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The Interplay of Workplace Emotional Health, Work-Life Balance, and Organizational Citizenship Behavior in Healthcare

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ABSTRACT

Background of the study: Workplace emotional health is an important dimension that affects the wellbeing and performance of the healthcare professionals, doctors as well as nurses, due to high social and emotional demands. Work-life balance and organisational citizenship behavior are vital factors in this regard. However, very limited research has been conducted on the role of work-life balance as a mediator between workplace emotional health and organisational citizenship behavior specifically in the healthcare sector of Pakistan.

Methodology: This study utilized an explanatory cross-sectional design. Self-reported surveys were used to collect data on workplace emotional health, work-life balance, and organisational citizenship behaviour. A sample of 203 doctors and nurses aged between 20 and 55+ years participated. Linear regression and mediation analysis (via process macro) were conducted to test the proposed hypotheses.

Results: The findings showed a positive relationship between workplace emotional health and work-life balance. Similarly, work-life balance was positively correlated with organisational citizenship behaviour. A positive relationship was also observed between workplace emotional health and organisational citizenship behaviour. Furthermore, work-life balance was found to partially mediate the relationship between workplace emotional health and organisational citizenship behaviour.

Conclusions: The findings also indicated that practices targeting the amelioration of emotional workplace well-being enhance organisational citizenship behaviour when it is used as an integrated mechanism for promoting both work-life balance.

Introduction

Emotional health in organisations has become an essential area of research due to health issues like burnout and mental weaknesses associated with a lack of performance and a higher turnover rate (MacNeil et al., 2024). Those organisations that facilitate health support can see a return on investment of \$4 on investment per dollar (Anger et al., 2024). Over the past 20 years, physicians' burnout, work-life balance, and well-being have gained much importance in the healthcare industry (Győrffy et al., 2023). Firstly, it started when females started to join organisations, but later on, both genders were

included. As per the requirements of work demands, the responsibilities of employees increased, resulting in long hours. However, relationship management and family demands became critical with the rise of Internet and telecommunications facilities.

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Work-life conflict has become one of organisations' most important risk factors, per the European Agency for Safety and Health at Work Research. Healthcare workers face an imbalance between work and life due to the hectic job demands of the general public (Camisasca et al., 2023). In this knowledge-intensive world, human beings are considered an important organisational asset according to the competitive market requirements.

Organisational citizenship behaviour is the most important human capital available. According to Fan et al. (2023), organisational citizenship behaviour is positively related to carefulness, individual performance, and unit-level performance; however, it is negatively associated with stress at the job and the intention of turnover. Additionally, Job satisfaction and work engagement predict organisational citizenship behaviours among healthcare workers (Liu et al., 2023a). As this research has not been studied before, the following objectives have been proposed:

- 1. To analyse the impact of workplace emotional health on work-life balance.
- 2. To understand the effect of work-life balance on organisational citizenship behaviour.
- 3. To examine the effect of workplace emotional health on organisational citizenship behaviour.
- 4. To investigate the indirect effect of workplace emotional health on organisational citizenship behaviour through work-life balance.

Literature Review

Workplace emotional Health and work-life balance

Work-life imbalance driven by excessive workloads, technological intrusion, and blurred professional-personal boundaries significantly impacts employee well-being and motivation (Hasyim & Bakri, 2025). Organisational support, such as flexible scheduling, onsite childcare, and employee wellness programs, enhances the positive impact of emotional intelligence on work-life balance by addressing external barriers to balance. For organisations, employees with balanced lives exhibit higher productivity, reduced absenteeism, and more substantial organisational commitment (Baker et al., 2024). Through supportive leadership, psychological safety, and stress reduction initiatives, emotional health at the workplace helps individuals conserve their energy and time for personal life, preventing exhaustion from imbalanced work-life demands (Obrenovic et al., 2020). Therefore, the above literature suggests the hypothesis given below:

 H_1 : Workplace emotional health is positively related to work-life balance.

Work-life Balance and Organization Citizenship Behavior

A study shows a positive impact of work-life balance on organisational citizenship behaviour in the service industry. Work-life balance measured through supervisor support and flexible working periods significantly enhances organisational citizenship behaviour (Edeh & Ikpor, 2025). One research proves that work-life balance results in organisational citizenship behaviour among nurses, showing that nurses with good work-life balance usually involve themselves in extra roles, helping other employees and organisations (Soelton, 2023). Hence, work-life balance can be seen as a facilitator of organisational citizenship behaviour, as it helps employees develop the emotional and psychological capacity to perform these discretionary behaviours (Banwo & Du, 2020). Therefore, the above literature suggests the following hypothesis:

H₂: Work-life balance is positively associated with organisational citizenship behaviour.



Workplace emotional health and organisation citizenship behaviour

Psychological capital is positively related to in-role performance and organisational citizenship behaviour. It improves employees' performance and well-being (Sindhura, 2025). One research highlights that medical workers with more emotional resistance and less burnout have more organisational citizenship behaviour, like helping their colleagues and doing extra work (Chattopadhyay, 2024). Workplace emotional health involves emotional stability, psychological safety, and a supportive environment, which is crucial in making workers' extra-role behaviours, including organisational citizenship behaviours (Iqbal et al., 2022). Therefore, the above literature suggests the following hypothesis:

H₃: Workplace emotional health is positively associated with organisational citizenship behaviour.

Workplace emotional health indirectly affects organisational citizenship behaviour through worklife balance.

Organisational citizenship behaviour has been found to mediate the association between psychological empowerment and happiness in life (Vijayalakshmi, 2023) and between internal corporate social responsibility and work-family facilitation (Liu et al., 2024). Emotional intelligence is pivotal in shaping organisational citizenship behaviour, enhancing its impact on leadership effectiveness, organisational cohesion, and job satisfaction (Hsieh et al., 2024).

According to COR theory, employees constantly work hard to develop and protect resources (Hobfoll, 1989). The ^{third} principle of COR theory suggests that "*when people gain resources, they are better able to invest in and gain more resources*". When an organisation fosters emotional health, workers have the emotional resources to manage personal and professional demands, leading to a good work-life balance. In turn, this balance helps workers to allocate resources to improve organisational citizenship behaviour. The gain of resources in the form of workplace emotional health leads to more gains, such as work-life balance. In this way, another gain will be developed in organisational citizenship behaviour. Therefore, the above literature suggests the following hypothesis:

H₄: Work-life balance mediates workplace emotional health and organisational citizenship behaviour.



Figure 01: Theoretical framework



Research Methodology

This study follows correlational research, utilising survey questionnaires to collect participant data; convenience sampling is employed to select a readily available sample. The data was collected through self-administrated questionnaires and then analysed using SPSS 26. This research was conducted in the hospitals of Rawalpindi and Islamabad. It was conducted in a normal and natural work environment where workflows are carried out as usual, commonly referred to as a non-contrived study. It included doctors and nurses who work in public, private, and semi-government hospitals. To evaluate workplace emotional health scale developed by (Chen et al., 2023) was used. The work-life balance scale proposed by (Brough et al., 2014) was selected. In this scale, item 2 was reverse-coded by reversing the number in SPSS. The scale proposed by (Henderson et al., 2020) was adopted to evaluate organisational citizenship behaviour. The responses were gathered using 5 5-point Likert scale, ranging from strongly disagree (1) to agree (5) strongly.

Most respondents are within the 25-34 age range, accounting for 59.6 % of the total sample and 26.6% of respondents aged between 20-24 years. A smaller proportion of the sample is in the 35-44 age group (9.4%), with the remaining respondents being 45-54 (1%) and 55+ (3.4%). Males comprise 52.7%, while females comprise 45.8% of the sample. Participants (50.7%) are working in the private sector, public sector (34.5%) and (14.8%) in the semi-government sector.

Results and Data Analysis

Reliability and Correlation Analysis

Four aspects of the measurement model are considered generally, one of which is reliability. The items of each construct display good reliability, as all constructs have high Cronbach's Alpha scores and item loading associated with their related latent construct should be expected to be>.60 or ideally >.70 (Fornell & Larcker, 1981).

Variables	Cronbach's Alpha α	WEH	WLB	OCB
WEH	.934	1		
WLB	.831	.477**	1	
OCB	.887	.501**	.495**	1
**. Correlation is s	significant at the 0.01 level (2-ta	iled); N=203	; Workplace e	emotional
health (WEH); Wo	rk-life balance (WLB); Organiza	tion citizensl	hip behaviour	(OCB)
	Table 01: Reliability and Con	rrelation Ana	lysis	

Workplace emotional health has an excellent alpha value α =0.934. Similarly, work-life balance demonstrates good reliability with α =0.831. Lastly, organisation citizenship behaviour also shows good reliability with alpha α =0.887. All the values from Table 01 prove that the constructs are reliable. Workplace emotional health positively correlates to work-life balance (r=0.477), suggesting that increased levels of emotional health are related to increased work-life balance. Therefore, H₁ has accepted. A positive correlation between work-life balance and organisational citizenship behaviour (r=0.495) shows that better work-life balance is related to increased organisational citizenship behaviour

(r=0.495) shows that better work-life balance is related to increased organisational citizenship behaviour. Hence, H₂ has proven. Similarly, workplace emotional health positively correlates to organisational citizenship behaviour (r=0.501), showing that better workplace emotional health leads to better organisational citizenship behaviours, supporting H₃.



Mediation analysis

The present study has introduced work-life balance as a mediator while workplace emotional health is the independent variable and organisation citizenship behaviour is the dependent variable. Workplace emotional health positively correlates with work-life balance, showing a beta coefficient of 0.618 and a p-value of 0.000. The R-square value of 0.228 shows that workplace emotional health explains 22.8% of the variance in work-life balance. The confidence interval from 4.60 to 7.76 gives several values for the actual population coefficient within this range.

The table highlights that workplace emotional health and work-life balance are important predictors of organisational citizenship behaviour. The beta coefficients of workplace emotional health and work-life balance are 0.316 and 0.234, respectively, showing that both variables have a positive and significant relationship with organisational citizenship behaviour. The p values of 0.000 show that the association between these variables is statistically significant. The mean square error of 0.193 shows a good fit of the model to the data. The F- statistics 50.588 indicates that the overall model fits the data well. The confidence interval ranges explain that actual population coefficients fall within this range.

Work-life Balance (outcome)	β	SE	t	LLCI	ULCI		
Workplace Emotional Health	0.618	0.080	7.699	0.460	0.776		
Organization Citizenship Behaviour (outcome)	β	SE	t	LLCI	ULCI		
Workplace Emotional Health	0.316	0.060	5.241	0.197	0.434		
Work-life Balance	0.234	0.046	5.043	0.143	0.326		
	Effects	SE	t	LLCI	ULCI		
Direct Effects of Workplace Emotional Health on	0.316	0.060	5.241	0.197	0.434		
Organizational Citizenship Behaviour							
Indirect Effects of Workplace Emotional Health on	0.145	0.062		0.045	0.288		
Organizational Citizenship Behaviour							
Standard Error (SE); Lower Limit Confidence Interval (LLCI); Upper Limit Confidence Interval (ULCI)							
Table 02: Mediation Analysis							

Workplace emotional health is a significant predictor of organisational citizenship behaviour, with a beta coefficient of 0.460 and a p-value of 0.000. The R-square value of 0.251 indicates that workplace emotional health explains 25.1% of the variation in organisational citizenship behaviour. The F value of 67.535 indicates that the overall model fits the data well. The confidence intervals show the range of plausible values for the actual population coefficient. These intervals suggest that the actual population coefficient falls between 0.350 and 0.571.

The table shows the direct association between workplace emotional health and organisational citizenship behaviour. The effect size is 0.316, standard error of 0.060, t value of 5.241, and p value of 0.000, which shows that the direct effect between independent and dependent variables is statistically significant. The coefficient estimate for the indirect effect is 0.145, with a bootstrap standard error of 0.062. The bootstrap confidence interval (0.045-0.288) does not include zero, which suggests that the indirect effect is statistically significant (Hayes & Rockwood, 2017). The study shows that workplace emotional health significantly and indirectly affects organisational citizenship behaviour through work-life balance.



	Hypothesis	Results
H_1	Workplace emotional health is positively associated with work-life balance.	
H_2	Work-life balance is positively associated with organisational citizenship behaviour.	
H ₃	Workplace emotional health is positively associated with organisational citizenship behaviour.	Supported
H_4	Work-life balance mediates the relationship between workplace emotional health and	Partially
	organisational citizenship behaviour.	Supported

Table 03: Hypothesis Testing

Discussion and Conclusion

The first hypothesis posited that workplace emotional health is positively associated with worklife balance, having values (β =0.618, p<0.001). The data analysis supports this hypothesis, showing a significant positive association between workplace emotional health and work-life balance. This relationship is supported by existing literature. One of the studies shows a positive association between work-life balance and mental health, showing that work-life balance is associated with less stress, mental well-being, and more job satisfaction, and work-life imbalance could create psychological health issues like stress, anxiety, and depression, which negatively impacts well-being and productivity (Muhammad, 2023). The second hypothesis posited that work-life balance positively relates to organisational citizenship behaviour (β =0.351, p<0.001). Our findings support this hypothesis, revealing a significant positive association between work-life balance and organisational citizenship behaviour. This relationship is supported by existing literature. Employees with good work-life balance have higher chances of exhibiting positive workplace behaviours, which involve more job satisfaction, organisational commitment, and organisational citizenship behaviour (Eriyanti & Noekent, 2021). The third hypothesis says that workplace emotional health is positively associated with organisational citizenship behaviour, having values (β =0.460, p<0.001). Moreover, the positive association between emotional health and organisational citizenship behaviour is supported by existing literature.

Implications

Previous literature has consistently highlighted that workers with high levels of emotional health usually demonstrate positive workplace behaviours, including higher job satisfaction and organisational commitment (Dreer, 2024). This relationship aligns with the conservation of resources theory (COR); according to this theory, emotionally healthy employees can engage in organisational citizenship behaviour because they have the psychological and emotional resources required to go beyond their essential job duties (Hobfoll et al., 1990). The fourth hypothesis proposed that workplace emotional health indirectly impacts organisational citizenship behaviour through work-life balance (p<0.001). The results support this hypothesis, revealing that work-life balance partially mediates the association between workplace emotional health and organisational citizenship behaviour. The existing literature supports this relationship. Organisations try to invest in maintaining their workers' work-life balance to motivate them to engage in organisational citizenship behaviours (Harikaran & Thevanes, 2018).

Limitations and Future Directions

The research sample was limited to doctors and nurses from twin cities, which cannot represent the broader audience of different medical professionals. The limitation is the generalizability of the research to other countries and regions with different cultures and healthcare systems. The cross-sectional design used in the research limits the ability to judge the causality of variables. Longitudinal studies would be practical in developing causal relationships because emotions vary daily. By gathering responses at multiple intervals, researchers could gain deeper insights into the stability and changes in



emotions, reducing the potential for bias. Given the increasing technology trend, future research could explore how advanced technology can impact these behaviours across different industries (Beer & Mulder, 2020).

Author's Contribution

Conception or Design: Usba Majeed, Wajeeha Ghias

Data Collection and processing, Analysis or Interpretation of Data: Saira Mahmood, Usba Majeed

Manuscript Writing & Approval: Wajeeha Ghias, Saira Mahmood, Usba Majeed

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