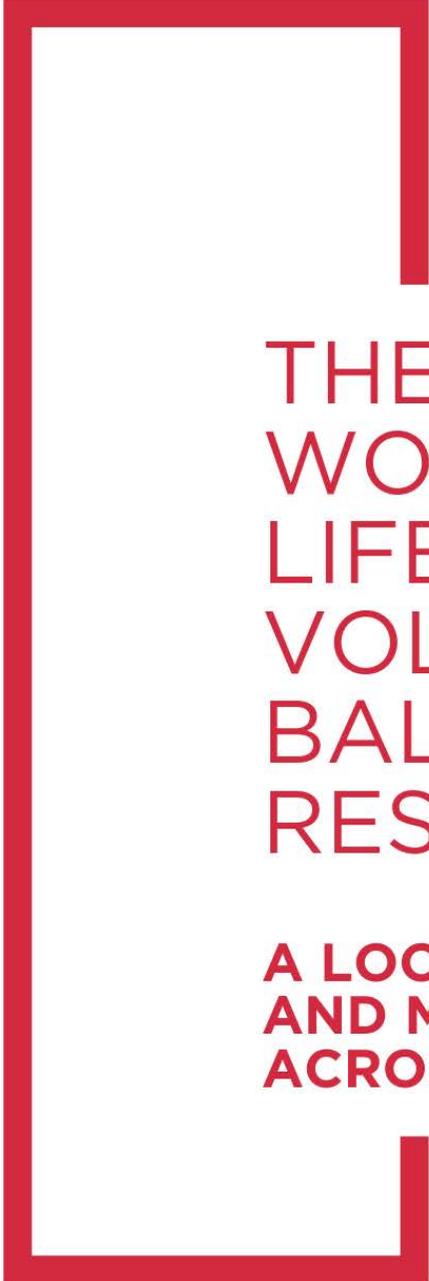




**THE JUNIOR LEAGUE**



**THE STATE OF  
WOMEN'S WORK,  
LIFE, AND  
VOLUNTEER  
BALANCE  
RESEARCH**

**A LOOK AT VOLUNTEERISM  
AND MENTAL WELL-BEING  
ACROSS ROLES**

Made possible by



**THE ASSOCIATION  
OF JUNIOR LEAGUES  
INTERNATIONAL**



**WESTERN  
MICHIGAN  
UNIVERSITY**

**EVERY  
WOMAN.**  
*All Things.*

## BACKGROUND

The idea that women spend most of their adult lives juggling multiple roles is not a new concept. Wife, mother, homemaker, worker, and volunteer, among others, represent the many roles that women can occupy, often changing in capacity and number over adulthood (Crittenden et al., 2022). Role theory offers two competing perspectives on multiple role involvement. The first, role depletion hypothesis, suggests that engaging in multiple roles leads to overload, role conflict, and strain. The second, role enrichment hypothesis, proposes that multiple roles can be beneficial by providing more resources, social support, and opportunities for personal growth. Research has shown both to be true; at times, multiple role involvement has shown to increase to role strain (e.g., Gordon et al., 2012; Koch et al., 2021) and at other times, multiple role involvement has shown to increase role enhancement (e.g., Lippert & Damaske, 2019; Rozario et al., 2004). Other research has purported that the quality of and satisfaction with role involvement is more important than the quantity of roles, noting that role satisfaction plays a mediating role in role engagement and role strain (e.g., Davis et al., 2011; Reid & Hardy, 1999; Sumra & Schillaci, 2015).

Ryu (2024) proposed that the mixed findings in role theory research are due to the lack of attention given to how individuals process and cope with role-related demands. The transactional model of stress (Lazarus & Folkman, 1984) provides a theoretical basis for understanding how women appraise, respond, and adapt to role-related stress. In this model, stress is viewed as a relationship between the environment and the individual, where stress occurs when the individual believes the environmental demands will strain or exceed coping resources. Integrating role theory and transactional model of stress posits that the experience of role strain is a dynamic process involving cognitive appraisal and coping response and may explain why some women experience more strain than others, even in similar role involvement. Glaser and Hecht (2013) found evidence of this process, observing that when work-family conflicts were appraised as a threat to self-esteem, emotional exhaustion increased.

Much of the research on role strain among women has focused on work-family conflict (Sumra & Schillaci, 2015), largely overlooking the nuance of the “family” role and excluding involvement in roles outside of these domains, such as volunteer, student, or caregiver. However, women volunteer at higher rates than men (AmeriCorps, 2024), outpace men in college enrollment (The Chronicle of Higher Education, 2024), and are the predominate caregivers for non-children family members (Sharma et al., 2016). Thus, these roles are important to give attention to.

Formal volunteering dipped to its lowest rate in nearly two decades during the COVID-19 pandemic (U.S. Census Bureau & AmeriCorps, 2023). Despite an increase in volunteering rates in 2023, formal volunteering remains below pre-pandemic levels, and the frequency of volunteering continues to fall (U.S. Census Bureau & AmeriCorps, 2023). Women volunteer at higher rates than men in the United States (30.9% versus 25.6% in 2023, respectively; U.S. Census Bureau & AmeriCorps, 2023) while also engaging in employment at the highest rates in the past decade (Biernacka-Lievestro et al., 2024) and disproportionately shouldering caregiving responsibilities, comprising 56% of working caregivers and spending an average of 26 hours per week providing care (Guardian, 2023; AARP, 2025). Given these increasing and overlapping demands, role strain and role conflict are potential drivers of declining formal volunteering among women. Cowlshaw et al. (2010) were among the first to find evidence that role conflict between volunteer and family roles increases

volunteer burnout and decreases partner support for volunteer work. Crittenden et al. (2022) also found role conflict between caregiving and volunteer roles, specifically due to time and energy constraints. However, they also found that volunteerism benefited their caregiving role through access to resources and social support. Furthermore, a Swiss study (Ramos et al., 2015) found that volunteerism was associated with less work-life conflict but had no relationship with work-life enrichment.

This study aimed to examine the experiences of role strain among women engaged in multiple roles, how this experience evolves across different phases of life, how women cope with role strain, and how role strain impacts mental well-being and volunteerism. The study was guided by two, overarching research questions:

- How do women perceive, navigate, and cope with role strain and its impact on mental wellbeing?
- What is the impact of role strain on volunteerism and mental well-being?

## DESIGN AND METHODOLOGY

The study utilized an exploratory, sequential mixed methods design, with a qualitative phase informing a second, quantitative phase. In the qualitative phase, focus groups were used to explore women's perceptions, experiences, and coping strategies related to role strain. The findings from this phase were used to develop a survey instrument used in the quantitative phase, allowing the key themes identified to be operationalized for measurement. A pilot test of the survey was conducted to refine items and ensure clarity and reliability before full survey distribution. The quantitative phase examined the impact of role strain on volunteerism and mental well-being and tested the influence of organizational and social factors identified in the qualitative phase. Final integration occurred at the interpretation stage, where qualitative insights contextualized quantitative findings, providing a comprehensive understanding of role strain and its implications.

### QUALITATIVE PHASE

The qualitative phase utilized a constructivist grounded theory approach (Charmaz, 2006). Constructivism views knowledge as socially constructed, proposing that reality is shaped by one's experiences and perspectives versus accessing some objective truth (Guba, 1990). Grounded theory is an inductive, qualitative research method that gathers data about people's experiences to develop or refine a theory "from the bottom up" (Glaser & Strauss, 1967). The constructivist grounded theory approach argues that theories are not "discovered" in the data but rather are co-constructed by the researcher and research participants (Charmaz, 2006). The qualitative phase addressed five sub-research questions:

1. What causal factors do women identify for role strain in their life?
2. How do women experience role strain associated with multiple role involvement?

3. How do women describe changes in role involvement and role strain in different phases of life?
4. What coping mechanisms and resources do women use to manage role strain?
5. How do women describe the influence of role strain on mental well-being?

Purposive sampling was utilized to recruit participants from Junior League chapters. Participants were at least 18 years of age or older and English speaking. A recruitment email was sent from AJLI to all Junior League members, defined to include individuals with all membership statuses within the League. Recruitment continued until theoretical saturation was achieved (Hennink et al., 2019). The recruitment email included a link to an interest form via Qualtrics for those who wish to participate to complete. The interest form included demographic questions that were used to form focus groups. RQ2 specifically examined how roles change at different phases of life, so ensuring that different age groups are represented was important to answer this question. Furthermore, race/ethnicity, marital status, employment status, veteran status, disability status, and Junior League chapter will also be included to ensure a diverse mix of participants was represented in the study.

Six focus groups were conducted via Microsoft Teams and lasted 60-90 minutes. A total of 37 individuals participated, with focus groups ranging from 4-10 participants (see table 1). Focus groups were created based on the following age groups: 18-39 years, 40-59 years, and 60 years and over. A semi-structured focus group guide and PowerPoint were utilized to guide the discussion. Focus group were audio recorded to transcribe focus groups verbatim with pseudonyms used to protect confidentiality of participants. NVivo, a qualitative data analysis software, was utilized to complete a five-step thematic analysis process (Charmaz, 2006): (1) initial coding; (2) initial memo-writing; (3) focused coding; (4) advanced memo-writing; and (5) theoretical coding. As grounded theory is an iterative process that alternates between data collection and data analysis, memo-writing served as a critical method to bridge these phases (Charmaz, 2006). This study was reviewed and approved by the Western Michigan University Institutional Review Board.

**Table 1 Participant characteristics**

Characteristic	Participants (n= 37)
Age category (years)	
18-39 years	8
40-59 years	17
60 years and over	12
Race/ethnicity	
American Indian or Alaskan Native	1
Asian	1
Black or African American	7
Hispanic or Latino	1
White	27
Other	1
Marital status	
Single, never married	6
Married or domestic partnership	25
Divorced	6

Employment status	
Employed full-time	17
Employed part-time	5
Self-employed	6
Not employed, looking for work	1
Not employed, unable to work due to disability or illness	4
Retired	3
Stay-at-home spouse or partner	1
Veteran	
Yes	1
No	36
Disability	
Yes	10
No	27

## TRUSTWORTHINESS

In qualitative research, the researcher is the primary instrument for data collection and analysis (Merriam & Tisdell, 2016). Charmaz (2014) outlined four trustworthiness criteria for constructivist grounded theory research: credibility, dependability, confirmability, and transferability. Credibility is the extent that the data represents the research participants' experience of the phenomenon being investigated. To establish credibility, member checks were utilized by providing summaries of focus group discussions to participants to check accuracy and add meaning to the observations included in the initial notes. Dependability is the degree to which the research procedures can be replicated and that there is a process in place to balance the participants' meaning and the researchers' interpretation. Memo writing, the reflective process where researchers document their thoughts, interpretations, and questions relative to the data analysis, was utilized to establish dependability. Confirmability examines whether the data collected and research results are linked and evidenced. Using the participants' words through quoting was utilized to establish confirmability. Finally, transferability refers to the extent that findings are relevant to other settings or participants. The researcher provided accurate, detailed, and complete descriptions of the research process, participants, and findings to assist in determining transferability.

## QUANTITATIVE PHASE

First, a pilot study was conducted to assess the survey instrument developed based on the findings of the qualitative phase. The research team revised survey questions from the following pre-existing survey scales: volunteer role identity (Grube & Piliavin, 2000), organizational support for volunteers (Tang et al., 2010), role expectations (Schuler et al., 1977), role overload (Duxbury et al., 2018), work and family role strain (Duxbury et al., 2018), work-family role conflict (Netemeyer et al., 1996), and chronic financial strain (Krause et al., 1998; Kahn & Pearlin, 2006). The Short Warwick-Edinburg Mental Wellbeing Scale (Stewart-Brown et al., 2009) was also utilized but not modified. Additional survey questions were written for work-volunteer and family-volunteer role conflict, modifying the work-family role conflict scale (Netemeyer et al., 1996); volunteer role strain, modifying the

role strain scale (Duxbury et al., 2018); volunteer frequency; reasons for not volunteering; and volunteer satisfaction. Demographic questions include role identification, age, race, ethnicity, employment, education, marital status, gender, sexual orientation, Veteran status, and disability status.

Construct validity was assessed using confirmatory factor analysis, using the hypothesized factor structure based on the scales modified using the following indices: goodness of fit index (GFI), comparative fit index (CFI), model chi-square, and root mean square error of approximation (RMSEA). Internal consistency and reliability were assessed using item analysis, Cronbach’s alpha, Cronbach’s alpha if item deleted, and item-to-total correlations.

The quantitative phase addressed four sub-research questions:

1. Does perceived volunteer organization support, volunteer social connectedness, and volunteer satisfaction increase volunteer frequency?
2. Does perceived volunteer organization support, volunteer social connectedness, and volunteer satisfaction decrease volunteer role strain?
3. Does role strain, role overload, and role conflict decrease volunteer frequency?
4. Does role strain, role overload, and role conflict decrease mental well-being?

A three-pronged approach was used for recruitment of the full survey administration. First, an email invitation was sent to Junior League members through the Association of Junior Leagues International (AJLI), including a link to the anonymous survey. Second, AJLI posted an invitation on its social media pages to recruit women aged 18 or older who currently volunteer or have volunteered in the past. Third, 500 participants were recruited through Centiment, an online research panel that compensates members independently of this study. Reminder emails and social media posts were sent one week after the initial invitations. The survey remained open for two weeks. The first page of the survey included informed consent; participants were required to indicate agreement before proceeding.

Quantitative analyses were conducted using SPSS (version 31). Descriptive statistics summarized sample characteristics and correlation coefficients were calculated to examine bivariate relationships between variables prior to regression analysis and to guide model specification. Volunteer frequency was measured in two ways: (a) change in volunteer frequency in past year and (b) average number of hours spent volunteering per month. For RQ1(a) and RQ3(a), an ordinal logistic regression was initially planned; however, the proportional-odds assumption was violated ( $p < 0.001$ ). A multinomial logistic regression was used instead, allowing predictors to have different effects across outcome categories. The demographic factors, volunteer-related predictors, role-related variables, and interaction terms included in these models are presented in Table 2.

**Table 2 Variables Included in Analyses for RQ1 and RQ3**

Variable Category	Variables Included
Demographic Factors (RQ1 & RQ3)	Race (1= White), Ethnicity (1= Non-Hispanic), Marital Status (1= Married), Employment (1= Full-time), Education (1= Bachelor’s degree or higher), Sexual Orientation (1= Straight), Veteran Status (1= No), Disability Status (1= No), Any Caregiver Role, Mother/Parent/Guardian, Age (z), Financial Insecurity (z)

Volunteer-Related Covariates (RQ1 & RQ3)	Number of Volunteer Organizations, Activity Selection, Organizational Support (z), Social Connectedness (z), Satisfaction with Volunteer Work, Satisfaction with Volunteer Organization  Interactions: Organizational Support x Social Connectedness, Organizational Support x Activity Selection
Role-Related Covariates (RQ3)	Work Strain (z), Home Strain (z), Volunteer Strain (z), Role Overload (z), Work-Home Conflict (z), Work-Volunteer Conflict (z), Home-Volunteer Conflict (z),  Interactions: Role Overload x Work Strain, Overload x Home Strain, Overload x Volunteer Strain, Work Strain x Work-Home Conflict, Work Strain x Work-Volunteer Conflict

For RQ1(b) and RQ3(b), average monthly volunteer hours were highly skewed and strictly positive, violating normality assumptions for linear regression. A generalized linear model (GLM) with a Gamm distribution and log link was used. These models included the same predictors listed for RQ1(a) and RQ3(a) (see Table 2).

For RQ2, volunteer role strain was analyzed using hierarchical linear regression, with demographic variables in Block 1, volunteer-related predictors in Block 2, and theoretically relevant interaction terms in Block 3; the full set of variables included in the model is shown in Table 3.

**Table 3 Variables Included in Analyses for RQ2**

Variable Category	Variables Included
Block 1: Demographic Factors	Race (1= White), Ethnicity (1= Non-Hispanic), Marital Status (1= Married), Employment (1= Full-time), Education (1= Bachelor’s degree or higher), Sexual Orientation (1= Straight), Veteran Status (1= No), Disability Status (1= No), Any Caregiver Role, Mother/Parent/Guardian, Age (z), Financial Insecurity (z)
Block 2: Volunteer-Related Factors	Number of Volunteer Organizations, Activity Selection, Organizational Support (z), Social Connectedness (z), Satisfaction with Volunteer Work, Satisfaction with Volunteer Organization, Monthly Volunteer Hours (z)
Block 3: Interactions	Organizational Support x Social Connectedness, Organizational Support x Activity Selection

For RQ4, mental well-being was also analyzed using hierarchical linear regression, with demographic controls in Block 1; role strain, role overload, role conflict, and volunteer-related predictors in Block 2; and interaction terms in Block 3 (see Table 4). To reduce multicollinearity risk, interaction terms were selected based in part on patterns observed in the correlation matrix, prioritizing combinations among variables with

theoretically meaningful overlap and moderate to high correlations. Statistical significance was set at  $p < .05$  for all analyses.

**Table 4 Variables Included in Analyses for RQ4**

Variable Category	Variables Included
Block 1: Demographic Factors	Race (1= White), Ethnicity (1= Non-Hispanic), Marital Status (1= Married), Employment (1= Full-time), Education (1= Bachelor's degree or higher), Sexual Orientation (1= Straight), Veteran Status (1= No), Disability Status (1= No), Any Caregiver Role, Mother/Parent/Guardian, Age (z), Financial Insecurity (z)
Block 2: Role- and Volunteer-Related Factors	Work Strain (z), Home Strain (z), Volunteer Strain (z), Role Overload (z), Work-Home Conflict (z), Work-Volunteer Conflict (z), Home-Volunteer Conflict (z), Organizational Support (z), Social Connectedness (z), Satisfaction with Volunteer Work, Satisfaction with Volunteer Organization, Monthly Volunteer Hours (z), Past Year Volunteer Change
Block 3: Interactions	Role Overload x Work Strain, Overload x Home Strain, Overload x Volunteer Strain, Work Strain x Work-Home Conflict, Work Strain x Work-Volunteer Conflict, Organizational Support x Social Connectedness, Organizational Support x Activity Selection

## RESULTS

### QUALITATIVE PHASE

Table 5 presents an overview of the themes and focused codes by research question.

**Table 5 Themes and codes by research question**

Research question	Theme	Focused Codes
RQ1: Casual factors for role strain	Expectations	<ol style="list-style-type: none"> <li>1. self-expectations (n= 25)</li> <li>2. societal expectations (n= 21)</li> <li>3. differing or unequal expectations or priorities (n= 21)</li> <li>4. role expectations (n= 12)</li> <li>5. taking on other's expectations (n= 12)</li> <li>6. changing expectations (n= 7)</li> <li>7. cultural norms (n= 5)</li> <li>8. clear expectations (n= 4)</li> <li>9. external expectations (n= 4)</li> <li>10. unclear expectations (n= 4)</li> <li>11. expectations of others (n= 3)</li> <li>12. letting go of assumed or self-expectations (n= 1)</li> </ol>

		<ul style="list-style-type: none"> <li>13. told we can do it all (n= 1)</li> <li>14. conflicting messages (n= 1)</li> </ul>
	Role tasks and demand	<ul style="list-style-type: none"> <li>1. high role demand (n= 24)</li> <li>2. number of role tasks (n= 8)</li> <li>3. high stress job (n= 6)</li> <li>4. extensive travel (n= 2)</li> </ul>
	Support and training	<ul style="list-style-type: none"> <li>1. lack of support (n= 12)</li> <li>2. role training (n= 8)</li> <li>3. institutional knowledge (n= 6)</li> <li>4. needs from leadership (n= 5)</li> <li>5. knowledge management (n= 4)</li> <li>6. lack of leadership support (n= 4)</li> <li>7. role support (n= 4)</li> <li>8. knowledge management (n= 4)</li> <li>9. feeling supported (n= 3)</li> <li>10. feeling unprepared (n= 2)</li> <li>11. less support now (n= 1)</li> <li>12. need support that isn't kid-centric (n= 1)</li> </ul>
	Reliant on others and others follow through	<ul style="list-style-type: none"> <li>1. reliant on others (n= 5)</li> <li>2. frustrated by others not fulfilling roles (n= 4)</li> <li>3. can't make others do things (n= 4)</li> <li>4. others following through (n= 3)</li> <li>5. see role strain in others (n= 2)</li> <li>6. others' feelings (n= 1)</li> </ul>
	High level of uncertainty or outside of comfort zone	<ul style="list-style-type: none"> <li>1. stepping out of comfort zone (n= 3)</li> <li>2. uncertainty (n= 3)</li> </ul>
	Aligns with desires and goals	<ul style="list-style-type: none"> <li>1. desires and goals (n= 18)</li> <li>2. role satisfaction (n= 8)</li> <li>3. role identity (n= 6)</li> <li>4. role success (n= 5)</li> <li>5. role enhancement (n= 4)</li> <li>6. stress-reward cycle (n= 2)</li> <li>7. benefits (n= 1)</li> <li>8. motivation (n= 1)</li> </ul>
RQ2: Experience with multiple role involvement	Role overload	<ul style="list-style-type: none"> <li>1. time demands (n= 31)</li> <li>2. role balance (n= 14)</li> <li>3. asked to fill more roles (n= 6)</li> <li>4. maxed out (n= 4)</li> <li>5. taking on too much (n= 2)</li> <li>6. saying yes to too many things (n= 2)</li> <li>7. time management (n= 2)</li> </ul>
	Role conflict	<ul style="list-style-type: none"> <li>1. role boundaries (n= 34)</li> <li>2. role conflict (n= 29)</li> <li>3. no off (n= 14)</li> <li>4. work for home (n= 10)</li> <li>5. tradeoff (n= 3)</li> </ul>

		<ul style="list-style-type: none"> <li>6. take stress out on others (n= 3)</li> <li>7. segment life (n= 2)</li> <li>8. conflicting schedules (n= 1)</li> </ul>
RQ3: Changes over time	Major life events forced or prompted role changes	<ul style="list-style-type: none"> <li>1. caregiving for parents (n= 18)</li> <li>2. having kids (n= 8)</li> <li>3. COVID (n= 5)</li> <li>4. diagnosis/health issues (n= 4)</li> <li>5. career change (n= 4)</li> <li>6. loss of job (n= 3)</li> <li>7. loss of loved ones (n= 3)</li> <li>8. house fire (n= 1)</li> <li>9. accident (n= 1)</li> <li>10. natural disaster (n= 1)</li> <li>11. no time to cope (n= 1)</li> </ul>
	Re-evaluation of priorities	<ul style="list-style-type: none"> <li>1. cognitive appraisal (n= 44)</li> <li>2. priorities (n= 31)</li> <li>3. setting boundaries (n= 17)</li> <li>4. saying 'no' (n= 8)</li> <li>5. what's draining my energy (n= 2)</li> </ul>
	Physically or mentally slowing down	<ul style="list-style-type: none"> <li>1. feel mentally exhausted (n= 4)</li> <li>2. harder to keep up (n= 2)</li> <li>3. less energy (n= 2)</li> </ul>
	Experience teaches us	<ul style="list-style-type: none"> <li>1. listen to body (n= 4)</li> <li>2. need to experience it (n= 3)</li> <li>3. trial and error (n= 2)</li> <li>4. the strain is there for a reason (n= 2)</li> <li>5. recognition (n= 1)</li> </ul>
	Evolves but never goes away	<ul style="list-style-type: none"> <li>1. different kinds of changes (n= 8)</li> <li>2. phases of volunteerism (n= 2)</li> </ul>
RQ4: Managing role strain	Asking for help	<ul style="list-style-type: none"> <li>1. being okay with others doing it differently (n= 8)</li> <li>2. control (n= 4)</li> <li>3. asking for help (n= 3)</li> <li>4. fear of rejection or vulnerability (n= 3)</li> <li>5. shared experience (n= 2)</li> <li>6. feel like I can do it alone (n= 2)</li> <li>7. easier to do it myself (n= 1)</li> <li>8. extra effort to reach out to others (n= 1)</li> <li>9. feel like I can do it alone (n= 2)</li> </ul>
	Mindset and self-talk	<ul style="list-style-type: none"> <li>1. mindset shift (n= 26)</li> <li>2. self-confidence (n= 8)</li> <li>3. feeling not enough (n= 5)</li> <li>4. perfectionist (n= 2)</li> <li>5. self-talk (n= 2)</li> <li>6. self-aware (n= 1)</li> <li>7. feels pointless (n= 1)</li> </ul>

	Communication	<ol style="list-style-type: none"> <li>1. communication (n= 27)</li> <li>2. direct communication (n= 5)</li> <li>3. identify needs (n= 4)</li> <li>4. clear expectations (n= 4)</li> <li>5. fear of being mean girl (n= 2)</li> </ol>
RQ4: Coping with role strain	Positive strategies	<ol style="list-style-type: none"> <li>1. exercise/movement (n= 16)</li> <li>2. therapy (n= 14)</li> <li>3. time for self (n= 7)</li> <li>4. medication (n= 5)</li> <li>5. connecting with friends (n= 4)</li> <li>6. disconnecting from technology (n= 3)</li> <li>7. getting feelings out (n= 3)</li> <li>8. getting out of house (n= 2)</li> <li>9. meditation (n= 1)</li> <li>10. taking time off (n= 3)</li> </ol>
	Negative strategies	<ol style="list-style-type: none"> <li>1. overworking (n= 6)</li> <li>2. overeating (n= 6)</li> <li>3. alcohol/substances (n= 4)</li> <li>4. staying busy (n= 3)</li> <li>5. isolation (n= 3)</li> <li>6. unhealthy foods (n= 2)</li> <li>7. self-sacrifice (n= 1)</li> </ol>
	Resources	<ol style="list-style-type: none"> <li>1. support network (n= 24)</li> <li>2. therapy (n= 14)</li> <li>3. medication (n= 5)</li> </ol>
	Role exit	<ol style="list-style-type: none"> <li>1. leaving roles (n= 10)</li> <li>2. coping can only help so much (n= 1)</li> </ol>
RQ5: Impact on mental well-being	Emotional consequences	<ol style="list-style-type: none"> <li>1. overwhelmed (n= 20)</li> <li>2. guilt (n= 5)</li> <li>3. frustration (n= 4)</li> <li>4. irritable (n= 4)</li> <li>5. burnt out (n= 3)</li> </ol>
	Physical consequences	<ol style="list-style-type: none"> <li>1. stop healthy coping (n= 8)</li> <li>2. get sick (n= 5)</li> <li>3. trouble sleeping (n= 3)</li> <li>4. hives (n= 1)</li> <li>5. blood pressure increased (n= 1)</li> <li>6. stop eating (n= 1)</li> </ol>
	Social consequences	<ol style="list-style-type: none"> <li>1. maintaining relationships (n= 9)</li> <li>2. impact on relationships (n= 7)</li> </ol>
	Behavioral consequences	<ol style="list-style-type: none"> <li>1. get snippy or short with others (n= 4)</li> <li>2. isolate (n= 3)</li> <li>3. blunt (n= 2)</li> <li>4. toxic independence (n= 2)</li> <li>5. projects to control (n= 2)</li> </ol>

	Mental health consequences	1. anxiety (n= 8) 2. mental health stigma (n= 2) 3. depression (n= 1) 4. suicide (n= 1)
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## RQ1: CASUAL FACTORS FOR ROLE STRAIN

Role strain refers to difficulty meeting the demands of a particular role (Goode, 1960). Three major themes and three minor themes were identified related to causal factors for role strain. By comparison, major themes were captured 40 or more times across focus groups, while minor themes were captured 20 or fewer times. The three major themes were (1) expectations; (2) role tasks and demand; and (3) support and training. The three minor themes were (1) the extent a role depended on others and others followed through; (2) the extent a role is outside one's comfort zone or entails a high level of uncertainty; and (3) the extent a role aligns with one's goals and desires.

### Expectations

Expectations were overwhelmingly the most dominant theme, with expectations mentioned in some form 117 times across the six focus groups. Expectations fell into four buckets: (1) clarity of role expectations; (2) high self-expectations; (3) differing or unequal expectations; and (4) societal expectations. The nature of these expectations can be summarized with four questions:

- Do I know what is expected of me in this role?
- Are my own expectations higher than what is expected of me?
- Do others in similar roles have the same expectations?
- Am I expected to act a certain way in this role as a woman?

The first bucket, clarity of role expectations, included situations where participants were not sure of what the tasks or responsibilities of a particular role entailed. Without understanding what is expected in a role, participants noted it was difficult, if not impossible, to meet the demands of that role. Furthermore, the lack of clarity led to frustration and overwhelm in and of itself.

*It's my first year as active. I did have an expectation that because the organization's been around so long that there would be more of a, hey, this is, you know, the template to follow. And then I've just kind of felt pushed and, part of it was challenging myself to do something that's edgy for me, like being in fundraising. So yeah, we're a small group, so I can't really fault them for not having set things in place...then the other thing is I guess it used to be you had to be like probationary period a year and I got fast forwarded into active at four months. So, it just kind of felt like a whirlwind and I didn't know what I was doing. Our fundraising went from 5 people down to two, and now I'm not really being told what's going on. I just will see on the calendar that an event popped up that you know, in one meeting we talked about, but then we didn't have any more meetings and so I'm, I don't know where I stand.*

— Participant 4, Focus Group 2

The second bucket, high self-expectations, referred to instances where participants imposed certain expectations on themselves. Many participants noted having self-expectations higher than the stated role expectations or the expectations that others had of them. In many instances, participants described putting extra pressure or demand on themselves to fulfill a role perfectly (or at least exceptionally well).

*I tend to have much higher expectations of myself than are communicated or ever assumed. So, I am learning to adjust my expectations again based on just the personal resources that I have and that's, that's been a challenge. But I have found that when you go back and communicate about what the expectations actually are, I am meeting them, and I am unnecessarily straining myself to try to meet these high expectations that I have imagined and assumed.*

– Participant 2, Focus Group 1

*I think, you know, being a type A borderline perfectionist, you know, kind of personality. I think we can be our worst cheerleaders and not being able to calibrate that, hey, I've done enough. I've done my part. Instead, we're always the squirrel in the cage, got to do more.*

– Participant 5, Focus Group 3

The third bucket, differing or unequal expectations among individuals in the same role, was noted as both a cause of role strain and a point of frustration. When expectations were unequal, tasks were often handed off to others to pick up the slack. This led to higher role demand for the individual picking up the extra work. Additionally, participants noted feelings of frustration when role expectations were not the same across individuals with the same role. This was identified as a point of contention and decision point about whether or not to stay in a role.

“ *I'll get frustrated at the fact that there's no requirements [in the League] because I see some people just get to be members and don't do anything, and then I feel like all the extra tasks, people will try to give to me, so I'll say no.* ”

– Participant 3, Focus Group 1

“ *I also have a nonprofit organization and I end up doing a lot of the work myself because the other board members seem to think that I should be doing a lot of the work because they have full-time jobs. So, I end up doing a lot of doing the recruitment, all the advertising, keeping up the website, finding sponsors. Everything. And one particular incident, what really stressed me out a lot was during the day of one of our pageant competitions, all the board members decide to go and watch the show, and nobody stayed backstage to help with issues that were going on backstage, so I did not get to see any of the competition.* ”

– Participant 4, Group 3

“ *I do take care of my father every single day and there are times when I realize that I don't get over, because he has a little small unit to the side of me, when I don't get over there to see him until like 6:00 with dinner. Then I feel like I'm ignoring him because he's sitting over there all day since nobody else in my family bothers to ever come and visit him. Yes, I'm bitter about that. But that's a whole different story.* ”

– Participant 2, Group 2

The fourth bucket, societal expectations, encompassed the types of behaviors that participants felt were required in their roles due to being women. Two notable expectations voiced by participants were the concern about being viewed as the ‘mean girl’ and an obligation to say yes to everything.

*“ I think as women, we don't want to be seen as mean, like the mean girl. Or we, we aren't raised to be confrontational, I guess is the word I'm looking for, and I don't think it's confrontation. I think it's just sticking up for your needs, like you said. But a lot of us weren't raised that way. ”*

*– Participant 3, Focus Group 3*

*“ Sometimes at our general membership meetings, they'll highlight a sustainer and ask questions. And the common things that they'll come back with is 'say yes to everything.' And it's like I don't if it's because of the different times that we're in now and so many women are doing all of the things. But yeah, it's, I kind of want to, like, say something to that, but I always wind up just biting my tongue. ”*

*– Participant 4, Focus Group 2*

Collectively, expectations comprised a large part of the experiences of role strain shared by participants.

### **Role Tasks & Demand**

Simply put, some roles are bigger than others. Long hours, a high degree of responsibility, and high-pressure environments increase the demand in a given role. One participant described this experience in the following way:

*“ I've had big jobs... working in film and television... I was responsible for the office, for the success financially as well as you know managing our small team. And all of the logistics associated with getting the work in and out of the building and, at one point, all of that management stuff pretty much on my own because we just couldn't afford to bring other people on. ”*

*– Participant 2, Focus Group 3*

Demand was not limited to job tasks and responsibilities. Roles that required extensive travel or long hours were also viewed as high-demand roles:

“ *When I was working, I worked as a consultant and being a consultant, I traveled each week. So, I would leave home either on Sunday or Monday and not come back home until Thursday or oftentimes Friday if my flight got cancelled. So you're only home on the weekend, so you had to get into a mindset of always keeping a bag packed to be on the ready to go. But at the same time, taking care of your duties at home and being able to take care of any business that you had to take care of on that Friday when you were actually at home.* ”

- Participant 1, Focus Group 6

While role tasks and demand were mentioned less frequently than expectations, they were mentioned more frequently as a reason for role exits.

“ *I worked at a company for close to 10 years and was like the institutional knowledge person, and then two years ago, I decided to leave that position and completely change my career because the strain of that position was affecting all of my other roles, especially like my relationship with my daughter and my husband and everything I was taking my stress out on them. And so, I made the career change from banking to human resources, and it's helped a lot. Obviously have strain in other areas, but it's definitely helped strengthen my roles as a mom and a wife leaving that job. As a manager, I was bringing stuff home to work on to help keep my team above water, and so I was taking away from weekend time, but then the stress of the job it was, it was a lot.* ”

- Participant 2, Focus Group 4

“ *Others have talked about family roles, and for me, one of the things that I have had to drop as a role, I've gone very low contact with my parents because of the demands that they have placed, and that role has just been unsustainable for me and so I've had to choose for my mental well-being to put some roles on the shelf for now and it's helped, but it's also been hard in other ways.* ”

- Participant 2, Focus Group 1

## Support & Training

Support and training were the third major theme and encompassed the extent that participants felt they had assistance within and were prepared for their roles. Participants

noted high role strain in experiences where they did not have people they could ask for guidance or help and when they did not feel they were adequately prepared to do their roles.

“ *The largest part of role strain for me has been when I haven't been supported. And given the avenues around me to either ask for support and actually get it, or to even have that ask at all, those have really kind of compounded many of the other things that other folks [have said], you know, the balancing but also if you know, and whether it's within the league or in other organizations, if you don't have the people around you that can kind of help you when you can't do it, you know, maybe there's another priority at that point. And so that's where I've seen a lot of that for myself, is where it has really become the most difficult is when there is not that support system and those people around you that can really help.* ”

– Participant 6, Focus Group 5

“ *When you talk about the Junior League, I think I was more stressed as an active because I accepted positions and, I mean, I always believed in the chair-elect position before you became chair. Unfortunately, I found women could be mean to women. And that level of stress was really rampant up. Two different times and two different league experiences, I was able to fight quote unquote. When I say fight, get through to them but because some friends knew that I had my heart in the right place even though I didn't have all the skill sets that were necessary, you know, [they helped] make the committee I was chair of a success, it all wound up being great. I always look back fondly.* ”

– Participant 4, Focus Group 6

“ *What I'm seeing with some of the advising I'm doing [in the League] is that people are not being trained for the position that they're in, and they're just getting thrown in headfirst and expected to produce without training.* ”

– Participant 5, Focus Group 6

## **Extent Role Relies on Others and Others Follow Through**

The first minor theme was the extent a role relied on others and others followed through. Participants described experiences where the success of their role was dependent on

others completing linked or related tasks. In those cases, role strain was dependent on the reliability of others. One participant described this experience:

“ I had a recent incident in the Junior League where this gal volunteered to do some graphic poster for a project we were working on. And so, I asked her, I said is it possible to get it done by the 23rd, and the 23rd rolls around and there's no poster. I asked her if she's been able to work on it and she said no, no, no. I've been too busy and 1000 excuses. Well, I didn't care that she didn't get it done. I did at one level, but on the other level, my need for having it done by a certain deadline, which I gave myself extra days just because of this kind of stuff that can happen, but I have a need to have things in order so that I can move ahead in my responsibilities. And she was a little snippy with me. I just said, oh, well, that's OK. You know, you don't have to do this and she said, well, I didn't want to do it anyway. ”

– Participant 5, Focus Group 3

### Extent Role Involves Uncertainty or is Outside of Own's Comfort Zone

The second minor theme was the extent that a role involved uncertainty or was outside of own's comfort zone. Dealing with the discomfort of uncertainty and decision-making in the face of this uncertainty accelerated role strain for participants. Similarly, when participants stepped into roles that were unfamiliar, the same feelings of uncertainty emerged.

“ I mean the pandemic was a specific, you know, strain on everyone at the time. I was our community VP and when we went in to shut down and through that next year and I was also. I'm also our library director for our large school system here. And so, I was being looked to find, to say what are we going to do? And I'm like, I'm going to make it up because I don't have answers in light of the situation. And then I would leave the office, go home and get on a call and they'd be saying, well, how are we going to do community placements? ”  
In light of our community partner shutting down, you know, what are the protocols and various things. And it was, you know, those captains looking at me going, what are we going to do about X? And so, it was a whole day of trying to figure out a response and then going home and then having the organization say, what are we going to do and trying to figure out a response. That, for me, that was just such a breaking point in I don't have the answers.

– Participant 2, Focus Group 5

### Extent Role Aligns with Desires & Goals

The final minor theme was the extent that a role aligned with one's desires and goals. This was a protective factor against role strain: the more closely a role aligned with one's desires and goals, the less likely a participant was to express feelings of role strain or negative

impacts of role strain. Even when roles were demanding, feeling that the roles were part of a larger purpose helped individuals continue to engage in the role in a meaningful way.

“ I think what's interesting for me is that, as much as like we talk about being really busy and oh, how stressful it is, like I also like, get the sick thrill out of it. Like I really like it, like as I'm working now, I'm like double tasking and writing a memo for our board like, you know, so I think it almost, and I've talked about to my therapist about this. It's kind of like. You know you, you kind of get this feedback when it's positive feedback like It comes good. You know, it makes your, it makes you feel good, right? So I think that I just worked on this project. I was really proud of it. That's great. Did it make me stay up all night? Did I stress all over it? Yeah, now it's great. And now I've been put on this other new project to do and it's just causing me stress. So it's kind of like this circle. So it's, it almost feels like a little bit like a drug addiction, right? Or it's like you're going, you're getting the high up of it and then you go to the next one and that causes you stress. And then you did well on that. So now you get to go to the next one. And it's just kind of like this non ending cycle, I would say. ”

– Participant 1, Group 1

“ I think that I don't want to have nothing to do. I enjoy leisure kinds of things, but I don't think I really want to be at the point, at least I'm not there yet, where I don't want to do things that I feel aren't significant or contributing in some way. And that doesn't feel quite normal in a way, because I think most of my friends have time for multiple book clubs and for all kinds of things that are activities of choice. And I feel that I don't really have many opportunities for activities of choice. And I have a little ambivalence about that, because I kind of want it but more, I want to do things that make me feel I'm contributing, so I do always feel overwhelmed because I'm always behind and that's, that's something that as we get older, probably should change, but I'm not sure that it is changing for me. ”

– Participant 7, Group 3

## EXPERIENCE WITH MULTIPLE ROLE INVOLVEMENT

Participants in this study held multiple roles, ranging from 2 to 8 active roles identified by participants in their introductions. As such, participants described two distinct experiences with multiple role involvement: role overload and role conflict.

### Role Overload

Role overload was described as the experience of having too much on one's plate, where there was not enough time to do everything that one wanted or needed to do. Participants

often described feeling “maxed out” and were more likely to experience role overload when they took on too much or when they were asked to fill additional roles.

“ *It feels like I never particularly struggle with one role at a time. It tends to feel like all of my roles are too big all at the same time, but also on the other hand, when everything is going well, I'm in the groove. I'm doing what I need to do, and it feels manageable, but when it's unmanageable, I have a really difficult time pinpointing exactly where that strain is coming from or where I need to adjust because it feels like it's just everywhere.* ”

– Participant 3, Group 4

“ *I think role strain for me has been taking on too many projects and you know, not realizing oh, yeah, I can do this. And then you realize when you get into it, it's way more involved than what you would ever have imagined. And so, I have not had any difficulty meeting the demands of a particular role, but I must say that I got extremely tired, mentally and physically. And so, I think I, you know, being a type A, borderline perfectionist, you know, kind of personality. I think we can be our worst cheerleaders, you know, and not being able to calibrate that, hey, I've done enough.* ”

– Participant 5, Group 3

Participants who described feeling role overload also noted that the double-edged nature of time management: it was essential to balance all of their roles and related tasks, but it became a role of its own.

“ *I think that time management has almost become another role that I've taken on because, like someone mentioned, [your schedule] was like Tetris. For example, this weekend I was at a Super Bowl party. Monday, I had the day off and went to a spa with a friend and just in taking those two days off and away from emails, I had over 300 emails that I had to get back to. I didn't have my week planned out and that's why I was up until 3:00 in the morning yesterday. So, it's almost like this time management has kind of taken on this new, this other role that I have to take on as just figuring out how I'm going to do all of it.* ”

– Participant 1, Focus Group 3

## Role Conflict

Role conflict, on the other hand, occurred when two or more roles clashed together. Time-based role conflict was described most often, where individuals were trying to fulfill the demands of multiple roles at the same time. Participants described lack of boundaries as the main antecedent to role conflict, noting it was difficult to segment roles and the responsibilities of each individual role began to blur together.

“ *I'm what they call a sandwich generation. So I've got, like my mom here and my son here. And then there's just me in the middle. So, some of the strain I feel is where I have to choose between my mom versus my son on where to spend my time. A lot of times my mom forgets or doesn't realize that I'm currently in between jobs. But you know, I was working a remote job recently and she would just call me in the middle of the day and expect me to like, talk to her, fix something or whatnot. I can't do it. You know, I mean, I'm working, and I can't just leave. And the other thing would be like, well, I need you to do this in the evening where I had to help my son do something after school. So, I had to pick and that's not a fun place to be.* ”

– Participant 1, Group 3

“ *I think for me, the role strain of like mother and wife sometimes is always present. My husband and I have very different schedules with what his job is, he works events that go on the weekends. So, trying to find that balance of wife and mother time, it, it's hard.* ”

– Participant 2, Focus Group 4

“ *I work full time and I'm also the mom of six and I care give for my mom, who's got dementia. And so, it's a, it's a funny running joke between other foster parents. I've got a really close group of foster moms and I, that basically everyday, I'm just waiting to get fired. Like, at this point, I don't know how I'm not fired yet. Just trying to, you know, manage our appointments because of course as soon as one child gets sick and once they get well, someone else gets sick. Someone else gets well and my mom just fell a couple months ago and spent three weeks in hospital, so it's just lots of time off that you need, but also because of my senior leadership position, there's still work that has to get done, whether I'm there or not.* ”

– Participant 5, Focus Group 5

Behavior-based and strain-based conflict were described less frequently by participants. Behavior-based conflict occurs when behavior in one role is incongruent with behavior in another role, while strain-based conflict occurs what role strain from one role 'spills over' into another role (Greenhaus & Beutell, 1985).

“ *Where I've experienced role strain the most is when I'm in two volunteer leadership roles simultaneously. So, serving on, last year, serving on the Board of Directors for the Junior League, while also being a trustee in a statewide organization, there was a lot of conflict of interest, and I only had but so much time to allocate toward volunteerism and also fundraising. So, just feeling like overextended and not being able to really be amazing at either one while serving at the same time.* ”

– Participant 3, Focus Group 5

Participants also described feeling that there was “no off” to their roles, and that the advent of virtual everything led to feeling overly connected. This influenced feelings of both role overload and role conflict:

“ *We were talking about COVID and how it seems COVID had, you know, sped life up a little bit. And I agree with what the group is saying. You know, Teams, Teams slash Zoom is awesome. It allows us to not have to get in the car and drive, and it allows, you know, groups like this to come together, but it also becomes a space where you can never get away.* ”

– Participant 1, Focus Group 2

“ Trying to juggle and balance work and home. Home being in the same place a lot of times. It can feel like you're pulled in 10 different directions all at the same time, and the dryer just went off.... I look back and I think when I was staying at home with my kids and just keeping my house clean and I had time for journaling, I had time to do artwork. I had time to keep my house clean. Everything was in its place. Life was so much simpler back then. I wish I could have gone back in time and told myself how good I had it. Now everything is so busy. I have to schedule time to write in my journal. There's been times I have gone back through my call log and been like I haven't even talked to my adult children in three weeks and it never crossed my mind because I'm running from one thing to the next thing to the next thing to the next thing on my To Do List and I do agree with what the other person said about how there's no, there's no start and stop to anything. It's all just from the time we wake up till the time we go to bed, just completely on all the time. ”

– Participant 5, Focus Group 2

“ A few of you mentioned the working from home and even this technology, there's no like start and stop ever. I feel like there's no guardrails on our day, like the minute that I wake up, I'm on my phone to my computer and the end of the day just blurs into I feel as though I'm connected all of the time. ”

– Participant 2, Focus Group 2

## Changes in Role Involvement and Role Strain

Role involvement was described as a dynamic process that largely changed in response to major life events. Major life events included changes in health or new medical diagnoses; caring for or loss of loved ones; having children or 'empty nesting;' and career changes. Depending on the circumstances before and after the event, these changes either added to or lessened role strain. Participants consistently described these events as triggers for re-evaluating priorities and setting new boundaries.

*In 2020, I basically completely burnt out over a six-week period. I was laid off from my job, found that I was pregnant, miscarried, and then was diagnosed with ADHD. So, my life just blew up. And before that, I had to stay busy to function. I operated only in overload. And that was the only way that I could function, and then my body and brain just gave out. Since then, it's been a lot easier to step back and evaluate when I am feeling that strain, just kind of reevaluating expectations, letting go of some of those internal expectations that come from a lifetime of operating in burnout mode.*

– Participant 2, Focus Group 1

*My priorities have shifted dramatically, going through, dealing with, you know, aging parents and sick parents and sick siblings, and I feel much more empowered to say no to things that can suck my time up. I feel that there are a lot of things that used to just really get me fired up that you know what? They just don't bother me as much anymore. You know, is it really important? No, it's, it's not. I would worry about things that were very insignificant.*

– Participant 5, Focus Group 6

Participants also described physically and mentally slowing down as they got older, similarly prompting a re-evaluation of priorities and setting new boundaries. Even in cases where participants wanted to maintain their roles, the energy required made it difficult to do so.

*I am actually retiring from my job this summer because it just gets to the point where after 17 years, I just feel like I'm tired, even though I love my job, I'm just too tired to do it. I feel too strained, and I don't know why. If it's the same thing or my life has changed or, but I would say I feel that way right now. There's probably been some things that have happened in my life. You know, I had to have a surgery. You know, there's been a lot of little things, but I don't know what was the tipping point that just said it's the job that's got to go, you know?*

– Participant 3, Focus Group 6

When asked what advice they would give their younger selves to protect against role strain, participants noted that those lessons are difficult to learn without experiencing them. There was a sentiment that life teaches us what is important and how to set boundaries, but that you 'need to experience it' to learn it.

“ I don't know that there's any really words of wisdom, because a lot of the discernment abilities that I have, have to do with things that I've gone through, I've experienced it and, you know, I can. My girls are 29 and 26 and I can offer them advice, but you know it. It does not hit them the same way. Because they have not gone through it, they have not come out on the other side yet. ”

– Participant 5, Focus Group 6

Lastly, participants noted that role strain never goes away completely but evolves as roles evolve. Furthermore, there are points at which participants decided to leave roles due to role strain, role overload, or role conflict. The recognition that exiting a role was possible, and sometimes the best answer, was also a learning experience.

“ I think a lot of my leadership roles are now more of governance... so the doer mentality of the initial entry in as a volunteer, I'm not having to be on. It's more of a thinking, governance, strategic planning, and forward-thinking role. Where that was not the case in my nonprofit work say 20-25 years ago. ”

– Participant 8, Focus Group 2

“ I really liked hearing how she explained that she volunteered, took on too much. And then, you know, realized later that, oh my gosh, it's not so much I can't do this, but it was more than what I thought. And I think in the past, I did the same thing, and it's sort of like you get on the get on this train and you always have to be on the train. And you forget that you can step off. It took me, well, I got divorced about three years ago, so kind of later in life, and it took me a little bit going through that process and then the year afterward where I did a lot of reflection that, you know, I don't need to save the world. ”

– Participant 3, Focus Group 3

## COPING MECHANISMS AND RESOURCES

Participants described two different approaches to dealing with role strain: managing and coping. Managing strategies included actions to try and lessen role strain directly, while coping strategies included actions to try and lessen the impact of role strain on mental and physical health.

## Managing Role Strain

Three managing strategies were discussed by participants: (1) asking for help; (2) prioritizing and setting boundaries; and (3) communicating needs and expectations. Participants broadly recognized that asking for help was necessary to manage role strain and role overload, particularly as the number or size of roles increased; however, participants also broadly acknowledged that asking for help was often difficult. Reasons included fear of rejection, vulnerability, extra effort to ask versus doing it themselves, a sense of uncertainty in giving up control, and ambiguity as to whether others would follow through.

“*Why do you think, especially for women, is so hard for us to ask for help? Why do you think it's so hard for us to ask for help sometimes? And I often ask myself that, and then, and I see it and I know for me, I know it's part of me watching my mom as a single mom do it all and then me do it all. Even though I have it, like I said, I had a whole. I have a whole husband, been with this man for 30 years and I'm 53, so that's over half of my life. I've been with this this same man, and I didn't have to do it all.*”

– Participant 4, Focus Group 5

“*I just want to say that one of the things I've heard from other people as well as this is my own lived experience, is that the fear of rejection sometimes holds back folks from asking for help. Because if I ask and I have that vulnerable moment, I don't want to hear someone say no or they're not able or. I think that that's more of a heartbreaking experience than just accomplishing it myself.*”

– Participant 5, Focus Group 5

The second strategy used to manage role strain was prioritizing and setting boundaries to “protect one’s peace.” At the same time, participants described a corresponding mindset shift, noting the importance of letting go of perfectionistic expectations.

*I think the one quote that always comes in mind when I ever feel stressed by the roles is that the quote of yes, you can have everything you want, just not all at the same time. And I've just had to really embrace that. So, for example, like overseeing all the fundraisers this year in Junior League. I knew for sure that planning our gala, that I would be just overseeing it. Which to me was such a bummer because our SPAC delegate does amazing programming for our league and so she does all these great workshops from like stress relief, wellness to like professional development. And I've had to miss all of them during the period of Gala planning. And so right when Gala ended, I signed up for so many things on our league calendar that was outside of fundraising. And then when our next fundraiser came in February, I was like, OK, I will also avoid all the activities again and go straight back into fundraising.*

– Participant 4, Focus Group 1

*For a long time I had an issue I would never turn my phone off... I'm not going to answer my phone at midnight to try and handle an issue. There's nothing I can do. So, we got to learn to implement those boundaries. We go to learn [that] I can say OK, I don't answer a call after 9 PM, but if you call my phone at 9:10, guess what? I would answer the call. So, making sure that when I say it, that I set boundaries. Making sure those boundaries are implemented. And learning to protect our peace.*

– Participant 4, Focus Group 5

The third strategy used to manage role strain was communicating needs and expectations. Participants noted the importance of sharing their own priorities, boundaries, and limitations to foster understanding and reduce unrealistic demands.

*“ We're angry because of an unmet need. Something is missing, our needs, what's important to us and that's why we're in such stress and overwhelmed because of an unmet need. And so, my need for having my ducks in a row earlier than later was not being met. In the example I gave before, my board chair's need is to have the minutes right away. The very next day after the board meeting. Well, I have a need for thoroughness, so I can't produce them in 24 hours. And so, when our needs [aren't met], I mean she wants the minutes done in a timely fashion. Yes, I agree. But my timely fashion includes thoroughness. And so, if you can spare a week or two, I can get them to you. But it's always about unmet needs when we're in these angst moments. ”*

*– Participant 5, Focus Group 3*

*“ For me, communicating is a big thing. A lot of times, I would just hold things in and not realizing that if I would just say something, there's likely some type of relief on the other side. And maybe not, but it's worth it to say something. ”*

*– Participant 3, Focus Group 5*

## **Coping**

Both positive and negative coping strategies were discussed. Positive coping strategies included exercise or physical activity, therapy, medication, disconnecting from technology, getting out of the house, connecting with friends, meditation, and taking time off. Participants also mentioned coping resources, including supportive friends and family and therapy. Negative coping strategies included overworking or staying busy, overeating or eating unhealthy “comfort foods,” using alcohol or other substances, isolation, and self-sacrifice. Most notably, participants described the use of multiple coping strategies, both positive and negative, and how coping approaches have changed over time.

*“ If I'm having a very stressful week or I just got slammed at work and didn't get a chance to get through things and I'm starting to worry about it is like, hey, I got the kids after dinner. Like you go take an hour, hour and a half to yourself before bedtime. Watch a TV show, catch up on work, like just spend an hour for you and I will watch them. And so we're good about, you know, really trying to watch each other's backs and understanding when we're getting to a place where we're really stressed out or there's a lot going on and we just need the catch up time or need to step away to breathe for a second. ”*

*– Participant X, Focus Group 4*

*I am one that just, I have a lot of healthy habits and then I don't have a great coping habit, meaning that I don't go to the same thing all the time. Sometimes I'll journal. Sometimes I'll walk, sometimes I'll meditate. Sometimes I'll work out with a friend like. But what I will do is I stop. So I don't know how to describe that. I call it my pause button. I have pause buttons all throughout my week. I have complete days that have nothing allowed to be on them because we know stuff's going to come up and get pushed there. So that's just what I've learned.*

– Participant X, Focus Group 3

*I think an old coping strategy of mine was I just kept moving, and I don't mean the good movement, right. I just kept plugging away at the To Do List or whatever it was that had to get done. That was kind of my old strategy because I felt like if I stopped then it was like I'm never getting back up again. But I realized that, that's really not, it's not healthy, both mentally and physically.*

– Participant X, Focus Group 3

I think honestly it depends on the day and some days it looks a lot healthier than others. Sometimes it just looks like going to bed because I just like, I just can't with the day anymore. And then other times it's just taking a step back and taking a walk with my dog or going outside and taking some deep breaths and just kind of realizing that.

*Like it's not, nobody elected me to be governor of the universe and it's not all on me to solve and so just taking some time away from as much as I can or reducing like how many things are kind of coming at me at once to be able to just separate and take a breath. I had a really good meditation practice during COVID when we were all locked down and that was absolutely insanely helpful. But it takes time, and it takes practice, and you have to do it consistently, at least from my experience was I had to do it consistently to be able to really see the benefits, and I just have not been consistent with meditation. Or working out, that was another way that I've kind of coped in the past.*

– Participant 3, Focus Group 4

## INFLUENCE ON MENTAL WELL-BEING

Participants noted wide-reaching impacts on mental well-being, including emotional, social, and mental health consequences. Additionally, participants described physical and behavioral consequences, highlighting the link between physical and mental health. Emotional consequences were mentioned most frequently, followed by physical consequences, social consequences, behavioral consequences, and mental health consequences.

### Emotional Consequences

Participants noted that role strain and multiple role involvement frequently induced affective or emotional responses, specifically feelings of guilt, overwhelm, and frustration. Emotional responses were often the initial reaction to role strain, potentially leading to other consequences if not addressed or managed.

“ I remember a therapist said, you know, you start shoving every all the emotions, all the feelings, into a big file cabinet, right? And something else comes up. You just don't want to deal with it. You shove it in, you close the door. Well, one day the drawer won't close anymore. And then you've got to take it out and look at it. And once you take it out and look at it, it tends to lose the power that you give it. And that, I mean, this was 20 years ago. You know, I had this conversation with her and that has served me well when I just I allow things to build up and get overwhelmed very easily. And then I tend to, rather than being able to act, I tend to freeze. And so, I have to get past that frozen point, which is not shutting down, but doing something to break that and to move forward. ”

– Participant 2, Focus Group 3

### Physical Consequences

Many participants reflected on how their mental well-being was closely tied to their physical health. Participants shared that during times of role strain, overload, or conflict, physical symptoms were often the first and most noticeable signs that something was wrong, signals that prompted them to pause or reassess their commitments. Additionally, participants noted that physical symptoms could exacerbate emotional or behavioral consequences, reinforcing a cyclical pattern of distress.

“ I have insomnia. So, it's when my symptoms get worse that I know that I have to take a step back. Usually, it's when I might spend like 3 days just without sleep and then I'm just like this is not sustainable. And so, I have to move back. ”

– Participant 4, Focus Group 1

“ My experience is a very recent incident, yesterday. So, I went to my primary care physician to get a refill on my mental health meds. And the medical assistant was taking my blood pressure and at the same time he was like, you know, so what do you do for work? And I was talking about it. And he, you know, was looking at the machine. And then he went to look at the computer screen to look at it and see what my past blood pressure was, he said. You know what? Stop talking about work. Let me take your blood pressure again. And I was like what? What was my number? He was like, yeah, you were up to like 169 and I was, I've never been that high like my, normally like one 100, 110 and so he took it again, and he was like it was normal. ”

– Participant 10, Focus Group 1

“ I also find that when I'm overwhelmed with role strain, that it also has a very profound impact on my physical health. I also have a chronic health condition, a chronic digestive condition. So, when I'm in that state, I'm also, you know, in a little bit of pain, I have a very bad relationship with food, which makes me even more cranky, which, you know, just makes it spiral further. ”

– Participant 4, Focus Group 4

## Social Consequences

Participants described how role strain, role overload, and role conflict negatively impacted their relationships. They mentioned how lack of time or energy made it challenging to connect with others, and the stress itself made socializing more difficult. This sometimes led to self-isolation, which only deepened the sense of disconnection and reduced social support when it was needed the most.

*I think one thing for me was like mentally, being in role strain, is that like when I feel really strained, I noticed that the role of friend isn't huge in my life. I've always been a very introverted person that has like a few close friendships, and since I've been out of college, my best friend moved 100 miles away from me. And so it's really hard just to like text with the woman, let alone get together with her. So it makes me like feel isolated, even though I know I have people I can reach out to, I don't have like that like best friend person outside of like my husband. But sometimes you just need someone other than your husband to talk to.*

– Participant 2, Focus Group 4

Role strain impacts, it definitely impacts my mental well-being. I'm trying to figure out how to articulate this but on a couple of different layers with people that I am close with, like almost everyone who I let, kind of, into my circle or into my bubble will tell you that I am a naturally just very cold person. And so for me, it takes extra time and extra thought to ask someone how their day was or kind of give that nurturing side of me. But I also have recognized and I've learned over the years that if I'm not kind, you, you get what you give. So if I'm not doing that then, you know, nobody's asking me how my day is or maybe I'm not getting a hug because that's not the, just emotions or the vibe, shall we say, that I am giving off. And then it kind of just starts this cycle where I got very in my own space.

*And in this place where I don't need anyone, I don't need anything, I can do this all by myself. And that's a really unhealthy place for me to be mentally because it's not true. But I believe it, like I'm buying my own BS and that becomes a very difficult hole for me to dig out of.*

– Participant 3, Focus Group 4

## **Behavioral Consequences**

Role strain influenced the ways in which participants interacted with others, with several participants noting that they got short, snippy, or blunt with others when they felt most stressed. In alignment with the social consequences, some participants noted a tendency to isolate themselves during times of strain or overload or a tendency to start a meaningless project as a way to gain back a sense of control.

“

*I get to be super snappy, very short. I can tell like I'm just, I'm not the friendliest person when I'm very overwhelmed. I think for me it's like I get to a place where my anxiety is on an extreme level, when I feel so overwhelmed with things are happening my life that I try to control something around me. And so that could mean like, you know, one weekend, I'm like, oh, my gosh, my life is completely chaotic, so I completely reorganized an entire closet. Like, no, I don't need to do that, right? But it feels to me, what I can recognize that when I'm trying to find things that I can put into some kind of system or that I can control when it feels like there's too much going on that I can't control.*

”

– Participant 1, Focus Group 4

### **Mental Health Consequences**

Lastly, some participants shared that role strain and multiple role involvement were associated with significant mental health impacts, such as anxiety, depression, and suicidal behavior. At the same time, many expressed relief that mental health is now more openly discussed and accepted, with therapy and medication increasingly seen as normal and accessible options.

“

*I do want to add that sometimes it takes a mental breakdown in order to make you realize what is going on and then learning to recognize the signals so that you don't fall into that space again on there. And that happened with me several years ago, where I actually tried to commit suicide. Because I had just gotten completely fed up with things and during my counseling, the psychologist mentioned that he was afraid that if I did not express my anger towards someone who is causing those issues one day, I'm just going to completely explode on everybody. So it's, you know, so trying to now, I've learned to recognize those signals. I've learned to stand up for myself and not let people take advantage of my kindness and that has made a big difference in how I feel improving my health.*

”

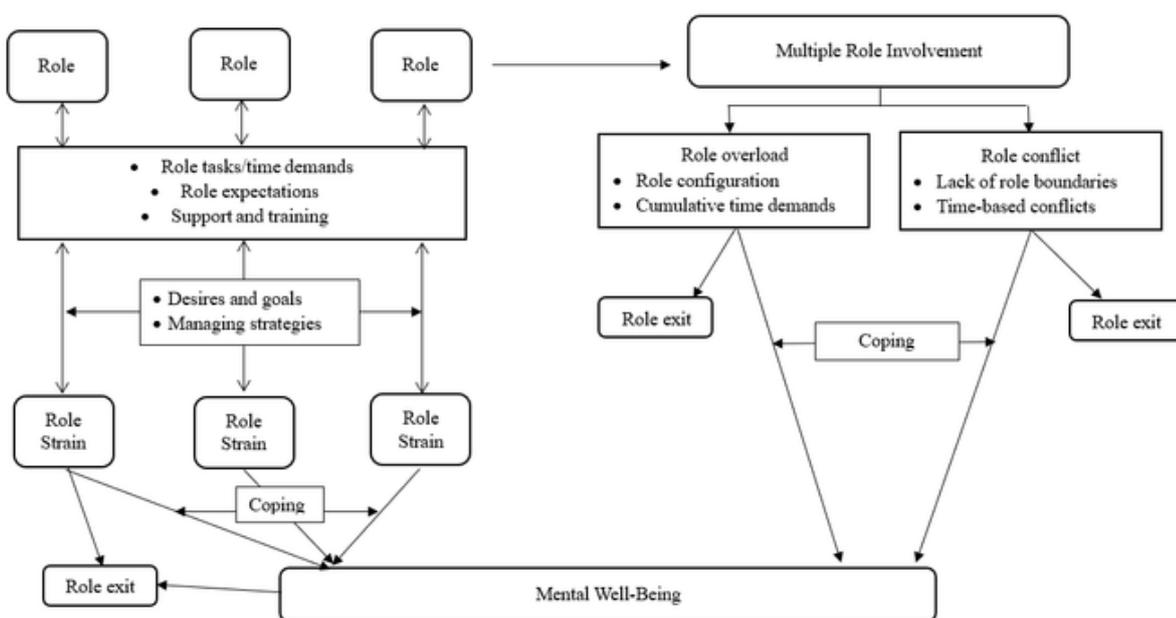
– Participant 4, Focus Group 3

“ I do remember a moment when I was doing the, you know, Junior League president, freelance work, running a store, being a mom, a wife and all that. And I went to my doctor and he goes, it sounds like you have a lot on your plate. Do you think that maybe? You need some help with that, I said. Yeah, probably. And he gave me some trial, anti-stress pills to take, low-dose. And I remember going out to my car and it was like I could not rip that little trial packet open fast enough, which told me that I had waited way too long to take care of myself. And it wasn't until about a year ago that I started, actually talking to a therapist too, and I, I really don't have a lot of big traumatic issues. But just to have that sounding board.... And I think that's important that we destigmatize mental health. Even in, even for people who are not severely mentally ill, everybody can benefit from mental health.

– Participant 5, Focus Group 6

### Conceptual Framework

Figure 1 depicts the conceptual framework developed through data analysis. Each role came with its own set of tasks and time demands, expectations, and support and training. The extent that these were manageable, clear, and sufficient, respectively, influenced the extent role strain was felt. The degree to which the role aligned with desires and goals and the extent to which managing strategies were deployed moderated the level of role strain. Role strain impacted mental well-being, with coping strategies moderating the impact. Multiple role involvement led to role overload and role conflict, which also impacted mental well-being and were moderated by coping strategies. Role exit occurred when role strain, role overload, or role conflict became too substantial.



## QUANTITATIVE PHASE

### PILOT STUDY

The first step in the pilot study was utilizing a think-aloud protocol to evaluate clarity, comprehension, and usability of the draft survey. Three participants, selected based on their roles within the Association of Junior Leagues International (AJLI), completed the protocol virtually via Microsoft Teams. Participants reviewed each question aloud and verbalized their thought process, providing feedback on wording, interpretation, response options, and formatting.

Feedback highlighted several areas for improvement. First, participants noted outdated or non-inclusive terminology in demographic questions, including replacing “homemaker” with “stay-at-home spouse/partner,” adding sexual orientation, and clarifying caregiver roles. Second, participants identified confusing or ambiguous wording in multiple sections. For example, “activity selection” was unclear, and terms like “role strain,” “comfortably handle,” and “successful” required clarification. Items in the volunteer identity scale were flagged for awkward phrasing (e.g., “I would feel at a loss if I were forced to give up volunteering”) and potential duplication, while organizational support and role conflict scales raised concerns about overlapping concepts and interpretation differences between “expectations” and “responsibilities.” Third, participants suggested improving inclusivity and precision in volunteering definitions by using “compensation” instead of “monetary reward,” adding membership-based organizations and children’s sports clubs, and replacing “church” with “places of worship.” Finally, participants expressed preferences for horizontal response options, avoiding matrix formats, and ensuring mobile-friendly layout. Additional recommendations included adding items on social connectedness, expectation management, and financial strain, as well as refining demographic questions to include dropdowns and clearer financial measures. Based on these findings, revisions focused on updating terminology, clarifying definitions, simplifying scales, and improving formatting for readability.

The second step of the pilot study entailed administering the revised survey to a small sample ( $n = 40$ ). Respondents had a mean age of 42 years ( $s = 8.8$ ). Participants volunteered with multiple organizations, with a median of 3 and a mode of 2. Over the past year, volunteering increased for most respondents (median change = 1, “increased a lot”; 57.1%). Reported volunteering averaged 33.31 minutes per month ( $s = 26.14$ ; range 8–120). Most respondents were married (70.0%), employed full-time (75.0%), and non-veterans (95.0%); 12.5% reported a disability. Nearly all (95%) of respondents had a bachelor’s degree or higher, with roughly 86% of respondents identifying as White and 93% as non-Hispanic. A majority indicated holding more than one job (62.5%).

Reliability and validity evidence from this pilot supported most multi-item scales. However, the Volunteer Identity scale showed poor internal consistency ( $\alpha = 0.276$ ;  $\omega = 0.111$ ) and problematic item performance, including a negative corrected item–total correlation and negative factor loading for “feel at a loss if forced to give up volunteering” ( $-0.328$ ;  $-0.603$ ), suggesting polarity or wording issues. This scale was removed in its entirety from the final survey. Reliability and validity statistics are included in Table 6.

**Table 6 Reliability and Validity Results from Pilot Study**

Survey Item	Corrected Item-Total Correlation	Cronbach's Alpha if Deleted	Factor Loading
Volunteer Identity Scale ( $\alpha = 0.276$ ; $\omega = 0.111$ )			
Rarely think about volunteer work**	0.209	0.158	0.428
Feel at a loss if forced to give up volunteering**	-0.328	0.721	-0.603
Doesn't feel personally meaningful	0.382	-0.67	0.317
About more than just the work itself	0.472	0.025	0.696
Important part of who I am	0.426	0.018	0.911
Volunteer Organizational Support ( $\alpha = 0.844$ ; $\omega = 0.870$ )			
Allow to select activities	0.385	0.861	0.567
Range of scheduling options	0.463	0.819	0.723
Provide necessary training	0.640	0.799	0.795
Provide ongoing support	0.550	0.812	0.761
Communicate clear goals	0.600	0.800	0.785
Know what's expected of me	0.525	0.812	0.763
Volunteer Social Connectedness ( $\alpha = 0.873$ ; $\omega = 0.958$ )			
Feel close to others	0.711	0.843	0.904
Feel accepted by others	0.691	0.851	0.836
Feel a strong bond with others	0.713	0.844	0.931
Sense of belonging	0.801	0.809	0.902
Work Role Strain ( $\alpha = 0.926$ ; $\omega = 0.943$ )			
Unmanageable workload	0.851	0.989	0.940
More tasks than can complete in a workday	0.842	0.900	0.912
Emotionally exhausted	0.893	0.885	0.960
Physically exhausted	0.749	0.934	0.828

Home Role Strain ( $\alpha = 0.955$ ; $\omega = 0.967$ )			
Unmanageable workload	0.872	0.949	0.910
More tasks than can complete in a workday	0.898	0.939	0.981
Emotionally exhausted	0.912	0.935	0.969
Physically exhausted	0.894	0.942	0.933
Volunteer Role Strain ( $\alpha = 0.676$ ; $\omega = 0.921$ )			
Unmanageable workload	0.671	0.480	0.724
More tasks than can complete in a workday	0.384	0.655	0.783
Emotionally exhausted	0.513	0.571	0.851
Physically exhausted	0.312	0.712	0.712
Role Overload ( $\alpha = 0.824$ ; $\omega = 0.825$ )			
More to do than comfortably handle	0.614	0.821	0.847
Have to rush to get everything done	0.754	0.682	0.944
Not enough time for self	0.692	0.755	0.743
Work-Home Conflict ( $\alpha = 0.880$ ; $\omega = 0.916$ )			
Work interferes with home life	0.698	0.861	0.903
Things at home don't get done because of work	0.813	0.837	0.833
Work and family commitments conflict	0.851	0.833	0.839
Demands of family interfere with work	0.767	0.846	0.769
Miss work for family responsibilities**	0.411	0.897	0.504
Home life interferes with work	0.624	0.870	0.559
Work-Volunteer Conflict ( $\alpha = 0.829$ ; $\omega = 0.995$ )			
Volunteer things not done due to job	0.635	0.793	0.782
Work and volunteer commitments conflict	0.767	0.756	0.782

Demands of work interfere with volunteer	0.630	0.794	0.861
Demands of volunteering interfere with work	0.610	0.800	0.775
Things at work are not done due to volunteering**	0.506	0.830	0.645
Home-Volunteer Conflict ( $\alpha = 0.755$ ; $\omega = 0.844$ )			
Demands of family interfere with volunteering	0.431	0.744	0.677
Miss volunteering for family responsibilities	0.719	0.633	0.990
Home life interferes with volunteering	0.719	0.630	0.903
Demands of volunteering interfere with home life	0.458	0.732	0.513
Things at home not done due to volunteering**	0.302	0.779	0.374
Mental Wellbeing ( $\alpha = 0.859$ ; $\omega = 0.920$ )			
Optimistic about future	0.646	0.841	0.830
Feeling useful	0.713	0.824	0.855
Dealing with problems well	0.603	0.844	0.767
Thinking clearly	0.810	0.805	0.949
Feeling close to others	0.515	0.861	0.667
Able to make up my mind	0.680	0.836	0.841
Financial Insecurity ( $\alpha = 0.872$ $\omega = 0.819$ )*			
Hard to pay for necessities	0.657	0.828	0.753
Financial resources for monthly living expenses	0.716	0.803	0.855
Feel about financial situation	0.735	0.830	0.992
Spend money without worrying about finances	0.778	0.770	0.647

\*Cronbach's alpha based on standardized items used due to different measurement scale on question 4

# SURVEY RESULTS

## Total Responses, Response Rate, Respondent Demographics

Approximately 96,800 individuals were asked to participate in the survey, with a total of 2307 responses (response rate  $\approx$  2%). Respondent demographics are included in Table 7.

Table 7 Respondent Demographics

Age	
Under 25	14.7% (34)
25-34	18.0% (416)
35-44	32.5% (750)
45-54	20.2% (467)
55-64	13.7% (315)
65-74	8.4% (193)
75-84	3.6% (83)
85 and older	0.6% (14)
Missing	1.5% (35)
Race	
White	79.5% (1833)
Black or African American	10.6% (245)
Asian	2.5% (58)
American Indian or Alaska Native	18 (0.8%)
Native Hawaiian or Other Pacific Islander	7 (0.3%)
Prefer not to answer	59 (2.6%)
Prefer to self-describe	66 (2.9%)
Missing	21 (0.9%)
Ethnicity	
Hispanic or Latino origin	7.4% (171)
Not Hispanic or Latino origin	88.7% (2046)
Prefer not to answer	3.0% (69)
Missing	0.9% (21)
Marital Status	
Married or domestic partnership	64.1% (1479)
Single or never married	20.3% (469)
Divorced	8.1% (187)
Widowed	4.1% (95)
Separated	1.6% (36)
Prefer not to answer	0.9% (20)
Missing	0.9% (21)
Employment Status	
Employed full-time	61.0% (1407)
Employed part-time	7.2% (165)

Self-employed Not employed, looking for work Not employed, not looking for work Not employed, unable to work due to disability or illness Stay-at-home spouse or partner Retired Prefer not to answer Missing	10.1% (233) 2.8% (64) 1.0% (22) 1.4% (33) 4.9% (113) 10.1% (234) 0.7%(15) 0.9% (21)
More than One Job in Past Year Yes No Missing	68.0% (1568) 31.1% (718) 0.9% (21)
Education Level Less than a high school diploma High school diploma or equivalent Some college but no college degree Associate’s degree Bachelor’s degree Graduate degree or higher Prefer not to answer Missing	0.7% (16) 5.6% (130) 7.7% (178) 4.5% (104) 34.4% (794) 45.9% (1058) 0.3% (6) 0.9% (21)
Sexual Orientation Straight/heterosexual Gay/lesbian Bisexual/pansexual Prefer not to answer Prefer to self-describe Missing	91.3% (2106) 0.9% (20) 4.0% (93) 2.0% (47) 0.9% (20) 0.9% (21)
Veteran Yes No Missing	2.7% (63) 95.8% (2211) 1.4% (33)
Disability Yes No Missing	13.1% (302) 83.7% (1931) 3.2% (74)
Financial Insecurity Total score of 3-7 Total score of 8-11 Missing	80.4% (1854) 18.7% (432) 0.9% (21)

The financial insecurity composite included three questions, with total scores ranging from 3 to 11. A score of 3 indicated no financial insecurity (not hard to pay for necessities, plenty of financial resources for covering monthly living expenses, feel better about financial situation compared to others your age), while a score of 11 indicated high financial insecurity (very hard to pay for necessities, extremely tight financial resources for covering monthly living expenses, feel worse about financial situation compared to others your age). Approximately 23% (537) over the sample had a score of 3, while 4.0% (92) had a score of 11. The average score was 5.4 (s= 2.3) with a median of 5.

Table 8 includes the roles identified by respondents. Additionally, 189 individuals indicated additional roles under “Other,” including board member (n= 22), pet/animal caregiver (n= 22), job/employment seeker (n= 14), disabled person (n= 14), grandparent (n=8), and friend (n= 8). Respondents indicated an average of 3.2 roles (s= 1.4, median = 3.0), excluding Other roles specified, with a range from 0-8.

**Table 8 Summary of Identified Roles**

Role	Percentage (n)
Employee/worker	69.5% (1604)
Entrepreneur/business owner	19.5% (450)
Wife/partner	63.3% (1461)
Mother/parent/guardian	46.6% (1074)
Student	7.1% (163)
Stay-at-home partner	7.6% (176)
Retiree	11.6% (267)
Caregiver for parent(s)	11.4% (264)
Caregiver for individual(s) with a disability	5.4% (124)
Caregiver for other individual(s)	4.6% (106)
Volunteer	72.0% (1661)

The majority of respondents (94.4%) indicated they had volunteered in the past year. Of those who had not, the most common reasons why not were lack of time (n=64); personal or family responsibilities (n=49); health, mobility, or accessibility issues (n=44); transportation or logistical barriers (n=25); and lack of opportunities of interest (n=19).

### Correlation Analysis

Table 9 includes a correlation matrix of the key constructs included in the survey. Correlation analysis was conducted to assess construct validity by examining expected relationships between theoretically related variables and to anticipate potential multicollinearity prior to regression analysis. The correlation matrix highlighted several anticipated relationships, most notably moderate to strong, positive correlations between the role strain, role overload, and role conflict measures. There was also a moderate, positive relationship between volunteer social connectedness and volunteer organizational support, as well as a moderate, negative relationship between age and work strain. Other relationships were significant but weak.

	Total Role Count	Monthly Volunteer Hours	Volunteer Org Support	Volunteer Social Connect	Work Strain	Home Strain	Vol Strain	Role Overload	WHC	WVC	VHC	Mental Wellbeing	Age	Financial Insecurity
Total Role Count	1													
Monthly Volunteer Hours	-0.01	1												
Volunteer Org Support	-0.06**	-0.03	1											
Volunteer Social Connect	0.04	0.06*	0.64**	1										
Work Strain	0.08**	-0.06**	0.07**	0.05**	1									
Home Strain	0.26**	-0.01	0.05*	0.08**	0.50**	1								
Volunteer Strain	0.11**	0.23**	-0.05*	0.03	0.43**	0.52**	1							
Role Overload	0.28**	0.01	0.03	0.06**	0.60**	0.75**	0.57**	1						
WHC	0.13**	-0.08**	0.05*	0.04	0.83**	0.54**	0.45**	0.61**	1					
WVC	0.09**	-0.04	0.01	0.01	0.77**	0.47**	0.54**	0.56**	0.84**	1				
VHC	0.28**	0.05	-0.01	0.03	0.36**	0.59**	0.57**	0.55**	0.49**	0.50**	1			
Mental Wellbeing	0.03	0.08**	0.30**	0.34**	-0.14**	-0.18**	-0.09**	-0.17**	-0.21**	-0.22**	-0.17**	1		
Age	0.09**	0.10**	-0.04	0.03	-0.42**	-0.27**	-0.13**	-0.31	-0.37**	0.36**	-0.17**	0.21**	1	
Financial Insecurity	-0.15**	0.03	0.04*	-0.01	0.14**	0.21**	0.09**	0.13**	0.15**	0.15**	0.07**	-0.28**	-0.12**	1

## Statistical Analyses

### **RQ1: Does perceived volunteer organizational support, volunteer social connectedness, and volunteer satisfaction increase volunteer frequency?**

The first research question examined whether volunteer organizational support, volunteer social connectedness, and volunteer satisfaction increased volunteer frequency. Volunteer frequency was measured in two ways: (1) self-reported change in volunteering over the past year on a 5-point Likert scale and (2) average monthly hours spent volunteering. Both measures were analyzed to answer this question, starting first with self-reported change in volunteering. The multinomial logistic regression model improved significantly over the intercept-only model ( $\chi^2(80) = 435.46, p < .001$ ), demonstrated adequate goodness-of-fit (Pearson  $\chi^2(8296) = 8405.48, p = .197$ ; Deviance  $p = 1.000$ ), and explained a modest proportion of variance (Nagelkerke  $R^2 = .198$ ). Likelihood-ratio tests identified the number of volunteer organizations, volunteer social connectedness, age, mother/parent/guardian, satisfaction with volunteer work, satisfaction with volunteer organization, activity selection, interaction between POS and social connectedness, race, marital status, and education as significant predictors across logits, described below.

Four factors were associated with an increased odds of respondents reporting their volunteering 'increased a lot' over the past year compared to 'decreased a lot': (1) participating with more volunteer organizations, (2) higher volunteer social connectedness, (3) higher satisfaction with volunteer work, and (4) the combined effect of social connectedness and organizational support. Participating with more volunteer organizations, higher volunteer social connectedness, and the combined effect of social connectedness and organizational support were also associated with increased odds of reporting their volunteering 'increased a lot' compared to 'stayed the same,' as were higher ability to select volunteer activities. Identifying as a mother/parent/guardian was associated with lower odds of reporting volunteering 'increased a lot' compared to all other categories. Older respondents and those with a disability also had lower odds of reporting volunteering 'increased a lot.' Respondents had reported higher financial insecurity had higher odds of reporting their volunteering 'increased a lot.'

For the second variable- average hours spent volunteering per month- the Gamma generalized linear model fit improved substantially compared to the intercept-only model (likelihood ratio  $\chi^2(20) = 368.35, p < .001$ ). The final model demonstrated adequate goodness-of-fit, with Deviance/df = 1.017 and Pearson  $\chi^2/df = 1.783$ , indicating a well-specified mean structure with moderate overdispersion. Information criteria suggested reasonable parsimony (AIC = 15,127.72; BIC = 15,250.98). Standard errors were adjusted using the estimated scale parameter ( $\phi \approx 1.80$ ) to account for overdispersion.

Ten total variables were associated with higher average monthly volunteering hours. A higher number of participating volunteer organizations significantly predicted higher average monthly volunteer hours. Specifically, we found that for each additional organization a respondent was involved with, they reported a 23% increase in average monthly volunteer hours. Similarly, higher volunteer social connectedness was associated with increased monthly volunteering, with a one standard deviation increase in volunteer social connectedness associated with a 15.6% increase in monthly volunteer hours. Satisfaction with volunteer work increased monthly volunteer hours by 12.4% per unit increase in satisfaction. Not being employed full-time was associated with 25% more hours per month compared to those employed full-time.

## **RQ2: Does perceived volunteer organizational support, volunteer social connectedness, and volunteer satisfaction decrease volunteer role strain?**

Model 1, which included demographic predictors, was statistically significant  $R^2=.056$ ,  $F(12, 2003) = 9.967$ , ( $p<.001$ ), accounting for 5.6% of the variance in volunteer role strain. Model 2, which incorporated volunteer-related metrics, significantly improved the predictive ability ( $\Delta R^2= .128$ ),  $F(7, 1996) = 44.833$ , ( $p<.001$ ), raising the total explained variance to 18.5%. Finally, Model 3, which added two interaction terms, yielded a small but significant increment in variance explained ( $\Delta R^2= .006$ ),  $F(2, 1994) = 7.100$ , ( $p<.001$ ), with the full model achieving a final  $R^2$  of 19.0% (Adjusted  $R^2=.182$ ).

Average monthly volunteer hours and the number of volunteer organizations were positively associated with volunteer role strain; in other words, those who volunteered more and with more volunteer organizations reported higher volunteer role strain. Being married, employed full-time, and reporting a higher level of financial insecurity was also positively associated with volunteer role strain.

Age was negatively associated with volunteer role strain: as age increased, volunteer role strain decreased. Higher satisfaction with the volunteer organization and perceived organizational support were also negatively associated with volunteer role strain. However, there were significant interactions with perceived organizational support. First, volunteer social connectedness modified the relationship between organizational support and volunteer role strain, specifically functioning as a boundary condition. When volunteer social connectedness was low, organizational support appeared to exacerbate rather than alleviate volunteer role strain. In contrast, when social connectedness was high, organizational support significantly decreased volunteer role strain. Similarly, activity selection strengthened the relationship between organizational support and volunteer role strain. When activity selection was rated high, higher organizational support was associated with an even stronger decrease in volunteer role strain.

## **RQ3: Does role strain, role overload, and role conflict decrease volunteer frequency?**

As noted in RQ1, volunteer frequency was measured in two ways: (1) self-reported change in volunteering over the past year on a 5-point Likert scale and (2) average monthly hours spent volunteering. Both measures were analyzed to answer this question, starting first with self-reported change in volunteering. The multinomial logistic regression model significantly improved fit over intercept-only model ( $\chi^2(128) = 673.79$ ,  $p < .001$ ), demonstrated adequate goodness-of-fit (Pearson  $\chi^2(8248) = 8426.41$ ,  $p = .083$ ; Deviance  $p = 1.000$ ), and explained a modest proportion of variance (Nagelkerke  $R^2 = .290$ ). Several factors were associated with increased odds of reporting that volunteering had “increased a lot” compared with “decreased a lot.” Participants who were involved with a greater number of volunteer organizations had higher odds of increased volunteering, as did those reporting stronger volunteer-related social connectedness and greater satisfaction with their volunteer work. The interaction between perceived organizational support and volunteer social connectedness further amplified the likelihood of reporting increased volunteering. Additionally, higher levels of volunteer strain were associated with increased volunteering, reflecting that individuals who volunteer more also experience more strain. Finally, the interaction between work strain and work–home conflict was also significant, indicating that the combined effects of these stressors influenced the probability of reporting increased volunteering.

Conversely, several factors were associated with increased odds of reporting that volunteering had decreased substantially over the past year. Older participants were more likely to report substantial decreases in their volunteer work. Higher levels of home strain and greater home–volunteer conflict were also associated with increased odds of decreased volunteering. In addition, the interaction between role overload and work strain was significant, suggesting that the combined burden of feeling overloaded and experiencing work-related strain contributed to reduced volunteering. Finally, participants who identified with a mother, parent, or guardian role had higher odds of reporting a large decrease in their volunteering over the past year.

For the second variable- average hours spent volunteering per month- the Gamma generalized linear model fit improved substantially compared to the intercept-only model (likelihood ratio  $\chi^2(32) = 800.42, p < .001$ ). The final model demonstrated adequate goodness-of-fit, with Deviance/df = 0.845 and Pearson  $\chi^2/df = 1.344$ , indicating a well-specified mean structure with moderate overdispersion. Information criteria suggested reasonable parsimony (AIC = 14,719.65; BIC = 14,910.13). Standard errors were adjusted using the estimated scale parameter ( $\phi \approx 1.80$ ) to account for overdispersion.

Consistent with the overall model fit, several variables were significantly associated with higher average monthly volunteer hours. Hispanic participants reported 23.4% more hours than non-Hispanic participants, and those not employed full-time reported 17.1% more hours than individuals working full-time. Participants with less than a bachelor's degree volunteered 21.3% more hours compared with those with a bachelor's degree or higher, and those reporting a disability volunteered 17.2% more hours than those without a disability. Greater involvement across multiple volunteer organizations was strongly associated with higher hours, with each additional organization corresponding to 19.7% more hours. Higher volunteer social connectedness was associated with 9.9% more hours per one-standard-deviation increase, while satisfaction with volunteer work was associated with 12.9% more hours per unit increase. Age and financial insecurity also showed positive associations, with 6.1% and 6.2% more hours per one-standard-deviation increase, respectively. A significant interaction between perceived organizational support (POS) and volunteer social connectedness indicated that when POS was high, stronger social connectedness was associated with greater volunteer hours, although POS alone was not significant. Higher volunteer role strain was associated with 5.4% more hours, and the interaction between volunteer strain and role overload suggested that greater hours contributed to both increased strain and heightened feelings of overload.

In contrast, two variables were associated with fewer hours spent volunteering per month. Higher activity selection scores predicted 5.0% fewer hours per unit increase, and greater home strain was associated with 15.8% fewer hours per one-standard-deviation increase.

#### **RQ4: Do volunteer support variables and role strain variables interact to predict mental well-being?**

Model 1, including demographic predictors, was statistically significant  $R^2 = .121$ ,  $F(12, 2002) = 23.06$ , ( $p < .001$ ), accounting for 12% of the variance in mental well-being. Model 2, which incorporated role strain, role overload and role conflict measures and volunteer support measures, significantly improved the predictive ability ( $\Delta R^2 = .137$ ),  $F(13, 1989) = 28.20$ , ( $p < .001$ ), raising the total explained variance to 25.8%. Finally, Model 3, adding interaction terms, added a non-significant increase in variance explained ( $\Delta R^2 = .004$ ),  $F(8, 1981) = 1.47$ , ( $p = .164$ ), with the full model achieving a final  $R^2$  of 26.3%.

In the final model, several factors were positively associated with mental well-being. Higher well-being was reported among older participants and among those who identified as a mother, parent, or guardian. Individuals without a disability also reported higher mental well-being compared to those with a disability. Volunteer-related experiences contributed positively as well: greater volunteer social connectedness and higher satisfaction with volunteer work were associated with better mental well-being, as were higher levels of volunteering, including both average monthly hours and increases in volunteering over the past year. In contrast, financial insecurity showed a negative association with well-being, as did higher levels of role overload and home strain.

## INTEGRATION OF QUALITATIVE AND QUANTITATIVE FINDINGS

The qualitative phase of this exploratory sequential design developed a conceptual understanding of how role strain, role overload, and role conflict impact mental well-being. The quantitative phase then examined these variables within the volunteer context. In this section, we integrate the findings from both phases to explain how qualitative mechanisms help interpret and contextualize the quantitative patterns in volunteer frequency, volunteer role strain, and mental well-being.

**Finding 1: Volunteer social connectedness, organizational support, and satisfaction increase volunteer frequency, decrease volunteer role strain, and improve mental well-being.**

Quantitatively, volunteer social connectedness, perceived organizational support, and satisfaction with volunteer work and with the volunteer organization functioned as protective factors. Greater social connectedness and higher satisfaction predicted increased volunteer frequency, reduced volunteer role strain, and higher mental well-being. Perceived organizational support also reduced role strain for volunteers who were socially connected; however, when social connectedness was low, organizational support was associated with higher volunteer role strain.

Qualitative findings help explain why these variables were protective and why social connectedness matters so deeply. Across all roles, participants described the importance of feeling connected and supported as central to reducing role strain and its negative impact. Participants emphasized that having people they could rely on made demanding roles feel more manageable. As one participant explained, “The largest part of role strain for me has been when I haven’t been supported... if you don’t have the people around you that can kind of help you, that’s where it becomes most difficult.”

Participants also highlighted the emotional and motivational benefits of roles that align with their goals and values. This may explain why satisfaction predicts higher volunteering and mental well-being. For example, one participant described the meaningful feedback loop inherent in fulfilling roles: “As much as we talk about being really busy and how stressful it is, I also get this thrill out of it... it makes you feel good.” Another shared that even amid competing demands, they sought roles that felt purposeful: “I want to do things that make

me feel I'm contributing." These sentiments illustrate how satisfaction serves as a reflection of purpose that is energizing and beneficial.

Finally, the qualitative offer context for the interaction between organizational support and social connectedness found in the quantitative models. Focus group participants described support as relational, not merely structural. They valued support that felt personal, trustworthy, and grounded in shared purpose. As one participant recounted, "I wasn't told what was going on... I didn't know where I stood," describing strain that stemmed from both unclear expectations and a sense of disconnection. Conversely, another recalled that success came when she had people who "knew [her] heart" and offered encouragement despite her learning curve. These narratives illuminate why organizational support only reduced volunteer role strain when social connectedness was high; structural support was most effective when embedded in relational support.

### **Finding 2: Role overload and home strain reduce volunteering and negatively impact mental well-being.**

In the quantitative findings, home strain and home–volunteer conflict predicted lower volunteer frequency, while home strain and role overload were associated with lower mental wellbeing. Volunteer role strain was also higher among individuals who were married, employed fulltime, and experiencing greater financial insecurity, factors unrelated to volunteering itself but indicative of broader life demands and competing roles. Focus group participants more often described role overload, where multiple roles became simultaneously demanding, rather than role strain confined to a single role. Participants described feeling stretched across work, family, volunteering, financial, caregiving, and other obligations. One participant explained, "It feels like all of my roles are too big all at the same time... when it's unmanageable, it's just everywhere." Another described how the effort required to juggle multiple roles became overwhelming, noting that time management had "almost become another role." From this perspective, the higher volunteer role strain observed among married, fulltime employed, and financially insecure individuals may reflect the pressures of managing overlapping responsibilities rather than strain generated by volunteering alone.

Home based responsibilities were described by focus group participants as particularly demanding. Parenting, in particular, forced role prioritization and, over time, led to boundary setting around other commitments, including volunteering. One participant described being highly involved in volunteer work prior to having children, noting that after becoming a parent, her volunteer involvement "pretty much ended completely." Qualitative findings frequently described that major life events prompted reevaluation of priorities, boundary setting, and reductions in perfectionistic self-expectations. These processes offer a plausible explanation for why reductions in volunteering among mothers may have been associated with improved mental well-being: stepping back from roles was protective when it reduced role strain and aligned responsibilities with personal capacity.

By contrast, caregiving roles beyond parenting did not show the same quantitative pattern. Qualitative findings suggest that caregiving for parents or others was more often characterized by ambiguous expectations. Caregiving responsibilities were often poorly defined with focus group participants expressing uncertainty about what constituted sufficient caregiving. One participant noted that "nobody else in my family bothers to ever come and visit him," which intensified feelings of obligation and guilt. Caregiving demands were also frequently described as simultaneous and competing, especially among those

balancing care for both children and aging parents and forced to choose “between my mom versus my son on where to spend my time.” In these circumstances, participants described persistent strain even when other roles were reduced or exited, which may explain why caregivers did not demonstrate the same combination of reduced volunteering and higher mental wellbeing observed among mothers.

### **Finding 3: Life stage and personal circumstances shape volunteering and mental wellbeing.**

Age, financial insecurity, and disability were significant predictors of both volunteer role strain and mental wellbeing. Older respondents reported lower volunteer role strain and higher well-being, which aligns with the qualitative findings that managing role demands changes over time through boundary-setting and reprioritization. As one participant put it, “Experience teaches you... you need to go through it to learn it.” Others described deliberately scaling back or exiting roles as they aged: “I am actually retiring from my job this summer... I just feel like I’m tired, even though I love my job,” and feeling newly “empowered to say no to things that can suck my time up.” These narratives help explain why age was associated quantitatively with less strain and better well-being: over time, participants reported learning to let go of perfectionism, set clearer boundaries, and align roles with current capacity.

In contrast, financial insecurity and disability were associated with higher strain and lower well-being in the quantitative phase. These topics were rarely mentioned directly but were reflected in conversations about exhaustion, chronic stress, and the difficulty of maintaining multiple roles. For example, one participant shared, “Money issues are much of a concern, which is why I’m trying to look for another job,” show how financial insecurity added to the strain she was already experiencing across roles. Others described health-related limitations or physical consequences of sustained strain. One participant noted, “When my symptoms get worse... that’s when I know I have to move back,” while another described how her chronic digestive condition “just makes it spiral further” when she feels overwhelmed. Even participants who had identified a disability on the interest form seldom identified disability related strain directly, suggesting that social desirability or discomfort discussing these issues in a group may have contributed to their indirection presence in the focus groups. These narratives also reflect the types of ongoing stressors that may intensify the impact of role demands. These circumstances that may have been less visible in group conversations but meaningfully shaped volunteer role strain and mental wellbeing.

## **DISCUSSION**

This mixed methods study examined how women experience role strain across multiple roles, how these experiences evolve across life stages, how women manage or cope with role strain, and how role strain influences mental well-being and volunteering behavior. Guided by two sets of research questions, the qualitative phase explored women’s lived experiences of role strain, while the quantitative phase tested how organizational support, social connectedness, satisfaction, role strain, role overload, and role conflict predicted volunteer frequency and mental well-being. Together, the integrated findings demonstrate that role strain is shaped not only by the characteristics of individual roles but also by relational support, accumulated demands across domains, and broader life circumstances.

The first integrated finding reinforces previous evidence that role quality and role satisfaction, rather than the quantity of roles solely, are central to understanding role strain. Role quality, which reflects the balance of rewards and concerns within a role (Barnett, 1994), were described qualitatively in how expectations, support, and alignment with personal values shaped their experiences. Furthermore, role satisfaction played a mediating role between organizational support and volunteer role strain, supporting previous findings that role satisfaction plays a mediating role between role involvement and strain (Davis et al., 2011; Reid & Hardy, 1999; Sumra & Schillaci, 2015).

Social connectedness emerged as a particularly meaningful element of role quality. Higher volunteer social connectedness was associated with greater volunteer involvement and better wellbeing, extending role enrichment research that found multiple roles were beneficial when they provided emotional resources and social support (Lippert & Damaske, 2018; Rozario et al., 2004). Focus group participants described support as relational rather than purely structural; strain was more manageable when expectations were shared and responsibilities were distributed. Kulik (2015) similarly found that enrichment and strain often cooccur and that relational conditions determine whether roles enhance wellbeing. This helps explain why, in the quantitative models, organizational support reduced role strain only when social connectedness was high. The transactional model of stress (Lazarus & Folkman, 1984) offers a theoretical explanation: when support is perceived as genuine and connected to trusted relationships, women appraise demands as less threatening, but when support lacks a relational foundation, it may be interpreted as added pressure.

The second integrated finding is consistent with the role depletion hypothesis (Goode, 1960) and with decades of research documenting the strain associated with multiple competing roles. Participants described cumulative time demands, blurred boundaries, and heavy expectations across work, home, caregiving, and volunteering roles. Quantitatively, home strain and home–volunteer conflict were significant predictors of lower volunteer frequency and poorer mental wellbeing, suggesting that conflict within the home domain has a particularly powerful influence on whether women maintain volunteer commitments. This extends earlier studies showing that volunteer–family conflict can increase burnout and reduce support for volunteerism (Cowlshaw et al., 2010) and aligns with research demonstrating that women carry disproportionate caregiving and household burdens (Sharma et al., 2016). The qualitative data also highlighted technostress (Tarafdar et al., 2007) and the absence of role boundaries as major contributors to overload. Women described “no start and stop” days, where work, home, and volunteer demands merged, a phenomenon amplified by digital communication and remote work. The quantitative finding that volunteer role strain was higher among married and full time employed women also echoes research showing that overlapping family and work demands heighten conflict (Ramos et al., 2015).

The third integrated finding supports life course frameworks (Moen, 1995) by showing that women’s experiences of role strain shift with age, health, and economic circumstances. Qualitatively, women described learning to manage expectations, set boundaries, and reprioritize roles as they moved through different life stages, an adaptive process consistent with Ryu’s (2024) argument that coping and appraisal explain individual differences in role strain even under similar demands. Quantitatively, older women reported lower role strain and higher wellbeing, suggesting that accumulated experience may buffer the impact of competing demands. Financial insecurity and disability, which were significant predictors of higher role strain and lower mental wellbeing, were only indirectly referenced during focus

groups. This may reflect social desirability or discomfort discussing sensitive issues in group settings, a documented challenge in qualitative research on women's mental health and caregiving (Glaser & Hecht, 2013). Collectively, these findings suggest that life stage and personal circumstances, especially financial insecurity and chronic health issues, shape both exposure to role strain and the capacity to manage it. This mirrors earlier research indicating that role satisfaction, not role count, predicts wellbeing (Reid & Hardy, 1999) by showing that life circumstances condition women's ability to derive satisfaction or manage demands across roles.

## **CONSIDERATIONS FOR WOMEN**

This study demonstrates that role strain is shaped by the interplay of role clarity, expectations, support, and alignment with personal goals. To reduce strain and protect mental wellbeing, women should assess whether new commitments align with their values, interests, resources, and available energy. The qualitative findings illustrate that women felt most fulfilled and least strained when their roles resonated with their personal goals or sense of purpose. Conversely, roles marked by unclear expectations or unequal distribution of work were more likely to contribute to stress and burnout. Evaluating whether a role offers genuine satisfaction, supports personal growth, or fits one's current life stage may therefore support wellbeing even when roles are busy or time consuming.

Women may also find it helpful to prioritize roles that offer meaningful social connection and satisfaction, as these factors were associated with better mental wellbeing in the quantitative phase and were repeatedly described by participants as energizing and sustaining. Choosing volunteer opportunities that offer high social connectedness and personal satisfaction may also serve as a protective factor, as these characteristics were linked to better mental wellbeing in the quantitative models and were described by participants as sources of motivation and purpose.

Finally, the findings underscore that maintaining wellbeing requires both managing role demands and practicing effective coping. Strategies such as setting boundaries, asking for help, communicating needs, and releasing perfectionistic expectations can reduce day today strain. Coping strategies, including movement, therapy, rest, and connection with others, may mitigate the emotional and physical effects of role overload. Importantly, stepping back or exiting roles that no longer fit is not a failure but an intentional form of role management. These collective approaches can help women protect their mental wellbeing while engaging in roles that remain meaningful and sustainable.

## **CONSIDERATIONS FOR VOLUNTEER ORGANIZATIONS**

Organizations influence volunteer role strain through the ways they structure roles, define expectations, and cultivate opportunities for volunteers to feel connected and supported. Social connectedness, in particular, emerged as a central mechanism shaping how volunteers experience strain and support. Quantitative models showed that organizational support reduced volunteer role strain only when social connectedness was high, and qualitative data indicated that support was meaningful when individuals felt known,

encouraged, and able to rely on others. This indicates that organizations seeking to reduce role strain cannot focus solely on improving processes or tools. Efforts to enhance training and communication must be accompanied by intentional relationship building that fosters belonging and trust among volunteers.

At the structural level, the findings point to the importance of role clarity and role fit in protecting volunteers' mental well-being. Participants across focus groups emphasized that unclear expectations and ambiguous responsibilities heightened role strain, while roles aligned with their strengths, values, and goals were energizing even when demanding. Satisfaction with volunteer work reflected purpose, autonomy, and meaningful contribution and was a strong predictor of increased volunteer frequency and better mental health outcomes. Organizations can support volunteer wellbeing by defining roles in ways that feel achievable and by using feedback to help volunteers see the value and impact of their participation.

The study also shows that organizations should understand that volunteer strain is shaped not only by the volunteer role itself but also by home strain, role overload, and the multiple responsibilities volunteers manage simultaneously. These pressures varied across life stage and circumstances. For organizations, these patterns underscore the importance of flexibility, predictable time commitments, and responsiveness to shifts in volunteers' capacity. Because home-based and cumulative demands strongly influence volunteer involvement, organizations should also adopt flexible expectations, encourage open conversations about workload, and develop systems that reduce overreliance on certain individuals. These practices may reduce role strain and support sustained engagement.

The study also shows that organizations should understand that volunteer strain is shaped not only by the volunteer role itself but also by home strain, role overload, and the multiple responsibilities volunteers manage simultaneously. These pressures vary across life stage and personal circumstances, influencing volunteers' capacity to engage at different points in time, underscoring the importance of flexibility, predictable time commitments, and responsiveness to shifts in volunteers' availability. Encouraging open dialogue about workload and adjusting expectations or adding support when volunteers face increased demands may help prevent role strain and reduce the likelihood of role exit. Developing systems that minimize over reliance on particular individuals, such as distributing responsibilities more evenly, can also lessen strain and promote sustained engagement.

## LIMITATIONS

This study is not without its limitations. The qualitative phase included women from multiple Junior League chapters; however, because participation was limited to members of the Junior League, perspectives from individuals volunteering in other organizational contexts were not represented. The use of virtual focus groups may also have constrained the depth of discussion or inadvertently excluded individuals with limited technological access or comfort, which could have shaped whose experiences were reflected in the qualitative data.

Although the quantitative sample was relatively large, it overrepresented White, highly educated women, restricting the transferability of the results to groups with different demographic, cultural, or socioeconomic characteristics. Some factors that emerged as significant in the quantitative models, particularly financial insecurity and disability, surfaced

only indirectly during focus groups. This discrepancy may reflect the sensitive nature of these topics or participants' reluctance to discuss them in a group setting, suggesting that individual interviews might have captured these experiences more fully. Finally, survey data were self-reported, which introduces the possibility of recall bias, social desirability bias, or underreporting of strain.

## FUTURE RESEARCH

Future research should examine volunteer role strain among more diverse populations, particularly women with varied racial and ethnic backgrounds, socioeconomic circumstances, family structures, and caregiving responsibilities. Understanding how role strain operates within different groups would help clarify whether the mechanisms identified in this study function similarly across contexts or whether distinct patterns emerge. Longitudinal research could further illuminate how role strain evolves over time and how major life events, such as becoming a parent, entering a caregiving role, changes in employment, or health-related challenges, influence well-being and involvement across roles.

Future research should also examine what specific organizational structures, processes, and cultural norms best cultivate social connectedness and organizational support. Because support lowered strain only when volunteers felt connected, it will be important to identify the role designs, communication practices, leadership behaviors, and other factors that help create a sense of belonging and trust. Comparative studies across different volunteer organizations could clarify whether certain features enhance the effectiveness of organizational support. Investigating these elements more directly would deepen understanding of how structural and relational factors work together to reduce strain, sustain satisfaction, and promote longterm volunteer engagement.

Future research should also explore how social connectedness interacts with strain across other life domains, including work and home roles. Because social connectedness buffered volunteer role strain and shaped how organizational support was experienced, it may play a similar protective role in reducing work strain, home strain, and the cumulative effects of competing responsibilities. Examining whether social connectedness moderates the relationship between home strain, caregiving demands, and mental well-being would help clarify whether relational support functions consistently across different roles. Such research could also assess whether strengthening social networks within volunteer organizations has spillover benefits for managing stress in other areas of life, offering a fuller understanding of how connection shapes role strain across contexts.

## CONCLUSION

This study examined how women volunteers experience role strain and how multiple role demands shape their mental well-being using an exploratory sequential mixed methods design. The qualitative phase first explored women's lived experiences, revealing that unclear expectations, demanding tasks, insufficient support, and competing responsibilities across work, home, and volunteer roles were central sources of strain. Participants also described how role overload occurred when several responsibilities intensified at the same time, and how major life transitions led them to reassess capacity and adjust their involvement. The quantitative phase then examined these constructs in a larger sample, showing that social connectedness, organizational support, and satisfaction protected

against volunteer role strain and supported higher mental well-being, while home based strain, role overload, financial insecurity, and disability were associated with higher volunteer role strain and lower mental well-being. Together, these findings show that role strain is shaped by both the design of roles and the broader demands in women's lives, and that connection and meaningful support are central to reducing strain and improving mental well-being.

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