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Challenges of Prepartum Working Professionals Amid the Pandemic: Navigating Non-Work Responsibilities, Burnout, Work-Life Imbalance, and Emotional Exhaustion

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Abstract

The current study aims to examine the impact of non-work responsibilities (NWRs) due to work from home (WfH) conditions on the work–life imbalance (WLI) and emotional exhaustion (EE) experienced by pregnant working women during the pandemic (COVID-19) in Indian settings. Due to lack of empirical evidence on the increasing rate of mental health issues during the prepartum period amid the pandemic, the study attempted to explore the effect of NWRs, prepartum burnout (PB) on the WLI and EE during WfH. The research study was carried out in urban cities of eastern coastal India and other major eastern cities by collecting data from 386 working pregnant women from January to March 2023. For assessing the reliability and validity of the measurement model, a Confirmatory Factor Analysis (CFA) using AMOS 23 was performed, and SPSS 26 using Process macro was used for examining the direct, mediation, and moderated mediation effects. Findings depicted that NWRs and PB are positively significant with EE. Additionally, WLI mediates the relationship between NWRs → EE and PB → EE. Moderated mediation was also examined and reported the contradictory results, with COVID-19 rumination (CR) as the moderator. To the best of our knowledge, this study is the first to explore the combined effects of organizational psychology (WLI, WfH) and mental health (PB, EE) variables on pregnant working professionals in the Indian context. The study has the potential to overcome the challenges faced by prepartum working professionals in the forthcoming pandemic and challenging times, if any, keeping in mind their robustness in overpowering severe public health emergency events.

Keywords: work from home (WfH); work–life imbalance (WLI); emotional exhaustion (EE); non-work responsibilities (NWR); prepartum-burnout (PB); COVID-19 rumination (CR); pandemic

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Academic Editors: Chiara Lorini, Mirko Duradoni, Andrea Guazzini, Guglielmo Bonaccorsi and Letizia Materassi

Received: 4 July 2025
Revised: 11 August 2025
Accepted: 21 August 2025
Published: 28 August 2025

Citation: Dulla, N.; Priyadarshini, S.; Sahoo, M.; Mishra, S.; Panda, S.; Appasani, B.; Jha, A.V. Challenges of Prepartum Working Professionals Amid the Pandemic: Navigating Non-Work Responsibilities, Burnout, Work-Life Imbalance, and Emotional Exhaustion. *COVID* **2025**, *5*, 144. https://doi.org/10.3390/covid5090144

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1. Introduction

The dawn of 2020 was marked by a global public health emergency with the emergence of the COVID-19 pandemic [1,2]. However, the COVID-19 pandemic was more devastating than all other epidemics combined, crossing a death toll of 5.96 million lives across the world. Following the Government's norms, several organizations declared work from home (henceforth called WfH) conditions necessary for the employees whose positions allow them to work remotely instead of at an office amid a lockdown period. Consequently, employees were subjected to adapt to the new normal situation of WfH in a short time span, thereby increasing the risk of emotional exhaustion (henceforth called EE) [2]. EE refers a state of being emotionally worn out and overwhelmed, resulting from the accumulated stress from one's personal and professional life, which is one of the three key dimensions of burnout. But prior to EE, different roles in one's personal and professional life become disturbed, leading to work–life imbalance (henceforth called WLI). WLI is the extent of rendering an unequal level of engagement and satisfaction in one's job life and family life [3].

A flexible working system enables employees to segregate their work and non-work responsibilities (henceforth called NWRs) by creating their temporal and physical boundaries, thereby letting workers maintain a balance between their personal and professional lives. Although, the concept of flexibility changes its dimensions across gender lines. The stereotypical society believes and expects women to fit their work around their family demands. The reason being that, customarily, it is believed that the female stereotypic role is limited to domestic frontiers, and they are called 'caregivers', whereas the male stereotypic role is to stand as a bulwark for the family and fulfill their needs, as they are the sole 'breadwinners' [4]. These NWRs more often end up falling on the shoulders of the women of the house irrespective of being employed or unemployed. COVID-19 has not just disproportionately burdened women in a social and economic way, but it has also made pregnant women more susceptible to psychological distortion resulting from interactions with infected individuals, self-isolation, and a high risk of being infected during regular health check-ups in healthcare settings. In the public health discourse, both psychological and maternal health have remained unnoticed in India. Further, it is apparent that uncertainty about the COVID-19 pandemic has resulted in increased mental health issues in pregnant women. Further, the unpredictable risk of transmission of the COVID-19 infection from mother to child has emotionally exhausted pregnant women, resulting in prepartum burnout (henceforth called PB). PB is the mental drain due to prolonged circumstances of emotional stressors manifesting in professional burnout such as overloaded assignments, lack of acknowledgement for accomplishments, lack of professional support, and fear of negative feedback, which can further be characterized by emotional, psychological, and physiological disorders [5]. However, working pregnant women are subjected to the anticipated anxiety of financial burden [6–8] on one hand and maternal health concerns [9,10] on other hand.

2. Research Gaps, Objectives, and Novelty

However, it is evident that the association between experiences amid COVID-19 and EE among working pregnant professionals has remained unclear [5–7,9,10]. Firstly, the possible association between NWRs and EE of prepartum working professions amid the COVID-19 pandemic is examined in this current study. The research puts an effort into understanding NWRs and PB as significant predictors of EE in a single model. Secondly, it also elaborates the association of WLI with EE of prenatal working professionals. Thirdly, it studies the role of COVID-19 rumination (hence forth called CR) as a moderator in between the WLB and EE. To the best of our knowledge, this study is the first to explore

the combined effects of organizational psychology (WLI, WfH) and mental health (PB, EE) variables on pregnant working professionals in the Indian context. Nevertheless, empirical substantiation supporting this assertion remains scarce. Consequently, this paper offers several contributions such as the following: first, while prior studies [5,6] have scrutinized the direct relationship among the aforementioned variables within the model, they have overlooked the mediation mechanism. Second, through the evaluation of the mediating functions of WLI on EE, this study also sheds light on the strengthening moderating driver CR. This represents a noteworthy addition to the literature, as previous research has not investigated how these mediators and moderated mediators ultimately impact EE in prepartum working professionals.

Hence, based on the existing gaps in the prior literature, the current study aims to analyze the following objectives:

RO1: To examine the relationship between non-work responsibilities (NWRs) during work from home (WfH) and emotional exhaustion (EE) among pregnant working women.

RO2: To assess the influence of NWRs on the work–life imbalance (WLI) in the WfH context.

RO3: To investigate the effect of prepartum burnout (PB) on EE and WLI.

RO4: To analyze the mediating role of WLI between (a) NWRs and EE and (b) PB and EE.

RO5: To determine whether COVID-19 rumination (CR) moderates the mediation effect of the WLI on the relationship between both NWRs and PB with EE.

Drawing upon the outcomes of the current study, certain practical implications and policy recommendations of the study are projected for creating a sensible, supportive environment where women are not subjected to carry the burden alone.

The structure of this research paper unfolds as follows: following the introduction, Section 2 outlines the research gaps, objectives, and novelty of the work. Section 3 delineates the theoretical framework, and Section 4 articulates the development of conceptual hypotheses. This is followed by Section 5, which details the research methodology employed. Section 6 presents the primary empirical results and offers a comprehensive discussion. Section 7 synthesizes the conclusions drawn from the study. Section 8 provides theoretical implications, followed by Section 9, which explores the practical implications and policy recommendations of these findings. Lastly, Section 10 addresses the limitations of the study and proposes avenues for future research.

3. Theoretical Framework

The current study explores the complex challenges faced by prepartum working professionals during the pandemic. According to the Conservation of Resources (COR) theory [11], individuals strive to acquire, maintain, and protect valuable resources such as energy, time, and emotional well-being. However, when these resources are depleted, or the effort to safeguard them becomes overwhelming, EE can occur [12]. The COR theory highlights how prepartum working professionals can experience significant stress due to potential threats to their resources, such as time, energy, and support. By focusing on resource gains, investments, and effective coping strategies, individuals and organizations can work together to mitigate these challenges and support the well-being of expecting professionals. In a similar vein, the Job Demands-Resources (JD-R) Model [13] emphasizes that EE results from an imbalance between job demands, such as workload and time pressure, and the availability of resources like support and autonomy. When demands exceed resources, emotional exhaustion is more likely to ensue. The JD-R Model illustrates that prepartum working professionals often experience heightened job demands, such as increased workload and emotional strain, which can lead to stress and burnout. To counteract

these demands, essential job resources like flexible work arrangements and a supportive work environment are crucial. These resources can buffer the negative impacts of high demands, improving one's overall well-being and maintaining their job performance. By addressing both the demands and resources, employers can help prepartum professionals manage the challenges of balancing work and pregnancy, leading to better health outcomes and sustained productivity. This perspective is supported by the Social Exchange Theory (SET), which posits that burnout occurs when individuals perceive an inequity between their efforts and the outcomes they receive at work [11]. SET, in the context of prepartum working professionals, explains that prepartum working professionals navigate their job challenges by weighing the costs and benefits of their work environment. When the benefits, such as flexible work arrangements and supportive supervisors, outweigh the costs, like high demands and inadequate support, they are more likely to experience job satisfaction and remain engaged. Conversely, if they perceive the costs as exceeding the benefits, it can lead to increased stress and lower job satisfaction. The theory underscores the importance of reciprocal support in maintaining a positive work environment, where employers' efforts to accommodate and support prepartum professionals can enhance their overall well-being and commitment. Furthermore, as per Ref. [14], the Role Congruity Theory (RCT) highlights how societal expectations shape the roles that men and women are expected to fulfill. These gendered expectations influence behavior, with performance being affected by the level of support from social norms and organizational structures [4,14]. Additionally, the RCT highlights the challenges prepartum working professionals face when their roles as expectant parents clash with traditional workplace expectations. These professionals may encounter biases and discrimination if their pregnancy is perceived as conflicting with their expected professional roles, such as maintaining high productivity or long hours. This incongruence can lead to stress, reduced career opportunities, and negative evaluations. For prepartum working professionals, navigating these societal expectations, alongside managing NWRs and the additional pressures brought on by the pandemic, intensifies the risk of EE and a work–life imbalance. Further, Perceived Organizational Support (POS) Theory [15] highlights that prepartum working professionals benefit significantly from organizations that demonstrate care and value for their employees. When these professionals perceive strong support through flexible work arrangements, adequate maternity leave, and empathetic supervisors, they experience reduced stress, higher job satisfaction, and better performance. Conversely, a lack of perceived support can lead to increased stress, lower job satisfaction, and diminished organizational commitment. By actively addressing the needs of prepartum employees, organizations can foster loyalty and improve overall well-being, enhancing both employee retention and performance. The mapping of theories and hypotheses has been listed in Table 1.

Table 1. Theories and hypotheses mapping.

Theory	Description/Relevance	Supports Hypothesis
Conservation of Resources Theory (COR)	Stress arises when personal resources (time, energy, and well-being) are threatened or depleted	H1, H3, H5a, and H5b
Job Demands–Resources (JD-R) Model	Work-related strain occurs when job demands (e.g., PB, NWRs) exceed available resources	H2, H4, H5a, and H5b

Table 1. *Cont.*

Theory	Description/Relevance	Supports Hypothesis
Role Congruity Theory (RCT)	Gendered expectations and societal norms increase work–life conflict for women during pregnancy	H2, H4
Social Exchange Theory (SET)	Perceived imbalance between effort and organizational rewards/resources contributes to burnout and imbalance	H3, H4, H5a, and H5b
Perceived Organizational Support (POS)	The degree to which employees feel supported affects burnout and work–life balance	H5a, H5b, H6a, and H6b
Lazarus's Transactional Model of Stress	Stress results from cognitive appraisal of situations exceeding coping abilities (e.g., CR amplifies EE)	H6a, H6b
Karasek's Job Demand–Control Model	High demands paired with low control/support increase psychological strain (e.g., PB leading to EE)	H3, H4

4. Conceptual Framework and Hypothesis Development

Drawing from the integrated theoretical framework, the following subsections develop hypotheses based on logical linkages between key constructs and the relevant theories. Each relationship proposed is grounded in one or more of the selected frameworks, namely COR, JD-R, RCT, SET, and POS, and classical stress models by Lazarus and Karasek.

4.1. Non-Work Responsibilities During Work from Home and Emotional Exhaustion

The flexibility of WfH is considered a double-edged sword, as it can blur the line between work and NWRs, thereby contributing to an increased level of perceived stress and work-related burnout in home settings, on one hand, and increased family care management, improved productivity due to reduced stress and reduced commute, on the other [14,15]. In general, WfH has conventionally been a voluntary setting, specifically granted for employee benefit, which offers more flexibility and better prospects for WLB. Further, an unsuitable space to WfH (unwelcome intervention by family members), the act of procrastinating work, lack of technical and co-worker support, and fear of missing out, along with a complete social cut off from a physical approach, results in EE, which in turn affects productivity, efficiency, and work–life satisfaction significantly [16]. These negative effects outweigh the overall positive impact of WfH. Burnout stress is higher in the case of women in comparison to men for reasons such as increased family care along with work responsibilities and vulnerability to layoffs/decrement in payment for sole bread winners [16]. The blurring of boundaries between work and personal life often results in role conflict, where employees struggle to balance work expectations with non-work duties, contributing to increased demands and role ambiguity. This mismatch between the expected and actual roles can overwhelm individuals, making it difficult to separate work from personal life and leading to significant emotional strain. Hence, as mentioned in the

theoretical framework, the RCT highlighted how masculine and feminine roles differ in social contexts; thus, it leads to EE, especially for prepartum women. Additionally, this relationship is rooted in the COR theory, where increased NWRs act as a resource-draining factor, depleting emotional energy and leading to exhaustion [11]. Furthermore, pregnant women were among the most vulnerable populations in prior pandemic outbreaks [17,18], as they experienced feelings of annoyance, worry, difficulty in sleeping, and disturbance to their everyday routines [19]. Work responsibilities and NWRs are interwoven and unequivocally influenced by each other. However, the advent of the practice of WfH has dynamically erupted the traditional boundaries between work responsibilities and NWRs, which ultimately emotionally exhausts the employees and mentally collapses them for the upcoming working days in the week.

H1. *NWRs during work from home are positively related to EE.*

4.2. Non-Work Responsibilities and Work–Life Imbalance

Work–life imbalance (WLI) refers to a disruption in achieving a satisfactory balance between personal and professional roles, often leading to reduced well-being and performance [3]. WLI is about deconstructing an optimal arrangement of effectively balancing professional and personal lives, which can disrupt the potent functioning of both work and NWRs. The unequal distribution of time, energy, and commitment towards both domains creates discontentment, which all together, can expedite the attainment of WLI [20]. It is revealed that an increase in WLI increases EE and vice versa. Evidentially, balancing work–life with family life during WfH due to the incidence of the COVID-19 pandemic has been a challenging and high-risk task for working professionals. On one hand, work–life duties necessitate more efforts and commitment, whereas NWRs demand more time and energy. Further, amid WfH, carrying out NWRs along with official mechanisms from home creates a stressful conflict between different roles, resulting in dissatisfaction, which ultimately leads to psychological distortions in working women. Further, taking the RCT and JD-R Model together, they illustrate how NWRs and a work–life imbalance impact prepartum professionals. The RCT highlights the stress that arises when the demanding expectations of their professional roles clash with the physical and emotional challenges of pregnancy. As per the JD-R model, heightened non-work demands without balancing resources (like support or autonomy) create role conflict, resulting in a work–life imbalance [13]. The RCT also supports this link, explaining how women's traditional roles contribute to internal conflict and imbalance [14]. This interplay results in a heightened sense of a work–life imbalance, as the conflicting demands of their roles lead to increased stress and reduced well-being. Additionally, given the unprecedented nature of the pandemic, the shift in work culture from WAfH to WfH has intensified the interruptions during work time. These interruptions lead to multitasking, where the woman, being the "care giver", has to switch roles back and forth between several tasks [21], thus examining SDG 5 and 10 (dealing with gender equality and reduced inequalities). Hence, it can be hypothesized as follows:

H2. *NWRs during work from home are positively related to WLI.*

4.3. Prepartum Burnout in Relation to Emotional Exhaustion and Work–Life Imbalance Amid Work from Home

Burnout is a psychosomatic condition comprising EE, depersonalization, and a sense of condensed personal achievement [22]. In the current context, PB describes a state of physical, mental, and emotional tiredness that occurs during pregnancy and is frequently made worse by personal obligations, work-related stressors, and health issues. Previous research that focused on the antenatal phase have referred to it as "maternal burnout" [5].

The "spill over" impact of COVID-19 such as PB due to the loss of jobs, demise of the family, and other complications, such as being unable to have a spouse or near and dear ones at the hospital during childbirth or the gestational period, are a matter of major concern, as they are associated with perceived health status postpartum [23]. Perceived stress in prepartum established a specific robust influence on overall perceived health status and emotional well-being. The COVID-19 pandemic has intensified fear, anxiety, and uncertainty during pregnancy. Restrictions on house help have increased the workload for working pregnant women, straining their ability to balance professional tasks with NWRs. This has significantly impacted their WLB, highlighting the need for modernized working systems with flexible hours [23]. Taking traditional theories into consideration such as RCT, SET, and COR they collectively explain how PB, EE, and WLI can emerge in a WfH setting. RCT highlights the stress caused by the conflict between professional expectations and the personal demands of pregnancy. The SET emphasizes how perceived inequities in support and recognition from employers can exacerbate feelings of burnout. Meanwhile, COR points to the depletion of crucial resources, such as time and energy, as prepartum professionals manage the dual pressures of work and pregnancy, leading to increased EE and WLI. However, despite theoretical provisions, remote work often extends beyond traditional hours, causing additional stress for pregnant women already coping with physical discomforts and emotional instability [24]. Lazarus's Transactional Model of Stress and Coping [25] frames this relationship well, where PB is the result of increasing environmental demands (e.g., pregnancy, work) exceeding coping resources. Similarly, Karasek's model [26] highlights the imbalance between high demands and limited control/support, which directly relates to increased EE. These challenges underscore the importance of addressing SDG 3, promoting good health and well-being. Hence, it can be hypothesized as follows:

H3. *PB is positively related to EE.*

H4. *PB is positively related to WLI.*

4.4. Mediating Role of Work–Life Imbalance

Prior research works have identified dimensions of WLI as the predictor of the dimensions of EE. Factors determining WLI such as neglecting life, life is just working, work–life accordance, taking time for oneself, and carrying work home are the predictors of greater depression, anxiety, traumatic experiences, and perceived stress resulting in EE [27]. The outbreak of the COVID-19 pandemic created a significant restructuration in how people work in terms of WfH. The flexible work style, possible through the use of ICT equipment during WfH, has resulted in greater work stress and interference in one's private life, thereby blurring the boundaries between working and non-working hours, resulting in WLI [28]. Numerous studies have elucidated that WfH contributes negatively to work productivity and efficiency. Balancing work–life has turned out to be the biggest challenge for prepartum working professionals, as they have to play multiple roles by carrying out the responsibilities of managing the workplace on one hand and financially supporting their dependents and supervising other household tasks on the other hand, along with monitoring health conditions amid pregnancy, resulting in WLB degradation. Furthermore, WLI mediates the relationship between PB and EE on one hand and between NWRs during WfH and EE on the other through the lens of SET, RCT, COR, and the JD-R Model. The SET highlights how perceived inequities and inadequate support in the workplace can lead to burnout and contribute to WLI. The RCT explains that the stress from conflicting professional and personal expectations during pregnancy can exacerbate work–life imbalances. The COR points out that the depletion of crucial resources due to the dual demands of work

and pregnancy increases WLI, leading to greater emotional exhaustion. The JD-R Model underscores how high job demands, combined with insufficient resources, amplify the work–life imbalance and its impact on emotional exhaustion, thus linking PB to EE through WLI. The mediating role of WLI is supported by the JD-R model and COR theory, both of which describe how intermediary strain responses arise from sustained resource depletion and job demands. To summarize, despite sufficient theoretical foundations, empirical studies present the equivocal role of WLI in explaining EE. Inclusion of WLI as a mediator focusing on the relationship between WfH, PB, and EE will be helpful in clarifying earlier instances of inconclusive results.

H5a. *WLI is positively mediating the relationship between NWRs during WfH and EE.*

H5b. *WLI is positively mediating the relationship between PB and EE.*

4.5. Moderating Role of COVID-19 Rumination

COVID-19 rumination (CR) is defined as the tendency to experience persistent, repetitive thoughts and concerns related to the pandemic, which can disrupt focus, sleep, and emotional regulation during daily activities [29]. CR as a moderator is aligned with Lazarus's model, as persistent rumination influences individual stress appraisals and coping efficacy, amplifying emotional outcomes. The outbreak of the COVID-19 pandemic has stemmed an increased level of perceived work stress in working professionals around the world resulting from job insecurity and social isolation, respectively, which in turn resulted in WLI [28]. Despite massive strides in workforce participation, caregiving and domestic chores are still considered women's duties, while men are able to prioritize their work regardless of the fact that both men and women are working (contradictory to SDG 5). The responsibility of working to-be-mothers increases as they are expected to manage both NWRs and their official workload and likewise excel [6], along with carefully monitoring their pregnancy, resulting in WLI. Furthermore, focusing on prenatal pregnancies, relevant research revealed that PB during COVID-19 has substantially increased, leading to EE due to less accessibility of factors including health and nutrition, outdoor recreational activities, adequate sleep due to familial intervention, and physically connecting with near and dear members. Consequently, while examining the mediating effects of WLI in providing an optimal explanation regarding the relationship of both WfH and PB with EE, it is necessary to understand how the COVID-19 pandemic might enhance or reduce this effect. Figure 1 presents the conceptual framework of the study.

H6a. *CR will positively moderate the mediation effect of WLI on NWRs and EE.*

H6b. *CR will positively moderate the mediation effect of WLI on PB and EE.*

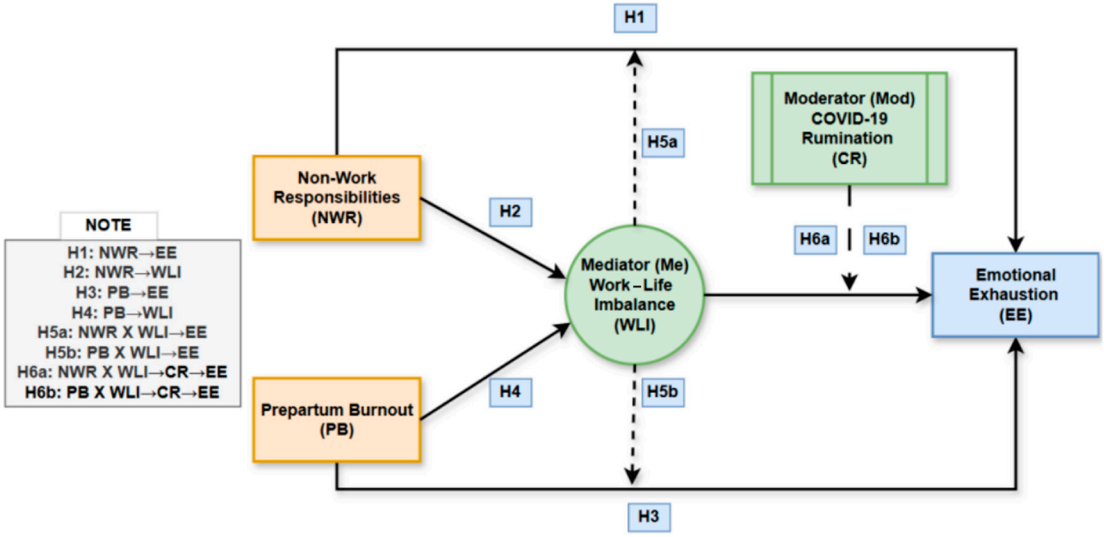


Figure 1. Conceptual framework. Source: Author's own.

5. Methodology

5.1. Sampling and Data Collection

The research study was carried out in urban cities of eastern coastal India and other major eastern cities by collecting data from working pregnant women from January to March 2023. We obtained the email addresses of pregnant working women from gynecologists of reputed hospitals after explaining the purpose of our survey. Before proceeding with the survey, we ensured that each woman gave her consent to participate. The data was collected through a structured, close-ended questionnaire from working pregnant women. Out of 500 questionnaires distributed, 395 responses were received. After removing the questionnaires with missing data, the final sample size was 386, resulting in a response rate of 77.2%. Table 2 presents the demographic profile (age, educational attainment, income level, sector, domain, and location) of the respondents.

Table 2. Demographic characteristics of sample.

Category	Frequency	(%)
Age		
20–25	180	46.63
26–30	152	39.37
31–35	50	12.95
36–40	04	1.03
Total	386	100
Educational Attainment		
Graduation	264	68.39
Post-graduation	122	31.60
Total	386	100
Income (Rs)		
20,000–40,000	107	27.72
41,000–60,000	88	22.79
61,000–80,000	92	23.83
81,000–100,000	99	25.64

Table 2. *Cont.*

Category	Frequency	(%)
Total	386	100
City (State)		
Eastern Coastal		
Vishakapatnam (Andhra Pradesh)	53	13.73
Bhubaneswar (Odisha)	58	15.02
Kolkata (West Bengal)	65	16.83
Eastern (Inland)		
Kohima (Nagaland)	59	15.28
Dispur (Assam)	81	20.98
Dhanbad (Jharkahand)	30	7.77
Asansol (West Bengal)	40	10.36
Total	386	100
Sectors		
Private	282	73.05
Public	104	26.95
Domains		
IT	139	36.01
Education	146	37.82
Health	56	14.50
Finance	45	11.65
Total	386	100

Source: Author's own.

5.2. Measures

The questionnaire was segregated into two parts. The first part captured data on the demographics, whose estimates are tabulated in Table 2, and the second part was captured by measuring variables. The items were taken from standardized scales from the extant literature. The items measuring NWRs during WFH were measured by a 6-item combination scale by [21,30], respectively. Further, EE was measured using a 5-item scale adapted from [31]. The items for WLI were measured using 15 items from the scale developed [32]. The scale has three different dimensions with 5 items each, including work interference with personal life (WIPL), personal life interference with work (PLIW), and work personal life enhancement (WPLE). PB was measured using an 11-item prenatal psychosocial profile stress scale adapted from [33]. CR was measured using 6-items adapted from [29]. The adapted scales were in English, and since the sample comprised educated pregnant women fluent in English, no translation was necessary. However, the scales were modified wherever required to suit the Indian context. Face validity was established through expert review by academicians, gynecologists, and psychologists to ensure cultural relevance and conceptual clarity. A brief pilot test was also conducted to confirm comprehension and acceptability, with no major modifications needed. The final instruments demonstrated satisfactory internal consistency. Questions were rated using a 5-point Likert scale (1 = 'totally disagree' to 5 = 'totally agree').

5.3. Data Analysis

For assessing the reliability and validity of the measurement model, a Confirmatory Factor Analysis (CFA) using AMOS 23 was performed, and SPSS 26 using Process macro was used for hypothesis testing. To examine the direct and mediation effects, Model 4 of

Process macro is used. To examine the moderated mediation effects, Model 14 of Process macro is used. The mean, standard deviation, and inter-construct correlation of all the variables are reported in Table 3.

Table 3. Descriptive statistics.

Sl. No.	Variables	Mean	SD	1	2	3	4	5
1	NWR	3.78	0.77	**0.74**				
2	CRS	3.97	0.62	0.52 **	**0.72**			
3	EE	3.91	0.76	0.70 **	0.58 **	**0.79**		
4	PPT	3.96	0.66	0.27 **	0.32 **	0.27 **	**0.83**	
5	WLB	3.42	0.75	0.34 **	0.64 **	0.33 **	0.11 **	**0.89**

Source: Author's own. ** Denotes significance level of 0.001.

For all items, the values of the factor loadings met the threshold values of 0.50, and the goodness-of-fit indices of the measurement model met the threshold limit of 0.90 [34,35]. A total of 15 items from the scales were dropped due to low factor loading during CFA (3-CR dropped items: "Even when I am engaged in a recreational activity (e.g., hobby, sports), I think of the COVID-19", "I am worried about the coronavirus COVID-19", and "I notice that I think about the COVID-19 several times a day"; 2-NWR deleted items: 1. "I am often so emotionally drained when I get home from work that it prevents me from contributing to my family" and "Tension and anxiety from my family life often weakens my ability to do my job"; 4-PB deleted items: "Having to move, either recently or in the future", "Current abuse, sexual, emotional or physical", "Problems related to friends", and "Thoughts about future of children in terms of education and health"; 6-WLI deleted items: "Put personal life on hold for work", "Struggle to juggle work and non-work", "Happy with the amount of time for non-work activities/work activities", "My work suffers because of my personal life", "Hard to work because of personal matters", and "Personal life gives me energy for my job"). Figure 2 presents the results of various goodness-of-fit indices, encompassing absolute, relative, and Parsimonious fit indices. The findings indicate that the measurement model exhibits a marginal fit. The composite reliability (CR) values of all variables are above 0.70, ensuring the convergent validity [34]. The square root of average variance extracted values of all variables reported in the upper diagonal in Table 3 were greater than the inter-construct correlation, confirming discriminant validity [36]. The reliability of all the variables is established, as the Cronbach's alpha values were above 0.70 (Table 4). Multicollinearity was not a concern in the data as the correlation among the variables is below 0.09 [34].

Table 4. Construct validity and reliability measures.

Constructs	Questions	Standardized Factor Loading's	Cronbach's Alpha	CR	AVE	Square Root of AVE
Non-Work Responsibilities (NWR)	How often do you experience interruptions that lead you to multitask between work and non-work tasks during your workday? (NWR1)	0.507	0.85	0.83	0.56	0.74

Table 4. *Cont.*

Constructs	Questions	Standardized Factor Loading's	Cronbach's Alpha	CR	AVE	Square Root of AVE
	How often do you spend your time on other family and personal responsibilities during a typical workday? (NWR2)	0.772	0.85	0.83	0.56	0.74
	How often do you spend your time on household responsibilities during a typical workday? (NWR3)	0.628				
	The time I spend with my family often causes me to not spend time on work activities that could be helpful to my career (NWR 4)	0.934				
Prepartum Burnout (PB)	Recent loss of a loved one (PB1)	0.966	0.79	0.81	0.52	0.72
	Other money worries like bills (PB2)	0.606				
	Work problems such as being laid off (PB3)	0.610				
	Feeling generally overloaded (PB4)	0.947				
	Problems related to family (PB5)	0.630				
	Current pregnancy (PB6)	0.960				
	Financial worries like food, shelter, healthcare, and transportation (PB7)	0.981				
Work–Life Imbalance (WLI)	Personal life suffers because of work (WLI1)	0.940	0.89	0.89	0.63	0.79
	Job makes personal life difficult (WLI2)	0.952				
	Personal life drains me of energy for work (WLI3)	0.970				
	Neglect personal needs because of work (WLI4)	0.595				
	Miss personal activities because of work (WLI5)	0.658				
	Too tired to be effective at work (WLI6)	0.982				
	Job gives me energy to pursue personal activities (WLI7)	0.969				
	Better mood at work because of personal life (WLI8)	0.915				

Table 4. *Cont.*

Constructs	Questions	Standardized Factor Loading's	Cronbach's Alpha	CR	AVE	Square Root of AVE
	Better mood because of my job (WLI9)	0.976				
COVID-19 Rumination (CR)	Did you find it hard to empty your head of thoughts about the coronavirus (COVID-19) during your work? (CR1)	0.751	0.91	0.93	0.69	0.83
	Do thoughts about the coronavirus (COVID-19) disturb your sleep? (CR2)	0.743				
	Are you afraid of infection by the coronavirus (COVID-19) of yourself and your family? (CR3)	0.859				
Emotional Exhaustion (EE)	I feel emotionally drained (EE1)	0.829	0.89	0.97	0.80	0.89
	I feel used up at the end of the day (EE2)	0.688				
	I feel fatigued when I get up in the morning, and I have to face another day (EE3)	0.824				
	I feel like I am at the end of my rope (EE4)	0.854				
	I feel burned out (EE5)	0.817				

Source: Author's own.

Table 3 shows that all construct factor loadings exceed 0.50, which is considered to be acceptable as per [34]. Additionally, a Confirmatory Factor Analysis (CFA), as depicted in Figure 2, is employed to ensure the model's fitness and validity, and the results indicated in Table 5 show model fit indices.

Table 5. Model fit indices.

Type of Fit Indices	Measure	Achieved Estimate	Recommended Value
Absolute Fit Indices	CMIN/DF	4.02	≤5.00
	RMSEA	0.09	0.05–0.10
Relative Fit Indices	CFI	0.890	>8
	NFI	0.890	>8
	TLI	0.880	≥0.8
Parsimony Fit Indices	PNFI	0.738	>0.5
	PCFI	0.755	>0.5

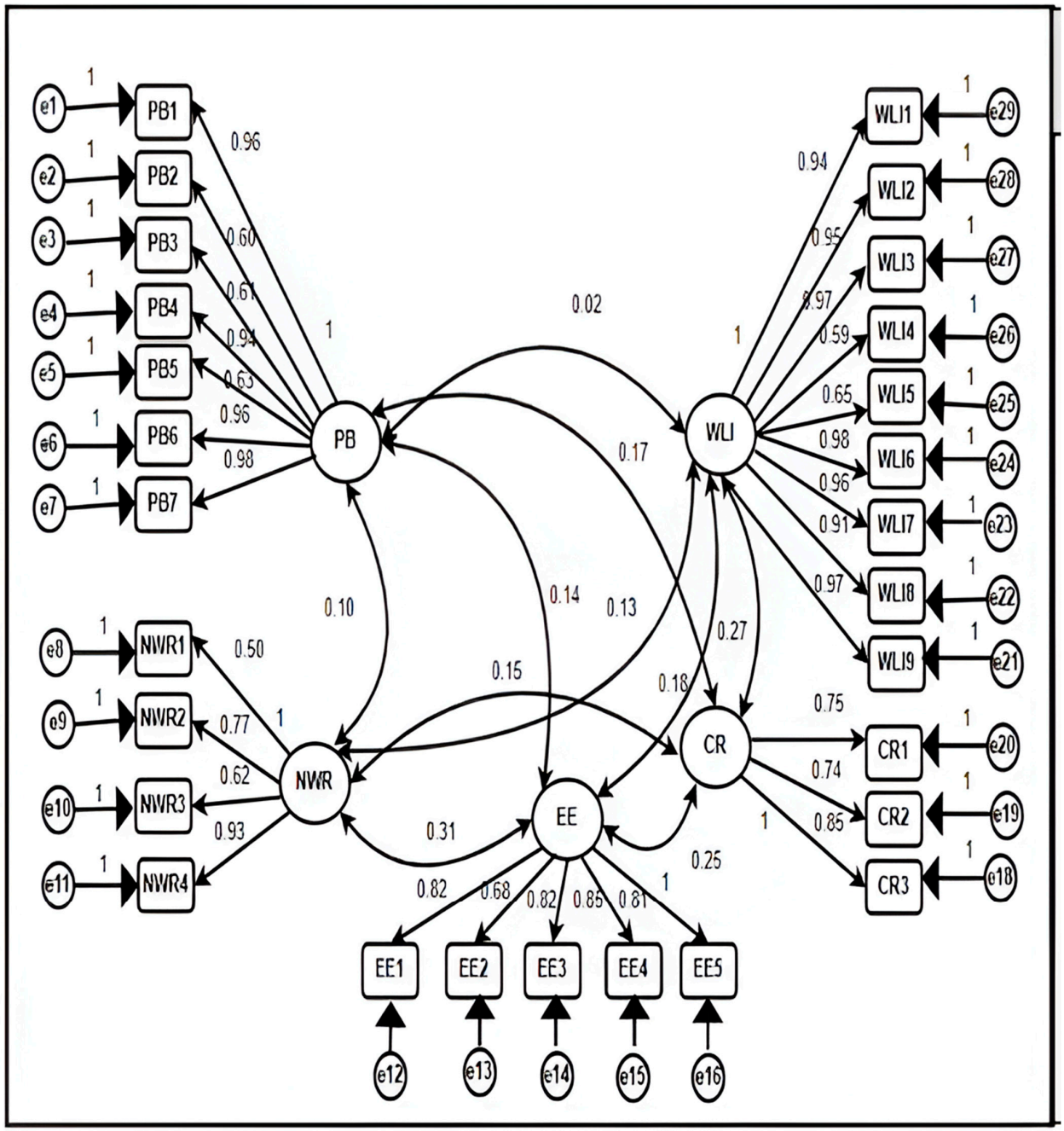


Figure 2. Confirmatory Factor Analysis. Source: Author's own.

6. Results

During the COVID-19 pandemic, many organizations mandated WfH, leaving employees with little choice but to adapt. For pregnant women, this shift added significant challenges as they juggled work responsibilities with traditional caregiver roles. This situation, exacerbated by restricted mobility and concerns about healthcare accessibility, has taken a toll on their mental well-being. Research has consistently shown that NWRs during WfH contribute to EE and WLI among pregnant women [37], as NWRs are an integration of work and personal life interventions, which will obstruct WLI, thereby triggering stress in pregnant working women. The proposed hypotheses in the study were tested at three stages: testing direct effects (H1:NWR → EE, H2:NWR → WLI, H3:PB → EE, and H4:PB → WLI), testing mediation effects (H5a: NWR → WLI → EE, H5b:PB → WLI → EE), and

testing moderated mediation effects (H6a:NWR → WLI → EE, H6b:PPT → WLB → EE) in the presence of CR using the Hayes Process macro v3.5.

6.1. Direct Effect

The result shows that NWRs are directly significantly correlated with EE and WLI. Significant effects were supported by the absence of zero within the confidence intervals [38]. The direct effect of PB is also significant with WLI and EE. Hence hypotheses H1, H2, H3, and H4 were accepted. The findings from H1 and H2 confirmed that NWRs significantly resulted in creating WLI and EE [39,40]. Both these works claimed that NWRs such as household chores, caring for other children or family members, and managing personal healthcare needs exacerbate stress and burnout. This can lead to exhaustion, making it challenging to manage both work and non-work roles effectively, resulting in WLI. Hence, balancing these with work commitments and NWRs can leave little time for rest or leisure. Similarly, in case of H3 and H4, PB significantly correlated with increased WLI and EE, thereby aligning with the prior work of ref. [23] and ref. [40]. The mentioned works claimed that pregnant women experienced a lot of stress, concern, anxiety, and depression, as well as loneliness during the pandemic. As the demands of pregnancy intensify, such as physical discomfort and frequent medical appointments, managing these alongside work responsibilities becomes overwhelming. This imbalance is exacerbated by the emotional stress related to health concerns and future planning, compounded by workplace pressures to perform at pre-burnout levels. The lack of adequate support and accommodations further strains their ability to cope, leading to heightened emotional exhaustion and a diminished capacity to manage both professional and personal responsibilities effectively. In a similar context, Ref. [41] also conducted a longitudinal study showing that PB was prevalent during the COVID-19 pandemic, which would directly correlate with increased EE among pregnant women.

6.2. Mediation Effects

Moreover, WLI was found to partially mediate the relationship between NWR and EE, which is in line with the research work of [39], where they concluded that this mediation occurs because the added NWRs during pregnancy, such as caregiving, household chores, and personal health management, contribute to increased stress and time constraints. These demands, when combined with work responsibilities, create a situation where women may struggle to balance both spheres effectively. This imbalance leads to heightened EE as they try to meet expectations in both their personal and professional lives. Further, we also tested the mediation of WLI on PB and EE, suggesting that PB increase WLI, which in turn heightens EE. These findings are inconsistent with the earlier research of [41–43], who reported that WLI mediated the relationship between PB and EE. The current work can justify its findings by citing that PB, characterized by physical and mental exhaustion, reduced motivation, and feelings of inefficacy, significantly impacts women's ability to manage both work and NWR. This imbalance adds to the overall strain experienced during pregnancy, contributing significantly to EE among working women.

Recent international studies further support and contextualize these findings. For instance, Ref. [44] observed elevated psychological distress among women giving birth during the first wave of COVID-19 in Germany, which aligns with the present study's findings on EE and prepartum burnout. Similarly, Ref. [45] in Iran demonstrated a significant association between maternal stress related to COVID-19 and adverse birth outcomes, such as lower APGAR scores and changes in neonatal anthropometric indices, indicating the far-reaching impact of prenatal psychological strain. Additionally, Ref. [46] in Spain highlighted that stress experienced by pregnant women during lockdown signifi-

cantly affected neonatal development, reinforcing the intergenerational consequences of pandemic-induced stress. These cross-cultural findings bolster the generalizability of our proposed model and suggest that while contextual stressors may vary across healthcare systems and socio-cultural settings, the pandemic has universally amplified emotional and psychological challenges faced by working pregnant women.

6.3. Moderated Mediation Effects

The relationship of NWR and EE via the mediating variable WLI were tested in the presence of CR as a moderator. The moderated mediation effect is insignificant (Table 6); hence, H6a is rejected. These findings underscore the complex interplay between personal, professional, and contextual factors in pregnant working women's well-being during crises like pandemics. In the presence of COVID-19 rumination as a moderator, the relationship between NWR, WLI, and EE may not be significant because the supportive measures such as flexible work arrangements, additional resources for childcare, or virtual healthcare options may mitigate the negative effects of imbalance on emotional well-being. This underscores the importance of organizational support and resilience-building strategies in mitigating stressors and promoting well-being among pregnant women during challenging times such as the COVID-19 pandemic. On the other hand, the relationship of PB and EE via mediating variables was tested in the presence of CR as a moderator (Table 6), and it was found that CR significantly moderates the mediation effect of WLI on PB and EE. Hence, H6b is accepted. The presence of COVID-19 may not influence the mediating relationship between NWRs and EE through work–life interference (WLI), as women have historically managed to balance NWRs and professional demands even during normal circumstances. However, COVID-19 has notably affected the mediating relationship between personal boundaries (PB) and EE via WLI. This impact is evident as pregnant women continue to perceive COVID-19 as relevant to their thoughts on pregnancy and fetal health, thereby aligning with the findings of [47]. Therefore, our study significantly contributes to the fields of health psychology and organizational psychology by providing empirical evidence in support of these dynamics.

Table 6. Index of direct and indirect relationships.

Direct Effect					
Hypotheses	**β**	**SE**	**LLCI**	**ULCI**	**Result**
H1: NWR → EE	0.6537	0.0378	0.5793	0.7281	Significant
H2: NWR → WLI	0.3203	0.0470	0.2279	0.4127	Significant
H3: PB → EE	0.2684	0.0541	0.1621	0.3747	Significant
H4: PB → WLI	0.1507	0.0572	0.0382	0.2632	Significant
Mediation Effect					
Hypotheses	**β**	**SE**	**LLCI**	**ULCI**	**Result**
H5a: NWR → WLI → EE	0.0404	0.0201	0.0025	0.0818	Partial Mediator
H5b: PB → WLI → EE	0.0474	0.0207	0.0118	0.0915	Partial Mediator
Moderated Mediation Effect					
Hypotheses (In Presence of Moderator CR)	**Index of Moderated Mediation**	**SE**	**LLCI**	**ULCI**	**Result**
H6a: NWR X WLI → CR → EE	−0.013	0.023	−0.043	0.047	Insignificant
H6b: PB X WLI → CR → EE	0.014	0.011	0.000	0.044	Significant

Source: Author's own.

The graphical representation of the conditional effect of PB on EE at the values of the moderator CR through WLIB is displayed in Figure 3, along with its confidence intervals.

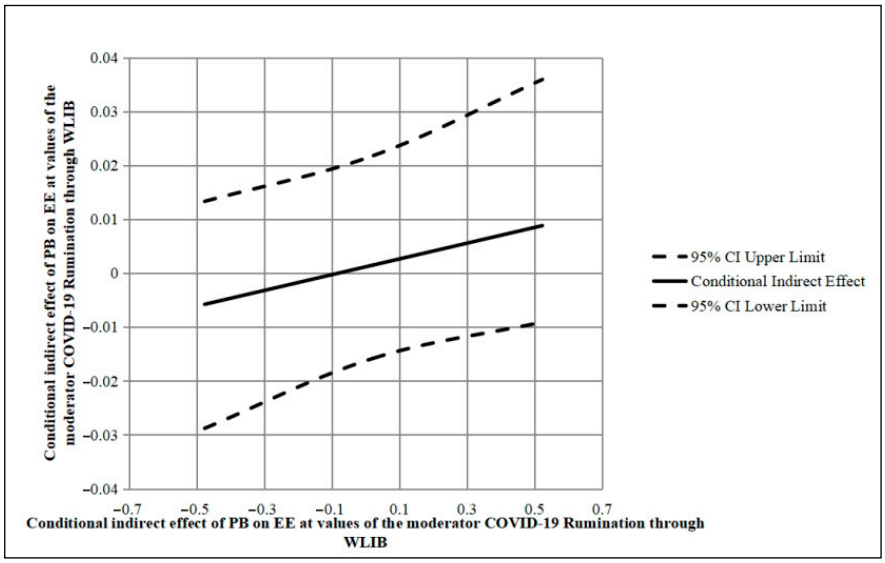


Figure 3. Graphical representation of conditional effect. Source: Author's own.

7. Conclusions

The prepartum period is often considered one of the most significant phases in many women's lives, filled with a mix of excitement and challenges. This study highlights that, during the pandemic, this period became even more vulnerable due to heightened levels of emotional exhaustion, stress, anxiety, depression, and other psychiatric issues, especially for working pregnant women [47]. Although prior research recognized the potential for increased psychological strain during pregnancy, empirical evidence focusing specifically on the EE and burnout of working pregnant women during COVID-19 was limited. This study extends the existing literature by analyzing the unique experiences of prepartum working professionals, particularly those working from home during the pandemic. The results suggest that when resources are depleted faster than they can be replenished, EE becomes inevitable, which is in line with the COR theory. Our results also revealed that WLI significantly mediated the relationship between NWRs and EE, as well as between PB and EE. This indicates that the additional demands placed on women during the pandemic, such as balancing work with household and caregiving duties, created an imbalance that led to higher levels of emotional exhaustion. The study confirms that when job demands outweigh available resources, burnout is a likely outcome, highlighting the critical need for organizations to enhance support and autonomy for pregnant employees, which is in line with the JD-R model and the extensive review on burnout [48]. The pandemic likely intensified the feelings of inequity, as many women found themselves contributing significantly more at work and home without receiving adequate recognition or support in return, as per the SET. The study reveals that traditional gender roles, which often place disproportionate burdens on women, contributed to the significant EE experienced by prepartum working professionals during the pandemic. The incongruence between societal expectations and the reality of balancing work and pregnancy during a global crisis created further strain, leading to burnout and work–life imbalance, which is in line with the RCT. While our results revealed significant mediation effects, the moderated mediation relationship of WLI between NWRs and EE was found to be insignificant, indicating that additional factors may influence the extent to which WLI moderates the impact of NWRs on EE. This suggests a complex interaction between

work–life demands and emotional well-being, requiring further exploration. Overall, this study contributes to a deeper understanding of the multifaceted challenges faced by prepartum working professionals during the pandemic. By integrating key theoretical frameworks, it underscores the importance of addressing WLI, resource depletion, and societal expectations in mitigating EE and burnout among this vulnerable population of prepartum working women.

The findings of the study indicate that women are currently dealing with challenges related to their physical health, life satisfaction, and psychological well-being [39]. Even though the COVID-19 pandemic had already occurred when our sample was gathered, its conclusions and ramifications are applicable to any pandemic or natural disaster, where women are more likely to experience detrimental effects in terms of socioeconomic and health disparities in society as a whole. The prepartum period is considered one of the most pleasurable and challenging phases in many women's lives, encompassing new emotions and experiences. An increased rate of emotional exhaustion, stress, anxiety, depression, and other psychiatric issues amid pregnancy, especially during the pandemic, was likely, but empirical evidence was limited [47]. However, the current study is an extension of the existing empirical research on the EE and burnout of pregnant women amid COVID-19, specifically foremost in the context of working pregnant women. The study analyzed the PB of women working from home amid COVID-19. The results revealed that WLI has significantly mediated the relationship between NWRs and EE and PB and EE. Furthermore, our results revealed an insignificant moderated mediation relationship of WLI between NWRs and EE. Although, the results revealed a significant moderated mediation relationship of WLI between NWRs and EE. These findings are further supported by international evidence (see Section 6.3); studies conducted by [44–46] demonstrated similar psychological outcomes in pregnant women from Germany, Iran, and Spain, thereby reinforcing the cross-cultural relevance and generalizability of the proposed model.

8. Theoretical Implications

The study underscores the significance of the COR theory in understanding how the pandemic exacerbated the depletion of resources (time, energy, and emotional well-being) among prepartum working professionals. The findings highlight that when these resources are not adequately replenished or protected, individuals experience heightened emotional exhaustion. This supports the COR theory's assertion that resource loss is more impactful than resource gain, especially during times of crisis like the pandemic [11,49]. The implications suggest that organizations need to proactively support resource conservation through flexible work arrangements, mental health support, and the provision of additional resources to prevent EE and burnout. The study's results align with the JD-R model by showing that the pandemic increased job demands (e.g., higher workload, time pressure) while simultaneously reducing resources (e.g., limited support, decreased autonomy). This imbalance led to higher levels of burnout, particularly EE [50–52]. The implications here point to the importance of organizations managing job demands and enhancing job resources, especially during crises, to prevent burnout. This could involve offering more autonomy, providing better access to support systems, and managing workloads more effectively. The research findings suggest that the imbalance between the effort prepartum working professionals exerted and the rewards or outcomes they received led to feelings of inequity, which in turn contributed to burnout. This supports the application of the SET in understanding burnout during the pandemic. Theoretical implications include the need for organizations to ensure that the exchange relationship between employees and employers is perceived as fair, particularly for those facing additional pressures due to pregnancy and the pandemic, which is also in line with the POS theory. The study demonstrates how

societal and organizational expectations around gender roles exacerbate the challenges faced by prepartum working professionals. The pandemic intensified these challenges as women had to navigate traditional gender roles alongside professional responsibilities, leading to higher EE and work–life imbalance [53]. The implications suggest that organizations and policymakers should re-evaluate gender norms and provide better support systems that allow women to balance these conflicting roles without sacrificing their well-being [54]. This could involve rethinking organizational policies, offering parental leave, and challenging societal norms that place disproportionate burdens on women. Furthermore, the RCT illustrates the difficulties prepartum working professionals face when their roles as expectant parents are at odds with traditional workplace norms. When pregnancy is viewed as incompatible with expectations like high productivity or long hours, these professionals may encounter biases and discrimination. This mismatch can result in increased stress, limited career advancement, and unfavorable performance evaluations. Addressing these challenges requires organizations to adopt supportive policies, such as flexible work arrangements and comprehensive maternity leave, to better integrate personal and professional roles and foster a more inclusive work environment.

9. Practical Implications and Policy Recommendations

EE and PB amid pregnancy are likely, but in addition to this psychological turmoil, the pressure of WFH has thereby augmented the NWRs of working women, further increasing their exertion in their personal as well as professional life, which cannot be separated due to WFH, resulting in WLI. In this context, in the first place, escalating the psychological health needs of pregnant working women requires the immediate attention of healthcare providers to work towards SDG 3 and 5. Second, psychological counselors should be encouraged to conduct several virtual counseling and wellness programs with emotionally exhausted pregnant working women to reduce their psychological distress in conflicting situations like pandemics to enhance SDG 5 and 10. These wellness initiatives can be helpful in providing emotional ventilation, mental clarity, and anxiety control, which can ultimately reduce feelings of isolation, foster self-efficacy, and regulate a better emotional health. In the processes of wellness programs, these prepartum employees showing signs of burnout or EE can be identified, and, hence, organizations can rework their HR policies to make them more flexible, with a non-penalized leave policy that can ease their journey of pregnancy and minimize work place disengagement. Third, many working pregnant women may take a step back by opting for the option to stop working permanently, which needs to be discouraged, as in the long run, the decision will adversely impact their economic status and financial independence, not to contradict SDG 8. On the contrary, the study suggests recommending policies for setting up several support groups for these women, which will be backing them in overcoming their psychological turmoil by enlightening them on the minimum degree of health literacy needed to safeguard themselves independently in such an emergency. The pressure of household chores in the absence of any domestic help has added up to the burden of working pregnant women which calls for the emergence of certain policies to be planned beforehand to adapt suitable measures to decrease their concerns. Additionally, organizations need to be sensible enough about the problems of pregnant women working from home and need to bring certain appropriate policies (additional time-off, provision of assistant employee for sharing task loads, emergency help, and no non-official over-time sessions) which if not addressed can worsen their mental and physical well-being [55,56]. Consequently, the current study recommends that organizations frame flexible policies in such a way that could provide autonomy to the pregnant working woman to structure their working days and fix boundaries for WIPL and PLIW to condense interruptions and facilitate the better management of NWRs.

Implementing flexible working hours for pregnant working women can allow them to work during their energetic hours and rest when needed on the other hand, thereby balancing their professional commitment and personal life obligations efficiently. As a result, this time autonomy can be helpful in prioritizing maternity care without compromising job roles. Pregnant women who suffer from illnesses during times of pandemics may experience confusion due to lack of healthcare access, hygiene equipment, medical assistants, failure of many proposed treatments, adverse effects of provided vaccines, or uncertainty regarding whether to take a pandemic vaccine or not [51], which can be clarified through virtual training sessions and counseling through social media groups, which may help pregnant women feel more at ease and calm.

10. Limitations and Future Directions

The current study is not free from limitations. First, the study is limited to the use of self-reported data, creating a concern for common method bias even if measures were taken to control it. Second, it has not taken into consideration the spouses' perspectives of the changes observed in pregnant working women amid exhaustion developed during COVID-19, which can be analyzed by future researchers in the forthcoming analysis. Third, the current study used a non-probability sampling technique, and gynecologists connected to urban private hospitals were used to recruit subjects. The sample may be biased toward people with a stronger socioeconomic position, better access to healthcare, or more health-seeking behaviors, which could lead to selection bias even if this technique allowed for the focused assessment of pregnant working women during the pandemic. The results might therefore not be entirely applicable to the larger population of working pregnant women, especially those who live in rural regions, belong to lower-income groups, or use public healthcare facilities. Future studies should think about using stratified or random sample techniques and broadening the sampling frame to encompass various healthcare environments and demographic groups in order to improve the findings' generalizability.

Fourth, longitudinal research is required in order to evaluate the long-lasting impact of the COVID-19 outbreak on the psychological well-being of pregnant working women, not just during the period of emergency but also in the prolonged time afterward. Fifth, the current study has only included the central component of burnout syndrome, i.e., EE, and has not taken into consideration psychological and physiological conditions. However, the current analysis has intentionally ignored the remaining two conditions in order to look into the research problem from one lens, thereby keeping the other facets open to be separately explored in future research. Furthermore, although working pregnant women were highly vulnerable to EE and burnout amid COVID-19, no empirical research has been conducted to disclose their vulnerability. Researchers are hence recommended and urged to take into consideration this underrepresented group so that the common masses will be sensitized into creating a sensible, supportive environment where women are not subjected to carry the burden alone.

Author Contributions: Conceptualization, N.D. and S.P. (Sugyanta Priyadarshini); methodology, N.D. and S.M.; validation, S.P. (Sugyanta Priyadarshini), S.M. and M.S.; writing—original draft preparation, N.D., S.P. (Sugyanta Priyadarshini), M.S. and S.M.; writing—review and editing, S.P. (Sugyanta Priyadarshini), S.P. (SnigdhaRani Panda), B.A. and A.V.J. All authors have read and agreed to the published version of the manuscript.

Funding: There is no funding available for this manuscript.

Institutional Review Board Statement: Declaration of Helsinki (2013), COVID-19/Nov 2022/DC/Nov 2023, 2022-11-15.

Informed Consent Statement: Informed consent was obtained from all subjects involved in the study and their details will be kept confidential.

Data Availability Statement: The data presented in this study are available on request from the corresponding author. (The data are not publicly available due to privacy or ethical restrictions).

Conflicts of Interest: The authors declare no conflicts of interest.

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