

KNOWLEDGE, RESOURCES AND SUPPORT AFFECT WORKING WOMEN'S MENTAL AND PHYSICAL HEALTH DURING THE COVID-19 PANDEMIC

Mahiah Said¹
Shahnaz Shafiza Sabri²
Nor Hazlin Nor Asshidin*¹

*Corresponding author: (email: hazlin@uniten.edu.my)

Abstract

It is demanding for female employees to balance duties to their family and job. They experience issues juggling demands and pressures at home and work that cause daily stress, especially during the COVID-19 pandemic. The escalation of their stress level affected both their physical and mental health. Thus, this study investigated the impact of work and family life balance on working women's health. Five hundred-one working women from Malaysia, Brunei, Indonesia, and Singapore participated in the study. The influence of three independent variables - knowledge, support, and resources –concerning their health was examined. The findings indicated that knowledge, resources, and support have positive and significant relationships with physical and mental health. It indicates that the model has substantial predictive relevance. This positive relationship of knowledge, resources, and support with health exhibits that women employees would be able to balance their work life and family life better if they had or were provided with sufficient and relevant knowledge, resources, and support from family at home as well as the people from office – subordinates or superiors. This study has some limitations in terms of the number of respondents from each country and the industry chosen. The study must be expanded to a more extensive and varied population and industry to generalize the findings. The variables chosen were relevant for the study. Perhaps other variables, such as coping strategies, should be introduced into the model for future study.

Keywords: Work-life balance, Mental and Physical health, Knowledge, Support, Women employees

Abstrak

Mengimbangi tanggungjawab antara keluarga dan kerjaya adalah sukar bagi pekerja wanita. Mereka menghadapi isu-isu seperti mengimbangi keperluan dan tekanan dari rumah dan juga kerja yang menyebabkan stres harian, terutama semasa pandemic

¹ UNITEN Business School, Universiti Tenaga Nasional

² College of Continuing Education, Universiti Tenaga Nasional

COVID-19. Peningkatan tahap stres ini, memberi kesan terhadap kesihatan fizikal dan juga mental mereka. Lantas, kajian ini menyiasat tentang kesan imbalan kehidupan kerjaya dan famili terhadap kesihatan pekerja wanita. Seramai 501 pekerja wanita dari Malaysia, Brunei, Indonesia, and Singapura mengambil bahagian di dalam kajian ini. Pengaruh tiga pembolehubah bebas digunakan untuk mengkaji hubungkaitnya dengan kesihatan, iaitu pengetahuan, sokongan dan sumber. Hasil kajian menunjukkan bahawa pengetahuan, sokongan dan sumber mempunyai hubungan positif dan signifikan dengan kesihatan fizikal dan mental. Ini membuktikan bahawa model kajian mempunyai hubungan ramalan yang substantif. Hubungan positif ini menunjukkan bahawa pekerja wanita boleh mengimbangi kehidupan kerjaya dan famili mereka sekiranya tersedia pengetahuan, sokongan dan sumber yang relevan dan mencukupi dari keluarga di rumah dan orang-orang di pejabat (subordinat dan ketua). Faktor yang menghadkan kajian ini ialah jumlah responden dari setiap negara yang menyertai kajian ini dan juga pilihan industri pekerja wanita tersebut. Pembolehubah yang dipilih juga adalah hanya yang relevan dengan kajian ini. Kemungkinan memperkenalkan pembolehubah lain seperti strategi mengatasi stres ke dalam model kajian akan memperluaskan model tersebut.

Kata Kunci: *Imbalan kerja-hidup, Kesihatan fizikal & Mental, Pengetahuan, Sokongan, Wanita*

Introduction

Managing both family and work obligations is challenging. Working mothers with very young children may have much work to do at home, juggling childcare and housework (Valizadeh et al., 2018). Thus, they encounter work-family problems that lead to high stress in their everyday lives. To cope, they may become irate, waver, or assign blame to others. Sadly, these are the least successful methods for managing stress (Valizadeh et al., 2018). Thus, this study analyses the obstacles these working women encounter in completing their multiple tasks at the workplace and at home. To make matters worse, starting in late December 2019, the widespread COVID-19 infection has caused people all over the world to become anxious and frightened (for themselves and others close to them), and most have trouble sleeping. Most female employees had fewer social interactions and avoided events like parties, get-togethers, and ordering meals online. Additionally, the stories of the COVID-19 pandemic have them in a panic (Roy et al., 2020). They must alter their eating habits and way of life, which can have an impact on their mental health. They struggle to manage their daily responsibilities and feel emotionally spent; they require assistance for their mental health. Aside from social isolation, self-quarantine, travel restrictions, and persistent rumors on social media, these factors are also likely to have a negative impact on health (Banerjee, 2020).

Working professionals' main issue is their inability to handle the demands and pressures of their jobs and personal lives (Mohanty & Jena, 2016). Role interference and role overload are two new problems. Role overload is the result of having too many tasks to complete and not enough time. Role interference occurs when inconsistent demands make an employee's job challenging or impossible. Work-to-family interference (WTF - work gets in the way of family life) and family-to-work interference (FTW - when family demands affect work) are two examples of role interference (Mohanty & Jena, 2016). According to Pluut et al. (2018), it is crucial to comprehend how a job affects family life and figure out how to get involved. The rising cost of telecommunication services results from the growing use of online meetings, discussions, forums, and sharing. Since children's education is likewise moving toward the digital age, juggling office meetings with online schoolwork is no easy task. This situation favors the invasion of WTF and FTW (Pluut et al., 2020; Mohanty & Jena, 2016). Along with the nation and its industries declining in income and growth, the populace is also going through a difficult time.

With the Movement Control Order (MCO), the rising demand and pressure from the office have not subsided. Employers seem overly eager to encourage employees to increase their productivity during WFH. This worsens the working women's work-family conflict before COVID-19 and MCO (Brooks et al., 2020; Roy et al., 2020). The widespread bogus news about COVID-19 infection heightened their worry (Shaw et al., 2020). Families struggle with the requirement to stay at home and the resulting social and physical isolation. People must venture outside and incur the danger of contracting an infection to purchase groceries and food, mainly if they fall into or have family members who do (Kluge, 2020). Although they are panicking, worried, and concerned about the spread of the COVID-19 virus worldwide, some disregard social distancing (Roy et al., 2020). This is because seclusion and quarantine caused post-traumatic stress symptoms that worsened their anxiety, rage, and disorientation (Banarjee, 2020). Thus, there is a need to investigate how these working women balance their personal and work lives and the factors that affect their physical and mental health.

Literature Review

Physical and mental health

During the pandemic, women are more likely to experience gender inequality at work and home. She now runs the danger of becoming overly stressed and experiencing burnout. According to a study, work-life conflict has a negative impact on women's mental health through negative affect and perceived stress (Raj et al., 2021). Additionally, friction between work and personal life raises cortisol levels, alters HPA axis activity, and has a negative emotional impact. It is known to be a significant risk factor for depression and stress (Zhou et al., 2018). A poor work-life balance can be

considered a source of work-related stress, and studies have linked it to stress symptoms like high blood pressure, a racing heartbeat, and higher cortisol levels. Numerous health concerns, including self-reported health, physical ill health, and depression, have been linked to certain factors. As a result, a study discovered that the COVID-19 pandemic had a negative impact on women nurses' work-life balance and led to psychological issues (Yayla et al., 2021). A study discovered that working women were expected to quit their occupations or reduce their hours to a part-time schedule (Matulevicius et al., 2021). Further research in Bangladesh (Basak, 2021) found a link between female work life and workplace stress and unhappiness. Additionally, the COVID-19 pandemic has impacted the psychological and mental health of the entire population (Amal et al., 2022). The COVID-19 pandemic has impacted the psychological and mental health of the whole population, including working women. These employees are at a significant risk of experiencing psychological problems and mental illnesses. Mental health affects a person's thinking, feelings, behavior, and capacity for interpersonal relationships. It extends beyond the absence of mental diseases. The risk of developing psychological problems such as depression, anxiety, burnout, and high stress is highest among working women. Consequently, it is critical to identify mental health. Additionally, work-life balance has been linked in a significant way to mental health status, according to (Choi et al., 2017). Another study carried out in Korea found a high correlation between work-life balance and employees' mental health.

Knowledge

Knowledge is the gathering and storage of information that enables people to keep up with current events (Carnevale & Hataka, 2020). It is the awareness of safety, the availability of assistance, training opportunities, and self-development in the work-life balance framework. With this knowledge, they might be able to manage the tension between their family and job obligations (Carnevale & Hataka, 2020). Flexible scheduling could also help to reduce WFH stress (Kim et al., 2019). The female workers also require assistance (domestic, childcare, and other assistance services), as without those, their capacity to work will be constrained and result in role conflict (Nizam & Kam, 2018).

Support

Support from family members and their husbands is a meaningful factor in women's work-life experience (Uddin, 2021). Such support is effective during the pandemic and has always been. Family and husband contribute to promoting women's overall quality of life. A key challenge women encountered involved a lack of time and resources successfully allocated for work-family commitments. Non-cooperation from husbands in doing domestic roles, socio-cultural and family traditions, and established gender stereotypes are significant challenges for women's WLB.

Due to multiple work and non-work obligations, women usually work long hours and devote more energy than men, leading to more WLB conflicts (Uddin et al., 2021). By contrast, during the pandemic, employees, particularly women, have been enjoying flexibility in schedules and workloads; this helps female employees provide a desired balance to women. A person can achieve work-life balance when simultaneously meeting the demands of their personal, professional, and family lives.

A healthy work-life and support balance boosts employee motivation and job satisfaction, whereas an unhealthy balance leads to stress and job discontent. Work-life balance programs have advantages for individuals and organizations, according to Orti-Bonin (2023). A successful work-life balance program helps the relationship between the employer and the employees for both parties benefit. Employees who have a healthy work-life balance are happier and more productive. Conflict between work and personal life and job satisfaction are incompatible. Compared to males, women typically earn less and experience more job insecurity. Women have less time to advance their careers since they are more responsible at home (Orozco, 2020).

According to a study by Amstad et al. (2011), a stressful atmosphere, a lack of managerial support, and lengthy work hours might lead to an unbalanced relationship between work and life. Family-supportive supervisor behavior (FSSB) refers to "those supervisory behaviors that support families and consist of the four dimensions- emotional support, instrumental support, role modeling behaviors, and creative work-family management (Clark et al., 2017; Talukder et al., 2018). FSSB is also connected with lower turnover intentions and positive work engagement (Rofcanin et al., 2017). Supervisors supporting employees in juggling their obligations would benefit people and businesses (Marescaux et al., 2020). These are confirmed by recent studies (Idrovo & Bosch, 2019; Rofcanin et al., 2020). Thus, this study includes support in the framework.

Resources

Contradictions between work and family have a more significant impact on job-related outcomes than on family-related outcomes, resulting in employees experiencing sadness and feeling overwhelmed. Organizations should provide the necessary resources to maintain balance to create an appealing and adaptable working environment. Long working hours and occupational stress negatively correlate with job satisfaction (Hsu et al., 2019). WLB significantly demonstrated improved employee attitudes and engagement that positively impact job performance (Iddagoda & Opatha, 2020; Talukder et al., 2018). Accordingly, WLB has been seen to increase job performance by enhancing employees' psychological well-being and lowering their intention to quit their jobs (Kerdpitak & Jermisittiparsert, 2020; Haider et al., 2018).

Besides greater autonomy and flexibility to promote employee performance, resources from various aspects also help ease the women employees' burden and WLB conflict (Wong et al., 2020). The study by Valizadeh et al. (2018) suggested that women need support from family and workplace. In some countries, community resources, such as recreational facilities, creative arts, self-care promotion, social support, and cognitive skill development, are available to female employees for stress management (Valizadeh et al., 2018).

Emotional resources reduce the undesirable effects of emotional job demands, whereas physical and cognitive resources are beneficial for preventing stress due to physical workload and cognitive demands (Green et al., 2022). Supervisor support (a job resource) enhances employee ability to face job demands – more efficient and dealing with clients. High job demands increase work-home conflict because of personal resources depletion, such as time and physical and emotional energy (Islam et al., 2022; Green et al., 2022; Kniffin et al., 2021). Job resources are crucial for all employees, especially female employees, to cope with stressful situations (in this context, it balances their work and home life). Some examples of job resources are autonomy, participation in decision-making, opportunities for development, quality of the relationship with the supervisor, and performance feedback (Kniffin et al., 2021)

Methodology

This research focused on the challenges that working women in Malaysia, Indonesia, Singapore, and Brunei face amidst the COVID-19 pandemic. This novel virus pandemic has affected raw material prices, global markets, and economies. A quantitative, descriptive design and inferential statistics were used to analyze the study's outcome. The software of SPSS and SmartPLS will be used as statistical tools. Five hundred-one respondents participated in this study and are working women aged between 25 to 55 years old. They work in various positions in various universities in Malaysia, Singapore, Brunei, and Indonesia. This study applied a self-administered questionnaire as the research instrument using Google Forms for more accessible data collection, especially for foreign participants.

Findings and Discussion

Of the 501 respondents, the majority are aged between 25 and 55 (82.5%). Most of them possessed undergraduate qualifications (41.1%). Meanwhile, the household monthly income ranges between RM5,000 and RM10,000 (57%).

Table 1: Demographic Profile

ITEMS	DETAILS	<i>f</i>	%	ITEMS	DETAILS	<i>f</i>	%
Age	Above 55 years old	45	9.0%	Occupation	Academician	127	25.3%
	40 – 55 years old	173	34.5%		Administration	214	42.7%
	25 – 39 years old	241	48.1%		Technical	93	18.6%
	Below 25 years old	42	8.4%		Support	58	11.6%
Education	Postgraduate	125	25.0%		General	9	1.8%
	Undergraduate	206	41.1%	Marital Status	Single	97	19.4%
	Secondary school	149	29.7%		Married	281	56.1%
	Others	21	4.2%		Divorced/ Widowed	116	23.2%
Income	More than RM10 000	97	19.4%		Not telling	7	1.4%
	RM7001 – RM10 000	132	26.3%	No. of Children	More than 5	101	20.2%
	RM5001 – RM7 000	154	30.7%		Between 2 and 5	225	44.9%
	RM1000 – RM5 000	118	23.6%		Only 1	72	14.4%
					None	103	20.6%

About 43% are employed in administrative positions, 25% are academicians and 18.6% are technicians. More than half of the respondents are married (56.1%), and another 23% are divorced or widowed. Only 19.4% are singles. About 45% of these women have between two and five children, and another 20% have to look after more than five children.

The measurement model analysis used in this study is to verify the validity and reliability of the reflective items created. Convergent validity and discriminant validity are the two sorts of validities that must be attained in the measurement model stage. According to Hair et al. (2021), loadings, average variance extracted (AVE), and composite reliability could determine convergent validity (CR). Additionally, when the loadings and average variance extracted (AVE) values are equal to or larger than 0.5 and the composite reliability (CR) value is equal to or higher than 0.7, the convergent validity (Hair et al., 2021). The findings in Table 2 show that all loadings, AVE, and CR values exceeded the literature-recommended threshold values. The loading values were between 0.665 and 0.966, and the AVE values were between 0.503 and 0.678. Meanwhile, the CR values ranged between 0.888 and 0.913. These confirmed the convergent validity.

Table 2: The Convergent Validity Analysis

Constructs	Cronbach's Alpha	rho A	CR	AVE
Knowledge	0.881	0.889	0.913	0.678
Mental Health	0.856	0.897	0.896	0.638
Physical Health	0.852	0.883	0.888	0.570
Resources	0.869	0.871	0.902	0.605
Support	0.856	0.877	0.888	0.503

Evaluation of the measurement model assumes a confirmatory evaluation of the convergent and discriminant validity (Campbell & Fiske, 1959) of the constructs and an assessment of the model's predictability. To assess the validity and reliability of each construct, we followed the recommendations of Hair et al. (2011). We examined Cronbach's Alpha ($> 0,7$), the rho_A ($> 0,7$), the composite reliability ($> 0,7$), and the average variance extracted ($AVE > 0,5$). Table 1 shows that all of these criteria exceed the required thresholds. Evaluation of the measurement model assumes a confirmatory evaluation of the convergent and discriminant validity (Campbell & Fiske, 1959) of the constructs and an assessment of the model's predictability. To assess the validity and reliability of each construct, we followed the recommendations of Hair et al. (2011). We examined the Cronbach's Alpha ($> 0,7$), rho_A ($> 0,7$), composite reliability ($> 0,7$), and the average variance extracted ($AVE > 0,5$). Table 1 shows that all of these criteria exceed the required thresholds. The next step is to assess discriminant validity through the Fornell-Larcker criterion (Discriminant validity which is evident if the square root of AVE of a construct is more significant than its correlations with other constructs in the model (Fornell & Larcker, 1981) and Heterotrait-Monotrait ratio (HTMT). Henseler et al. (2015) suggested a threshold value of 0.90. The results from Tables 3 and Table 4 established the discriminant validity of the model.

Table 3: Discriminant Validity - Fornell-Larcker Criterion

		#1	#2	#3	#4	#5
#1	Knowledge	0.824				
#2	Mental Health	0.400	0.799			
#3	Physical Health	0.443	0.750	0.755		
#4	Resources	0.552	0.488	0.485	0.778	
#5	Support	0.517	0.490	0.536	0.615	0.709

The HTMT values for all constructs in this investigation were less than 0.90. This score fulfilled the threshold required (Kline, 2011), and the confidence level does not show any value of 1 among the constructs, as shown in Table 4. These verified the discriminant validity (Ramayah et al., 2018). Thus, it can be concluded that the items

created for this study were valid and reliable based on the results of the convergent validity and the discriminant validity tests.

Table 4: Discriminant Validity – HTMT

		#1	#2	#3	#4	#5
#1	Knowledge					
#2	Mental Health	0.477				
#3	Physical Health	0.468	0.841			
#4	Resources	0.632	0.529	0.535		
#5	Support	0.618	0.549	0.584	0.723	

Table 5 shows that the coefficient of determination of R^2 for mental and physical health resulted in approximately 0.305 and 0.344, respectively. These results show that Knowledge, Resources, and Support explain 30.4% of the variance in Mental Health and 34.4% in Physical Health. The R^2 analysis shows that Knowledge, Resources, and Support are moderate indicators of Health. Furthermore, the hypotheses are supported because no “0” is straddled between the confidence intervals bias results. Meanwhile, the value for Q^2 shows mental health and physical health resulted a value of 0.187 and 0.181 approximately. These indicate that the model of framework between mental and physical health has substantial predictive relevance to predict the original observed value.

Table 5: Summary of Hypotheses

Hypotheses	O	M	SD	t	p	f ²	R ²	Q ²
H1 Knowledge → Mental Health	0.120	0.119	0.068	1.767	0.008	0.032	0.305	0.187
H2 Resources → Mental Health	0.255	0.256	0.068	3.765	0.000	0.051		
H3 Support → Mental Health	0.271	0.275	0.074	3.646	0.000	0.061		
H4 Resources → Physical Health	0.188	0.190	0.064	2.928	0.004	0.030	0.344	0.181
H5 Knowledge → Physical Health	0.166	0.169	0.054	3.056	0.002	0.027		
H6 Support → Physical Health	0.334	0.334	0.076	4.377	0.000	0.098		

The collinearity statistics show that the scores are less than 5, indicating no collinearity issues (Hair et al., 2020; Ramayah et al., 2018). All the hypotheses – H1, H2, H3, H4, H5, and H6 – show significant relationships at a 0.05 confidence level. Knowledge, Resources, and Support predictors are positively related (1-tailed) to Health. Table 6 summarizes this study's findings and the hypotheses' results. Thus, the results indicate a substantial model. From the study, the researchers found that H1, H2, H3, H4, H5, and H6 have minor effects as indicated by the values of q^2 of 0.013, 0.027, 0.030, 0.051, 0.061 and 0.098.

Discussion and Conclusion

The findings of this study confirmed the relationship of Knowledge, Resources, and Support with Health – both Physical and Mental health. These results are concurrent with previous studies such as those by Carnevale and Hataka (2020), Uddin (2021), Orti-Bonin (2023), Wong et al., 2020, Valizadeh (2019), and Kniffin et al. (2021). This means female employees must have relevant knowledge to manage the stressful challenges of balancing their work and personal lives. They need knowledge of stress management, support groups, and incentives from companies, NGOs, and the government (Carnevale & Hataka, 2020; Uddin, 2021; Orti-Bonin, 2023). The employers or superiors must provide sufficient resources (such as equipment, information, and accessibility) to these female employees to enable them to perform their tasks effectively and efficiently (Valizadeh et al., 2018). Meanwhile, support is desperately needed from both employers and families so that working women can reduce role-crossing confusion. This would lessen their stress and positively impact their physical and mental health (Uddin, 2021).

The study faced specific limitations, such as the respondents being the academic and administration staff of selected universities in Malaysia, Singapore, Indonesia, and Brunei. The findings need to be expanded to a more extensive and varied population for generalization. The variables were chosen based on the relevancy of the study; perhaps other variables (such as coping strategies) should be introduced into the model.

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