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LIVED EXPERIENCES OF WORK OVERLOAD AMONG PSYCHOLOGISTS WORKING IN REHABILITATION CENTRES: AN INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS

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ABSTRACT

Psychologists working in rehabilitation centres routinely manage clinical, administrative, and multidisciplinary responsibilities within constrained organisational structures, yet little is known about how these professionals themselves experience the resulting work overload, as distinct from its downstream consequences such as burnout. This study explored how psychologists working in rehabilitation centres in Pakistan experience and make sense of work overload. An Interpretative Phenomenological Analysis (IPA) design was used to capture the idiographic and interpretative dimensions of this experience. Ten qualified psychologists working across rehabilitation-centre settings took part in individual semi-structured interviews, which were transcribed verbatim and analysed case by case before cross-case synthesis. Four superordinate themes were identified: living under a continuously expanding workload; the emotional and professional cost of being overloaded; negotiating multiple and competing professional roles; and managing overload within limited organisational resources. Across cases, work overload was experienced not as a fixed quantity of work but as a cumulative, relational mismatch between professional demands and the time, resources, and psychological capacity available to meet them, with direct implications for participants' sense of professional competence and for the quality of the therapeutic relationships central to their work. The findings support organisational responses to overload — including manageable caseloads, protected supervision and documentation time, and structured multidisciplinary coordination — over an exclusive reliance on individual resilience-building, and carry particular relevance for workforce planning in resource-constrained mental health systems.

I. INTRODUCTION

Excessive workload is among the most consistently identified structural drivers of strain in the helping professions, yet it is frequently studied only indirectly, folded into broader research on occupational stress or burnout rather than examined as a phenomenon with its own texture and meaning. Workload, understood broadly as the amount and intensity of work assigned to an employee, becomes work overload when demands exceed the time, energy, or resources an individual has available to meet them (Bakker & Demerouti, 2007). Overload is conceptually

distinct from the wider construct of occupational stress and from burnout, which is more typically conceptualised as a chronic syndrome of emotional exhaustion, depersonalisation or cynicism, and reduced personal accomplishment arising from sustained exposure to occupational stressors (Maslach & Jackson, 1981; Maslach & Leiter, 2016). Overload is one demand among several that can contribute to this syndrome; studying burnout alone therefore risks capturing only the downstream consequences of excessive work while leaving the antecedent experience — how professionals encounter, interpret, and manage overload itself — comparatively unexamined. Two theoretical traditions clarify what is at stake conceptually. The Job Demands–Resources (JD-R) model frames strain as arising when job demands chronically exceed the resources available to offset them, positioning overload as a relational mismatch rather than an absolute quantity of work (Bakker & Demerouti, 2007). Complementing this, classic role theory identifies role overload as a specific consequence of occupying multiple roles, or a single role with multiple competing expectations, that collectively exceed available time and resources (Kahn et al., 1964). Together, these frameworks suggest that overload should be understood not merely as "too much work" but as a dynamic interaction between what a role demands, what resources are available, and how many competing role expectations a professional must simultaneously satisfy — a formulation especially relevant to psychologists working within multidisciplinary teams.

Among psychologists and allied mental health professionals, converging qualitative and quantitative evidence points to high caseloads, administrative burden, and understaffing as central and interacting contributors to burnout. Qualitative accounts from substance-use treatment counsellors, hospital-based addiction consultation clinicians, and harm-reduction workers describe service demand consistently outpacing staffing and administrative support, producing a persistent sense of being unable to keep pace with responsibilities even as the intrinsic meaning of the work and supportive team dynamics offered some buffering (Beitel et al., 2018; Bredenberg et al., 2023; Oser et al., 2013; Unachukwu et al., 2023). A systematic review and meta-synthesis of qualitative research across the counselling and psychotherapy workforce similarly identifies manageable workload, protected time off, and structured supervision — rather than individual coping skills in isolation — as the conditions under which practitioners sustain their work (Duncan & Pond, 2024). This pattern is not unique to mental health: rehabilitation counsellors carrying heavier caseloads and reporting lower-quality supervision score significantly higher on validated burnout measures than aggregated samples from other counselling fields (Lu et al., 2025), while qualitative interviews with rehabilitation therapists and physiotherapists describe burnout as arising from the interaction of rising workload, reduced staffing, and diminishing organisational support, eroding professional fulfilment even where clinicians remain personally committed to their work (Hughes et al., 2024; Skamagki et al., 2025).

Rehabilitation centres constitute a distinctive occupational context for this phenomenon. These settings are heterogeneous — spanning physical, neurological, psychosocial, developmental, disability-related, and substance-use rehabilitation — and typically require psychologists to operate within multidisciplinary teams while managing clients with complex, continuing needs. Much of the existing rehabilitation workforce literature, however, concerns physiotherapists, occupational therapists, or rehabilitation counsellors rather than psychologists specifically (Hughes et al., 2024; Lu et al., 2025; Skamagki et al., 2025), leaving open how psychologists themselves experience the particular combination of clinical, administrative, and multidisciplinary-coordination demands that characterises rehabilitation practice. Evidence from Pakistan adds further specificity while underscoring how much remains unknown. Using interpretative phenomenological analysis, a study of clinical psychologists in Pakistan found burnout to be shaped by workplace conditions, caregivers' attitudes, a sense of helplessness, and societal stereotypes about mental illness, buffered by family support, religious affiliation, and personal resilience (Jamil & Baseer, 2023). In a related context, psychologists delivering cognitive behavioural therapy for substance use disorders in Islamabad's rehabilitation centres and hospitals identified logistical constraints and the need for closer psychologist–psychiatrist collaboration as significant systemic challenges layered on top of the therapeutic demands already inherent to their work (Azad et al., 2022). Consistent with this picture, a qualitative study of physiotherapists across Pakistan's secondary-care rehabilitation workforce identified workload, resourcing, and staffing constraints as central and recurring features of the working environment, alongside governance gaps that left workers feeling unsupported and undervalued (Teague et al., 2025). Together, these studies indicate that Pakistani rehabilitation and mental health professionals experience occupational strain shaped by structural scarcity distinct from, though overlapping with, the pressures documented in better-resourced systems — yet

none examined work overload as the primary phenomenon of interest, and none focused specifically on psychologists working within rehabilitation-centre settings.

Taken together, the literature establishes that excessive workload is a recognised contributor to strain among psychologists and allied rehabilitation professionals, but leaves a set of interconnected gaps: psychologists have rarely been examined as a distinct population within rehabilitation-workload research, which has instead centred on counsellors, therapists, or mixed multidisciplinary samples; qualitative work on mental health professionals has predominantly treated burnout as the phenomenon of interest, leaving overload itself comparatively unexamined as a lived experience in its own right; and although relevant Pakistani evidence exists on psychologists' burnout and on the challenges of delivering therapy within Pakistan's mental health system, the specific combination of psychologists working in rehabilitation centres and experiencing work overload has not been directly investigated. Quantitative approaches, moreover, can establish associations between workload and occupational outcomes but cannot capture the subjective, contextual, and meaning-making dimensions of how overload is lived. An Interpretative Phenomenological Analysis (IPA) approach is well suited to this gap. Rather than establishing whether psychologists in rehabilitation centres experience high workloads, IPA is designed to explore how they experience those demands and what meaning they attach to them within their particular professional and cultural context, combining phenomenological attention to lived experience with hermeneutic interpretation and an idiographic focus on individual cases (Smith et al., 2009). This study therefore aimed to explore and interpret the lived experiences of work overload among psychologists working in rehabilitation centres, guided by the research question: How do psychologists working in rehabilitation centres experience and make sense of work overload?

Figure I: Integrative conceptual framework of psychologists' experience of work overload in rehabilitation centres, previewed here and developed in the Discussion. Arrows represent conceptual relationships (e.g., "contributes to," "is experienced through"), not statistical or causal effects

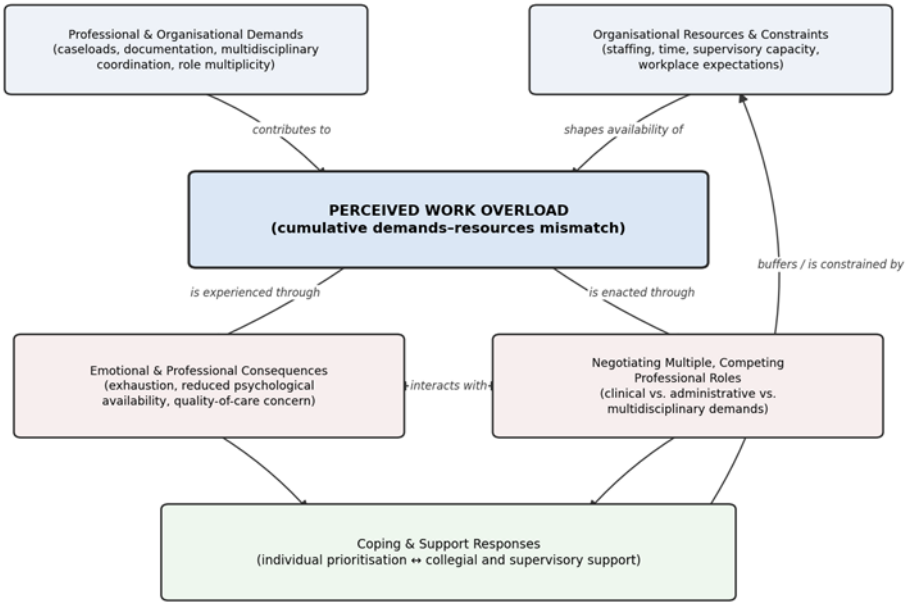

Figure 1 previews the integrative framework the study's findings are shown to support in the Discussion, situating perceived work overload as the central experiential phenomenon shaped by professional and organisational demands and partially — though not fully — buffered by individual and collegial responses.

II. METHOD

Figure II: Research flow Diagram Showing the Methodological Progression of the Study, from Problem Identification to Interpretative Synthesis

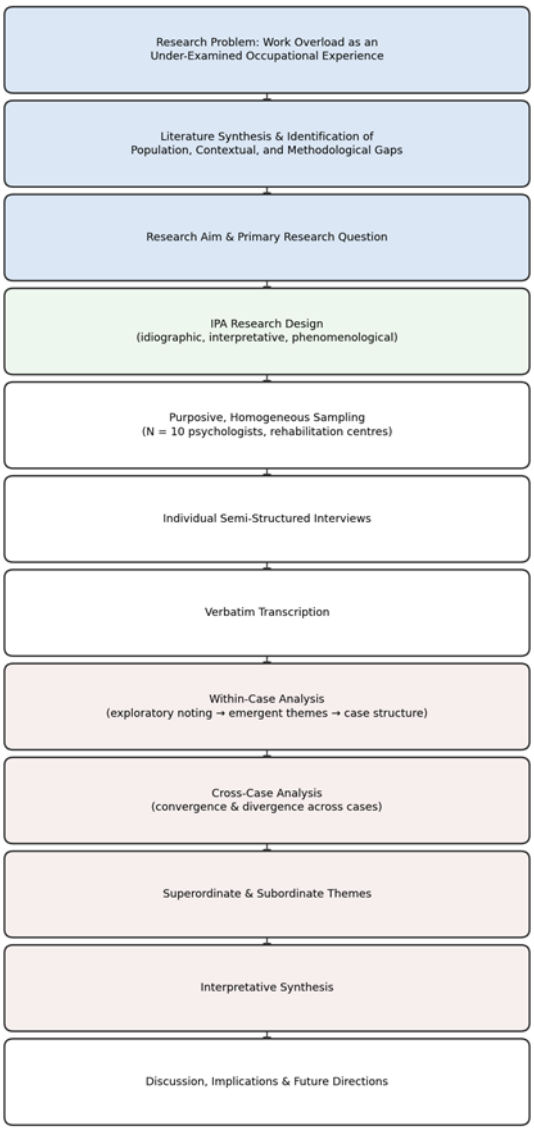

Figure 2 summaries the overall research process, from problem identification through to interpretative synthesis

Research Design

This study used a qualitative design employing Interpretative Phenomenological Analysis (IPA), selected because the research question concerned how participants experienced and made sense of a specific phenomenon rather than the prevalence or measurable severity of that phenomenon.

Methodological Approach

IPA combines phenomenological attention to participants lived experience with hermeneutic interpretation of how they make sense of that experience, and an idiographic commitment to understanding each case in its own right before identifying patterns across cases (Smith et al., 2009). This orientation was considered appropriate given the study's aim to explore meaning making rather than to test predefined hypotheses about workload.

Epistemological Position

The study adopted a contextualist epistemological position, consistent with IPA's combined phenomenological and interpretative foundations: participants' accounts were treated as meaningful, context-bound expressions of experience, accessible only through the researcher's interpretative engagement with them, rather than as direct, unmediated reports of an objective reality (Smith et al., 2009).

Setting and Participants

The study was conducted with psychologists working in rehabilitation centers located in Lahore and Islamabad, Pakistan. Data collection was conducted online. Ten qualified clinical psychologists (identified throughout as P1–P10), all female, took part; ages ranged from 25 to 32 years (M = 28.4) and clinical experience ranged from 2 to 9 years (M = 5.4). All participants were employed within the same rehabilitation organization, across its Lahore and Islamabad branches. Full participant characteristics are reported in Table 1.

Sampling, Sample Size, and Eligibility Criteria

Purposive, homogeneous sampling was used. Participants were selected on the basis of possessing direct and meaningful experience of the phenomenon under investigation rather than for statistical representativeness of the wider psychologist population. A sample of ten participants was considered consistent with the small, relatively homogeneous samples generally appropriate for IPA and with the study's idiographic focus (Smith et al., 2009). This sample size was judged sufficient to allow detailed within-case and cross-case analysis while retaining interpretative depth for each individual account, rather than being determined by a saturation or statistical-power criterion appropriate to other qualitative traditions. Eligible participants were qualified, currently employed psychologists working in a rehabilitation-centre setting with sufficient direct professional experience to discuss the phenomenon meaningfully, willing to take part in an individual interview, and able to provide informed consent. Psychology students, interns not functioning as qualified psychologists, professionals from other disciplines, and individuals unable to provide informed consent were excluded.

Data Collection and Interview Procedure

Data were collected through individual, semi-structured, in-depth interviews conducted online, lasting approximately 45–60 minutes each. Interviews were conducted in Urdu, English, or a mixture of Urdu and English, according to each participant's preference and ease of expression. The interview schedule addressed everyday workload, caseload and administrative demands, multidisciplinary responsibilities, emotional and cognitive experience, organizational support, and coping strategies, and was deliberately structured to avoid functioning as a de facto burnout questionnaire, preserving the conceptual focus on the experience of overload itself. Interviews were conducted individually online, audio-recorded with participants' permission, and transcribed verbatim in the language in which they were conducted. The schedule was applied flexibly, with question order and emphasis adapted to each participant's account rather than followed rigidly.

Translation

Interviews conducted in Urdu or in a mixture of Urdu and English were transcribed in the original language and translated into English during the preparation of the analytic material and reporting. Translation was undertaken carefully to preserve the intended meaning and contextual nuance of participants' accounts rather than to produce a literal, word-for-word rendering

Data Analysis

Transcripts were analyses following established IPA procedures: repeated reading of each transcript; detailed exploratory noting; identification of emergent experiential themes; and development of an individual case structure. Only once each case had been analyses on its own terms was cross-case comparison undertaken, to identify convergences and divergences and to develop superordinate and subordinate themes grounded in, but interpretatively developed from, participants' accounts (Smith et al., 2009). No qualitative data analysis software was used; data were managed and analyses manually using organized transcripts, coding notes, and thematic matrices.

Reflexivity

A reflexive journal was maintained throughout data collection and analysis to document assumptions, reactions, and interpretative decisions, supporting the distinction between participants' descriptions and the researcher's interpretation of them, consistent with the hermeneutic dimension of IPA (Smith et al., 2009).

Trustworthiness and Rigour

Methodological quality was evaluated against Yardley's (2000) principles of sensitivity to context, commitment and rigour, transparency and coherence, and impact and importance. The study is reported with reference to relevant qualitative reporting standards (Tong et al., 2007). Analysis was conducted by the primary researcher; a second coder or independent coding audit was not used, and member checking (returning themes to participants for review or approval) was not conducted. These choices, and their implications for the trustworthiness of the findings, are addressed further in the Limitations section.

Ethical Considerations

This study followed all relevant ethical guidelines and principles for research involving human participants, including informed consent, voluntary participation, confidentiality, protection from harm, and the right to withdraw. Participants were informed of the study's purpose, the voluntary nature of participation, audio recording, and confidentiality prior to taking part. Pseudonymized participant codes (P1–P10) are used throughout, and identifying information about individuals, organizations, clients, or colleagues has been omitted from the reported findings.

III. RESULTS

Overview of the findings

The analysis generated four superordinate themes capturing the lived experience of work overload among psychologists working in rehabilitation centers: living under a continuously expanding workload; the emotional and professional cost of being overloaded; negotiating multiple and competing professional roles; and managing overload within limited organizational resources (see Table 2 for the full thematic structure, and Table 3 for a summary of each theme's interpretative meaning). The findings are presented thematically while retaining the idiographic focus central to IPA (Smith et al., 2009), with particular attention to how participants made sense of their experiences rather than to the frequency of workload-related difficulties.

Table 2: participants characteristics

Participant	Age (Years)	Gender	Professional Role	Years of Experience	Rehabilitation Centre	Location
P1	27	Female	Clinical Psychologist	4	ATPS Rehabilitation Centre	Lahore
P2	29	Female	Clinical Psychologist	6	ATPS Rehabilitation Centre	Lahore
P3	26	Female	Clinical Psychologist	3	ATPS Rehabilitation Centre	Lahore
P4	31	Female	Clinical Psychologist	8	ATPS Rehabilitation Centre	Lahore
P5	28	Female	Clinical Psychologist	5	ATPS Rehabilitation Centre	Lahore
P6	25	Female	Clinical Psychologist	2	ATPS Rehabilitation Centre	Lahore
P7	30	Female	Clinical Psychologist	7	ATPS Rehabilitation Centre	Islamabad
P8	27	Female	Clinical Psychologist	4	ATPS Rehabilitation Centre	Islamabad
P9	32	Female	Clinical Psychologist	9	ATPS Rehabilitation Centre	Islamabad
P10	29	Female	Clinical Psychologist	6	ATPS Rehabilitation Centre	Islamabad

Note. ATPS = Additional Treatment & Psychological Services Rehabilitation Centre. Ages ranged from 25 to 32 years (M = 28.4); years of clinical experience ranged from 2 to 9 (M = 5.4). All participants were female and employed by the same rehabilitation organisation, across its Lahore (n = 6) and Islamabad (n = 4) branches. This

homogeneity is a feature of the purposive sampling strategy but is also addressed as a limitation on transferability in the Limitations section.

Table II: Overview of subordinate

Superordinate Theme	Subordinate Themes
1. Living Under a Continuously Expanding Workload	1.1 Too many demands within limited time 1.2 Work accumulating faster than it can be completed 1.3 Difficulty mentally disconnecting from work
2. The Emotional and Professional Cost of Being Overloaded	2.1 Emotional exhaustion 2.2 Reduced psychological availability 2.3 Concerns about quality of professional care
3. Negotiating Multiple and Competing Professional Roles	3.1 Clinical responsibilities versus administrative demands 3.2 Multidisciplinary expectations 3.3 Being expected to fulfil several roles simultaneously
4. Managing Overload Within Limited Organisational Resources	4.1 Individual coping 4.2 Collegial and supervisory support 4.3 Perceived organisational limitations

Superordinate Theme I: Living Under a Continuously Expanding Workload

Participants described their working environment as involving multiple responsibilities occurring simultaneously — clinical appointments, assessments, documentation, communication with families, and meetings competing for limited working hours. The experience of overload emerged particularly when several demands required attention at once; participants distinguished being busy, viewed as temporary and manageable, from genuine overload, associated with a perceived inability to complete responsibilities to the standard they considered professionally appropriate. One participant described this experience as:

It is not one task that becomes difficult. It is when several things need your attention at the same time, and you know that you cannot give everything the time it deserves. (P3)

This account illustrates the perceived mismatch between professional demands and available time: the difficulty was not located within a single responsibility but within the cumulative effect of competing demands.

Workload was also experienced as an ongoing process in which completing one responsibility did not produce a sense of closure, as new tasks continued to emerge while previous ones remained pending:

Even when I finish what was urgent, there are already other things waiting. (P6)

This diminished sense of closure contributed to a perception of workload as not simply high but expanding, characterised by a persistent awareness of unfinished responsibilities. For some participants, this extended beyond the physical workplace: pending documentation and unfinished clinical concerns remained psychologically present after working hours.

Sometimes I leave the center physically, but mentally I am still thinking about what I could not finish. (P2)

This suggests that overload was experienced not only as an organizational demand but as a psychological experience extending into personal time — the distinction between leaving work and mentally disengaging from it appeared particularly important in participants' accounts.

Superordinate Theme II: The Emotional and Professional Cost of Being Overloaded

Participants described periods of intense workload as emotionally draining, with tiredness associated not simply with quantity of work but with the sustained attention and emotional involvement required by psychological practice.

After a particularly heavy day, I feel that I have given everything I had professionally. (P5)

Exhaustion appeared more pronounced when several demanding responsibilities occurred within the same period. Importantly, these accounts do not in themselves establish burnout, more typically conceptualized as a distinct,

chronic syndrome of exhaustion, cynicism, and reduced professional efficacy (Maslach & Leiter, 2016); rather, they illustrate participants' subjective experience of emotional depletion within situations perceived as involving excessive workload.

A related dimension concerned participants' perceived ability to remain psychologically available to clients. When workload increased, some perceived a discrepancy between the presence they wanted to offer and what they felt able to sustain:

You want to sit with the client and really be there, but when you already have several things waiting, your mind is divided. (P8)

Participants did not necessarily describe themselves as providing poor care; rather, they expressed concern that excessive workload could interfere with the level of professional presence they considered ideal. This connected to broader concerns about the amount of time and attention available for individual clients:

I know what I would ideally like to do with a client, but sometimes the workload determines what is realistically possible. (P1)

This reflects a potential conflict between professional standards and organizational realities: overload became meaningful not merely as fatigue, but because it challenged participants' understanding of what it meant to perform their professional role adequately.

Superordinate Theme III: Negotiating Multiple and Competing Professional Roles

Participants identified documentation, reports, record maintenance, meetings, referrals, and family communication as important components of their role, but described administrative work as sometimes competing with direct clinical responsibilities:

The clinical work is what I came here to do, but there is always paperwork waiting as well. (P4)

Administrative duties were not necessarily viewed as unnecessary; the difficulty arose from completing them alongside substantial clinical responsibilities. Multidisciplinary collaboration — an important aspect of rehabilitation practice — was similarly described as both a professional resource and a source of additional coordination demand:

Teamwork is important, but sometimes the meetings themselves take the time in which you were supposed to complete your other work. (P7)

This dual character suggests that multidisciplinary work should not be interpreted as inherently problematic; rather, its influence depended on how it interacted with existing workload and available resources. At its most acute, this manifested as being expected to fulfil several roles simultaneously within the same working period:

Sometimes you are doing five different jobs in the same day, and each one needs a different kind of attention. (P9)

The experience of overload was therefore linked not only to the number of tasks but to the constant transition between professional roles and modes of working, consistent with the classic formulation of role overload as arising from multiple, simultaneously competing role expectations (Kahn et al., 1964).

Superordinate Theme IV: Managing Overload Within Limited Organisational Resources

Participants were not passive recipients of excessive workload; they described active management strategies, including prioritization:

I have learned to decide what absolutely has to be done today and what can wait. (P10)

Prioritization provided a sense of control were completing every responsibility immediately was unrealistic, although individual coping strategies did not necessarily remove the underlying source of workload. Interpersonal support emerged as another important resource:

Sometimes just having someone who understands what you are dealing with makes the workload feel more manageable. (P3)

The perceived value of support extended beyond redistribution of tasks to include having one's experience acknowledged by colleagues who understood the demands of psychological practice. Despite this, participants described organizational limitations that constrained their capacity to manage workload effectively:

The expectation is that everything should be completed, but the resources and time do not always match that expectation. (P6)

This suggests that individual resilience or coping strategies may provide temporary assistance, but a persistent mismatch between demands and available resources may continue to generate overload regardless of individual effort.

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Cross-Case Interpretative Synthesis

Across cases, work overload was experienced as a dynamic and cumulative phenomenon rather than simply a high quantity of work. At the interpretative level, the experience can be understood as a perceived mismatch between professional demands, available time and resources, and perceived capacity to meet professional expectations — a patterning broadly consistent with the Job Demands–Resources model, in which strain arises when job demands chronically exceed available resources (Bakker & Demerouti, 2007). The present findings extend this proposition by describing, in participants' own words, how such a mismatch is subjectively experienced rather than only measured. The findings also indicate that work overload cannot be reduced to caseload alone: participants' experiences were shaped by the interaction between workload volume, task complexity, role multiplicity, administrative requirements, organizational expectations, professional values, and available support.

Table III: Summary of Themes and Interpretative Meaning

Superordinate Theme	Core Interpretative Meaning	Illustrative Extract
Living Under a Continuously Expanding Workload	Overload is experienced as a cumulative, temporally renewing mismatch between demands and available time, extending psychologically beyond the workplace.	“Even when I finish what was urgent, there are already other things waiting.” (P6)
The Emotional and Professional Cost of Being Overloaded	Overload carries emotional and professional significance beyond fatigue, threatening participants' sense of adequate professional presence and care.	“...your mind is divided.” (P8)
Negotiating Multiple and Competing Professional Roles	Overload is intensified by role multiplicity — the need to move between clinical, administrative, and multidisciplinary responsibilities within the same period.	“...you are doing five different jobs in the same day.” (P9)
Managing Overload Within Limited Organisational Resources	Individual coping and collegial support provide partial relief, but cannot resolve overload rooted in persistent organisational demand–resource mismatch.	“...the resources and time do not always match that expectation.” (P6)

Divergent Experiences

Although considerable convergence was identified, some participants perceived high workload as manageable when they had greater autonomy over scheduling, stronger collegial support, or clearer role boundaries, while others experienced similar demands as more difficult when organizational expectations were perceived as

inflexible. Participants also differed in how they responded to overload, with some relying primarily on prioritization and task management and others emphasizing interpersonal or supervisory support — indicating that the experience of overload, while structurally patterned, was not uniform across individuals. Participants described their working environment as involving multiple responsibilities occurring simultaneously — clinical appointments, assessments, documentation, communication with families, and meetings competing for limited working hours. The experience of overload emerged particularly when several demands required attention at once; participants distinguished being busy, viewed as temporary and manageable, from genuine overload, associated with a perceived inability to complete responsibilities to the standard they considered professionally appropriate.

One participant described this experience as:
It is not one task that becomes difficult. It is when several things need your attention at the same time, and you know that you cannot give everything the time it deserves. (P3)
This account illustrates the perceived mismatch between professional demands and available time: the difficulty was not located within a single responsibility but within the cumulative effect of competing demands.
Workload was also experienced as an ongoing process in which completing one responsibility did not produce a sense of closure, as new tasks continued to emerge while previous ones remained pending:
Even when I finish what was urgent, there are already other things waiting. (P6)

This diminished sense of closure contributed to a perception of workload as not simply high but expanding, characterised by a persistent awareness of unfinished responsibilities. For some participants, this extended beyond the physical workplace: pending documentation and unfinished clinical concerns remained psychologically present after working hours. Sometimes I leave the centre physically, but mentally I am still thinking about what I could not finish. (P2)
This suggests that overload was experienced not only as an organisational demand but as a psychological experience extending into personal time — the distinction between leaving work and mentally disengaging from it appeared particularly important in participants' accounts

IV.DISCUSSION

The discussion below is organised around the integrative framework previewed in Figure 1. This study explored how psychologists working in rehabilitation centres in Pakistan experience and make sense of work overload. Across ten cases, overload was experienced not as a static quantity of work but as a cumulative, relational mismatch between professional demands and available time, resources, and psychological capacity — a mismatch that carried emotional and professional significance, required continual negotiation of multiple competing roles, and was managed through a combination of individual coping and organisationally contingent support.

Overload as Cumulative Mismatch, Not Simple Volume

Participants' emphasis on the accumulation, rather than the sheer volume, of demands is directly consistent with the Job Demands–Resources model's framing of strain as a relational imbalance between demands and resources (Bakker & Demerouti, 2007). This aligns with findings among substance-use treatment counsellors, where caseload size and documentation burden — rather than any single task — were identified as central to burnout (Oser et al., 2013), and with drug counsellors' accounts of service growth outpacing staffing capacity (Beitel et al., 2018). The present findings extend this literature by showing, through participants' own language, that the experience of “too much” work is fundamentally temporal: a sense that responsibilities accumulate faster than they can be resolved, producing a diminished sense of closure that a purely quantitative caseload measure would not capture.

Emotional and Professional Costs Specific to Therapeutic Work

The emotional depletion and reduced psychological availability described by participants echo findings among hospital-based addiction consultation clinicians, for whom systemic understaffing directly threatened clinical engagement even where the work retained intrinsic meaning (Bredenberg et al., 2023), and among UK physiotherapists, for whom rising workload and diminishing organisational support eroded professional fulfilment (Samaki et al., 2025). What appears distinctive to psychologists' experience in the present study is that reduced presence directly threatens the mechanism of the intervention itself — the therapeutic relationship — rather than

only the practitioner's own wellbeing. This concern for the standard of care delivered under pressure resonates with Jamil and Baseer's (2023) Pakistani sample of clinical psychologists, who linked burnout to a sense of helplessness in the face of client need, and is consistent with the broader conceptualisation of burnout as comprising interconnected, rather than isolated, dimensions of exhaustion, cynicism, and reduced efficacy (Maslach & Jackson, 1981; Maslach & Leiter, 2016).

What the Rehabilitation-Centre Context Contributes

Participants' accounts of negotiating clinical, administrative, and multidisciplinary responsibilities within the same working period reflect the classic conceptualisation of role overload as arising from multiple, simultaneously competing role demands (Kahn et al., 1964). This was compounded by the dual character of multidisciplinary teamwork identified in this study: valued as a clinical resource while also consuming time needed for other responsibilities. This specific tension has not been well documented among psychologists, though it resonates with rehabilitation counsellors' and rehabilitation therapists' accounts of burnout arising from the interaction of caseload, supervision quality, and systemic constraint (Hughes et al., 2024; Lu et al., 2025), and with the structural, system-level constraints — including the need for closer psychologist–psychiatrist collaboration — identified among psychologists delivering therapy within Pakistan's rehabilitation and hospital settings (Azad et al., 2022). The rehabilitation-centre context therefore appears to intensify overload specifically through role multiplicity, in addition to caseload volume.

What the Psychologist-Specific and IPA Perspective Reveal

Because prior rehabilitation-workforce research has concerned allied professionals rather than psychologists specifically (Hughes et al., 2024; Lu et al., 2025; Samaki et al., 2025), this study offers a psychologist-specific account in which overload is experienced as a threat to the professional standards underpinning psychological practice, not only as a source of personal strain. The IPA approach was central to surfacing this dimension: a quantitative caseload metric could establish that demand exceeds capacity, but could not reveal, as participants' own words did, that overload is experienced as a discrepancy between the psychologist one intends to be in the room with a client and the psychologist circumstances allow one to be. This meaning-making dimension — distinct from, though related to, burnout — is precisely what an idiographic, interpretative approach is positioned to capture (Smith et al., 2009), and represents contribution quantitative workload research on this population has not made available.

Coping, Support, and the Limits of Individual Resilience

Participants' reliance on prioritization, collegial understanding, and supervisory support as buffers against overload parallels findings across the wider counselling and psychotherapy literature, where manageable workloads, protected time off, and structured supervision are consistently identified as protective, in contrast to interventions targeting individual resilience alone (Duncan & Pond, 2024). Prior qualitative work with drug counsellors similarly identified increased supervision, communication, and accessible time off — rather than individual coping skills in isolation — as the changes practitioners themselves recommended (Beitel et al., 2018). This convergence across markedly different national and clinical contexts (the United States, the United Kingdom, and Pakistan) suggests that individual coping strategies, while valuable, cannot substitute for organizational-level resourcing.

Theoretical Integration

Taken together, the findings support a reading of work overload as a subjectively experienced instance of the objective demands–resources imbalance described by the JD-R model (Bakker & Demerouti, 2007), compounded by the role-multiplicity pressures characteristic of multidisciplinary rehabilitation work (Kahn et al., 1964). Within Pakistan specifically, this mismatch appears intensified by system-level scarcity and limited inter-professional infrastructure, consistent with observations among psychologists delivering CBT for substance use disorders (Azad et al., 2022) and among clinical psychologists more broadly (Jamil & Baseer, 2023). Figure 1 (Introduction, §1) represents this integration, situating perceived work overload as the central experiential phenomenon shaped by professional and organisational demands, expressed through emotional, professional, and role-related consequences, and partially — though not fully — buffered by individual and collegial responses operating within organisational constraints.

Implications

For rehabilitation-centre management, the findings indicate that caseload size, documentation load, and meeting burden are modifiable organisational variables rather than fixed constraints, and that staffing ratios should reflect the cumulative, multidisciplinary nature of psychologists' role rather than caseload volume alone. Protected, adequately resourced supervision is similarly warranted, given that collegial and supervisory support buffered overload more effectively than individual coping, while meeting structures and coordination expectations merit explicit organisational attention rather than treatment as cost-free additions to clinical workload. For service quality, participants' concern that overload could compromise the psychological presence and depth of care they considered professionally appropriate suggests that workload management belongs to clinical governance, not staff wellbeing alone. For policy, the Pakistani-specific findings indicate that responses should address system-level scarcity and inter-professional infrastructure (Azad et al., 2022) rather than relying on individually focused interventions transplanted from better-resourced systems.

Limitations and Future Directions

This study's findings are drawn from ten clinical psychologists, all female, working within a single rehabilitation organisation's Lahore and Islamabad branches, and with 2–9 years of clinical experience (M = 5.4). Consistent with the idiographic aims of IPA, the findings are not intended to be statistically generalisable to the wider population of rehabilitation psychologists (Smith et al., 2009); however, the single-organisation, single-gender, and relatively early-to-mid-career composition of the sample represents a more substantial constraint on transferability than sample size alone. Because all participants were drawn from the same organisation, it is not possible to distinguish, from this dataset, experiences of overload that reflect rehabilitation-centre work generally from those that may reflect this organisation's particular caseload structures, staffing model, or workplace culture; nor can the present findings speak to how male psychologists, or psychologists later in their careers, might experience or narrate overload differently. These characteristics should be weighed carefully by readers when judging the transferability of the findings to other rehabilitation organisations, genders, or career stages, and are reported transparently in Table 1 rather than obscured.

Data collection conducted online, while enabling geographic reach across two cities, may also have shaped rapport and the depth of non-verbal cues available to the researcher compared with in-person interviewing. As with all IPA research, the findings further reflect an interpretative account co-constructed between participants and researcher; a reflexive journal was used to support the trustworthiness of this process, but the reported themes represent one plausible, carefully grounded reading of participants' accounts rather than the only possible one. Analysis was conducted by a single researcher without a second coder or independent coding audit, and without member checking to confirm the final themes with participants; while consistent with the interpretative, single-analyst tradition common in IPA (Smith et al., 2009), these choices mean the analysis was not cross-validated by another researcher or by participants themselves, which some readers may weigh when judging the dependability of the findings. Additionally, as an independent researcher operating without a formal institutional ethics committee, the study relied on the researcher's application of recognised ethical principles rather than external institutional review, which is noted here in the interest of full transparency. Future research could usefully extend this work through comparative IPA studies across multiple rehabilitation organisations, a wider geographic spread within Pakistan, and a more heterogeneous sample including male psychologists and a broader range of career stages, to examine whether the role-multiplicity and multidisciplinary-coordination pressures identified here reflect this organisation specifically or generalise more widely; through designs incorporating member checking or a second independent coder to strengthen dependability; through longitudinal qualitative designs able to capture how psychologists' experience of overload changes over a career; and through mixed-methods designs that pair the present idiographic account with quantitative workload or caseload indicators, allowing the subjective mismatch identified here to be examined alongside objective measures of demand and resourcing.

V. CONCLUSION

Psychologists working in rehabilitation centres in Pakistan experience work overload as a cumulative, meaning-laden mismatch between professional demands and the time, resources, and psychological capacity available to meet them — a pattern consistent with, and interpretatively extending, both the Job Demands–Resources model (Bakker & Demerouti, 2007) and classic role theory (Kahn et al., 1964). Overload was experienced not merely as a

large quantity of work but as an ongoing tension between professional standards and organisational realities, with direct consequences for emotional wellbeing and for the therapeutic relationships central to participants' work. Situated alongside converging evidence from psychologists, counsellors, and rehabilitation professionals internationally (Beitel et al., 2018; Hughes et al., 2024; Jamil & Baseer, 2023; Lu et al., 2025; Samaki et al., 2025), these findings support organisation-level responses — manageable caseloads, protected supervision and documentation time, and structured inter-professional coordination — over an exclusive reliance on individual resilience-building.

Ethics Approval and Consent to Participate

This study followed all relevant ethical guidelines and principles for research involving human participants, including informed consent, confidentiality, and the right to withdraw. All participants provided informed consent prior to taking part.

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