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A Study on Psychological Distress, Role Overload, and Work-Social Impairment among Working Adults

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Abstract: Background: The demands of modern work environments often exert a hidden toll on employees. Traditional assessments frequently look for overt psychological symptoms, which may fail to capture the true impact of occupational stress. The primary aim of this study was to assess whether the adverse effects of excessive workload (role overload) are more evident through functional life impairment than through classic psychological distress. ***Method*****:** A quantitative, cross-sectional design was utilized, analyzing a sample of 32 working adults aged 22-40 years old. Data were collected via standardized self-report measures: the Depression Anxiety Stress Scale-21 (DASS-21) to assess psychological distress, the Reilly Role Overload Scale to evaluate excessive work demands, and the Work and Social Adjustment Scale (WSAS) to measure functional life impairment. ***Results:*** Correlation analyses revealed a highly significant positive relationship between role overload and work-social impairment (r=0.674, p<.001). However, role overload demonstrated no significant relationship with any of the psychological distress sub-dimensions (depression, anxiety, or stress). Furthermore, participants reported high mean levels of functional impairment (WSAS Mean = 20.8) despite relatively low mean scores in psychological distress. ***Conclusion:*** The findings confirm that the burden of role overload is far more evident in how it impairs daily life and social functioning than in self-reported psychological distress. Employees may psychologically endure excessive work demands without immediate symptoms of depression or anxiety, but the cost of this endurance is severe disruption to their home management,

leisure, and social lives. Functional impairment serves as a much more sensitive and evident barometer of occupational stress than traditional distress measures.

Keyword: *Psychological Distress, Role Overload, Work-Social Impairment, Working Adults*

1. Introduction

The assertion "*I am fine; nothing is wrong with me*" is a frequent response among the general population, particularly when individuals are advised to seek professional psychological help. Traditionally, an individual's mental well-being is evaluated primarily through the presence or absence of overt emotional symptoms, such as depression, anxiety, and stress. While many individuals currently experiencing psychological distress can accurately articulate their emotional state to clinicians, a significant portion of the population may lack the emotional awareness to recognize or report the intensity of their own suffering. Consequently, the reliance on subjective, symptom-based assessment can be limiting; the mere absence of articulated emotional distress does not necessarily equate to the absence of underlying psychological illness or occupational burden.

Instead, hidden distress often manifests explicitly through an individual's behavior and functional decline. When individuals are overwhelmed particularly by excessive occupational demands or role overload, they frequently lose the ability to function optimally in their day-to-day lives. This disruption, conceptually defined as work and social impairment, serves as a tangible, observable indicator of psychological distress. The degree to which an individual's daily roles, home management, and social leisure activities are impaired provides crucial complementary information about their true psychological state. Because functional impairment measures adjustment independently from the psychopathology itself, it becomes a vital sign of distress. It captures the practical, real-world consequences of mental health problems, serving as a highly sensitive barometer of suffering even when a person cannot explicitly identify or articulate their own emotional distress.

1.1 *Psychological Distress*

Psychological distress is generally defined as a “state of emotional suffering typically characterized by symptoms of depression and anxiety” (Arvidsdotter et al., 2015). Psychological

distress is characterized by "a continuum of depressive and anxiety symptoms, which may develop into mental illness with greater severity if unrecognized" (Onell et al., 2023).

A study by Menon et al. (2022) was conducted among 967 participants, including doctors, nurses, ambulance drivers, emergency response teams, lab personnel, and others directly involved in COVID 19 patient care, belonging from 12 cities located in 10 states to determine the burnout levels and factors associated with psychological distress. Levels of psychological distress were assessed by the General Health Questionnaire (GHQ-5), and levels of burnout were assessed by the ICMR-NIOH Burnout Questionnaire. It was found that the risk of psychological distress was significantly associated with longer hours of work.

Badola et al. (2021) studied the prevalence of psychological distress, functional impairment, and social attitude towards the COVID-19 pandemic and induced lockdown among a sample of 155 Indian residents. Data was collected using Kessler's K10 scale to measure psychological distress and Work and Social Adjustment Scale (WSAS) to measure functional impairment due to the COVID-19 pandemic. It was found that 20% participants suffered from mild psychological distress whereas 16.1% were moderate to severely distressed. Also, 23.9% of participants suffered significant functional impairment, and 7.9% of participants suffered severe functional impairment.

The study by Daly (2022) examined psychological distress among 403223 working adults aged 25 to 64 years across 20 annual waves of the National Health Interview Study conducted from 1999 to 2018. For the study, Kessler-6 Distress Scale was used. It was found that the prevalence of psychological distress, in the last 30 days, increased from 16.1% in 1999-2000 to 22.6% in 2017-2018. A significant increase was observed across all gender, age, race/ethnicity, and educational attainment of subgroups.

1.2 *Role Overload*

Role Overload describes "situations in which employees feel that there are too many responsibilities or activities expected of them in light of the time available, their abilities, and other constraints" (Rizzo et al. 1970). Role Overload is characterized as "a state of conflict that occurs when the degree of demand go beyond the resources that are available to individual and the individual is confronted with completion of a lot of tasks that call for attention" (Reilly, 1982).

Barnett and Baruch (1985) investigated the relationship between women's involvement in multiple social roles and psychological distress using a community sample of 238 white midlife women between 35 and 55 years of age. The study aimed to examine whether occupying multiple

roles, for example employment, marital, and parental roles, was associated with increased strain or enhanced well-being. Role involvement was assessed through the number and perceived quality of roles occupied, while psychological distress was measured using the Langner Psychiatric Symptoms Scale. Additional measures assessed role overload and role conflict. The findings indicated that the quality of role experiences was more strongly related to psychological outcomes than the number of roles held, and greater role engagement was not associated with higher distress. These results challenged traditional role strain assumptions and supported a role accumulation perspective.

Iqbal et al. (2025) examined the association between Role Overload and psychological outcomes among healthcare professionals in Pakistan, with task distraction as a mediator and resilience and emotional intelligence as moderators. Using a cross-sectional design, data were collected from 600 healthcare workers, including physicians, nurses, and allied health professionals, across public and private hospitals in multiple Pakistani cities. Role Overload was measured using Peterson's 5-item scale; psychological distress was assessed with the Kessler 6-item Psychological Distress Scale; psychological well-being was measured using the Perceived Well-Being Scale, resilience was assessed using the Brief Resilience Scale, task distraction was measured with a 4-item scale, and emotional intelligence was assessed using the Wong and Law Emotional Intelligence Scale. The findings indicated that Role Overload was positively associated with psychological distress and negatively associated with psychological well-being. Task distraction partially mediated these associations, while resilience and emotional intelligence moderated the relationships, such that higher resilience and emotional intelligence attenuated the negative psychological impact of overload.

Alnazly et al. (2023) conducted a cross-sectional correlational study to examine the association between Role Overload, mental distress, and quality of life among Jordanian female healthcare professionals. The sample comprised 412 female physicians, nurses, and pharmacists recruited from public and private healthcare sectors in Jordan. To study, The Role Overload scale, Depression Anxiety and Stress Scale-21 (Dass-21) and the World Health Organization Quality of Life-Brief Version were used. The findings indicated that most participants experienced moderate to high Role Overload, which significantly predicted higher levels of depression, anxiety, and stress and was inversely associated with both physical and psychological quality of life.

1.3 *Work-Social Impairment*

Work and social impairment is operationally defined "as the self-reported degree to which an individual's specific problem impairs their ability to carry out day-to-day activities across five core domains: work, home management, social leisure activities, private leisure activities, and close relationships" (Mundt et al., 2002). Work and social impairment is conceptually defined as "a patient's self-perceived degree of functional impairment in everyday life resulting from a specific physical or mental health problem" (Tchanturia et al., 2013; Zahra et al., 2014).

Tuithof et al. (2017) examined the association between emotional exhaustion and work-related functioning and health care use in a nationally representative sample of Dutch workers (N = 2902) drawn from the third wave of the Netherlands Mental Health Survey and Incidence Study 2. Emotional exhaustion was assessed using the exhaustion subscale of the Utrecht Burnout Scale which is the Dutch version of the Maslach Burnout Inventory, work loss (including absenteeism and presenteeism) was measured using items from the WHO Disability Assessment Schedule, and emotional, physical, and social functioning were assessed using subscales of the Short Form Health Survey (SF-36). Common mental disorders were diagnosed using the Composite International Diagnostic Interview. The findings indicated that both mild and severe exhaustion were significantly associated with greater work loss, impaired functioning across domains, and increased health care use, and these associations persisted after adjustment for sociodemographic factors, job characteristics, physical health, and common mental disorders.

Mataix-Cols et al. (2005) studied the reliability, factor structure, validity, and sensitivity to change of the Work and Social Adjustment Scale (WSAS) among 205 phobic patients (73 agoraphobia, 62 social phobias, and 70 specific phobia) who participated in various open and randomized trials of self-exposure therapy. It was found that internal consistency of the WSAS was excellent in all phobic pooled and in agoraphobics and social phobics separately. Further, specific phobics gave less consistent ratings across WSAS items, suggesting that some items were less relevant to their problem.

A study by Cella et al. (2011) used data from two samples of patients, one from multicenter randomized controlled clinical trial of treatments of 639 individuals for chronic fatigue syndrome (CFS) and other from 384 individuals from a clinic specializing in CFS. All were required to complete the Work and Social Adjustment Scale (WSAS). The result indicated that a high level of disability was associated with a high number of physical symptoms, severe fatigue, depression,

anxiety, poor sleep quality and poor physical fitness, with a correlation coefficient ranging between 0.41 and 0.11. Also, lower scores on the WSAS were modestly associated with better physical functioning as well as higher levels of physical capacity as assessed by a walking test.

1.4 *Purpose*

The purpose is to study the relationship between psychological distress, role overload, and work-social impairment among working adults.

1.5 *Hypothesis*

H_1: Role overload will be positively associated with psychological distress among working adults.

H_2: Role overload will be positively associated with work-social impairment among working adults.

H_3: Psychological distress will be positively associated with work-social impairment among working adults.

H_4: Role overload will show a stronger positive correlation with work–social impairment than with psychological distress among working adults.

2. Method

2.1 *Sample*

A total sample of 32 working adults were assessed belonging to age group of 22-40 years old.

2.2 *Measures*

Depression Anxiety Stress Scale – 21 (DASS – 21): The Depression Anxiety Stress Scale -21 (Lovibond & Lovibond, 1995) was used to assess psychological distress. The scale contains 21 items rated from 0 = Did not apply to me at all to 3= Applied to me very much or most of the time.

Reilly Role Overload Scale: The Reilly Role Overload scale (Reilly, 1982) was used to measure role overload. The scale contains 13 items rated 1 = Strongly Disagree to 5 = Strongly Agree.

Work and Social Adjustment Scale (WSAS): The Work and Social adjustment scale (Mundt et al., 2002) was used to measure work and social impairment. The scale contains 5 items rated from 0=not at all to 8=very unlikely.

2.3 *Procedure*

Individuals were given standardized tests via Google Forms. A post-completion thank-you note was provided for their contribution.

3. Analysis of Data

3.1 *Results*

Table 1: *N, Mean and Standard Deviation*

	Depression	Anxiety	Stress	Role Overload	Work-Social Impairment
N	32	32	32	32	32
Mean	6.34	6.09	7.16	43.5	20.8
Standard deviation	5.05	4.86	4.96	10.5	10.3

Table 2: *Correlation between Psychological Distress, Role Overload, and Work-Social Impairment*

	Depression	Anxiety	Stress	Role Overload	Work-Social Impairment
Depression	—				
Anxiety	0.851***	—			
Stress	0.914***	0.844***	—		
Role Overload	0.199	0.221	0.238	—	
Work-Social Impairment	0.428*	0.420*	0.407*	0.674***	—

Note. * p < .05, ** p < .01, *** p < .001

The result found out that there is positive significant relationship between Anxiety and Depression (r = 0.85, p < .001); between Stress and Depression (r = 0.91, p <.001); between Stress and Anxiety (r = 0.84, p < .001); between Work-Social Impairment and Depression (r = 0.42, p < .05); between Work-Social Impairment and Anxiety (r = 0.42, p < .05); between Work-Social Impairment and Stress (r = 0.40, p < .05); between Work-Social Impairment and Role Overload (r

= 0.67, p < .001). Further, there is no significant relationship between Role Overload and Depression; between Role Overload and Anxiety; between Role Overload and stress.

Hypothesis 1 stated a significant positive relationship between role overload and psychological distress. However, the correlation analysis revealed no significant relationships between role overload and depression (r=0.199,p>.05), anxiety (r=0.221,p>.05), or stress (r=0.238,p>.05). Therefore, *H_1 was not supported.*

Hypothesis 2 stated a significant positive relationship between role overload and work-social impairment. The results revealed a highly significant, strong positive correlation between the two variables (r=0.674,p<.001). Therefore, *H_2 was supported*, indicating that as occupational demands increase, an individual's functional day-to-day life is severely disrupted.

Hypothesis 3 stated a significant positive relationship between work-social impairment and psychological distress. The analysis revealed significant positive correlations between work-social impairment and all three distress sub-dimensions: depression (r=0.428,p<.05), anxiety (r=0.420,p<.05), and stress (r=0.407,p<.05). Therefore, *H_3 was supported*, demonstrating that higher functional impairment is associated with elevated emotional suffering.

Hypothesis 4 stated that role overload would exhibit a stronger association with functional impairment than with psychological distress. By comparing the correlation coefficients, the data clearly showed a robust relationship between role overload and work-social impairment (r=0.674) while yielding no significant relationship with any psychological distress metric. Therefore, *H_4 was supported*, confirming the study's primary aim that the adverse effects of excessive workload are far more evident through life impairment than through classical psychological distress.

4. Discussion

The primary aim of the present study was to establish that work and social impairment is a strong indicator of psychological distress among working adults. The findings robustly support this hypothesis, revealing significant positive relationships between work-social impairment and all three dimensions of psychological distress: depression (r=0.428, p<.05), anxiety (r=0.420, p<.05), and stress (r=0.407, p<.05). These results indicate that as individuals experience greater disruptions in their ability to manage daily responsibilities such as work tasks, home management, and social or private leisure activities they report correspondingly higher levels of emotional suffering and psychological distress. The strong association found between functional impairment

and psychological distress aligns with a well-established body of literature. Previous clinical and occupational studies have repeatedly demonstrated that perceived limitations in executing daily activities and participating in broader life situations are heavily intertwined with emotional suffering. For instance, Cella et al. (2011) demonstrated that high levels of functional disability, measured via the Work and Social Adjustment Scale (WSAS), were significantly correlated with higher levels of depression and anxiety.

The findings are also closely mirrored by Tchanturia et al. (2013), who found moderate to strong positive associations between WSAS scores and self-reported clinical anxiety (r=0.46) and depression (r=0.44). Furthermore, Zahra et al. (2014) established that baseline work and social adjustment scores positively and significantly correlate with established clinical measures of depression (PHQ-9; r=0.58) and anxiety (GAD-7; r=0.43), further cementing the premise that functional disruption is a reliable parallel indicator of distress.

The findings of the present study suggest that functional impairment may provide an additional indicator of the severity of psychological suffering. While psychological assessment often focuses primarily on subjective distress and reported symptoms, the degree to which an individual experiences disruption in work and social functioning may offer important complementary information. Impairment in daily roles can reflect how psychological difficulties translate into real-life limitations, thereby helping clinicians and researchers better understand the intensity and practical consequences of mental health problems. Considering functional impairment alongside subjective symptom reports may therefore contribute to a more comprehensive evaluation of psychological well-being and distress.

5. Conclusion

The present study investigated the relationships between role overload, work-social impairment, and psychological distress to determine whether functional life impairment served as a stronger indicator of occupational burden than overt emotional suffering. Utilizing a quantitative, cross-sectional design, data were collected from a sample of 32 working adults using standardized self-report measures: the Depression Anxiety Stress Scale-21 (DASS-21), the Reilly Role Overload Scale, and the Work and Social Adjustment Scale (WSAS).

Correlation analyses revealed a highly significant positive relationship between role overload and work-social impairment (r=0.674, p<.001), whereas role overload demonstrated no

significant direct relationship with depression, anxiety, or stress. Furthermore, participants reported high mean levels of functional impairment (WSAS Mean = 20.8), which in turn correlated significantly with all three sub-dimensions of psychological distress. The findings confirmed that the adverse effects of excessive workload were far more evident through severe disruptions in daily and social functioning than through classical self-reported psychological distress, establishing functional impairment as a highly sensitive barometer of occupational stress.

The data strongly suggests that life impairment among working adults signifies a better, more practical measure for distress, particularly when an individual cannot easily identify or articulate their own emotional distress. Working adults often find ways to psychologically "cope" with high occupational demands, thereby masking or suppressing immediate clinical symptoms of depression or anxiety. However, the objective cost of this endurance manifests as severe resource depletion, which noticeably disrupts their ability to manage personal, domestic, and social responsibilities. Because individuals may fail to recognize or explicitly report their own internal emotional suffering, evaluating their functional decline such as withdrawing from social leisure activities or struggling with home management provides a visible, tangible metric. Therefore, it is suggested that mental health professionals, researchers, and organizational leaders prioritize the assessment of functional work and social impairment over, or alongside, traditional symptom-based distress scales. Utilizing life impairment as a primary screening tool can help identify hidden psychological suffering and facilitate early interventions for employees who are experiencing severe occupational distress but lack the emotional awareness to identify it themselves.

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