

Cross-sectional study about the relationship between flexible working, work life balance and health

Bachelor thesis Personeelswetenschappen

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Abstract

Health can be seen as one of the most valuable possessions an individual can have. Having healthy employees allows organisations to use all their abilities to the fullest and can help organisations to best reach their strategic goals. This study aims to discover whether employees who can choose flexible working arrangements, will report better health and whether this is mediated by work-life balance. In this study the data, collected from 43.850 European employees by the European Working Conditions Survey, was used to perform a multiple regression analysis testing the relationships between these constructs. Results imply that there is a direct positive relation between both schedule flexibility and location flexibility and health. Besides that, this study confirms the positive relationship between work-life balance and health. However, a negative relation is found between both ways of flexible working and work-life balance. The supposed moderating effect of work-life balance is significant, but in contrary to the expected positive relationship, work-life balance mediates the negative relationship between flexible working and health. Finally, practical implications will be discussed.

Keywords: Flexible working, schedule flexibility, location flexibility, work-life balance, health, JDR-model, border theory.

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Introduction

According to the Centraal Bureau voor de Statistiek (CBS), there were over 9 million workers in the Netherlands at the start of 2020 and being healthy is a priority for all of them. Health is an important aspect of wellbeing and can be divided into two domains, physical and mental health. Both greatly effect employees' ability to work (Fisher, 2003; Schultz & Edington, 2007). Because the effect of health on performance is studied and established extensively, health is not any longer only the employees concern, but there is also a responsibility for organisations and companies who employ these workers.

Organisations come up with numerous plans to improve their employees' health, possibly using a Job Demands-Resources perspective. This model by Bakker and Demerouti (2007) explains the relations between job aspects and outcomes such as health. The model makes a distinction between job demands (i.e. job facets that require an employee's effort, and job resources (i.e. facets that provide support, reduction of job demands and possibly motivate) (Bakker & Demerouti, 2007). In this study, the focus will lay on job resources and their positive effect on health, based on the Job Demands-Resources model. A possible explanation for this effect is that work-life balance can mediate the effect of job resources on health. Work-life balance has proven to be influenced by job resources like flexible working (Clark, 2000; Thomson, 2008) and to have an effect on health (Lunau et.al.,2014), suggesting a possible mediating effect on the relationship between a job resource like flexible working and health. A recent study shows that work-life balance does not only relate positively to employees' health, but also to their performance, which makes it even more important to employers to help employees achieve this balance (Abioro, Oladejo, Ashogbon, 2018).

Flexible working can be divided in a company driven form, variability, and a more individual driven form, flexibility. In this paper, when referring to flexible working, the individual driven form will be utilized, meaning that employees will be able to choose flexible working arrangements instead of being forced into it. Flexible working is interpreted as both schedule

control and location flexibility, both offering employees the chance to have control over when and where they want to work. Flexible working refers to 'the ability of workers to make choices influencing when, where, and for how long they engage in work-related tasks' (Hill et al., 2008, p.152). According to Xanthopoulou, Bakker, Demerouti and Schaufeli (2007), flexible working is an example of a job resource and can be linked to autonomy. This is because it buffers job demands and helps workers achieve work goals. Nowadays there is an increasing demand for more flexibility in the workplace, especially the millennials would like opportunities like telecommuting or flex time (Chung & van der Lippe, 2018).

This study investigates what the influence of flexible working is on work-life balance, particularly the mediating role of work-life balance on the relationship between flexible working and health. Work-life balance refers to the way individuals manage the domains between their work and their personal life. This includes issues of holding multiple roles, in which individuals must choose between spending time and energy on either work or their personal lives (Bulger, Matthews & Hoffman, 2007). Advocates suggest that flexible working helps workers better balance their work and family life and can even contribute to better health (Grzywacz, Carlson & Shulkin, 2008). Although some studies suggest otherwise, flexible working can expand the work sphere. This can result in paid work encroaching on family life, negatively effecting work-life balance. (Glass & Noonan, 2016; Lott & Chung, 2016) Nonetheless, most literature argues that flexible working will lead to less work-life conflict and thus will improve work-life balance. (Clark, 2000; Back-Wiklund et al., 2011) A good work-life balance is relevant to all employees, regardless of their relationship status or family size. Work-life balance is positively related to job and life satisfaction and negatively related to anxiety and depression (Haar, Russo & Suñe, 2014) and is thus something to strive for.

This study contributes to scientific literature on the effects of flexible working on health, by adding work-life balance as a mediator. Most research on flexible working researches the effect of flexible working on wellbeing. This study, however, seeks to examine the effects of flexible working on employees' health, an aspect of wellbeing. New insights provided by this study will also contribute to practice by helping organisations organize their flexible working

arrangements in such a way that it has a positive effect on employees' work-life balance and their health.

The aim of this study is to investigate the relationship between flexible working and health and the mediating role of work-life balance on this relationship. Based on the information given, the research question of this paper is as follows:

"To what extent is there a positive relationship between flexible working and health, and to what extent is this relationship mediated by work-life balance?"

Theoretical framework

To research the effects of flexible working on health and the mediating effect of work-life balance on this relationship, this study uses the Job Demands-Resources model to shed light on this relationship.

The relationship between flexible working and health

Regarding flexible working, a distinction is made between a company-driven form, variability, and a more individual-driven form, flexibility. Variability refers to when a company forces the workers to work irregular hours or days and can possibly negatively affect workers' conditions. Flexibility occurs when workers can decide themselves where, when or whether to start their work tasks, take breaks or go on holidays. According to a SALTSA project, a joint working programme for working life research in Europe, flexibility appears to be a significant predictor of better health, job satisfaction and social functioning (Costa, Sartori, 2005). In this paper only flexibility will be utilized. Flexible working (i.e. workplace flexibility) refers to 'the ability of workers to make choices influencing when, where, and for how long they engage in work-related tasks' (Hill et al., 2008, p.152). This definition emphasizes on two domains of flexibility, namely when and where to do work-related tasks. First, when referring to *where* employees engage in work-related tasks, the conceptualisation refers to the physical location of work. This is also called location flexibility. For instance, a form of location flexibility is telecommuting,

which is working outside of a traditional office environment. Secondly, when referring to *when* employees engage in work-related tasks, this is called the temporal domain. This refers to 'when and how long work-related tasks are performed' (Grzywacs, Carlson & Shulkin, 2008). According to X, the temporal domain of flexibility can again be divided into two types, short-term and long-term flexibility. When viewed from a day-to-day perspective, the temporal domain captures the workers' ability to exercise control over their work schedules. This is also called schedule flexibility and can be shaped by two primary forces within organisations: formal flexible arrangements and more informal management practices. Formal arrangements are often used when there is a long-term prospect, while informal arrangements are often short-term and designed to meet the need of specific employees. An example of a formal arrangements in organisations that increases schedule flexibility is compressed workweeks. An example of an informal management practice that influences schedule flexibility in a positive way is allowing workers to exercise control over their work schedules. Both subdomains are assumed to elevate worker's perceptions of flexibility (Casey & Grzywacz, 2008; Hill et al., 2008; Grzywacs et al., 2008). In this study flexible working is referred to as both schedule flexibility and location flexibility.

In order to examine the impact of flexible working on health, various aspects of health are investigated first. The importance of health is recognized throughout various levels of organisations nowadays and it greatly affects employee's ability to work (Fisher, 2003; Schultz & Edington, 2007). Health was defined by the World Health Organisation (1948) as 'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity'. Health can be divided into two concepts, namely physical health and psychological health. Firstly, physical health is defined as health in terms of physical health and functioning, which is measured by both objective and subjective measures. The psychological health concept focuses on the subjective experiences of individuals. These experiences are a balance of positive and negative thoughts and feelings (Grant et al., 2007).

The Job Demands-Resources (JD-R) model provides a useful link for flexibility and health. This model assumes that there are two categories of job characteristics that affect health, wellbeing, and performance of workers (Bakker & Demerouti, 2007). First, job demands are defined as 'those physical, psychological, social, or organisational aspects of the job that require sustained physical and/or psychological effort or skills and are therefore associated with certain physiological and/or psychological costs' (Bakker & Demerouti, 2007, p. 312). Examples of job demands are emotionally demanding interactions and high work pressure (Bakker & Demerouti, 2014). Second, job resources refer to 'those physical, psychological, social or organizational aspects of the job that are either (a) functional in achieving work goals, (b) reduce job demands and the associated physiological and psychological costs, and (c) stimulate personal growth, learning, and development' (Bakker & Demerouti, 2007, p. 312). Examples of job resources are job autonomy, social support, and performance feedback (Kattenbach, Demerouti & Nachreiner, 2010). According to Bakker and Demerouti (2007), two mechanisms are triggered that play a role in health, wellbeing and performance by job demands and resources. Firstly, the health impairment process, which states that too many job demands will lead to exhausted workers, reduced energy, and health problems. Secondly, the motivational process, which entails that job resources can motivate workers, leading to positive consequences such as higher job performances. In this study, the motivational process of the JD-R model is utilized to explain the relationship between flexible working and health. In the Figure on the next page, the effects and interactions of job resources and job demands are illustrated.

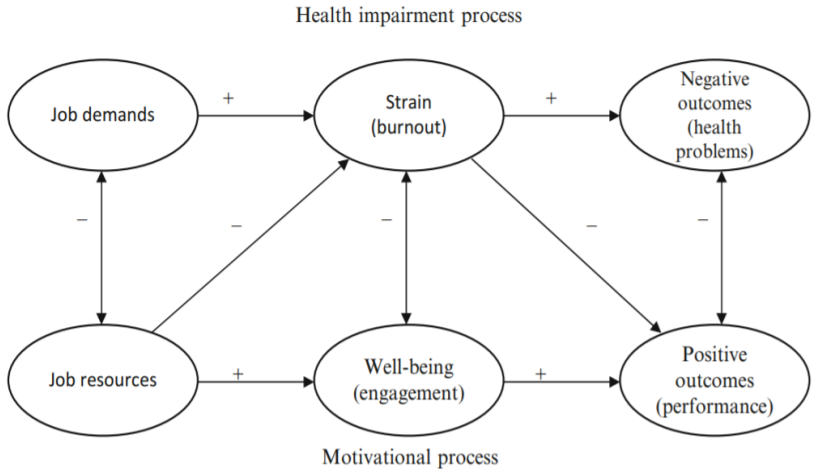


Figure 1. The revised Job Demands-Resources model. Reprinted from "A critical review of the job demands-resources model: Implications for improving work and health" by W.B. Schaufeli and T.W. Taris, 2014, Bridging occupational, organizational, and public health, p.46. by Springer.

An example of a job resource is autonomy, which supports employee's wellbeing, and thereby employee's health. According to Bakker, Demerouti and Euwema (2005), autonomy is crucial for the health of employees, as it is associated with more opportunities to cope with stress. In their study, autonomy acted most often as a buffer for job demands and can therefore be one of the most important job resources (Bakker, Demerouti & Euwema, 2005). 'Time- and place- autonomy' can be classified as a job resource as it supports workers in coping with everyday efforts on the job and during time off. Flexible working, when defined in a way that employees get to choose their work hours or workplace, can thus be classified into the JD-R model as a job resource, buffering demands like high work-pressure or peak workload. Nonetheless, unpredictable time variations or other (company driven) variability can be interpreted as job demands as they require effort and energy (Kattenbach, Demerouti & Nachreiner, 2010).

The JD-R model (Bakker & Demerouti, 2007) states that job resources, like flexible working, have a positive effect on well-being, which in turn has a positive effect on positive outcomes like performance. The model also states that job resources and well-being lower strain, which can lead to less negative outcomes like health problems. Considering the negative relationship between positive and negative outcomes in the model, having fewer

negative outcomes (e.g. job stress or other health problems) can lead to an overall positive effect on the health of workers.

The direct relationship between job resources, such as autonomy or role clarity, and health has been confirmed by multiple studies (Bakker & Demerouti, 2007; Loh, May Young et al., 2018; Kinman, Clements & Hart, 2017). In a systematic review by Joyce et al. (2010) ten studies were reviewed to examine the effects of flexible working conditions on health and wellbeing. The studies contained of randomized controlled trials, interrupted time series, and controlled before and after studies. Study participants were adults of working age, from developed countries worldwide (the Netherlands, USA, Finland, Denmark, and the UK). Six interventions were included in this study: self-scheduling/flexible scheduling of shift work, flexitime, overtime, gradual/partial retirement and involuntary parttime work and fixed-term contract. The findings of the research of Joyce et al. (2010) suggest that flexible working interventions are likely to have a positive effect on health outcomes. Those interventions have to increase work control and should be installed to support employees and not focus directly on organisational interests. For variability (i.e. employers force employees into flexible working arrangements), an equivocal or negative effect on health was found. However, this study claims more studies are needed to further explain the relationship between flexible working and health. Based on these arguments and the empirical evidence, the following hypotheses can be formulated:

H1*: Flexible working is positively related to health.*

H1a: *schedule flexibility is positively related to health.*

H1B: *location flexibility is positively related to health.*

The relationship between flexible working and work-life balance

Work-life balance refers to the way individuals manage the domains between their work and their personal life. This includes issues of holding multiple roles and other conflicting matters (Bulger, Matthews & Hoffman 2007). Thus, a good work-life balance can be defined as ‘satisfaction and good functioning at work and at home, with a minimum of role conflict’ (Clark,

2000, p. 751). Work-life conflict is defined as “a form of inter-role conflict in which the role pressures from the work and family domains are mutually incompatible so that participation in one role [home] is made more difficult by participation in another role [work]” (Greenhaus and Beutell 1985, p. 77). When talking about work-life balance, work-life conflict if often referred to as the opposite. In other words, when there is no work-life balance, there is a work-life conflict.

The work-family border theory by Clark (2000) explains how individuals manage and negotiate the domains of work and family and the borders between them to attain balance. This theory provides a framework that can both explain why conflicts exist and how to encourage a better balance between work and family. Clark (2000) stated that work and family constitute different domains that influence each other. Work and home often have contrasting purpose and culture. People make daily transitions between these two contrasting domains, often tailoring their focus and interpersonal style to fit the demands of each domain. The borders are defining points on which domain-relevant behaviour begins or ends, which can be physical (walls of a workplace), temporal (set work hours) and psychological (self-created emotions) (Clark, 2000). However, aspects of work and home can be shaped to make the hard borders between the domains softer, in order to create a desired balance. An example of an arrangement that will soften the borders, is flexible working hours (Clark, 2000). Flexible working hours has been introduced to help employees achieve a work-life balance (Thomson, 2008). Clark (2000) argues that schedule control provides workers with flexibility and control over time borders between work and family, allowing less conflict between the two domains. According to Clark (2000), working from home allows for workers to attend their family’s needs by integrating work and family domains. For instance, parents can take care of a sick child while working or have more time for childcare as they do not have long commutes (Peters et al., 2004). Some studies argue that flexible working can also have a negative effect on work-life balance. This negative effect can be explained by the concept of ‘blurring boundaries. Boundaries, or borders as mentioned in the work-family border theory by Clark (2000), can be blurred, for instance when a set workplace or set working hours are no longer in place. This can lead to individuals easily expanding the work sphere, therefore spending less time with

family, and by doing so negatively affect work-life balance (Glass & Noonan, 2016; Lott & Chung, 2016). Nonetheless, most studies find evidence that flexible working is a family-friendly arrangement, improving work-life balance following the border theory (Clark, 2000; Back-Wiklund et al., 2011). This leads to the following hypothesis:

H2: *Flexible working is positively related to work-life balance.*

H2a: *schedule flexibility is positively related to work-life balance.*

H2b: *location flexibility is positively related to work-life balance.*

The relationship between work-life balance and health

A recent study shows that poor work-life balance, or work-life conflict, is associated with both mental and psychological health problems (Lunau et.al.,2014). Work-life conflict occurs when an individual has roles that are incompatible with each other. Examples of different roles are work, family, friends, education, or exercise. Work-life conflict and work-family conflict are often used interchangeably in literature and are so in this paper. A conflict, or imbalance, has important consequences for work and family, but also for personal outcomes like stress and health. Examples of these health problems are high levels of fatigue or elevated blood pressure (Bohle et al., 2011; Lunau et al., 2014; Kossek & Lee, 2017). The JDR-model by Bakker and Demerouti (2007) states that job demands can deplete individuals' resources, which may lead to negative individual and work outcomes following the health impairment process. The opposite is also true, job resources have the potential to lead to positive individual and personal outcomes, considering the motivational process (Bakker & Demerouti, 2007). A recent study by Mensah and Adjei (2020) analysed the associations between work-life balance and health among working European adults. A significant association, for both men and woman, was found between a poor work-life balance and poor self-reported health. The multiple role engagement and overload of demands and responsibilities among working adults can explain this relationship. This leads to the following hypothesis;

H3*: Work-life balance is positively related to health.*

The mediating role of work-life balance in the relationship between flexible working and health

As mentioned before, work-life balance is a form of job resource since it allows workers to have good outcomes (e.g., improved performance and health). Advocates suggest that flexible working helps workers better balance their work and family life and can even improve health (Grzywacz et al., 2008). In this study, work-life balance is expected to mediate the relationship between flexible working and health, but the direct effect of flexible working on health is not expected to turn insignificant due to this mediation. The following hypothesis can be formulated:

> **H4***: Work-life balance mediates the positive relationship between flexible working and health.*

Based on the information presented above, four hypotheses were developed. These four hypotheses are illustrated in Figure 2 below.

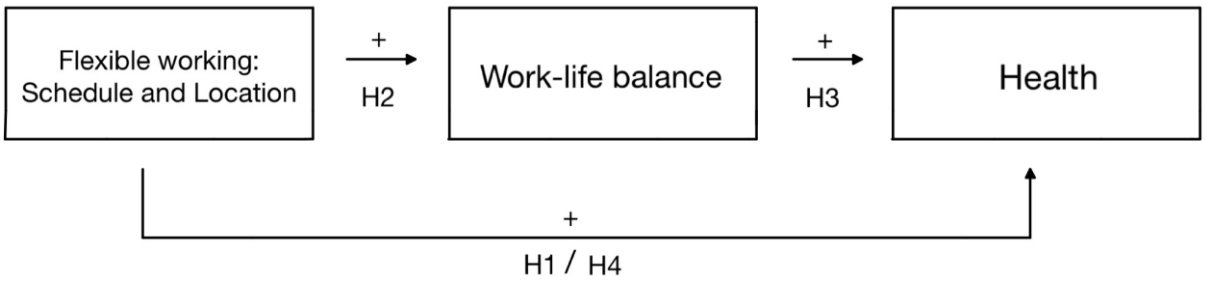


Figure 2. Conceptual model: The mediating effect of work-life balance on the relationship between flexible working and health.

Method

Research design

The research question of this study was investigated using the Eurofound's sixth European Working Conditions Survey (EWCS, 2015). The data was collected through residents of 35 European countries, which were above the age of 15 or 16 (depending on the county) and under employment at the time of the survey. This study provides detailed information on a broad range of working conditions. The EWCS was a cross-sectional study, which indicates that the data was only collected once.

Procedure

The data used in this study was part of the sixth EWCS (2015). Researchers distributed the survey using Ipsos NV as their survey partner. Based on a cross-section of society, working people from 35 European countries were selected and interviewed by researchers. Specifically, the selection was based on multi-stage, stratified, random samples, and the face-to-face interviews took place at the respondent's home. The gathered information was confidential, and anonymity of all interviewee was guaranteed. The total sample size consisted of 43,850 interviewees, where sample sizes of different countries ranged from 1,000 to 3,000 people.

Sample

As mentioned above, all respondents were residents of the participating 35 European countries, at least 15 or 16 years old (depending on the country), and under employment at the time the survey was taken. The average sample size in most countries was around 1,000 people, but countries with a larger total population, and thus a larger workforce, had their sample sized increased to reflect their larger workforce. The maximum sample size per country was 3,300 in Spain. After the removal of the data of self-employed individuals, the data of 35,951 respondents was included in this study. The sample consist of 17,262 male and 18,680 female respondents, which concludes in a roughly even number of men and women in the

sample. The average age of the sample is 42.94 (SD = 12.02). The control variable contract type was added to discover whether the effects of full-time employment on health differ significantly from part-time employment. The demographic characteristics of this study are shown in Table 1.

Table 1. Demographic characteristics of the respondents in this study

control variables	percentages and average age (in years)	SD
Male	48.0%	
Female	52.0%	
Age	42.32	12.36
Full-time employment	76.3%	
Part-time employment	17.9%	
Unknown employment	5.8%	

N = 35951

Measures

A reliability analysis was conducted to create insight in the reliability of variables of this study. Scale reliability was measured using Cronbach's α, the analysis was deemed 'acceptable' if reliability was > .7. To show the correlations between the variables, a descriptive statistic query was used. Missing values were removed, and negative worded questions were reversed. To answer the following analyses, this study used the following analyses.

Flexible working was interpretated as both schedule flexibility and location flexibility. Schedule flexibility was workers' ability to exercise control over their work schedules, with either long-term formal arrangements or short-term informal management practices. Schedule flexibility was measured through the question "How are your working-time arrangements set?", which offered respondents for answer options: (1) They are set by the company/organization with no possibility for changes (2) You can choose between several fixed working schedules determined by the company/organization (3) You can adapt your working hours within certain limits (e.g. flexitime) (4) Your working hours are entirely determined by yourself. To make interpretation of the outcomes easier, those options were relabelled as follows; (1) no schedule flexibility (2) low schedule flexibility (3) moderate schedule flexibility (4) high schedule flexibility.

Location flexibility was a workers' ability to work outside of a traditional office environment, for example working from home. Location flexibility was measured with the question "How often you have worked in your own home", offering respondents the following answer options: (1) daily (2) several times a week (3) several times a month (4) less often (5) never. In this research both answers 2 and 3 were considered indicators for location flexibility, while answers 1, 4 and 5 were considered to be indicators that there was no location flexibility. Since there was no direct question on this subject, this interpretation was chosen under the consideration that people who work at home every day probably do not have the choice of working in an office, and people who work almost never at home do not have the option to work from home at all.

Work-life balance referred to the way individuals managed the domains between their work and their personal life (Bulger, Matthews & Hoffman, 2007). This variable was measured with a five-item question asking respondents how often they experienced certain indicators of a bad work-life balance: "How often in the last 12 months, have you… (A) kept worrying about work when you were not working (B) felt too tired after work to do some of the household jobs which need to be done (C) found that your job prevented you from giving the time you wanted to your family (D) found it difficult to concentrate on your job because of your family responsibilities (E) found that your family responsibilities prevented you from giving the time you should to your job". Respondents were asked to answer these questions on a five-point Likert scale (1 = always, 5 = never). A scale for work-life balance was created using those sub questions. Scale reliability was acceptable ($\alpha = .781$).

Health was defined as a state of complete well-being by the World Health Organisation in 1948. When first designing a scale for health, items were added to indicate whether respondents had experienced several different health problems, together with the item measuring self-reported general health. However, due to the low scale reliability, a different method to measure health was chosen. Health was measured through one item that has proven to be a reliable item for measuring health (Ferrie et al., 1995; Dollard & Neser, 2013). The item used in this research, "How is your health in general?" was answered on a five-point

Likert scale (1 = very good; 5 = very bad). The item was recoded in such a way that low scores represent negative (bad) health, while high scores represent positive (good) health.

Control variables. In this analysis, the control variables age, contract type, gender, and contract type were used. First, age was considered to influence (employee) health since research had found a negative correlation between an increase in chronological age and overall health (Stephan, Demulier, & Terracciano, 2012). Age was measured in years and utilized as a continuous predictor.

Second, the distinction between part-time and full-time employment was controlled for, since full time workers reported worse health outcomes than part time workers (Benavides et al., 2000). Contract type was measured as a dichotomous variable.

Third, gender was used as a control variable, because flexible working was potentially used in gendered ways. In other words, gender matters when it comes to understanding the consequences or outcomes of flexible working, outcomes like wellbeing and work-life balance (Chung & Van der Lippe, 2018). Gender was measured by a dummy variable coded as 0 = male and 1 = female.

Lastly, country was added as control variable as national context matters in respondents' self-perceived health (Eikemo, Bambra, Judge & Ringdal, 2008). Country was measured by two dummy variables based on average self-reported health, differentiating between high self-reported health (i.e., South-east Europe, containing of Cyprus and Greece) and low self-reported health (i.e., Baltic states, containing of Estonia, Latvia and Lithuania).

Analyses

The data used in this study was part of a larger data set, Eurofound's sixth European Working Conditions Survey. Only relevant parts of this data set were used to explore the items that fit the context of this study. After defining relevant items, certain items were recoded to ensure that all constructs were measured in a similar fashion. To test the hypotheses, multiple regression analysis was done using the IBM SPSS Statistics 24 program. A multiple regression analysis tests whether there is a linear relationship or a correlation between two variables and

shows whether this correlation is positive or negative. After determining scale scores and deriving descriptive statistics, assumptions to execute regression analyses were checked and the dataset was checked for missing values. Subsequently, three analyses were conducted in order to examine the relationships between the variables.

The first and last hypothesis were analysed using health as a dependent variable. The control variables were added as independent variables. Secondly schedule flexibility and location flexibility were added separately as independent variables to the first model. Lastly, work-life balance was added as independent variable, to form the last model.

The second analysis analysed the second hypothesis, using work-life balance as the dependent variable. First, the control variables were added. Following that, the relationship between flexible working and work-life balance was tested.

To test for a significant indirect effect, which is an indication of a significant mediation, the Sobel test was done. To execute the Sobel test, standard errors and unstandardized coefficients were needed.

Results

Descriptive statistics

In this section the results of the data analyses will be discussed. Table 2 provides the means, standard deviations, and the correlations between all the variables of this study. For nearly all variables significant correlations were found, this was expected due to the study's large sample size. To assess whether the effects can be considered meaningful, we will look at the actual sizes of the correlations. During the testing of the hypotheses, the interpretation of these correlations will be discussed.

		M	*SD*	*1*	*2*	*3*	*4*	*5*	*6*	*7*	*8*
1	Health	4.03	.75								
2	Schedule flexibility	1.62	.98	.02**							

3	Location flexibility	.09	.28	.01*	.22**						
4	Work-life balance	3.93	.75	.17**	-.01**	-.11**					
5	Age	42.32	12.36	-.31**	.09**	.03**	.06**				
6	Contract type [a]	1.81	.39	.03**	-.09**	.02**	-.10**	-.03**			
7	Gender [b]	.52	.50	-.04**	.00	.00	-.03**	.02**	-.21**		
8	Baltic states	.07	.26	-.14**	-.04**	-.01	.04**	.05**	.05**	.05**	
9	South-east Europe	.04	.20	.12**	-.08**	-.02**	-.03**	-.07**	.01*	-.02**	-.06**

Table 2. Means, Standard Deviations and correlations between study variables

N = 35951

Note. ** p < .01, * p < .05

a The reference category is: fulltime

b The reference category is: male

For almost all variables significant, but weak, correlations were found. Concerning the hypotheses, Table 2 shows a weak negative correlation between schedule flexibility and Work-life balance (r=-.01, p<.01) and a negative correlation between location flexibility and work-life balance (r=-.11, p<.01). Schedule flexibility and location flexibility are positively related (r=.22, p<.01). Above that, health is positively related with schedule flexibility (r=.02, p<.01), location flexibility (r=.01, p<.05) and work-life balance (r=.17, p<.01). Concerning the control variables, the strongest correlation was found between age and health. This negative correlation suggests that when chronological age increases, the general health will decrease.

A few assumptions had to be checked before running the multiple regression analysis. Starting with the sample size, with this study containing 35,951 respondents, the minimum number of respondents to run a linear regression analysis is exceeded. As none of the variables recorded VIF values above 10, the assumption of multicollinearity has been met. Regarding the assumptions of homoscedasticity and the independence of residuals, the results of the scatterplot reported no outliers and no clear pattern in the spread of points, therefor these assumptions were met as well. Lastly, the P-P Plot showed that for all variables the assumptions of normality and linearity were met.

Testing the hypotheses

Flexibility and health. Hypothesis 1 states that flexibility is positively related to health. Since flexibility consist of two components, two separate hypotheses were created to investigate the relationships. Hypothesis 1a states that schedule flexibility is positively related to health. To test this hypothesis, a linear regression analysis was used starting with a model consisting of the control variables as predictors of health. 12% of the variance in health is explained by the control variables (see Table 3, model 1). When schedule flexibility was added as a predictor of health, the variance explained was 12%, meaning that none of the variance was explained by schedule flexibility alone. When looking at the standardized coefficients, hypothesis 1a is supported by the results ($\beta = .05$; $p<.01$, see Table 3, model 2). Thus, based on this research, schedule flexibility is positively related to health. Hypothesis 1b states that location flexibility is positively related to health. To test this hypothesis, a third model was created adding location flexibility as a predictor of health. The variance explained by this model was still 12%, meaning that none of the variance was explained by location flexibility alone. When looking at the standardized coefficients, hypothesis 1b is supported by the results ($\beta = .02$; $p<.01$, see Table 3, model 3). Thus, based on this research, location flexibility is positively related to health. In conclusion hypothesis 1 is confirmed since both schedule and location flexibility are positively related to health.

Work-life balance and health. Hypothesis 3 is tested before hypothesis 2 since this relationship is based on the same regression analysis as hypotheses 1a and 1b. Hypothesis 3 states that work-life balance is positively related to health. After adding work-life balance to the third model, 16% of the variance in health was explained. This means that 4% of the variance was explained by work-life balance. Results show that hypothesis 3 is confirmed ($\beta = .21$; $p<.01$, see Table 3, model 4). Based on this research it can be concluded that work-life balance is positively related to health.

Flexibility and work-life balance. Hypothesis 2 states that flexible working is positively associated with work-life balance. Starting the regression analysis, a model consisting of only

the control variables as predictors of work-life balance was made. 2% of the variance in work-life balance is explained by the control variables (Table 4, model 1). When adding schedule flexibility as a predictor of work-life balance, the variance explained is still 2%, meaning that none of the variance is explained by schedule flexibility alone. Results show that hypothesis 2a is not confirmed (β = -.03; p<.01, see Table 4, model 2). Next, location flexibility is added as a predictor of work-life balance, creating the third model. 3% of the variance in work-life balance is explained by this model, meaning that 1% of the variance is explained by location flexibility alone. Hypothesis 2b is also not confirmed by the results (β = -.11; p<.01, see Table 4, model 3). To conclude, these results shows that flexibility has a negative relationship with work-life balance.

Flexibility, work-life balance, and health. Hypothesis 4 states that work-life balance mediates the relationship between flexible working and health, meaning that flexible working is positively related to work-life balance, which in turn predicts health. This first relationship has not been supported by the results, but the relationship between work-life balance and health has. To test the significance of the indirect relationship a Sobel test was used. This test used the unstandardized regression coefficients and the standard errors of the direct relationships (schedule flexibility / location flexibility → work-life balance and work-life balance → health). This test shows a significant indirect relationship for both schedule flexibility (Z= -5.70; p<.01) and location flexibility (Z= -17.08; p<.01). However, both mediations are negative.

After work-life balance was added to model 3, creating model 4 (see Table 3), the relationship between schedule flexibility and health has become stronger (β = .05; 0<.01, see table 3, model 4). The relationship between location flexibility and health has become stronger (β = .04; p<.01, see Table 3, model 4) as well. This indicates that this relationship is partially mediated by work-life balance. Hypothesis 4 is therefore partially confirmed. The relationship between flexible working and health is mediated by work-life balance, however this is a negative relationship, contrary to the expected positive relationship between flexible working and health.

Table 3. Linear regression analysis with health as dependent variable

	Model 1	*Model 2*	*Model 3*	*Model 4*
Schedule flexibility		.05**	.04**	.05**
Location flexibility			.02**	.04**
Work-life balance				.21**
Age	-.30**	-.30**	-.30**	-.31**
Contract type [a]	.02**	.02**	.02**	.05**
Gender [b]	-.02**	-.02**	-.02**	-.01
Baltic states	-.12**	-.11**	-.11**	-.12**
South-east Europe	.09**	.09**	.09**	.10**
R^2	.12	.12	.12	.16
F change	915.709	778.419	666.846	801.495

** p < .01, * p < .05

a The reference category is: fulltime

b The reference category is: male

The values presented are the standard coefficients Beta

Table 4. Linear regression analysis with work-life balance as dependent variable

	Model 1	*Model 2*	*Model 3*
Schedule flexibility		-.03**	-.01
Location flexibility			-.11**
Age	.06**	.06**	.06**
Contract type [a]	.11**	.12**	-.11**
Gender [b]	-.06**	-.06**	-.06**
Baltic states	.04**	.04**	.04**
South-east Europe	-.03**	-.03**	-.03**
R^2	.02	.02	.03
F change	128.558	112.206	148.948

** p < .01, * p < .05

a The reference category is: fulltime

b The reference category is: male

The values presented are the standard coefficients Beta

Discussion

Summary

The aim of this study was to examine the relationship between flexible working and health, and to what extent this relationship was mediated by work-life balance. The JD-R model by Bakker & Demerouti (2007) and work-family border theory by Clark (2000) were used to explain these relationships. First, the findings confirmed that flexible working is positively related to health, but in contrast to the expectation has a negative effect on work-life balance. Second, the positive relationship between work-life balance and health was confirmed. Lastly, the expected mediating role of work-life balance was confirmed, however this relationship was negative. The data was collected from a large sample of respondents from across Europe, using the sixth European Working Conditions Survey. As such, these findings might have widespread implications for organisations around Europe.

Interpretation of results

Results regarding the first hypothesis imply that the more flexible working arrangements are available, the better the health of employees will be. Both schedule flexibility and location flexibility show a small, but significant positive relationship with health. This is in line with the JD-R Model of Bakker and Demerouti (2007), which implies that a job resource like flexibility leads to healthy employees through the motivational process. However, the variance explained was very low. This is not completely unexpected, because health is naturally influenced by multiple factors. Therefore, the effect explained by a specific working condition, like flexible working, is expected to be small. Nevertheless, the relationship was found significant. Our finding is in line with the findings of Joyce et al. (2010), who suggested a positive relationship between flexible working interventions and health.

The results regarding the second hypothesis show that both forms of flexible working

are negatively related to work-life balance, in contrast to the expected positive relationship. A possible explanation for this, is the operationalisation of flexible working. Due to the lack of direct questions about both schedule and location flexibility, we operationalised flexibility using questions about employees' working time arrangements and employees' workplaces. Starting with schedule flexibility, even though this is a small effect, the results imply that employees who can choose their own working time arrangements will experience a lower work-life balance than employees who have working hours that are entirely set by the organisation. Secondly, location flexibility seems to negatively influence work-life balance even more. This means that employees who can choose where they want to engage in work-related tasks experience less work-life balance than employees who do not have this choice. This is not in line with previously mentioned research, which argues that flexible working hours and for example the ability to work from home help achieve a work-life balance (see e.g., Clark, 2000; Peters et al., 2004; Thomson, 2008). The negative effects of flexible working can be explained by the concept of 'blurring boundaries', in which boundaries or borders between work and family become blurred. Those borders, introduced in the work-family border theory by Clark (2000), are defining points on which domain-relevant behaviour begins or ends. When blurred, for example, physical boundaries (i.e., a set workplace) or temporal boundaries (i.e., set work hours) are missing or unclear. This can lead to individuals easily expanding the work sphere, therefore spending less time with family, and by doing so negatively affect work-life balance (Glass & Noonan, 2016; Lott & Chung, 2016).

Regarding the third hypothesis, the results suggest that employees who experience work-life balance will report better health. This is in line with the results of the recent study of Mensah and Adjei (2020), who found that a poor work-life balance will lead to poor self-reported health.

Finally, the results regarding the fourth and last hypothesis indicate that work-life balance mediates the negative relationship between flexible working and health. This mediation is found for both schedule flexibility and location flexibility. This means that the more flexibility an employee gets offered, the lower the work-life balance of that employee will be,

which in turn leads to a lower health. Besides that, work-life balance partially mediates the relationship between flexible working and health. This indicates that other aspects explain the relationship between flexible working and health as well.

Limitations

The first limitation lies in the measurement of location flexibility. This variable is measured by looking at the number of times an individual works from home, considering 'several times a week' and 'several times a month' as location flexibility. This item does not provide a complete measurement of the term location flexibility as discussed throughout this study. It lacks the measurements to see whether this working from home is done voluntarily and lacks measurements of possible other workplaces an employee may choose to work from. The EWCS does not feature detailed questions which directly measures location flexibility as defined throughout this paper.

A second limitation lies in the measurement of health. The item used in this research measures employee's general health. General health is influenced by various factors outside of the work environment (e.g., accidents, diseases or general health problems that are not related to work). This can make interpreting the direct links between flexible working, work-life balance, and health more difficult, since other factors might influence these findings.

Thirdly, the constructs of flexibility and health were measured using single items in the EWCS. Therefore, it remains uncertain whether the survey measures these constructs sufficiently. The content validity of these constructs could be affected negatively by this.

A fourth limitation of this research is the issue of causality. This study was based on a cross-sectional design, meaning the causality, or direction, of the explored relationships is unsure. For example, an argument could be made that it is currently unclear whether healthy individuals are more likely to experience a higher work-life balance, because of an overall healthier lifestyle in which strict boundaries are set, or whether individuals with a higher work-life balance are more likely to be healthy, following the JDR-model.

Lastly, only part of the JD-R model is used to explain the expected hypotheses. This

could have interfered with the interaction that normally occurs in the model and could therefore predict the expected relationships incorrectly. This could explain the small relationships that were found for some hypotheses in this study.

Future research

To overcome the abovementioned limitations, the following suggestions for future research are offered. In general, future research could employ surveys that are more focussed on the constructs that are used in this study. This would require the survey to have multiple items measuring different aspects of the constructs location flexibility, work-life balance, and health. This would in turn raise the content validity of the constructs when comparing to this study. An alternative approach would be to add more specific questions to the EWCS. However, the number of items in the questionnaire is already quite large. Therefore, a new, separate survey solely concentrated on the constructs abovementioned is preferable.

The second suggestion is to do a longitudinal study. By doing so the causality of the relationships can be determined and hence overcomes the limitations of a cross-sectional study. Three measurement moments are needed to test for mediation. For example, individuals can be followed over the course of one year, in which the relationship between flexible working, work-life balance and health will be measured. By doing the first measurement at the beginning of this process, having a second measurement six months after the first measurement and the last measurement another six month after that, there will be more to say about the long-term effects of flexible working and work-life balance on health.

Practical implications

According to Schultz and Edington (2007), organisations should recognize the importance of healthy employees since it greatly effects their ability to work and might just be an employees' most valuable possession. The results of this study show that individuals who have flexibility report better health. In view of these findings, organisations are urged to consider the importance of (voluntary) flexible working arrangements for their employees. In return, these

employees will be healthier and thus be able to get the most out of their abilities, helping the organisation to reach its strategic goals. However, when considering the mediating effect of work-life balance, flexible working can also have a negative effect on employees' work-life balance and therefore on their health. An example which can help reduce this negative effect, is to pay attention to keeping some regularity in working hours. This is to avoid employees from making voluntary excessive changes in their work hours, which can lead to worse work-life balance (Kubo, Takahashi, Togo, Liu, Shimazu, Tanaka & Takaya, 2013). Moreover, according to J. van Kempen (personal communication, January 20, 2021), flexible working is often used to improve employees' work-life balance and thereby their health. Even though Philips offers flexible working arrangements, they seem to consider the possible negative relationship between flexible working and work-life balance. For example, employees' can schedule their own working hours, but only within set boundaries, controlling for possible excessive changes.

Conclusion

The research question of this study was as follows: "To what extent is there a positive relationship between flexible working and health, and to what extend is this relationship mediated by work-life balance?".

The results show that there is a direct positive relation between both schedule flexibility and location flexibility and health, meaning that when employees get more flexibility their health will improve. Besides that, this study confirms the positive relationship between work-life balance and health. However, a negative relation is found between both ways of flexible working and work-life balance, meaning that when employees get to work whenever or wherever they want, they experience a lower work-life balance. The supposed moderating effect of work-life balance is significant, but in contrary to the expected positive relationship, work-life balance mediates the negative relationship between flexible working and health.

In conclusion, the negative effects of flexible working when considering work-life balance have been revealed while the importance of work-life balance for health has been

established. This should be noted by organisations who are considering implementing flexible working arrangements and strive to have a healthy group of employees.

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Appendix A: Interview

Joost van Kempen, HR-projectmanager bij Philips.

Joost werkt nu ruim 2 jaar bij Philips, waar hij zich vooral richt op het opzetten van strategische projecten en het optimaliseren van processen in de learning space. Philips is een health technologiebedrijf, met 80.000 medewerkers wereldwijd.

Jullie doelgroep is de gezondheidszorg, maar hoe wordt er intern gekeken naar de gezondheid van medewerkers?

Gezondheid staat centraal bij Philips, want de missie van de organisatie is het bereiken van en geven van zorg aan 3 miljard mensen wereldwijd. Dat begint natuurlijk met de eigen mensen. In mijn geval komt dat vooral neer op de focus op work-life balance, daar ik een kantoorbaan heb die fysiek niet zo zwaar is. Philips en zijn leidinggevende stimuleren het opnemen van vakantiedagen, flexibel werken en zelfontwikkeling, daar dat deze dingen een positieve bijdrage kunnen leveren aan de work-life balance van medewerkers. Philips geloofd dat dit leidt tot een gelukkig en gezond werknemersbestand.

Je benoemt flexibel werken al, welke opties biedt Philips medewerkers om flexibel te werken?

Voor mij geldt, dat het sowieso geen 9 tot 5 baan is. Ik begin graag vroeg, en dan kijkt ook niemand vreemd op als je vroeg stopt. Je wordt er zelfs op geattendeerd op tijd te stoppen, als je manager merkt dat je die dag vroeg begonnen bent. Je mag dus zelf je uren kiezen, zolang je je werk maar naar behoren doet. De cultuur verschilt wel een beetje per team, maar de algemene cultuur is toch wel dat we zelf gezond moeten blijven om ons werk goed te kunnen doen. Qua locatie, voor corona tijd werkte ik al een dag in de week thuis, zat ik een dag in de week in Amsterdam en drie dagen per week in Eindhoven. Die keuze maakte ik geheel zelf, en daar mocht ik ook in variëren. De flexibiliteit geeft mij de ruimte om te werken op een manier die het beste werkt voor mij.

Wat zou volgens jou de rol moeten zijn van HR in het welzijn en de gezondheid van haar medewerkers?

Ik kijk dan graag naar het vakgebied waar ik zelf inzit, learning. Voor mij persoonlijk is de mogelijkheid tot zelf ontwikkeling ontzettend belangrijk voor mijn welzijn, en in de praktijk lijkt daar ook steeds meer behoefte aan. HR speelt hierin een kritieke rol, daar zij mensen moeten voorzien van de middelen en de tijd om deze ontwikkeling te kunnen aangaan.