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BURNOUT SYNDROME AND ITS IMPACT ON HEALTH-RELATED QUALITY OF LIFE AMONG HOUSEWIVES IN SIALKOT: A CROSS-SECTIONAL STUDY

Saira Siddique[1], Khizra Mudassar[1], Noor-ul-ain Ansar[1], Shiza Zaidi

ABSTRACT: The objective of this study was to examine the prevalence of burnout syndrome and to evaluate its impact on the health and quality of life of housewives. In this cross-sectional study, data were collected from housewives of Sialkot using a purposive sampling method. Married multipara's women aged 25-50 years and have no pregnancy at the time of study were included. Maslach Burnout Inventory scale was used for the assessment of burnout syndrome in housewives and to check its impact of their quality of life, Bref-World Health Organization Quality of Life scale (QoL) was used. This study of 1152 housewives revealed a high prevalence of burnout syndrome, with 37.8% experiencing high-level burnout. Depersonalization was particularly severe, affecting 84.1% of participants at a high level. A series of linear regression analyses showed a significant negative impact of burnout on all domains of QoL. Total burnout scores were a strong indicator of lower Quality of Life across physical health ($\beta = -.383$, $p < .001$), psychological health ($\beta = -.287$, $p < .001$), social relationships ($\beta = -.409$, $p < .001$), environmental ($\beta = -.428$, $p < .001$), and overall general QoL ($\beta = -.581$, $p < .001$). Personal achievement showed a significant positive relationship with QoL ($\beta = .534$, $p < .001$). Especially in psychological and social well-being, burnout was strongly correlated with poor QoL. Therefore, housewives represent a high-risk group for mental distress, lacking support systems and requiring policy changes and stress-management interventions to improve their overall health and QoL.

Authors Affiliation:
[1]Department of Physical Therapy, University of Sialkot.

Correspondence Author Email:
sairasadeeq43@gmail.com

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INTRODUCTION

Burnout syndrome is a state of chronic physical, emotional, and mental exhaustion caused by prolonged stress, intense responsibilities, or inappropriate needs. It's like feeling completely drained as if person's "battery" is empty and can't recharge even after rest (1). Burnout is widespread among those who do too much for too long, such as unending caregiving or unpaid job. Due to lack of control or support their feeling stuck, unappreciated or isolated (2). Recent facts reveal disturbing burnout rates: 76% of healthcare workers in the U.S. report symptoms, while 52% of global employees experience chronic stress. The financial burden is shocking, with burnout costing $190 billion annually in healthcare spending and lost productivity in the U.S. alone. These figures highlight the importance of addressing burnout, yet they exclude populations outside formal employment structures (3).

Housewives are the most underserved population. They are engage in unpaid labor including childcare, meal preparation, cleaning, and emotional caregiving tasks demanding physical stamina, creative thinking, and emotional strength(4). Unlike paid work, domestic labor lacks fixed hours, with 68% of housewives in a 2022 global survey reporting workdays more than 12 hours. The physical cost includes repetitive strain injuries (e.g., 40% report chronic

back pain) and exposure to household toxins, while emotional labor involves resolving family conflicts and managing social expectations (5). Globally, 60% of housewives identify as women, reflecting socially enforced gender roles. In collectivist cultures (e.g., India, Japan), familial duty often dictates women's roles, whereas Western individualism increasingly pressures women to "balance" domestic and professional work (6).

Housewives face role overload, with 80% reporting "constant multitasking" as a key stressor. The absence of protective system such as paid leave or performance feedback heightens enlarges risk. Social isolation is common, with 55% citing loneliness as a major issue, compared to 30% in remote workers (7). The stress load of invisible labor (e.g., remembering appointments) further drains mental capacity. Chronic stress also causes hypertension (25% prevalence) and autoimmune disorders. Ergonomically unsafe tasks (e.g., lifting children) contribute to musculoskeletal issues, yet only 15% of housewives receive physical therapy(3). Burnout deeply harms the quality of life and physical health of housewives, turning everyday tasks into heavy burdens. Imagine waking up every morning already feeling tired, even before the day begins (8).

Highlighting burnout syndrome and its impact on the quality of life of housewives is deeply helpful and beneficial for society because it brings attention to a hidden crisis that affects families, communities, and economies. When society acknowledges that unpaid domestic labor like childcare, cooking, and cleaning is physically and emotionally exhausting, it starts to value the work housewives do (9).

The aim of this study was to examine the prevalence of burnout syndrome among housewives and to evaluate its impact on the health and quality of life of housewives. A lot of studies have been done to check the prevalence of burnout syndrome in health professionals, nurses and many other professions but in compare to formal workplaces, housewives lack arranged support systems, causing them at risk to physical, emotional, and psychological strain that affects their quality of life. Despite its widespread prevalence, there is a lack of comprehensive studies that address the full scope of burnout among housewives. This research aims to highlight the prevalence of burnout syndrome among housewives and its impact on their Quality of life, focusing on the need for suited support approaches. By checking this gap, this study hopes to improve housewives' quality of life and promote healthier families and communities by raising awareness about burnout syndrome among housewives and guides healthcare professionals, researchers and support organizations about the specific needs of housewives, aiding them design targeted support programs.

MATERIALS AND METHODS

Study Design and Slection Criteria

It was a cross-sectional study. Purposive Sampling Technique was used in this study. The sample size of the population was 1152 calculated by using Raosoft software. The study was completed within 9 months Janruary 2025 to September 2025 and go approval from research ethical committee of University of Sialkot with Ref # USKT FAHS/REC Letter-0007. The study was conducted across different urban and semi-urban areas of Sialkot. Inclusion criteria included multipara married Women of

age 25-50 years and no pregnancy at the time of study. Exclusion criteria were housewives with house help, chronic medical conditions, postpartum and primary caregivers for special need.

Data Collection Procedure and Tools

A structured and ethical approach was followed to collect data from housewives using the Maslach Burnout Inventory (MBI) and Quality of Life Scale. The participants were included according to exclusions and inclusion criteria. An informed consent was obtained from participants were short listed on the basis of inclusion criteria. Participants were informed about the study's purpose and assured of confidentiality to ensure voluntary participation. The questionnaires were administered in person. Prior to distribution, clear instructions for completing the scales were provided. The data collection occurred in a comfortable environment, allowing sufficient time for responses. The data was analyzed using the SPSS Version 26.0.

Maslach Burnout Inventory (Mbi): It is a psychological evaluation test that includes 22 symptom questions for occupational burnout. This tool is valid and highly reliable ($p < 0.001$). The MBI includes three types of burnout: emotional weariness, depersonalization, and personal achievement. The MBI assigns three ratings to each response: tiredness, cynicism, and professional effectiveness. More negative ratings on all three criteria indicate a profile of burnout (10).

World Health Organization Quality of Life (Whoqol) Scale: It is a tool for assessing health-related quality of life. According to a recent research (Almarabheh et al., 2023), the WHOQOL-BREF is a viable and reliable measure for measuring quality of life, with Cronbach's α coefficients over 0.7 across all categories. This instrument is applicable for six broad domains of quality of life, which have been generically termed as Quality of Life or QOL and can be defined as: "the individuals' perceptions of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards, and concerns" (11).

RESULTS

Figure 1 shows the educational backgrounds of 1152 respondents. 34.6% of people had only completed school, followed by 23.4% who had completed college and 22.1% who had completed university. 19.8% of those surveyed had never attended school.

Figure 2 shows the categories of burnout levels of 1152 people. High burnout (37.8%) was experienced by the largest group, followed by moderate burnout (34.9%), and low burnout (27.3%). Over 70% of people experience moderate to severe burnout overall.

Table 1 shows that the regression models were statistically significant ($p<.001$), showing that the predictors (Burnout) significantly affected the quality of life dimensions.

Table 2 shows that the regression models were statistically significant ($p<.001$), showing that the Depersonalization significantly affected the quality-of-life dimensions.

Table 3 shows that the regression models were statistically significant ($p<.001$), showing that the Personal Achievement significantly affected the quality-of-life dimensions.

DISCUSSION

The current study aimed to examine the prevalence of burnout and its dimensions, and the estimated relationship between burnout indicators and quality of life in a sample of 1152 people. The sample's mean age was 35.9 years (SD = 7.8), with participants ranging in age from 24 to 50. The sample was also exclusively females, which reflected the gender-specific professional representation of the generation. While a large majority of participants (79.5%) had college or university-level education, only 1.6% reported having no formal education. 99.2% of participants were married, whereas just 0.8% reported being widowed. In addition, 43.2% of respondents stated they were ill in some way, while 56.8% stated they were currently ill.

With 84.1% of population scoring in the high-burnout category, results revealed considerably high prevalence of depersonalization between three core components of burnout: emotional exhaustion, depersonalization, and personal accomplishment. This shows that many housewives observe lack of empathy, a sense of emotional detachment, or lack of personal connection in their daily domestic workload. Commonly household chores are unappreciated, exhausting, and repetitive with lack of praise or external rewards, that's why many housewives feel disconnected from the domestic chores. Regarding the prevalence of burnout, the findings showed that 27.3% of participants indicated low levels, 34.9% reported moderate levels, and 37.8% reported high levels. Regarding depersonalization, just 10.2% of respondents experienced mild depersonalization, but 84.1% of respondents indicated extreme burnout. Regarding personal accomplishment, over half of the participants (55.7%) reported significant impairment associated to burnout, followed by moderate impairment (17.4%) and low impairment (26.8%).

This suggests that while burnout was prevalent in general, depersonalization and a drop in life achievements were particularly prevalent among the individuals (12). These findings are consistent with past research that has consistently shown high prevalence rates of burnout in healthcare and academic populations, especially in female cohorts where emotional demands are higher and coping abilities are often stresses (13). Given that depersonalization is frequently linked to emotional disengagement, less empathy, and increased professional discontent, all of which have an adverse effect on well-being and quality of life, the high rates of depersonalization in this study are especially problematic(14). Regression analyses highlighted that burnout clearly predicted reduced quality of life across different domains. Increased burnout scores were negatively linked with psychological, physical, environmental, and social aspects of quality of Life. In particular, burnout made a clear difference in their quality of life, somewhere between 14% and 34%, depending on the dimension of life. So, when they felt burned out, it reduced their happiness and effect their physical and mental health in multiple ways. For example, Quality of Life (QoL) domain 5 regression showed the strongest association, with burnout highlighting 33.8% of variance ($R^2 = 0.338$). These outcomes point outs the major harmful impact of burnout on women's health(15). Analyzing the dimensions in

more detail revealed that depersonalization have significant negative correlations with Quality of Life scores. Specifically, housewives with increased depersonalization reported weaker family relationships and reduced satisfaction in both social and family lives. Furthermore, decreased personal accomplishment highly predicted poor Quality of Life, indicating that feelings of ineffectiveness and lack of recognition directly compromise life satisfaction and mental health of the subjective (16). Key findings show that burnout negatively impacts all domains of Quality of Life, its highest influence was noticed on psychological health and social domains rather than just physical health. This suggests that among housewife's burnout is mainly an emotional and social issue rather than just physical exhaustion. However, its indirect impact on physical health should not be ignored since long term mental can still lead to somatic symptoms such as fatigue, sleep disturbances, and increased risk to illness (17).

The results of this study are constant with the wider burnout literature, which commonly concentrates on job related categories such as teachers, healthcare professionals, and office workers. Earlier studies have reported burnout occurrence rates varying from 30% to 70% in professional groups. In this study, the comparable or even higher rates have been found among housewives which challenges the misconception that burnout is solely common in formal employment. This proves that unpaid domestic roles can be just as stressful as job problems or even reverse due to their never ending, rarely appreciated and socially invisible nature. Many studies from developing countries have shown similar challenges, where cultural beliefs often burden the women with an unequal share of caregiving and domestic responsibilities, with lack of mental or physical support. The outcomes of this study coordinate with these observations, showing that cultural and social pressure make women in domestic roles particularly at the higher risk of burnout(18).

LIMITATIONS: This study was conducted in one location, so the results may not apply to housewives in other areas or cultures. We used a questionnaire, which relies on honest self-reporting, and some participants might not have answered accurately. The study also only looked at a single point in time, so we cannot prove that burnout directly caused the lower quality of life, only that they are strongly linked

Recommendations:

Healthcare providers should regularly screen housewives for signs of burnout, especially depersonalization. Community-based programs offering stress management, peer support groups, and mental health resources should be developed. Future research should follow housewives over a longer period to better understand the causes of burnout and should test interventions, for instance, therapy or wellness workshops, to see if they can effectively improve well-being and quality of life of housewives.

CONCLUSION

This study found that about 75% of housewives are experiencing moderate to severe level burnout. Depersonalization (Feeling of detachment) and decreased personal accomplishment are observed as the most significant dimensions, reflecting the socially ignored and emotionally demanding nature of unpaid household labor. Burnout have strongly negative

impact on quality of life, particularly in psychological and social domains. These outcomes highlight the critical need to recognize housewives as a population at heightened risk of mental distress. Solutions should focus on stress reduction and building support system. Policy attention of unpaid household labor is also important for improving both mental health and physical health and its impact on overall quality of life in this population.

Conflict Of Interest:
None

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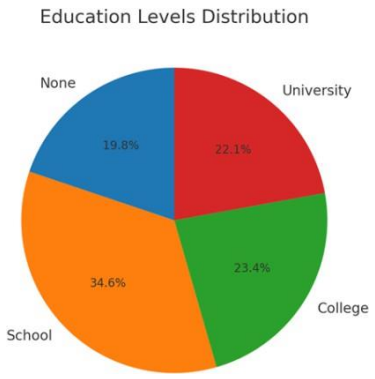

Figure 1: Education Frequency

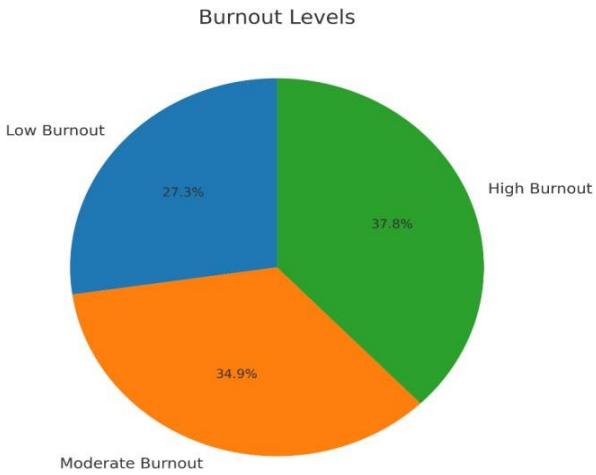

Figure 2: Burnout Levels

Table 1: Linear Regression Analysis between BurnoutSum and Quality of Life Domains

Dependent Variable	Sum of Squares (Regression)	df	Mean Square	F	Sig.	Residual	Total
Physical Health	31785.29	1	31785.29	65.59	.000	185095.81	216881.10
Psychological Health	6507.15	1	6507.15	34.16	.000	72759.29	79266.44
Social Relationships	20400.06	1	20400.06	76.55	.000	101798.23	122198.35
Environmental	23938.14	1	23938.14	85.73	.000	106659.19	130597.33
Overall QoL	37865.41	1	37865.41	195.12	.000	74131.55	111996.96

Table 2: Linear Regression Analysis between Depersonalization and Quality of Life Domains

Dependent Variable	Sum of Squares (Regression)	df	Mean Square	F	Sig.	Residual	Total
Physical Health	18633.03	1	18633.03	35.90	.000	198248.06	216881.10
Psychological Health	1992.53	1	1992.53	9.85	.002	77273.91	79266.44
Social Relationships	7437.07	1	7437.07	24.75	.000	114761.27	122198.35
Environmental	14158.14	1	14158.14	46.44	.000	116439.18	130597.33
Overall QoL	25925.00	1	25925.00	115.05	.000	86071.96	111996.96

Table 3: Linear Regression Analysis between Personal Achievement and Quality of Life

Dependent Variable	Sum of Squares (Regression)	df	Mean Square	F	Sig.	Residual	Total
Physical Health	37753.29	1	37753.29	80.51	.000	179127.80	216881.10
Psychological Health	18978.57	1	18978.57	120.25	.000	60287.87	79266.44
Social Relationships	34852.16	1	34852.16	152.42	.000	87346.18	122198.35
Environmental	18228.54	1	18228.54	61.96	.000	112368.78	130597.33