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Relationship between work-family conflict and emotional exhaustion in health care workers: Mediating role of self-efficacy and stress perception

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Abstract. This study examines the mediating role of self-efficacy and stress perception in the relationship between work-family conflict and emotional exhaustion in healthcare workers. The study's primary purpose is to reveal the effect of work-family conflict on the emotional exhaustion levels of healthcare workers and to understand how individual factors such as self-efficacy and stress perception affect this process. The study's central question is, "Is there a significant relationship between work-family conflict and emotional exhaustion, and what role do self-efficacy and stress perception play in this relationship?" The study was designed as a cross-sectional design with a quantitative approach. The study

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sample consisted of 313 healthcare workers working in public and private hospitals in Turkey. The data were determined using the convenience sampling method. The data were analysed using structural equation modeling (SEM) to examine direct and indirect relationships between variables. According to the analysis results, a significant and positive relationship was found between work-family conflict and emotional burnout. It was determined that the perception of stress strengthened this relationship, while the perception of self-efficacy weakened it. While the work-family conflict was observed to cause less burnout in individuals with high self-efficacy levels, it was determined that emotional burnout levels increased even more in individuals with a high perception of stress. These findings emphasize the effect of individual factors on the professional and personal balance of healthcare professionals. This study confirms the adverse effects of work-family conflict on the emotional burnout levels of healthcare professionals. The research findings show that self-efficacy is a protective factor, while perception of stress is a risk factor. Increasing self-efficacy is critical in ensuring work-family balance and reducing the risk of emotional burnout in healthcare professionals. These results indicate that institutional strategies should be developed to reduce the emotional burnout levels of employees in the healthcare sector. Additionally, flexible working hours and family-friendly policies are recommended to reduce work-family conflict.

Keywords: work-family conflict, emotional exhaustion, self-efficacy, stress perception, health care workers.

JEL Classification: I19, O15, D23

1. INTRODUCTION

As in all sectors, healthcare professionals often face significant challenges balancing work and family responsibilities, leading to work-family conflict, a substantial source of stress and psychological strain (Geenhaus & Beutell, 1985). This conflict is particularly significant in healthcare settings, where high job demands and irregular work hours exacerbate strain and increase vulnerability to burnout. Characterised by emotional exhaustion, depersonalisation, and decreased professional competence, emotional burnout has far-reaching consequences that negatively impact workers' mental health and patient care outcomes (Allen & Kiburz, 2012; Ginevičius et al., 2022; Netemeyer et al., 1996; Schaufeli et al., 2005). Recent research has highlighted the critical role of personal resources, such as self-efficacy and perceived stress, in buffering the adverse effects of work-family conflict on emotional burnout (Greenglass & Burke, 2016). Self-efficacy, which reflects an individual's confidence in their ability to manage demanding demands, has been found to reduce the deleterious effects of job stressors. In contrast, perceived stress, the degree to which individuals evaluate situations as overwhelming, exacerbates the adverse effects of role conflict and accelerates burnout (Pérez-Fuentes et al., 2018; Ferreira & Gomes, 2021). Understanding these mediating factors is essential for designing effective interventions to support healthcare professionals. This study examines the mediating roles of self-efficacy and perceived stress in the relationship between work-family conflict and emotional exhaustion, addresses critical gaps in the literature, and provides actionable insights to enhance well-being and resilience among healthcare professionals.

Healthcare professionals often face significant challenges in managing the demands of their work and family roles, making work-family conflict a significant stressor. Research has consistently shown that work-

family conflict contributes to burnout, a psychological syndrome characterised by emotional exhaustion, depersonalisation, and reduced professional competence (Allen & Kiburz, 2012; Schaufeli et al., 2005). Emotional burnout undermines the well-being of healthcare professionals and negatively impacts the quality of patient care and organizational outcomes. While existing studies have highlighted the detrimental effects of work-family conflict on emotional burnout, less attention has been paid to individual resources such as self-efficacy and perceived stress mediating this relationship (Maslach & Leiter, 2016; Greenglass & Burke, 2016). Self-efficacy, which reflects confidence in one's ability to cope with challenging situations, has been associated with greater resilience and less emotional exhaustion. Conversely, high perceived stress increases role strain, increasing vulnerability to burnout (Ferreira & Gomes, 2021; Leiter & Maslach, 2004; Pérez-Fuentes et al., 2018). This effect was confirmed during the pandemic with appropriate influence on motivation for different groups of employees affected by pandemic risks (Mishchuk et al., 2023; Sarihasan et al., 2022). Despite these views, there is a gap in the literature regarding how self-efficacy and perceived stress interact as mediators in the link between work-family conflict and emotional burnout. Addressing this gap is necessary to develop targeted interventions that enhance the resilience and well-being of healthcare professionals. This study aims to fill this gap by examining the mediating roles of self-efficacy and stress perception and to provide valuable information on strategies to reduce burnout and improve work-life balance among healthcare professionals.

This study examines the mediating roles of self-efficacy and stress perception in the relationship between work-family conflict and emotional burnout among healthcare professionals. Healthcare professionals often face the dual demands of their professional and personal lives, leading to work-family conflict, which is strongly associated with emotional burnout (Allen & Kiburz, 2012). Emotional burnout, a psychological syndrome characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment, negatively affects both the individuals who experience it and the quality of care they provide. Although the relationship between work-family conflict and emotional burnout has been extensively studied, the role of individual factors such as self-efficacy and stress perception in this process has received limited attention. This study aims to determine how self-efficacy, defined as a person's belief in their ability to manage challenges and stress perception, which reflects how stressful situations are evaluated, mediate the relationship between work-family conflict and emotional burnout. This research aims to address this issue and provide a better understanding of the mechanisms underlying burnout in healthcare settings. The rationale for this study is the critical need to reduce burnout among healthcare professionals as it impacts healthcare professional well-being and patient care outcomes (Schaufeli et al., 2005; Maslach & Leiter, 2016). Understanding the mediating roles of self-efficacy and perceived stress can inform targeted interventions to improve resilience, work-life balance, and job satisfaction in this high-risk occupation.

Healthcare professionals face significant work-family conflict due to the demanding nature of their roles, often leading to burnout, a psychological state marked by emotional exhaustion, depersonalization, and reduced personal accomplishment. This topic has received significant attention recently due to its implications for healthcare professional well-being and patient care outcomes (Maslach & Leiter, 2016; Schaufeli et al., 2005). However, there is a gap in understanding the mediating roles of individual factors such as self-efficacy and perceived stress in the relationship between work-family conflict and emotional burnout. This study addresses this gap by investigating how self-efficacy, an individual's belief in their ability to manage challenges and stress perception, and an individual's appraisal of stressful situations influence this critical relationship. The study contributes to the literature by integrating these individual-level mediators into the study of work-family conflict and emotional burnout, providing a more nuanced understanding of the mechanisms that influence resilience in healthcare professionals. Theoretically, the study is based on the transactional model of stress and coping (Lazarus & Folkman, 1984). This model investigates the protective role of self-efficacy and the exacerbating effect of perceived stress.

Methodologically, the study uses a robust mediation analysis framework to assess these relationships. Practically, the findings provide important clues for interventions to improve self-efficacy and stress management to reduce the risk of emotional burnout. The underlying assumption of this study is that self-efficacy moderates the impact of work-family conflict on emotional burnout in healthcare professionals, while stress perception amplifies it.

2. LITERATURE REVIEW

Emotional burnout, characterized by emotional exhaustion, depersonalization, and decreased professional competence in healthcare workers, is a critical problem affecting worker well-being and the quality of healthcare services. Previous studies have consistently linked work-family conflict resulting from incompatible role demands to increased rates of emotional burnout among healthcare workers (Schaufeli et al., 2005; Allen & Kiburz, 2012). This relationship is of particular concern in high-risk environments where prolonged stress may compromise patient care. Research suggests that self-efficacy and perceived stress may mediate the relationship between work-family conflict and emotional burnout (Maslach & Leiter, 2016; Pérez-Fuentes et al., 2018). Theoretical frameworks such as the transactional model of stress and coping (Lazarus & Folkman, 1984) suggest that self-efficacy reduces stress by promoting a sense of control, while high perceived stress enhances adverse outcomes by increasing perceived role strain (Ferreira & Gomes, 2021). Empirical studies also suggest that self-efficacy serves as a protective factor against burnout, whereas high perceived stress exacerbates the effects of burnout (Greenglass & Burke, 2016; Kryshchanovych et al., 2022). This study builds on these findings by systematically examining the mediating roles of self-efficacy and perceived stress in the relationship between work-family conflict and emotional exhaustion. Utilizing mediation analysis and drawing on theoretical and empirical foundations, this research aims to advance the understanding of individual resilience factors and their potential to reduce burnout in healthcare settings. Based on the conceptual and theoretical framework, the following hypothesis is developed.

H1: Work-family conflict has a positive effect on emotional exhaustion.

Emotional burnout due to work-family conflict among healthcare professionals is a significant focus of occupational stress research. While studies consistently show that work-family conflict is a determinant of burnout, findings differ regarding the mediating roles of self-efficacy and stress perception. Research suggests that self-efficacy (the belief in one's ability to cope with demands) buffers the adverse effects of stressors such as work-family conflict (Schaufeli et al., 2005; Ferreira & Gomes, 2021). However, some studies suggest that self-efficacy alone may not reduce burnout when perceived stress is high, highlighting the complex interactions between these variables. Stress perception, which reflects individuals' subjective appraisals of stress, has been consistently associated with exacerbating burnout by increasing emotional exhaustion and desensitization (Pérez-Fuentes et al., 2018; Maslach & Leiter, 2016). However, there are differences in how perceived stress moderates the work-family conflict-emotional exhaustion relationship. For example, Greenglass and Burke (2016) found that perceived stress significantly amplified the effects of work-family conflict, while Allen and Kiburz (2012) reported weaker moderating effects in healthcare settings with strong organizational support systems. Despite these inconsistencies, the literature agrees on the critical need to examine self-efficacy and perceived stress to understand better their roles in reducing burnout. This study builds on these findings by addressing gaps by systematically analyzing the mediating roles of self-efficacy and perceived stress in the work-family conflict-emotional exhaustion relationship among healthcare professionals. Based on the conceptual and theoretical framework, the following hypotheses were developed.

H2: Work-family conflict has a positive effect on perceived self-efficacy.

H3: Self-efficacy has a positive effect on emotional exhaustion.

Emotional burnout, a critical problem among healthcare professionals, has been extensively studied, especially regarding its relationship with work-family conflict. Although previous studies have identified work-family conflict as an important predictor of burnout, there are significant gaps in understanding the mediating mechanisms that influence this relationship. For example, the roles of self-efficacy and stress perception as mediators have not been sufficiently investigated, leaving a limited understanding of how individual resources shape the effects of work-family conflict on emotional burnout (Schaufeli et al., 2005; Pérez-Fuentes et al., 2018). A notable shortcoming of previous studies is that they focus on self-efficacy or stress perception alone and do not consider their combined effects. Furthermore, most literature emphasizes organizational and environmental factors such as workload and institutional support while neglecting individual-level variables such as self-efficacy and personal stress appraisal. Themes that emerge in the literature emphasize the protective role of self-efficacy in reducing emotional exhaustion and depersonalization and the detrimental effect of increased perceived stress in increasing role strain (Allen & Kiburz, 2012; Maslach & Leiter, 2016). Given these gaps, further research is needed to investigate how self-efficacy and perceived stress jointly mediate the work-family conflict-emotional exhaustion relationship. This study addresses this need by providing a comprehensive analysis of these mediators and provides insights that can inform specific interventions to increase resilience and reduce burnout among healthcare professionals. Based on the conceptual and theoretical framework, the following hypotheses were developed:

H4: Self-efficacy perception mediates the relationship between work-family conflict and emotional exhaustion.

H5: Work-family conflict has a positive effect on perceived stress.

Emotional burnout, a common problem among healthcare professionals, is strongly linked to work-family conflict, yet the mediating mechanisms underlying this relationship have been understudied. This study offers originality by examining the joint mediating roles of two critical yet underappreciated individual factors, self-efficacy and perceived stress, in the work-family conflict-emotional burnout relationship. Unlike previous research focusing predominantly on environmental or organizational factors (Allen & Kiburz, 2012), this study takes a nuanced approach by integrating personal resilience factors, addressing an important gap in the literature. This study contributes to the literature by advancing theoretical understanding and empirical insights into how individual-level mediators, such as self-efficacy and perceived stress, shape emotional burnout outcomes in healthcare. Building on the transactional model of stress and coping (Lazarus & Folkman, 1984), this research highlights the protective effects of self-efficacy and the detrimental effects of perceived stress. Methodologically, this study uses a mediation analysis framework that provides a robust, data-driven approach to capture these complex interactions. This research addresses the shortcomings of previous studies, such as focusing on single mediators or neglecting individual-level factors, to provide a holistic perspective on the dynamics of emotional exhaustion (Maslach & Leiter, 2016). Furthermore, the study introduces a new perspective by applying these concepts specifically to healthcare workers in a context where work-family conflict is high. These findings will inform targeted interventions to enhance the resilience and well-being of healthcare workers. Based on the conceptual and theoretical framework outlined above, the following hypotheses were developed:

H6: Perceived stress has a positive effect on emotional exhaustion.

H7: Perceived stress mediates the relationship between work-family conflict and emotional exhaustion.

3. METHODOLOGY

This study used a quantitative research method to investigate the mediating roles of self-efficacy and stress perception in the relationship between work-family conflict and emotional burnout among healthcare

professionals. A quantitative approach was chosen to provide measurable and generalizable insights into the relationships between variables (Creswell & Creswell, 2018). The study used a cross-sectional design, which is particularly suitable for examining the relationships between variables at a single point in time (Setia, 2016). This design was chosen to effectively capture the complex interactions among work-family conflict, self-efficacy, stress perception, and emotional burnout within the constraints of healthcare professionals' demanding schedules. Data were collected using validated survey instruments. The Work-Family Conflict Scale (Haslam et al., 2015) measured perceived role conflict, while emotional burnout was assessed using the Maslach Emotional Exhaustion Inventory (MBI; Maslach & Jackson, 1981). Self-efficacy was measured with the General Self-Efficacy Scale (Sherer et al., 1982) and the Perceived Stress Scale (PSS; Cohen et al., 1983), which was used to assess stress perception. All instruments have demonstrated strong reliability and validity in previous studies (Pérez-Fuentes et al., 2018). The sample consisted of 313 healthcare workers selected through convenience sampling from public and private hospitals. Data were analyzed using structural equation modeling (SEM), which allows for examining both direct and indirect effects of mediating variables. This robust approach was chosen to capture the complex relationships among the variables under study.

3.1. Sample and sampling/study group

The study sample consisted of 313 healthcare professionals selected through convenience sampling from public and private hospitals operating in the Sakarya province of Turkey. This non-probability sampling technique was preferred due to the busy schedules of healthcare professionals and the accessibility of the participants (Etikan et al., 2016; Tutar ve Erdem, 2020). Participants were recruited voluntarily, and no monetary or other incentives were provided to ensure impartial participation. Data were collected through face-to-face interviews in October and November 2024. Inclusion criteria were that the participants were actively working health professionals and had at least one year of work experience to determine their perceptions of the variables under investigation. Data were collected from 313 health professionals (113 nurses, 135 doctors from various branches, and 65 dentists). Since the study focused on mediating factors (self-efficacy and perceived stress) in the relationship between work-family conflict and emotional burnout, participants were assigned to the study as a single group instead of making comparisons between groups. Data were collected anonymously, and all participants provided informed consent to adhere to ethical research practices (American Psychological Association, 2017). The sample was demographically diverse, with participants aged 25 to 55 ($M = 38.2$, $SD = 8.3$). Of the 313 participants, 68% were female, reflecting the typical gender distribution in healthcare professions (Pérez-Fuentes et al., 2018). Approximately 60% of participants worked in public hospitals, and 40% worked in private hospitals, representing a variety of healthcare settings. These demographic characteristics provided a solid foundation for analyzing the complex interactions between work-family conflict, emotional burnout, and individual mediators in healthcare.

3.2. Data collection, data collection process, and data collection tool

Data for this study were collected using a structured questionnaire consisting of validated psychometric scales. The survey technique was selected due to its effectiveness in collecting quantitative data from a large sample of healthcare professionals within a limited time frame (Creswell & Creswell, 2018). The questionnaire included measures of work-family conflict, emotional exhaustion, self-efficacy, and perceived stress, all of which have been validated in previous research. Work-family conflict was assessed using the Work-Family Conflict Scale, a 5-point Likert-type scale developed by Haslam et al. (2015) ranging from 1 (strongly disagree) to 5 (strongly agree). Emotional exhaustion was measured using the Maslach Emotional

Exhaustion Inventory (MBI), developed by Maslach and Jackson (1981), which consists of three subscales: emotional exhaustion, depersonalization, and personal accomplishment. Self-efficacy was measured with the General Self-Efficacy Scale (GSES), a 17-item 5-point Likert scale developed by Sherer et al. (1982). Perception of stress was assessed using the Perceived Stress Scale (PSS), developed by Cohen et al. (1983), which uses a 5-point Likert scale to assess the degree to which life events are evaluated as stressful. These scales were selected due to their widespread use in occupational and healthcare settings, reliability, and validity. The Likert-type format effectively measured attitudes and perceptions regarding the study variables.

3.3. Data analysis

Structural equation modeling (SEM) was used as the primary analysis technique to examine the mediating roles of self-efficacy and stress perception in the relationship between work-family conflict and emotional exhaustion. SEM was selected because it can analyze complex relationships among multiple variables, including direct and indirect effects, within a comprehensive framework (Hair et al., 2019). This approach allowed for a detailed examination of mediating effects and overall model fit. Data collected using validated scales was analyzed using AMOS software, widely used for SEM. First, the data were screened for missing values and normality. Descriptive statistics and Pearson correlation analyses were conducted to explore the relationships between the variables. Then, the measurement model was tested to confirm the reliability and validity of the constructs. Finally, the structural model was developed to test the hypothesized relationships and mediating effects using bootstrapping methods that provide robust estimates of indirect effects (Hayes, 2018). This technique provided rigorous testing of the hypothesized relationships and insight into the mediating roles of self-efficacy and stress perception.

3.4. Research model

The research model of this study examines the effect of work-family conflict on emotional burnout, focusing on the mediating roles of self-efficacy perception and perceived stress. The research model is as follows:

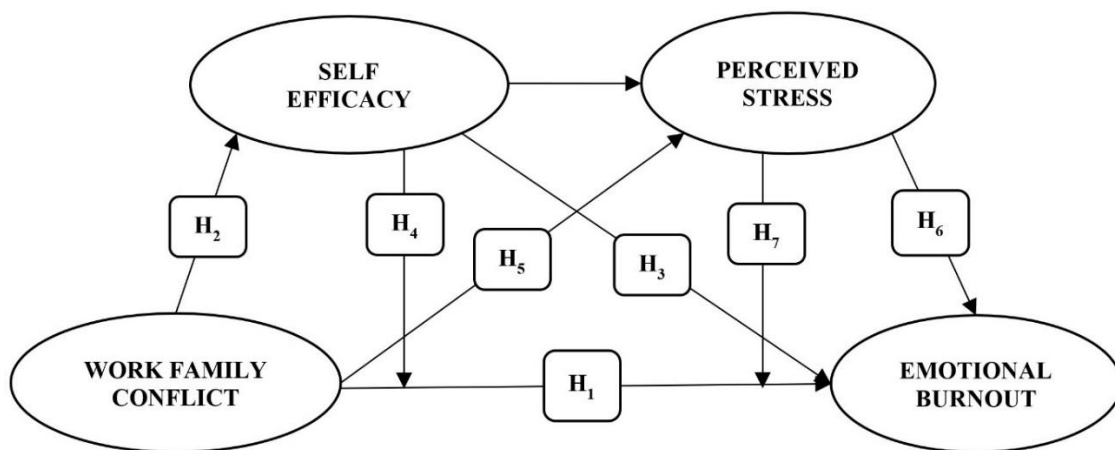


Figure 1. Hypothetical model of the research

4. EMPIRICAL RESULTS AND DISCUSSION

In this part of the research, the convergent and discriminant validity and reliability levels of the scales used were examined first. Then, their differences according to demographic variables were examined. The relationships between the variables were also analyzed, and the hypotheses specified in the research model were tested. Convergent and discriminant validity are crucial criteria for assessing the construct validity of a scale. The method proposed by Fornell and Larcker (1981) is widely used to validate the factor structures of a scale. The findings of these criteria indicate how well the different dimensions of a scale are differentiated and how strongly each dimension is correlated with others. Composite Reliability (CR) and Average Variance Extracted (AVE) are important statistical measures for evaluating the reliability and validity of a structural scale. CR measures the internal consistency of a scale, indicating how reliably the items measure the construct when combined. A CR value of 0.70 or higher is acceptable, showing that the items consistently measure the same construct. AVE shows the ratio of the variance explained by the factor to the total variance of the items under that factor. An AVE value of 0.50 or higher is desired, indicating that the items are well-represented by the factor and that the factor is distinct from other factors (Fornell & Larcker, 1981). The findings regarding convergent and discriminant validity for the scales, based on the Fornell and Larcker criteria, along with CR and AVE values, are as follows:

Table 1

Fornell and Larcker's criterion findings regarding convergent and discriminant validity

Variable	CR	AVE	SELF EFFICACY	PERCEIVED STRESS	WORK-FAMILY CONFLICT	BURNOUT
Self-efficacy	0,914	0,593	0,770*			
Perceived stress	0,810	0,664	0,677	0,815*		
Work-family conflict	0,929	0,722	0,585	0,725	0,850*	
Burnout	0,877	0,607	0,641	0,697	0,864	0,779*

Values marked * are the square roots of the Average Variance Explained (AVE) values

Source: own compilation

Table 1 presents the Fornell and Larcker criterion findings regarding the convergent and discriminant validity of the scales. The Composite Reliability (CR) values for Self-Efficacy, Perceived Stress, Work-Family Conflict, and Burnout are above the acceptable threshold of 0.70, indicating good internal consistency for each scale. The Average Variance Extracted (AVE) values are also satisfactory, with all variables exceeding the 0.50 threshold, demonstrating that each construct explains a sufficient amount of the variance in its indicators. The square roots of the AVE values, indicated by the diagonal values in the table, are higher than the inter-construct correlations, confirming discriminant validity. This means each construct is distinct from the others, and the items within each construct are well-clustered and reliable.

The Heterotrait-Monotrait (HTMT) criterion is a statistical method to assess discriminant validity between different constructs, particularly in structural equation modeling (SEM). This criterion compares the relationships between items within the same construct (monotrait) to the relationships between items in different constructs (heterotrait). A commonly accepted threshold for HTMT is 0.90; if the HTMT value between two constructs exceeds this threshold, it suggests that the constructs may not be sufficiently distinct, indicating potential issues with discriminant validity. This method is particularly valuable in multifactor structural equation modeling (PLS-SEM) analyses, ensuring that the constructs are distinct and the model's results are reliable. Researchers use the HTMT criterion to robustly evaluate the structural validity and relationships between constructs, as recommended by Henseler, Ringle, and Sarstedt (2015) and further elaborated by Henseler, Hubona, and Ray (2016).

Table 2

Discriminant validity findings for variables based on HTMT criterion

Variable	Self Efficacy	Perceived Stress	Work-Family Conflict	Burnout
Self-efficacy				
Perceived stress	0,554			
Work-family conflict	0,394	0,571		
Burnout	0,541	0,566	0,660	

Source: own compilation

Table 2 shows the discriminant validity findings for the variables based on the HTMT criterion. The HTMT values for the relationships between Self-Efficacy, Perceived Stress, Work-Family Conflict, and Burnout are below the 0.90 threshold. Specifically, the HTMT value between Self-Efficacy and Perceived Stress is 0.554, between Self-Efficacy and Work-Family Conflict, is 0.394, between Self-Efficacy and Burnout, is 0.541, between Perceived Stress and Work-Family Conflict, is 0.571, between Perceived Stress and Burnout is 0.566, and between Work-Family Conflict and Burnout is 0.660. These findings indicate sufficient discriminant validity among all constructs, showing acceptable distinctions between different constructs, which is a positive result for the structural validity of the scale.

Table 3

Examination of the differences in scales according to demographic variables

Demographic Variable	Group	Self-efficacy	Perceived stress	Work-family conflict	burnout
Gender	Male	2.31 ± 0.65	2.90 ± 0.58	2.80 ± 0.76	2.75 ± 0.60
	Female	2.27 ± 0.63	3.13 ± 0.56	2.72 ± 0.85	2.83 ± 0.65
	Sig. (p-value)	0.635	0.001	0.450	0.295
Age	a. 18-25	2.19 ± 0.69	2.99 ± 0.42	2.38 ± 0.94	2.62 ± 0.67
	b. 26-33	2.33 ± 0.61	3.19 ± 0.65	2.82 ± 0.72	2.91 ± 0.57
	c. 34-41	2.28 ± 0.68	3.10 ± 0.55	2.91 ± 0.81	2.84 ± 0.64
	d. 42-49	2.44 ± 0.40	2.98 ± 0.50	2.89 ± 0.62	3.01 ± 0.52
	e. 50 and above	2.13 ± 0.59	2.84 ± 0.70	2.62 ± 0.86	2.63 ± 0.72
	Sig. (p-value)	0.214	0.025	0.000	0.007
	Source of difference		b>e	b>a, c>a, d>a	b>a, d>a
Marital Status	Married	2.24 ± 0.62	3.03 ± 0.62	2.84 ± 0.81	2.82 ± 0.64
	Single	2.33 ± 0.65	3.10 ± 0.49	2.61 ± 0.83	2.79 ± 0.63
	Sig. (p-value)	0.210	0.295	0.013	0.644
Education Level	Secondary education	2.31 ± 0.60	3.08 ± 0.63	2.58 ± 0.96	2.83 ± 0.77
	Associate/Bachelor's degree	2.26 ± 0.64	3.04 ± 0.53	2.78 ± 0.76	2.81 ± 0.62
	Postgraduate	2.32 ± 0.65	3.09 ± 0.63	2.79 ± 0.87	2.79 ± 0.53
	Sig. (p-value)	0.783	0.787	0.222	0.953
Work Experience	a. Less than 1 year	2.02 ± 0.72	3.02 ± 0.43	2.34 ± 1.09	2.46 ± 0.67
	b. 1-5 years	2.33 ± 0.61	3.13 ± 0.56	2.69 ± 0.80	2.82 ± 0.64
	c. 6-10 years	2.48 ± 0.60	3.15 ± 0.54	2.80 ± 0.69	2.92 ± 0.57
	d. 11-15 years	2.19 ± 0.67	3.06 ± 0.53	2.93 ± 0.85	2.86 ± 0.60
	e. More than 15 years	2.24 ± 0.59	2.97 ± 0.64	2.77 ± 0.79	2.81 ± 0.66
	Sig. (p-value)	0.014	0.267	0.041	0.035
	Source of difference	c>a		d>a	c>a
Household Income	a. 15000 ₺ and below	2.40 ± 0.63	3.20 ± 0.53	2.86 ± 0.62	2.91 ± 0.65
	b. 15001-25000 ₺	2.43 ± 0.66	3.01 ± 0.47	2.73 ± 0.84	2.88 ± 0.68
	c. 25001-35000 ₺	2.28 ± 0.56	3.20 ± 0.66	2.90 ± 0.66	2.93 ± 0.50
	d. 35001-45000 ₺	2.10 ± 0.64	2.96 ± 0.61	2.57 ± 1.14	2.53 ± 0.65

	e. 45001 ₺ and above	2.09 ± 0.57	2.92 ± 0.57	2.63 ± 0.84	2.70 ± 0.59
	Sig. (p-value)	0.002	0.009	0.141	0.003
	Source of difference	a>e, b>d, b>e	a>e		a>d, b>d, c>d
Household Composition	a. Alone	2.41 ± 0.62	3.12 ± 0.52	2.81 ± 0.64	2.86 ± 0.60
	b. With spouse and/or children	2.26 ± 0.61	3.04 ± 0.60	2.80 ± 0.78	2.85 ± 0.62
	c. With parents	2.21 ± 0.68	3.06 ± 0.55	2.52 ± 1.06	2.65 ± 0.70
	Sig. (p-value)	0.120	0.578	0.042	0.090
	Source of difference			b>c	
Help with Household Chores	No	2.32 ± 0.63	3.08 ± 0.57	2.75 ± 0.78	2.82 ± 0.62
	Yes	2.13 ± 0.60	2.97 ± 0.57	2.74 ± 0.99	2.77 ± 0.69
	Sig. (p-value)	0.034	0.182	0.959	0.577

Source: own compilation

Table 3 reveals significant differences in self-efficacy, perceived stress, work-family conflict, and burnout based on demographic variables. Women reported significantly higher perceived stress levels ($p=0.001$) than men, indicating more tremendous stress in their daily lives, while no significant differences were observed in other scales. Younger adults, particularly those early in their careers (18-25), experienced more work-family conflict ($p=0.025$) and perceived stress ($p=0.000$), highlighting the challenges they face in balancing work and family responsibilities. Single individuals had lower work-family conflict scores ($p=0.013$) than married individuals, suggesting fewer family-related stressors. Work experience showed a dual impact, with those having 6-10 years and 11-15 years of experience displaying higher self-efficacy ($p=0.014$) and burnout scores ($p=0.035$), implying that while experience builds confidence, it also increases burnout risk. Lower-income individuals (15000 ₺ and below) exhibited higher self-efficacy scores ($p=0.002$) compared to higher-income groups (45001 ₺ and above), possibly due to the resilience developed in challenging conditions. Additionally, living arrangements influenced work-family conflict, with those living alone or with a spouse and/or children experiencing more conflict ($p=0.042$) than those living with parents.

Table 4

Means, standard deviations, and correlations

	Mean	Std. Deviation	Self-efficacy	Perceived stress	Work-family conflict	Burnout
Self-efficacy	2,28	,63				
Perceived stress	3,06	,57	,336**			
Work-family conflict	2,75	,82	,346**	,481**		
Burnout	2,81	,64	,479**	,454**	,626**	

** $p<0.01$

Source: own compilation

Table 4 shows the means, standard deviations, and correlation coefficients among self-efficacy, perceived stress, work-family conflict, and burnout. These variables' average levels (means) and variability (standard deviations) are presented. Significant relationships are highlighted through correlation coefficients, showing that self-efficacy is positively correlated with perceived stress ($r = 0.336$, $p < 0.01$), work-family conflict ($r = 0.346$, $p < 0.01$), and burnout ($r = 0.479$, $p < 0.01$), suggesting that higher self-efficacy is linked with higher perceived stress, work-family conflict, and burnout. Perceived stress is also positively correlated with work-family conflict ($r = 0.481$, $p < 0.01$) and burnout ($r = 0.454$, $p < 0.01$), indicating that as perceived stress rises, work-family conflict and burnout also increase. The strongest correlation between work-family conflict and burnout ($r = 0.626$, $p < 0.01$) indicates a strong association

between these variables. These correlations suggest that self-efficacy, perceived stress, work-family conflict, and burnout tend to increase together.

Table 5

The mediating role of self-efficacy perception and perceived stress in the effect of work-family conflict on burnout

OUTCOME VARIABLE: BURNOUT	R	R ²	F	df ₁	df ₂	p
	Coefficient	SE	t	p	LLCI	ULCI
(Constant)	1,480	0,098	15,081	0,000	1,287	1,673
WORK-FAMILY CONFLICT	0,626	0,034	14,147	0,000	0,417	0,552
OUTCOME VARIABLE: SELF EFFICACY	R	R ²	F	df ₁	df ₂	p
	Coefficient	SE	t	p	LLCI	ULCI
(Constant)	1,551	0,117	13,259	0,000	1,321	1,781
WORK-FAMILY CONFLICT	0,346	0,041	6,510	0,000	0,185	0,346
OUTCOME VARIABLE: PERCEIVED STRESS	R	R ²	F	df ₁	df ₂	p
	Coefficient	SE	t	p	LLCI	ULCI
(Constant)	1,874	0,121	15,443	0,000	1,635	2,113
WORK-FAMILY CONFLICT	0,415	0,036	7,983	0,000	0,217	0,359
SELF EFFICACY	0,192	0,47	3,699	0,000	0,814	0,266
SELF EFFICACY* WORK FAMILY CONFLICT (interaction)			8,764	1	309	0,003
OUTCOME VARIABLE: BURNOUT	R	R ²	F	df ₁	df ₂	p
	Coefficient	SE	t	p	LLCI	ULCI
(Constant)	0,723	0,151	4,795	0,000	0,427	1,020
WORK-FAMILY CONFLICT	0,465	0,037	9,722	0,000	0,287	0,433
SELF EFFICACY	0,272	0,045	6,106	0,000	0,186	0,363
PERCEIVED STRESS	0,139	0,053	2,911	0,004	0,050	0,259
SELF EFFICACY* WORK FAMILY CONFLICT (interaction)			5,084	1	308	0,025
PERCEIVED STRESS * WORK FAMILY CONFLICT (interaction)			3,367	1	308	0,068

Source: own compilation

Table 5 presents the results of multiple regression analyses examining the mediating roles of self-efficacy perception and perceived stress in the relationship between work-family conflict and burnout. First, the direct effect of work-family conflict on burnout shows a significant positive relationship ($R^2 = 0.392$, $p < 0.000$), indicating that work-family conflict accounts for 39.2% of the variance in burnout. The coefficient for work-family conflict is significant ($\beta = 0.626$, $p < 0.000$), suggesting that as work-family conflict increases, burnout also increases. Next, the analysis examines the effect of work-family conflict on self-efficacy, revealing a significant relationship ($R^2 = 0.120$, $p < 0.000$). The coefficient for work-family conflict is positive and significant ($\beta = 0.346$, $p < 0.000$), indicating that higher work-family conflict is associated with higher self-efficacy. The effect of work-family conflict on perceived stress also shows a significant positive relationship ($R^2 = 0.264$, $p < 0.000$), with work-family conflict and self-efficacy both contributing significantly to perceived stress ($\beta = 0.415$ and $\beta = 0.192$, respectively). The interaction between self-efficacy and work-family conflict is also significant ($F = 8.764$, $p = 0.003$), suggesting a moderating effect.

Finally, the combined model assessing the impact of work-family conflict, self-efficacy, and perceived stress on burnout reveals a significant relationship ($R^2 = 0.484$, $p < 0.000$). Work-family conflict, self-efficacy, and perceived stress all significantly contribute to burnout ($\beta = 0.465$, $\beta = 0.272$, and $\beta = 0.139$, respectively). The interaction effects of self-efficacy and work-family conflict ($F = 5.084$, $p = 0.025$) and perceived stress and work-family conflict ($F = 3.367$, $p = 0.068$) indicate that these factors interact in

complex ways to influence burnout. Overall, these results demonstrate that both self-efficacy and perceived stress mediate the relationship between work-family conflict and burnout, and their interactions further modulate this effect, highlighting the multifaceted nature of burnout in the context of work-family dynamics.

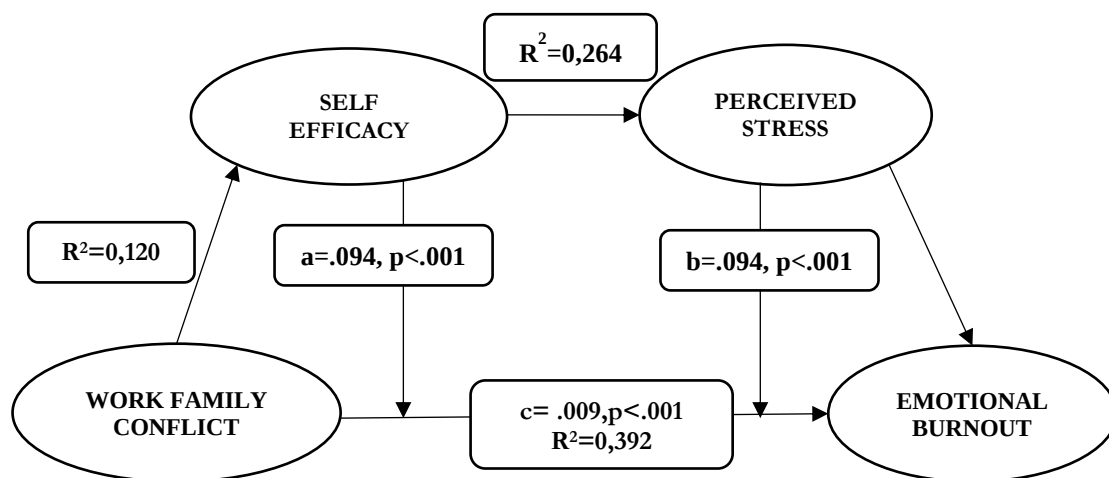
Table 6

Indirect effects on work-family conflict and burnout										Total effect of X on Y		
Completely standardized indirect effect(s) of X on Y:										Effect	Lower	Upper
Work-family conflict	→	Self-efficacy	→	Burnout						0,094	0,055	0,137
Work-family conflict	→	Perceived stress	→	Burnout						0,058	0,012	0,108
Work-family conflict	→	Self-efficacy	→	Perceived stress	→	Burnout				0,009	0,002	0,019
						Total Effect				0,125	0,096	0,227

Y : Burnout, X : Work-Family Conflict, M1 : Self Efficacy, M2 : Perceived Stress

Source: own compilation

Table 6 illustrates the indirect effects of work-family conflict on burnout, highlighting the mediating roles of self-efficacy and perceived stress. Firstly, the indirect effect of work-family conflict on burnout through self-efficacy is significant (effect = 0.094, lower limit = 0.055, upper limit = 0.137). This finding indicates that work-family conflict increases self-efficacy, contributing to burnout. The total effect of work-family conflict on burnout through self-efficacy is significant (effect = 0.485, $t = 14.147$, $p < 0.000$). Secondly, the indirect effect of work-family conflict on burnout through perceived stress is also significant (effect = 0.058, lower limit = 0.012, upper limit = 0.108). This result shows that work-family conflict heightens perceived stress and increases burnout. Additionally, the indirect effect of work-family conflict on burnout through self-efficacy and perceived stress is significant (effect = 0.009, lower limit = 0.002, upper limit = 0.019). This finding suggests that work-family conflict enhances self-efficacy, raising perceived stress and ultimately resulting in burnout. Overall, these findings demonstrate that the total indirect effect of work-family conflict on burnout (effect = 0.125, lower limit = 0.096, upper limit = 0.227) is significant, with both self-efficacy and perceived stress serving as crucial mediators in this relationship. These results emphasize the complex interactions between work-family conflict and burnout, highlighting the critical roles of self-efficacy and perceived stress in this process.



Direct effect (c') = .485, $p < 0.05$, $R^2 = 0.484$; Indirect effect = .125, 95% CI [.096, .227]

The analysis confirms all proposed hypotheses, revealing the intricate dynamics between work-family conflict, self-efficacy, perceived stress, and emotional burnout. Work-family conflict significantly increases emotional burnout, supporting the notion that more significant conflict between work and family roles exacerbates feelings of burnout. Additionally, work-family conflict positively influences self-efficacy, suggesting that individuals may develop a stronger belief in their coping capabilities, even amidst heightened conflict. However, self-efficacy, while seemingly positive, also contributes to emotional burnout, indicating its dual role in this context. Both self-efficacy and perceived stress partially mediate the relationship between work-family conflict and burnout, highlighting their critical roles in this process. Perceived stress, in particular, emerges as a significant factor, linking work-family conflict to burnout by amplifying stress levels. These findings emphasize the multifaceted nature of the relationship, where self-efficacy and perceived stress mediate and interact with work-family conflict to shape emotional burnout outcomes.

5. CONCLUSION

In this study, the effects of various demographic factors (gender, age, marital status, education level, work experience, income level, and household composition) on self-efficacy, perceived stress, work-family conflict, and burnout levels in the context of healthcare workers were analyzed. For this purpose, a comprehensive data collection process was carried out, and the participants' interactions with the relevant variables were examined using multiple regression models. The findings showed that women experienced higher levels of stress compared to men, and individuals in the 18-25 age group had difficulty balancing career and family roles. Similarly, it was suggested that the level of work-family conflict was lower in single individuals than in married individuals and could be due to the lack of family responsibilities. The effect of education level was found to be limited, whereas it was observed that the risk of burnout increased despite the increase in self-efficacy in employees with 6-15 years of work experience (Bandura, 1997; Hobfoll, 1989). Therefore, the study's main conclusion is that a multifaceted interaction exists between work-family conflict, self-efficacy, perceived stress, burnout, and demographic factors shaping this interaction.

The study's findings are broadly consistent with the results of previous studies indicating the determining role of work-family conflict on burnout (Maslach et al., 2001; Taris, 2006). However, the data obtained provide a new perspective on the existing literature, showing that work-family conflict can increase self-efficacy (Lepine et al., 2005). While most studies evaluate self-efficacy as a protective factor, this study revealed that self-efficacy, which increases with conflict, can paradoxically trigger emotional exhaustion. This situation shows that individuals strengthen their self-efficacy to cope with increasing responsibilities and expectations. However, this strengthening can also increase the stress factors that come with new tasks and, thus, burnout in the long term. Therefore, this study makes an important contribution to the literature, stating that the relationship between conflict and individual psychological resources is not one-way.

The contribution of the research to theory is that it provides a detailed framework on how work-family conflict can interact with self-efficacy and perceived stress. In practice, it is emphasized that health institutions and managers should implement preventive and supportive interventions for different demographic groups experiencing work-family conflict (Kline, 2017; Hobfoll, 1989; Schwarzer & Hallum, 2008). For example, mentoring and career counseling for young employees, flexible working practices or additional psychological support for women, and customized work programs for single employees may be among these strategies. At the policy level, measures to develop low-income employees' economic resources can strengthen their self-efficacy and capacity to cope with stress. Although it is stated in the literature that self-efficacy generally reduces stress and burnout (Bandura, 1997), this study has significantly enriched the contradictory findings by showing that increasing self-efficacy in the pressure environment created by work-family conflict can sometimes have negative consequences.

One of the study's strengths is the multidimensional analysis of data obtained from healthcare professionals covering a wide age, gender, and socioeconomic spectrum. While previous studies have primarily focused on a single variable or a limited group of participants, the holistic examination of work-family conflict, perceived stress, burnout, and self-efficacy with multiple regression models in this study offers an important contribution to the literature (Schwarzer & Hallum, 2008; Maslach et al., 2001). At the same time, the finding that an increase in self-efficacy can paradoxically increase the level of burnout brings new questions and areas of research for future research (Schwarzer & Hallum, 2008; LePine et al., 2005). Accordingly, studies conducted in different sectors or cultural contexts can provide a broader perspective on the extent to which this unexpected interaction between self-efficacy and burnout is generalizable. In addition, longitudinal and experimental designs may help to more clearly determine the causal relationships between these factors.

On the other hand, the study has some limitations. First, since the sample was limited to healthcare sector employees, the results' generalizability to different sectors and cultural contexts may be limited (Schwarzer & Hallum, 2008; Kline, 2017). Second, since the study was based on a cross-sectional design, the findings do not constitute definitive evidence of a cause-and-effect relationship. The fact that the measurements are based on reporting may also bring potential problems such as social desirability bias or respondent bias (Maslach et al., 2001; Schwarzer & Hallum, 2008). More in-depth analyses are recommended in future studies using qualitative data collection methods or diary study approaches. In addition, longitudinal studies examining different demographic groups or sectors can better reveal the dynamic dimensions of the relationships between work-family conflict, self-efficacy, perceived stress, and burnout (Schwarzer & Hallum, 2008; Bandura, 1997; Hobfoll, 1989).

In summary, this study draws attention to the complex interactions between work-family relationships and individual psychological resources by showing that work-family conflict can increase burnout through self-efficacy and perceived stress. The main findings reveal that work-family conflict not only triggers emotional exhaustion and stress but also, despite the increase in self-efficacy, this increase can paradoxically increase the risk of burnout (Ferreira & Gomes, 2021). Therefore, it is recommended that holistic strategies be developed to both reduce the level of conflict in organizational environments and support employees' self-efficacy perceptions and stress-coping skills in the right direction. This study plays an important role in shedding new light on the contradictory inferences in the literature and showing that the relationship between work-family conflict and burnout cannot be evaluated one-dimensionally and that self-efficacy may not always be a protective factor.

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Conflict of interest declaration

The author has no conflict of interest with any person or institution. No individual or institution contributed to the study's design, the collection, analysis, or interpretation of the data.

Authors' contributions

All authors contributed equally to the conception and writing of the manuscript. They also critically revised it and approved the final version.

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