Annals of Human and Social Sciences
www.ahss.org.pk

RESEARCH PAPER

Work-Family Conflict, Social Support, and Anxiety in Adults

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ABSTRACT

The present study examined the relationship between work, family conflict, social support and anxiety in adults .After detailed review of literature following hypothesis are formulated. There will significant relationship between work family conflict, social support and anxiety level in adults. The total number of sample was 294 from individuals who are employed whose age falls between 18 and 35 years. Demographic sheet were used to get the personal information about the participant. Work and family conflict scale was used to measure work family conflicts. The Multidimensional Scale of Perceived Social Support (MSPSS) was used to measure the social support. The Zung Self-Rating Anxiety Scale (SAS) was used to measure the anxiety in adults. The study found that work-family conflict increases anxiety, but strong social support helps reduce this effect. Social support has a moderating effect on the relationship between work-family conflict and anxiety.

| **Keywords:** | Work Family Conflict, Social Support, Anxiety |

Introduction

Inter-role conflict known as "work-life conflict" occurs when demands from work and non-work are so contradictory that meeting job-related obligations becomes challenging (Edwards et al., 2000). The family is a crucial part of social life and should include people who are mentally and physically healthy. This balance can be achieved when individuals manage both their work and family responsibilities effectively. Work-family or family-work conflict results from the interaction of these two notions. According to Chandler (2021), work-family conflict has three dimensions: time, strain, and behavior. İskender and Yaylı (2021) define time-based conflict as when one role's time allocation conflicts with another's. Long working hours, frequent overwork, a shift system with unpredictability, and inflexible work schedules are all work-related causes of this form of conflict. Strain-based conflict occurs when one of the roles experiences disturbance (weakness, anxiety, despair, tension, exhaustion, etc.) that prevents them from fulfilling their tasks in the other (Guclu et al., 2021).

Strain-based work-family conflict is caused by factors such as job ambiguity, excessive workload, high physical and psychological work demands, frequent changes in the work environment, poor communication at the workplace, and work commitment (Yang et al., 2022). Behavior-based conflict occurs when one role's attitude is incompatible with another's attitude (Ameti et al., 2023). According to the study's findings, WFC influences job satisfaction, organizational commitment, intention to leave, absenteeism, job performance, career satisfaction, and career success, as well as life satisfaction, marital satisfaction, family performance, and leisure satisfaction in non-work situations (Allen et al., 2000). The spillover effect suggests that employees' habits at work and at home

influence each other. If a person is dissatisfied with one system, he or she will take activities in the other to compensate, resulting in negative contagion between the work and home domains (Karapinar et al., 2020). As a result, WFC not only affects employees' home domains but also spills over into the work domain. According to the literature, WFC has a detrimental impact on employee in-role conduct, extra-role activity, and unethical behavior (Lan et al., 2021).

WFC is a particular type of inter-role conflict that arises when people's obligations to their work roles conflict with their obligations to their families (Ahmad, et al., 2021; Ahmad, 2018). Research has shown that the conflicting demands of two distinct but personally significant spheres of life-work and family-are likely to result in a number of detrimental outcomes, including reduced organizational commitment and performance, increased work stress, and dissatisfaction and subsequent withdrawal (Allen et al., 2020; Cheng et al., 2021).

Many researchers have focused on work-family conflict (hence referred to as WFC) in non-educational formal professional workers, but it is still uncommon to study WFC among teachers. In fact, WFC can occur in any profession, including teachers and educators (Wang et al., 2019). It is typically challenging for a career woman to transition between her roles at home and at work due to behavioral differences between the two (Khursheed et al., 2019). According to preliminary observations, there are several conditions that can lead to conflict, the one of which is financial (Skomorovsky et al., 2019). The husband's financial situation is insufficient to meet the needs of the family, necessitating the intervention of a wife who is also a member of the household (Shah, et al., 2025; Azhar, Iqbal & Imran 2025). The financial situation is not the only factor that contributes to work-family conflict. Limited education can also contribute to work-family conflict within families (Raza et al., 2018). The quality and sources of social support that students receive have been the subject of recent studies (Maymon et al., 2019), and academic career study has been recognized as a crucial time for the establishment of successful social support networks (Reeve et al., 2013).

Social support is defined as the psychological and social assistance that an individual receives or feels is available to them from friends, family, and their community (Oad, Zaidi, & Phulpoto, 2023). This idea has several facets. Perceived social support is the conviction that help would be available if needed (Livingstone et al., 2003) and encompasses both instrumental and emotional support (Trepte et al., 2016).

Several studies have shown how social support promotes psychological health and has a protective effect. Higher levels of social support have been associated with better psychological well-being, and students who felt that they had a good sense of social support were less likely to suffer from mental health problems (Karaca et al., 2019; Yildirim et al., 2008).

According to Social support is one of the most significant markers of the quality of life for family caregivers. Research has demonstrated a positive relationship between caregivers' quality of life and social support (De Maria et al., 2020). Overburdened caregivers are more likely to face negative life stressors and social isolation. These factors reduce their quality of life (QoL) (Son et al., 2012) and increase their need for social support (Sklenarova et al., 2015).

Previous research suggests that social support may increase parents' optimism, which may improve their physical and mental health and parenting style (Sehmi et al., 2020). Parents who feel they have support and social networks at their disposal report better mental health (Taylor et al., 2015). More consistent parenting practices are displayed by parents with high social support (Byrnes et al., 2012), and social support can

assist parents in managing their emotional responses to their kids (Ahmed, et. al., 2015).Marroquín, 2011).

Anxiety is defined as persistent emotions of anxiety, trembling, fear, worry, and foreboding (Testa et al., 2013). In addition to acute emotions of fear or panic, patients suffering from anxiety distress may experience fatigue, dizziness, headache, nausea, abdominal discomfort, palpitations, shortness of breath, and urine incontinence (Eysenck et al., 2007). Anxiety is the first sign of most psychological disorders, including depression and obsessive-compulsive disorder (Marty et al., 2015). At its worst, anxiety can lead to suicide. While it received little attention in the broader community, it was frequently overlooked and badly undertreated (Kroenke et al., 2007).

Chronic environmental stress is the primary cause of anxiety, and academic stress is remarkably common (Bozeman & Gaughan, 2011; Reevy & Deason, 2014), particularly among postgraduate students (Kinman, 2001), a demographic that frequently experiences high levels of job insecurity and an imbalance between work and life. In spite of the fact that 85% of postgraduate students spent 41 hours or more per week on their program, 74% of them were unable to complete their coursework within the allotted time, and 79% were uncertain about their employment and career prospects (Mir, Rana, & Waqas, 2021). This raised widespread concerns about anxiety disorders among these students (Woolston, 2019).

One mental illness that is very common is anxiety disorder. According to a 2001–2005 epidemiological survey, anxiety disorders were more prevalent in urban than rural areas in China, with a prevalence of roughly 13% among Chinese adults (Phillips et al., 2009). Anxiety disorders frequently cause functional impairment in day-to-day activities, and there is evidence that family-related factors influence how anxiety disorders develop (Rapee et al., 2012).

According to anxiety disorders are also linked to lower quality of life (QOL), which can have an impact on mental health and social functioning. suggests that while family factors are important in some disorders, they may not be as important in anxiety disorders as they are in other types of psychopathology (Shah, et al., 2024; Ali, et al., 2024; Kayani, et al., 2023). This is because previous research has tended to focus on the influence of family factors on the development, risk, and treatment of anxiety disorders (Rapee et al., 2012).

Literature Review

Negative effects of work-family conflict include decreased wellbeing and compromised health in both men and women. The majority of these research concentrated on the connection between work-family conflict and spouse or supervisor support. In this study, we look at four social support systems related to work–family conflict that originate from the home and work domains (Raja, et al., 2022, Raja, 2022; Raja, et al., 2021; Muzaffar, et. al., 2018)). Gender differences are also investigated because it is commonly assumed that men and women differ in how they perceive social support and the work-family conflict (Allen et al., 2000).

Working women and families with two incomes are starting to become the norm. The growing number of working women is somewhat to blame for this: According to the U.S. Department of Labor's Bureau of Labor Statistics (2008), three out of every four moms in the country are employed. Switzerland has a comparable circumstance. The phenomenon of work-family conflicts, which refers to conflicts between work and personal life, is prevalent, especially among women. Studies have shown that women report higher levels of stress, overload, and work-family conflicts compared to men (Romans et al., 2008).

Work-family conflict is one of the widely studied topics in organizational behavior. Both work and family are integral parts of any working person's life. But sometimes due to role incompatibility, work-family conflict arises (Danish, Akhtar & Imran, 2023). This work-family conflict can further result into several negative outcomes including; job dissatisfaction (Lu et al., 2017; Jamadin et al., 2015), and dissatisfaction with personal and married life (Gareis et al., 2009)

The goal of social support is to assist the person receiving it by facilitating the sharing of resources between at least two people. It can include advice, information, and suggestions (informational support); practical assistance in the form of time, money, and energy (instrumental support); empathy, care, love, and trust (emotional support); and information pertinent to self-evaluation (appraisal support) (House, 1981, p. 39). Social support can come from both work-related and non-work-related sources (Ali, et al., 2021; Muhammad, et al., 2020; Farooq, et al., 2019). Men typically receive more social support from their spouse than women, while women typically receive more social support from friends and family (Joplin et al., 1999; Olson et al., 1994).

Some studies find that women receive more social support from the work domain than men do (Fusilier et al., 1986) while other studies find no gender differences at all (Geller et al., 1994). Women received more social support from their coworkers than men, according to other researchers who have studied the gender gap in social support (Sanders et al., 2005).

The latter two studies examined gender differences in social support from the home domain as well. Roxburgh (1999) did not find gender differences in spousal support, whereas van Daalen et al. (2005) found men to receive more social support from their spouse and women from relatives and friends. Although men and women seem to differ with respect to the sources from which they receive social support, both nevertheless seem to experience social support to be effective in reducing work–family conflict (Warren et al., 1995). It appears that social support reduces work–family conflict either directly or through altering the impact of stressors that lead to work–family conflict, such as role conflict and role ambiguity (Adams et al., 1996).

For example, Carlson and Perrewé (1999) discovered that social support from the work domain decreased WFC by influencing work role ambiguity, work role conflict, and work time demands. Family role ambiguity, family time demands, and the intensity of family role conflicts were all lessened by social support from the home domain, which consequently decreased FWC. The same was reported by other studies that looked at the effects of a specific social support source. Supervisor support decreased work-family conflict both directly and indirectly by giving employees a greater sense of control over their work and family lives (Ganster et al., 1995).

Spousal support was found to mitigate the effects of parental overload on FWC by Aryee, Luk, Leung, and Lo (1999). Findings, social support from the home domain lowers FWC, and social support from the work domain lowers WFC. Nevertheless, the majority of the aforementioned studies either looked at a single source of social support or the effects of social support from the home domain on antecedents of FWC that are related to the home domain and the work domain on antecedents of WFC that are related to the work domain (Carlson et al., 1999).

Work-family researchers have called for an investigation of personality variables (Michel et al., 2011) and job outcomes (Ceschi et al., 2016) in the context of work-family conflict, as personality has been identified as an antecedent of that conflict (Michel et al., 2011). Between antecedents and work-family conflict, personality has been viewed as a moderator and mediator (Wayne et al., 2004; Ceschi et al., 2016). The relationship between stress and work-family conflict is mediated by negative affect, and negativity

moderates the relationship so that the relationship is stronger for people with high negative affect than for those with low negative affect (Stoeva et al., 2002).

According to Kant et al. (2013), the anxiety of subordinates is connected to the negative actions of leaders. Anxious subordinates are more likely to express their disapproval and criticism of others and have a negative perception of them (Story et al., 2006). Despotic leadership is defined as aggressive behavior toward subordinates and exploitation that makes them fearful and stressed about their place in the organization (Ansari, Akhtar & Hafeez, 2024; Akhtar, et al., 2021). When dealing with such problems at work, people often experience emotional instability at home, withdrawing from their families and being unable to support or assist them (Schulz et al., 2004; Story et al., 2006).

According to Kant et al. (2013), we contend that subordinates who regard their leaders' actions as exploitative and unfair experience high levels of anxiety, and that this dyadic relationship eventually has an impact on their personal domains (Ahmed, & Imran, 2024; Imran, Zaidi, & Khanzada, 2023). Thus, compared to subordinates with lower levels of anxiety, those with higher levels are more likely to encounter work-family conflict and have lower levels of life satisfaction.

One mental illness that is very common is anxiety disorder. According to a 2001–2005 epidemiological survey, anxiety disorders were more prevalent in urban than rural areas in China, with a prevalence of roughly 13% among Chinese adults (Phillips et al., 2009). Anxiety disorders frequently cause functional impairment in day-to-day activities, and there is evidence that family-related factors influence how anxiety disorders develop (Rapee et al., 2012).

A large body of research has shown a connection between anxiety and family environment, while some studies on the relationship between anxiety and family functioning are ambiguous (Kayani, et al., 2023; Khan, et al., 2021). This study sought to determine whether a Chinese sample exhibited the same relationships. Furthermore, it has been acknowledged that social support plays a significant role in determining how stress and psychological disorders are related (Cohen, 1992). Additionally, anxiety disorders are linked to lower quality of life (QOL), which can impact mental health and social functioning (Olatunji et al., 2007).

The development of anxiety disorders is significantly influenced by family, which is a component of an individual's social support system (Ali, et al., 2023; Yasmin, et al., 2020). On the other hand, family in this context is typically defined as a person's parents or a long-term spouse. The social support network that a person has can also include their neighbors, coworkers, and siblings. Although patients reported high levels of social support and elevated anxiety, Drageset and Lindstrøm (2003) found that social support was insufficient to lower anxiety on its own (Drageset et al., 2003).

Poorly perceived social support was one of the main factors associated with anxiety symptoms, according to a prospective study conducted with women who had received chemotherapy for ovarian cancer. Additionally, social support has been shown to act as a moderator and protective factor against the onset of anxiety (Verhaak et al., 2005). For instance, the development of anxiety is moderated by social support (Holt et al., 2005).

H1. There will significant relationship between work family conflict, social support and anxiety level in adults.

H2. Family conflict wills significantly predicting anxiety level in adults.

H3.Social support will moderate the relationship between family conflicts and anxiety in adults.

H4.There will significant gender differences work family conflict, social support and anxiety level in adults.

Material and Methods

This section describes the present study's methodology, as well as how data will be collected, evaluate, and prior studies' findings.

Research Design

Correlation analysis was used, but it only shows the relationships between variables without proving cause-and-effect. But through Correlational analysis just wants to see the type of relationship between work-family conflict, social support, and anxiety in adults.

Sample The total number of sample was (N=294) from individuals who are employed whose age falls between 18 and 35 years.

Sampling Technique

The data was collected through the convenient sampling technique.

Population

The data was collected from individuals who are employed, with a qualification of at least F.A (Intermediate), and whose age falls between 18 and 35 years. The 18-35 age group experiences work-family conflict and anxiety more often as they juggle career responsibilities and personal life.

Sample Size

The sample size was 294, which was determined using the "per indicator method." (Burke et al., 2010).

Inclusion vs Exclusion Criteria

Inclusion Criteria

Enrolled adults aged 18-35.
Willingness to participate and provide informed consent.
Ability to read and understand the survey questionnaires.

Exclusion Criteria

- To minimize the error in results, who have physical and psychological disabilities were excluded from the study.
- Adults with any first degree relative (siblings, or child, or parents) with a history of psychiatric issues or chronic sickness were also excluded from the study.
- Data will be collected from educated adults and less then intermediate adults will be excluded from study.

Ethical Consideration

Before the research's forecasting, all essential measures were implemented. The research's proposal was accepted initial by the psychology department's research-board, then by the BOS, and finally by the BASR. The current research investigation was

conducted in a manner that protected the participants' dignity and respect. The researcher ensured that the study participants' rights and wellbeing were maintained. The participants were informed about the study's confidentiality and objectives. Respondents were also advised that their participation was completely voluntary and that they might drop out at any time. Participants signed the written consent form, which detailed all ethical concerns and the study's objectives.

Statistical Analysis

Descriptive analysis, factor analysis, and Pearson correlational analyses of the four variables (anxiety symptoms, social support, work-family conflict, and emotional exhaustion) were performed using IBM® SPSS® Statistics, (Version 26, IBM Corporation, New York, NY) (Hayes, 2013).

Instruments

Work and family conflict scale (WAFCS)

The WAFCS is a ten-item scale that was developed to assess the work and family conflicts was created by Haslam et al. (2015)There are ten items in this scale and each item score has seven point Likert Scale . On the seven -point Likert scale, each of the ten items has seven responses. This items shows that the work and family conflicts of an individuals. Its reliability ranging from 0.80 to 0.90.

Zung Self-Rating Anxiety Scale (SAS)

The (SAS) is a 20 item scale that was developed to assess the anxiety level .The Zung Self-Rating Anxiety Scale (SAS) was designed by William W. K. Zung M.D. (1929–1992) a professor of psychiatry from Duke University, to quantify a patient's level of anxiety. There are twenty items of this scale which is used to assess the anxiety level of an individuals .On the four-Likert scale, each of the twenty items has four responses. Its reliability ranging from 0.21 to 0.60.

Multidimensional Scale of Perceived Social Support

The Multidimensional Scale of Perceived Social Support (MSPSS) (Zimet et al., 1988) is a self-report scale, which evaluates perceptions of support from three sources, family, friends and significant other, with higher scores indicate greater perceived social support. Example questions include "My family really tries to help me" or "I can talk about my problems with friends". The scale is comprised of 12 total statements, and participants rate these on a Likert scale anchored at 1 (very strongly disagree) to 7 (very strongly agree). The MSPSS has demonstrated good reliability and validity with alpha values for from 0.92 to 0.94.

Results and Discussion

Statistical Packages for Social Science (version 26.0) were used for statistical analyses. Descriptive statistics were performed on demographic and study variables. Data is normally distributed as skewness and kurtosis fall between criteria for social science (skewness < 3, & kurtosis < 7) (Kline, 2005). Reliability analysis was done for measuring the reliability coefficient of the study scales. Pearson Product Movement Correlation analysis was used to investigate the association between study variables. Multiple regression analyses (backward method) were run to explore the predicting strength among study variables. Independent sample t-test were used to find a significant difference in demographic variables. Moderation analysis was performed to see the effect of social support on work family conflict and anxiety.

Table 1
Demographic Characteristics of Research Participants (N=294)

Variables	Categories	n	%
Age	18-25 Years	197	67.0
	26-35 Years	97	33.0
Gender	Male	89	30.3
	Female	205	69.7
Marital Status	Married	58	19.7
	Unmarried	236	80.3
Family System	Joint System	37	12.6
	Nuclear System	257	87.4
Qualification	F.A	23	7.8
	B.A	46	15.6
	M.A	147	50.0
	MS	78	26.5
Home Residence	Rural	117	39.8
	Urban	176	59.9
Physical Disease	Yes	0	0
	No	294	100
Psychological Disease	Yes	0	0
	No	294	100

Table 2
Psychometric Properties for Scales

Scale	M	SD	Range	Cronbach' s α
WAFCS	53.54	8.335	33-73	.84
MSPSS	51.89	7.061	31-74	.78
SAS	21.06	2.455	20-33	.62

The table 2 shows the psychometric properties for the scales used in present study. The Work and Family Conflict Scale (WAFCS) consists of 10 items and demonstrates good internal consistency with a Cronbach's alpha of .84 (<.9). The Multidimensional Scale of Perceived Social Support (MSPSS), which includes 12 items, exhibits excellent reliability with a Cronbach's alpha of .78 (>.7). Lastly, Zung Self – Rating Anxiety Scale (SAS) comprises 20 items and has a Cronbach's alpha of .62 (>.6), indicating good reliability.

Table 3
Descriptives Statistics and Correlation for Study Variables

variables	n	M	SD	1	2	3
1 WAFCS	294	53.54	8.335			
2 MSPSS	294	51.89	7.061	-.63**		
3 SAS	294	21.06	2.455	.20**	-.47**	

**p<.01*

The table 3 shows the results that there is a significant negative relationship between work-family conflict and social support (r = -.65, $p < .01$), which meaning that as social support increases, work family conflict decreases. There is also a weak but significant relationship between work-family conflict and anxiety (r = .20, $p < .01$), meaning that as work-family conflict increases, anxiety also increases slightly. There is significant negative relationship between social support and anxiety (r = -.47**), indicated that as social support increases, anxiety level decreases.

Table 4
Regression Coefficient of WAFCS and MSPSS on SAS

Variables	B	SE	β
Constant	17.96	.916	
WAFCS	.058***	.017	.197
R^2	.039		
Constant	29.55***	.941	
MSPSS	-.163	.018	-.469
R^2	.22		

Note. N=294
***p<.001*

Table 4 show the impact of work family conflict and social support on anxiety level. The R^2 value of .039 shown that predictors explained 39% variance in the outcome variable with F (1,292) = 11.74, p< .001). The finding suggests that work family conflict positive predicted sleep anxiety level (β = .197 p < .001). The findings suggest that higher WAFCS scores are associated with higher SAS scores, whereas MSPSS significantly negative contribute to the prediction of anxiety level (β = -.496 p < .001).

Table 5
Mean Comparison of Male and Female on Work Family Conflict, Social Support and Anxiety Level.

	Male		female				
Variable	M	SD	M	SD	t(292)	p	Cohens's d
WAFCS	53.62	8.660	53.47	8.084	.155	.87	0.315167
MSPSS	53.00	6.870	50.98	7.108	2.46	.01	0.167913
SAS	21.11	2.607	21.02	2.329	.305	.76	0.325994

Table 5 presents the comparison of male and female participants on Work-Family Conflict Scale (WAFCS), Multidimensional Scale of Perceived Social Support (MSPSS), and Zung Self-Rating Anxiety Scale (SAS). The results indicate no statistically significant gender differences in Work-Family Conflict (WAFCS), with males (M = 53.62, SD = 8.660) and females (M = 53.47, SD = 8.084), t(292) = .155, p = .87. The Cohen's d value was 0.315 (p>.05) suggests a small effect size.

For Social Support (MSPSS), males (M = 53.00, SD = 6.870) reported higher scores than females (M = 50.98, SD = 7.108). The difference was statistically significant, t (292) = 2.46, p = .01, with a small effect size (Cohen's d = 0.167) (p<.01). Anxiety Levels (SAS), males (M = 21.11, SD = 2.607) and females (M = 21.02, SD = 2.329) did not show significant differences, t (292) = .305, p = .76. The Cohen's d value of 0.325 (>.05) indicates a small-to-moderate effect size. Overall, the findings suggest that gender differences are statistically significant only for social support, whereas no significant differences were observed in work-family conflict and anxiety levels.

Table 6
Social Support as Moderator Between Work Family Conflict and Anxiety Level.

Variables	B	SE	β	t	p	95%	CI
WAFCS	-.756	.455	-.723	-1.66	.097	-1.52	.139
MSPSS	-1.879	.618	-.486	-3.05	.002	-3.096	-.662
Interaction	.0358	.012	.011	2.95	.003	.012	.059

R^2 = .055

Table 6 concluded the moderation analysis of study variables. It is hypothesized that social support will moderate the relationship between family conflicts and anxiety. The results show that perceived social support (MSPSS) significantly moderated the relationship between work-family conflict (WAFCS) and stress (SAS). Social support (MSPSS) has a significant negative relationship with anxiety levels (B = -1.879, SE = 0.618, t = -3.05, p = 0.002). This finding suggests that as social support increases, anxiety levels decrease. The interaction term (WAFCS × MSPSS) is statistically significant (B = 0.0358, SE = 0.012, t = 2.95, p = 0.003), indicating that social support moderates the relationship between work-family conflict and anxiety. The positive interaction effect suggests that the protective effect of social support weakens the negative impact of work-family conflict on anxiety.

Discussion

The hypothesis stated that there would be a significant relationship between work-family conflict, social support, and anxiety levels in adults. This hypothesis was accepted based on the results which showed significant correlations among all three variables. Specifically, work-family conflict was positively correlated with anxiety ($r = .20$, $p < .01$), whereas social support was negatively correlated with both anxiety ($r = -.47$, $p < .01$) and work-family conflict ($r = -.63$, $p < .01$). These findings indicate a strong, interconnected dynamic among the variables, confirming the hypothesis. The outcome aligns with the Conservation of Resources (COR) Theory proposed by Hobfoll (1989), which posits that stress arises when individuals perceive a threat of losing essential resources such as time, energy, or emotional support. When these resources are depleted due to pressures from both work and family domains—individuals are more likely to experience heightened anxiety, particularly in the absence of adequate support systems.

This finding is supported by a growing body of literature. For instance, Michel et al. (2010) found that work-family conflict is a robust predictor of emotional distress and that social support plays a buffering role in reducing psychological harm. Li et al. (2020) similarly demonstrated that emotional exhaustion mediates the relationship between work-family conflict and anxiety, highlighting the role of burnout in this interaction. Allen et al. (2000) emphasized that lower levels of social support amplify the effects of role strain, leading to elevated anxiety and reduced well-being. Additionally, Grzywacz and Marks (2000) confirmed that work-family conflict contributes to psychological distress, and the availability of support networks helps mitigate its adverse outcomes.

The second hypothesis indicated that family conflict would significantly predict anxiety levels in adults. The results indicated that work-family conflict significantly predicted anxiety ($\beta = .197$, $p < .001$), explaining 3.9% of the variance in anxiety scores ($R^2 = .039$). These findings confirm that individuals who experience greater conflict between their family and work roles are more likely to report elevated levels of anxiety. This outcome aligns with both role theory and chronic stress models. Role theory posits that when individuals are faced with conflicting expectations between multiple roles (e.g., employee and family member), psychological strain arises from the inability to fulfill all demands effectively (Kahn et al., 1964). Chronic stress models similarly suggest that persistent interpersonal or environmental demands—such as family conflict—are key contributors to emotional distress and anxiety (Lazarus & Folkman, 1984).

The relationship between family conflict and anxiety has been confirmed in multiple empirical studies. For example, Zhang et al. (2020) demonstrated that emotional exhaustion resulting from unresolved family and occupational role tensions significantly increased symptoms of anxiety. Their findings also emphasized that individuals under prolonged exposure to role-based strain often develop heightened sensitivity to stressors, which manifests as psychological disorders such as anxiety or depression. Likewise, Greenhaus and Beutell (1985) identified work-family conflict as one of the primary sources of psychological fatigue and burnout, often leading to clinical levels of anxiety over time.

Another crucial perspective is provided by Schulz et al. (2004), who found that family caregivers experiencing persistent family conflict or burden exhibited significantly higher levels of general anxiety and psychological dysfunction. This is consistent with the findings of Hammer et al. (2005), who stated that unresolved family tension, in the absence of support mechanisms, strongly predicts mental health decline in working populations.

The third hypothesis emphasized that social support would moderate the relationship between family conflicts and anxiety in adults. The moderation analysis revealed a significant interaction between work-family conflict and social support (interaction term $B = 0.0358$, $p = .003$), as well as a direct negative effect of social support

on anxiety (B = -1.879, p = .002). These findings suggest that the presence of higher social support weakens the relationship between work-family conflict and anxiety, indicating that social support serves as a protective buffer against the psychological effects of conflict between family and work roles. The results align with the well-established Buffering Hypothesis proposed by Cohen and Wills (1985), which suggests that social support mitigates the psychological impact of stressors by providing emotional reassurance, problem-solving resources, and a sense of belonging. When individuals face stressors like family conflict, those with strong social networks are less likely to internalize these stressors as anxiety. Empirical research supports this mechanism. Similarly, Verhaak et al. (2005) found that emotional support from family members and peers significantly buffered against anxiety symptoms among individuals coping with interpersonal conflict. In a study by Drageset and Lindstrøm (2003), although participants reported high levels of social support, those with weak perceived support experienced greater anxiety, emphasizing that the quality and perception of support are crucial.

Zimet et al. (1988), developers of the Multidimensional Scale of Perceived Social Support (used in the present study), also highlighted that perceived emotional support from friends, family, and significant others serves as a vital resource for psychological resilience. Moreover, Schwarzer and Leppin (1991) concluded through meta-analytical evidence that social support consistently buffers the relationship between stress and anxiety across various populations and cultural settings. Their findings revealed that individuals with greater access to social resources demonstrate more stable emotional responses even under chronic role conflict and stress.

The fourth hypothesis predicted that there would be significant gender differences in work-family conflict, social support, and anxiety levels among adults. The analysis showed no significant gender differences in levels of work-family conflict and anxiety, indicating that both men and women experience similar levels of strain and emotional distress. However, a statistically significant difference was found in levels of perceived social support (p = .01), with males reporting higher support than females. This mixed outcome suggests that while gender differences persist in certain psychosocial experiences, they may be narrowing in others—particularly in younger populations who often share economic and caregiving roles more equally.These findings contrast with earlier research, such as Willemsen et al. (2006) and Aycan (2008), who reported that women, especially working mothers, experienced higher levels of work-family conflict and anxiety due to greater caregiving burdens and societal expectations. The present study suggests a shift in this dynamic, supporting the idea that modern gender roles are becoming more equitable, especially within dual-income households and among adults aged 18–35.

The partial gender difference found in social support is an interesting and culturally significant result. In many traditional societies, including Pakistan, men may have greater access to informal and formal support networks, or they may perceive such support more readily due to fewer expectations of multitasking or emotional labor. Sanders et al. (2005) found that men are more likely to receive workplace-based social support, while van Daalen et al. (2005) reported that women often receive support from friends and extended family, which may be less consistent or emotionally fulfilling. This could partially explain why women in this study reported lower perceived support, despite having similar levels of WFC and anxiety as men.

Conclusion

The present study successfully established that social support plays a critical moderating role in the relationship between work-family conflict and anxiety among adults. The findings lend strong empirical support to the assertion that while work-family conflict is positively associated with increased anxiety, the presence of sufficient social

support can significantly buffer or lessen this impact. The consistency of the results across demographic groups, including age and gender, underscores the broad relevance of the findings and supports their application across various social and occupational settings. Moreover, the high level of variance explained by the predictors in the model reinforces the robustness of the proposed framework. These findings highlight the urgent necessity for stakeholders—ranging from policymakers and organizational leaders to mental health professionals—to actively invest in and foster environments that promote meaningful social connections. It is through such deliberate and targeted support systems that the negative outcomes of work-family strain can be effectively reduced, thereby enhancing overall psychological well-being.

Recommendations

- Develop Organizational Support Programs: Workplaces should implement structured support systems such as mentoring, peer networks, and employee assistance programs to help employees manage work-family conflict effectively.

- Enhance Access to Mental Health Services: Organizations and institutions should ensure access to counseling services and mental health resources for employees experiencing anxiety related to work-family stress..

- Focus on Gender-Sensitive Policies: Since women were found to experience higher levels of anxiety and work-family conflict, targeted interventions should be developed to address their specific challenges.

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