

Dual Burden Dilemma: How Professional and Household Responsibilities Influence Burnout and Psychological Well-being among Employed Women

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ABSTRACT

This study examines the psychological toll of dual responsibilities, professional and domestic, on the mental health and burnout levels of employed women in Pakistan. The aim was to evaluate the association between dual-role expectations and mental health, assess the moderating role of social support, and explore the effects of the number of children and working hours on burnout. A cross-sectional survey was conducted using purposive sampling with 300 full-time or part-time working women aged 25–45 across the education, health, and civil service sectors. Standardized instruments (GHQ-12, MBI, and Social Support Scale) were employed, and the data were analyzed using Pearson correlations, multiple regression, and moderation analysis via SPSS. The findings revealed a moderate positive correlation between dual responsibilities and mental health concerns ($r = .420, p < .001$). Regression analysis confirmed dual burden as a significant predictor, explaining 17.6% of the variance in mental health scores. Moderation analysis revealed that while social support alone was not a strong predictor, its interaction with dual responsibilities significantly reduced psychological distress ($\Delta R^2 = 0.02, p = 0.005$). Additionally, average working hours significantly contributed to poor mental health, while the number of children did not show a meaningful effect. These results support Role Strain Theory and the Job Demands-Resources model, reinforcing the need for workplace reforms and gender-sensitive policies. The study recommends implementing flexible work policies, investing in workplace support services, and promoting social campaigns that challenge traditional caregiving roles.

Keywords: Dual burden, burnout, psychological well-being, gender roles, social support

INTRODUCTION

The phenomenon of the “dual burden,” which involves simultaneously managing professional and domestic responsibilities, has emerged as a critical focus in gender studies and occupational health psychology. Women professionals, especially those in academic, healthcare, or corporate positions, are often expected to ‘shatter the glass ceiling’ while simultaneously taking on traditional caregiving and domestic roles. This overlapping of responsibilities extends beyond a mere time management issue; it is a

consequence of rigid social constructs, prevailing gender norms, inadequate institutional support, and a lack of adequate structural frameworks (Iloakasia, 2024; Aziz et al., 2024). Consequently, several women are stressed and emotionally exhausted, leading to burnout, conditions that impair their psychological resilience and professional productivity.

In many cultures, women are taught to prioritize household chores and caregiving duties, even if they financially contribute equally or more to the household. This creates what is known as “role overload.” Professional and family responsibilities often surpass what an individual can manage (Barnett & Marshall, 1991). Research from different regions shows that these responsibilities increase anxiety and depression, while diminishing self-esteem, especially in the absence of institutional or familial support (Iloakasia, 2024; Aziz et al., 2024). Although there have been improvements in gender equality, women are still expected to perform caregiving duties, which adds to the dual burden and highlights the need for gender-sensitive workplace policies.

Emotional exhaustion, depersonalization, and a reduction in acquired life achievements all contribute to burnout, a psychological syndrome that has a significant relationship with work-family conflict (Huang et al., 2019). The mythos of the dual corporate and domestic role in society makes women particularly vulnerable to burnout. Indeed, even in the most feminized professions, women still bear the disproportionate burden of unpaid work, which includes childcare, elder care, and housework (Bianchi et al., 2012). This leads to persistent stress and erosion of mental health, especially in the presence of limited personal and organizational resources.

The JD-R (Job Demands–Resources) model may be particularly useful in examining this problem. Bakker and Demerouti (2023) note that burnout occurs when job demands consistently exceed available resources. Many women, especially those in senior management or leadership positions, face the dual burden of high-stakes workplace expectations and traditional caregiving roles, which, because of societal expectations, drain their physical and emotional reserves. These societal organizational cultures that do not appreciate the importance of work-life balance compound the problem (Brumley et al., 2021). According to Sharma & Kapur (2022), in the absence of organizational policies such as flexible work hours and on-site childcare facilities, a woman’s ability to sustain her mental health and professional productivity is severely limited.

Additionally, psychological assets, such as Psychological Capital (PsyCap), which encompasses resilience and self-efficacy, can mitigate some of these effects, although not on their own (Sinha, 2017). Continuous experience of role conflict and inadequate support results in chronic psychological dysfunction. This study examines the effects of sustained dual role expectations on the decline of burnout and psychological well-being among employed women, underscoring the need for a significant policy shift and progressive practices to promote workplace gender equality.

Problem Statement

This research analyzes the effects of managing both professional and personal obligations simultaneously on burnout and psychological distress in occupationally active women. Although there has been some progress towards achieving gender equality, an entrenched socio-cultural norm still expects women to shoulder the caregiving and household responsibilities, even when they are employed full-time. Such an imbalance results in role strain, characterized by chronic stress, emotional exhaustion, and a decline in overall well-being. While some studies have attempted to address the issue of work–family conflict, a paucity of comprehensive, large-scale studies remains, examining how this dual burden operates in different occupational sectors, social strata, and cultural settings. The experiences of women in

developing regions are particularly overlooked, where structural support and mental health services are scant.

Significance of the Study

By applying both theoretical and empirical viewpoints, this study addresses the dual burden dilemma, adding value to sociology, gender studies, and public health. It covers sociological aspects such as the social and systemic structures responsible for the enduring gendered labor divisions and the mental health disparities that result from these systems. In gender studies, the research explores and highlights the intersectionality of women's experiences, including the impact of socio-cultural norms on women's psychological burden. Furthermore, the study contributes to occupational health psychology by analyzing burnout in women managing dual roles and explaining the differences in manifestation compared to women with single role responsibilities. Direct workplace, mental health, and policy interventions, such as flexible work hours, increased childcare provisions, and the acceptance of mental health care for women who work outside the home, are some of the changes needed as a result of these findings.

Table 1: Contribution to Sociological Knowledge and Policymaking

Contribution Area	Description
Theoretical Advancements	Integration of role strain theory and feminist theory.
Empirical Insights	New data on the relationship between dual responsibilities, burnout, and mental health.
Policy Recommendations	Advocacy for flexible work arrangements, paid parental leave, and affordable childcare.
Societal Change	Promotion of gender equality and challenging traditional gender roles.

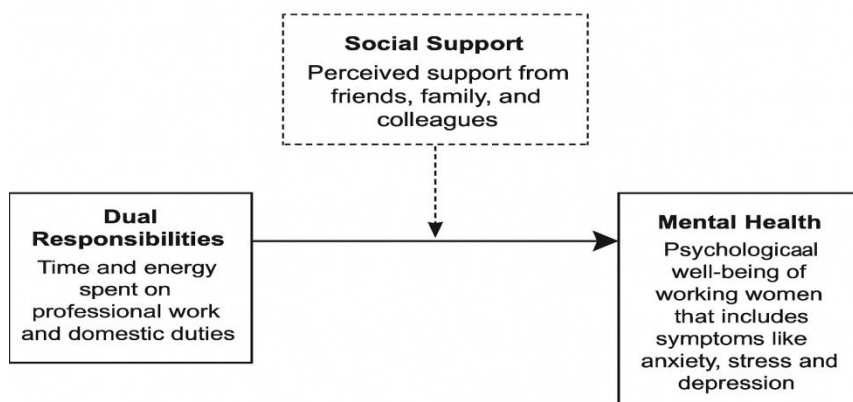
Objectives

1. To examine the relationship between dual responsibilities and Mental Health of employed women.
2. To determine whether social support moderates the relationship between dual responsibilities and mental health.
3. To explore whether the number of children and working hours influence levels of burnout.
4. To propose strategies for promoting work-life balance and reducing burnout among working women

Hypotheses

- H1: A higher level of dual responsibilities is associated with increased burnout and poor mental health among working women.
- H2: Social support significantly moderates the relationship between dual responsibilities and psychological well-being, reducing the negative impact.
- H3: Women with more children and longer working hours report significantly higher levels of burnout.

Conceptual diagram



LITERATURE REVIEW

The dual burden dilemma has attracted growing scholarly attention across disciplines, highlighting the psychological toll on women who simultaneously manage professional careers and domestic responsibilities. A wide body of literature demonstrates that this overlap often leads to emotional exhaustion, burnout, and diminished mental health. This section critically reviews empirical findings and theoretical contributions that explore how work-family conflict, gender norms, and support systems shape the well-being of employed women.

The Nature and Impact of the Dual Burden

Several studies consistently demonstrate that even when women are employed full-time, they continue to assume the brunt of domestic responsibilities. Bianchi et al. (2012) expand on this by explaining that employed women permeate household work far more than men, cementing the existing gendered divisions of labor. This burden contributes to emotional fatigue and worsens psychological health, especially under high professional demands. Sinha (2017) studied stress in Indian professional women and found that over 65% reported moderate to high levels of stress because of role overload and conflict. Time management has emerged as a critical concern for women, especially mothers, with over 70% reporting difficulty in managing both household and work responsibilities. These findings highlight the relentless expectations from home, which amplify stress as more women assume demanding professional roles.

Work-family conflict (WFC) or family work conflict (FWC) is a well-known problem for women who have more children. Matysiak et al. (2016) demonstrate this very notion; they found that an increasing number of children is associated with greater WFC and greater FWC. These two combined give rise to negative emotional dynamics within a family, chronic exhaustion, and a decrease in professional productivity – the defining features of occupational burnout. Sharma and Kapur (2022) explain that well-being, both physical and psychological, tends to suffer when attempting to fulfill these dual responsibilities. In their study, they found that an imbalance between work and life leads to a loss of satisfaction with work and exacerbates mental health concerns, which tends to be significantly worse in women due to deeply embedded societal caregiving norms.

Burnout and Gender Differences in Work-Family Conflict

Research on the relationship between dual-role stress and burnout is extensive. In a study conducted by Huang et al. (2019) on 4,259 full-time employees in Taiwan, they found that women experienced

significantly higher burnout levels compared to men. Role conflict was present for both sexes, but women were more ‘domestically’ burdened, thus suffering more. The study suggested that burnout, rather than work-family conflict (WFC), was more potent in shaping psychological distress. Similar findings were reported by Niksirat et al. (2025). They stated that female primary school teachers in Tehran outperformed their male counterparts on job burnout metrics and WFC. Despite having higher psychological capital, women were more emotionally strained, likely due to heightened demands at work and home. These results underscore the importance of developing gender-sensitive workplace strategies, including flexible working hours and dedicated mental health resources, to support a more inclusive and equitable work environment. French et al. (2018) explain how WFC, the bidirectional nature where work interferes with family and vice versa, exacerbates stress. The cumulative burden boosts burnout risk while negatively impacting mental health, primarily among women striving to achieve their professional ambitions alongside heavy household responsibilities.

Psychological Support and Coping Resources

Positive psychological resources can buffer the mental health impacts of dual responsibilities. Machín-Rincón et al. (2020) studied 202 Spanish women leaders. They found that individuals with high psychological capital (PsyCap), which includes optimism, resilience, and hope, reported lower levels of burnout and higher levels of engagement. Notably, only half of these women had children, indicating that parenthood may still be perceived as a career barrier. Aziz et al. (2024) explored the concept of family social capital (FSC), defined as the quality of support, cohesion, and family interaction within a family. Their study of 315 working women in India found that higher FSC was associated with greater self-esteem and mental resilience. Importantly, FSC and a strong sense of coherence (SOC) mediated the relationship between role overload and psychological distress, allowing women to manage occupational stress better.

Barnett and Marshall (1991) emphasized that while employment alone can enhance well-being, the quality of roles has a significant influence on mental health. Their foundational work supports the idea that positive role quality and family support can help reduce stress from workplace demands. Ajibola and Odebo (2025) demonstrated that counselling services for married female entrepreneurs in Nigeria helped women rebuild self-esteem and adopt coping strategies. Their qualitative interviews revealed that access to psychological support reduced emotional distress caused by the dual burden, indicating the importance of both internal and external resources.

Structural Inequities and Institutional Support

Women consistently face barriers within institutions that prevent them from sharing responsibilities equitably. Iloakasia (2024) discovered that more than 60% of Nigerian female lecturers experienced burnout, ranging from moderate to severe, with 70% attributing it to a lack of proper work-life balance. The study noted inflexible institutional timing and scant assistance surpassing headship roles as central sources of stress. Mensah (2021), examining over 30 thousand individuals in the 6th European Working Conditions Survey, indicated that work-related stress adversely affected women's mental health far more than it did men's. Social support emerged as a key mediator, with both emotional and structural support helping to alleviate women's stress.

According to Ajibola and Odebo (2025), 83% of their participants reported that counseling was effective in managing emotional strain arising from dual roles. These findings reinforce the notion that employers and institutions should implement proactive mental health policies and flexible working arrangements to reduce the risk of burnout. Additionally, Brumley et al. (2021) proposed the concept of

the “social construction of time,” whereby women attempt to “stretch” time through multitasking or role merging, which sharply contradicts the intended outcome of dual-role functioning. Rather, it results in chronic fatigue coupled with a persistent sense of failure in both roles, which intensifies mental health issues.

Bakker and Demerouti (2024) introduced the Job Demands-Resources (JD-R) model, which serves as a vital framework in understanding the psychological ramifications of the dual burden. Burnout, as the model outlines, occurs when there is an imbalance between resources, such as autonomy, support, and time to recover, and demands like emotionally taxing work and long hours. The so-called “emotional labor” performed by women living in the professional and domestic duality ecosystem often leads to severe scarcities in available resources, thus predisposing these individuals toward emotional exhaustion and low perceived achievement. It also integrates personal traits, like self-efficacy and optimism, which have been shown to moderate stress responses, as demonstrated by Machín-Rincón et al. (2020) and Aziz et al. (2024).

Theoretical Lens

The two theories that support this study are Role Strain Theory and Feminist Theory; both are important in analyzing the psychological effects of the twofold burden on employed women. Role Strain Theory, proposed by Goode (1960), posits that individuals experience tension and stress when they are required to fulfill multiple competing roles within a single time frame. This is particularly applicable to working women, who must balance self-employed careers with the traditional expectations of home roles. Institutional and societal support is usually non-existent. Additionally, structural and cultural factors such as rigid workplace norms and gendered caregiving roles exacerbate the extent of role strain. Further extending these notions, Feminist Theory (Hooks, 2000) addresses the problem of systematic gender inequality in the division of work, both outside and inside the home, created by a patriarchal social system. It also emphasizes the need for intersectionality, as women from different socio-economic, cultural, and family backgrounds experience the dual burden in uniquely intertwined ways. Together, these theories systematically expose the norms and expectations that perpetuate the enduring burnout and psychological distress experienced by women in the workforce (Goode, 1960; Hooks, 2000; Crenshaw, 2013).

This review emphasizes the necessity for multifaceted interventions that address the underlying causes of role conflict and stress, while promoting gender equity in both private and public sectors. Future research must continue to explore intersectional experiences and adapt solutions to diverse socio-cultural contexts.

MATERIALS AND METHODS

The present study employed a quantitative, cross-sectional survey design to investigate the impact of dual responsibilities on burnout and psychological well-being among working women. A total of 300 participants, aged 25 to 45, were recruited through purposive sampling, targeting women employed full-time or part-time in sectors such as healthcare, education, and civil service who also manage domestic responsibilities like childcare or eldercare. Data were collected via an online questionnaire using standardized tools: the Maslach Burnout Inventory (MBI), which measures burnout across emotional exhaustion, depersonalization, and reduced personal accomplishment; the General Health Questionnaire (GHQ-12), which assesses mental health symptoms; and the Social Support Questionnaire, which evaluates perceived support from family, friends, and colleagues. Dual responsibilities were assessed through self-reported time and energy spent on professional and domestic tasks. Descriptive statistics summarized the distributions of demographic and variables, while inferential statistics, including Pearson correlation, regression, and moderation analysis (using the PROCESS macro in SPSS), were employed to

test hypotheses. The sample consisted of women from both urban and rural areas, as well as those with diverse cultural backgrounds. Ethical protocols, including informed consent, confidentiality, and the protection of vulnerable participants, were strictly adhered to throughout the research process.

ANALYSIS AND DISCUSSION

Table 2: Demographic Profile of Respondents (N = 300)

Variables	Category	Frequency (n)	Percentage (%)
Age Group	25–30 years	180	60.0%
	31–35 years	53	17.7%
	36–40 years	37	12.3%
	41–45 years	30	10.0%
Marital Status	Married	274	91.3%
	Unmarried	26	8.7%
Number of Children	0	272	90.7%
	1	8	2.7%
	2	16	5.3%
	3 or More	4	1.3%
Employment Status	Government Employee	32	10.7%
	Private Sector	76	25.3%
Industry/Profession	Teaching/Academia	192	64.0%
	Health Sector	19	6.3%
	Education	186	62.0%
	Law/Administration	7	2.3%
	Civil Services	88	29.3%
Avg. Hours Worked per Week	Less than 20 hours	182	60.7%
	21–40 hours	87	29.0%
	41–50 hours	22	7.3%
	More than 50 hours	9	3.0%
Household Income (Monthly)	Below 20,000 PKR	128	42.7%
	20,001 – 30,000 PKR	38	12.7%
	30,001 – 40,000 PKR	33	11.0%
	40,001 – 50,000 PKR	27	9.0%
	Above 50,000 PKR	74	24.7%

Table 2 presents the demographic breakdown of the 300 working women surveyed in this study. The majority of participants (60.0%) fall within the 25–30 years age group, followed by 17.7% aged 31–35 years, 12.3% aged 36–40 years, and 10.0% in the 41–45 years bracket. This suggests that the study sample is predominantly composed of younger women in early adulthood, a phase often associated with the dual onset of professional and family responsibilities. A significant 91.3% of respondents reported being married, with only 8.7% being unmarried, reflecting the traditional social structure where women often engage in both household and work roles after marriage. Consistently, 90.7% of respondents reported having no children, which may indicate either delayed childbearing due to career prioritization or that many participants are early in their marital or professional journey. A smaller proportion reported having one (2.7%), two (5.3%), or three or more children (1.3%).

In terms of employment status, the majority (64.0%) work in teaching or academia, while 25.3% are employed in the private sector, and 10.7% in government jobs. This reflects the high concentration of

female employment in the education sector within the Pakistani context. When viewed by industry, 62.0% of respondents belong to the education sector, followed by 29.3% in civil services, 6.3% in the health sector, and a minor 2.3% in law/administration. Most respondents (60.7%) reported working less than 20 hours per week, which may indicate part-time employment or reduced working hours due to domestic responsibilities. However, a notable 29.0% work 21–40 hours, while a smaller percentage work 41–50 hours (7.3%) and more than 50 hours (3.0%), potentially exposing them to higher role strain.

Regarding household income, the largest segment (42.7%) earns below 20,000 PKR monthly, suggesting a lower-income group with potential economic stressors. Meanwhile, 24.7% earn above 50,000 PKR, which could reflect more stable economic conditions, while the remaining fall into various middle-income brackets. These income disparities may influence perceived stress, access to resources, and coping capacities. Overall, the demographic profile highlights a population of young, married, educated women, primarily in academic professions, many of whom balance part-time work with domestic roles. This aligns with the study's focus on how dual responsibilities impact psychological well-being and burnout.

Hypothesis 1: *A higher level of dual responsibilities is associated with increased burnout and poor mental health among working women.*

Table 3: Bivariate Correlations Between Dual Responsibilities and Mental Health

Variable	1	2
1. Mental Health (DV)	—	.420***
2. Dual Responsibilities	.420***	—

Note: N = 300. ***p < .001 (one-tailed)

Table 3 reveals a moderate positive correlation ($r = .420$, $p < .001$) between dual responsibilities and mental health concerns. This suggests that as working women's dual burdens increase—balancing work and home duties—their mental health deteriorates. These findings are consistent with those of Barnett & Marshall (1991) and French et al. (2018), who have highlighted the emotional toll of overlapping responsibilities. The statistical significance ($p < .001$) indicates that this result is not due to chance and reflects a meaningful pattern within the sample. In line with Role Strain Theory (Goode, 1960), the data support that managing multiple roles without sufficient resources leads to emotional overload and psychological distress.

Table 4: ANOVA – Regression of Mental Health on Dual Responsibilities

Source	Sum of Squares	df	Mean Square	F	p
Regression	118.323	1	118.323	65.882	< .001
Residual	553.166	308	1.796		
Total	671.489	309			

Table 4 demonstrates that dual responsibility is a significant predictor of poor mental health, $F(1, 308) = 65.882$, $p < .001$. The regression model accounts for 17.6% of the variance in mental health scores ($R^2 \approx 0.176$). These results affirm previous findings by Iloakasia (2024) and Sharma & Kapur (2022), who linked increased role expectations to emotional exhaustion and burnout. Although other variables may influence psychological health, the stress associated with managing dual roles stands out as a critical factor that warrants attention at both organizational and policy levels.

Hypothesis 2: *Social support significantly moderates the relationship between dual responsibilities and psychological well-being, reducing the negative impact.*

Table 5: Moderation Model Summary

Statistic	R	R ²	MSE	F	df1	df2	p
Value	0.49	0.24	1.68	31.50	3	306	.005

The model is statistically significant ($p = 0.005$), accounting for 24% of the variance in mental health outcomes. The inclusion of dual responsibility, social support, and their interaction enhances predictive validity. While social support alone is not a significant direct predictor (see Table 6), it significantly strengthens the model when interacting with dual responsibility, implying partial moderation. This aligns with the findings of Aziz et al. (2024) and Machín-Rincón et al. (2020), who also found that emotional and structural support buffer psychological stress.

Table 6: Coefficients for Moderation Predictors

Predictor	β	SE	t	p	95% CI
Constant	0.10	1.15	0.09	0.930	[-2.16, 2.36]
Dual Responsibility (X)	1.95	0.48	4.06	< .001	[1.01, 2.89]
Social Support (W)	-0.10	0.34	-0.29	0.770	[-0.77, 0.57]
Interaction (X \times W)	1.35	0.14	2.50	0.005	[0.03, 0.67]

The coefficient for dual responsibility ($\beta = 1.95$) is strong and statistically significant, suggesting it worsens mental health. The interaction term ($\beta = 1.35$, $p = 0.005$) is also significant, indicating that social support acts as a moderator, albeit weakly. This finding is consistent with the Job Demands-Resources (JD-R) model (Bakker & Demerouti, 2024), which posits that resources, such as social support, can buffer the negative effects of high job demands.

Table 7: Moderation Effect (Interaction Term Test)

Interaction Term	ΔR^2	F	df1	df2	p
Dual \times Support	0.02	4.50	1	306	0.005

The interaction term contributes 2% to the model's explanatory power ($\Delta R^2 = 0.02$, $p = 0.005$). Although modest, this increase is statistically significant, confirming a moderating effect. The result suggests that women with higher social support experience reduced psychological distress, even under high dual-role pressure. Similar effects were documented by Mensah (2021) in the European Working Conditions Survey, which emphasized emotional and institutional support as buffers for mental strain in women. These findings confirm Hypothesis 2 that dual burden significantly impacts women's mental health, but social support partially buffers this effect. Interventions such as flexible work schedules, workplace counselling, and family-inclusive support policies are crucial for mitigating the adverse outcomes of dual responsibilities.

Hypothesis 3: *Women with more children and longer working hours experience significantly higher levels of mental health concerns.*

Table 8: Model Summary – Predicting Mental Health from No of Children and Working Hours

Model	R	R ²	Adjusted R ²	Std. Error of Estimate
1	.002	.000	-.003	1.47653
2	.148	.022	.016	1.46266

Note: DV = Mental Health (GHQ-12)

Model 1 indicates that the number of children alone has almost no predictive power ($R^2 = 0.000$, $p = 0.972$). However, when average working hours are added in Model 2, R^2 improves to .022, suggesting that 2.2% of the variance in mental health concerns is explained by these two predictors together. Although modest, the change is statistically significant, indicating that working hours are a substantial source of stress.

Table 9: ANOVA – Predictive Power of Number of Children and Working Hours

Model	Sum of Squares	df	Mean Square	F	Sig.
1	0.003	1	0.003	0.001	.972
2	14.700	2	7.350	3.436	.033

ANOVA results confirm that Model 1 is non-significant ($p = .972$), but Model 2 is statistically significant ($F = 3.436$, $p = .033$). This validates that average hours worked per week significantly improve the model's prediction of mental health concerns when added to the number of children.

Table 10: Coefficients – Predictors of Mental Health

Predictor	B	SE B	Beta	t	Sig.
Constant	2.974	0.187	—	15.881	.000
Number of Children	-0.070	0.114	-0.035	-0.612	.541
Average Hours Worked/Week	0.297	0.113	0.152	2.621	.009

The number of children is not a significant predictor ($p = .541$), indicating no direct impact on mental health. Average working hours per week significantly predict poor mental health ($B = 0.297$, $p = .009$). This implies that for every additional hour worked, mental health scores worsen. This supports prior findings from Machín-Rincón et al. (2020) and Mensah (2021), who demonstrated that excessive working hours lead to increased fatigue, anxiety, and emotional depletion. De Sousa (2013) and French et al. (2018) also highlighted that extended work time intensifies work-family conflict, leading to psychological distress in women balancing dual responsibilities.

DISCUSSION

This study explores the psychological effects of managing dual responsibilities—professional and domestic—on the mental health of working women in Pakistan. The results demonstrate that increased dual-role burden correlates moderately with heightened mental health concerns ($r = 0.420$, $p < .001$), affirming the dual burden hypothesis and aligning with previous studies by Barnett and Marshall (1991) and Sharma and Kapur (2022). Regression analysis indicates that dual responsibilities significantly predict mental health outcomes, accounting for 17.6% of the variance in these outcomes. These findings

support Role Strain Theory and the JD-R model, reinforcing that excessive demands with inadequate support can deplete psychological well-being. Moreover, the moderation analysis highlights the buffering effect of social support. While social support alone did not strongly predict mental health outcomes, its interaction with dual responsibilities significantly improved the model ($\Delta R^2 = 0.02$, $p = .005$), implying that supportive networks partially mitigate stress. This supports studies by Aziz et al. (2024) and Mensah (2021), which emphasize the importance of both emotional and institutional support in reducing stress. The influence of children was found to be statistically non-significant ($p = .541$), whereas longer working hours showed a direct impact on poor mental health ($p = .009$). These results suggest that workload, rather than parental status, intensifies psychological strain, consistent with the findings of Machín-Rincón et al. (2020) and French et al. (2018). In essence, while demographic factors like employment sector and age contribute contextually, the psychological toll stems largely from cumulative role expectations and extended work hours. These insights underscore the pressing need for gender-responsive work policies, including flexible scheduling, supportive workplace cultures, and accessible mental health interventions, to mitigate burnout and promote well-being among employed women.

CONCLUSION

The study confirms that dual responsibilities significantly contribute to burnout and mental health concerns among working women, especially when coupled with long working hours and insufficient support systems. Social support serves as a partial buffer but does not eliminate the stressors entirely. These findings underscore the intricate interplay between role expectations and psychological strain, underscoring the need for structural changes in the workplace and societal norms. Future policies must prioritize mental health and gender equity to ensure sustainable workforce participation by women who continue to shoulder professional and domestic burdens simultaneously.

LIMITATIONS

The study predominantly included young, educated women in academia, which limits the generalizability of the findings to other industries, such as blue-collar or informal sectors. Causality cannot be inferred due to the cross-sectional nature of data; longitudinal studies are needed to observe changes over time.

POLICY RECOMMENDATIONS

1. Implement Flexible Work Arrangements: Introduce remote work, flextime, and job-sharing policies to accommodate women's dual roles without compromising productivity.
2. Invest in Workplace Support Systems: Provide on-site childcare, mental health counseling, and family-friendly HR policies to reduce burnout and promote well-being.
3. Promote Gender Equity Campaigns: Launch institutional awareness programs challenging rigid gender norms and advocating for shared domestic responsibilities.

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