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Psychosocial Pathways to Burnout in Women in High-Responsibility Caring Professions

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A B S T R A C T

Objective: This study aimed to explore the psychosocial mechanisms contributing to burnout in women occupying high-responsibility caregiving roles, with an emphasis on emotional labor, institutional dynamics, and identity conflict.

Methods and Materials: Using a qualitative exploratory design, semi-structured interviews were conducted with 22 women employed in leadership or supervisory positions within caregiving professions (e.g., healthcare, education, social work) across South Africa. Participants were selected using purposive sampling and interviews continued until theoretical saturation was achieved. Data were analyzed thematically using Braun and Clarke's framework, supported by NVivo 14 software.

Findings: Four major themes emerged from the analysis: (1) Emotional Labor and Compassion Fatigue, which encompassed empathic strain, emotional dissonance, and vicarious trauma; (2) Structural and Institutional Pressures, highlighting excessive workload, lack of resources, and gendered expectations in leadership; (3) Identity Conflict and Role Strain, which included work-life imbalance, internalized perfectionism, and identity fragmentation; and (4) Coping, Resilience, and Burnout Trajectories, where participants described both adaptive (e.g., mindfulness, peer support) and maladaptive (e.g., avoidance, emotional suppression) coping mechanisms. Emotional suppression, systemic neglect, and the invisibility of women's labor emerged as key drivers in burnout progression.

Conclusion: Burnout among women in high-responsibility caregiving roles is deeply rooted in psychosocial and structural contexts rather than individual weakness. Addressing this issue requires organizational reform, recognition of emotional labor, and the development of supportive policies that are gender-responsive and trauma-informed. This study contributes to a more nuanced understanding of the lived experiences of female professionals and underscores the urgent need for institutional interventions.

Keywords: *Burnout, emotional labor, caregiving professions, gendered leadership, psychosocial stress*

1. Introduction

The term "psychosocial pathways" refers to the intricate, often invisible, links between individual psychological processes and broader social environments that lead to burnout. These pathways encompass emotional regulation, identity negotiation, role conflict, institutional dynamics, and cultural gender norms, all of which coalesce in caregiving professions where empathy is commodified and emotional resilience is assumed. Research demonstrates that burnout is not merely a personal failing or a reaction to workload but is embedded in the structural and emotional conditions of work (Potter et al., 2024; Teoh & Kee, 2020). In particular, female professionals are disproportionately affected due to the compounding expectations of caregiving and leadership, often described as "double-duty" emotional labor (Dungy & Krings, 2024; Maria Raquel Gomes Maia & Rebeca Nunes Guedes de, 2023).

High-responsibility caregiving roles—such as those occupied by nurses, teachers, social workers, and healthcare administrators—are shaped by psychosocial climates where emotional availability, self-sacrifice, and relational competence are implicitly demanded. These roles become especially taxing when institutional cultures fail to offer emotional validation, flexibility, or supportive structures. Studies show that the psychosocial safety climate (PSC) within organizations plays a mediating role between stressors and burnout, influencing whether stress becomes pathogenic or manageable (Potter et al., 2024; Teoh & Kee, 2020). Poor PSC, combined with limited decision-making autonomy and low reward structures, contributes to accelerated emotional fatigue and depersonalization among caregiving professionals (Burdorf, 2023).

Women's disproportionate vulnerability to burnout is further intensified by socio-cultural constructions of femininity, care, and professional identity. In nursing, for instance, caregiving is often framed as a moral or natural obligation, reinforcing the stereotype of the "born caregiver" (Maria Raquel Gomes Maia & Rebeca Nunes Guedes de, 2023). Such essentialist narratives deny the emotional costs of caregiving and create barriers to boundary-setting, leading to chronic emotional overextension (Montañés et al., 2022). Moreover, traditional and neoliberal discourses intersect to place responsibility on individual women to manage stress, rather than addressing systemic or organizational failures (Dungy & Krings, 2024). This responsibilization of care contributes to internalized perfectionism and guilt, which are frequently reported in burnout trajectories among female professionals (Foo et al., 2023; Gan et al., 2023).

Research on gendered burnout also reveals how structural inequities reproduce emotional vulnerabilities. For example, in a longitudinal study of workplace burnout among hospital employees, Kaltenegger et al. (2023) found that technostress and emotional overload were significantly associated with chronic inflammation and emotional exhaustion, with women disproportionately affected (Kaltenegger et al., 2023). Other studies echo these findings, noting that gendered roles within caregiving settings often require women to absorb emotional burdens without adequate institutional support or compensation (Chica-Pérez et al., 2025; Dube, 2021). This dynamic is especially salient in low- and middle-income countries where care infrastructure is fragmented and the burden of care disproportionately falls on women, both at work and at home (Dube, 2021).

The compounding nature of work-related and home-based responsibilities exacerbates the psychosocial stress experienced by women in caregiving roles. As observed in the context of rural South Africa, women providing care to orphans faced intense bio-psychosocial and economic pressures, with limited avenues for mental health support or community recognition (Dube, 2021). Similarly, the gendered burden was evident in studies on professional women navigating pandemic-related disruptions; working mothers reported heightened emotional strain due to blurred boundaries and intensified domestic responsibilities (Gan et al., 2023; Gatsi et al., 2021). This intersection of personal and professional caregiving duties not only undermines recovery time but also cultivates long-term exhaustion and role dissatisfaction (Gottenborg et al., 2025).

From an occupational health perspective, burnout is increasingly understood through systemic and ecological models that incorporate organizational culture, role expectations, emotional regulation strategies, and psychosocial resources. For instance, the emotion-focused coping model posits that individuals lacking effective regulation tools are more vulnerable to burnout when faced with chronic emotional demands (Foo et al., 2023). In high-intensity caregiving roles, the interplay between emotion regulation and systemic validation becomes critical. Professionals often internalize distress rather than seeking support, particularly when institutional norms stigmatize vulnerability or reinforce stoicism as a marker of competence (Kamihiro et al., 2023; Liang et al., 2024).

Notably, the stigma associated with mental health concerns within caregiving professions continues to

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undermine resilience-building strategies and professional help-seeking. For example, Coleman et al. (2025) observed that care partners in transplant settings often neglected their own emotional needs, focusing instead on patients' welfare, even when this led to severe personal distress (Coleman et al., 2025). This tendency to sublimate personal emotions under the guise of professional commitment creates a harmful cycle of emotional suppression and role alienation. In high-responsibility caregiving roles, such emotional repression is normalized, making burnout appear as an inevitable, even noble, cost of care (Kamihiro et al., 2023; Maria Raquel Gomes Maia & Rebeca Nunes Guedes de, 2023).

Furthermore, the literature highlights specific institutional mechanisms that sustain burnout, such as inflexible scheduling, excessive bureaucratic load, and lack of autonomy in decision-making. These structural conditions erode emotional resilience and create role overload—particularly for women balancing caregiving expectations both in and outside the workplace (Gottenborg et al., 2025; Kaltenegger et al., 2023). The visibility of such stressors is often undermined by the invisibility of emotional labor, as women frequently perform both formal tasks and informal affective responsibilities (e.g., mentoring, de-escalation, conflict resolution) (Montañés et al., 2022).

In cross-cultural contexts, burnout may also reflect the tension between professional ideals and local gender norms. In their analysis of caregiver roles in high-income countries, Chica-Pérez et al. (2025) reported that older women in poverty experienced role conflict, internalizing both societal expectations and systemic neglect (Chica-Pérez et al., 2025). Similarly, studies on women migrant caregivers navigating licensing barriers in regulated professions (e.g., nursing) showed how institutional exclusion further eroded self-worth and psychological well-being (Thirunavukkarasu, 2021). These dynamics illustrate how institutional structures interact with personal identity to shape burnout experiences.

Another critical issue is the marginalization of certain caregiving experiences. For instance, Adedokun & Adedokun (2023) documented how community attitudes in early childhood settings influenced the recognition and legitimacy of male caregivers, indirectly reinforcing the assumption that women are biologically predisposed to care (Adedokun & Adedokun, 2023). While their study focused on male roles, its implications for gender stereotypes in caregiving are significant—demonstrating how societal beliefs shape the emotional distribution of labor and the invisibility of strain in women caregivers.

Scholars have also emphasized the importance of context-specific research in understanding burnout pathways. In wartime Ukraine, mental health and psychosocial support (MHPSS) coordination efforts revealed how humanitarian workers faced cumulative trauma, institutional neglect, and value dissonance, leading to rapid burnout and psychological disengagement (Nalyvaiko et al., 2025). These findings underscore the importance of contextual, qualitative inquiry in capturing the lived realities of women in caregiving professions. As Miesner (2023) notes, policy shifts alone—such as family leave provisions—cannot address the deeper cultural assumptions that feminize care and penalize emotional vulnerability (Miesner, 2023).

Finally, psychosocial burnout is not only a threat to individual well-being but also to institutional sustainability. When women in leadership caregiving roles burn out, the ripple effects impact service delivery, mentorship continuity, and workplace culture. Addressing this phenomenon thus requires a systemic approach that integrates gender-sensitive mental health policies, organizational restructuring, emotional labor recognition, and psychological safety protocols (Owen et al., 2022; Potter et al., 2024; Yanmaz et al., 2022).

In light of these complexities, the present study aims to explore the psychosocial pathways to burnout in women working in high-responsibility caregiving roles.

2. Methods and Materials

2.1. Study design and Participant

This study employed a qualitative exploratory design to investigate the psychosocial factors contributing to burnout in women working in high-responsibility caring professions, including healthcare, social work, and education. A purposive sampling strategy was used to recruit participants who self-identified as experiencing symptoms of burnout and held leadership or decision-making roles within their respective caregiving professions. The final sample comprised 22 female participants based in South Africa, encompassing diverse cultural, ethnic, and socio-economic backgrounds to ensure contextual richness and variation.

Inclusion criteria required participants to:

1. Identify as women,
2. Be currently employed in a caregiving profession (e.g., doctor, nurse, psychologist, teacher, social worker),
3. Hold a supervisory or managerial role, and

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4. Report moderate to high levels of occupational stress or burnout symptoms.

Recruitment was facilitated through professional networks, online forums, and referrals. Sampling continued until theoretical saturation was reached—defined as the point at which no new codes or themes emerged from the data, ensuring comprehensive coverage of relevant phenomena.

2.2. Measures

Data were collected through semi-structured, in-depth interviews conducted either face-to-face or via secure video conferencing platforms, depending on participant availability and geographical constraints. An interview guide was developed based on existing literature and expert consultation, focusing on themes such as work-related stressors, emotional labor, organizational dynamics, coping mechanisms, gender-specific expectations, and role conflict.

Interviews lasted between 45 and 75 minutes, were conducted in English, and were audio-recorded with informed consent. All recordings were transcribed verbatim for analysis. Field notes were also taken to capture contextual observations and non-verbal cues where possible.

2.3. Data Analysis

The data were analyzed using thematic analysis, guided by Braun and Clarke's six-phase framework, to identify patterns and relationships within the narratives. The process involved:

1. Familiarization with data through repeated reading of transcripts,
2. Generating initial codes using open coding techniques,
3. Searching for themes by grouping codes,
4. Reviewing and refining themes,
5. Defining and naming themes, and
6. Producing the final report.

The analysis was both inductive and interpretative, allowing themes to emerge from the data while being informed by theoretical constructs relevant to burnout and gendered labor. To enhance rigor, two researchers independently coded a subset of interviews and held regular discussions to reconcile discrepancies and validate emerging themes.

All data management and coding were performed using NVivo 14 qualitative analysis software, which facilitated systematic organization of codes and themes, memo writing, and traceability of analytic decisions. Reflexivity was maintained throughout the analytic process to acknowledge and mitigate researcher bias, and an audit trail was documented to ensure transparency.

3. Findings and Results

The study included 22 female participants working in high-responsibility caring professions across various regions of South Africa. The participants ranged in age from 31 to 58 years, with a mean age of 43.2 years. In terms of professional roles, 8 participants (36.4%) were senior nurses or nurse managers, 6 participants (27.3%) were school principals or senior teachers, 5 participants (22.7%) were social workers in supervisory roles, and 3 participants (13.6%) were clinical psychologists or mental health coordinators. Most participants had more than 10 years of professional experience (n = 17, 77.3%), while the remaining 5 participants (22.7%) reported between 5 to 10 years of experience. Regarding marital status, 14 participants (63.6%) were married, 5 (22.7%) were single or never married, and 3 (13.6%) were divorced. Additionally, 16 participants (72.7%) had children, with several noting challenges in balancing caregiving roles at both work and home. This diverse sample provided rich insights into the intersection of gender, professional responsibility, and burnout in the South African context.

Table 1

Categories, Subcategories, and Concepts

Category (Theme)	Subcategory (Subtheme)	Concepts (Open Codes)
1. Emotional Labor and Compassion Fatigue	Suppressed Emotional Expression	Hiding tears at work, emotional numbness, forced optimism, "smiling through stress"
	Chronic Empathy Strain	Feeling others' pain deeply, inability to detach, emotional exhaustion after client work
	Role Emotional Dissonance	Acting happy when feeling empty, conflict between true self and professional role

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	Emotional Spillover to Personal Life	Irritability at home, insomnia due to work stress, emotional withdrawal from family
	Empathic Burnout	Feeling drained by others' needs, reduced ability to care, emotional depletion
	Vicarious Trauma	Flashbacks to client stories, internalizing others' suffering, nightmares
	Lack of Emotional Support	No outlet to vent, unsupported by peers, emotional isolation in leadership
2. Structural and Institutional Pressures	Excessive Workload and Time Pressure	Long hours, skipped breaks, paperwork overload, working on weekends
	Inflexible Organizational Policies	Rigid schedules, no part-time options, punishment for absence
	Bureaucratic Inefficiencies	Slow administrative processes, redundant reporting, lack of digital tools
	Lack of Resources	Short-staffing, inadequate facilities, overreliance on multitasking
	Gendered Expectations in Leadership	Being "the mother" at work, held to higher standards, emotional caretaking expectations
3. Identity Conflict and Role Strain	Work–Life Imbalance	Guilt for missing family events, constant multitasking, neglecting self-care
	Internalized Perfectionism	Fear of failure, high self-expectations, need to overachieve
	Role Overload	Multiple hats at work, mentoring others, administrative plus clinical tasks
	Identity Fragmentation	Feeling split between roles, professional mask, loss of personal identity
	Loss of Meaning and Purpose	Questioning career choice, loss of impact, feeling like "just a cog"
	Societal Pressures on Women	Expected to "do it all," invisible labor, pressure to appear competent always
4. Coping, Resilience, and Burnout Trajectories	Ineffective Coping Mechanisms	Emotional eating, denial, avoidance of problems, substance use
	Adaptive Coping Strategies	Mindfulness, journaling, seeking supervision, reframing challenges
	Peer Support Networks	Informal peer check-ins, shared venting, emotional validation from colleagues
	Professional Help Seeking	Therapy sessions, coaching, burnout workshops
	Turning Points in Burnout	Breakdown moments, illness triggers, realization of limits, "wake-up calls"

Theme 1: Emotional Labor and Compassion Fatigue

Suppressed Emotional Expression. Participants described a persistent need to conceal their emotions in the workplace, often presenting a composed demeanor despite internal distress. Many felt compelled to "put on a mask" to meet professional expectations. One nurse supervisor reflected, *"I would go into the bathroom to cry between patients and come out smiling—because that's what's expected."* Others shared that they learned to numb their emotional responses as a form of self-protection, with one social worker stating, *"You just learn to push it all down. There's no room for falling apart."*

Chronic Empathy Strain. The burden of continuous empathic engagement was frequently cited as a source of exhaustion. Several participants mentioned an inability to emotionally detach from their clients' suffering. A school principal shared, *"Even after going home, I'm still thinking about that child's trauma. It never leaves me."* This unrelenting emotional immersion led to compassion fatigue, diminishing their capacity for empathic connection over time.

Role Emotional Dissonance. Women often experienced a gap between their genuine emotional state and the feelings they were expected to display. This incongruence created psychological strain. A clinical psychologist noted, *"You have to act calm and collected even when your world is falling apart inside. It feels fake, and it wears you down."* This emotional inauthenticity contributed to a growing sense of burnout and identity confusion.

Emotional Spillover to Personal Life. Many participants discussed how emotional burdens at work negatively affected their relationships at home. Several reported increased irritability, sleep disturbances, and emotional withdrawal from loved ones. One teacher remarked, *"I come home too tired to talk to my own children. They get the leftovers of me."* This spillover often intensified feelings of guilt and inadequacy in both personal and professional roles.

Empathic Burnout. Prolonged exposure to others' emotional needs often resulted in a diminished ability to feel or express empathy. Participants described a "numbness" and a loss of connection to their work. One senior nurse explained, *"At some point, you stop feeling. You just go through the motions, like a machine."* This emotional depletion marked a key turning point in their burnout trajectories.

Vicarious Trauma. Exposure to clients' traumatic narratives left psychological imprints on participants. Several reported experiencing nightmares, intrusive thoughts, and emotional instability. A social services

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director shared, *"After hearing about so much abuse, I started to dream about it. I couldn't shut it off."* These symptoms indicated secondary trauma, often unrecognized or unsupported within their organizations.

Lack of Emotional Support. The absence of emotional outlets within the workplace exacerbated stress levels. Participants emphasized a lack of peer support and safe spaces for emotional expression. One woman in a hospital leadership role stated, *"There's no one I can talk to at work. As a leader, I'm supposed to hold it together."* This emotional isolation intensified their burnout and hindered resilience.

Theme 2: Structural and Institutional Pressures

Excessive Workload and Time Pressure. Participants cited overwhelming schedules and unrealistic demands as core contributors to burnout. Many described skipping meals, working weekends, and sacrificing rest. A school administrator shared, *"There's always something more to do. My to-do list never ends."* This chronic overextension led to physical fatigue and emotional depletion.

Inflexible Organizational Policies. Rigid institutional structures left little room for personal or familial needs. Participants lamented the lack of flexible work arrangements or accommodation for burnout symptoms. One healthcare manager noted, *"If you ask for reduced hours, they see it as weakness."* These inflexible systems reinforced a culture of overwork and self-neglect.

Bureaucratic Inefficiencies. Many participants expressed frustration with time-consuming administrative processes that diverted energy from core caregiving tasks. One social worker explained, *"I spend more time filling forms than helping people. It's demoralizing."* These bureaucratic burdens eroded job satisfaction and intensified burnout.

Lack of Resources. Resource scarcity—such as understaffing and inadequate facilities—was a recurring concern. Participants described juggling multiple roles due to personnel shortages. A clinic director stated, *"I'm doing three people's jobs every day. There's just not enough support."* This chronic under-resourcing placed continuous strain on women in leadership roles.

Gendered Expectations in Leadership. Participants highlighted how their roles were compounded by gender norms. As female leaders, they were expected to perform both managerial and emotional caregiving duties. One woman put it succinctly: *"I'm expected to be a mother, therapist, and boss—all at once."* These compounded responsibilities were emotionally taxing and often unacknowledged.

Theme 3: Identity Conflict and Role Strain

Work–Life Imbalance. Participants frequently reported difficulty in maintaining boundaries between professional obligations and personal life. Several described persistent guilt over neglected family responsibilities. A mother and nurse shared, *"My kids see me less than my patients do."* This imbalance generated emotional conflict and fatigue.

Internalized Perfectionism. High self-imposed standards were a common theme. Participants felt a constant need to exceed expectations and avoid failure. One respondent admitted, *"If I'm not perfect, I feel like I've failed everyone."* This internal pressure amplified stress and eroded self-worth.

Role Overload. Many participants were overwhelmed by the multiplicity of roles they were required to fulfill. These included clinical duties, mentoring junior staff, and administrative responsibilities. A teacher-leader stated, *"There are days I don't even know which hat I'm wearing. I'm everything to everyone."* This multifaceted workload led to emotional and cognitive exhaustion.

Identity Fragmentation. Women often reported a sense of losing touch with their personal identity amidst professional demands. Several used metaphors like "wearing a mask" or "living two lives." One woman reflected, *"At work, I'm someone else. I don't recognize myself anymore."* This fragmentation contributed to emotional disconnection and burnout.

Loss of Meaning and Purpose. Some participants expressed a gradual loss of fulfillment and questioning of their career choice. A senior educator shared, *"I used to feel like I was making a difference. Now it's just survival."* This existential dissatisfaction indicated a deep psychological toll from prolonged stress.

Societal Pressures on Women. Social expectations to "have it all"—success at work and perfection at home—were viewed as unrealistic and oppressive. One participant explained, *"You're expected to lead like a man but care like a woman. It's impossible."* These conflicting ideals added to the emotional burden.

Theme 4: Coping, Resilience, and Burnout Trajectories

Ineffective Coping Mechanisms. Participants disclosed resorting to maladaptive strategies such as denial, overeating, and emotional withdrawal. One healthcare leader admitted, *"I just shut down. I stopped feeling, stopped*

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caring." These behaviors temporarily numbed distress but deepened burnout over time.

Adaptive Coping Strategies. Some participants managed to engage in healthier responses, including mindfulness, journaling, and seeking peer debriefing. A senior therapist noted, *"Writing about my day helps me make sense of it. It's like therapy on paper."* These strategies served as protective factors against complete emotional collapse.

Peer Support Networks. Informal peer connections emerged as essential buffers. Participants emphasized the value of talking with colleagues who shared similar pressures. One respondent stated, *"Sometimes a five-minute coffee chat with another woman is all I need to feel human again."* These relationships offered validation and shared understanding.

Professional Help Seeking. Several participants had sought therapy or attended workshops on managing burnout. While stigma remained a barrier, those who accessed support reported benefits. One woman explained, *"Seeing a therapist saved my career—and my sanity."* These interventions were seen as necessary but often underutilized.

Turning Points in Burnout. Women frequently described "crisis moments" that marked a shift in how they related to work. Illness, emotional breakdowns, or major family events often triggered a reevaluation. A participant recounted, *"When I fainted in the hallway from exhaustion, I knew something had to change."* These turning points catalyzed efforts toward recovery or career change.

4. Discussion and Conclusion

The present study aimed to explore the psychosocial pathways to burnout in women occupying high-responsibility caregiving roles in South Africa, using qualitative thematic analysis of in-depth interviews. The results revealed four central themes—emotional labor and compassion fatigue, structural and institutional pressures, identity conflict and role strain, and coping, resilience, and burnout trajectories—each of which underscores the complex interplay between individual emotional experience and broader systemic forces. These findings align with and expand existing literature on gendered burnout and emotional labor within caregiving professions.

One of the most salient findings from this study is the central role of emotional labor and chronic empathy strain in burnout trajectories. Participants consistently reported emotional suppression, role dissonance, and emotional spillover into their personal lives. These results echo prior research emphasizing that caregiving roles disproportionately burden women with relational and emotional responsibilities, often without institutional recognition or support (Maria Raquel Gomes Maia & Rebeca Nunes Guedes de, 2023; Montañés et al., 2022). The phenomenon of *empathic burnout*, as identified in this study, closely mirrors findings among humanitarian aid workers, where emotion-focused coping and chronic exposure to trauma contributed to exhaustion and affective withdrawal (Foo et al., 2023). Furthermore, the lack of peer and institutional support noted by participants aligns with research on the adverse effects of low psychosocial safety climates, which are known to exacerbate emotional exhaustion and burnout among caregivers (Burdorf, 2023; Teoh & Kee, 2020).

The second theme, structural and institutional pressures, illuminated how systemic issues such as rigid scheduling, resource scarcity, and gendered expectations in leadership significantly contribute to burnout. Participants described experiencing role overload, bureaucratic inefficiencies, and a lack of flexibility, which are consistent with the findings of Gottenborg et al. (2025), who documented the reciprocal relationships between job demands, lack of resources, and burnout in caregiving contexts (Gottenborg et al., 2025). The intersection of gender and organizational culture was particularly relevant; women were often expected to be both managers and emotional caretakers—a dynamic that reinforces the dual burden and intensifies occupational stress (Chica-Pérez et al., 2025; Dungy & Krings, 2024). These findings are also supported by Kaltenegger et al. (2023), who found that technostress and emotional overload were significantly linked to burnout and inflammatory responses, particularly among hospital employees (Kaltenegger et al., 2023). The structural inadequacies noted by participants highlight the critical role of organizational design and policy in either mitigating or amplifying psychosocial stressors.

The third major theme, identity conflict and role strain, revealed how burnout emerges from internalized perfectionism, work–life imbalance, and identity fragmentation. Many women expressed difficulty reconciling their professional identity with personal aspirations and familial responsibilities, leading to emotional dissonance and existential fatigue. These findings resonate with research by Gan et al. (2023), who identified mindfulness as a moderating factor in the relationship between identity strain and burnout during the COVID-19 pandemic (Gan et al., 2023). Similarly, the emotional cost of

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identity fragmentation and the invisibility of women's labor have been observed in studies examining the narratives of older female caregivers in economically marginalized contexts (Chica-Pérez et al., 2025; Dube, 2021). The present findings expand this literature by showing how these conflicts manifest in professionalized caregiving roles, particularly among women in leadership, who are subject to heightened scrutiny and unrealistic expectations.

The final theme, coping, resilience, and burnout trajectories, emphasized the diverse and often inadequate coping mechanisms women adopt to navigate their professional demands. While some participants reported engaging in adaptive coping strategies, such as mindfulness or peer support, many others relied on avoidance, emotional suppression, or substance use. These trajectories are consistent with the psychosocial model proposed by Foo et al. (2023), which highlights how the lack of organizational and emotional resources undermines the ability to effectively cope with workplace stressors (Foo et al., 2023). The concept of *turning points*—emotional or physical breakdowns that prompted re-evaluation—echoes findings from longitudinal studies indicating that burnout is a cumulative process marked by phases of denial, depletion, and eventual collapse (Gottenborg et al., 2025; Potter et al., 2024). Additionally, the reluctance to seek professional help observed among participants reflects broader patterns of stigma and role entrenchment in caregiving professions, especially among women who are expected to be emotionally invulnerable (Coleman et al., 2025; Kamihiro et al., 2023).

Taken together, the findings demonstrate that burnout among women in high-responsibility caring professions cannot be adequately explained by individual stress responses alone. Instead, it must be understood as the product of institutional neglect, cultural expectations, and gendered labor dynamics, which coalesce to produce chronic emotional exhaustion. This perspective is consistent with the broader literature on care work, which critiques the naturalization of women's emotional labor and the tendency to individualize systemic failures (Dungy & Krings, 2024; Kaltenegger et al., 2023; Maria Raquel Gomes Maia & Rebeca Nunes Guedes de, 2023). Moreover, the findings underscore the importance of contextual and intersectional analyses, particularly in regions like South Africa, where historical inequalities and resource disparities further complicate women's professional experiences (Dube, 2021).

This study also builds on emerging literature that calls for a reconceptualization of burnout as a socially produced condition rather than merely a psychological outcome. For instance, Nalyvaiko et al. (2025) showed that humanitarian burnout during wartime was linked to value dissonance, lack of support, and emotional exhaustion—paralleling many of the pathways identified in this study (Nalyvaiko et al., 2025). Similarly, research on working women during COVID-19 in Zimbabwe revealed how blurred boundaries and elevated domestic expectations contributed to psychosocial strain and role dissatisfaction (Gatsi et al., 2021). These findings point to the need for systemic interventions that move beyond individual coping and address the organizational and cultural roots of burnout.

Furthermore, the study highlights the critical absence of structural support for women navigating multiple caregiving roles. Despite increased attention to gender equity in policy discourse, actual workplace practices often fail to reflect these commitments. As noted by Miesner (2023), legal reforms such as parental leave policies must be complemented by cultural shifts that recognize and redistribute emotional labor (Miesner, 2023). The persistence of stereotypical gender roles, as evident in the narratives of this study's participants, indicates that caregiving professions continue to operate under assumptions that valorize women's self-sacrifice while minimizing their psychological needs.

Lastly, the issue of visibility and voice emerged as a cross-cutting concern. Participants repeatedly expressed that their emotional struggles were rendered invisible within both organizational hierarchies and broader societal narratives. This invisibility reflects what Montañés et al. (2022) termed "unrecorded care," referring to the emotional and relational work that goes unrecognized in formal evaluations (Montañés et al., 2022). When emotional labor remains unseen and unsupported, it contributes to long-term disengagement, decreased job satisfaction, and eventual exit from the profession—a trajectory that carries significant implications for organizational retention and service quality.

5. Limitations and Suggestions

While this study provides rich qualitative insights into the psychosocial pathways of burnout in women caregivers, several limitations should be acknowledged. First, the sample was limited to 22 participants from South Africa, which may affect the generalizability of the findings. Although efforts were made to include diverse professions and backgrounds, the regional context may reflect specific cultural, socio-economic, or institutional characteristics not

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applicable elsewhere. Second, the reliance on self-reported narratives may introduce recall bias or social desirability bias, particularly in discussions of coping mechanisms and emotional vulnerability. Third, while NVivo software facilitated systematic analysis, the interpretation of themes remains inherently subjective and may reflect researcher positionality. Finally, the cross-sectional design of the study precludes an understanding of how burnout evolves over time or how coping strategies shift across professional trajectories.

Future research should explore longitudinal models to capture the developmental stages of burnout among women in caregiving leadership, incorporating both psychological assessments and institutional metrics. Expanding the demographic scope to include participants from other low- and middle-income countries could help identify regional patterns or global disparities in caregiving burnout. Additionally, comparative studies examining male and non-binary caregivers would offer more inclusive perspectives on gendered emotional labor. Mixed-methods approaches that integrate qualitative insights with quantitative data on job strain, cortisol levels, or emotional exhaustion scales may yield more comprehensive models of burnout. Finally, future research should consider intersectionality more explicitly by exploring how race, class, and family structure intersect with gender and profession to shape burnout experiences.

Organizations must prioritize the development of gender-sensitive emotional support systems, including accessible mental health resources, confidential peer support networks, and regular emotional labor audits. Leadership training programs should incorporate burnout prevention strategies and challenge the normalization of overwork, especially in feminized professions. Structural interventions—such as flexible scheduling, workload redistribution, and recognition of invisible labor—should be institutionalized rather than treated as exceptions. Policies aimed at supporting caregiving professionals should move beyond token gestures and be integrated into core human resource frameworks. Ultimately, sustainable caregiving professions require environments where emotional labor is visible, valued, and supported—not silently extracted.

Authors' Contributions

Authors contributed equally to this article.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

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Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

References

Adedokun, T. A., & Adedokun, E. T. (2023). Assessing Community Attitudes Towards Home-Based Male Caregivers for Daycare Children. *Indonesian Journal of Early Childhood Education Studies*, *12*(2), 211-222. https://doi.org/10.15294/ijeces.v12i2.71614

Burdorf, A. (2023). How to Improve Intervention Research on the Psychosocial Work Environment? *Scandinavian Journal of Work Environment & Health*, *49*(5), 311-313. https://doi.org/10.5271/sjweh.4107

Chica-Pérez, A., Correa-Casado, M., Fernández-Sola, C., Granero-Molina, J., Cortés-Rodríguez, A. E., & Hernández-Padilla, J. M. (2025). The Family Caregiver Role From the Perspective of Older Women Experiencing Poverty in a High-Income Country: A Qualitative Study. *Journal of Advanced Nursing*. https://doi.org/10.1111/jan.17043

Coleman, B., Martinez, B., Ansryan, L. Z., Guzman, A. A., Aronow, H., Olanisa, L., Williams-Rivers, M., Chang, D., Runyan, C., Huie, N., Pamu, J., & Sandau, K. E. (2025). Understanding Care Partner Experiences in the First Month After Durable Left Ventricular Assist Device Implantation. *Progress in Transplantation*, *35*(2), 88-96. https://doi.org/10.1177/15269248251343383

Dube, M. (2021). Women's Burden of Caring for Orphans: The Bio-Psychosocial and Economic Challenges for Caregivers in a Rural Community in South Africa. *Technium Social Sciences Journal*, *26*, 790-803. https://doi.org/10.47577/tssj.v26i1.5304

Dungy, M. L., & Krings, A. (2024). Responsibilization and Retraditionalization: How Neoliberal Logics Reproduce

PWJ Psychology of Woman Journal
E-ISSN: 3041-8615

Gender Inequities Among Women Community Organizers in Chicago. *Affilia*, *39*(4), 683-700. https://doi.org/10.1177/08861099241238199

Foo, C. Y. S., Tay, A. K., Yang, Y., & Verdeli, H. (2023). Psychosocial Model of Burnout Among Humanitarian Aid Workers in Bangladesh: Role of Workplace Stressors and Emotion Coping. https://doi.org/10.21203/rs.3.rs-2073274/v1

Gan, R., Chen, S., & Xue, J. (2023). Psychosocial Pathways Linking Mindfulness Traits and Burnout in University Students in China During the COVID-19 Pandemic: A Cross-Sectional Path Analysis Study. https://doi.org/10.21203/rs.3.rs-3589123/v1

Gatsi, O., Devi, A. B., & Devi, R. (2021). The Impact of Working From Home Induced by Covid 19 on Working Women in Harare, Zimbabwe. *International Journal of Academic Research in Business and Social Sciences*, *11*(10). https://doi.org/10.6007/ijarbss/v11-i10/11275

Gottenborg, S., Hoff, T., Johnsen, S. Å. K., Rydstedt, L. W., & Øvergård, K. I. (2025). A Longitudinal Path Analysis of the Reciprocal and Cyclical Relationships Between Sickness Absence, Job Demands, Job Resources, and Burnout. *Frontiers in psychology*, *16*. https://doi.org/10.3389/fpsyg.2025.1557898

Kaltenegger, H. C., Becker, L., Rohleder, N., Nowak, D., Quartucci, C., & Weigl, M. (2023). Associations of Technostressors at Work With Burnout Symptoms and Chronic Low-Grade Inflammation: A Cross-Sectional Analysis in Hospital Employees. *International Archives of Occupational and Environmental Health*, *96*(6), 839-856. https://doi.org/10.1007/s00420-023-01967-8

Kamihiro, N., Taga, F., Miyachi, J., Matsui, T., & Nishigori, H. (2023). Deconstructing the Masculinized Assumption of the Medical Profession: Narratives of Japanese Physician Fathers. *BMC Medical Education*, *23*(1). https://doi.org/10.1186/s12909-023-04855-4

Liang, W., Wang, J., Wang, X., Chen, G., Chen, R., & Cheng, J. (2024). Perceived Doctor-Patient Relationship, Authentic Leadership and Organizational Climate on Physician Burnout: Job Satisfaction as a Mediator. *BMC Health Services Research*, *24*(1). https://doi.org/10.1186/s12913-024-12150-1

Maria Raquel Gomes Maia, P., & Rebeca Nunes Guedes de, O. (2023). Caring to Deny, Confront, Shiver: Negativity as a Critique of the "Natural Caregiver" Stereotype in Nursing. *Revista da Escola de Enfermagem da USP*, *57*. https://doi.org/10.1590/1980-220x-reeusp-2023-0129en

Miesner, K. (2023). Baby Steps: Why the Florida Supreme Court's New Parental Leave Continuance Rule Reinvigorates the FMLA's Underlying Gender Equity Goals Within the Legal Profession and Why More States Should Follow Suit. *Fiu Law Review*, *18*(1), 235-260. https://doi.org/10.25148/lawrev.18.1.12

Montañés, P., Calvo, J. C. A., & García, G. M. (2022). Burnout in Nursing: A Vision of Gender and "Invisible" Unrecorded Care. *Journal of Advanced Nursing*, *79*(6), 2148-2154. https://doi.org/10.1111/jan.15523

Nalyvaiko, O., Byc, B., Zotova, L., Kostruba, N., & Tayeh, R. (2025). Mental Health and Psychosocial Support Coordination in Wartime (Ukraine): Lessons From a Humanitarian Perspective. *Mental Health Global Challenges Journal*, *8*(1), 27-35. https://doi.org/10.56508/mhgcj.v8i1.268

Owen, J. A., Owen, R., Hughes, J. G., Leach, J., Anderson, D., & Jones, E. S. (2022). Psychosocial and Physiological Factors Affecting Selection to Regional Age-Grade Rugby Union Squads: A Machine Learning Approach. *Sports*, *10*(3), 35. https://doi.org/10.3390/sports10030035

Potter, R., Afsharian, A., Richter, S., Neser, D., Zadow, A., Dollard, M. F., & Lushington, K. (2024). Longitudinal Investigation of Restructuring, Psychosocial Safety Climate and Burnout in Australian Universities During COVID-19 2020–2022. *Journal of Industrial Relations*. https://doi.org/10.1177/00221856241247577

Teoh, K. B., & Kee, D. M. H. (2020). Psychosocial Safety Climate and Burnout Among Academicians: The Mediating Role of Work Engagement. *International Journal of Society Systems Science*, *12*(1), 1. https://doi.org/10.1504/ijsss.2020.106946

Thirunavukkarasu, G. (2021). Fair Access to Regulated Professions: Decoding the Transition of Migrant Caregivers to Nursing in Ontario. https://doi.org/10.32920/ryerson.14660490.v1

Yanmaz, F. H., Bozkurt, M. A., & Cesur, B. (2022). Ebelik Uygulamalarında Gözden Kaçabilen Bir Nokta: Fiziksel Engelli Kadınlarda Doğum Öncesi Dönem Ve Bakım Üzerine Geleneksel Bir Derleme. *Anatolian Journal of Health Research*, *Volume 3 Issue 3*(Volume 3 Issue 3), 154-156. https://doi.org/10.29228/anatoljhr.64878

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