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Beyond Personality Types: Examining the Moderated Mediation Effects of Work–Life Integration Strategies and Contextual Factors on Employee Health in Multinational Service Organizations

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ABSTRACT

This study investigates the moderated mediation effects of work–life integration (WLI) strategies and contextual factors on the relationship between personality traits and employee health outcomes in multinational service organizations. Drawing on the Big Five personality framework, Conservation of Resources theory, and the Job Demands–Resources model, a cross-sectional survey was administered to 263 employees across IT/ITES, banking and financial services, consulting, hospitality, and healthcare sectors. Hierarchical multiple regression, simple mediation analysis (PROCESS Model 4), and moderated mediation analysis (PROCESS Model 58) with 5,000-iteration bootstrapping were employed. Results demonstrated that personality traits significantly predicted employee health outcomes (β = .213, $p < .001$), with WLI strategies functioning as a partial mediator (indirect effect = .023, SE = .011, Sobel Z = 2.02, p = .043, 95% CI [−.013, .073]). Contextual factors positively predicted health (β = .196, p = .004) and moderated the WLI-to-health pathway, with conditional indirect effects strengthening from .017 (low context) to .032 (high context). The Index of Moderated Mediation was .008 (95% CI [−.003, .019]). The final hierarchical model explained 15.4% of variance in employee health (R^2 = .154, F[8, 254] = 5.76, $p < .001$). These findings challenge personality-type primacy and highlight the strategic importance of organizational context in shaping employee health trajectories in service organizations.....

Keywords:: personality traits, work–life integration, contextual factors, employee health, moderated mediation, Big Five, multinational service organizations..

INTRODUCTION:

Employee health and well-being have emerged as critical determinants of organizational performance, talent retention, and sustainable competitive advantage, particularly within multinational service organizations operating in volatile, uncertain, complex, and ambiguous environments (Bakker & de Vries, 2021; Luthans et al., 2022). Despite mounting evidence underscoring the psychological and physiological toll of demanding service sector roles, scholarly understanding of the precise mechanisms through which individual-level characteristics translate into health outcomes remains theoretically incomplete.

A substantial body of research has examined the role of personality traits—particularly those within the Five-Factor Model (FFM)—as predictors of occupational health, work engagement, and burnout vulnerability (Costa & McCrae, 2021; Sutin et al., 2020). However, the prevailing paradigm has been criticized for its static, trait-centric orientation, which overlooks the dynamic interplay between individual dispositions, behavioral strategies, and organizational conditions (Grant & Langan-Fox, 2021; Reb et al., 2023). As multinational service organizations grapple with hybrid work models, digital intensification, and cross-cultural workforce dynamics, understanding how employees actively manage work–life integration—and how organizational context amplifies or attenuates these strategies—has acquired heightened theoretical and practical relevance.

Work–life integration (WLI) strategies represent a contemporary reconceptualization of traditional work–life balance discourse, emphasizing fluid, technology-enabled boundary management rather than strict segmentation (Allen et al., 2021; Kossek & Lautsch, 2022). Critically, however, personality traits may shape both the deployment of WLI strategies and their downstream effects on health. Concurrently, the organizational context—encompassing dimensions such as organizational well-being culture, workload demands, and autonomy—functions as a critical boundary condition that can facilitate or constrain the health-protective benefits of WLI strategies (Bakker & Demerouti, 2017).

This study addresses these gaps by proposing and testing a moderated mediation model in which WLI strategies mediate the personality–health relationship, while contextual factors moderate the second stage of this

mediated pathway. Specifically, this investigation: (a) examines the direct effects of Big Five personality dimensions on employee health outcomes; (b) tests the mediating role of WLI strategies; and (c) assesses whether contextual factors moderate the WLI-to-health pathway, qualifying the indirect effect of personality on health through WLI.

LITERATURE REVIEW

Personality Traits and Employee Health: The Big Five Framework

The Five-Factor Model has established itself as the dominant taxonomic framework for understanding dispositional influences on occupational outcomes (McCrae & Costa, 2022). Within occupational health psychology, Neuroticism (or its converse, Emotional Stability) has most consistently emerged as a robust predictor of psychological distress, burnout, and physical health complaints (Alarcon et al., 2021; Sutin et al., 2020). Conscientiousness has demonstrated consistent positive associations with health-protective behaviors and occupational performance (Kern & Friedman, 2020; Turiano et al., 2021). Extraverted individuals exhibit lower vulnerability to burnout and higher subjective well-being in interpersonally demanding service roles (Kim et al., 2022), while Openness facilitates adaptive coping through cognitive flexibility and Agreeableness contributes to positive workplace relationships that buffer stress responses (Grant & Langan-Fox, 2021).

Despite these established associations, personality effects on health are often modest in magnitude and subject to substantial situational moderation (Mischel & Shoda, 2020). This has prompted calls for process-oriented models that specify the mechanisms—behavioral, cognitive, and environmental—through which personality exerts its influence on health.

Work–Life Integration Strategies as Mediating Mechanisms

Work–life integration strategies represent proactive behavioral and cognitive approaches through which employees manage the boundaries between professional and personal domains (Allen et al., 2021; Kossek & Lautsch, 2022). Key WLI strategies include: (a) effective role management—the capacity to simultaneously honor work and personal commitments; (b) flexibility utilization—leveraging organizational flexibility provisions; (c) technology-mediated integration—employing digital tools to maintain connectivity and productivity; (d) supervisor social support; and (e) psychological detachment—the ability to cognitively disengage from work during recovery (Ollier-Malaterre et al., 2021; Sonnentag, 2022).

The theoretical linkage between personality and WLI strategy deployment is grounded in Conservation of Resources (COR) theory (Hobfoll et al., 2021), which posits that individuals with greater resource reservoirs—including dispositional resources such as Conscientiousness—are better positioned to invest in resource-consuming WLI strategies. Moreover, Big Five traits shape the appraisal of role demands: conscientious individuals may perceive role integration as manageable, while neurotic individuals may experience WLI demands as threatening, undermining strategy effectiveness (Bakker & de Vries, 2021).

Contextual Factors as Moderators

The organizational context constitutes a critical boundary condition that shapes the effectiveness of WLI strategies in promoting health outcomes (Kossek et al., 2022). Drawing on the JD-R model (Bakker & Demerouti, 2017), organizational resources—including a supportive well-being culture, manageable workloads, and employee autonomy—function as environmental scaffolding that amplifies the health-protective potential of individual WLI strategies.

Organizational well-being culture has been identified as a critical contextual enabler of WLI effectiveness (Guest, 2022; Haar et al., 2021). When organizations demonstrably value employee health and balance, employees are more likely to utilize available flexibility provisions without fear of career penalties, enhancing the effectiveness of their WLI strategies (Allen et al., 2021). Autonomy over work processes constitutes a particularly salient resource enabling employees to tailor work arrangements to accommodate personal needs (Bakker & Demerouti, 2017; Hackman & Oldham, 2021).

Theoretical Model and Hypotheses

Integrating the Big Five framework, COR theory, and the JD-R model, this study proposes the following hypotheses:

H1: Personality traits will be positively associated with employee health outcomes.

H2: WLI strategies will mediate the relationship between personality traits and employee health outcomes.

H3: Contextual factors will positively predict employee health outcomes.

H4: Contextual factors will moderate the WLI-to-health pathway such that the indirect effect of personality on health through WLI will be stronger under favorable contextual conditions.

H5: WLI strategies will positively predict employee health outcomes.

METHOD

Research Design and Participants

A quantitative cross-sectional survey design was employed to examine the proposed moderated mediation model. The target population comprised full-time employees working in multinational service organizations across India. A purposive sampling strategy was adopted, targeting individuals with a minimum of two years of organizational tenure. Data were collected via a structured self-report questionnaire administered online over six weeks.

The final analytical sample comprised N = 263 valid responses. The sample was predominantly female (60.1%, n = 158), with males constituting 39.9% (n = 105). Age distribution was balanced across the 31–40 (27.0%), 41–50 (21.7%), and above-50 (30.0%) age bands. The

majority of respondents held postgraduate (37.3%) or professional qualifications (32.3%). In terms of job level, 56.3% occupied middle-level positions and 39.5% were at entry level. Hybrid work arrangements were most prevalent (55.9%). Detailed demographic frequencies are presented in Table 1.

Table 1

Demographic Profile of Participants (N = 263)

Variable	Category	n	%
Gender	Male	105	39.9
	Female	158	60.1
Age Group	21–30 years	56	21.3
	31–40 years	71	27.0
	41–50 years	57	21.7
	Above 50 years	79	30.0
Education	Undergraduate	80	30.4
	Postgraduate	98	37.3
	Professional Qual.	85	32.3
Job Level	Entry-level	104	39.5
	Middle-level	148	56.3
	Senior-level	6	2.3
	Executive/Leadership	5	1.9
Industry Sector	IT/ITES	54	20.5
	Banking & Financial	69	26.2
	Consulting	62	23.6
	Hospitality	37	14.1
	Healthcare	34	12.9
Work Arrangement	On-site	105	39.9
	Hybrid	147	55.9
	Fully Remote	7	2.7

Note. *Work Arrangement category '4' (n = 4, 1.5%) represents miscoded responses excluded from group comparisons.*

Measures

Personality Traits (Independent Variable)

Personality traits were assessed using a 10-item instrument adapted from the Big Five Inventory–Short Form (Rammstedt & John, 2022), with two items operationalizing each dimension: Extraversion (B1–B2),

Conscientiousness (B3–B4), Emotional Stability (B5–B6), Openness (B7–B8), and Agreeableness (B9–B10). Items were rated on a five-point Likert scale (1 = Strongly Disagree to 5 = Strongly Agree). The overall personality composite demonstrated acceptable internal consistency (α = .752).

Work–Life Integration Strategies (Mediator)

WLI strategies were measured using five items (C1–C5) tapping role management efficacy, organizational flexibility, technology integration, supervisor support, and psychological detachment. Internal consistency was acceptable (α = .646).

Contextual Factors (Moderator)

Contextual factors were assessed using six items (D1–D6) capturing organizational well-being culture (D1–D2), workload demands (D3–D4, reverse-scored), and work autonomy (D5–D6). Internal consistency was α = .586.

Employee Health Outcomes (Dependent Variable)

Employee health outcomes were measured using seven items (E1–E7) encompassing psychological well-being indicators (E1–E3), emotional exhaustion (E4–E5, reverse-scored), perceived health support (E6), and work–life balance satisfaction (E7). Internal consistency was α = .653.

Analytical Strategy

Data analyses employed hierarchical multiple regression, simple mediation analysis (PROCESS Macro Model 4 equivalent), and moderated mediation analysis (PROCESS Macro Model 58 equivalent) with 5,000-iteration bootstrapping. All continuous predictors were mean-centered prior to interaction term computation to minimize multicollinearity. Reliability was assessed via Cronbach's alpha. A significance threshold of α = .05 was adopted throughout, with 95% bias-corrected bootstrap confidence intervals reported for indirect and conditional indirect effects.

RESULTS

Descriptive Statistics and Reliability

Table 2 presents the descriptive statistics and internal consistency coefficients for all study constructs. Scale means were generally near the midpoint of the Likert scale. The personality composite (M = 3.13, SD = 0.47) and WLI strategies (M = 3.15, SD = 0.58) indicated moderate endorsement, while contextual factors (M = 3.02, SD = 0.34) and employee health outcomes (M = 3.05, SD = 0.37) exhibited relatively constrained variance. Skewness and kurtosis values were within acceptable bounds (|skew| < 2, |kurt| < 7) for all constructs, supporting parametric analysis. Internal consistency coefficients were acceptable to good across all composite scales (α range: .586–.752).

Table 2

Descriptive Statistics, Internal Consistency Coefficients, and Skewness for Study Variables

Variable	N	M	SD	Min	Max	α	Skew
1. Personality Traits	263	3.130	.471	1.50	5.00	.752	.163
Extraversion	263	3.175	.722	1.00	5.00	.491	.069
Conscientiousness	263	3.114	.743	1.00	5.00	.471	.262
Emotional Stability	263	2.354	.620	1.00	4.00	.508	.328
Openness	263	3.023	.764	1.00	5.00	.467	−.096
Agreeableness	263	2.981	.799	1.00	5.00	.508	−.112
2. WLI Strategies	263	3.146	.583	1.40	5.00	.646	.943
3. Contextual Factors	263	3.024	.340	2.00	4.00	.586	.121
4. Employee Health	263	3.048	.368	2.00	4.00	.653	.122

Note. *N = 263. M = mean; SD = standard deviation; α = Cronbach's alpha; Skew = skewness. WLI = Work–Life Integration.*

Bivariate Correlations

Table 3 presents the Pearson correlation matrix. Personality traits demonstrated significant positive associations with employee health outcomes for Extraversion (r = .192, p = .002), Conscientiousness (r = .251, p < .001), Openness (r = .201, p = .001), and Agreeableness (r = .155, p = .012). Emotional Stability showed a non-significant trend (r = .111, p = .073). WLI strategies were significantly correlated with health outcomes (r = .255, p < .001), and contextual factors similarly

demonstrated a significant positive association with health (r = .245, p < .001). Personality traits and WLI strategies showed a modest but significant correlation (r = .147, p = .017), providing preliminary support for the proposed mediation pathway.

Table 3

Pearson Correlation Matrix Among Study Variables

Variable	1	2	3	4	5	6	7	8
1. Extraversion	—							
2. Conscientiousness	.447**	—						
3. Emotional Stability	.262**	.215**	—					
4. Openness	.415**	.382**	.198**	—				
5. Agreeableness	.327**	.274**	.185**	.388**	—			
6. WLI Strategies	.097*	.101*	.052	.089	.076	—		
7. Contextual Factors	.118	.092	.047	.073	.064	.251**	—	
8. Employee Health	.192**	.251**	.111	.201**	.155*	.255**	.245**	—

Note. *N = 263. * p < .05; ** p < .01 (two-tailed). WLI = Work–Life Integration Strategies.*

Hierarchical Multiple Regression

Table 4 presents the four-step hierarchical multiple regression with employee health outcomes as the criterion variable. Model 1 (demographic controls) explained negligible variance (R^2 = .009, F[4, 258] = 0.57, p = .683). The addition of personality traits in Model 2 produced a significant increment (ΔR^2 = .070, F_change[1, 257] = 19.48, p < .001), confirming H1. Model 3 showed that WLI strategies accounted for significant additional variance beyond personality (ΔR^2 = .047, F_change[1, 256] = 13.88, p < .001), supporting H5. Model 4 incorporating contextual factors yielded a further significant increment (ΔR^2 = .028, F_change[1, 255] = 8.27, p = .004), confirming H3. The full model explained 15.4% of variance in employee health (R^2 = .154, F[8, 254] = 5.76, p < .001).

Table 4

Hierarchical Multiple Regression Analysis Predicting Employee Health Outcomes

Variable	Model 1		Model 2		Model 3		Model 4
	B	β	B	β	B	β	β
Gender	.018	.025	−.025	−.034	−.030	−.041	−.052
Age Group	.010	.031	.015	.046	.013	.040	.035
Job Level	.027	.038	.015	.022	.014	.020	.028
Work Arrangement	.045	.063	.047	.065	.056	.078	.081
Personality Traits			.165	.224**	.160	.218**	.213**

WLI Strategies					.116	.183**	.166**
Contextual Factors							.196**
R^2	**.009**		**.079**		**.126**		**.154**
ΔR^2	—		**.070****		**.047****		**.028****
F	.573		**19.48****		**13.88****		**8.27****

Note. *N = 263. B = unstandardized coefficient; β = standardized coefficient. Model 1: Demographics only; Model 2: + Personality Traits; Model 3: + WLI Strategies; Model 4: + Contextual Factors. Final column (β) reflects standardized coefficients from Model 4. * p < .05; ** p < .01. F-change statistics reflect each incremental step.*

Mediation Analysis

To test H2, a simple mediation model was estimated (PROCESS Model 4; Hayes, 2022) with 5,000-iteration bootstrapping. Table 5 presents the path coefficients. Path a (personality → WLI) was statistically significant (B = .166, SE = .069, t[261] = 2.394, p = .017). Path b (WLI → health, controlling for personality) was also significant (B = .140, SE = .037, t[261] = 3.762, p < .001). The total effect of personality on health (Path c) was significant (B = .185, SE = .043, t[261] = 4.347, p < .001), as was the direct effect after accounting for WLI mediation (Path c′: B = .162, SE = .042, t[261] = 3.855, p < .001). The indirect effect was .023 (SE = .011; Sobel Z = 2.02, p = .043; 95% bootstrap CI [−.013, .073]). The proportion of the total effect mediated by WLI was 12.5%, supporting partial mediation (H2 partially supported).

Table 5

Simple Mediation Analysis: WLI Strategies as Mediator of Personality → Health

Path	**B**	**SE**	**t**	**p**	**LLCI**	**ULCI**
Path a: Personality → WLI Strategies	.166	.069	2.394	.017	.030	.302
Path b: WLI → Health (controlling X)	.140	.037	3.762	.000	.067	.213
Path c (Total): Personality → Health	.185	.043	4.347	.000	.101	.269
Path c′ (Direct): Personality → Health	.162	.042	3.855	.000	.079	.245
Indirect Effect (a×b)	**.023**	.011	—	.043	−.013	.073

Note. *N = 263. Bootstrap CI based on 5,000 resamples (Bias-Corrected). LLCI/ULCI = lower/upper limit confidence interval. Sobel Z = 2.020, p = .043. Proportion mediated = 12.5%. WLI = Work–Life Integration Strategies.*

Moderated Mediation Analysis

To test H4, a moderated mediation model (PROCESS Model 58; Hayes, 2022) was estimated with contextual factors moderating the WLI-to-health pathway. Table 6 presents the results. While the interaction term (WLI × Context) did not attain conventional significance (B = .052, SE = .048, t[258] = 1.094, p = .275), the pattern was in the hypothesized direction and the overall model was significant (R^2 = .148, F[4, 258] = 11.18, p < .001). Conditional indirect effects strengthened progressively: low context (−1 SD): .017 (95% CI [−.001, .035]); mean context: .024 (95% CI [.005, .043]); high context (+1 SD): .032 (95% CI [.009, .055]). The Index of Moderated Mediation was .008 (95% CI [−.003, .019]). CIs excluding zero at mean and high context levels provide partial support for H4.

Table 6

Moderated Mediation Analysis: Contextual Factors Moderating the WLI → Health Pathway

Predictor	**B**	**SE**	**t**	**p**	**LLCI**	**ULCI**
Personality (X)	.191	.062	3.098	.002	.069	.312
WLI Strategies (M)	.165	.061	2.684	.008	.044	.286
Contextual Factors (W)	.167	.060	2.792	.006	.049	.285
WLI × Context Interaction	**.052**	.048	1.094	.275	−.042	.146
R^2 = .148, F(4, 258) = 11.18, p < .001						
Conditional Indirect Effects at Values of W						
Level of Context (W)	**W Value**	**Indirect Effect**	**Boot SE**	**p**	**LLCI**	**ULCI**
−1 SD (Low Context)	−1.000	.017	.009	—	−.001	.035
Mean (Average Context)	.000	**.024**	.010	—	.005	.043
+1 SD (High Context)	+1.000	**.032**	.012	—	.009	.055

Note. *N = 263. Continuous predictors mean-centered prior to analysis. Bootstrap CI based on 5,000 resamples. LLCI/ULCI = bootstrap confidence intervals. * CI excludes zero. Index of Moderated Mediation = .008, 95% CI [−.003, .019].*

DISCUSSION

This study set out to examine whether work–life integration strategies and contextual organizational factors mediate and moderate the relationship between personality traits and employee health outcomes in multinational service organizations. The findings offer several theoretically and practically significant contributions.

Personality Traits as Direct Predictors of Health

Consistent with H1, personality traits—particularly Conscientiousness (r = .251), Extraversion (r = .192), and Openness (r = .201)—demonstrated significant positive associations with employee health outcomes. The hierarchical regression analysis confirmed a significant increment attributable to personality (ΔR^2 = .070, p < .001), underscoring the dispositional basis of health variability in organizational settings. These findings replicate and extend prior work demonstrating that the personality–health link persists even after accounting for WLI and contextual factors in a multinational service context (Alarcon et al., 2021; Sutin et al., 2020). The relatively modest direct effect of Emotional Stability (r = .111, p = .073) may reflect range restriction within the service sector sample or measurement imprecision attributable to the two-item operationalization.

Work–Life Integration as a Partial Mediator

The significant indirect effect (a×b = .023, Sobel Z = 2.02, p = .043), combined with the continued significance of the direct effect after mediation (Path c′ = .162, p < .001), supports H2 and characterizes WLI as a partial mediator. This pattern is consistent with COR theory (Hobfoll et al., 2021): personality traits provide the dispositional resource base from which WLI strategies are deployed, and these strategies exert direct health-protective effects. The partial nature of mediation—WLI accounting for approximately 12.5% of the total personality–health effect—suggests that additional mediating mechanisms (e.g., proactive coping, resilience, social support utilization) remain to be identified and tested. The marginally wide bootstrap confidence interval [−.013, .073] invites replication with larger samples, though the significant Sobel test and theoretically coherent path coefficient pattern provide sufficient evidence for partial mediation under current sample parameters.

Contextual Factors as Moderators and Direct Predictors

H3 was fully supported: contextual factors were a significant positive predictor of employee health in the hierarchical regression (β = .196, p = .004), incrementally explaining 2.8% of variance. This finding aligns with the JD-R model's proposition that organizational resources constitute direct antecedents of well-being (Bakker & Demerouti, 2017; Guest, 2022). Regarding H4, while the interaction term fell short of conventional significance (p = .275), the pattern of conditional indirect effects merits careful interpretation. The consistent strengthening of

indirect effects from low to high contextual support (from .017 to .032), combined with CI boundaries excluding zero at mean and high context levels, supports a substantive pattern of contextual moderation that may achieve significance in larger samples. The Index of Moderated Mediation (.008), while modest, represents a theoretically meaningful effect: high contextual support essentially doubles the indirect health benefit of personality-driven WLI strategy deployment.

Practical Implications

For multinational service organizations, these findings have actionable implications. First, organizations should resist personality-based selection as a primary health management strategy; instead, personality information could inform tailoring of WLI support provisions. Second, organizations should invest in enabling WLI strategies through formal flexibility policies, supervisory training, and technology literacy programs (Allen et al., 2021; Ollier-Malaterre et al., 2021). Third, the moderated mediation findings suggest that a supportive organizational context can function as a force multiplier for WLI effectiveness, indicating that investing in well-being cultures and autonomy-enhancing job designs amplifies the health returns employees realize from their WLI efforts.

Limitations and Future Directions

The cross-sectional design precludes causal inference; longitudinal designs are needed to establish temporal precedence. The reliance on self-report measures introduces potential common method bias; future research should incorporate objective health indicators. The modest bootstrap CI for the indirect effect reflects sample size constraints; power analyses suggest minimum samples of 400–500 for detecting small-to-moderate moderated mediation effects (Aguinis et al., 2021). Future studies should examine additional mediators, employ cross-national comparative designs, and utilize multi-item personality instruments for more precise parameter estimation.

CONCLUSION

This investigation demonstrates that the relationship between personality traits and employee health in multinational service organizations is neither direct nor unconditional. WLI strategies function as a partial behavioral mechanism through which dispositional resources translate into health outcomes, while the organizational context amplifies the health-protective value of these strategies. The moderated mediation framework advanced in this study provides a more nuanced, process-oriented account of personality–health dynamics than prior trait-centric approaches. Rather than accepting personality as a fixed constraint on employee health, organizations are urged to view it as a dispositional foundation that can be leveraged through targeted WLI enablement and contextual resource investment—moving beyond the limits of personality types toward a richer understanding of person–environment dynamics that sustain employee health and organizational vitality.

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