. 809-820, doi: [10.3233/ATDE231395](https://doi.org/10.3233/ATDE231395).

-
- Hadziavdic, I. and Forsyth, J. (2025), "Empowering resilience: effective stress management strategies in the energy industry", *SPE Europec featured at EAGE Conference and Exhibition*, SPE, doi: [10.2118/225581-MS](https://doi.org/10.2118/225581-MS).
- Hair, J.F., Risher, J.J., Sarstedt, M. and Ringle, C.M. (2019), "When to use and how to report the results of PLS-SEM", *European Business Review*, Vol. 31 No. 1, pp. 2-24, doi: [10.1108/EBR-11-2018-0203](https://doi.org/10.1108/EBR-11-2018-0203).
- He, Y., Liu, X., Lin, T., Guo, X. and Chen, J. (2024), "The mediating role of perceived stress in the association between family resilience and psychological distress among gynecological cancer patients: a cross-sectional study", *BMC Psychiatry*, Vol. 24 No. 1, p. 622, doi: [10.1186/s12888-024-06060-z](https://doi.org/10.1186/s12888-024-06060-z).
- Heras, M.L., Rofcanin, Y., Escribano, P.I., Kim, S. and Mayer, M.C. (2021), "Family-supportive organisational culture, work-family balance satisfaction and government effectiveness: evidence from four countries", *Human Resource Management Journal*, Vol. 31 No. 2, pp. 454-475, doi: [10.1111/1748-8583.12317](https://doi.org/10.1111/1748-8583.12317).
- Jaga, A. and Bagraim, J. (2011), "The relationship between work-family enrichment and work-family satisfaction outcomes", *South African Journal of Psychology*, Vol. 41 No. 1, pp. 52-62, doi: [10.1177/008124631104100106](https://doi.org/10.1177/008124631104100106).
- Kalliath, P., Chan, X.W. and Kalliath, T. (2022), "Keeping work and family separate: a serial mediation analysis of social workers' work-family segmentation, work-family enrichment and job performance in Australia", *British Journal of Social Work*, Vol. 52 No. 1, pp. 236-255, doi: [10.1093/bjsw/bcaa233](https://doi.org/10.1093/bjsw/bcaa233).
- Kecklund, L.G., Beckers, D.G.J., Leineweber, C. and Tucker, P.T. (2017), "How does work fit with my life? The relation between flexible work arrangements, work-life balance and recovery from work", in Chmiel, N., Fraccaroli, F. and Sverke, M. (Eds), *An Introduction to Work and Organizational Psychology: An International Perspective*, 3rd ed., pp. 430-447, doi: [10.1002/9781119168058.ch23](https://doi.org/10.1002/9781119168058.ch23).
- Kirr, L.D. (2024), "Coping", in *Elgar Encyclopaedia of Organisational Psychology*, pp. 97-99.
- Koopmans, L., Bernaards, C., Hildebrandt, V., Van Buuren, S., Van der Beek, A.J. and De Vet, H.C. (2012), "Development of an individual work performance questionnaire", *International Journal of Productivity and Performance Management*, Vol. 62 No. 1, pp. 6-28, doi: [10.1108/17410401311285273](https://doi.org/10.1108/17410401311285273).
- Kopelman, R.E., Greenhaus, J.H. and Connolly, T.F. (1983), "A model of work, family, and inter-role conflict: a construct validation study", *Organizational Behavior and Human Performance*, Vol. 32 No. 2, pp. 198-215, doi: [10.1016/0030-5073\(83\)90147-2](https://doi.org/10.1016/0030-5073(83)90147-2).
- Krejcie, R.V. and Morgan, D.W. (1970), "Determining sample size for research activities", *Educational and Psychological Measurement*, Vol. 30 No. 3, pp. 607-610, doi: [10.1177/001316447003000308](https://doi.org/10.1177/001316447003000308).
- Kuftyak, E.V. (2023), "Family in the face of social challenges: stress and diadic coping", *Čelovek*, Vol. 34 No. 4, pp. 97-111, doi: [10.31857/S023620070027355-7](https://doi.org/10.31857/S023620070027355-7).
- Landsbergis, P.A., Dobson, M., LaMontagne, A.D., Choi, B., Schnall, P. and Baker, D.B. (2017), "Occupational stress", *Occupational and Environmental health*, Vol. 1, pp. 1-34, doi: [10.1093/oso/9780190662677.003.0017](https://doi.org/10.1093/oso/9780190662677.003.0017).
- Lazarus, R.S. and Folkman, S. (1984), *Stress, Appraisal, and Coping*, Springer Publishing Company, doi: [10.1007/978-1-4419-1005-9_215](https://doi.org/10.1007/978-1-4419-1005-9_215).
- Le, C.M., Huynh, S.V., Luu, K., Ho, Q.N.N., Nguyen, V.T.L. and Tran-Chi, V.L. (2024), "Exploring the interplay between job stress, work performance, and attitudes toward professional psychological help among employees", *International Journal of Mental Health Promotion*, Vol. 26 No. 7, pp. 465-477, doi: [10.32604/ijmhp.2024.050961](https://doi.org/10.32604/ijmhp.2024.050961).
- Lin, L., Zhang, X. and Wang, P. (2025), "Interconnected stressors and well-being in healthcare professionals", *Applied Research in Quality of Life*, Vol. 20 No. 2, pp. 1-23, doi: [10.1007/s11482-024-10419-5](https://doi.org/10.1007/s11482-024-10419-5).

- Magumba, C., Mbulangina, P.M. and Kibuule, D. (2013), "Health systems strengthening: a panacea to improving consumption of public healthcare services in northern Namibia: a cross-sectional study", *Health*, Vol. 11 No. 3, pp. 1-13, doi: [10.21522/TJPH.2013.11.03](https://doi.org/10.21522/TJPH.2013.11.03).
- Mangoma, A. and Wilson-Prangley, A. (2019), "Black tax: understanding the financial transfers of the emerging black middle class", *Development Southern Africa*, Vol. 36 No. 4, pp. 443-460, doi: [10.1080/0376835X.2018.1516545](https://doi.org/10.1080/0376835X.2018.1516545).
- Mauno, S., Kinnunen, U., Rantanen, J., Feldt, T. and Rantanen, M. (2012), "Relationships of work-family coping strategies with work-family conflict and enrichment: the roles of gender and parenting status", *Family Science*, Vol. 3 No. 2, pp. 109-125, doi: [10.1080/19424620.2012.707618](https://doi.org/10.1080/19424620.2012.707618).
- Meyer, J. and Rowan, B. (1977), "Institutionalized organizations: formal structure as myth and ceremony", *American Journal of Sociology*, Vol. 83 No. 2, pp. 340-363, doi: [10.1086/226550](https://doi.org/10.1086/226550).
- Ministry of Health and Social Services (2022), *Health Care Workforce Status Report 2022*, Republic of Namibia, Ministry of Health and Social Services.
- Moreira, A., Encarnação, T., Viseu, J. and Au-Yong-Oliveira, M. (2023), "Conflict (work-family and family-work) and TP: the role of well-being in this relationship", *Administrative Sciences*, Vol. 13 No. 4, p. 94, doi: [10.3390/admsci13040094](https://doi.org/10.3390/admsci13040094).
- Mpondo, F., Kim, A.W., Tsai, A.C. and Mendenhall, E. (2022), "Development and validation of the Soweto coping scale: a mixed-methods, population-based study of adults living in Soweto, South Africa", *Journal of Affective Disorders*, Vol. 303, pp. 353-358, doi: [10.1016/j.jad.2022.02.035](https://doi.org/10.1016/j.jad.2022.02.035).
- Nair, D.S. and Millath, M.A. (2019), "Identifying family-work conflict among employees of travancore cements limited, Kottayam, Kerala", *International Journal of Recent Technology and Engineering*, Vol. 8 No. 2, pp. 718-726, doi: [10.35940/ijrte.B1135.0782S619](https://doi.org/10.35940/ijrte.B1135.0782S619).
- Nicole, C. (2021), "Work-life balance and well-being at work: employees' perspective to promote a psychologically healthy workplace", in *The Palgrave Handbook of Corporate Social Responsibility*, pp. 429-451, doi: [10.1007/978-3-030-42465-7_19](https://doi.org/10.1007/978-3-030-42465-7_19).
- Nippert-Eng, C. (1996), "Calendars and keys: the classification of 'home' and 'work'", *Sociological Forum*, Vol. 11 No. 3, pp. 563-582, doi: [10.1007/BF02408393](https://doi.org/10.1007/BF02408393).
- Nithya, M., Kavitha, M. and Maheswari, G.S. (2025), "Work-life balance and its impact on job performance: a study with special reference to women police in Chennai city", 2025 *International Conference on Automation and Computation (AUTOCOM)*, IEEE, pp. 1265-1270, doi: [10.1109/AUTOCOM64127.2025.10956455](https://doi.org/10.1109/AUTOCOM64127.2025.10956455).
- Ofori, J., Boateng, F. and Atiku, S.O. (2023), "Supply-side factors and uptake of insurance products among Ghanaian households", *Cogent Business and Management*, Vol. 10 No. 2, 2217641, doi: [10.1080/23311975.2023.2217641](https://doi.org/10.1080/23311975.2023.2217641).
- Padmaja, R. and Chodisetty, R.S.C.M. (2025), "Determining the impact of remote work on employees' work-life balance: a study on one of the mid-level information technology organizations in Hyderabad", in *Digital Transformation and Sustainability of Business*, Vol. 223, p. 219.
- Pallant, J. (2020), *SPSS Survival Manual: A Step-by-step Guide to Data Analysis Using IBM SPSS*, Routledge, doi: [10.4324/9781003117452](https://doi.org/10.4324/9781003117452).
- Pieters, W.R. and Matheus, L. (2020), "Improving general health and reducing burnout of nurses in Namibia", *SA Journal of Human Resource Management*, Vol. 18 No. 1, pp. 1-13, doi: [10.4102/sajhrm.v18i0.1138](https://doi.org/10.4102/sajhrm.v18i0.1138).
- Prime, H., Wade, M. and Browne, D.T. (2020), "Risk and resilience in family well-being during the COVID-19 pandemic", *American Psychologist*, Vol. 75 No. 5, pp. 631-643, doi: [10.1037/amp0000660](https://doi.org/10.1037/amp0000660).
- Proper, K.I. and van Oostrom, S.H. (2019), "The effectiveness of workplace health promotion interventions on physical and mental health outcomes - a systematic review of reviews", *Scandinavian Journal of Work, Environment and Health*, Vol. 45 No. 6, pp. 546-559, doi: [10.5271/sjweh.3833](https://doi.org/10.5271/sjweh.3833).
- Ringle, C.M., Da Silva, D. and Bido, D.D.S. (2014), "Structural equation modelling with SmartPLS", *Revista Brasileira de Marketing*, Vol. 13 No. 2, pp. 56-73, doi: [10.5585/remark.v13i2.2717](https://doi.org/10.5585/remark.v13i2.2717).

- Riveros-Munevar, E.F., Acuña Arango, L.M., Docal Millán, M.D.C., Cabrera García, V.E. and Ángela Ximena, C.G. (2025), "Flexible workplaces and post-pandemic business challenges: an analysis of Latin American workers by gender, age, and socioeconomic level", *IEEE Engineering Management Review*, Vol. NA, p. 1, doi: [10.1109/EMR.2025.3567202](https://doi.org/10.1109/EMR.2025.3567202).
- Rizzo, J.R., House, R.J. and Lirtzman, S. (1970), "Role conflict and ambiguity in complex organisations", *Administrative Science Quarterly*, Vol. 15 No. 2, pp. 150-163, doi: [10.2307/2391486](https://doi.org/10.2307/2391486).
- Ryu, G. (2024), "A theoretical integration of work-family studies with the transactional model of stress", *Journal of Family Theory and Review*, Vol. 16 No. 4, pp. 745-760, doi: [10.1111/jftr.12586](https://doi.org/10.1111/jftr.12586).
- Smith, P.C., Kendall, L.M. and Hulin, C.L. (1969), *Measurement of Satisfaction in Work and Retirement*, Rand McNally, Chicago.
- Staines, G.L. (1980), "Spillover versus compensation: a review of the literature on the relationship between work and nonwork", *Human relations*, Vol. 33 No. 2, pp. 111-129, doi: [10.1177/001872678003300203](https://doi.org/10.1177/001872678003300203).
- Swartzman, L.C., Gwadry, F.G., Shapiro, A.P. and Teasell, R.W. (1994), "The factor structure of the coping strategies questionnaire", *Pain*, Vol. 57 No. 3, pp. 311-316, doi: [10.1016/0304-3959\(94\)90006-X](https://doi.org/10.1016/0304-3959(94)90006-X).
- Thilagavathy, S. and Geetha, S.N. (2023), "Work-life balance - a systematic review", *VILAKSHAN - XIMB Journal of Management*, Vol. 20 No. 2, pp. 258-276, doi: [10.1108/XJM-10-2020-0186](https://doi.org/10.1108/XJM-10-2020-0186).
- Tijzumaue, B. and Atiku, S.O. (2024), "Structural determinants of customer loyalty among long-term insurance consumers in Namibia", *Cogent Business and Management*, Vol. 11 No. 1, 2419494, doi: [10.1080/23311975.2024.2419494](https://doi.org/10.1080/23311975.2024.2419494).
- Ugwu, L.E. and Idemudia, E.S. (2024), "A meta-analytic evaluation of the reliability of work-family and family-work conflict scales", *Scientific Reports*, Vol. 14 No. 1, 31828, doi: [10.1038/s41598-024-83086-z](https://doi.org/10.1038/s41598-024-83086-z).
- van der Vaart, L. (2021), "The performance measurement conundrum: construct validity of the individual work performance questionnaire in South Africa", *South African Journal of Economic and Management Sciences*, Vol. 24 No. 1, pp. 1-11, doi: [10.4102/sajems.v24i1.3581](https://doi.org/10.4102/sajems.v24i1.3581).
- Washeya, F.N. and Fürst, L.N. (2021), "Work features that influence the retention of professional nurses in the public health sector in Windhoek, Namibia", *Africa Journal of Nursing and Midwifery*, Vol. 23 No. 1, p. 17, doi: [10.25159/2520-5293/8665](https://doi.org/10.25159/2520-5293/8665).
- Weiss, D.J., Dawis, R.V. and Englund, G.W. (1967), "Manual for the Minnesota satisfaction questionnaire", *Minnesota Studies in Vocational Rehabilitation*, Vol. 22, p. 120.
- Wolfers, L.N. and Utz, S. (2022), "Social media use, stress, and coping", *Current Opinion in Psychology*, Vol. 45, 101305, doi: [10.1016/j.copsyc.2022.101305](https://doi.org/10.1016/j.copsyc.2022.101305).

Further reading

- Cloninger, P.A., Selvarajan, T.T., Singh, B. and Huang, S. (2015), "The mediating influence of work-family conflict and the moderating influence of gender on employee outcomes", *International Journal of Human Resource Management*, Vol. 26 No. 18, pp. 2269-2287, doi: [10.1080/09585192.2015.1004101](https://doi.org/10.1080/09585192.2015.1004101).

Corresponding author

Sulaiman Olusegun Atiku can be contacted at: olusegunatiku@gmail.com