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Nexus between Work-Family life Balance and Health of Professional Women: A Case study of The Women University Multan

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This study has been designed to explore the significant factors, impacting the work-family life of professional women. Examining how professional women's lifestyles affect their physical, emotional, and psychological health issues is the goal of this study. The data was collected through structured questionnaires from the professional women of The Women University Multan to understand their experiences. A sample of 123 study participants was selected through simple random and systematic sampling techniques. The data was analyzed through statistical SPSS software. Additionally, the study relied on self-reported data, subjected to bases and limitations associated with participant perception and recall. The study revealed that long working hours, stress, and lack of work-family balance lead to an increase in physical problems (hair loss, eyesight problems, severe back pain, frequent headache and exhaustion), psychological problems (becoming sluggish, anxiety disorder, emotional stress and sleeping disorders) and health problem due to their work. Professional women's lifestyle choices and work environments impact their physical and mental well beings despite their accomplishments, these women face unique challenges that put them at risk for various health issues. The study suggests reviewing the working policies for professional women to enhance their working credibility and balance their work-family life to avoid stress and mismanagement in both settings. There is the need for particularity of working hours to avoid extra burden and work from home for professional women which could enhance their efficiency and mental relaxation.

1. Introduction

Health is the state of total mental, physical and social fitness is known and it goes beyond the mere absence of disease. A person's health is influenced by a variety of factors. These comprise the socioeconomic status, physical environment, way of life, and conduct of an individual (Bala et al., 2021). Research from all throughout the world shows that women's healthy lifestyle choices are crucial for preserving and enhancing societal health (Crawford, 2022; Kaminsky et al., 2022; Gómez et al., 2021; Emokpae & Brown, 2021; Lafrenière et al., 2019). Professional women have undergone significant shifts in recent years, impacting their health in various ways. Statistics reveal that the demands of modern professional life often led to high levels of stress among women, with approximately 70% reporting work-related stress. It manifests in physical symptoms such as headaches, fatigue, and insomnia, contributing to long-term health issues like hypertension and cardiovascular disease (Oliveira et al., 2021). The pursuit of career success often results in irregular working hours and inadequate time for self-care activities such as exercise and healthy meal preparation. Consequently, studies indicate that only 20-30% of professional women meet the recommended guidelines for physical activity (Elgaddal, Kramarow & Reuben, 2022; Seaward, 2020) but mostly they do not meet the WHO recommendations for maintaining physical health (DiPietro et al., 2020).

Furthermore, the prevalence of sedentary behaviors, such as prolonged sitting at desks, increases the risk of obesity and musculoskeletal problems (İkiz & Ergin, 2023). Despite advancements in workplace policies promoting work-family balance, many women still struggle to prioritize their health along with professional responsibilities, highlighting the need for comprehensive support systems and wellness initiatives tailored to the unique challenges faced by professional women (Imran, 2023). Unhealthy attitude, including imbalanced eating patterns and inactivity, have been identified as the primary causes of the nation's rising rates of obesity and coronary heart disease (Siddiqui, 2023). Within the Pakistani environment, women make up a sizable share of the population. The percentage of women in the labour market has been gradually rising recently. However, as women's participation in public space has increased and their traditional roles have changed, they have faced new health concerns that have an impact on their exposure in the workplace.

Women in Pakistan are typically seen to be less fortunate in most spheres of social life, with education being one such area. The United Nations reported that the gender parity index for literacy in 2014 was found to be 0.6, indicating that there were 60 literate women among every 100 literate men (UN Women, 2021). Till 2020, the percentage of men who were literate was 67%, while the percentage for women was 22% (Adil et al., 2021). Furthermore, according to Gallup Pakistan (2023) regard the representation of women in higher education, 39.7% females have been the part of higher education institutions of Pakistan. Organizational culture and work-family conflict have a greater impact on women's professionalism in the workforce in Pakistan than they do on men's in academics (Imran, 2023).

International Labour Organization, women hold only 3% of management positions in various organizations in Pakistan (Van Der Heijden, 2018). Pakistan is rated 108th which is bottom of the other nations position in this regard. As a result, in the current environment, ambitious female academicians may find great value in the experiences of the few women who succeed in achieving higher organizational positions in order to comprehend the issues and come up with solutions. In Australia, 82% of working-age women do not reach the recommended levels of physical and strength-based activity (Gomes et al., 2020) and this pattern is also reflected in the United States (Melnyk et al., 2021). Approximately 82% of working-age women in Australia do not meet current physical and strength-based activity guidelines, (Gomes et al., 2020). Moreover, the pursuit of career success often results in irregular working hours and inadequate time for self-care activities such as exercise and healthy meal preparation. Consequently, studies indicate that only 20-30% of professional women meet the recommended guidelines for physical activity (Seaward, 2020). People in Pakistan, particularly working women, avoid walking and instead use public or private transportation in their everyday lives because of the country's social insecurity and worsening law and order issues (AbdelMassih et al., 2020). Therefore, it has been claimed that unhealthy behaviour including eating an unbalanced diet and not exercising are the main causes of the rising rates of obesity and coronary heart disease in the nation (Siddiqui, 2023). However, the overview of the factors above-mentioned disclosed the fact that the studies need to focus on Pakistani professional women's lifestyle and their health conditions. So, this study has focused on their daily routine, work-family balance, mental and physical health, and work-family conflict. Following is the objective of the study.

1.1 Objective

To examine the impact of work-family responsibilities on university professional women’s physical, mental, and psychological problems.

2. Literature Review

The literature showed that academicians and teachers that have a work-family balance report higher levels of interest, involvement, and improved performance (Ehsan, 2023; Rahman & Ali, 2021; Žnidaršič & Marič, 2021). On the other hand, a lack of this balance has been linked to dissatisfaction and a loss of mental calm at work and at home (Arnold et al., 2024). The task of striking a work-family balance is particularly difficult for women, who choose to address it locally, inside their own families (Mahmood et al., 2022), without challenging the institutional frameworks that support work in the academic social milieu (Ullah et al., 2021; Toffoletti et al., 2016). Several factors impact the work-family balance of professional women including, sleep, mental illness, stress, diet, unhygienic conditions, reproductive health, obesity.

Sleep is crucial for physical and mental well-being, yet many professional women experience sleep disturbances due to work-related stress, irregular schedules, and electronic device use. Poor sleep quality can impact cognitive function, mood, and overall health (Fietze et al., 2022). Mental illness, especially anxiety and sadness

mainly cause disability. According to Freeman (2022), unipolar depression disorder stands as the fourth most common cause of illness worldwide. Women should be especially concerned about the prevalence of mental illness (Alves et al., 2021). Longer work hours and more responsibility at work lead to higher stress levels in women (Shah et al., 2021). When paired with family obligations, professional women are more vulnerable than their male counterparts to pressures from the home, which can have a detrimental effect on health outcomes and quality of life (Perry-Jenkins & Gerstel, 2020). Furthermore, the prevalence of sedentary behaviors, such as prolonged sitting at desks, increases the risk of obesity and musculoskeletal problems (İkiz & Ergin, 2023).

Another important aspect of health maintenance is diet, and studies have indicated that busy schedules and time constraints may make it difficult for professional women to maintain a balanced diet. Nutrient shortages, weight gain, and a higher chance of developing chronic illnesses are all consequences of poor nutrition (Jafree, 2023). Unhealthy eating environments at work have a major impact on dietary intake as well (Epel et al., 2020a). Every quality of life category showed a positive link with eating a healthy diet. According to Perincherry et al. (2019), this indicates that the respondents who followed healthier diets had better quality of life.

Working women often have bad eating habits; they eat less, are not as hygienic, and occasionally miss meals. As a result, individuals risk grave health effects. Working women who have children face psychological difficulties such as stress and tension, increased workloads, and inadequate eating habits (Ahmad, 2020). Women's eating patterns and other environmental factors can contribute to a variety of health issues, such as obesity and overweight (Sadaf, 2024). Women who practise healthy eating, sleeping, exercising, and leisure activities (del Río Carral & Lyons, 2020) enjoy good health. Workplace women with appropriate diets and BMIs are in good health. There was no discernible variation in the food consumption of working and non-working women; yet, education can be a significant factor for certain demographic traits (Assumpção et al., 2018).

Women have a particularly difficult time striking a work-family balance because they choose to address it on a small scale, within their own families, without challenging the institutional frameworks that support work in the academic social milieu (Imran, 2023). There is some literature on work-family balance and health outcomes in academia, studies often generalize findings across genders or focus predominantly on male experiences (Lendák-Kabók, 2022). However, there is a lack of studies related to examining the impact of professional women's lifestyles on their health in academia, particularly in schools, colleges, and universities, lies to the lack of comprehensive research that specifically addresses the unique challenges and stressors faced by women in these settings.

2.1 Theoretical Framework

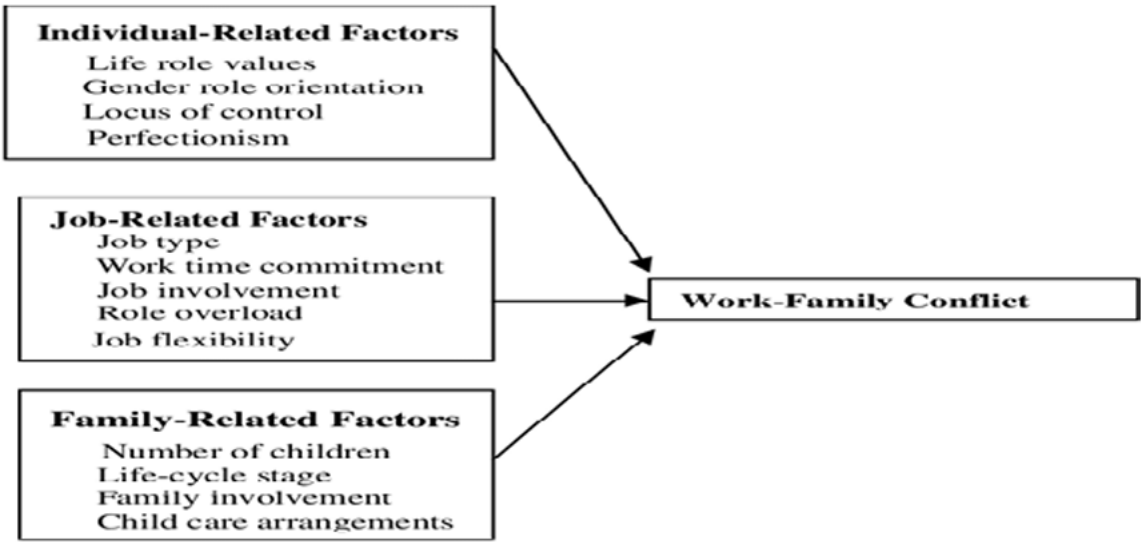
This study has used the work-family conflict model which is also recognized as the compensation model. It is acknowledged that people might be engaged in one role while feeling preoccupied with ideas, feelings, or obligations related to a different

function (Ashforth et al., 2017). Initially, Greenhaus and Beutell, (1985) defined work-family conflict as

"A form of multiple conflicts in which the role pressures of the work and family domains are mutually incompatible in some respects" (Greenhaus & Beutell, 1985).

It is a bidirectional concept (Rotondo & Kinsaid, 2008) introducing work to family and family to work influence. Majorly three levels of associations are impacted due to work-family conflict; individual, job, and family-related factors (Akkas, Hossain & Rhaman, 2015).

Figure No 1: Work-Family Conflict factors (Akkas et al., 2015)



Considering the work-family conflict, professional women face unique challenges related to reproductive health, including fertility issues, pregnancy complications, and balancing career aspirations with family planning (Fant, 2023). Pregnant women who engage in physically demanding work or experience physical workplace stressors are more likely to experience various outcomes, including pelvic pain (MacDonald et al., 2023) miscarriage, or premature birth (Rizvi et al., 2022). Using this imbalance between work and family, this study has pursued how professional women deal with such conflict, especially in the Pakistani context which has not been focused on in previous literature. Investigations about the association of work-family conflict and workplace involvement is now available, but it frequently ignores the psychological implications of people who are physically present in one job but mentally engaged in another. To fully grasp how this cognitive overlap affects general well-being and work-family balance, more research is required.

Despite advancements in workplace policies promoting work-family balance, many women still struggle to prioritize their health along with professional responsibilities, highlighting the need for comprehensive support systems and wellness initiatives tailored to the unique challenges faced by professional women (Rao & Shailashri, 2021). There is a lack of understanding of the specific barriers that prevent professional women from engaging in recommended health behaviors despite the

awareness of their benefits. Additionally, the effectiveness of current workplace wellness initiatives and support systems in addressing these barriers needs further investigation. Longitudinal studies related to the influence of degenerative work-related stress and sedentary lifestyles on the long-term health outcomes of professional women are also lacking. Exploring these aspects could inform more influential policies and interventions to promote well-being and health of professional women which will be discussed in this research.

There is a lack of comprehensive understanding of how globalization and the demand for efficiency in the capitalist market specifically impact the health behaviors and well-being of professional women in various cultural contexts. Additionally, there is limited research on the effectiveness of workplace interventions designed to mitigate these negative health impacts, particularly in traditionally conservative countries. Further studies are needed to explore the interplay between economic independence, lifestyle changes, and health outcomes for women. So, this study has focused.

3. Methodology

This study has adopted qualitative research design to provide a comprehensive understanding of the work-family balance of professional women and its impacts on their health. The targeted population was the professional women of the higher education institution; The Women University Multan (WUM). Simple random and systematic sampling were used to ensure a representative sample of the population. The participants for this study were 123 professional women working at WUM, engaging in teaching, research, or administrative roles. I designed a self-assessed questionnaire to demonstrate and explore the influence of work-family life balance on the health of professional women. The survey comprises eight sections: Demographic Information, Professional Life, Physical Health, Diet and Nutrition, Sleep and Rest, Mental Health and Stress Management, Work-Family Balance, and general health. IBM SPSS 2022 version was used for data analysis. The basic proportion had been considered to elaborate about the basic characteristics of the representative sample. The formula mentioned-below was used to convert the quantitative data into numerical percentile calculated as:

Where P= F/N 100 F = frequency N= total number of frequencies

Regression, correlation, ANOVA, and T-test were the statistical tests, applied to test the hypotheses by check the relation between variables associated to the mental, physical, emotional, professional and family life well-being.

4. Results

The data analysis provided a clear vision of the frequency and percentile of demographic variables and numerous indicators about the work-family balance and conflict of professional women. The description of correlation, regression ANOVA, and coefficient among significant variables has determined the positioning of professional women at their work and family life.

Table 1: Demographics

No.	Variables	Categories	Frequency	Percentage
1.	Age	Under 30	23	18.7
		30-39	45	36.6
		40-49	26	21.1
		50-59	19	15.5
		60 and above	10	8.1
		Total	**123**	**100**
2.	Marital status	Single	40	32.5
		Married	71	57.7
		Divorced	3	2.44
		Widowed	9	7.32
		Total	**123**	**100**
3.	No. of children	1	13	10.6
		2	49	39.8
		3	33	26.8
		4 or more	28	22.8
		Total	**123**	**100**
4.	Qualification	Master's Degree	61	49.6
		Doctorate (PhD)	34	27.6
		Other	28	22.8
		Total	**123**	**100**
5.	Weekly workload (hours)	Less than 30 hours	10	8.13
		30-40 hours	12	9.8
		41-50 hours	39	31.7
		51-60 hours	41	33.3
		More than 60 hours	21	17.1
		Total	**123**	**100**
6.	Research activities (hours)	Less than 5 hours	50	40.7
		5-10 hours	49	39.8
		11-15 hours	11	8.9
		16-20 hours	10	8.1
		More than 20 hours	3	2.5
		Total	**123**	**100**

4.1 Interpretation

Table 1 shows the information and percentile of demographic information of the respondents. The indicator of age showed that 18.7% of respondents were from the age group under 30 years, 36.6% of respondents were from the age group 30-39 years, 21.1% of respondents were from the age group under 40-49 years, 15.5% respondents were from age group 50-59 years, 8.1% respondents were from age group 60 and above years. The second variable of marital status of the professional women shows that 32.5% of respondents were single, 57.7% of respondents were married, 2.44% of respondents were divorced, and 7.32% of respondents were widowed. The variable of the number of children shows that 10.6% of respondents' number of children belongs to Category 1, 39.8% of respondents' number of children belong to Category 2, 26.8% of respondents' number of children belongs to Category 3, 22.8% respondents' number of children belongs to category 4. The variable of qualification shows that 49.6% of

respondents belong to a Master's degree,27.6% belong to a Doctorate, and 22.8% of respondents belong to other education levels. The variable of workload per hour in a week shows that 8.13% of respondent's weekly workload belongs to the category less than 30 hours, 9.8% of respondents' weekly workload belongs to the category 30-40 hours, 31.7% of respondents' weekly workload belongs to the category 41-50 hours, 33.3% respondents' weekly workload belongs to category 51-60 hours, 17.1% respondent's weekly workload belongs to category more than 60 hours. The respondent's research activities per hour show that respondents research activities per hour were 40.7% in less than 5 hours, 39.8% in 5-10 hours, 8.9% in 11-15 hours, 8.1% in 16-20 hours, and 2.5% in more than 20 hours.

Table No 2: Respondent's job satisfaction

Sr. No.	Variable	Categories	Frequency	Percentage
1.	Satisfaction	Very Dissatisfied	6	4.9
		Dissatisfied	49	39.8
		Neutral	2	1.6
		Satisfied	62	50.4
		Very Satisfied	4	3.3
		Total	**123**	**100**
2.	Engagement in physical exercise	Daily	35	28.5
		A few times a week	42	34.1
		Once a week	14	11.4
		A few times a month	18	14.6
		Rarely/Never	14	11.4
		Total	**123**	**100**
3.	Experience physical health issues	Back pain	10	8.1
		Neck pain	12	9.8
		Eye strain	18	14.6
		Headaches	23	18.7
		Fatigue	17	13.8
		Sleep disturbances	22	17.9
		Digestive problems	10	8.1
		Muscle pain	7	5.7
		Other	4	3.3
		Total	**123**	**100**
4.	Overall physical health	**Excellent**	7	5.7
		Good	52	42.3
		Fair	57	46.3
		Poor	7	5.7
		Total	**123**	**100**
5.	Specific diet plan	Yes	63	51.2
		No	60	48.8
		Total	**123**	**100.0**
6.	Follow a balanced diet	Always	25	20.3
		Often	53	43.1
		Sometimes	37	30.1
		Rarely	2	1.6
		Never	6	4.9
		Total	**123**	**100.0**

7.	Average hours of sleep per night	Less than 5 hours	7	5.7
		5-6 hours	52	42.3
		7-8 hours	57	46.3
		More than 8 hours	7	5.7
		Total	**123**	**100.0**
8.	Primary source of stress	Workload	39	31.7
		Family responsibilities	41	33.3
		Financial concerns	30	24.4
		Health issues	3	2.4
		Other	10	8.2
		Total	**123**	**100.0**
9.	Stress management	Exercise	38	30.9
		Meditation	16	13.0
		Talking to friends/family	35	28.5
		Professional counseling	14	11.4
		Hobbies	9	7.3
		Other	11	8.9
		Total	**123**	**100.0**
10.	satisfaction with work-family balance	Very satisfied	11	8.9
		Satisfied	65	52.8
		Neutral	31	25.2
		Dissatisfied	15	12.2
		Very dissatisfied	1	0.8
		Total	**123**	**100.0**
11.	Engage in leisure activities or hobbies	Daily	7	5.7
		Weekly	17	13.8
		Monthly	31	25.2
		Rarely	67	54.5
		Never	1	0.8
		Total	**123**	**100.0**
12.	Institution Role in achieving a work-family balance	Very supportive	15	12.2
		Supportive	68	55.3
		Neutral	1	0.8
		Unsupportive	37	30.1
		Very unsupportive	2	1.6
		Total	**123**	**100.0**
13.	Chronic health disease	Hypertension	19	15.4
		Diabetes	28	22.8
		Heart disease	15	12.2
		Respiratory issues	16	13.0
		Mental health issues	10	8.1
		Other	26	21.1
		None	9	7.4
		Total	**123**	**100.0**
14.	Routine health check-ups	Annually	63	51.2
		Every 2-3 years	38	30.9
		Rarely	1	0.8
		Only when necessary	21	17.1

Total	**123**	**100.0**

4.2 Interpretation

The table shows the percentile of the respondents' life routine regarding various aspects of life. Regarding satisfaction, it has been found that 4.9% of respondents were very dissatisfied with their job, 39.8% were dissatisfied with their job, 1.6% were neutral with their job, 50.4% were satisfied, and 3.3% were very satisfied with their job. Regarding the variable of respondent engagement in physical exercise, the table shows that 28.5% of respondents were engaged in daily physical activities, 34.1% of respondents were engaged in physical activities a few times a week, 11.4% of respondents were engaged in physical activities once a week, 14.6% respondents were engaged in physical activities few times a month, 11.4% respondents were rarely/never engaged in physical activities. The indicator of respondent's experience of physical health issues shows that 18.7% professional women headaches, 17.9% experienced sleep disturbance, 14.6% experienced eye strain, 13.8% women experienced fatigue, 9.8% experienced neck pain, 8.1% of respondents experienced back pain, 8.1% of respondents experienced digestive problems, 5.7% women experienced muscle pain, and 3.3% experienced other physical health issues.

The indicator of respondents' overall physical health shows that 5.7% of respondents' overall physical health was excellent, 42.3% of respondents' overall physical health was good, 46.3% of respondents' overall physical health was fair, and 5.7% of respondents' overall physical health was poor. Respondent's specific diet plan shows that 51.2% of respondents have a specific diet plan and 48.8% of respondents have no specific diet plan. Moreover, the indicator of respondents follow a balanced diet shows that 20.3% of respondents always follow a balanced diet, 20.3% of respondents always follow a balanced diet, 43.1% of respondents often follow a balanced diet, 30.1% of respondents sometimes follow a balanced diet, 1.6% respondents rarely follow a balanced diet, and 4.9% respondents never follow a balanced diet. Respondents' average hours of sleep per night shows that 5.7% of respondents' average hours of sleep per night was less than 5 hours, 42.3% of respondents average hours of sleep per night was 5-6 hours, 46.3% of respondents average hours of sleep per night was 7-8 hours, 5.7% respondents' average hours of sleep per night was more than 8 hours.

Furthermore, respondent's primary source of stress shows that 31.7% of respondents were stressed due to workload, 33.3% of respondents were stressed due to family responsibilities, 24.4% of respondents were stressed due to financial concerns, 2.4% of respondents were stressed due to health issues, 8.2% respondents were stressed due to other reasons. The next indicator of respondent's stress management shows that 30.9% of respondents manage their stress through exercise, 13.0% through meditation, 28.5% through talking to friends and family, 11.4% through choosing different hobbies, and 8.9% through other sources. Respondent's satisfaction with work-family balance shows that 8.9% of the professional women were very satisfied with their work-family balance, 52.8% were satisfied with their work-family balance, 25.2% of respondents responded were neutral with their work-family balance, 12.2% of them were

dissatisfied with their work-family balance and 0.8% respondents were very dissatisfied with their work-family balance.

The next indicator of respondent's engagement in leisure activities or hobbies shows that 5.7% of respondents were involved daily in leisure activities, 13.8% of respondents were involved weekly in leisure activities, 25.2% of respondents were involved monthly in leisure activities, 54.5% respondents were involved rarely in leisure activities, 0.8% respondents were involved never in leisure activities. Regarding respondent's institutional role to achieve a work-family balance table shows that 12.2% of respondent's institutional role to achieve a work-family balance was very supportive, 55.3% of respondent's institution role in achieving a work-family balance was supportive, 0.8% respondent's institution role to achieve a work-family balance was neutral, 30.1% respondent's institution role to achieve a work-family balance was unsupported, 1.6% respondent's institution role to achieve a work-family balance was very unsupported while respondent's chronic health issues show that 15.4% respondents experienced hypertension, 22.8% respondents experienced diabetes, 12.2% respondents experienced heart disease, 13.0% respondents experienced respiratory issues, 8.1% respondents experienced mental health issues, 21.1% respondents experienced other chronic health issues and 7.4% respondents have no chronic health issues. Respondent's routine health check-ups disclosed that 51.2% of respondents went for routine health check-ups annually, 30.9% went for routine health check-ups every 2-3 years, 0.8% went rarely for routine health check-ups, and 17.1% went for routine health check-ups only when necessary.

Table No 3: Correlation among work-family balance variables

	PL	PH	DnN	SnR	MHnSM	WFB	GH
PL	1						
PH	-.075	1					
DnN	-.173	-.154	1				
SnR	.142	.155	-.006	1			
MHnSM	.036	.180*	-.215*	.282**	1		
WFB	.038	.080	.200*	.140	.190*	1	
GH	-.040	.087	-.057	.141	-.105	-.384**	1

(* p<0.05; ** p<0.01)

PL (Personal Life), PH (Public health), DnN (Diet and Nutrition), MHnSM (Mental Health and Stress Management), SnR (Sleep and Rest), WFB (Work-family balance) GH (General health)

4.3 Interpretation

Based on the above statistics, there was a weak positive statistically insignificant correlation of General health with Sleep and Rest (r=0.142; p>0.05) and Personal Life (r=0.087; p>0.05). A statistically insignificant weak negative correlation of General health was found with Diet and Nutrition (r=-0.057; p>0.05) and Mental Health and Stress Management (-r=0.105; p>0.05). The only significant but moderate negative correlation was found between General health and Work-Family Balance (r=-

0.384; p<0.01). Neither strong positive correlation was found between any variables (r>1). The strongest correlation with General Health is with Work-Family Balance (-0.384), indicating a moderate negative relationship. This suggests that as Work-Family Balance increases, General Health tends to decrease. Regarding the significance level between other variables, only statistically significant correlations of Mental Health and Stress Management were found with Personal Life (r=0.180; p<0.05), Diet and Nutrition (r=-0.215; p<0.05), Sleep and Rest (r=0.282; p<0.01), and Work-Family Balance (r=0.190; p<0.05).

Table No 4: Regression model

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.431[a]	.186	.172	1.70489

a. Predictors: (Constant), SnR, WFB

4.4 Interpretation

There is a moderate positive relationship between Sleep and Rest, Work-Family Balance, and general health (r=0.431). R Square (Explained Variance) of 0.186 shows that 18.6% of the variation in general health (GH) is explained by Sleep and Rest and Work-Family Balance. While Adjusted R Square of 0.172 shows that after accounting for predictors, 17.2% of the variation in general health remains explained by the model.

Table No 5: ANOVA

Model		Sum of Squares	df	Mean Square	F	Sig.
1.	Regression	79.610	2	39.805	13.694	.000[b]
	Residual	348.797	120	2.907		
	Total	428.407	122			

a. Dependent Variable: GH

b. Predictors: (Constant), SnR, WFB

4.5 Interpretation

An F-statistic indicates the regression model's overall significance. An F-statistic of 13.694 indicates a significant relation between General Health and Sleep and Rest and Work-Family Balance (p<0.001).

Table No 6: Coefficients

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	9.425	1.134		8.308	.000
	WFB	-.274	.055	-.412	-4.947	.000
	SnR	.344	.144	.198	2.383	.019

a. Dependent Variable: GH

4.6 Interpretation

It was found that Work-Family Balance [(B): -0.274; Standardized Coefficient (Beta): -0.412] has a significant negative association with the General Health ($p<0.001$), indicating General Health decreases by 0.274 units for each unit increase in Work-Family Balance. While Sleep and Rest [Coefficient (B): 0.344; Standardized Coefficient (Beta): 0.198] has a significant positive association ($p<0.05$) with General Health, Indicating General Health increases by 0.344 units for each unit increase in Sleep and Rest. So, Work-Family Balance (WFB) negatively influences General Health (GH), meaning better Work-Family Balance is associated with better General Health outcomes. Sleep and Rest (SnR) positively influence General Health (GH), indicating that better Sleep and Rest are associated with better General Health outcomes.

4.7 Discussion

This study analyzed the work-family balance which aims to comprehend the variables influencing working women's work-family balance as well as the effects of inadequate work-family balance. According to the study's findings, most respondents were married with two or three kids and belonged to the 30- to 39-year-old age range. These results were consistent with the research conducted by Dodanwala et al. (2021) and Laksono et al. (2022). Every working woman in the sample chosen for this research had to have finished their degree. Therefore, the majority of the respondents were involved in research activities in less than five hours parallel to the study of Kumar et al. (2021).

The study also explored that most of the women had chosen to follow careers voluntarily, and many of them had chosen their careers without coercion or pressure as found in the study of Harrison et al. (2022) while opposed to the findings of Tabassum and Nayak, (2021). Most of them had started working because they felt that it would satisfy their demand for autonomy and self-sufficient as supported by Hyun et al. (2024) and Mitcheam-Eatmon (2020). Conversely, several of them started working to help support the family as found by Brannen and Wilson (2023). Nearly all of the respondents thought they were significantly contributing to their organization. This finding was supported by Rees (2022) and Cardella, Hernández-Sánchez and Sánchez-García (2020). They thought their standing and position were well-earned. The data shows that working women have chosen to work for pay of their own free will and are not always hired to assist their families financially similar to the findings of Rossier and Ouedraogo (2024) and Noorani and Shakir (2021).

On the other hand, the majority of the professional women in higher educational institutions agreed to the burden of too much work load. Taking on various roles in their personal lives, they are frequently faced with tasks including their social circle, in-laws, parents, children, and the home. These findings are parallel to the study of Masood and Barrech (2023) and Naseem et al. (2020). the findings also indicated that working women now have to put in lengthy workdays and occasionally even bring their work home due to the increased demands of the workplace. As a result, most of them are overworked in both their personal and professional lives. These results were also

corroborated by the research of Ali and Rasheed (2021). This causes friction and is one of the factors that contribute to the work-family imbalance.

The study also explored that the majority of the professional women admitted that work interfered with family life. Mostly their work hours exceed their regular working hours which is unpaid. These findings were parallel to the study of Montano, Martínez and Lemus (2023) and Gibbs, Mengel and Siemroth (2021). They have very little time for their families as a result. They continue to be the primary carers for their older dependents and children, which means they will have to put in more hours at home and compromise their work-family balance. This conclusion was corroborated by Bravo-Moreno's (2021) findings. As a result, working women have very little time for leisure activities. The women concurred that they didn't have any personal time. This cost them valuable time that they could have used for spiritual or personal development, yet they weren't as stressed because of work-family balance.

The study also explored that these professional women had less comfortable sleep and rest which impacted their mental health and stress levels as parallel to the study of Amin et al. (2024). The results also indicated that individuals who manage their mental health and stress well also tend to have a better work-family balance. The findings align with prior research showing that work-family balance negatively impacts general health due to stress and competing demands, as also observed in studies by Wan et al. (2022). Similarly, the positive association between sleep and rest and general health echoes the results of studies like those by Ahmed et al. (2021), which emphasize the restorative benefits of adequate sleep. The weak correlations with diet, nutrition, and mental health reflect inconsistent findings in previous literature, highlighting the complexity of these relationships.

5. Conclusion

The purpose of the current study was to examine how professional women's health is impacted by work-family balance. The results show that women's health and quality of life are significantly influenced by the environment in which they reside. It was clear that women were overburdened by the reproduction and changing of gender roles. They still carry out their customary responsibilities even if they are now starting to assist to the family's income. This suggests that the availability of employment opportunities for women does not inevitably alter societal norms. According to the report, this is still a significant obstacle for women to keep up their health. We can conclude that individual efforts and behaviour contribute to the maintenance and improvement of health. For the sake of their long-term health, women should grasp this. For the best work-family balance, the family must support you to the fullest extent possible. Women need to strike a balance between their personal and work lives. They have to figure out how to effectively and efficiently manage their priorities while working. Women may be successful housewives and working women if they could effectively manage their priorities and schedules. Women face a great deal of difficulty in juggling these two obligations and changing their priorities. Much more research is needed to learn more about the importance and impacts of work-family balance. This

study was able to ascertain the work-family balance of employees and discovered that, in addition to their employment, age, and caregiving obligations, the number of hours worked each week and the stress associated with that work were highly significant factors of employees' work-family balance. Professional women who struggle to maintain a work-family balance report higher levels of stress, headaches, muscular tension, weight gain, and despair than their male counterparts. Struggling to strike a balance between job and family obligations and one's obligations to one's family and the authorities can have a serious negative impact on an individual's life expectancy by lowering their standard of living and general well-being. The right to balance work and family life is something that many employees want, as it is difficult to find personal time in today's hectic society. Programs for health and well-being can undoubtedly assist working women in striking a balance between their personal and professional lives. However, they cannot solve the issues of asymmetry on their own. The literature study makes clear that women's issues are multifaceted, thus more research is necessary to assist working women in striking a balance between their personal and professional lives.

5.1 Limitations of The Study

In addition to its general significance, this study has several limitations. Initially, researchers were unable to apply a systematic and random sample technique due to the lack of a sampling frame of working women in certain sectors (female higher education institutions). Second, a thorough examination of the chosen factors could not be evaluated because of the quantitative research. Third, because the conventional scales needed to measure some variables were unavailable, a self-created questionnaire was employed. Information may have been misclassified as a result, and results may not have been comparable to those of studies using conventional equipment. Last but not least, because this study was limited to The Women University Multan, its conclusions cannot be applied to all working women or people in general.

Researchers' contribution

Farwa Muzaffar: Data collection, methodology, results write-up

Dr. Aqsa Qandeel: Study design, theoretical framework, literature review, references

Dr. Sadaf Mahmood: Data analysis, discussion, editing, final formatting

Conflict of interest

There is no conflict of interest found in and during the conduction of the study.

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