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Relationship between coping strategies and psychological well-being of working mothers in managing household responsibilities: The mediating role of work-life balance in Selangor, Malaysia

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Abstract: This study examines the relationship between coping strategies and psychological well-being among working mothers in Selangor, Malaysia, and tests whether work-life balance mediates this relationship. A cross-sectional survey was conducted with 103 employed mothers who completed standardised measures, which include the Brief COPE, Brief RCOPE, Ryff's Psychological Well-Being Scale, and the Work-Life Balance Scale. Descriptive statistics indicated moderate use of problem-focused (M = 27.5, SD = 5.0) and emotion-focused coping (M = 26.0, SD = 5.2), while avoidant coping and negative religious coping were less frequent. Correlation analysis showed significant positive associations between adaptive coping strategies which are problem-focused, emotion-focused, positive religious coping and psychological well-being ($r = .32$-$.45$, $p < .01$), while negative religious coping was negatively associated ($r = -.18$, $p < .05$). Work-life balance had a strong positive correlation with well-being ($r = .60$, $p < .001$). Mediation analyses using Hayes' PROCESS macro (Model 4) revealed that work-life balance did not significantly mediate the relationships between coping strategies and psychological well-being. All indirect effects were non-significant as their bootstrap confidence intervals included zero. However, direct effects emerged for avoidant coping ($B = -0.88$, $p = .009$), positive religious coping ($B = 1.21$, $p < .001$), and negative religious coping ($B = -0.51$, $p = .004$). These findings suggest that coping styles influence psychological well-being primarily through direct pathways, with work-life balance playing a strong independent role in maternal mental health. Interventions promoting adaptive coping and supportive workplace policies may enhance well-being in working mothers.

Keywords:
Coping strategies, psychological well-being, working mothers, work-life balance

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The rise of women in the workforce is becoming one of the significant socio-economic shifts in Malaysia. Statistics show that women work to seek financial independence, equal opportunities, and professional fulfilment in the labour market (The World Bank Group, 2023). However, working women find it challenging to juggle between maintaining a professional career and managing household responsibilities due to a lack of coping strategies and work-life balance (Ho et al., 2024). Selangor, a popular and industrialized state of Malaysia, has become the target population for this study as it is known to have a high cost of living and a fast-paced urban lifestyle with many working mothers (Department of Statistics Malaysia [DOSM], 2024). These working mothers struggle to maintain the emotional relationship between the family and, at the same time, are expected to perform well in their jobs and family obligations. This eventually becomes the main source of stress and may negatively affect their psychological well-being.

Many working mothers have to adopt coping strategies, including psychological and behavioural efforts to mitigate and manage stressful life events (Lazarus & Folkman, 1987). In addition, Ryff (1989) found that the psychological well-being of a person will be threatened if the stressors of life are not managed effectively. In addition, religious coping is another coping strategy that is relevant in Malaysia's multi-faith society. Empirical studies indicated that positive religious coping has been associated with higher life satisfaction, while negative religious coping is often linked to distress (Surzykiewicz et al., 2022). Yet, these findings may depend on context, and religious coping may play a unique role in managing family stress. Taken together, these insight suggests that work-life balance plays a vital role in the workforce, especially towards working mothers who juggle between their professional careers and managing household responsibilities to balance out the coping strategies and psychological well-being as a career mother.

This study aims to fill the gaps between the coping strategies, psychological well-being, and work-life balance, which are inconsistent in the literature (Rajgariah et al., 2020). The research examines how multiple coping strategies relate to psychological well-being among working mothers and whether work-life balance mediates these associations. By focusing on a Malaysian sample of working mothers in Selangor, this study adds local evidence to global research on family dynamics and mental health.

This study is guided by two key research questions: whether there is a significant relationship between coping strategies and the psychological well-being of working mothers in managing household responsibilities in Selangor, Malaysia, and how work–life balance mediates this relationship. In line with these questions, the study aims to examine the association between coping strategies and the psychological well-being of working mothers, and to investigate the mediating role of work–life balance in shaping this relationship. Together, these aims provide a comprehensive understanding of how coping mechanisms and work–life balance interact to influence the well-being of working mothers.

Conceptual Definition

According to Lazarus and Folkman (1984), coping strategies refer to the cognitive and behavioural efforts that individuals use to manage stress and adapt to

challenging situations. There are three primary coping strategies, which are emotion-focused coping, problem-focused coping, and meaning-focused coping. Emotion-focused coping aims to regulate emotional distress rather than addressing the stressor itself, such as using humour, seeking social support, and escape-avoidance strategies. In problem- focused coping, the use of thoughts and actions directly addresses and manages the problem causing distress, which is done by gathering information, seeking advice, and problem-solving. Lastly, meaning- focused coping is to help individuals maintain positive psychological well-being by focusing on deep values, beliefs, and life goals.

Whilst religious coping strategies established from Pargament (1997) is defined as a relevant psychometric test to explore the comprehensive way of utilising religion and spirituality to cope with stressors and adversity. This scale is found to be effective in managing illness, trauma, and life transitions.

Moreover, psychological well-being refers to positive psychological functioning, encompassing dimensions such as self-acceptance, positive relations with others, personal growth, purpose in life, environmental mastery, and autonomy (Ryff & Keyes, 1995). Psychological well-being or PWB is a multidimensional construct that, beyond the absence of mental illness, includes self-acceptance, personal growth, the purpose of life, environmental mastery, autonomy, and positive relationships with others. These highlight the importance of both internal resilience and external social connections to keep a healthy well-being, as it focuses on individual development and self-fulfilment rather than solely focusing on emotional states.

Lastly, the work-life balance is conceptually defined as the harmonious integration of an individual's professional responsibilities with their personal and family roles, such that participation in one domain does not detract from functioning or well-being in the other. It emphasises the ability to meet work demands without compromising personal, social, or familial commitments. Greenhaus and Beutell (1985) introduced the concept by defining work-life balance as the absence of work–family conflict, whereby the demands of one role do not impede performance in another, allowing individuals to maintain healthy functioning across both spheres.

Operational Definition

In this study, the variable coping strategies are treated as the predictor variable, which is measured by administering the Brief COPE Scale, developed by Carver et al. (1989). Coping strategies are operationally defined to measure the effectiveness of an individual's level and type of coping strategies towards stressful life events. This scale is measured by 28 items assessing 14 coping styles, including active coping, denial, self-distraction, substance use, emotional support, and acceptance, among others. The psychometric scale has later been narrowed down to three major coping subscales, which are problem-focused coping, emotion-focused coping, and avoidant coping (Hegarty & Buchanan, 2021). Each item is *rated with a 4-point Likert scale where higher scores indicate a greater tendency to engage in the corresponding coping strategy*.

The Brief RCOPE Scale by Pargament et al. (2011) is operationally defined as level of individuals' usage of religion to cope with life stressors. This scale is

measured by a 14-item self-report to assess positive religious coping, such as seeking spiritual support, and reappraising stressors as part of God's plan, while negative religious coping is about feelings of spiritual discontent or belief in divine punishment. The responses are rated using a 4-point Likert scale, where higher scores in the first 7 items indicate a greater respective religious coping strategy, while the other 7 items indicate a negative religious coping strategy.

Psychological well-being, the outcome variable, is operationally defined as an individual's level of overall psychological functioning as measured by the Psychological Well-Being Scale (PWB). The full scale consists of 42 items, while the abbreviated 18-item version assesses six key dimensions: autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance. Responses are rated on a Likert scale, with higher scores indicating greater psychological well-being across each dimension.

The Work-Life Balance (WLB), which is the mediator is operationally defined as the level of an individual's perceived balance between work and personal life, measured by the Work-Life Balance Scale (WLB), established by Brough et al. (2014). This scale consists of four items measured by a 5-point Likert scale, in which higher scores demonstrate a better balance between work and non-work-related roles. The WLB Scale also captures the significant degree to which individuals feel they can effectively manage their professional responsibilities while maintaining personal commitments without conflict.

Significance of the Study

This study is significant because it deepens the understanding of how working mothers cope with the dual demands of employment and household responsibilities, an increasingly critical issue in contemporary industrial and organisational settings (Greenhaus & Beutell, 1985). Epistemologically, the study expands the body of knowledge by examining how coping strategies, work–life balance, and psychological well-being interact, offering evidence-based insights into stress management among working mothers (Lazarus & Folkman, 1984; Ryff, 1989). Methodologically, the correlational design enables the investigation of indirect effects, advancing understanding of the mediating role of work–life balance, an area that remains underexplored in the literature.

Ontologically, it clarifies the nature and interplay of these constructs, particularly how work-life balance operates as an intervening mechanism that shapes the lived reality of stress and adaptation. This study contributes to the theoretical refinement of Lazarus and Folkman's (1984) Transactional Model of Stress and Coping by demonstrating how work-life balance may strengthen or weaken the relationship between coping strategies and psychological well-being.

Axiologically, the study foregrounds the value of psychological well-being (Ryff, 1989), highlighting the importance of supporting working mothers as individuals whose dignity, emotional health, and family roles must be preserved. The demographic focus on working mothers in Selangor provides culturally grounded and context-specific insights that enrich global scholarship, which often overlooks localised experiences.

Teleologically, the research serves a purposeful function by informing practical interventions that can enhance their overall quality of life. The findings will guide policymakers and employers in designing family-friendly workplace policies, such as flexible scheduling and childcare support, to reduce work-family conflict and strengthen employees' adaptive capacities (Allen et al., 2013). These contributions make the study valuable not only for academic scholarship but also for counselling professionals, human resource practitioners, and organisational leaders seeking to enhance the well-being and productivity of working mothers.

Literature Review

1. The Relationship Between Coping Strategies and Psychological Well-Being of Working Mothers

Working mothers frequently encounter significant stress as they manage the dual demands of employment and family responsibilities. The need to multitask and perform multiple roles makes coping strategies essential to their daily functioning. Lazarus and Folkman's (1984, 1987) Transactional Model of Stress and Coping provides the foundational framework for understanding how individuals manage stress, identifying three major forms of coping: problem-focused, emotion-focused, and meaning-focused coping.

Problem-focused coping involves taking direct action to address stressors, through planning, seeking information, or gaining support, whereas emotion-focused coping aims to regulate emotional distress through strategies such as mindfulness and emotional reframing (Folkman & Moskowitz, 2000). Meaning-focused coping, meanwhile, helps individuals sustain motivation and well-being by drawing on deeper values and beliefs. Studies have shown that working mothers who use adaptive coping strategies such as acceptance, emotional regulation, and seeking support tend to experience lower stress and higher life satisfaction (Rajgariah et al., 2021; Ho et al., 2024).

On the other hand, religious coping strategies have two different ways to cope, which are positive and negative religious coping. Prayers and seeking support from God are included in positive religious coping, while guilt and doubt in God are ways of negative religious coping. In recent studies, positive religious coping has been

associated with higher psychological well-being and life satisfaction, while negative religious coping has been linked to dissatisfaction and distress (Fatima et al., 2024; Graca & Brandao, 2024). In expressive prayers, spiritual prosocial supports, and submission to God bring individuals to a calmer heart and clearer mind, enabling them to solve cognitive problems. These can positively impact the psychological well-being and strengthen emotional resilience. Negatively, weak spiritual beliefs such as anger towards God, feelings of abandonment, and unwillingness to join prosocial activities will lead to mental health issues such as anxiety, depression, and PTSD (Mannion et al, 2024).

Psychological well-being is central in this relationship. According to Ryff (1989), psychological well-being comprises autonomy, personal growth, purpose in life, environmental mastery, self-acceptance, and positive relationships. High psychological well-being enhances resilience, promotes recovery from setbacks, and supports healthier functioning (Noor, 2004; Anastasopoulou et al., 2023). However, coping strategies alone may not be sufficient. Without an adequate work–life balance, unresolved conflicts between work and family roles can diminish well-being and lead to anxiety, depression, and reduced satisfaction (Prasad et al., 2025).

2. The Mediating Role of Work–Life Balance

Work-life balance has gained increasing scholarly attention as a potential mechanism linking coping strategies to psychological well-being among working mothers. Defined as the degree of perceived harmony between work and non-work roles, work–life balance is especially important for individuals managing complex responsibilities across multiple domains of life.

Recent studies have demonstrated that coping strategies can positively contribute to work-life balance, which in turn enhances overall psychological well-being. Anastasopoulou et al. (2023) found that women employees who used effective coping strategies reported better work-life balance, which subsequently improved their mental health. Interventions such as flexible working hours, supportive supervisors, and access to childcare significantly enhance work-life balance and buffer the negative effects of role conflict (Bian & Sukor, 2024). Their findings further highlight that enhancing work-life balance reduces stress and supports healthier emotional functioning.

The convergence of these studies indicates that coping strategies influence psychological well-being both directly and indirectly through work-life balance. This mediating process is particularly relevant for working mothers in contemporary organisational environments, where competing demands frequently intersect.

HYPOTHESIS

H1: There is a significant correlation between coping strategies and the psychological well-being of working mothers in managing household responsibilities in Selangor, Malaysia.

H2: Work-life balance significantly mediates the relationship between coping strategies and psychological well-being among working mothers in managing household responsibilities in Selangor, Malaysia; the ascending work-life balance strengthens the positive relationship between coping strategies and psychological well-being.

METHOD

Research Design

This study was conducted using a quantitative, cross-sectional, and correlational research design to examine the relationship between coping strategies and the psychological well-being of working mothers managing household responsibilities in Selangor, Malaysia, with work–life balance serving as the mediating variable. The research employed a survey method, which consisted of structured questionnaires measuring coping strategies as the predictor variable (PV), psychological well-being as the outcome variable (OV), and work–life balance as the mediator. Data collection took place over a two-month period, from May to July 2025.

Participants and Sampling

Participants in this study were working mothers (N = 103) recruited from urban areas in Selangor, Malaysia, who were actively managing both career responsibilities and household duties. They represented diverse backgrounds, including various professions, age groups (ranging primarily from 23 to 56 years old), marital statuses, and levels of work experience. The study focused specifically on working mothers with at least one child aged 0 to 18, as this group commonly faces challenges in balancing employment demands with family responsibilities. Information regarding the presence of children with special needs, household size, and the availability of helpers was also taken into consideration.

A non-probability purposive sampling method was employed, in which participants were selected based on predetermined inclusion criteria. These criteria required participants to: (1) be working mothers with at least one child aged 0 to 18; (2) be employed in either the public or private sector; (3) be actively managing household responsibilities; and (4) reside in Selangor, Malaysia. This sampling strategy ensured that the sample aligned with the research objectives and adequately

captured the lived experiences of working mothers navigating coping strategies and work–life balance.

A total of 103 participants met the inclusion criteria and were recruited, which provided a sufficient sample size for mediation analysis as recommended by G*Power guidelines. This sample size allowed the study to generate meaningful insights into the relationships among coping strategies, psychological well-being, and the mediating role of work–life balance among working mothers managing household responsibilities in Selangor, Malaysia.

INSTRUMENT

The researcher used the Brief COPE Scale developed by Carver et al. in 1989 to measure the effectiveness of an individual's level and type of coping strategies towards stressful life events. This scale is measured by 28 items assessing 14 coping styles, including active coping, denial, self-distraction, substance use, emotional support, and acceptance, among others. Each item is rated with a 4-point Likert scale where higher scores indicate a greater tendency to engage in the corresponding coping strategy. This scale is widely used in healthcare settings, especially in patients' tolerance for serious circumstances, by formulating helpful and unhelpful ways to respond to stressors.

Next, the Psychological Well-being Scale (PWB) by Ryff and Keyes (1995) is used to assess the overall well-being of an individual. This scale is measured by the shortened 18-item version that consists of 6 subscales, including autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance. While the original PWB Scale has 42 items, the researcher chose to use the shortened version to avoid respondent fatigue. The responses are rated on a Likert scale where higher scores indicate greater psychological well-being in each dimension. This PWB Scale is widely used in research to assess mental health, personal development, and life satisfaction across populations.

Furthermore, the researcher plans to use the Work-Life Balance Scale (WLB) established by Brough et al. (2014), as this scale is used to measure an individual's perceived balance between both work and personal life. This scale consists of four items with a reversed score of item 2, measured by a 5-point Likert scale, in which higher scores demonstrate a better balance between work and non-work-related roles. Although this scale only has 4 items, it is found to be effective and has a high reliability, ranging from .8 to .9 of Cronbach's Alpha score (Brough et al., 2014). This scale is frequently used in occupational psychology to evaluate work-life balance and its impact on employee well-being and productivity.

The last scale used in this paper is the Brief RCOPE Scale developed by Pargament et al. in 2011. This scale is measured by a 14-item scale adopted from the 105-item original scale to assess positive religious coping, such as seeking spiritual support, and reappraising stressors as part of God's plan, while negative religious coping is about feelings of spiritual discontent or belief in divine punishment. The responses are rated using a 4-point Likert scale, where higher scores in the first 7 items indicate a greater respective religious coping strategy, while the remaining 7 items indicate negative and poor religious coping. This Brief RCOPE is a shorter version designed for more efficient use in research settings and is widely used in health psychology and behavioural research.

PROCEDURE

The researchers gathered the data through self-report questionnaires using Google Forms for remote data collection. The informed consent is recorded at the beginning of the survey. The following questions are on the demographic and participants' background. This includes the personal background, which comprises age, ethnicity, religion, current residence, and marital status. Next is on family and parenting information, which includes the number of children, age of youngest child, having a child with special needs, the number of people living in the same household, and having a domestic helper at home. The following questions are work-related information that comprises current occupation, employment sector, work type, year of working experience, working arrangement, and average working hours.

A total of 4 psychometric scale sets used in the self-report survey, including: (1) 28-items of Brief COPE Scale by Carver et al. (1989) to measure coping strategies; (2) 18-items of shortened Ryff and Keyes' (1995) Psychological Well-being Scale (PWB) to measure six dimensions of psychological well-being; (3) 4-items of Work-life Balance Scale (WLB) by Brough et al. (2014) to measure how individuals manage work and life responsibilities; and (4) 14-items of Brief RCOPE Scale by Pargament et al. (2011) to measure religious coping responses to stressful events.

The self-report survey was distributed using purposive sampling, whereby the researcher sent the questionnaire to participants who met the predetermined eligibility criteria. Participants were also encouraged to share the survey with other individuals who similarly met these criteria. This sampling approach ensured that the researcher selected respondents who fulfilled specific standards, thereby enhancing the reliability of the data and reducing the likelihood of inaccurate or unsuitable responses.

Ethics Consideration

The researcher administered informed consent to all participants, ensuring they received clear and detailed information about the study's purpose, procedures, risks, and benefits. Participation proceeded only after they voluntarily agreed to take part. An informed consent form was attached at the beginning of the self-report survey. The researcher also ensured confidentiality and anonymity by omitting names and any identifying information from the final report. All responses were coded to protect participants' identities and were used solely for academic purposes.

In addition, the researcher secured the data and presented the results truthfully without fabrication or manipulation. Data access was restricted to the researcher and the supervisor to maintain security and integrity. Participation was entirely voluntary, and participants were informed that they could withdraw from the study at any time without consequences or the need to provide justification, as the study posed minimal psychological risk. If any discomfort arose, participants were free to stop responding at any point. Information on support services, including Talian Kasih and the Befrienders hotline, was also provided within the survey.

Data Analysis

IBM SPSS Statistics (Version 25) was used to analyse the data. The analysis began with data cleaning and preparation, which included removing one extreme outlier, resulting in a final sample size of N = 103. The dataset was then reviewed for missing values and inconsistencies, and a Kolmogorov–Smirnov test was conducted to examine the normality of the key variables.

For descriptive statistics, means, standard deviations, and Cronbach's alpha values were computed for all major variables (see Table 1). To test Hypothesis 1, Pearson's correlation coefficients were used to assess the bivariate linear relationships among coping strategy totals (TPFC, TEFC, TAC, TRCP, TRCN), psychological well-being (TPWB), and work–life balance (TWLB).

To examine Hypothesis 2, a mediation analysis was conducted using Hayes' PROCESS Macro (Version 4.3), Model 4, which was externally installed and compatible with SPSS Version 25. The analysis tested whether work–life balance significantly mediated the relationship between coping strategies and psychological well-being among working mothers in Selangor. Separate mediation models were estimated for each coping predictor (X = TPFC, TEFC, TAC, TRCP, TRCN), with psychological well-being (TPWB) as the outcome variable (Y) and work–life balance (TWLB) as the mediator (M).

RESULTS

Descriptive Statistics

Table 1 summarises the descriptive statistics and reliability coefficients for all key variables. On average, participants reported moderate use of problem-focused coping (TPFC: M = 27.5, SD = 5.0) and emotion-focused coping (TEFC: M = 26.0, SD = 5.2). Avoidant coping scores were lower (TAC: M = 20.0, SD = 6.0), indicating less reliance on maladaptive avoidance strategies. For religious coping, positive religious coping was moderate (TRCP: M = 7.5, SD = 2.5 on a 14-point scale), while negative religious coping was relatively low (TRCN: M = 5.5, SD = 1.8). Participants reported a moderately high work-life balance (TWLB: M = 32.4, SD = 6.0, on a 4-20 scale) and high psychological well-being (TPWS: M = 89.3, SD = 4.7, on an 18-108 scale). Cronbach's alpha indicated good internal consistency for all scales (all $\alpha \geq .75$), suggesting reliable measurement.

Table 1

Descriptive Statistics and Cronbach's Alpha for Key Variables (N=103)

Variable	M	SD	α
TPFC (Problem-focused Coping)	27.5	5.0	.81
TEFC (Emotion-focused Coping)	26.0	5.2	.78
TAC (Avoidant Coping)	20.0	6.0	.76
TRCP (Positive Religious Coping)	7.5	2.5	.83
TRCN (Negative Religious Coping)	5.5	1.8	.79

The Relationship Between Coping Strategies and Psychological Well-Being of Working Mothers (H1)

Pearson correlation coefficients among the coping scales, work–life balance (WLB), and psychological well-being (PWB) are presented in Table 2. Supporting H1, adaptive coping strategies were positively associated with psychological well-being. Specifically, problem-focused coping showed a moderate, significant correlation with psychological well-being ($r = .45$, $p < .01$), as did emotion-focused coping ($r = .32$, $p < .01$). In contrast, avoidant coping was not significantly correlated with psychological well-being ($r = .00$, $p > .05$), indicating that the use of avoidant strategies was not linearly related to well-being levels in this sample.

For religious coping, the patterns aligned with theoretical expectations: positive religious coping demonstrated a small but significant positive correlation with psychological well-being ($r = .29$, $p < .05$), whereas negative religious coping showed a small but significant negative correlation ($r = –.18$, $p < .05$).

Work–life balance was strongly correlated with psychological well-being ($r = .60$, $p < .001$), indicating that mothers who experienced greater balance also reported higher levels of psychological well-being. Additionally, TPFC and TEFC were significantly correlated with TWLB (TPFC–TWLB: $r = .35$, $p < .01$), suggesting that working mothers who used more problem-focused or emotion-focused coping tended to experience slightly better work–life balance, although these associations were weaker than those with psychological well-being.

Table 2

Pearson Correlations Among Coping, WLB, and Well-Being (N=103)

Variable	1	2	3	4	5	6	7
1. TPFC	-						
2. TEFC	.50**	-					
3. TAC	.20	.15	-				
4. TRCP	.10	.05	.08	-			
5. TRCN	-.05	-.10	.12	-.12	-		
6. TWLB	.35**	.28**	-.15	.18*	-.10	-	
7. TPWS	.45**	.32**	.05	.29*	-.18*	.60**	-

*Note: TPFC = Total Problem-Focused Coping; TEFC = Total Emotion-Focused Coping; TAC = Total Avoidant Coping; TRCP = Total Positive Religious Coping; TRCN = Total Negative Religious Coping; TWLB = Total Work-Life Balance; TPWS = Total Psychological Well-Being. $p < .05$; *$p < .01$.*

These correlations partially confirm H1. As hypothesised, greater use of adaptive coping strategies (TPFC, TEFC, TRCP) was associated with higher psychological well-being, whereas negative religious coping was associated with lower psychological well-being. This pattern is consistent with Lazarus and Folkman's (1987) model and aligns with Pargament's work on religious coping. The absence of a significant association for TAC suggests that avoidant coping may not exhibit a straightforward linear relationship with well-being in this sample. The strong TPWB-TWLB correlation underscores the critical role of perceived work–life balance in supporting mothers' psychological well-being.

The Mediating Role of Work–Life Balance in the Relationship Between Coping Strategies and Psychological Well-Being of Working Mothers (H2)

To test H2, five separate mediation models were conducted using PROCESS Model 4, with each coping variable entered as the predictor (X), psychological well-being (TPWB) as the outcome (Y), and work–life balance (TWLB) as the mediator (M). The primary estimates of interest were the indirect effects of coping on psychological well-being through work–life balance. Table 3 summarises the mediation outcomes.

Problem-Focused Coping (TPFC)

The total effect of TPFC on psychological well-being was not significant (*B* = .155, *p* = .556), and the direct effect similarly showed no significance (*B* = .096, p = .705). The indirect effect through WLB was *B* = .0585 (*BootSE* = .0753), with a 95% confidence interval of [-.0579, .2396]. Because the confidence interval included zero, WLB did not significantly mediate the relationship between TPFC and psychological well-being.

Emotion-Focused Coping (TEFC)

Similarly, TEFC did not exert a significant total effect (B = -0.182, *p* = .444) or direct effect (*B* = -.212, p = .354) on psychological well-being. The indirect effect via WLB was small and non-significant (*B* = .0304; BootCI [-.0956, .1923]). Thus, WLB did not mediate the TEFC–well-being link. Across both adaptive coping strategies (TPFC and TEFC), H2 was not supported: these coping styles did not translate into higher psychological well-being through improved work–life balance.

Avoidant Coping (TAC)

Avoidant coping showed a significant negative total effect on psychological well-being (*B* = -1.012, p = .0036). The direct effect remained significant after accounting for WLB (*B* = -.882, p = .0094). However, the indirect effect through WLB was non-significant (*B* = -.129; *BootCI* [-.3535, 0.0337]). Accordingly, WLB did not mediate the TAC–well-being link.

Positive Religious Coping (TRCP)

Positive religious coping demonstrated a significant positive total effect on psychological well-being (*B* = 1.258, *p* = .0004) and a similarly strong direct effect (B = 1.211, *p* = .0004). Working mothers who engaged in more positive religious coping reported higher well-being regardless of their level of work–life balance. The indirect effect via WLB was *B* = .047 (*BootCI* [-.0879, .2887]), which was not significant. Although WLB was a significant predictor of well-being in this model (*B* = 1.013, p = .0037), it did not account for a significant portion of the TRCP effect.

Negative Religious Coping (TRCN)

Negative religious coping negatively predicted psychological well-being. The total effect was significant (*B* = -0.543, *p* = .0035), and the direct effect remained significant (*B* = -.515, p = .0042). The indirect effect through WLB was again non-significant (*B* = -.028; *BootCI* [-.1358, 0.0712]). WLB positively predicted

psychological well-being in this model as well (B = 1.017, p = .0043), but it did not mediate the TRCN–well-being relationship.

Summary of Mediation Findings

Across all five coping models, none of the indirect effects were statistically significant, as all bootstrap confidence intervals contained zero. Thus, work–life balance did not significantly mediate the relationships between coping strategies and psychological well-being among working mothers in this sample. Coping strategies influenced psychological well-being primarily through direct effects:

a. Positive religious coping had a strong positive direct effect (B = 1.211, p < .001).

b. Negative religious coping had a significant negative direct effect (B = -.515, p < .005).

c. Avoidant coping also had a significant negative direct effect (B = -.882, p < .01).

d. Problem-focused and emotion-focused coping did not demonstrate significant direct effects (*Bs* near zero, p > .05).

These results suggest that although work–life balance contributes positively to well-being, it does not serve as the mechanism through which coping strategies influence psychological well-being for working mothers in this context.

Table 3

Mediation of Coping → Well-Being by Work-Life Balance (PROCESS Model 4).

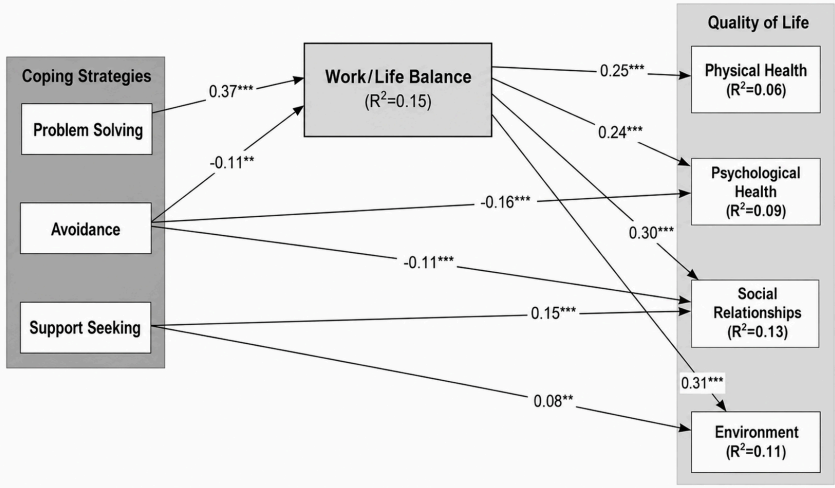
Predictor (X)	Path a(X->WLB)	Path b (WLB->WLB)	Direct (X->WB c')	Indirect (a x b)	Indirect 95%
TPFC (Problem-focused Coping)	*B=.0551*	*B=1.0615***	*B=.0964*	*.0585*	*[-.0579, .2396]*
	(p=.429)	*(p=.0042)*	*(p=.7048)*		
TEFC (Emotion-focused Coping)	*B=.0280*	*B=1.0873***	*B=-.2120*	*.0304*	*[-.0956, .1923]*
	(p=.6564)	*(p=.0033)*	*(p=.3540)*		
TAC (Avoidant Coping)	*B=-.1382*	*B=.9348***	*B=-.8824**	*-.1292*	*[-.3535, .0337]*
	(p=.1390)	*(p=.0095)*	*(p=.0094)*		
TRCP (Positive Religious Coping)	*B=.0464*	*B=1.0131***	*B=1.2109****	*.0471*	*[-.0879, .2887]*
	(p=.6325)	*(p=.0037)*	*(p=.0004)*		
TRCN (Negative Religious Coping)	*B=-.0276*	*B=1.0167***	*B=-.5152***	*-.0280*	*[-.1358,.0712]*
	(p=.5837)	*(p=.0043)*	*(p=.0042)*		

*Note: p < .01, p < .05, **p < .001. Indirect 95% CI from 5,000 bootstrap samples (Hayes, 2022).*

Theoretical and Conceptual Framework

Figure 1.

Theoretical Framework



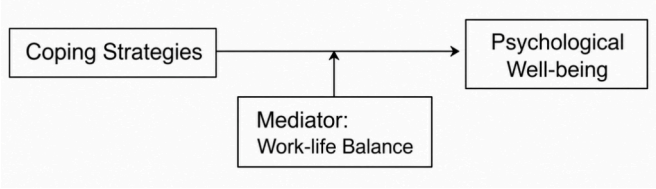
Source: Anastasopoulou et al. (2023)

FIGURE 1: This theoretical framework directly illustrates that there is a correlation between coping strategies and psychological health, with work-life balance as the mediator. The lighter colour arrows above indicate that there is a correlation between the variables.

Anastasopoulou et al. (2023) suggested that coping strategies such as problem solving and support seeking positively influenced women's work-life balance, which in turn enhanced their overall quality of life.

Figure 2

Conceptual Framework



Therefore, the conceptual framework (Figure 2) for this current study is adopted from the theoretical framework proposed by Anastasopoulou et al. (2023), which depicts directly the relationship between coping strategies and psychological well-being, with the role of work-life balance as its mediator.

Discussion

First, as predicted (H1), adaptive coping strategies were associated with higher psychological well-being, while maladaptive coping related to lower psychological well-being. Precisely, we found that problem-focused coping and emotion-focused coping were each significantly and positively correlated with psychological well-being. These results reflect Lazarus and Folkman's theory that engaging actively with problems and managing emotions promotes better mental health. Our working mothers' sample reported using these coping styles moderately, and those who did reported higher life satisfaction. This aligns with previous research showing that mothers who plan and seek support fare better (Ho et al., 2024; Rajgariah et al., 2021). In contrast, avoidant coping, such as denial and disengagement, did not correlate significantly with psychological well-being in the correlation analysis. However, in the regression, avoidant coping emerged as a significant predictor of lower psychological well-being (B = -0.882), suggesting a harmful effect when controlling for other factors.

Positive religious coping correlated modestly positively with well-being, consistent with studies that find faith can support resilience (Surzykiewicz et al., 2022). Negative religious coping had a small negative correlation, matching the theory that spiritual struggle can harm mental health. Finally, work-life balance showed a very strong positive correlation with psychological well-being (r = .60). This highlights that working mothers who feel more balanced report much better mental health, in accordance with broad findings (Brough et al., 2014; Omar et al., 2022). Second, concerning mediation (H2), the results did not support the hypothesis that WLB mediates the coping-psychological well-being link. In every model, the indirect (X->WLB->Y) effect was non-significant (Bootstrap CIs overlapped zero).

For problem-focused and emotion-focused coping, neither the direct nor the indirect effects on well-being were significant. In other words, these coping styles did not predict psychological well-being via WLB in a meaningful way. One interpretation is that while problem- and emotion-focused coping are generally positive, their effects on psychological well-being occur through other pathways, perhaps social support or personal resources, rather than through perceived

balance. Alternatively, it could be due to sample or measurement, such as the working mothers may perceive WLB more in terms of external factors, including work policies, help at home, than personal coping skills. For avoidant coping, a direct negative effect on well-being was found, where higher avoidant coping predicted significantly lower well-being (B = -.882, p = .009). This aligns with research showing avoidance is a maladaptive strategy (Olasehinde & Dara, 2025). Yet the indirect effect via WLB was again non-significant. It suggests that while avoidant coping undermines well-being, it does so directly (perhaps by failing to reduce stress) rather than by worsening perceived balance.

The most pronounced direct effects were seen in the religious coping models. Positive religious coping had a strong positive direct effect on well-being (B = +1.211, p < .001). Working mothers who engaged more in spiritual support and meaning-making reported markedly higher psychological well-being. Conversely, negative religious coping had a significant negative effect (B = -.515, p = .004). These findings are consistent with Pargament et al. (2011) and others, where faith-based strategies are powerful. Again, WLB did not mediate these links, suggesting that the benefit or harm of religious coping operates somewhat independently of work or family balance. Perhaps, religious coping influences psychological well-being through internal processes as meaning and hope rather than through altering work-home schedules.

Overall, work-life balance itself was a significant positive predictor of psychological well-being in each model (all b = .93-1.06, p < .01). This reaffirms that, regardless of coping strategies, greater balance is associated with better mental health. However, in this study, WLB did not statistically bridge coping strategies and psychological well-being. One possible explanation is that WLB is influenced by many external factors, such as work demands, childcare availability, and partner support, that were not captured by personal coping measures. It is also possible that coping affects psychological well-being through other mediators, for instance, social support and stress appraisal, which this study did not measure.

Conclusions

In conclusion, coping strategies and work-life balance both play crucial roles in the psychological well-being of working mothers. Adaptive coping styles, especially problem-focused coping, were positively linked with well-being, and this association was partly explained by better perceived work-life balance, followed by emotion-focused coping and positive religious coping. Work-life balance emerged as a strong correlate of well-being, but did not statistically mediate the coping-well-being relationships. Instead, many coping styles exerted direct effects. Notably, positive religious coping had a large beneficial impact on well-being, whereas negative and avoidant coping had harmful impacts. Future research should explore additional mediators, like social support or stress appraisal and use longitudinal designs. For Malaysian working mothers balancing career and home, developing constructive coping mechanisms and securing a supportive work-life environment appear crucial for mental health. As organisations and communities seek to empower women in the workforce, fostering both personal coping resources and systemic

balance opportunities can help working mothers thrive in both professional and household responsibilities.

Suggestion

This study has several limitations, including the cross-sectional design, which prevents a firm causal conclusion. While we interpret that coping influences work-life balance and well-being, it is possible that higher well-being enables better coping, or that unmeasured factors, such as personality, influence all variables. Next, directional impacts would be clarified by longitudinal studies. Although the sample size (N=103) was sufficient, it was limited to Selangor and might not be representative of other cultures or rural locations. In addition, self-report measures can provide bias where the participants want to conform to social desirability and are prone to introduce common-method variance. Future studies could include other geographical areas and districts, as well as suburban and rural areas in Malaysia, to make the study more generalisable. Other specific domains, such as strategies to find social support, planning, or personality traits, need to be considered as well in terms of work-life balance and well-being.

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