



The Impact of Work Stress, Burnout, and Organizational Support on Affective Commitment Through Work-Life Balance

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Abstract. Rapid organizational transformation demands adaptive and innovative human resource management (HRM) to maintain competitiveness. Human resources play an important role in bridging the gap between labor availability and operational demands. This study used a quantitative method conducted at Dr. Soedirman Regional General Hospital, Kebumen, with variables including WS, organizational support, JB, affective commitment, and WLB. From a population of 950 employees, the sample was determined using the Slovin formula, which resulted in a sample size of 91. The sample selection was conducted using purposive sampling method. The questionnaire was used as a data collection instrument with a Likert scale of 1-5 and distributed through two methods, namely online and offline. The collected data will be analyzed in two parts, namely descriptive and inferential analysis, with the help of the SPSS and SMARTPLS programs. The findings of this study are expected to provide information on HR strategies tailored to meet the unique needs of each generation, as well as encourage affective commitment through stress reduction, burnout management, and work-life balance. By tailoring organizational practices according to generational preferences, healthcare institutions can enhance employee well-being, strengthen commitment, and improve service quality, ultimately having a positive impact on patient care outcomes. The implications of the findings of this study are expected to be used by RSUD management in HR management to achieve organizational goals efficiently and effectively.

Keywords: organizational support; job burnout; work stress; affective commitment; work-life balance.

1 Introduction

In the midst of fierce business competition and high employee expectations, private companies are required to manage human resources innovatively and adaptively to bridge labor gaps and meet operational needs [1]. Competitive competition encourages organizations to move quickly and nimbly, maintaining relevance while optimizing employee performance. This is also felt by Dr. Soedirman Kebumen Regional General Hospital, which faces high demands in providing optimal services amid intense work pressure.

As the main health facility in Kebumen, RSUD Dr. Soedirman often exceeds capacity, requiring medical and non-medical personnel to work long hours and face critical situations that require high agility. The limited number of staff compared to patient volume causes delays and low service responsiveness, exacerbated by suboptimal organizational support in terms of facilities, resources, and emotional

support. This results in burnout and stress among health workers, reducing their affective commitment to the hospital. Reviews on Google Maps show similar complaints, including slow service and administrative inefficiencies, indicating low employee emotional attachment [2].

With this phenomenon, organizations need human resources that are not only competent, but also have high emotional attachment and commitment to provide quality services. Emotional attachment between employees and the organization can be realized through affective commitment, which plays a role in building a sense of emotional attachment to work, which in turn encourages employee dedication and productivity, even in the midst of pressure and changes that occur [3]. Affective commitment is part of organizational commitment [4], which relates to an employee's emotional attachment to their organization [5]. Thus, it is the most essential component in describing an employee's emotional attachment and positive identification with the organization [6]. Employees with high affective commitment feel that they want to be part of the organization because they enjoy their work and are aligned with the vision, mission, and values of the organization [7].

Affective commitment can be influenced by WS, which usually arises when job demands become too high [8]. Work stress is a condition of tension that affects a person's thought process, emotions, and condition [9]. Thus, excessive stress can threaten a person's ability to deal with the environment and will ultimately interfere with the performance of their duties [9]. Employees who experience prolonged stress without effective management, can cause emotional exhaustion, which reduces employees' sense of belonging and dedication to the organization [10].

Affective commitment can be strengthened through organizational support that includes attention to well-being, contribution rewards, and self-development opportunities [11]. Organizational support is defined as the extent to which employees feel the organization's appreciation and concern for employee welfare [12]. Optimal organizational support has a direct impact on affective commitment because it helps employees feel more valued and involved in organizational goals. Organizational support is defined as the degree to which workers believe that the organization values their contributions and cares about their well-being [13], [14]. In explaining this mechanism, this study utilizes the *Grand Theory of the Three-Component Model of Commitment* Model developed by previous research [7], which can be used as a foundation in understanding the influence of organizational support on affective commitment. This theory emphasizes the importance of emotional attachment (affective commitment) in retaining employees in the organization.

Employees who experience emotional exhaustion, depersonalization, and decreased personal achievement have the potential to experience decreased affective commitment to the organization [15]. This condition, known JB, describes a state in which a person feels profoundly exhausted by their work, which makes them begin to doubt their ability to perform tasks effectively [16]. *Burnout* is often triggered by excessive workload, persistent pressure, and an imbalance between available resources and job demands [17]. Employees who experience *burnout* tend to feel alienated from the organization and lose interest in their work, which in turn makes them less emotionally attached to the organization. [18]. This condition not only causes mental distress but also reduces commitment to make optimal contributions, which can reduce company retention and productivity [19].

There is a research gap, in previous studies [11], [20]–[22] shows that affective commitment is positively supported by organizational support. However, there are studies that show inconsistent results, where employee affective commitment is not influenced by organizational support. [23]; [24]. Previous research also [10] showed that affective commitment can be negatively affected by WS. Conversely, previous research has also shown a significant positive relationship between WS and affective commitment [25]. In addition, other studies also show that affective commitment can be significantly negatively affected by JB [18]. While others show that affective commitment can be significantly positively influenced by JB [26].

The uncertainty of previous research creates an empirical gap in the existing literature. Therefore, this study proposes the variable *WLB* as a mediator, which is expected to explain the complex relationship between organizational support, WS, JB, and affective commitment. *Work-life balance* is defined as the balance between the energy and time a person devotes to his or her work and personal activities outside of work, such as family, hobbies, and worship [27]. WLB includes an individual's ability to balance obligations outside of work while avoiding unnecessary stress, through effective time management and commitment, thereby achieving a sense of satisfaction in both aspects of life [28]. When individuals have a good balance between personal and work life, the negative impact of *WS* and *JB* on affective commitment can be minimized. In addition, *WLB* can optimize the positive influence of organizational support, as employees feel more valued and are able to manage the demands of their work and personal lives more effectively. Thus, *WLB* is not only a mitigator, but also a significant amplifier in strengthening employees' emotional engagement with the organization.

Given the phenomenon and inconsistent research findings, further studies are needed on the role of work-life balance as a mediator in the relationship between *work stress*, organizational support, *job burnout*, and affective commitment, especially in the context of Dr. Soedirman Kebumen Regional General Hospital. This research has high urgency given the complexity of work in the health care sector. Hospital employees often face high workloads, emotional pressure, and demands for inflexible working hours, which have the potential to trigger *work stress* and *burnout*. On the other hand, optimal organizational support is crucial to help them manage these challenges. This study aims to analyze the extent to which hospital employees achieve work-life balance and how it affects their affective commitment.

2 Method

Employees of RSUD Dr. Soedirman Kebumen participated in this study. This study used purposive sampling technique to sample non-medical employees who have worked for 6 months. This study used a Likert scale from strongly disagree to agree (1-5). A total of 91 employees filled out an offline questionnaire that was distributed directly with an explanation of the objectives and requirements of the study. The collected data were analyzed using SmartPLS to determine the cause-and-effect relationship, both directly and indirectly. In addition, SPSS version 23 was used to describe the characteristics of respondents and research variables. This study measured several variables related to affective commitment consisting of 9 statements, including the following sample statements: "I really feel emotionally attached to this

Organization” [29]. The organizational support variable has 8 statements, of which one statement is “The organization is always willing to help me in solving the problems I face.” [30]. The WS variable has 9 statements, one of which is “I feel so overwhelmed that a day without work feels uncomfortable.” [31]. The JB variable has 8 statements, one of which is “My work is often a considerable burden.” [32]. The WLB variable has 10 statements, one of which is “I have the freedom to make my own decisions at work.” [33].

3 Result and Discussion

3.1 Characteristics of Respondents

The study's respondents were predominantly male (56%) and married (85.7%). The largest age group was 31-40 years (39.6%), followed by 21-30 years (25.3%), 41-49 years (20.9%), and over 50 years (14.3%). In terms of educational background, most respondents held a diploma (40.7%), followed by bachelor's degrees (29.7%), high school diplomas (26.4%), and postgraduate degrees (3.3%). Regarding tenure, the majority had worked for 5-10 years (35.2%), with smaller proportions having worked for over 15 years (23.1%), 10-15 years (17.6%), 2-5 years (15.4%), or less than 2 years (8.8%). The respondents were spread across various divisions, with the largest representation coming from the Medical Records (17.6%) and Simrs (9.9%) divisions. Other divisions, such as General Subdivision, Management, Nutrition, and Environmental Health, each had less than 7% representation. These characteristics reflect the demographic and professional diversity of the sample, highlighting variations in educational qualifications, work experience, and divisional assignments relevant to the research focus.

3.2 Data Quality Test

Table 1 shows that all variables demonstrate excellent reliability and convergent validity, with Cronbach's Alpha, rho_A, Composite Reliability, and AVE exceeding the required thresholds. Additionally, all indicators have a loading factor above 0.5, confirming their ability to significantly measure the respective variables. Therefore, the measurement model is valid and reliable for further analysis.

Table 1. Construct Reliability, Validity, and Outer Loadings

	Cronbach's Alpha	rho_ A	Composite Reliability	Average Variance Extracted (AVE)		DO	JB	KA	WL B	WS
D	0.886	0.887	0.910	0.560	DO01	0.724				
O					DO02	0.748				
					DO03	0.805				
					DO04	0.828				

					DO05	0.791
					DO06	0.747
					DO07	0.648
					DO08	0.678
JB	0.780	0.820	0.856	0.603	JB04	0.828
					JB05	0.835
					JB06	0.834
					JB07	0.578
K	0.852	0.867	0.886	0.599	KA01	0.636
A					KA02	0.820
					KA03	0.511
					KA04	0.795
					KA05	0.676
					KA06	0.758
					KA07	0.785
					KA09	0.612
W	0.732	0.797	0.833	0.564	WLB01	0.858
LB					WLB010	0.699
					WLB02	0.878
					WLB03	0.512
W	0.886	0.909	0.911	0.598	WS01	0.664
S					WS03	0.787
					WS04	0.848
					WS05	0.852
					WS06	0.610
					WS07	0.788
					WS08	0.830

DO= Organizational Support; JB= *Job Burnout*; KA= Affective Commitment; WLB= *Work-life Balance*; WS= *Work Stress*

Source: Smart PLS Output Results, 2024

TABLE 2. Model fit test results

	Saturated Model	Estimated Model
SRMR	0.098	0.098
d_ ULS	4.772	4.772
d_ G	3.560	3.560
Chi-Square	1.216.824	1.216.824
NFI	0.500	0.500

Source: Smart PLS Output Results, 2024

Based on Table 2, the model fit test results show that the SRMR (0.098), d_ ULS (4.772), d_ G (3.560), and Chi-Square (1,216,824) values meet the adequate criteria, indicating a good fit between the observed and estimated covariance matrices. However, the NFI value (0.500) was far from ideal (close to 1), indicating that improvement of the model fit is still needed. Overall, the model has a good fit based on most of the key indicators, although there are opportunities for improvement in certain aspects.

Table 3. Result Hypothesis Test

		Original Sample (O)	Sample Mean (M)	Standard Deviation (STDEV)	T Statistics (O/STDEV)	P Values	Status
H1	WS -> WLB	0.772	0.783	0.046	16.873	0.000	Not Proven
H2	DO -> WLB	0.148	0.145	0.080	1.844	0.066	Proven
H3	JB -> WLB	-0.183	-0.186	0.096	1.892	0.059	Proven
H4	WS -> KA	0.174	0.188	0.145	1.198	0.231	Not Proven
H5	DO -> KA	0.539	0.542	0.093	5.826	0.000	Proven
H6	JB -> KA	0.220	0.231	0.092	2.399	0.017	Not Proven
H7	WLB -> KA	-0.158	-0.179	0.143	1.111	0.267	Not Proven
H8	WS -> WLB -> KA	-0.122	-0.143	0.115	1.061	0.289	Not Mediating
H9	DO -> WLB -> KA	-0.023	-0.024	0.026	0.907	0.365	
10	JB -> WLB - > KA	0.029	0.029	0.030	0.972	0.332	

DO= Organizational Support; JB= *Job Burnout*; KA= Affective Commitment; WLB= *Work-life Balance*; WS= *Work Stress*

Source: Smart PLS Output Results, 2024

The results of H1 (Table 3) research show that *WS* has a negative effect on *WLB*. The effect of *WS* on *WLB* has a t-statistic value of 49.873 (above the critical value of 1.96) and a p-value of 0.000 (below 0.05). The results of this study are not in accordance with previous research which shows *WS* has a negative effect on *WLB* [34]. However, the results of this study are in accordance with previous research which shows that work stress can have a positive influence on *WLB*, especially in the context of certain work cultures [35]. The study stated well-managed work stress can be a motivation for

individuals to more effectively manage time and roles between work and personal life [35]. Employees who feel WS can serve as a driver to improve self-management skills, encourage productivity, and create discipline in separating work and personal life demands. Work stress has the highest mean value found in the statement about work pressure hindering family responsibilities, with a mean of 3.593. This shows that most respondents feel that work stress tends to affect their ability to fulfill family obligations.

The results of H2 research show that Organizational Support on WLB is proven, with an original sample value of 0.148, T statistics of 1.844, and P values of 0.066. The results of this study are in accordance with previous studies which shows that organizational support has a positive effect on *WLB* [36], [37]. Organizations that provide adequate support, such as work flexibility, recognition of employee contributions, and management systems that support WLB, have a positive impact on employee WLB [37]. This is felt by employees, creating a sense of emotional attachment that encourages maintaining a balance between the demands of work and personal life. Based on the mean data, the statement "The organization cares about my opinion" shows a low mean score of 2.604 on a given scale. This reflects that employees' perceptions of the organization's attention to their opinions tend to be unfavorable.

The results of research H3 show that JB and WLB have a negative effect, with an original sample t-value of -0.183, T statistics of 1.892, and P values of 0.059. This relationship indicates that the higher the level of burnout experienced by employees, the lower their WLB. The results of this study are in accordance with previous which shows JB has a negative effect on WLB [38]. Burnout, which is characterized by emotional exhaustion, depersonalization, and decreased personal achievement, reduces employees' ability to carry out responsibilities outside of work. This condition occurs when non-medical employees have to work late into the night to complete reports or sudden assignments. As a result, time that should be used to socialize or attend family events is neglected, so their personal lives are disrupted. The JB variable has a low mean (2.571) which states "I feel I don't see meaning in the work I do."

The results of H4 showed that WS on Affective Commitment was not proven, with an original sample of 0.174, T-statistics of 1.198, and P-values of 0.231. This study is consistent with its predecessors which also showed a negative relationship between work stress and affective commitment [39], [40]. Employees who feel WS and manage it well can strengthen affective commitment. Likewise, in non-medical employees such as data analysts who often face tight deadlines, unmanaged stress can decrease motivation and a sense of emotional attachment to the organization. Therefore, managing WS through supportive work policies is critical to maintaining affective commitment. The affective commitment variable had a low mean (3.033) stating "I find it difficult to become emotionally attached to other organizations."

The results of research H5 show that Organizational Support and Affective Commitment are proven positive, with an original sample value of 0.539, T statistics of 5.826, and P values of 0.000. The results of this study are in accordance with previous studies found that organizational support can have a positive effect on employee affective commitment [11], [21], [22], [41]. Organizations that provide tangible support to non-medical employees, such as administrative staff, janitors, or technicians, contribute greatly to increasing their affective commitment. This support can take the form of recognizing employee contributions, providing mental health facilities, training

and skills development facilities, and fair workload management. The organizational support that employees feel gives them a sense of being valued and cared for, thus increasing their emotional commitment to work better and be loyal to the institution.

The results of research H6 show that *JB* negatively affects Affective Commitment, with an original sample value of 0.220, T statistics of 2.399, and P values of 0.017, which indicates that even though job burnout occurs, employees still have emotional commitment to their jobs. This finding contradicts the results of previous research indicating affective commitment can be negatively affected by *JB* [18]. However, in line with other research which states that burnout can have a positive influence on affective commitment [26]. In this context, burnout is perceived as a manageable challenge, which encourages employees to continue contributing to organizational goals despite facing high work pressure. This shows that non-medical employees of RSUD Dr. Soedirman have high work pressure that is often faced, but still show commitment because they see work as an important contribution to organizational goals. This can be attributed to local culture, such as in Javanese society, where a sense of *pakewuh* or reluctance encourages a person to continue to fulfill their responsibilities despite facing pressure or fatigue. This culture strengthens employees' motivation to maintain harmony and show dedication, even in burnout situations, so that they remain emotionally attached to the organization. Thus, cultural factors play a role in managing the impact of burnout on affective commitment.

The results of this H7 study show that WLB on Affective Commitment shows negative results, with an original sample value of -0.158, T statistics of 1.111, and P values of 0.267. These values indicate that work-life balance does not have a significant influence on employee emotional commitment. This finding implies that high or low levels of work-life balance have no real impact on the level of affective commitment felt by employees in the context of this study. The results of this study are not in accordance with previous studies shows that affective commitment can be influenced by WLB in a significant positive way [42]–[44]. This can be caused by employees feeling that WLB is a personal result not from the organization, so that the organization does not play a role in employee welfare.

The results of H8 showed an original sample value of -0.122, T-statistics of 1.061, and P-values of 0.289, which means that WLB cannot mediate between WS and affective commitment. This ineffectiveness is due to the high workload and tight deadlines faced by non-medical employees, who often bring work pressure into their personal lives, hindering their ability to achieve WLB. Persistent work pressure directly affects emotional aspects, such as burnout and stress, thus weakening affective commitment. In addition, employees' perception that WLB is the result of personal effort, rather than organizational support, further reduces its relevance as a mediator. Therefore, organizations need to focus on stress management strategies, such as work flexibility and emotional support, to help non-medical employees maintain emotional attachment to the workplace despite high work pressure.

The results of this H9 research show the original sample value of -0.023, T-statistics of 0.907, and P-values of 0.365. This shows that WLB does not play a mediating role in the relationship between Organizational Support and Affective Commitment. This indicates that organizational support, such as work flexibility or rewards, more directly affects employees' emotional attachment without involving WLB as a mediator. Employees tend to see WLB as a personal effort that is less directly related to

organizational support. Therefore, organizations need to ensure that support policies not only focus on WLB, but also directly enhance employees' sense of loyalty and emotional attachment through rewards and recognition. Integration of WLB policies with organizational values can strengthen emotional engagement and employee well-being.

The results of research H10 show the original sample value of 0.029, T-statistics of 0.972, and P-values of 0.332. This shows that WLB does not mediate the relationship between JB and Affective Commitment. This can be explained by the more dominant direct impact of burnout on affective commitment, where emotional exhaustion, depersonalization, and decreased personal achievement weaken employees' emotional attachment to the organization. In addition, employees experiencing burnout often struggle to achieve WLB due to work pressures that drain energy and time, making WLB less effective as a mediator. Affective commitment is also more influenced by other factors, such as organizational support than WLB. Therefore, organizations need to prioritize managing burnout directly through workload management, stress training, and emotional support, while strengthening WLB policies to support employees' long-term well-being.

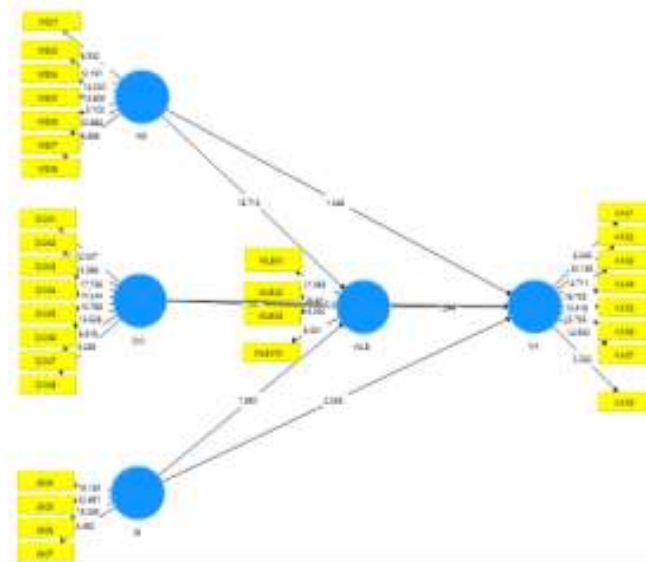


Figure 1. Test Results After Filtering

Source: primary data processed 2024

DO= Organizational Support; JB= *Job Burnout*; KA= *Affective Commitment*; WLB= *Work-life Balance*; WS= *Work Stress*

4 Conclusion

This study investigates how WS, organizational support, JB, WLB, and affective commitment correlate with each other at RSUD dr. Soedirman Kebumen. The results showed that WS has a positive effect on work-life balance, while organizational support also has a positive effect on work-life balance. In contrast, job burnout has a negative impact on work-life balance. In addition, WS and organizational support have a positive influence on affective commitment, while job burnout also shows a positive influence on affective commitment. However, work-life balance has a negative influence on

affective commitment, and cannot mediate the relationship between work stress, organizational support, and job burnout on affective commitment.

This research highlights the importance of organizational strategies, such as training, workload management, and work flexibility policies, in managing WS and improving WLB. Organizational support needs to be strengthened through paying attention to employee feedback and implementing work flexibility policies to support their well-being. In addition, the results suggest the need for a more holistic approach to increasing employees' loyalty and emotional attachment (affective commitment), including by exploring more variables, such as job satisfaction, rewards, and intrinsic motivation, in follow-up research. This research provides an important contribution to human resource management in the health sector, particularly at RSUD dr. Soedirman Kebumen, in facing complex work challenges.

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