

Working women and multiple roles: manifestations and repercussions

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Abstract

Our field study aims to shed light on the significant social and professional roles of working women and their impact on their psychological, physical, and social health. A study was conducted in the city of Bejaia involving 250 working women and employees. Utilizing a descriptive approach, in-depth interviews, and statistical methods (correlation coefficients: agreement and coupling), the following results were obtained:

- Working women perform multiple social and professional roles due to the division of labor and social changes compared to the past.
- The multiplicity of social and professional roles has led to moderate stress and hormonal disturbances in the majority of working women.

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- There is a high level of symptoms, including: psychosomatic symptoms, depression, pathological symptoms related to the stomach and intestines, vision problems, blood pressure issues, and menstrual disorders, in addition to other social problems such as the breakdown of social ties, divorce, lack of communication, and emotional divorce.

The study also found a moderate correlation of $R = 0.58$ between seniority and the occurrence of severe psychosomatic disorders. A strong positive correlation of $R = 0.73$ was found between female workers who do not receive any social or moral support and severe psychosomatic disorders. Finally, there was a moderate correlation of $R = 0.59$ between marital status and the occurrence of psychosomatic depression.

Keywords: Working women, multiple roles, Psychosomatic disorders.

Introduction:

Human societies have undergone significant changes. After the patriarchal society, current societies and their economies are built on the contributions of both men and women. Women have become a significant human resource, occupying various scientific, research, and professional fields. They have successfully achieved social dominance, transforming societies into gender-inclusive ones. Women have gained recognized status and participation in decisions and actions of importance, contributing to income, development, and societal progress.

With social and technological advancements and the diversification of tasks and social division of labor, women, alongside men, now have different roles and multiple needs that did not exist previously. Women now compete with men in acquiring, producing, developing, spending, and participating financially, socially, and politically, in addition to their traditional roles imposed by society.

A working woman is a house manager, a mother, a wife, an educator, and a planner, striving to balance her family and professional life. This dual responsibility often leads to continuous anxiety and stress, aiming for success in multiple roles with minimal margin for error. This situation, accompanied by anxiety, fatigue, and exhaustion, makes women vulnerable to serious psychological and physical repercussions.

As English physician William Harvey noted in 1928: "Every emotion accompanied by pain, joy, fear, and hope is actually the cause of arousal and agitation that extends its effect to the heart." Similarly, William Osler observed in 1927 that a condition affecting the arteries, accompanied by angina, is caused by high blood pressure resulting from work-related stress.

Problem Statement:

Men often perform tasks outside the home, as the majority have grown up in a society where their roles are centered on provision and material gain. However, the modern woman has quickly taken on and participated in these roles, contributing financially and materially. She also has important and necessary roles within the home, with considerable pressures sometimes imposed. She is not only a caregiver or a mother but also manages household chores, serves her husband, and maintains family relationships. This has led us to focus on the issue of multiple roles in both the social and organizational aspects of women and their impact on the psychological and physical health of modern women.

The study is guided by the following questions:

- Do modern roles align with a woman's nature and what are the reasons for her multiple roles?
- How does the multiplicity of social and professional roles affect her psychological and physical well-being?
- What are the manifestations and levels of psychosomatic disorders among working women?
- Are these disorders solely attributed to professional pressures?

Hypotheses:

- Working women perform multiple social and professional roles due to the decline of men in performing their traditional tasks.
- A high level of psychosomatic disorders exists among the majority of working women.
- There is a statistically significant relationship between the lack of social and familial support for working women and the emergence of severe psychosomatic disorders.

Objectives:

- Identify the most significant modern professional and social roles performed by working women and the extent of male participation (as husbands, fathers, brothers, sons) in these roles.
- Assess the level of psychosomatic disorders among the majority of women resulting from multiple social roles and professional pressures.
- Identify the main manifestations of common disorders among women with multiple roles.
- Investigate the relationship between variables (receiving material and moral support, family environment, marital status) and the level of psychosomatic disorders.

Theoretical Framework and Concepts:

1. Working Women:

God created humans as male and female, but the European concept of male and female or man and woman carries deeper meanings, including the difference in the multiplicity of roles for each

gender. Men are associated with authority and strength, while women are linked to reproduction and nurturing. Some differentiate between men and women based on cultural differences, stating that "concepts of masculinity and femininity are culturally linked and vary from culture to culture, constructed according to meanings and symbols distributed by authority" (Jackson & Scott, 2002, p. 117).

This implies that what men and women currently believe about their roles, authority, status, and rights is merely socialization and instillation of social values that do not align with the true capabilities of each gender. Others argue that hormonal and sexual differences between genders define each as male or female: "Considering that feminine traits and roles are universally determined by biology and nature, not culture" (Kuper & Kuper, Gender in this sense is "one of the fundamental issues that concern all cultures, as every culture provides its members with an interpretation of the existence of the two human sexes and their various roles according to kinship, sex, work, and age, and also supplies its members with general guidance on how to handle the relations between them" (Hadir Mohamed, 2011, p. 588). Accordingly, the woman in this definition is different in sex, nature, way of thinking, work, and communication compared to the male, knowing that the standards for respecting relationships or the behaviors of both male and female, and even the acceptable jobs for both genders, differ depending on societies and their cultures. This is what made us currently find working women, yet the majority of them practice jobs and tasks that are in line with their feminine nature on the one hand, and that respect the values of their society on the other hand, in adherence to social roles: "The gender role is mainly based on the values, standards, and perceptions of society regarding the characteristics of both men and women and their capabilities and readiness to perform what is suitable for each of them and what aligns with the trends, skills, and traits considered by society to be appropriate for their gender" (Taher Ziad, 2011, p. 32). Knowing that these skills and characteristics are not universal, but subject to change and transformation in all human societies, just like values, customs, and social traditions. However, this change only happens with social change, which reorganizes society's values as a result of the acquisition and belief in those values by the majority of people, or due to contact and imitation. This often happens when these modern values are encouraged by international policies and the various media capable of influencing public opinion and societal values. That is what has led us today to the concept of the working woman, which differs greatly from the housebound female. She is the one who practices a profession or job for a wage, whether from inside her home and bringing it to society, or within a specific institution. Thus, the concept has become economic, related to material, productivity, and achieving self-sufficiency in modern society.

2. The concept of social roles.

Social roles are among the most important “standards for judging how societies preserve their cohesion (...), the clearer the roles are, the more they satisfy their holders’ desires and achieve the society’s goals, the more cohesive the society is” (Jalloul Ahmed, 2022, p. 55). The term “social role” refers to: “The familiar behavior patterns associated with a specific status, that is, a minimum expected behavioral pattern required of any human occupying this or that social status within the group (...)” (Al-Akoubi Al-Azhar, 2012, p. 82). Then, the roles of individuals are defined based on their membership groups or according to the nature of the social status they occupy. The clearer the group’s goals are, the more defined the roles of its members or each party within it, until the group achieves the tasks and responsibilities it aims for. Consequently, an individual’s roles multiply with the number of groups they belong to, and it is not necessary for each person to have the same role across various fields and groups. Taking the example of the working woman, she has the role of an employee within the workplace, the role of a mother with her children at home, and the role of a wife with her husband. These roles may be performed simultaneously or at different stages in her life. The method, age, or manner of the individual’s belonging to these various groups does not matter. The family is usually a non-voluntary affiliation, such as a child within a family who has no freedom to choose his membership in that family. Or the group might be voluntary, like a woman deciding to work and having specific roles within a factory or workshop, while another woman might choose fewer roles by adhering only to her family roles. “Regardless of how the individual belongs to the group, the important thing is that once they belong to it, a specific status is assigned to them within that group, with a specific rank, and a role they must perform within it (...)” (Al-Jouhari Mohamed, 2007, p. 105). Therefore, social roles are firstly not fixed but variable depending on the nature of the groups and societies. This is confirmed by some scholars who have addressed the issue of changing social roles with the changes in society and its values and instability: “Social changes are merely changes in the roles of individuals. For example, the role of the woman was previously limited to raising children, taking care of household affairs, and serving the husband to achieve the family’s overall goals. But after the woman began working and leaving the house for long hours—sometimes more than 8 hours a day—this resulted in changes in some social values and concepts, such as the concept of alimony, and the status of the working woman changed within society. New professions have also emerged in society, especially in conservative societies” (Jalloul Ahmed, 2022, p. 55).

3. Psychosomatic disorders.

These are the bodily disorders familiar to doctors, which involve damage to a part of the body or dysfunction of one of its organs as a result of chronic emotional disturbances, and which long-term physical treatment alone cannot cure completely due to the continued emotional pressure and

lack of treatment for its causes alongside the physical treatment. It is whatever the individual's score indicates on the psychosomatic disorders tool applied in the study (Mana and Boussalak, 2016, p. 376). These symptoms also refer to: "A set of symptoms that reflect some disorders which may appear as physical disease symptoms originally resulting from acute psychological causes, such as the accumulation of conflicts, pain, psychological pressures, and the presence of ongoing emotional factors like tension, fear, anxiety, frustration, sadness, and depression (...), leading to physiological changes and differences that affect various body organs and may result in their damage" (Shehata Hani, 2009, p. 183). While others considered that they arise due to continuous anxiety, tension, and fears that cannot be verbally expressed, in which case "the self-emotions associated with anxiety are suppressed, thus preventing them from becoming conscious. The accompanying physiological expression of anxiety may lead to structural changes in bodily functions controlled by the autonomic nervous system in both its sympathetic and parasympathetic branches, eventually causing disorders and dysfunction in smooth muscle functions, increased or decreased glandular secretions, with the result being a psychosomatic disorder" (Shehata Hani, 2009, p. 189).

Third: Study procedures and methodological steps.

1. Adopted methodology.

We relied on the exploratory method that focuses on exploring and describing the studied phenomenon through analysis and interpretation. This method is important considering the main goal of the study, which is to explore the most important psychosomatic disorders among working women, whether related to social or professional pressures or both, and to describe their manifestations and then identify their effects and characteristics.

2. Research population.

The research population focuses on a group of working women, specifically female employees and workers in the Directorate of Education of the Wilaya of Bejaia, as shown in the following table:

Directorate of Education of the Wilaya of Bejaia

Department	Teachers	Finance	Salaries	Guidance & Exams	Programming	Organization	Inspection	Counseling	Total
Number of Female Employees	34	39	34	29	25	37	26	19	52

The table illustrates the depth of the issue of women working outside the home in society today, as the general trend of responses indicates that the majority of women have significantly entered most work sectors, which means they are important resources in various activities and institutions, dictated by the changing social and economic reality compared to previous years. The economy of societies and the service sector today and its development in various fields relies on the efforts of human resources regardless of gender (male/female).

Research Sample

The research sample consisted of 250 female employees who were intentionally selected with various functional and social characteristics, as shown in the following table.

Directorate of Education of the Wilaya of Bejaia

Department	Teachers	Finance	Salaries	Guidance & Exams	Programming	Organization	Inspection	Counseling	Total
Actual Participants	42	39	34	29	25	37	26	18	250
Selection Rate	100%	100%	100%	100%	100%	100%	100%	100%	100%

The sample was selected using the comprehensive enumeration method, as it is the most appropriate for our study. It represents 100% of the total number of female employees in the sector, with two women withdrawing from participating in the interview and responding to the Cornell scale. The original sample size of the study is therefore 250 female employees instead of 252.

Data Collection Tools

A- Interview:

The in-depth interview guide was relied upon as an important means of data collection in such open topics, in order to achieve a deeper understanding of the phenomenon and address the most critical details that may help in analyzing and interpreting the results. The interview included and was divided into:

- General data axis: age, educational level, marital status, number of children, seniority.
- Axis on the nature of professional roles of working women and their repercussions and the most important resulting pressures, comprising 8 questions.
- Axis on the most important psychological and physical symptoms and the social and professional pressures faced by working women, comprising 8 questions.

- Axis on the nature of the family environment and the prevailing values and their negative and positive effects on working women.

B- Psychosomatic Disorders Scale:

The Cornell List of Psychosomatic Disorders, Arabized by Mahmoud El-Sayed Abu El-Nil in 1995, was also used. The list includes 82 questions distributed across 18 sub-scales.

As for correcting the list:

Each scale was corrected by giving one (1) point for each question answered positively by the women. Questions answered with "no" were given a score of zero (0). The table below is a suggested guide to determine the level of psychosomatic disorder among the respondents, as follows:

Disorder Level	Score
No disorder	Less than 29
Mild disorder	40 - 50
Severe disorder	More than 51

Statistical Methods

Among the most important data techniques we relied on in our study are statistical methods represented in correlation coefficients, to determine the extent of a relationship between the study variables, for the purpose of expressing them statistically and mathematically (Masani Fatima, 2019/2020, pages 07-08), and we mention in this regard:

A- Contingency Correlation Coefficient:

Used when there are qualitative variables, where data is placed in a double table consisting of four cells, to test whether a relationship exists between the independent and dependent variables, according to the following formula:

mathematica

CopierModifier

$$A \times D - B \times C$$

$$R = \frac{A \times D - B \times C}{\sqrt{(A+B)(C+D)(A+C)(B+D)}}$$

$$A \times D + B \times C$$

B- Concordance Correlation Coefficient:

This is used when a table contains more than 4 cells, containing qualitative data for both variables or one quantitative and the other qualitative. To calculate this coefficient, we follow these steps:

- Square the frequency of each category.
- Square the frequency of each cell and divide it by the product of the totals of the horizontal and vertical rows and columns.
- Sum the resulting values, denoted by A where $A = A_1 + A_2 + A_3 + \dots + A_N$.

The formula for the concordance coefficient is:

markdown

CopierModifier

$$\sqrt{((A - 1) / A)} = R^*$$

C- Arithmetic Mean and Percentages

Fourth: Field Results and Interpretation

Current Gender Social Roles

This section addresses the most important roles currently undertaken by the respondents compared to men, especially since they have been able to assert their freedom in both external and domestic work and their ability to earn and generate income. Regarding the responsibility of the two social partners (female/male) in sharing these roles, particularly the newly introduced ones, we find:

Table No. 03 shows the current social roles by gender

Male Participation in Roles:

Nature of Roles	Participates	%	Does Not Participate	%	Total	%
Financial income to the household	199	79.6%	51	20.4%	250	100%
Spending on household necessities	150	60%	100	40%	250	100%
Raising children	150	60%	100	40%	250	100%
Taking/picking up children from school	199	79.6%	51	20.4%	250	100%

Nature of Roles	Participates	%	Does Not Participate	%	Total	%
Taking/picking up children from nursery	199	79.6%	51	20.4%	250	100%
Various house chores	88	35.2%	162	64.8%	250	100%
Agriculture as a secondary task	68	27.2%	182	72.8%	250	100%
Watering plants and home trees	69	27.6%	181	72.4%	250	100%
Bringing items from store/market	250	100%	-	-	250	100%
Buying school supplies	49	19.6%	201	80.4%	250	100%
Buying luxury/home secondary items	19	7.6%	231	92.4%	250	100%
Fixing electrical/furniture breakdowns	112	44.8%	138	55.2%	250	100%
Taking children out during holidays	189	75.6%	61	24.4%	250	100%
Necessary family visits	39	15.6%	211	84.4%	250	100%
Preparing marriage needs for children	66	26.4%	184	73.6%	250	100%
Outdoor cleaning	77	30.8%	173	69.2%	250	100%
Removing food waste and house cleaning	250	100%	-	-	250	100%

| Total | 2173 | 51.13% | 2077 | 48.87% | 4250 | 100% |

Note: Frequencies exceed the sample size due to multiple answers.

It is evident from the above table that many roles have emerged in society compared to previous years, for both women and men. In the past, most women worked at home and mainly undertook internal household roles such as raising and protecting children, cooking, preparing meals, managing some field work or livestock, and handling all family matters. Men had a different set of responsibilities. However, today new roles have emerged that were not previously present: daycare, child education, taking children out for fun, private tutoring, and women working outside the home. This has made women cling even more firmly to their traditional roles, especially

When a woman is a housewife, a mother, and responsible for a family and a husband, she is compelled to prepare food, raise children, clean, and make the most important decisions related to the lives of her children and her household. On the other hand, many women are also workers outside the home, which forces them to take on additional material and financial responsibilities related to the house and essential household needs, as well as spending on their children's school supplies due to their work. In return, they have professional and social roles that they cannot abandon, such as maintaining family ties and participating in various social and religious events.

In contrast, the traditional male figure, whose duties once focused on outdoor work due to its pressures and responsibilities related to the land and farming, has had new roles introduced into his life. This change occurred due to women working outside the home and the societal changes that have taken place on several levels. He is now required to participate in taking children to and from daycare or school, tasks which previously were done by the mother or grandmother who watched over the children inside the home when they returned from play or school. Men also had to take on the responsibility of repairing modern technological equipment, which did not exist before. They are now expected to be versatile in their roles and responsibilities and to participate with women in the face of modernization, its necessities, and its demands.

However, the results show that the majority of the participants, despite their different social and professional statuses, feel that they shoulder a range of internal and external responsibilities compared to men, as shown in the table above. On the other hand, most men have been able to preserve their traditional roles compared to women and have not shared household tasks, despite the woman's contribution to the household income. Many men have even shifted responsibilities that were once exclusively male to women, such as child-rearing, organizing trips, and overseeing the children at school and outside the house. Many women also confirmed that their husbands and male family members have withdrawn from repair duties and the hiring of specialists when important household items break down. Furthermore, many men have relinquished the responsibility of buying household essentials or funding daily and recreational expenses. In contrast, a significant number of men have come to rely on their wives' income, refusing to work

themselves and, as confirmed by the answers of 51 participants, they demand that women contribute part of their salary to the household and family. Many family members rely on this income to continue their projects, studies, or even construction or seek better income than that of working women. Otherwise, they would not accept the woman working outside the home.

On the other hand, it has become evident that men have become accustomed to women entering the labor market, seeing them as capable of taking on household responsibilities like men. This has allowed women to take on several roles that were once the exclusive domain of men. One of the participants expressed this by saying: "My husband doesn't care about anything; I'm the one who prepares breakfast, gets the children ready for school, leaves him the milk and bread warm on the table, takes the kids to school, then goes to work, then spends a lot of time on the phone trying to wake him up for his work, and sometimes it takes him an hour to get up. Then, I come back and pick up the kids. If I get a call from the school, I leave for work for half an hour to manage the school, return them in the evening, and sometimes take family women to the doctor because I drive, or even take them to a funeral or family visit on our family occasions. He just says, 'Leave me alone; I work, I have my issues, and I am a man, so all the pressure is on me.'"

From this, we conclude that women have strongly asserted themselves in the labor market across various sectors, alongside the social and educational status they have achieved. Many of them have managed to maintain their roles within the family, as housewives, mothers, and family heads. In return, they have skillfully and intelligently divided their internal and external tasks based on the current societal patterns and modern education. However, it is evident that men have shifted many of their responsibilities and roles onto women. On the other hand, they have refused to share the household and social roles that have emerged, as they see them as inherently female duties, diminishing their status as men. As a result, contemporary women have numerous roles and face significant physical and professional pressures, which challenge their energy and feminine nature.

A- The Positive Impacts of Modern Roles on Women: The majority of women answered that their work outside the home has had several positive impacts, both on them and their families. As for the positive aspects, they are as follows:

Table 04: The Positive Side of Women's Work:

Table No. 04: The Positive Aspects of Women's Work

Reasons why women's work is good	Freq uency	Percent age %
Help with household income and sharing with the husband	250	10.85%
Independent home	199	8.63%

Reasons why women's work is good	Freq uency	Percent age %
Unified child-rearing	250	10.85%
Private property and real estate, contribution to construction	250	10.85%
Status among men (reduced bullying)	157	6.81%
Family respect for her as a female (happiness with the birth of daughters), productive member	250	10.85%
Reduced sexual harassment	250	10.85%
Family honor not linked to the number or behavior of females	250	10.85%
Participation in decision-making	199	8.63%
Respect for parents	250	10.85%
Total	2305	100%

Note: The repetitions are larger than the sample size due to multiple responses.

The majority of the participants confirmed that their work has had positive impacts on certain aspects of their lives, despite the pressures and anxiety that accompany it, and the increased responsibilities. The positive aspects of their work include:

- Participation within the family and financial independence: The majority of women confirmed that what motivates them to continue working despite their multiple roles is their involvement in all the small and big matters related to the family's material needs. In return, women appreciate their financial contribution to their families and husbands, saying: "Even though it may sometimes feel like a way of holding the man accountable, and sometimes I don't even have the right to ask for a special dish outside when I need it." However, women considered this their duty because they are building and contributing to their children and homes. By working alongside men, they are able to provide for the necessary living expenses, as most family incomes no longer cover a dignified living due to rising living costs.

- Acquiring property in their names and ensuring the husband's stability: The majority of women confirmed that they have independent homes and real estate, as the deductions come from accounts in their names at work. This has made many men less focused on leaving property or saving part of their money for their children's future. This has somewhat relieved men of certain financial burdens, with women sharing in these responsibilities. This indicates that modern women are increasingly thinking like men when it comes to construction, saving, and supporting their families financially, and are now performing roles that were once solely men's responsibilities.

With the rising cost of living for Algerian families, it has become essential for women to contribute financially.

- **Achieving self-worth, status, and earning respect:** The social and economic status that women have achieved has diminished the negative perceptions towards women in their families. The majority of families now prefer having daughters and value their contribution. Women's income allows them to be independent, and their families no longer fear their daughter's financial independence or possible separation from her husband. Many families no longer view women's success as a threat to family honor but as a means to secure a higher status for the woman in society and the family.

- **Increased family trust in educated and working women:** Many participants noted that family perceptions of a capable, self-sufficient woman have changed over time. Higher education levels have led families to trust women more, seeing them not just as looking for a man or concerned about family honor, but as productive and financially independent members who are capable of making important decisions for themselves.

- **Significant human resources and reduced sexual harassment:** Women have noted that compared to earlier years, when they first entered the workforce, there has been a noticeable shift in how their male colleagues at school, university, and work perceive them. They are now seen as significant human and material resources without the sexualized perceptions they faced initially.

- **Modern child-rearing and avoidance of violence:** Many women confirmed that their current status has allowed them to make important decisions within their households, and their positions have enabled them to provide unified child-rearing. They reject contradictory child-rearing practices where the child is exposed to different environments, sometimes with old-fashioned methods involving physical punishment and verbal abuse. Instead, they prefer their children to be cared for by qualified professionals or caregivers with educational backgrounds, avoiding psychological harm to the children.

- **Independent homes and reduced family problems.**

As for 79.6% of the respondents, they confirmed that the positive aspect of this is the satisfaction of the extended family that the working woman needs her independent house. This is due to the reasons of her entering into a sensitive situation with the mother-in-law who does not want to work on her son's children, spending her time outside, along with the sensitivity of the brother-in-law's wife regarding the duties of the working woman, as she works on all family members, while the working woman works for a limited time and does not receive all the family's requests and pressures from morning to night. Due to many family problems between the roles of the working woman outside and the one staying at home, families are forced to accept the matter of

her moving to an independent house with her husband, and women have appreciated this positivity in their current life.

- **Participation and Consultation:** The same percentage pointed out that the current pattern of social life has granted them a recognized and accepted status and has contributed to encouraging men and families to consult them on important matters in their daily and even professional lives, including participating in decision-making within the family, children, how to live, build, and construct certain projects.

B. Negative Impacts of Women's Work: As for the negative aspects, we find the following:

Table No. 05 shows the negative aspects of women's work:

Negative Impact	Freq uency	Percentag e (%)
Emotional divorce, increased rate of divorce, orphaned children	122	6.49%
Continuous depression and anxiety	66	0.48%
Multiple roles	250	13.29%
Time shortage	250	13.29%
Anger, depression/sadness	250	13.29%
Isolation from children and longing for them	250	13.29%
Separation in family bonds	250	13.29%
Lack of femininity	250	13.29%
Physical pain and diseases	198	13.29%
Total	1881	100%

Note: The frequencies are larger than the sample size due to multiple responses.

The majority of the women surveyed indicated that there are barriers and several negative impacts from their work both inside and outside the home, and these negative impacts include:

- **Multiple roles, fatigue, and anxiety:** Many of the surveyed women confirmed that despite their financial sufficiency and their contributions to building and acquiring property for themselves and their children, and the fear of being abandoned by men and children in the future, they are fatigued from the multiple roles and the lack of sharing daily household chores with their husbands. Many confirmed that they get into problems with their husbands when they are repeatedly asked for intimacy, as they do not have enough time for that because they are physically exhausted, especially during the stressful period of revisions and exams. They confirmed that they provide the best wife life for their husbands, but the husband complains about one thing: his sexual need and enough attention, despite the fact that they also need and strongly support their financial contributions to the household and children. The majority indicated that this forced them to take on even more roles, putting them in a state of constant anxiety and arrogance.

- **Pressures due to lack of time, and feeling of not fulfilling responsibilities fully:** The majority of the women, a significant number of 250 women, indicated that this situation made them more immersed in external life than in internal life, which led them to become isolated from their children. Some confirmed that they are forced to work even during their postpartum period to help the family and place their young infants in the care of a nanny. Others mentioned that they had to refrain from breastfeeding in order to work, due to work-related problems, which caused them physical pain and other issues. Many women confirmed that they provided all the essentials for their children but did not provide them with tenderness and love, despite the fact that some other women confirmed that their work helped reduce conflicts with their husbands and avoided family arguments in front of the children. However, they also did not feel fulfilled by their children, did not notice their needs, and did not witness their growth moment by moment, which is something all women regretted. The lack of time to seriously think about their issues made them settled, continuing, and submissive like machines, without awareness or serious thinking about the roles they are playing without stopping for a moment to think deeply about what exactly they want.

- **Family Problems:** As for family bonds, many confirmed that living in a large family environment is exhausting for the working woman. The interference of everyone in everything cancels the personality of the couple, especially the working wife, regardless of their level of education or modern values, or the income and gifts they provide. The decisions of the household are dictated by the elderly, considering her as the queen of the house. Consequently, they impose their decisions, choices, dress codes, and times of entry and exit on everyone. According to the responses of many, women are married to the mother-in-law and the husband's sisters, not to a

head of a household who makes or presents a clear decision and discusses it. Many women indicated that this kind of interference and random control by everyone made them live in significant social problems, which negatively affected them even at work.

- Breakdown of bonds and social distancing: Some mentioned that relationships in modern life have become very distant due to their working outside. Even children do not grow up playing enough with family children, cousins, or neighbors, as their working outside forces them to place the children in tightly guarded spaces with a specific pattern of entertainment, education, and regulated play. Others confirmed that Fridays or Saturdays, as weekly holidays for workers in the public sector, do not allow them to visit relatives' homes or host guests weekly, making visits associated with family or social events or painful life events.

- Neglecting beauty and femininity: Amidst all this, the majority of women responded that their work like men has made them focus more on rational matters, unlike women staying at home, especially regarding the excessive attention to appearance, focusing on important details, and accepting submission and male violence in society. It was clear that the majority of the surveyed women wore less makeup, visited weddings less, and used less cosmetics, as their attention was more focused on their material contributions rather than just looking good in the eyes of men. Even their hairstyles and the way they walked were less feminine compared to women who may go out of their homes for recreational or social purposes. These women also confirmed that their acceptance of buying expensive gold and clothes decreased as their material interests grew.

- Physical pain and diseases: Women also confirmed that these pressures and the continuous anxiety regarding household problems and work-related stress led to physical problems and continuous pain that could not be treated, despite taking many medications for it. Some confirmed that office work caused them joint problems and back pain, while others stated that various problems caused them issues in the stomach, bloating, and intestinal problems, along with a loss of appetite. A few others mentioned that working conditions, such as computers, noise, and cold, led to various problems with hearing and vision.

- Continuous depression and anxiety: Some others confirmed that their mental and emotional states were not as they were during university or before work, mentioning that they get angry without reason, react easily, and some have become more talkative, venting their emotions. Others said they had lost the desire to communicate and their goal had become to isolate themselves from work problems, colleagues, and family within the office.

- Emotional divorce and divorce by mutual consent (khul): The women confirmed that they would not accept their children living in homes where they see men unjustly abusing women. They did not want their children to be raised with traditional values. They also confirmed that they need

the man a lot for the children, even if his behaviors or ethics were not good, as he is important for the children. However, they categorically reject male violence and harsh, illegal, and immoral treatment from men, which led to an increase in emotional divorce rates and infidelity between both parties due to pressures and the inability to manage situations and smartly arrange professional and social priorities. On the other hand, others confirmed that when their husbands did not accept the idea of the woman divorcing, they resorted to khul (divorce by mutual consent) and compensating the husband financially, which affected children and caused them to grow distant either from the mother or the father.

From this, we can conclude that there are many negative physical, psychological, and ethical impacts on women resulting from bearing the responsibilities of working outside the home. This increased their tendency to embrace liberation in its negative aspects, aiming to achieve a social status and aspiring for professional and social equality with men, which often led to divorce, breakdown of relationships, and independent living, leading to social phenomena in Algerian society, including increased cases of khul (divorce by mutual consent) and single motherhood.

2- Level of psychosomatic disorders among working women:

Table No. 06 shows the level of psychosomatic disorders among working women.

Disorder Level: No Disorder | Mild Disorder | Severe Disorder | Total

	Freq uency	Perce ntage (%)	Freq uency	Perce ntage (%)	Freq uency	Perce ntage (%)	Freq uency	Perce ntage (%)
otal	52	20.8 %	112	44.8 %	86	34.4 %	250	100%

The above table shows that the majority of the female workers suffer from mild psychosomatic disorders, accounting for 44.8%. The results obtained during their responses to 86 questions from the Cornell List of Disorders varied between scores of 47-50, excluding zero responses. In second place, 34.4% of the women suffer from severe disorders, as they scored more than 50 points on the list, with 86 workers reporting severe psychosomatic disorders due to multiple role pressures, a significant percentage. The lowest percentage was 20.8% of respondents who did not experience any type of disorder, as their scores did not exceed 38 points.

These various symptoms were pointed out by many of the workers during the detailed interview in Table No. (03), which is related to role multiplicity, Element B, that identified the negative effects and impacts of social and professional pressures on the worker. This is confirmed again in the following table, summarizing the responses of the participants to a question included in the form about the most common diseases experienced by women directly after leaving work.

Table No. 07: Nature of the Psychological and Physical Diseases Experienced by the Majority of Workers as a Result of Multiple Roles

Nature of the Disease	Type of Disease	Freq uency	Percen tage (%)
Mood and Emotional Disturbances	Nausea and Dizziness	250	100%
	Tension, Anger, Violence, Anxiety	250	100%
Pathological Responses Related to Depression	Distress, Sadness, Feeling of Isolation	250	100%
	Shortness of Breath, Chest Pain, Palpitations	166	66.4%
	Depression, Isolation, Lack of Communication, Loss of Hope	112	44.8%
	Nervous Breakdown, Loss of Appetite, Forgetfulness	137	54.8%
Psychosomatic Symptoms Related to the Stomach and Intestines	Constant Headache, Migraine	212	84.4%
	Colon Problems, Stomach, Esophageal Ulcers, Gas, Constipation	250	100%

	Back Pain, Limb Pain, Muscle Weakness	250	100%
Suspicion and Excessive Sensitivity	Shortness of Breath, Asthma, Allergies	85	34%
	Menstrual Disorders, Loss of Breast Milk	57	22.8%
	Suspicion and Obsessiveness	86	34.3%
Physical Illnesses	Hearing Loss	77	30.8%
	Vision Problems	111	44.4%
	High Blood Pressure	37	14.8%
Various Diseases	Heart Disease	03	1.2%
	Diabetes	07	2.8%
	Cancer	02	0.8%

Note: The frequencies are greater than the sample size due to multiple answers.

The table above shows the majority of psychological and social issues experienced by working women due to fatigue and bearing multiple social and professional responsibilities. The results indicate that the majority of women experience mood, emotional, and nervous disturbances because of taking on tasks and roles that exceed their capabilities and female nature, and sometimes hormonal changes due to constant anxiety and persistent thinking about how to balance multiple roles and meet all responsibilities with their pressures and interconnections. This was confirmed by all the women who reported suffering from psychosomatic problems related to the stomach and intestines, including eating problems, loss of appetite, stomach issues, bloating of the colon and intestines, and muscle and back pain, alongside persistent headaches.

In second place, a significant number of women reported pathological responses related to depression, where 66.4% of them always felt weakness, shortness of breath, chest pain, and tightness. 54.8% reported feeling more isolated, losing the desire to communicate, and losing hope in everything. A further 54.8% of women experienced nervous breakdowns and constant forgetfulness, which often caused embarrassment both at work and at home.

Regarding symptoms of excessive suspicion and sensitivity, a considerable number of women, between 57 and 58, reported that after the stress of work and modern life, their nature and health changed, leading them to suffer from fear, suspicion, excessive sensitivity, breathing problems, asthma, loss of breast milk, menstrual irregularities, and mood disorders.

In the smallest percentage, 37 women suffered from high blood pressure due to the pressures of multiple roles, 77 had hearing problems, and 111 suffered from vision problems after entering the professional life. Finally, 07 women were diagnosed with diabetes, 03 with heart disease, and 02 with cancer.

Table No. 08: Psychosomatic Disorder Level According to Job Seniority

Disorder Level	Seniority	No Disorder	Mild Disorder	Severe Disorder	Total
	Less than 5 Years	52 (100%)	-	-	52 (100%)
	5-10 Years	-	52 (80%)	13 (20%)	65 (100%)
	More than 10 Years	-	60 (45.11%)	73 (54.89%)	133 (100%)
Total		52 (20.8%)	112 (44.8%)	86 (34.4%)	250 (100%)

This table shows the differences in psychosomatic disorders according to women's job seniority. The general trend of responses indicates that the majority of women suffer from mild disorders (44.8%), followed by severe disorders (34.4%), with the smallest percentage (20.8%) reporting no disorder.

Table No. 09: Relationship Between Family Support and Psychosomatic Disorder Level

Disorder Level	Family Support	No Disorder	Mild Disorder	Severe Disorder	Total
	Supported	52 (94.55%)	03 (5.45%)	-	55 (100%)
	Somewhat Supported	-	70 (81.4%)	16 (18.6%)	86 (100%)
	Not Supported	-	39 (35.78%)	70 (64.22%)	109 (100%)
Total		52 (20.8%)	112 (44.8%)	86 (34.4%)	250 (100%)

This table shows the differences in psychosomatic disorders according to the nature of the family environment in which the working woman lives. It indicates that women with strong family support have a significantly lower likelihood of developing severe psychosomatic disorders.

Table No. 10: Relationship Between Marital Status and Psychosomatic Disorder Level

Disorder Level	Marital Status	No Disorder	Mild Disorder	Severe Disorder	Total
	Single	52 (52%)	48 (48%)	-	100 (100%)
	Married	-	60 (44.12%)	76 (55.88%)	136 (100%)
	Divorced/Widowed	-	05 (35.71%)	09 (64.29%)	14 (100%)
Total		52 (20.8%)	112 (44.8%)	86 (34.4%)	250 (100%)

Results:

The results of the study indicated that there has been a change in the social roles related to gender in modern society. Nowadays, many interests, concerns, and essential needs that align with the current era have emerged, which were not present before. This has resulted in exhaustion and the multiplication of social roles for individuals, especially women. The traditional woman used to stay at home, and the extended family helped her in raising her children, while she focused on tasks like washing, farming, and cooking. However, nowadays, women are financially responsible for their families and live in independent homes, where they are responsible for raising their children, following up on their education, and taking them places on their own. In addition, they have numerous job-related tasks, time pressures, responsibilities, and meetings. This has led to the emergence of a tired woman, especially since the results confirmed that many of them even undertake tasks related to repairs and financial matters, alongside men. These multiple responsibilities and roles, according to the results of the study, have positive implications, as reflected in the responses of the sample in achieving status, self-actualization, the ability to participate, gaining respect, and maintaining their marriage due to their financial independence (...). However, these roles also have negative consequences, according to the results, including continuous anxiety, health issues, changes in mood and hormones, and other social problems such

as an increased likelihood of divorce, relationship breakdowns, and social disintegration, along with psychological and emotional issues due to the mismatch between social and professional life caused by pressure, including emotional divorce and a reluctance to marry.

Regarding the level of psychosomatic disorders commonly found among the working women surveyed, the results indicated that the majority suffer from mild disorders, with a rate of 44.8%, followed closely by 34.4% of women who suffer from severe psychosomatic disorders, compared to 20.8% of the respondents who do not have any disorder, having scores not exceeding 38 points from the Cornell list. The most common health issues, according to the study results outlined earlier, which the women believe are the result of their multiple roles, include: mood swings, emotional and nervous reactions due to continuous anxiety and work pressure at a rate of 100%, along with the same percentage suffering from psychosomatic issues related to the stomach and intestines, such as stomach and colon problems, back pain, and migraines. In second place, a significant percentage of women suffer from pathological responses related to depression and sadness, at 66.4%, while 54.8% of them reported feeling more isolated, losing the desire to socially interact, and 54.8% of the workers have a nervous breakdown and memory loss. Additionally, between 57-58 women reported experiencing fear, doubt, hypersensitivity, breathing problems, asthma, loss of breastfeeding, menstrual irregularities, and mood changes. There are 37 workers suffering from high blood pressure, 77 have hearing problems, and 111 suffer from vision problems. Lastly, there are 7 women suffering from diabetes, 3 with heart disease, and 2 who have cancer.

The study also explored the relationship between the level of disorder and certain professional and social variables. The key findings summarized from the previous tables indicate that there is a relationship between the variable of seniority and the level of disorder, with a coefficient of $R=0.52$. Women with more seniority are more likely to suffer from psychosomatic disorders, while newly employed women do not show any psychosomatic disorder.

The study also found, based on the correlation between the presence of psychological and social support in the worker's family environment and the level of disorder, a strong positive correlation between the two variables, with a coefficient of $R=0.73$. This means that women who have psychological and social support and family stability tend to have fewer psychosomatic disorders. In contrast, women living in social difficulties due to multiple roles, work pressures, or lack of family or spousal support face more moderate to severe disorders.

The final table showed, through the correlation between marital status and the level of disorder, a moderate positive correlation between the two variables, with a coefficient of $R=0.59$. The absence of support and social partners in the lives of widows and divorced women made them

take on multiple responsibilities and roles, thus making them more vulnerable to psychological and physical disorders due to exhaustion, continuous anxiety, and stress. On the other hand, unmarried women had fewer disorders because they were seen as having fewer responsibilities compared to married or divorced women, and they were not concerned with the responsibilities of raising children or worrying about a spouse's life. This indicates that psychosomatic disorders are closely related to social stability and the absence of excessive pressure and interventions in a woman's life.

Conclusion: The study conducted on 250 working women and employees in the Bejaia region, which focused on the issue of multiple roles in modern society and its impact on women's social, psychological, and physical health, reached significant conclusions. These include:

1. Modern society has imposed new roles that did not exist before, including women working outside the home and contributing financially to household expenses, in addition to their duties as homemakers and caregivers. This has led to pressures and efforts to achieve various goals, accompanied by continuous anxiety and ongoing physical pain due to exhaustion.

2. Despite women successfully asserting themselves in the labor market and exerting considerable physical, intellectual, and social effort, achieving respect and status as a valuable human resource with economic, educational, and social significance, there are negative impacts on their physical and mental health, as well as on their social relationships and lives.

3. Regarding the psychosomatic symptoms resulting from the pressures of professional and social life due to multiple roles and continuous anxiety, the symptoms included mood and emotional instability in 100% of the sample, other psychosomatic symptoms related to the intestines, stomach, and persistent headaches and muscle fatigue ranging from 84.4% to 100%, followed by pathological responses related to depression, hopelessness, and then doubt and hypersensitivity. Finally, physical health problems such as high blood pressure, hearing and vision problems were recorded. Some rare cases of diabetes, cardiovascular diseases, and cancer were also noted.

4. These results have strongly indicated that professional exhaustion alone does not contribute to the exacerbation and variation in the severity of psychosomatic symptoms. Instead, it is the combination of various negative and unencouraging factors in both the social and professional environments that lead to heightened symptoms. Women with long seniority in the workplace, living in stressful family environments without support, and those who have lost their spouse due to divorce or widowhood are more likely to experience severe psychosomatic disorders.

Thus, psychosomatic disorders are not solely due to professional exhaustion or the nature of the profession but arise when there are multiple sources of stress, especially when a woman

believes she is solely responsible and must exert maximum effort due to the lack of support from her spouse or family. This causes her significant anxiety and stress, which negatively affects her mental and physical health.

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