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The Effects Of Role Overload On Working Women Perceived Health Status; A Study Of Four Hospitals Of District Peshawar

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Abstract: ***Research background****: Employed women face greater role overload than unemployed women, as they have to juggle both productive and reproductive roles. Role overload causes stress in females when they cannot meet the demands and expectations of numerous roles of personal and professional lives. When stressed, the body secretes cortisol, a stress hormone. Prolonged increased levels of cortisol can adversely affect their mental health and may lead to anxiety and depression. They experience time constraints from various tasks, they have limited time for self-care, maintaining a balanced diet or regular exercise due to role overload therefore their physical and mental health declines.*

Research Methodology: *This study, conducted at four hospitals of Peshawar, two public sector hospitals, Hayatabad Medical Complex and Institute of Kidney Diseases Center and two private sector hospitals, Rehman Medical Institute and Naseer Teaching Hospital. Univariate and bivariate analyses were conducted on a sample of 307 female employees (doctors, nurses and support staff) from a total population of 1514.*

Findings: *The findings emphasizes that unequal distribution of roles between men and women leads to role overload which negatively affect their physical and mental health.*

Conclusion: *Significant associations were found between multiple roles, physical exhaustion, time constraints and perceived health status, highlighting the serious impact of role overload on the overall well-being of working women.*

Keywords: Reproductive Roles, Employed Women, Time Constraints, Self-Care, Multiple Roles, Overall Well Being

Introduction

Role overload occurs when individual juggle several roles and simultaneously which place multiple demands on their time and energy. An individual can complete a limited number of tasks in a specific period of time when additional roles are imposed on them, they experienced work overload (Honda et al., 2015). With the advent of industrialization, women became increasingly involved in the labor force and their roles shifted as they started earning money and became financially independent and started contributing to the family needs. The double burden of both personal and professional and domestic duties resulted in unhappy marriages and decreased job satisfaction, which indirectly affected their health (Fatima & Sultana, 2009). The responsibilities of working women were divided in to three categories each carrying equal importance; paid employment, domestic duties and child rearing. Women were expected to perform duties in all three spheres perfectly and as a result role over load was greater among women than men. (Arber, 1991). Substantial workloads negatively impact the marital happiness of married couples, especially, when there is an unequal distribution of roles and responsibilities between men and women within families. Physical and mental wellbeing were highly correlated, therefore the methods and strategies preventing double burden on women shall be discussed (Gjerdingen et al., 2000). Role overload occurs when time, energy and capabilities of people are insufficient to meet the expectations of their roles. The role overload can lead to various negative results such as physical and psychological discomfort. Multiple roles and multi-tasking can negatively affect

emotional and mental well-being (E. K. Alnazly et al., 2023).

The work and role demands on women particularly working women, especially working mother with busy schedules has a negative impact on their physical health, leading to issues such as fatigue, muscle aches, sleeplessness and poor psychological well-being. These mentioned health issues can result in poor job performance, they felt difficulty in meeting deadlines and could not focus on routine activities as their male counterparts (Alley, et al., 2007).

Literature Review

Time stress resulting from role overload is perceived to be a significant problem for women, as they manage the domestic and caregiving duties along with full time employment. Employed women juggle with multiple roles as parents, spouses and workers, which negatively impacts their psychological and social well-being (Glynn et al., 2009) Women are by nature blessed with great strength of multitasking, and they can cope with all kinds of situations but this does not mean they do not go through ups and downs. When they are overburdened by multiple roles of personal and professional life, they feel a sense of loss, self-doubt and confusion. They have to prioritize their roles and usually they come in conflict with each other (Kalenkoski & Foster, 2016)

Role overload has a considerable impact on the health of women. The roles and duties connected with multiple roles of working women need significant amount of time and effort. Women often forget their own selves while satisfying needs of other roles like wife, mother, daughter and worker. They tend to ignore their own physical and mental well-being as they do not get time for their own balanced diet and physical activities (Smith & Taylor 2020).

Balancing personal and professional life becomes a significant challenge for employed women with the busy schedules. When women are not in good health, it not only affects them but also the whole household, as in societies like Pakistan, all the family members are dependent on women as they do the unpaid domestic labor and care giving. The research studies recommend that women must balance their personal and professional lives and must prioritize their health, otherwise both family and work will suffer (Gragnano et al., 2020).

Working women in hospital setup including doctors, nurses and support staff experience role strain due to their demanding routines and long working hours. Balancing professional responsibilities with personal commitments puts them in a state that they do not get time for self-care, which leads to poor mental and physical health. They suffer from persistent exhaustion, stress and burn out which negatively affect their living conditions and overall well-being. Their occupied routine, work and role overload, results in unhealthy lifestyles, which includes irregular meals, sedentary lifestyle. This imbalance adds to declining perceived health status and reduced life satisfaction (Shultz et al., 2010)

Women often feel constant pressure to satisfy the demands of the personal and professional life which leads to physical and emotional distress. Time restrictions and fatigue caused by workload and tiredness negatively impact their physical and mental well-being (Smita Pradhan, 2021). The traditional 9 to 5 time schedule makes it very challenging for women to give quality time to their family members as their prime time is spent in the workplace, therefore they are unable to do important domestic duties on time (Harrington, 1991). A similar research study was conducted in 2006, where illness led to loss of 175 million working days which resulted in social exclusion and economic loss. Studies suggested that paid employment is favorable only when it is good for health and properly balanced, otherwise it can be difficult to manage. Working women perform responsibilities of domestic duties along with paid employment, which, when imbalanced affect their health negatively (Black & Carol 2008).

Research Methodology

The nature of the current study was cross-sectional. Furthermore, this study was conducted in Peshawar, where Hayatabad

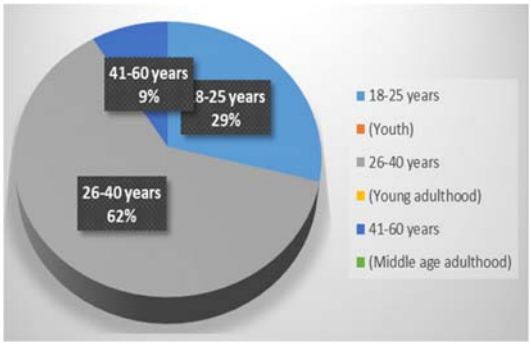
Medical Complex, Institute of Kidney Diseases Center, Rehman Medical Institute and Naseer Teaching Hospital constituted the universe of the study. Multistage stratified sampling was followed in this study. First data about number of female employees, doctors, nurses and support staff was collected form each wards of the selected hospitals, then data was collected from the respondents present on duty. Samples were each wards were selected. Data was collected from the selected respondents using the Baowley formula (II et al., 2001). According to collected information, the total number of respondents in four selected hospitals of Peshawar were 1514. As per Sekaran's sample size formula, a total sample size of 307 was selected in the universe of the study. The sample size and their proportional allocation have been given in the table below.

Table- 1 Proportional Distribution of Sample Size

S. No	Name of Hospital	Population	Sample size
1.	**Hayatabad Medical Complex**	1211	246
2.	**Institute of Kidney Centre**	88	18
3.	**Naseer Teaching Hospital**	135	27
5.	**Rehman Medical Institute**	80	16
Total number of female employees in selected hospitals		1514	307

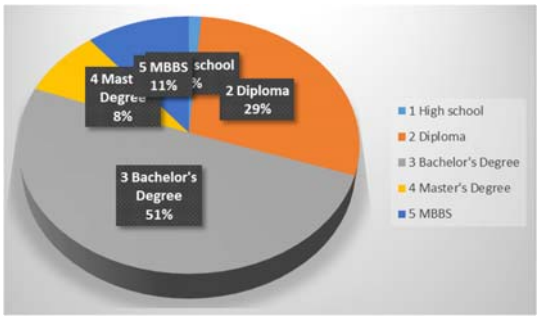
Source; Field survey 2024

Figure 1: Age distribution of respondents



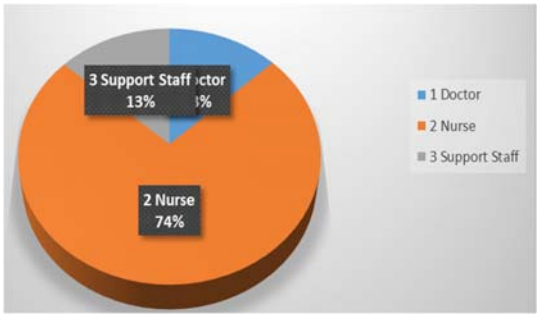
Based on the given data, amongst 307 respondents 28.9% were associated with youth age group (18-25 years), 62.2% were young adults' age group (26-40) and 8.7% were middle age adults (41-60).

Figure 2: Distribution of respondents by education level



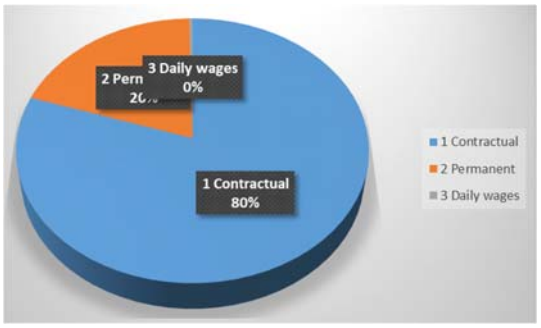
The pie chart depicts that half of the respondents obtained a undergraduate degree while 29% were diploma holders, 10.7% had an MBBS and 1.3% had secondary education.

Figure 3: Distribution of respondents by designation



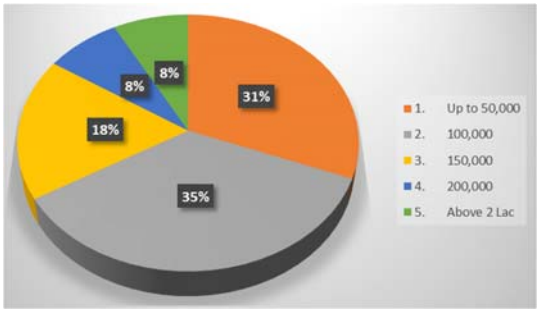
Among the respondents majority of participants (73.6%) were nurses, 13.0% were doctors and 13.4% were support staff.

Figure 4: Distribution of respondents by type of employment



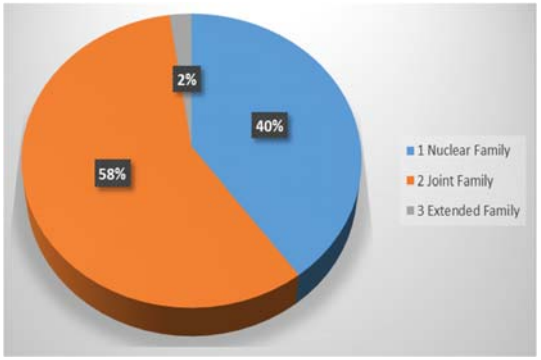
The pie chart depicts that the majority of respondents, 80.5%, had contractual employment, while only 19.5% had permanent positions.

Figure: 5 Distribution of respondents by income level



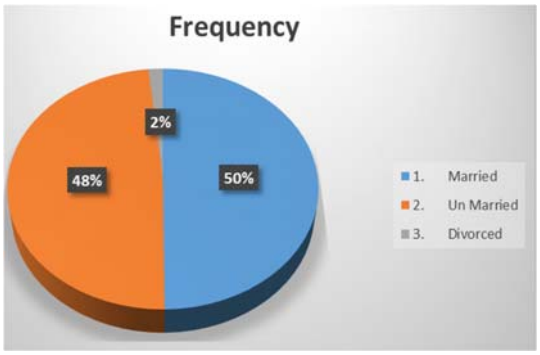
Out of 307 respondents, 35.5 reported a family income of 100,000, while 30.9% had a family income of 50,000. Moreover, 17.9% had a family income of 150,000, 7.8% reported 200,000 and 7.8% had a family income more than 200,000.

Figure: 6 Distribution of respondents by family type



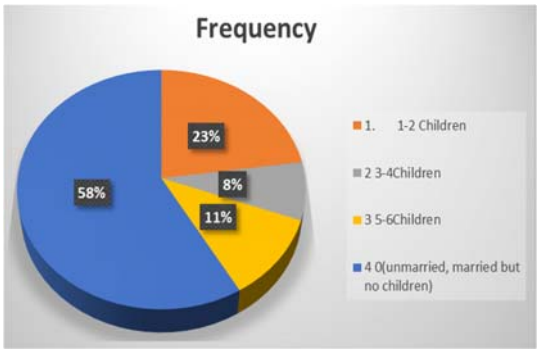
Among the respondents majority of the respondents belonged to joint family, 40% belonged to nuclear family and only 2% belonged to extended family.

Figure: 7 Distribution of respondents by marital status



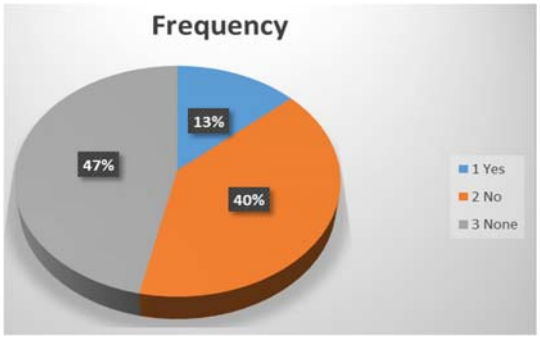
Among the respondents half of the respondents 50% were married, 48% were un married and 2% were divorced.

Figure: 8 Distribution of respondents by number of Children of married respondents



According to the provided data, majority of the respondents 58% had no children, 23% respondents had 1-2 children, 11% respondents had 3-5 children and 8% respondents had 3-4 children.

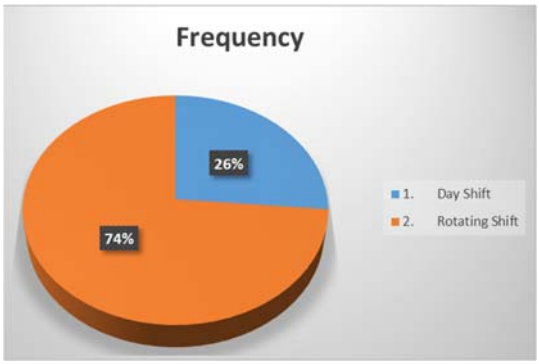
Figure: 9 Distribution of respondents by access to day care



According to the provided data 47% of the working women in the hospitals do not required day care, 40% respondents did not had access to

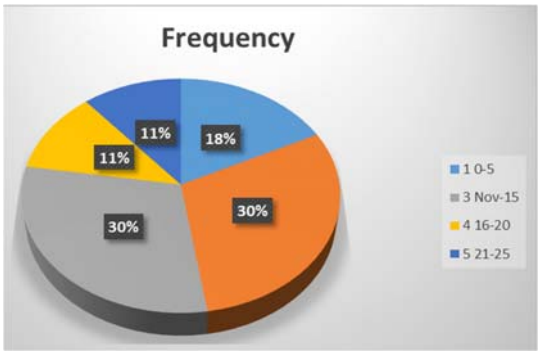
day care and only 13% had access to day care.

Figure: 10 Distribution of respondents by work schedule of respondents



According to the provided data 74% of the respondents were working on rotating shifts and 26% were working on day shift.

Figure 11: Frequency distribution of respondents by years of experience



The data reveals that out of 307 respondents, 30% had 6-10 years of experience, while 30% had 11-15 years of experience. Moreover, 18% had 0-5 years of experience, 11% had 16-20 years and 11% had 21-25 years of work experience.

Data Collection, Analysis and Discussion

To collect primary information from the sample respondents, a questionnaire was used, covering all the study variables entirely. After collecting the primary data, it was entered in to SPSS (21) and was analyzed to assess the relationship between role overload and perceived health status of working women of the sample populations. All the primary information has been presented and discussed with relevant secondary information for a more detailed interpretation in a scientific way.

Results and Discussion

Univariate and bivariate analysis of the study has been discussed and explained in this section of the article with relevant primary and secondary information of the variables.

Univariate Analysis

Working women experience role overload when they perceive their time, energy and abilities are not enough to meet the demands of their multiple roles. Role overload can result in unfavorable outcomes such as physical and psychological distress (E. Alnazly et al., 2023). The statement "I feel burdened by the several roles, I accomplish in my daily life" received strong agreement from a considerable majority of participants, with 232 (75.5%). Conversely, a considerable amount of 53 participants (17.2 %) disagreed with this statement. A minor portion of respondents 22 (7.1%) were uncertain about the statement. These responses show that a great number of roles make women feel overloaded. The statement "Balancing personal and professional life is challenging for me" gathered strong agreement from a significant majority of respondents, with 231 (75.2), in contrast 54 respondents (17.5%) disagreed with the statement and smaller proportion of respondents 22 (7.1%) were undecided about the statement. Furthermore, 235 participants 76.5% felt tiredness from work overload, 52 respondents (16.9 %) did not feel physical tiredness from many responsibilities and 20 participants, (6.5%) were unsure about the given statement. Moreover, 196 participants (63.8%) felt there was not enough time in the day to accomplish everything they needed to do, 81 participants (26.3%) felt there were enough hours in the day to do everything they needed to do, 30 respondents (9.7%) were unsure about the statement. Moreover, 182 participants (59.2%) felt their mental wellbeing had deteriorated as a result of role overload, 81 participants (26.3%) felt their mental wellbeing had not deteriorated as a result of role overload, 32 respondents (10.4%) were unsure. Furthermore, 194 participants (63.1%) experienced stress frequently, 78 participants (25.4%) did not reported stress, and 35 respondents (11.4%) participants were unsure about the statement.

Moreover, 227 participants (73.9 %) believed that reducing their number of roles, they could improve their health, 59 participants (19.2 %) believed that by reducing their number of roles, they would not improve their overall health and 21 respondents (6.8%) were unsure about the statement. Likewise, 203 respondents (66.1%) felt that role overload negatively impacted their job performance, 75 participants (24.4%) believed that role overload did not impact their job performance, 29 respondents (9.4%) expressed uncertainty regarding the statement.

Table- II Frequency and percentage distribution of respondents regarding role overload

S. No	Statements	Agree	Disagree	Uncertain
1.	I feel burdened by the several roles, I accomplish in my daily life.	232(75.5)	53(17.2)	22(7.1)
2.	Balancing personal and professional life is challenging for me.	231(75.2)	54(17.5)	22(7.1)
3.	I feel physically exhausted due to having too many responsibilities.	235(76.5)	52(16.9)	20(6.5)
4.	I often feel that there are not enough hours in the day to accomplish everything I need to do.	196(63.8)	81(26.3)	30(9.7)
5.	My mental wellbeing has deteriorated as a result of role overload.	182(59.2)	93(30.2)	32(10.4)
6.	I experience stress frequently.	194(63.1)	78(25.4)	35(11.4)
7.	By reducing the number of roles, I could improve my overall health.	227(73.9)	59(19.2)	21(6.8)
8.	Role overload impacts my ability to perform effectively in my job.	203(66.1)	75(24.4)	29(9.4)

Source: Field Survey, 2024

Bivariate Analysis

In bivariate analysis, the statements of the independent variable of "Role Overload" have been cross tabulated and associated with the dependent variable of the study, "Perceived health status of working women" statistically. The results and their analysis are presented below.

Women today are still expected to perform the domestic duties even though, their roles changed, as they help their families financially, when they are unable to the expectations they feel guilty and this guilt feeling lead to stress (Gilbert, 2008).

When women had to juggle household duties along with a job, it negatively affects their health, as they do not have enough time for selfcare. Because women are busy in multi-tasking all the time, they ignore health issues and sometimes delay addressing medical concerns. When they do not report medical issues on time, it becomes severe to difficult to cure. They cannot prioritize their health while satisfying needs of other family members. If the responsibilities will be decreased then they can have time for self-care. Unfortunately, our society does not recognize the importance of health in relation to personal, family and social life. Women's physical and mental health are severely impacted by the multiple roles and their contribution to family and society is not recognized (Black & Carol 2008).

Highly significant χ^2= 45.959 (P= .000) association was found between the number of roles and perceived health status of working women. Moreover, a significant χ^2= 49.061 (p= .000) association was found between balancing personal and professional lives and perceived health status. High significant of χ^2= 20.749 (P =.000) association found between physical and mental burnout from too many responsibilities and perceived health status of women. A high significant of χ^2= 34.443 (p=.000) association was found between not having enough time in the day and perceived health status of working women. A high significance of χ^2= 37.954 (P =.000) was found between mental health deterioration and overall well-being of working

women. A high significant of 44.927 (P =.000) was found between stress and health status of women. A high significant of χ^2= 44.779 (P =.000) was found between reduction of number of roles and perceived health status of women. A high significance of χ^2= 32.638 (p = .000) was found between effect of role overload on ability to perform effectively at job and perceived health status of working women.

Table-III Association between role overload and perceived health status of working women

S.No	Role Overload	Responses	Perceived Health Status of Women			Total	Chi square (χ^2) P value
			Unhealthy	Healthy	Moderate		
1.	I feel burdened by the several roles, I accomplish in my daily life.	**Agree**	147 (63.4)	49 (21.1)	36 (15.5)	232 (100.0)	χ^2 =45.959 p = .000
		Disagree	11 (20.8)	14 (26.4)	28 (52.8)	53 (100.0)	
		Uncertain	8 (36.4)	4 (18.2)	10 (45.5)	22 (100.0)	
2.	Balancing personal and professional life is challenging for me.	**Agree**	147 (63.6)	42 (18.2)	42 (18.2)	231 (100.0)	χ^2 =49.061 p = .000
		Disagree	13 (24.1)	23 (42.6)	18 (33.3)	54 (100.0)	
		Uncertain	6 (27.3)	2 (9.1)	14 (63.6)	22 (100.0)	
3.	I feel physically exhausted due to having too many responsibilities.	**Agree**	142 (60.4)	48 (20.4)	45 (19.1)	235 (100.0)	χ^2 =20.749 p = .000
		Disagree	20 (38.5)	13 (25.0)	19 (36.5)	52 (100.0)	
		Uncertain	4 (20.0)	6 (30.0)	10 (50.0)	20 (100.0)	
4.	I often feel that there are not enough hours in the day to accomplish everything I need to do.	**Agree**	123 (62.8)	43 (21.9)	30 (15.3)	196 (100.0)	χ^2 = 34.443 P= .000
		Disagree	35 (43.2)	20 (24.7)	26 (32.1)	81 (100.0)	
		Uncertain	8 (26.7)	4 (13.3)	18 (60.0)	30 (100.0)	
5.	My mental wellbeing has deteriorated as a result of role overload.	**Agree**	120 (65.9)	39 (21.4)	23 (12.6)	182 (100.0)	χ^2 = 37.954 P= .000
		Disagree	31 (33.3)	23 (24.7)	39 (41.9)	93 (100.0)	
		Uncertain	15 (46.9)	5 (15.6)	12 (37.5)	32 (100.0)	
6.	I experience stress frequently.	**Agree**	130 (42.3)	36 (11.7)	28 (9.1)	194 (100.0)	χ^2 = 44.927 P= .000
		Disagree	23 (7.5)	26 (8.5)	29 (9.4)	78 (100.0)	

		Uncertain	13 (4.2)	5 (1.6)	17 (5.5)	35 (100.0)	
7.	By reducing the number of roles, I could improve my overall health.	**Agree**	144 (63.4)	47 (20.7)	36 (15.9)	227 (100.0)	$\chi^2 = 44.779$ P = .000
		Disagree	16 (27.1)	18 (30.5)	25 (42.4)	59 (100.0)	
		Uncertain	6 (28.6)	2 (9.5)	13 (61.9)	21 (100.0)	
8	Role overload impacts my ability to perform effectively in my job.	**Agree**	133 (65.5)	34 (16.7)	36 (17.7)	203 (100.0)	$\chi^2 = 32.638$ P = .000
		Disagree	26 (34.7)	23 (30.7)	26 (34.7)	75 (100.0)	
		Uncertain	7 (24.1)	10 (34.5)	12 (41.4)	29 (100)	

Source Field Survey 2024

Conclusion

Women in our society have also been thought as multi taskers, as they can perform multiple roles and duties at a time. Even before when they were not actively participating in the public sphere, in the private sphere too, they had many responsibilities to perform at one point of time. They had to do all the domestic chores on their own, men have never shared that responsibility with women and still not sharing when women are sharing the financial responsibilities with them. Women have taken upon both productive and reproductive role. However, men do not shared the domestic roles and responsibilities with women. In health care jobs, workers need to be very conscious all the time as they are dealing with life and death. Their duty hours are long and there job is excessively demanding. In a patriarchal society where they are expected to perform all the household duties, along with child care and full time job becomes very exhausting for them. They experience role overload more than men health care professionals do. In this busy routine of their homes, long duty hours, excessive work load in home and workplace leads to health complications. When they feel overloaded, they feel unfulfilled and guilty for not giving full time to every role and responsibility attached to them. This cause stress in them, which leads to over eating or under eating. When they over eat, it results in obesity and other cardiovascular diseases. When they under eat it results in nutritional deficiencies, fatigue and weakness and weight loss. They could not focus and perform effectively on their job. They experience stress related symptoms such as headaches and muscle tension due to role overload. The current study was conducted in four hospitals in Peshawar. A total sample of 307 employees was selected across the hospitals. Data was collected from female doctors, nurses and support staff. After the primary data collection, univariate and bivariate analyses were performed step by step. The results showed that working women agreed that they experienced role overload due to numerous roles, balancing family and career was difficult for them due to role overload. Furthermore, they experienced physical exhaustion due to many responsibilities and time constraints. Their mental wellbeing was declined and they often experience stress. A significant portion of respondents believed that reducing number of roles would improve their health and overall well-being. Their job performance and focus was badly effected due to role overload. The bivariate analysis revealed a highly significant association between the numerous roles of working women, challenge of balancing career and family together and perceived health status. Similarly, strong associations were found between physical exhaustion due to many responsibilities, time constraints, decline in

mental well-being and experience of stress related symptoms and dependent variable perceived health status of working women. Furthermore, highly significant associations were found between the belief that reduction of roles can improve their overall health and role overload negatively affects their ability to focus and perform effectively in their job. To conclude, the associations between independent statements and the dependent statements of perceived health status of working women were found to be highly significant.

Recommendations

1. Raising public awareness about the role strain that women face due to role overload while managing responsibilities of family and career.
2. The government should make policies and laws that promotes flexible working hours and adequate maternity leaves for employed women.
3. Enable women to express their needs confidently.
4. Encouraging the concept of shared responsibility and co-parenting.

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