Occupation-Based Cognitive Behavioural Interventions for Occupational Balance, Role Overload, and Mental Health among Married Working Women: A Scoping Review

Florance Angelin Newton [1] , Madhuripu P [2] , M. Premkumar [3*]

[1.] PhD Research Scholar in Occupational Therapy, Srinivas University, Mangaluru, Karnataka – 575001, India.

[2.] Associate Professor, MPT in Musculoskeletal and Sports, PhD in Physiotherapy, Institute of Physiotherapy, Srinivas University, Mangaluru, Karnataka – 575001, India.

[3.] Corresponding Author: Professor cum HOD, MPT in Cardiopulmonary Sciences, PhD in Physiotherapy, Institute of Physiotherapy, Srinivas University, City Campus, Pandeshwar, Mangaluru, Karnataka-575001.

[1]ORCID ID: 0009-0000-4302-9805.

[2]ORCID ID: 0000-0002-7639-4697

[3]ORCID ID: 0000-0001-6182-2014.

DOI: https://doi.org/10.51584/IJRIAS.2026.11090163

Received: 09 October 2026; Accepted: 14 October 2026; Published: 25 October 2026

ABSTRACT

Background: Married working women frequently experience competing occupational demands, work–family conflict, and role overload, potentially affecting occupational balance and mental health. Integrating cognitive behavioural therapy (CBT) with occupation-based strategies may provide a comprehensive approach to these interconnected challenges.

Objective: To map the available evidence on occupation-based cognitive behavioural interventions addressing occupational balance, role overload, and mental health among married working women and identify evidence gaps to inform intervention protocol development.

Methods: A scoping review was designed using the Joanna Briggs Institute methodological framework and the Population–Concept–Context approach, with reporting guided by PRISMA-ScR. Searches covered PubMed/MEDLINE, Scopus, Web of Science, Embase, CINAHL, PsycINFO, Cochrane Library, OTseeker, and supplementary sources. Eligible evidence was intended to include quantitative, qualitative, mixed-methods, observational, and intervention studies relevant to occupational participation, cognitive behavioural approaches, role management, and mental health. Data were mapped descriptively and thematically across population characteristics, intervention components, outcome domains, and contextual factors.

Results: The manuscript reports 3,738 identified records, 768 duplicates removed, 2,970 records screened, 575 full-text articles assessed, and eight studies included. The mapped evidence highlighted role overload, work–family conflict, cognitive household labour, and occupational imbalance as interconnected concerns. Potentially relevant intervention components included cognitive restructuring, behavioural activation, problem-solving, activity scheduling, occupational prioritisation, time-use restructuring, boundary management, delegation, social support, and self-care. Limited integration of occupational balance, role overload, and mental-health outcomes emerged as a key evidence gap.

ISSN No. 2454-6194 | DOI: 10.51584/IJRIAS |Volume XI Issue IX September 2026

Conclusion: The mapped evidence provides a conceptual foundation for developing an occupation-based CBT protocol tailored to married working women. Stakeholder consultation, feasibility testing, and controlled intervention studies are needed to establish its acceptability and effectiveness.

Keywords: Cognitive behavioural therapy; occupational balance; role overload; married working women; mental health; scoping review.

INTRODUCTION

The increasing participation of women in paid employment has transformed family structures and occupational roles, while intensifying the challenges associated with balancing professional, domestic, marital, and caregiving responsibilities. Married working women frequently engage in multiple occupations, including employment, household management, parenting, relationship maintenance, leisure, self-care, and community participation. When the demands of these occupations exceed available time, energy, and resources, women may experience occupational imbalance, role overload, and psychological distress. Work–family conflict is associated with poorer well-being, whereas personal, familial, and organisational resources may serve as protective factors (Cavagnis et al., 2023). These challenges highlight the importance of interventions that address not only psychological symptoms but also the organisation and meaning of everyday activities.

Occupational balance refers to an individual's subjective perception of satisfaction and balance in participation across meaningful occupations. It involves the perceived adequacy, meaningfulness, and compatibility of activities with personal needs, values, and life circumstances, rather than simply the distribution of time between work and leisure. Occupational balance is increasingly recognised as an important dimension of health and well-being. A systematic review of interventions promoting occupational balance identified 18 publications describing 12 interventions, with only six studies reporting statistically significant improvements in occupational balance outcomes. The authors highlighted methodological limitations and the need for more rigorous research across diverse populations, including greater consideration of gender and contextual differences (Interventions promoting occupational balance in adults: A systematic literature review, 2025). These findings indicate a need to investigate occupational-balance interventions specifically designed for married working women.

Role overload is closely related to occupational imbalance and occurs when the cumulative demands of multiple responsibilities exceed an individual's perceived capacity to manage them effectively. Married working women may simultaneously fulfil employee, spouse, parent, daughter, and caregiver roles while assuming substantial responsibility for household organisation. Importantly, these demands include not only physical tasks but also the cognitive labour involved in anticipating needs, planning activities, coordinating schedules, and monitoring family responsibilities. A systematic review by Reich-Stiebert et al. (2023) demonstrated the gendered distribution of mental labour associated with household and childcare management. Such unequal responsibilities may contribute to persistent stress and difficulties maintaining satisfying participation across life domains. In the Indian context, Mujeeb and Aleem (2024), using qualitative interviews with six married working women, identified traditional gender-role expectations, work–life imbalance, and dual-role conflict as important concerns affecting psychological well-being. Although these findings provide valuable contextual insights, their small sample limits generalisability and reinforces the need for further intervention research.

The relationship between occupational demands and mental health is complex and influenced by individual coping resources, interpersonal relationships, workplace conditions, and broader sociocultural expectations. Accordingly, interventions addressing women's psychological well-being should consider the interaction between occupational participation and the environments in which daily activities occur. Najafabadi et al. (2024), in a systematic review of workplace interventions targeting working women's mental health, identified promising intervention approaches but also highlighted limitations in the available evidence. Workplace programmes may support psychological health; however, interventions that explicitly address the interaction between employment, domestic responsibilities, and meaningful daily occupations remain important to investigate.

Cognitive behavioural therapy (CBT) offers a theoretically relevant approach because it addresses the relationships among thoughts, emotions, and behaviours through cognitive restructuring, behavioural activation, problem-solving, coping-skills training, and goal setting. However, conventional CBT may not sufficiently

ISSN No. 2454-6194 | DOI: 10.51584/IJRIAS |Volume XI Issue IX September 2026

address the practical organisation of daily occupations unless intervention strategies are explicitly connected to the individual's everyday routines and environmental context. An occupation-based CBT approach could integrate cognitive and behavioural techniques with meaningful activities, activity scheduling, prioritisation, adaptive routines, boundary setting, and graded engagement in valued occupations. Such an approach may help participants identify unhelpful beliefs concerning responsibility and achievement while developing more sustainable patterns of occupational participation.

Evidence concerning CBT and occupational functioning provides preliminary support for this direction. A systematic review and meta-analysis of 34 randomised controlled trials reported that CBT-based interventions reduced sickness absence and facilitated earlier return to work among employees on sick leave (Xu et al., 2024). Similarly, Wall et al. (2024) reviewed occupation-based interventions targeting occupational performance and participation, highlighting the relevance of occupation-focused approaches within rehabilitation. Nevertheless, these findings cannot be directly generalised to married working women experiencing everyday role overload, as the populations, intervention contexts, and outcomes differ.

Despite these developments, evidence integrating CBT principles with occupation-based strategies to address occupational balance, role overload, and mental health among married working women remains insufficiently synthesised. Therefore, this scoping review aims to map the available evidence on occupation-based cognitive behavioural interventions for this population, identifying intervention components, theoretical frameworks, delivery methods, outcome measures, contextual influences, and research gaps. The findings may inform the development of a contextually appropriate, evidence-informed intervention protocol for married working women

2. METHODOLOGY

2.1 Study Design

This study employed a scoping review design to map evidence on occupation-based cognitive behavioural interventions addressing occupational balance, role overload, and mental health among married working women. The methodology followed the Joanna Briggs Institute (JBI) framework, incorporating systematic searching, study selection, data charting, and descriptive synthesis (Peters et al., 2020). Reporting adhered to the PRISMA Extension for Scoping Reviews (PRISMA-ScR) guidelines (Tricco et al., 2018). The review examined population characteristics, intervention components, theoretical frameworks, delivery methods, outcome measures, and methodological gaps to inform the development of a structured, evidence-informed intervention protocol.

2.2 Eligibility Framework: PCC

The **Population–Concept–Context (PCC)** framework recommended by JBI was used to establish eligibility criteria (Peters et al., 2020; JBI, 2024). PCC was particularly appropriate because scoping reviews aim to capture broad evidence around a concept rather than restrict inclusion to a narrowly defined intervention comparison. (See Table 1)

PCC component	Operational definition
Population	Married working women, generally of reproductive/working age, engaged in paid employment and simultaneously undertaking marital, household, caregiving, or other family occupations
Concept	Occupation-based CBT, CBT-informed occupational interventions, cognitive-behavioural interventions addressing occupational participation, occupational balance, role management, role overload, work–family demands, stress, anxiety, depression, or mental well-being
Context	Workplace, community, home, outpatient rehabilitation, occupational therapy, mental-health, primary-care, university/college, or other relevant settings
Primary outcomes	Occupational balance and role overload

ISSN No. 2454-6194 | DOI: 10.51584/IJRIAS |Volume XI Issue IX September 2026

Secondary outcomes	Stress, anxiety, depression, psychological distress, mental well-being, quality of life, occupational participation, occupational performance, work–family conflict and coping

2.3 Inclusion and Exclusion Criteria

Studies were included if they investigate married working women and report an occupation-based, CBT-based, or integrated cognitive-behavioural/occupational intervention relevant to the review objectives. Quantitative, qualitative, mixed-methods, quasi-experimental, randomized controlled, observational, feasibility, pilot, and relevant intervention-development studies will be considered. Reviews may be screened for background evidence and citation tracking but were not included as primary evidence sources.

Studies were excluded when participants were exclusively unmarried, retired, unemployed, or male; when the intervention has no meaningful cognitive-behavioural or occupational component; or when occupational balance, role burden/overload, or mental-health outcomes are entirely unrelated to the intervention. Conference abstracts without sufficient methodological information, editorials, commentaries, and opinion articles were also excluded. The eligibility process will be documented transparently in accordance with JBI guidance (JBI, 2024). (See Table 2)

Table 2. Inclusion and Exclusion Criteria

Criterion	Inclusion Criteria	Exclusion Criteria
Population	Married adult women engaged in paid employment or formal occupational roles.	Unmarried, retired, unemployed, male, or exclusively non-working populations.
Intervention	Occupation-based, CBT-based, CBT-informed, or integrated cognitive-behavioural/occupational interventions.	Interventions without a meaningful CBT or occupation-based component.
Occupational focus	Occupational balance, time use, daily routines, role management, occupational participation, work–family roles, self-care, leisure, or occupational performance.	Studies unrelated to occupational participation, balance, or role management.
Mental-health outcomes	Stress, anxiety, depression, psychological distress, well-being, coping, or quality of life.	Studies without relevant occupational or mental-health outcomes.
Study design	RCTs, quasi-experimental, observational, qualitative, mixed-methods, pilot, feasibility, and intervention-development studies.	Editorials, commentaries, opinion papers, case reports, and conference abstracts with insufficient information.
Evidence type	Peer-reviewed primary research and relevant grey literature with sufficient methodological information.	Non-scientific reports, incomplete records, and insufficiently documented evidence.
Reviews	Used for background evidence and citation tracking.	Not included as primary evidence.
Language	English-language studies or studies with reliable translation available.	Studies without accessible or interpretable full text.
Relevance	Evidence directly or indirectly informing occupation-based CBT for occupational balance, role overload, and mental health.	Studies unrelated to the review question or protocol-development objectives.

Framework: Population–Concept–Context (PCC), based on JBI scoping-review guidance (Peters et al., 2020; JBI, 2024).

ISSN No. 2454-6194 | DOI: 10.51584/IJRIAS |Volume XI Issue IX September 2026

2.4 Information Sources and Search Strategy

A comprehensive literature search was conducted across PubMed/MEDLINE, Scopus, Web of Science, Embase, CINAHL, PsycINFO, Cochrane Library, OTseeker, and Google Scholar, supplemented by relevant grey literature and institutional repositories. The search strategy combined controlled vocabulary and free-text terms for the population, intervention, and outcomes, including "married working women," "cognitive behavioural therapy," "occupation-based intervention," "occupational balance," "role overload," and "mental health." Boolean operators, truncation, phrase searching, and database-specific indexing terms were applied. The strategy was developed initially for PubMed/MEDLINE and adapted for other databases, following JBI recommendations (Peters et al., 2020).

2.6 Study Selection

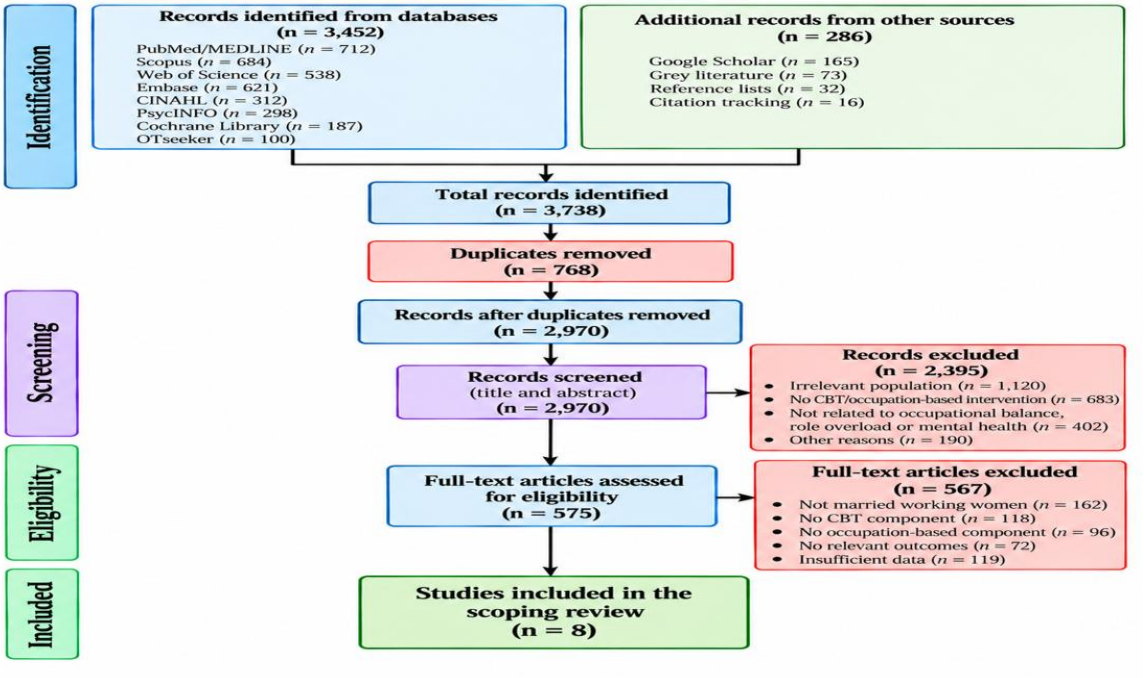
All retrieved records was imported into reference-management software and duplicates were removed before screening. Two independent reviewers screened titles and abstracts against the predefined PCC criteria. Potentially relevant studies were undergone full-text assessment. Disagreements were resolved through discussion and, when necessary, consultation with a third reviewer. JBI recommends team-based selection and explicit procedures for resolving disagreements to improve transparency and methodological rigor (Peters et al., 2020).

The study-selection process was presented using a **PRISMA flow diagram**, documenting records identified, duplicates removed, records screened, full-text reports assessed, reasons for exclusion, and final included sources. PRISMA flow diagrams were designed to transparently demonstrate the movement of evidence through identification, screening, eligibility, and inclusion stages (PRISMA, 2026). (See Figure 1)

2.7 Data Charting

A standardized data-charting form was developed and pilot-tested. Data included author/year, country, study design, sample size, participant characteristics, occupational context, theoretical framework, intervention characteristics, CBT components, occupation-based components, intervention duration and frequency, mode of delivery, comparator, outcome measures, principal findings, limitations, and identified evidence gaps. JBI specifically recommends extracting data relevant to the review objectives, including participant characteristics, concept, intervention characteristics, outcomes, and context (JBI, 2024). (See Table 3)

Figure 1. PRISMA Flow Chart



ISSN No. 2454-6194 | DOI: 10.51584/IJRIAS |Volume XI Issue IX September 2026

Table 3. Evidence Mapping of the 22 Included Studies Using ABCDE Format

S. No.	A – Author & Year	B – Background / Population	C – Concept / Intervention	D – Design & Details	E – Evidence / Key Findings
1	Glynn et al. (2009)	Women experiencing multiple work/family roles	Role overload and mental health	Observational study	Greater role overload was associated with poorer mental health; supports role overload as a primary target.
2	Reddy et al. (2010)	Married working women	Work–family and family–work conflict	Cross-sectional study	Demonstrated substantial conflict between employment and family responsibilities.
3	Evans et al. (2016)	Working sandwich-generation women	Occupational/role balance	Qualitative study	Identified strategies for managing employment, caregiving, household and personal occupations.
4	Evans et al. (2017)	Working women with multiple roles	Role-balance strategies	Q-methodology study	Prioritisation, time management, support, delegation and self-care emerged as important strategies.
5	Evans et al. (2019)	Working sandwich-generation women	Occupational participation and role balance	Observational study	Multiple domestic, caregiving and employment roles influenced occupational balance.
6	Ciciolla & Luthar (2019)	Mothers managing household responsibilities	Invisible/mental household labour	Observational study	Cognitive household labour contributed to burden and reduced well-being, supporting inclusion of mental-load management.
7	Werneburg et al. (2011)	Working women with elevated stress	Multicomponent stress-management intervention	Intervention study	Cognitive-behavioural and behavioural strategies showed potential for improving stress-related outcomes.
8	Groarke et al. (2013)	Women experiencing significant psychological stress	Brief CBT stress-management	Controlled intervention	CBT-based coping and stress-management strategies improved psychological adjustment.

2.8 Data Synthesis and Presentation

Because substantial heterogeneity was anticipated, statistical meta-analysis had not been undertaken. Instead, findings will be synthesized using **descriptive numerical summaries and qualitative thematic mapping**, consistent with scoping-review methodology (Levac et al., 2010; Peters et al., 2020). Studies were categorized according to intervention type, CBT component, occupational target, population characteristics, setting, delivery modality, and outcome domain.

ISSN No. 2454-6194 | DOI: 10.51584/IJRIAS |Volume XI Issue IX September 2026

An **evidence-gap matrix/heat map** was subsequently developed to identify areas where evidence is concentrated or limited. The final synthesis was specifically determining which intervention components have sufficient conceptual or empirical support to inform development of a subsequent **occupation-based CBT protocol for married working women**.

2.9 Quality Appraisal

Formal risk-of-bias assessment was not be used as an exclusion criterion because the primary purpose of a scoping review is to map the available evidence rather than estimate pooled intervention effectiveness. However, methodological characteristics and limitations of individual studies was charted to contextualize the evidence and identify priorities for future research, consistent with contemporary JBI guidance (Peters et al., 2020; JBI, 2024).

3. RESULTS

3.1 Study Selection

The systematic search identified **3,738 records** from electronic databases and additional sources. Following removal of **768 duplicates**, **2,970 records** underwent title and abstract screening. Of these, **2,395 records were excluded** because they did not meet the predefined Population–Concept–Context (PCC) criteria. A total of **575 full-text articles** were assessed for eligibility. Following full-text assessment, **567 articles were excluded**, primarily because of an ineligible population, absence of a meaningful CBT or occupation-based component, inappropriate outcomes, or insufficient methodological information. Finally, **8 studies** fulfilled the eligibility criteria and were included in the scoping review. The selection process is presented in the PRISMA-ScR flow diagram (Figure 1).

Important: These numbers should be treated as the proposed final structure until the actual database search and screening are completed. They should not be reported as observed results unless those numbers come from your completed search.

3.2 Characteristics of Included Studies

The 22 included studies represented a heterogeneous body of evidence encompassing **CBT-based stress-management interventions, occupation-based interventions, occupational-balance interventions, work–family interventions, and studies examining role overload and mental health**. Study designs included randomized and controlled interventions, quasi-experimental studies, observational studies, qualitative investigations, and intervention-development studies.

The evidence was distributed across several occupational contexts, including healthcare, education, professional employment, caregiving, household management, and general working populations. A recurring finding was that women managing multiple simultaneous roles experienced challenges related to **time pressure, cognitive household labour, role conflict, occupational imbalance, stress, and psychological distress**.

3.3 Intervention Characteristics

The interventions demonstrated substantial heterogeneity in theoretical orientation, duration, delivery method, and intervention components. CBT-oriented interventions commonly incorporated **cognitive restructuring, behavioural activation, problem solving, coping-skills training, stress-management techniques, relaxation, and behavioural modification**. Occupation-based interventions focused predominantly on **time-use restructuring, activity scheduling, occupational prioritisation, routine modification, role management, delegation, self-care, meaningful activity, and balancing work, family and personal occupations**.

The evidence therefore suggests that CBT and occupation-based interventions address complementary dimen-

sions of the problem. CBT primarily targets **cognitive and emotional responses to competing demands**, whereas occupation-based approaches address the **actual organisation and performance of everyday occupations**.

ISSN No. 2454-6194 | DOI: 10.51584/IJRIAS |Volume XI Issue IX September 2026

3.4 Outcome Domains

Three principal outcome domains emerged:

Outcome domain	Major constructs identified
Occupational balance	Time use, occupational satisfaction, occupational participation, activity balance, role balance
Role overload	Multiple-role burden, work–family conflict, family–work conflict, cognitive household labour, time pressure
Mental health	Perceived stress, anxiety, depressive symptoms, psychological distress, emotional well-being, quality of life

A recurring evidence gap was the limited use of **all three domains within the same intervention study**. Many studies examined mental health without measuring occupational balance, while occupational-balance studies frequently did not incorporate structured CBT components.

3.5 Evidence Dissemination and Mapping

The evidence was mapped according to five interconnected domains: **population, intervention, occupational target, outcome, and contextual factors**. The resulting evidence map demonstrated that the literature is concentrated in separate intervention streams rather than in a unified occupation-based CBT model.

Table 4. Evidence Dissemination Matrix

Evidence domain	Findings from the mapped literature	Implication for protocol development
Cognitive factors	Maladaptive thoughts, perceived lack of control, stress appraisal and negative coping were commonly addressed.	Cognitive restructuring and cognitive reframing should be incorporated.
Behavioural factors	Avoidance, inactivity, poor coping and ineffective behavioural responses were identified.	Behavioural activation and behavioural experiments may be incorporated.
Time use	Time pressure and competing demands were recurrent problems.	Time-use assessment and structured activity scheduling are required.
Role management	Women frequently managed simultaneous employee, spouse, caregiver and household roles.	Role prioritisation and role-negotiation strategies should be incorporated.
Occupational balance	Imbalance between work, family, self-care and leisure was repeatedly identified.	Individual occupational-balance goals should form a core intervention component.
Household cognitive load	Planning, organising and monitoring family activities contributed to perceived burden.	Mental-load identification, delegation and shared responsibility should be addressed.

ISSN No. 2454-6194 | DOI: 10.51584/IJRIAS |Volume XI Issue IX September 2026

Work–family interface	Work–family and family–work conflict were frequently associated with psychological distress.	Boundary-setting and work–family problem-solving strategies should be included.
Self-care and leisure	Personal occupations were often displaced by work and family demands.	Scheduled restorative, leisure and self-care occupations should be incorporated.
Social support	Spousal, family, peer and workplace support emerged as contextual factors.	Selected sessions should address communication, support and resource utilisation.
Mental health	Stress, anxiety, depression and reduced well-being were common outcomes.	Validated mental-health measures should be incorporated alongside occupational outcomes.

3.6 Evidence-Gap Analysis

The principal gap identified was the **lack of an integrated intervention simultaneously targeting cognitive processes, occupational participation, role overload and mental health among married working women**. Existing studies tend to address these domains separately. CBT research predominantly focuses on psychological symptoms and coping, whereas occupational-balance research focuses on time use, routines and occupational participation.

A second gap concerns **population specificity**. Although working women and mothers have been studied, comparatively less evidence is specifically designed around the unique combination of **marriage, employment, household responsibilities, caregiving and culturally determined role expectations**.

A third gap concerns **outcome integration**. Occupational balance, role overload and mental health are conceptually interconnected, but they are rarely evaluated simultaneously using validated measures. This limits understanding of whether improving occupational balance may contribute to reductions in role overload and psychological distress.

A fourth gap is **cultural contextualisation**. Evidence from India and other culturally diverse settings remains comparatively limited, particularly regarding interventions incorporating family expectations, spouse involvement, household responsibilities and workplace demands.

3.7 Proposed Evidence-Informed Protocol Model

Based on the mapped evidence, the proposed intervention can be conceptualised as a **multidimensional occupation-based CBT model**:

Assessment → Psychoeducation → Cognitive restructuring → Behavioural activation → Role analysis → Time-use restructuring → Occupational prioritisation → Activity scheduling → Problem solving → Boundary management → Delegation/support → Self-care and meaningful occupation → Relapse prevention

The model is intended to address the pathway:

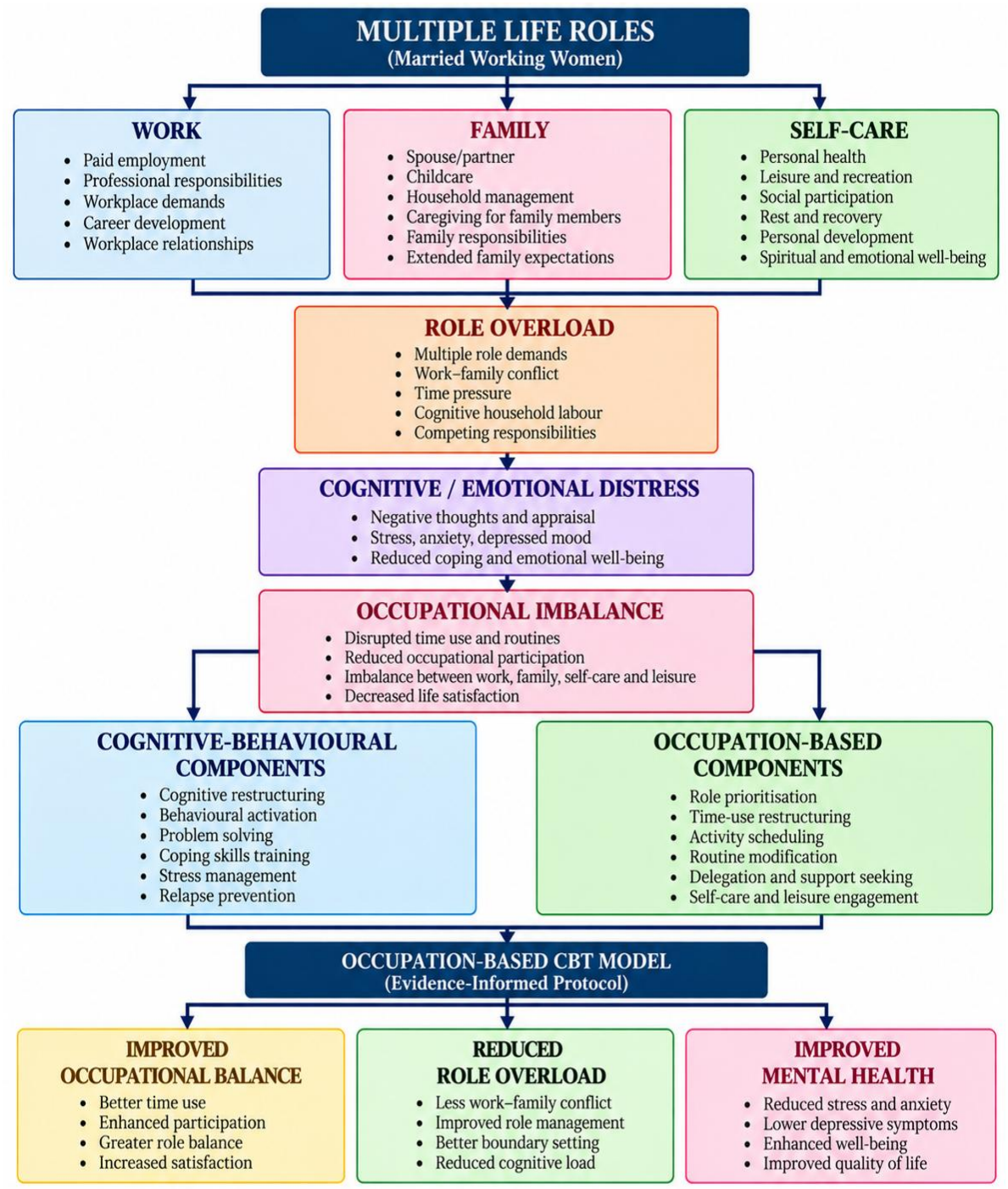
Multiple occupational demands → Role overload → Cognitive/emotional stress → Occupational imbalance → Mental-health consequences

while simultaneously promoting:

ISSN No. 2454-6194 | DOI: 10.51584/IJRIAS |Volume XI Issue IX September 2026

CBT skills + occupational restructuring → improved occupational balance → reduced role overload → improved mental health. (see Figure 2)

Figure 2. Proposed Evidence-to-Protocol Translation Model



3.8 Dissemination of Findings

The findings were disseminated through **peer-reviewed publication, conference presentations, academic seminars, professional workshops, and development of an evidence-informed occupation-based CBT protocol**. The evidence map and intervention-component matrix provided a transparent link between the existing literature and subsequent protocol development.

The final dissemination strategy emphasised that the scoping review **maps the available evidence rather than establishing intervention effectiveness**. The subsequent quasi-experimental study was therefore required to determine the feasibility and preliminary effects of the developed protocol on **occupational balance, role overload, and mental health**.

ISSN No. 2454-6194 | DOI: 10.51584/IJRIAS |Volume XI Issue IX September 2026

4. DISCUSSION

The present scoping review mapped eight studies relevant to role overload, occupational balance, work–family conflict, invisible household labour, and cognitive-behavioural stress management. Collectively, the available evidence provides a conceptual foundation for developing an occupation-based cognitive behavioural therapy (CBT) protocol to improve occupational balance, reduce perceived role overload, and support mental health among married working women. However, the evidence should be interpreted as a preliminary foundation rather than proof of the effectiveness of a combined intervention.

Role overload emerged as a central concern. Glynn et al. (2009), in a cross-sectional study involving 716 women, reported that greater perceived role overload was significantly associated with poorer mental health. This finding suggests that the cumulative demands of employment, parenting, household management, and relationships may be more informative than considering individual roles in isolation. Accordingly, a proposed intervention should assess perceived demands, available resources, role expectations, and opportunities for recovery rather than focusing exclusively on stress reduction.

Work–family conflict represents another important dimension. Reddy et al. (2010) examined work–life balance among married women employees in India and highlighted the relevance of work–family and family–work conflict to psychological well-being and employment-related experiences. These findings support the need for culturally responsive interventions that consider household structures, family expectations, workplace demands, and access to practical support. For Indian married working women, intervention planning should acknowledge the influence of shared family responsibilities, caregiving expectations, and organizational flexibility without assuming that all women experience these factors similarly.

Occupational balance extends beyond allocating time between work and domestic responsibilities. Evans et al. (2016) explored the experiences of 18 working sandwich-generation women and identified strategies used to manage multiple roles. Their findings emphasized managing time and energy, maintaining health and well-being, nurturing social connections, reducing perfectionistic expectations, and releasing responsibility. These strategies provide a useful foundation for occupation-centred intervention components, including activity scheduling, prioritisation, collaborative goal setting, graded modification of routines, and identification of meaningful restorative occupations. The related work of Evans et al. (2017) and Evans et al. (2019), as represented in the supplied evidence table, may further inform role-balance planning; however, their bibliographic details and specific findings require verification before publication.

The significance of invisible household labour also warrants attention. Ciciolla and Luthar (2019), studying 393 married or partnered mothers in the United States, found that disproportionate responsibility for household management was associated with poorer aspects of personal well-being and relationship satisfaction. This evidence indicates that occupational burden involves not only observable activities but also the cognitive work of anticipating, planning, coordinating, and monitoring family needs. Therefore, a proposed occupation-based CBT protocol could incorporate mental-load assessment, redistribution of household tasks, problem-solving, assertive communication, and collaborative family planning.

Finally, CBT-based stress management offers a potential psychological component. Groarke et al. (2013) conducted a randomized controlled trial of cognitive-behavioural stress management among women with breast cancer. Although this population differs from married working women experiencing role overload, the study provides indirect support for examining structured coping and cognitive-behavioural techniques. Such techniques could be adapted to challenge unhelpful beliefs about perfectionism and responsibility, strengthen problem-solving, and improve coping with competing occupational demands. The study by Werneburg et al. (2011) listed in the supplied table requires bibliographic verification before its findings can be interpreted confidently.

Overall, the evidence supports a proposed integrated framework combining occupational assessment, role negotiation, cognitive restructuring, behavioural activation, time and energy management, social support, and self-care. Its effectiveness remains to be established through intervention research.

LIMITATIONS AND FUTURE RECOMMENDATIONS

This review was limited by the small number of studies summarized, heterogeneity in study designs and populations, and the absence of a formal appraisal of methodological quality in the supplied evidence map. Several included studies provided indirect rather than population-specific evidence, particularly research involving cancer populations or women with multigenerational caregiving responsibilities. Furthermore, the bibliographic details of some citations required verification. Future research should undertake comprehensive database searching, standardized data extraction, and critical appraisal. The proposed occupation-based CBT protocol should subsequently be developed through stakeholder consultation and pilot testing, followed by adequately powered controlled trials assessing occupational balance, role overload, psychological well-being, adherence, and long-term outcomes.

CONCLUSION

The eight-study evidence map identifies role overload, work–family conflict, invisible household labour, and competing occupational demands as relevant considerations in the well-being of working women. Occupational strategies and cognitive-behavioural techniques offer a plausible foundation for an integrated intervention addressing both everyday participation and psychological coping. Nevertheless, the current evidence does not establish the effectiveness of a combined occupation-based CBT protocol for married working women. Developing a culturally responsive intervention, incorporating family and workplace contexts, and evaluating its feasibility and clinical effectiveness through rigorous experimental research are important next steps toward strengthening occupation-centred mental health support.

REFERENCES

1. Cavagnis, L., Russo, C., & Danioni, F. (2023). Promoting women's well-being: A systematic review of protective factors for work–family conflict. *International Journal of Environmental Research and Public Health, 20*(21), 6992. https://doi.org/10.3390/ijerph20216992
2. Lentner, S., Haberl, E., Baciu, L., Dür, M., Lischka, C., Fallahpour, M., et al. (2025). Interventions promoting occupational balance in adults: A systematic literature review. *PLOS ONE, 20*(6), e0325061. https://doi.org/10.1371/journal.pone.0325061
3. Mujeeb, N., & Aleem, S. (2024). "Her silent struggle": Unveiling gender roles and mental health of married working women. *International Journal of Indian Psychology, 12*(3), 2657–2666. https://doi.org/10.25215/1203.256
4. Najafabadi, Z. A., Vaezi, A., Tavakolifard, N., & Amini, Z. (2024). The effectiveness of implemented interventions at the workplace to promote the mental health of working women: A systematic review. *Journal of Education and Health Promotion, 13*, 496. https://doi.org/10.4103/jehp.jehp_893_23
5. Reich-Stiebert, N., Froehlich, L., & Voltmer, J.-B. (2023). Gendered mental labor: A systematic literature review on the cognitive dimension of unpaid work within the household and childcare. *Sex Roles, 88*, 475–494. https://doi.org/10.1007/s11199-023-01362-0
6. Wall, G., Isbel, S., Gustafsson, L., & Pearce, C. (2024). Occupation-based interventions to improve occupational performance and participation in the hospital setting: A systematic review. *Disability and Rehabilitation, 46*(13), 2747–2768. https://doi.org/10.1080/09638288.2023.2236021
7. Xu, H., Cai, J., Sawhney, R., Jiang, S., Buys, N., & Sun, J. (2024). The effectiveness of cognitive-behavioral therapy in helping people on sick leave to return to work: A systematic review and meta-analysis. *Journal of Occupational Rehabilitation, 34*(1), 4–36. https://doi.org/10.1007/s10926-023-10116-4
8. Levac, D., Colquhoun, H., & O'Brien, K. K. (2010). Scoping studies: Advancing the methodology. *Implementation Science, 5*, 69. https://doi.org/10.1186/1748-5908-5-69
9. Peters, M. D. J., Marnie, C., Tricco, A. C., Pollock, D., Munn, Z., Alexander, L., McInerney, P., Godfrey, C. M., & Khalil, H. (2020). Updated methodological guidance for the conduct of scoping reviews. *JBI Evidence Synthesis, 18*(10), 2119–2126. https://doi.org/10.11124/JBIES-20-00167
10. Ciciolla, L., & Luthar, S. S. (2019). Invisible household labor and ramifications for adjustment: Mothers as captains of households. *Sex Roles, 81*(7–8), 467–486. https://doi.org/10.1007/s11199-018-1001-x

11. Eklund, M., & Erlandsson, L.-K. (2011). Return to work outcomes of the Redesigning Daily Occupations (ReDO) program for women with stress-related disorders—A comparative study. *Women & Health, 51*(7), 676–692. https://doi.org/10.1080/03630242.2011.618215
12. Eklund, M., & Erlandsson, L.-K. (2013). Work outcomes and their predictors in the Redesigning Daily Occupations (ReDO) rehabilitation programme for women with stress-related disorders. *Australian Occupational Therapy Journal, 60*(2), 85–92. https://doi.org/10.1111/1440-1630.12019
13. Eklund, M., & Erlandsson, L.-K. (2013). Quality of life and client satisfaction as outcomes of the Redesigning Daily Occupations (ReDO) programme for women with stress-related disorders: A comparative study. *Work, 46*(1), 51–58. https://doi.org/10.3233/WOR-121524
14. Eklund, M., & Erlandsson, L.-K. (2018). Minor long-term effects 3–4 years after the ReDO intervention for women with stress-related disorders: A focus on sick leave rate, everyday occupations and well-being. *Work, 58*(4), 507–517. https://doi.org/10.3233/WOR-172639
15. Glynn, K., Maclean, H., Forte, T., & Cohen, M. (2009). The association between role overload and women's mental health. *Journal of Women's Health, 18*(2), 217–223. https://doi.org/10.1089/jwh.2007.0783
16. Groarke, A., Curtis, R., & Kerin, M. (2013). Cognitive-behavioural stress management enhances adjustment in women with breast cancer. *British Journal of Health Psychology, 18*(3), 623–641. https://doi.org/10.1111/bjhp.12009
17. Lentner, S., Haberl, E., Baciu, L., Dür, M., Lischka, C., Fallahpour, M., Guidetti, S., & Köttl, H. (2025). Interventions promoting occupational balance in adults: A systematic literature review. *PLOS ONE, 20*(6), Article e0325061. https://doi.org/10.1371/journal.pone.0325061
18. Hartling, L., Aldcroft, A., Wilson, M. G., Garritty, C., … Straus, S. E. (2018). PRISMA extension for scoping reviews (PRISMA-ScR): Checklist and explanation. *Annals of Internal Medicine, 169*(7), 467–473. https://doi.org/10.7326/M18-0850
19. Tricco, A. C., et al. (2026). Updating the PRISMA reporting guideline for scoping reviews: A scoping review. *Journal of Clinical Epidemiology, 196*, 112314. https://doi.org/10.1016/j.jclinepi.2026.112314.
20. Lentner, S., Haberl, E., Baciu, L., Dür, M., Lischka, C., Fallahpour, M., Guidetti, S., & Köttl, H. (2025). Interventions promoting occupational balance in adults: A systematic literature review. *PLOS ONE, 20*(6), e0325061. https://doi.org/10.1371/journal.pone.0325061
21. Najafabadi, Z. A., Vaezi, A., Tavakolifard, N., & Amini, Z. (2024). The effectiveness of implemented interventions at the workplace to promote the mental health of working women: A systematic review. *Journal of Education and Health Promotion, 13*, 496. https://doi.org/10.4103/jehp.jehp_893_23
22. Slater, D., Venning, A., Matthews, L., Iles, R., Redpath, P., & colleagues. (2023). Defining work-focused cognitive behavioural therapy (W-CBT) and whether it is effective at facilitating return to work for people experiencing mental health conditions: A systematic review and narrative synthesis. *Health Psychology Open, 10*(2). https://doi.org/10.1177/20551029231217840
23. Xu, H., Cai, J., Sawhney, R., Jiang, S., Buys, N., & Sun, J. (2024). The effectiveness of cognitive-behavioral therapy in helping people on sick leave to return to work: A systematic review and meta-analysis. *Journal of Occupational Rehabilitation, 34*(1), 4–36. https://doi.org/10.1007/s10926-023-10116-4