

EMOTIONAL INTELLIGENCE, WORK-LIFE BALANCE, AND SOCIAL SUPPORT ON HEALTHCARE WORKER PERFORMANCE AT JULOK PUBLIC HEALTH CENTER

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Abstract

This study examines the influence of emotional intelligence, work-life balance, and social support on the performance of healthcare workers at Julok Public Health Center, East Aceh. The research used a quantitative approach with a survey design. The population consisted of 162 healthcare workers, and 62 respondents were selected through simple random sampling based on the Slovin formula. Data were collected using a structured Likert-scale questionnaire and analyzed through validity testing, reliability testing, classical assumption tests, and multiple linear regression using SPSS 26. The findings show that emotional intelligence has a positive and significant effect on healthcare worker performance ($B = 0.244$; $p = 0.003$). Work-life balance also has a positive and significant effect ($B = 0.439$; $p = 0.000$), while social support has the strongest positive effect ($B = 0.472$; $p = 0.000$). The model explains 73.6% of the variance in performance, and the simultaneous test confirms that the three variables jointly affect performance. These results highlight the importance of psychological and social resources in strengthening public health service quality.

Keywords: Emotional intelligence; Healthcare worker performance; Social support; Work-life balance; Public health center.

INTRODUCTION

Public health centers play a central role in Indonesia's primary healthcare system because they provide promotive, preventive, curative, and rehabilitative services at the community level. In this setting, healthcare workers are not only expected to deliver technically accurate services, but also to maintain discipline, empathy, responsiveness, and administrative accountability. Their performance therefore becomes an important indicator of service quality, patient safety, and public trust in government health facilities. The issue is especially relevant in local health facilities that must handle broad service areas, limited resources, and diverse patient needs.

Julok Public Health Center in East Aceh represents this service context. As a first-level health facility, the center is responsible for providing routine outpatient care, maternal and child health services, emergency response, health promotion, village outreach, laboratory services, pharmacy services, and other program-based activities. These responsibilities place healthcare workers in a working environment characterized by high interaction intensity, emotional demands, time pressure, and the need for collaboration across professional groups. Under such conditions, performance cannot be explained only by technical competence or formal authority. Psychological and social factors also shape how workers respond to work pressure and deliver services.

Performance in healthcare organizations refers to the quality and quantity of task completion, the timeliness of service, adherence to procedures, responsible use of resources, and professional behavior in dealing with patients and colleagues. Previous studies emphasize that performance in the health sector is multidimensional because it covers task performance, contextual behavior, adaptability, and ethical conduct (Krijgsheld et al., 2022; Tuanane et al., 2024). In a public health center, this means that a worker may be considered high performing when he or she arrives on time, follows service standards, communicates clearly with patients, completes records accurately, cooperates with the team, and maintains service quality despite work pressure. One factor that can strengthen performance is emotional intelligence. Emotional intelligence enables workers to recognize their own emotions,

regulate emotional reactions, remain motivated, show empathy, and maintain constructive social relations. These abilities are highly relevant for healthcare workers because they regularly interact with patients who may be anxious, impatient, or physically uncomfortable. A worker with adequate emotional intelligence is more likely to remain calm in stressful situations, avoid interpersonal conflict, and communicate with compassion. Empirical research has found that emotional intelligence contributes positively to employee performance and is particularly important in nursing and other healthcare contexts (Galanis et al., 2024; Gholamhossein et al., 2025).

Work-life balance is another important factor because healthcare work is often associated with long working hours, shift systems, field assignments, administrative work, and sudden service demands. When workers are unable to balance work and personal life, they may experience fatigue, stress, burnout, and reduced motivation. Conversely, when the balance between professional duties and personal life is maintained, employees tend to demonstrate better mental health, higher job satisfaction, and more stable performance (Jaelani & Nugraha, 2024; Shirmohammadi et al., 2022). Work-life balance is not only a matter of time allocation, but also involves psychological involvement and satisfaction in both work and non-work roles.

Social support also plays an essential role in performance. Support from supervisors, colleagues, families, and the wider social environment can reduce the psychological burden of work and strengthen coping capacity. Social support may appear in the form of information, direct assistance, constructive feedback, empathy, or appreciation. In the health sector, this support is important because healthcare workers often face emotionally difficult situations and must coordinate with many parties. Research has shown that social support is associated with lower emotional exhaustion, lower turnover intention, stronger motivation, and better work outcomes (Chen et al., 2024; Garmendia et al., 2023; Liu et al., 2025).

Although emotional intelligence, work-life balance, and social support have been examined in previous studies, many studies tend to focus on one or two variables. Fewer studies have tested these three variables simultaneously in the setting of a public health center. This gap is important because healthcare worker performance in primary care is likely shaped by the combined influence of individual emotional capacity, role balance, and social resources. A simultaneous analysis provides a more comprehensive understanding of nontechnical determinants of performance, especially in a local health facility such as Julok Public Health Center.

Based on this background, the present study aims to analyze the influence of emotional intelligence, work-life balance, and social support on healthcare worker performance at Julok Public Health Center, East Aceh. The study is expected to contribute to human resource management in public health services by identifying the psychological and social variables that should be strengthened to improve service quality. Practically, the findings may assist managers in designing training, scheduling, supervision, and team-support strategies that are more responsive to the needs of healthcare workers.

LITERATURE REVIEW

Healthcare Worker Performance

Performance is generally understood as the result of work achieved by an individual or group according to organizational standards. In organizational studies, performance is not limited to the number of tasks completed, but also includes quality, timeliness, efficiency, responsibility, and compliance with work procedures (Sukmawati et al., 2023). In healthcare services, performance has a more complex meaning because services are delivered directly to people who need safe, accurate, ethical, and responsive care.

Healthcare worker performance can be measured through several indicators, including work discipline, work ability, responsibility, work effectiveness, and work efficiency (Tuanane et al., 2024). Discipline reflects compliance with service schedules and rules. Work ability refers to the knowledge and skills needed to perform tasks. Responsibility shows commitment to completing tasks according to standards. Effectiveness indicates the extent to which service targets are achieved, while efficiency reflects the optimal use of time and resources. These indicators are relevant for public health centers because each employee contributes to daily service continuity and public health program achievement.

Emotional Intelligence and Performance

Emotional intelligence refers to the ability to recognize, understand, regulate, and use emotions effectively in personal and social contexts. The concept includes self-awareness, self-regulation, self-motivation, empathy, and social skills. In healthcare work, these dimensions help workers manage emotional pressure, communicate with patients, collaborate with colleagues, and maintain professional behavior under stressful conditions. Research has

found that employees with high emotional intelligence are more capable of adapting to work demands, maintaining interpersonal harmony, and producing better work outcomes (Aziz et al., 2024; Rasyid et al., 2025).

The relationship between emotional intelligence and performance can be explained through the ability of individuals to convert emotional awareness into constructive action. Healthcare workers who understand their emotional states can control negative reactions and avoid behavior that may reduce service quality. They are also more capable of showing empathy to patients and coordinating with colleagues. Previous research on nurses and healthcare workers confirms that emotional intelligence has a positive effect on work performance (Galanis et al., 2024; Gholamhossein et al., 2025). Therefore, the first hypothesis is formulated as follows: H1: Emotional intelligence has a positive and significant effect on healthcare worker performance.

Work-Life Balance and Performance

Work-life balance is the condition in which individuals are able to manage the demands of work and personal life without excessive role conflict. The construct is commonly measured through time balance, involvement balance, and satisfaction balance (Rondonuwu et al., 2018). Time balance refers to the ability to allocate sufficient time for work and non-work roles. Involvement balance concerns psychological engagement in each role, while satisfaction balance indicates the degree to which individuals feel satisfied with their participation in both work and personal life.

In healthcare services, work-life balance is critical because workers may face long hours, shift schedules, emergency situations, and field activities. Imbalance can create exhaustion and psychological stress, which may reduce service quality. Several studies have shown that work-life balance is associated with higher job satisfaction, reduced burnout, stronger well-being, and improved performance (Abuhammad et al., 2025; Jaelani & Nugraha, 2024; Marecki, 2024). Accordingly, the second hypothesis is proposed as follows: H2: Work-life balance has a positive and significant effect on healthcare worker performance.

Social Support and Performance

Social support refers to assistance, attention, information, emotional concern, and appreciation received from social relationships. It may be provided by supervisors, colleagues, family members, or other parties. Social support can be informational, instrumental, appraisal-based, or emotional (Renbarger et al., 2021). Informational support helps individuals solve problems through advice or guidance. Instrumental support refers to direct assistance such as help with tasks or resources. Appraisal support provides feedback and recognition, while emotional support provides empathy, care, and a sense of acceptance.

Social support is an important resource for healthcare workers because it helps them cope with occupational stress. Workers who feel supported tend to show higher confidence, better motivation, and stronger commitment. Social support can also reduce emotional exhaustion and turnover intention (Chen et al., 2024; Garmendia et al., 2023; Liu et al., 2025). In public health centers, support from leaders and colleagues can improve coordination, reduce work conflict, and strengthen the sense of belonging. Hence, the third hypothesis is formulated as follows: H3: Social support has a positive and significant effect on healthcare worker performance.

Conceptual Framework

The conceptual framework positions emotional intelligence, work-life balance, and social support as independent variables that influence healthcare worker performance. Emotional intelligence represents individual psychological capacity, work-life balance represents the alignment between professional and personal roles, and social support represents the relational resources available to workers. These three variables are expected to explain performance both conceptually and empirically because each variable strengthens the ability of healthcare workers to complete tasks, maintain service quality, and respond adaptively to work pressure.

METHOD

This study used a quantitative approach with an explanatory survey design. The quantitative approach was selected because the study aimed to test the influence of independent variables on a dependent variable using numerical data. The research was conducted at Julok Public Health Center, East Aceh. The object of the study was healthcare worker performance as influenced by emotional intelligence, work-life balance, and social support. The population consisted of all healthcare workers employed at Julok Public Health Center. The population included doctors, dentists, emergency room staff, inpatient room staff, general polyclinic staff, child polyclinic staff, dental polyclinic staff, village midwives, maternal and child health staff, auxiliary health center workers, environmental

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health workers, maternity room staff, registration officers, pharmacy staff, laboratory staff, administration staff, finance staff, information officers, mobile JKN staff, and ambulance drivers. The total population was 162 workers.

The sample size was determined using the Slovin formula with a 10% margin of error. The calculation produced 61.83 respondents, which was rounded to 62 respondents. The sampling technique was simple random sampling because each member of the population had an equal opportunity to be selected. This technique was considered appropriate because all respondents belonged to the same organization and operated under relatively similar management systems and service conditions. Primary data were collected using a structured questionnaire distributed directly to respondents. The questionnaire used a five-point Likert scale, ranging from 1 = strongly disagree to 5 = strongly agree. The instrument consisted of four variables. Healthcare worker performance was measured through five indicators: work discipline, work ability, responsibility, work effectiveness, and work efficiency. Emotional intelligence was measured through five indicators: self-awareness, self-regulation, self-motivation, empathy, and social skills. Work-life balance was measured through six indicators related to time, involvement, and satisfaction balance. Social support was measured through eight indicators representing informational, instrumental, appraisal, and emotional support. Data were analyzed using SPSS 26. The analysis began with descriptive statistics to explain respondent characteristics and the tendency of responses. Instrument quality was examined through validity and reliability tests. The regression model was then evaluated using classical assumption tests, including normality, multicollinearity, and heteroscedasticity tests. Hypotheses were tested using multiple linear regression, the F-test for simultaneous influence, and the t-test for partial influence. The regression equation used in the study was $Y = a + b_1X_1 + b_2X_2 + b_3X_3 + e$, where Y represents healthcare worker performance, X1 represents emotional intelligence, X2 represents work-life balance, and X3 represents social support.

Table 1. Operationalization of Research Variables

Variable	Indicators	Scale
Performance (Y)	Discipline, ability, responsibility, effectiveness, efficiency	Likert 1-5
Emotional intelligence (X1)	Self-awareness, self-regulation, self-motivation, empathy, social skills	Likert 1-5
Work-life balance (X2)	Time balance, involvement balance, satisfaction balance	Likert 1-5
Social support (X3)	Informational, instrumental, appraisal, emotional support	Likert 1-5

Source: Research instrument adapted from the thesis data and relevant indicators (2026).

RESULTS AND DISCUSSION

Respondent Characteristics

The respondent profile provides an overview of the demographic and employment characteristics of the healthcare workers involved in this study. The sample consisted of 62 respondents. Most respondents were female, representing 83.9% of the sample, while male respondents represented 16.1%. The dominant age group was 41-50 years, followed by 31-40 years. This indicates that most respondents were in productive and professionally mature age groups. In terms of employment status, the composition was relatively balanced between civil servants and government employees with work agreements. Most respondents had a tenure of 1-6 years, indicating that many workers were in the early to middle stages of organizational experience.

Table 2. Respondent Characteristics

Characteristic	Category	Frequency	Percentage
Gender	Male	10	16.1%
Gender	Female	52	83.9%
Age	21-30 years	5	8.1%
Age	31-40 years	23	37.1%
Age	41-50 years	27	43.5%
Age	>= 51 years	7	11.3%
Employment status	Civil servant	33	53.2%
Employment status	PPPK	29	46.8%
Tenure	1-6 years	32	51.6%
Tenure	7-12 years	11	17.7%
Tenure	13-18 years	7	11.3%
Tenure	>= 19 years	12	19.4%

Source: Processed research data (2026).

Descriptive Statistics

The descriptive results show that respondents generally provided positive assessments for all research variables. The mean scores of the emotional intelligence items ranged from 3.94 to 4.27, indicating that healthcare workers tended to agree that they were able to understand, regulate, and use emotions effectively at work. Work-life balance items also showed high mean scores, ranging from 4.06 to 4.37, suggesting that respondents generally perceived a favorable balance between work responsibilities and personal life. Social support items ranged from 4.10 to 4.52, with the highest mean found in the item related to receiving helpful information or advice. Performance items ranged from 3.98 to 4.37, indicating that workers perceived their discipline, ability, responsibility, effectiveness, and efficiency positively.

Table 3. Descriptive Mean of Research Variables

Variable	Number of items	Lowest item mean	Highest item mean	General tendency
Emotional intelligence	5	3.94	4.27	Agree
Work-life balance	6	4.06	4.37	Agree
Social support	8	4.10	4.52	Agree
Healthcare worker performance	5	3.98	4.37	Agree

Source: Processed research data (2026).

Validity and Reliability Tests

The validity test showed that all questionnaire items were valid because the calculated correlation values were greater than the r-table value of 0.2500 at a 5% significance level. Emotional intelligence items had correlation values between 0.805 and 0.961. Work-life balance items had correlation values between 0.755 and 0.897. Social support items had correlation values between 0.382 and 0.862. Performance items had correlation values between 0.784 and 0.940. These results indicate that each item was able to measure the construct it represented. The reliability test also confirmed that all variables were reliable. Emotional intelligence had a Cronbach's Alpha value of 0.941, work-life balance had a value of 0.932, social support had a value of 0.805, and performance had a value of 0.907. Since all values exceeded the minimum criterion of 0.60, the research instrument had adequate internal consistency and could be used for further statistical analysis (Ghozali, 2020).

Table 4. Summary of Validity and Reliability Tests

Variable	Validity range	Cronbach's Alpha	Decision
Emotional intelligence	0.805-0.961	0.941	Valid and reliable
Work-life balance	0.755-0.897	0.932	Valid and reliable
Social support	0.382-0.862	0.805	Valid and reliable
Healthcare worker performance	0.784-0.940	0.907	Valid and reliable

Source: Processed research data (2026).

Classical Assumption Tests

The normality test was conducted using the Kolmogorov-Smirnov test and graphical evaluation. The Kolmogorov-Smirnov significance value was 0.200, which was greater than 0.05. This indicates that the residuals were normally distributed. The normal probability plot also showed that the points followed the diagonal line, while the histogram approximated a normal curve. Therefore, the normality assumption was fulfilled. The multicollinearity test indicated that all independent variables had tolerance values above 0.10 and variance inflation factor values below 10. Emotional intelligence had a tolerance value of 0.824 and a VIF of 1.214. Work-life balance had a tolerance value of 0.496 and a VIF of 2.017. Social support had a tolerance value of 0.572 and a VIF of 1.747. These values show that the independent variables were not affected by serious multicollinearity. The heteroscedasticity test using a scatterplot also indicated that the residual points were randomly distributed and did not form a specific pattern. Thus, the regression model fulfilled the assumptions needed for hypothesis testing.

Table 5. Classical Assumption Test Summary

Test	Result	Decision
Normality	Kolmogorov-Smirnov Asymp. Sig. = 0.200	Normal residual distribution
Multicollinearity X1	Tolerance = 0.824; VIF = 1.214	No multicollinearity
Multicollinearity X2	Tolerance = 0.496; VIF = 2.017	No multicollinearity
Multicollinearity X3	Tolerance = 0.572; VIF = 1.747	No multicollinearity
Heteroscedasticity	Random scatterplot pattern	No heteroscedasticity

Source: Processed research data (2026).

Multiple Linear Regression Results

The multiple linear regression analysis produced the equation $Y = -7.151 + 0.244X_1 + 0.439X_2 + 0.472X_3$. The constant value was negative, but the main interpretation focuses on the positive coefficients of the independent variables. The coefficient of emotional intelligence was 0.244, meaning that an increase in emotional intelligence was associated with an increase in performance when other variables were held constant. The coefficient of work-life balance was 0.439, indicating that a better balance between work and personal life increased performance. The coefficient of social support was 0.472, which was the largest coefficient among the independent variables. This suggests that social support contributed most strongly to healthcare worker performance in this model.

Table 6. Multiple Linear Regression Results

Variable	B	Std. Error	Beta	t	Sig.
Constant	-7.151	2.387	-	-2.996	0.004
Emotional intelligence	0.244	0.078	0.234	3.140	0.003
Work-life balance	0.439	0.103	0.409	4.261	0.000
Social support	0.472	0.096	0.440	4.936	0.000

Source: Processed research data (2026).

The coefficient of determination shows that the R Square value was 0.736. This means that emotional intelligence, work-life balance, and social support explained 73.6% of the variance in healthcare worker performance. The remaining 26.4% may be explained by other factors not included in the model, such as compensation, leadership style, workload, organizational culture, job satisfaction, supervision, or work environment.

The F-test produced an F-value of 53.804 with a significance value of 0.000, indicating that the three independent variables simultaneously influenced healthcare worker performance.

Table 7. Model Fit and Simultaneous Test

Indicator	Value	Interpretation
R	0.858	Strong relationship
R Square	0.736	73.6% of performance variance explained
Adjusted R Square	0.722	Adjusted explanatory power remains high
F statistic	53.804	Model significant
Sig. F	0.000	Simultaneous influence accepted

Source: Processed research data (2026).

Effect of Emotional Intelligence on Performance

The t-test showed that emotional intelligence had a positive and significant effect on healthcare worker performance with a significance value of 0.003. This result supports the first hypothesis. The finding means that workers who are better able to recognize and regulate their emotions tend to demonstrate higher performance. In the healthcare context, emotional intelligence helps workers remain calm when dealing with patient complaints, workload pressure, and unexpected service conditions. It also strengthens empathy and interpersonal communication, which are important for service quality.

This finding is consistent with previous studies showing that emotional intelligence contributes to employee and nurse performance (Galanis et al., 2024; Gholamhossein et al., 2025; Rasyid et al., 2025). Emotional intelligence supports performance because it allows individuals to manage stress, maintain motivation, and build effective working relationships. In Julok Public Health Center, emotional intelligence is relevant because healthcare workers often interact with patients and colleagues in situations that require patience, clarity, and emotional stability. Therefore, training in emotional regulation, communication, and empathy can be an effective human resource development strategy.

Effect of Work-Life Balance on Performance

The t-test showed that work-life balance had a positive and significant effect on healthcare worker performance with a significance value of 0.000. This result supports the second hypothesis. It indicates that workers who can balance their work responsibilities and personal life tend to have better performance. Work-life balance helps reduce emotional fatigue and supports physical and psychological readiness to perform daily tasks. In the public health center setting, this balance is important because workers may face shift work, administrative duties, and field service activities.

The finding is consistent with research indicating that work-life balance improves psychological well-being and job performance (Jaelani & Nugraha, 2024; Marecki, 2024; Shirmohammadi et al., 2022). When workers feel that their personal life is not excessively disrupted by job demands, they are more likely to remain motivated, focused, and productive. This suggests that managers should pay attention to fair scheduling, adequate rest time, and balanced workload distribution. Although public health services require continuity, organizational policies can still be designed to reduce unnecessary work-family conflict.

Effect of Social Support on Performance

The t-test showed that social support had a positive and significant effect on healthcare worker performance with a significance value of 0.000. This result supports the third hypothesis. Social support also had the largest regression coefficient and standardized beta value, indicating that it was the strongest predictor among the three variables. This means that assistance, advice, feedback, appreciation, empathy, and a supportive work environment are highly important for healthcare worker performance at Julok Public Health Center.

This finding is in line with studies showing that social support reduces emotional exhaustion and strengthens work outcomes (Chen et al., 2024; Garmendia et al., 2023; Liu et al., 2025). In a public health center, social support may come from direct supervisors, colleagues, family members, and organizational culture. Supportive colleagues help workers complete tasks when workload increases, while supportive leaders provide guidance and recognition.

Emotional support creates a sense of safety and belonging. These forms of support improve confidence and motivation, which then increase performance.

Managerial Implications

The results provide several managerial implications for public health center management. First, emotional intelligence should be developed through training programs that focus on self-awareness, emotion regulation, patient communication, and conflict management. Second, work-life balance should be supported through fair workload allocation, transparent scheduling, and attention to rest periods. Third, social support should be strengthened through open communication, teamwork, supervisor support, appreciation systems, and peer assistance mechanisms. Since social support emerged as the strongest predictor, creating a supportive work climate should be a management priority.

The findings also imply that improving healthcare worker performance requires a human resource management approach that is not limited to technical competence. Performance can be strengthened when workers are psychologically prepared, socially supported, and able to maintain healthy role balance. For public health centers in local areas, these variables are practical because they can be improved through leadership behavior, organizational communication, teamwork routines, and staff development programs without always requiring major infrastructure investment.

Practical Recommendations for Service Management

The empirical findings can be translated into several practical programs for service management. Emotional intelligence can be strengthened through regular reflective training, peer discussion, and role-play exercises that simulate patient interaction, conflict, and emergency service situations. These activities may help workers recognize emotional triggers, respond with empathy, and maintain professional communication. Work-life balance can be improved through transparent scheduling, equitable shift distribution, and periodic workload review. These efforts are important because imbalance may not always appear as absenteeism, but can gradually reduce concentration, patience, and service consistency.

Social support should be organized as a systematic managerial practice rather than an informal expectation. Supervisors can establish short team briefings, mentoring for younger workers, and appreciation routines for staff who contribute to service improvement. Peer support can also be strengthened by assigning collaborative tasks and creating a culture where workers are comfortable asking for help when service demands increase. Family support may be indirectly strengthened through predictable scheduling and clear communication regarding work demands. These practices are expected to reduce psychological burden and increase the sense of belonging among healthcare workers.

Table 8. Recommended Performance Improvement Program

Action area	Recommended activity	Expected outcome
Emotional intelligence	Training on emotion regulation, empathy, patient communication, and conflict handling	More stable emotional responses and better patient interaction
Work-life balance	Fair shift allocation, workload review, sufficient rest time, and transparent scheduling	Lower fatigue and stronger readiness to provide service
Social support	Team briefing, mentoring, peer assistance, supervisor feedback, and appreciation routines	Higher motivation, stronger teamwork, and better service continuity
Performance monitoring	Periodic review of discipline, task completion, service quality, and feedback from patients	More objective performance improvement and early identification of service barriers

Source: Developed from the study findings (2026).

Research Contribution and Limitations

The study contributes to the literature on human resource management in healthcare by integrating three nontechnical determinants of performance in one empirical model. Emotional intelligence represents the individual capacity to regulate emotion and maintain constructive interaction. Work-life balance represents the ability to manage the relationship between professional and personal roles. Social support represents the social resources that help

workers face pressure and sustain motivation. By testing these variables together, the study shows that healthcare worker performance is not formed by personal ability alone, but also by the quality of role management and the strength of relational support in the workplace. The contextual contribution is also important because the study was conducted in a public health center rather than a hospital or private healthcare organization. Public health centers have specific service characteristics, including community outreach, basic clinical services, program-based health activities, and administrative reporting. These characteristics create different work pressures from hospital-based services. The findings therefore provide empirical evidence that psychological and social factors remain highly relevant in primary healthcare organizations, especially in local areas where workers often need to serve broad community needs with limited resources.

Despite these contributions, the study has several limitations. First, the research used a cross-sectional design, so the findings explain relationships among variables at one point in time and do not establish long-term causal processes. Second, the data were collected through self-reported questionnaires, which may be influenced by respondents' perceptions and social desirability. Third, the study was limited to one public health center, which means that the findings should be interpreted carefully when applied to other organizations with different work cultures, workloads, and managerial systems. Future studies can address these limitations by using longitudinal designs, combining questionnaire data with supervisor assessments or service records, and expanding the sample to several public health centers or hospitals. Further research may also examine mediating or moderating variables, such as job satisfaction, organizational commitment, burnout, leadership support, and workload. Such extensions would provide a deeper explanation of how emotional intelligence, work-life balance, and social support are translated into measurable service performance in healthcare organizations.

CONCLUSION

This study concludes that emotional intelligence, work-life balance, and social support have positive and significant effects on healthcare worker performance at Julok Public Health Center, East Aceh. Emotional intelligence improves performance by helping workers manage emotions, communicate effectively, and maintain professional behavior during service delivery. Work-life balance improves performance by supporting psychological well-being, reducing fatigue, and enabling workers to manage professional and personal responsibilities more effectively. Social support improves performance by providing advice, assistance, feedback, empathy, and a sense of acceptance in the work environment.

The regression model explains 73.6% of the variance in healthcare worker performance, indicating that the three variables provide a strong explanation of performance differences among respondents. Social support is the most dominant variable in the model, followed by work-life balance and emotional intelligence. These findings suggest that performance improvement at public health centers should consider psychological and social resources as strategic elements of human resource management. Based on these findings, Julok Public Health Center is encouraged to strengthen emotional intelligence training, improve workload and scheduling practices, and develop a more supportive organizational climate. Future studies may expand the model by including additional variables such as workload, leadership, compensation, job satisfaction, organizational culture, and work environment. Future research may also use a broader sample across several public health centers to improve generalizability.

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