

SELF-CARE OF WOMEN WITH DUAL ROLE OVERLOAD

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Abstract: The main aim of the research was to examine the level of negative consequences of workload (burnout and perceived stress) of women working in helping professions due to the extent of overload within the family. The second aim of the study was to clarify the self-care of women suffering from dual role overload. 112 women (M=38.4 years, SD = 10.43) who worked full-time and took care of at least one child (min. age of the youngest child was in the range of 3-15 years) participated in the research. All participants completed two instruments measuring burnout syndrome (MBI-HSS), perceived stress (PSS-10), family overload and performed activities of self-care (VSS). In general, women experience a medium level of emotional exhaustion, higher than average level of perceived stress and higher than average level of family strain. There were negative significant relationships of a slight to moderate level found between the three areas of self-care (psychological, work and health) on the one side and work (emotional exhaustion, perceived stress) and family overload on the other. Women with a higher level of dual role overload (n= 44; 39.3%) significantly differed from women with a lower one (n=68, 60.7%). This was particularly the case in the performance of psychological, work and health self-care. In the area of self-care in terms of physical activities, there were no differences identified. The findings suggest that self-care can play an important role in reducing the level of sensation of dual role overload on women working in helping professions.

Keywords: women, helping professions, emotional exhaustion, perceived stress, dual role overload.

1 Dual role overload of women

Women enact many formal and informal roles in the society, but family and work are the two most important domains in many women's daily life. The conflict of these two spheres often causes excessive work and family burdens that can negatively impact women's overall quality of life. In addition, continuous societal changes can reinforce these conflicts (Fedáková, Stangl, Veira, 2008; Fedáková, 2009).

The topic of overload and finding a balance between work and family has become a very current research area (e.g. Györfy, Dweik, Girasek, 2016; Glynn, Maclean, Forte, Cohen, 2009). Older research has already confirmed the significant negative relationship between the stressors of work and family and the subjective well-being of employed women, (e.g. Makowska, 1995). More recent studies (e.g. Erlandsson, Eklund, 2003; Raskin, 2006) have highlighted the adverse impact the combination of work and family responsibilities can have on women. Portela et al. (2013) have also confirmed the negative impact of the interaction between home strain and workload. In this study, the authors mainly monitored physiological overload indicators and blood pressure in particular.

The psychosocial characteristics of work and the diversity of women's roles have been examined in several studies (e.g. Krantz, Ostergren, 2000; Krantz, Ostergren, 2001). These have aimed to identify the important determinants of women's health and found that exposure to dual overload is a particular risk factor. This causes women to perceive the level of multi-role requirements as being above a certain limit, creating a potential risk of developing imbalances, which in turn can cause the worsening of overall health (Krantz, Berntsson, Lundberg, 2005). In comparison to men, women have a greater number of health problems which are connected to overload (Krantz, Ostergren, 2001). According to Nordenmark (2002), engaging in multiple roles is a greater source of stress for women than for men. Therefore, it is women living with dual role overload that can be considered a risky group in terms of maintaining mental health and subjective well-being, what can be more intensive regarding women working in helping professions, similar to what Györfy et al. (2016) think of.

The higher risk of burnout and the incidence of mental health problems among women working in helping professions has

been demonstrated in several studies, e.g. in the case of palliative care nurses (Kuerer, Eberlein, Pollock, et al., 2007). Ahmad (2010) found that a doctor's family/work conflict has a mediation impact on the relationship between overload and emotional exhaustion. One of the explanations is based on the effect that social and cultural expectations have (Dillaway, Paré, 2008). These expectations can lead women to believe that their primary role is to be "babysitters" of children, family members, clients, patients, or family and work relationships in general. The effort of women to meet these high expectations can not only lead to an overload at work and in the family, but also to the development of burnout (Killian, 2008; Györfy et al., 2016). In addition to the profession that women do, it belongs to the sphere of helping professions in which the imperative of caring for others is multiplied, but the question of self-care, as well as the prevention of the negative consequences of the helping, is often neglected (Mesárošová et al., 2017).

The helping professions themselves are considered risky in terms of the emergence and development of burnout syndrome (Griner, 2013; Pagnin et al. 2016). One of the reasons is the essence of helping work which is a significant personal commitment and has a low rate of return on personal investment (Honzák, 2009). Excessive workloads are another cause of increasing stress. If this stress exceeds the individual's ability to cope with it, it becomes distress. When this becomes a long-term condition, chronic psychosocial stress can develop and this is a generally accepted reason for the development of burnout (Maslach, Leiter, 2017).

Labour market gender representation statistics have shown that segments of helping professions in Slovakia are significantly feminized (Danielová, Lauko, 2015; Škoviera, 2015). This multi-role status is represented in women in the current research sample by the actual care of others at work as well as care of the family. This creates a space for experiencing dual overload (Krantz et al. 2005; Honea et al.; 2008).

1.1 Self-care in relation to role overload

One way of compensating or preventing the negative consequences of helping work and simultaneous family overload, is self-care (Honea et al., 2008; Skovholt, Trotter-Mathison, 2016). The essence of self-care is the conscious engagement of the individual in activities that enable him/her to achieve, maintain or restore the state of physical and mental well-being (Lovaš, 2014; Lovašová, 2016). According to Moore et al. (2011), the most important task of self-care is reducing stress. Other research among helping workers has shown that performing activities in different areas of self-care (physical, psychological, occupational, health...) not only leads to the reduction of stress but also emotional exhaustion (the first level in the burnout process) (Cohen-Katz et al., 2005; Alkema et al., 2008; Griner, 2013) and compassion fatigue (Kearney et al., 2009; Köverová, 2018b). Richards et al. (2010) has presented empirical evidence regarding the relationship between burnout and self-care and the positive effect of these self-care activities on the subjective well-being of those working in the helping professions. These activities are those activities related to physical, psychological, professional and spiritual areas. Likewise, Barnett et al. (2007) has explained that self-care prevents, disrupts, and minimizes the symptoms related to burnout, as well as the other negative consequences of helping. The self-care activities which can help professionals reduce burnout include the ability to set priorities, searching for social support, time management, ability to reassess the situation, self-monitoring, reducing excessive burden e.g. relaxation or participation in stress reduction activities (Baruch, 2004).

In accordance with the theoretical background, the objectives of the presented research were formulated. The main aim was to investigate the level of work overload (measured by emotional exhaustion and perceived stress, Köverová, 2018a) and family

overload among women working in the helping professions. At the same time, the link between work overload and overload of family responsibilities were investigated. Furthermore, the study tried to clarify the level and structure of self-care of women in the context of dual overload.

2 Method

2.1 Research sample

Quota sampling was used to select respondents for the research. The selection criteria were as follows: women who work full-time in helping professions and take care of at least one child (min. age of the youngest child was in the range of 3-15 years). From 163 respondents, 112 met the criteria. Finally, the research sample consisted of 112 women, aged between 28-57 years old ($M=37.4$ years, $SD = 10.43$). All respondents worked directly with their clients and their work experience varied from 1 to 37 years ($M = 9.47$; $SD = 7.67$). The following helping professions were represented in the sample: 59 health professionals, 37 social workers, 16 psychologists. The respondents were addressed both in person and electronically.

2.2 Measures

The Maslach Burnout Inventory-Human Services Survey (MBI-HSS; Maslach et al., 1996). The instrument consists of 22 items which measure the level of burnout syndrome through three subscales: emotional exhaustion, depersonalisation and personal accomplishment. For the purposes of this research, only the emotional exhaustion subscale was used. The emotional exhaustion subscale measures feelings of being emotionally overextended and exhausted by one's work. It consists of 9 items, e.g. "I feel emotionally drained from my work." Respondents indicate the frequency of experiencing work-related feelings using a 7-point scale (1 = never; 7 = every day). The internal consistency estimates (Cronbach's alpha) for emotional exhaustion was 0.90 (Maslach et al., 1996). In the current research, the Cronbach's alpha estimates were 0.878 for emotional exhaustion. The English version was created by back-translation and the validation study of the Slovak version of this scale is in review (Ráčová, Köverová, in review process).

The Perceived Stress Scale (PSS; Cohen et al., 1983). The validated Slovak version of this 10-item measure was used to assess the level of perceived stress among helping professionals (Ráčová, Hricová, Lovašová, 2018). Respondents are asked to indicate the frequency of their feelings and thoughts during the last month on a 5-point scale (1 = never; 5 = very often); e.g. "In the last month, how often have you felt nervous and "stressed"?. A higher score indicates a higher level of perceived stress. The Cronbach's alpha estimates of the instrument were acceptable (Cohen et al., 1983). In this research, the reliability (Cronbach's alpha) of the perceived stress scale was 0.85.

The scale of Family overload (inspired by Ištoňová, 2017) consists of four items ("I can't find the strength and energy at home to do everything I expect from myself." „I have to do things in the home that I really don't have the time and energy to

do." "I feel like I do things quickly and maybe less carefully at home to get things done." "I feel that housework and family care are so exhausting that I no longer have the energy to devote to myself. "). The answers are rated on a 5-point scale (1 = totally disagree, 5 = totally agree). Higher scores indicate higher levels of overload in the family. The Cronbach's alpha estimates was 0.87.

The Performed Self-care Questionnaire (VSS, Lichner, Halachová, Lovaš, 2018) was used to measure the frequency of engaging in self-care activities, i.e. activities in the area of self-care that an individual performs intentionally and of his/her own accord. The present research was based on the concept of self-care as a comprehensive implementation of these activities (Moore, 2011). The Performed Self-care questionnaire consists of 31 items which focus on the following four areas of self-care: psychological (factor F1, e.g. "I suppress a bad mood."), work (factor F2, e.g.: „I use professional education to cope with my workload.“), health (activities performed in the event of health problems, factor F3, e.g. "I avoid situations with risk of disease.") and physical well-being (factor F4, e.g. "I do exercise because of keeping fit"). The items in the questionnaire are answered on a 5-point scale (1 = never; 5 = always). A higher score indicates a higher level of self-care activities in each of the four factors. The questionnaire and factors have good internal consistency (Cronbach's alpha .76 - .93; Lichner et al., 2018). In the current research, the Cronbach's alpha estimates were 0.88 for psychological self-care, 0.79 for work self-care, 0.68 for health self-care and 0.78 for physical self-care.

2.3 Statistical analyses

Descriptive analyses, differential statistics (Mann-Whitney U test) and correlations (Spearman correlation coefficient) were used in the study. The data were analysed using the IBM SPSS 21.

3 Results

3.1 Descriptive analyses

The main goal of the research was to find out the level of work overload – both in the form of emotional exhaustion and perceived stress - as well as the level of family overload in a selected group of women working in the helping professions.

The results of the descriptive analysis are presented in Table 1. These indicate that in general, women experience a medium level of emotional exhaustion ($M = 3.56$; $SD = 1.12$), higher than average level of perceived stress ($M = 2.81$; $SD = 0.47$) and higher level of family strain ($M = 2.93$; $SD = 0.95$). It can be said, albeit with caution, that women experience strain both at work and at home.

Regarding the level of self-care, the comparison of the four mean scale scores indicate that the most used self-care activities among women were the psychological self-care activities whereas the least used were the physical ones. From the other ways of self-care, it can be seen that well-being at work and health self-care were performed more often (more than average).

Table 1: Means, standard deviations and internal consistency (α) of measured variables ($n = 112$).

Measure subscales	Mean	SD	Min	Max	Scale range	α
Perceived stress	2.81	0.47	2.21	3.54	1-5	0.851
Emotional exhaustion	3.56	1.12	1.33	5.00	1-7	0.878
Family overload	2.93	0.95	1.13	4.70	1-5	0.873
Self-care – psychological	4.11	0.42	1.06	5.00	1-5	0.881
Self-care - work	3.35	0.77	1.00	5.00	1-5	0.792
Self-care – health	3.82	0.63	1.43	5.00	1-5	0.681
Self-care - physical	3.01	0.86	1.00	5.00	1-5	0.784

3.2 Correlation analyses

The second aim of the present research was to find out whether there were relationships between the measured variables: emotional exhaustion, perceived stress, overload by family responsibilities and self-care areas. Based on the correlation analyses (Spearman correlation coefficients, Table 2), it can be concluded that there are significant moderate positive interrelations between emotional exhaustion and perceived stress ($r = 0.542$, $p < 0.01$), emotional exhaustion and family overload ($r = 0.345$, $p < 0.05$) and between perceived stress and family overload ($r = 0.369$, $p < 0.01$).

In terms of the relationships between overload at work and family and performed self-care activities, the following

Table 2: Results of correlation analyses (* $p \leq 0.05$; ** $p < 0.01$)

Measure subscales	Perceived stress	Emotional exhaustion	Family overload	Self-care psychological	Self-care work	Self-care health	Self-care – physical
Perceived stress	-	0.542*	0.369**	-0.551*	-0.423**	-0.442*	-0.195
Emotional exhaustion	0.542*	-	0.345*	-0.374*	-0.281*	-0.513*	-0.333*
Family overload	0.369**	0.345*	-	-0.293*	-0.316**	-0.322*	-0.223

3.3 Results of group comparison

The final and most important goal of the research was to clarify the level and structure of self-care in women with dual overload. In the current research, dual role overload has been defined as the women who had a score above the mean in the following variables: emotional exhaustion or perceived stress (or both) and at the same time showed an above mean score for family overload. 44 women (39.3%) out of the 112 women met these criteria. The comparison group consisted of 68 women (60.7%), who, in contrast, showed an average level of overload at work (specifically in emotional exhaustion and perceived stress) and in the family. It was decided not to work with extreme groups because of excessive data loss. Nevertheless, the data distribution was non-normal, which led to the decision to use non-parametric statistical procedures (Mann-Whitney U test).

Table 3: Results of group comparison (group with higher level of dual role overload $N=44$, group with lower level of dual role overload $N=68$, range of scale 1-5)

Measured variables	Groups according to the level of dual role overload	M	SD	Mann-Whitney U test * $p \leq 0.05$
Self-care - psychological	higher level	2.53	0.76	0.023*
	lower level	3.62	0.56	
Self-care - work	higher level	1.74	0.88	0.014*
	lower level	2.52	0.71	
Self-care - health	higher level	2.03	0.56	0.004*
	lower level	2.97	0.41	
Self-care – physical	higher level	1.82	0.44	0.234
	lower level	2.11	0.51	

4 Discussion and conclusion

Recently, there has been a significant increase in the workload and negative consequences of work, especially in the social and health care sectors (Györfy et al., 2016; Tabaková et al. 2011). The situation of women working in these areas, as well as in others, is specific in terms of experiencing overload. Against this background of increasing overload in women, triggers can be found: high demands at work and family, role conflict, high expectations, women's own needs, dissatisfaction with quality of the role fulfilment and others (Fedáková et al., 2008; Pearson, 2008). The main mission of helping professions is to care for others. However, it is often forgotten that one of the basic conditions for an individual to be able to help others is the need

relationships have been found: emotional exhaustion (as one of the indicators of work overload) correlated significantly and negatively with each of the areas of self-care (psychological – $r = -0.374$, $p < 0.05$; work – $r = -0.281$, $p < 0.05$, health – $r = -0.513$, $p < 0.05$ and physical – $r = -0.333$, $p < 0.05$). On the other hand, perceived stress (the second indicator of work overload) correlated negatively with psychological ($r = -0.551$, $p < 0.05$), work ($r = -0.423$, $p < 0.01$) and health self-care ($r = -0.442$, $p < 0.05$). However, the relationship with physical self-care ($r = -0.195$) has not been confirmed. Finally, negative correlations between family overload and performed activities of self-care in all areas – psychological ($r = -0.293$, $p < 0.05$), work ($r = -0.316$, $p < 0.01$), health ($r = -0.322$, $p < 0.05$) and physical ($r = -0.223$) were identified.

The results of the analyses are presented in Table 3. The mean scores are presented rather than the mean rank.

Women with a higher level of dual role overload significantly differed from women with a lower one. This was particularly in the performance of psychological self-care, self-care at work and self-care related to health. In the area of self-care in the context of physical activities, there were no differences identified. It can be said that women who experience higher overload both at work and in their families performed psychological self-care activities less frequently (e.g. activities related to interpersonal relationships, “black thoughts” suppression). They also were less likely to frequently perform self-care activities at work (e.g. creating a good atmosphere at work, making good relationships with colleagues) as well as health sustaining activities (activities performed in the event of health problems) compared to the group of women experiencing lower dual role overload.

to take care of his/her own mental and physical health (Wise, Hersh, Gibson, 2012; Hricová, 2018). In this context, the main aims of the research were also determined.

The initial focus of the research was on exploring workload (specifically in the form of emotional exhaustion and perceived stress) and the family overload of women working in helping professions as well as showing the links between these variables. The results of the descriptive analysis show that women experience a medium level of emotional exhaustion and a higher level of stress. At the same time, women perceive a higher level of family overload which is in line with the findings of Pavalko, Woodbury (2000).

It has also been shown that the women in the current study generally prefer psychological self-care before well-being at work or health self-care. The least preferred self-care area is physical self-care although it still has an above-average score. The preference for interpersonal care, personal growth activities and emotional control (the psychological sphere of self-care) has also been shown by Hricová (2018). These findings also correspond with the fact that women are more likely to pursue their self-development goals (Nurmi, 1992).

In terms of the relationships between the examined variables, the results of the correlation analyses have confirmed that the higher the level of family overload, the higher the level of perceived stress and emotional exhaustion at work (or it can be interpreted both ways). Likewise, in research on women working in the health services, Ahmad (2010) found that the feeling of role overload is related to greater emotional exhaustion as well as conflict between work and family.

It is also of interest that the results show relationships between the components of self-care and the overload signals at work and family. There were negative significant relationships of a slight to moderate level found between the three areas of self-care (psychological, work and health) on the one side and work (emotional exhaustion, perceived stress) and family overload on the other. Regarding to the correlation character of the research, we can talk about two interpretative lines. Firstly, as psychological, work and health self-care increase, emotional exhaustion and family overload decline. On the contrary, with the growing sense of overload at work and family, the need for self-care in these areas increases.

Mesárošová (2018a) found similar results in her research on social workers. She found that with increasing psychological and work self-care, the negative work-related consequences were reduced. The significance of psychological care for themselves in relation to fatigue relief has also been confirmed by Köverová (2018b).

Regarding physical self-care, there was only a moderate negative relationship with emotional exhaustion in the current study. One of the possible explanations is also related to the nature of the work. The work positions of women addressed are very physically demanding (custody and treatment of clients/patients, rehabilitation, etc.), and combined with many family responsibilities that are not less physically demanding, women are unlikely to need and feel the relief of other physical activities related to self-care.

However, the main aim of the study was to compare the level and structure of self-care in women experiencing heavy dual role overload to women who do not feel the overload to such a high degree. The starting point was the belief that in order to maintain mental and physical health and prevent stress-related diseases, the synergies between work- and personal-load need to be taken into account (Krantz et al., 2005). It was found that about 39% of the total number of women that were surveyed have suffered from both work-related and family over-limit claims. Women who have experienced work-related overload (particularly higher levels of emotional exhaustion and perceived stress) take care of themselves significantly less than the comparison group of women with lower dual-load. This was the case in three out of the four areas of self-care (psychological, occupational and health).

The negative relationship between mental workload and self-care activities has also been shown by Mesárošová (2018b). The preventive effects of self-care activities on burnout (emotional exhaustion as the most important component of burnout) and excessive stress have also been confirmed in several international studies (e.g. Alkema et al., 2008; Griner, 2013; Jones, 2005). From the point of view of application of knowledge for practice, we believe that raising competences in self-care (e.g. disseminating information and skills in ways of self-care, promoting self-regulation and self-efficacy in this area ...) is precisely what helps to reduce the consequences of the dual

role overload of work and family. The results suggest that different types of self-care have an impact on the amount and form of overload. In practice, this could lead to more targeted and effective prevention of burnout for example.

In terms of further research, it is important to pay more attention to examining the conditions in the area of work and family that cause the overload and conflict between women's roles. A deeper understanding of work and family life requires a number of perspectives related to working environment, work-related stress and work requirements, working hours, job satisfaction, family support, overall quality of life and mental health.

Moreover, a longitudinal exploration would help to understand the changing nature of job roles over time better and see how the stages of the family life cycle (e.g. childbirth and childcare) affect work and family interests. One of the limitations of the presented study is the fact that the group was composed only of women. This limits the possibilities for comparison. Another limitation is the self-assessing nature of the methodologies used, which may have distorted the results to some extent. The selection of respondents was intentionally focused on helping work although extending to other professions would increase the degree of external validity. Internal validity could be supported in the future by using other methodologies and linking quantitative and qualitative methods in the research. Further research includes comparing the overload rate for men and women and the inclusion of other types of professions. It is also of interest to consider verifying the benefits or supporting factors in the event of overload.

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Primary Paper Section: A

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