

ADHD and Work–Life Spillover: An Empirical Study of How Workplace Demands Influence Personal Relationships and Well-Being

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Abstract

Design/methodology/approach- 420 working adult Indians were surveyed cross-sectionally, 84 (20.0) met the descriptive ADHD-group requirement with an ASRS-5 score of 14 or above on the survey. Workplace demands, ADHD-related functioning (ASRS-5), emotional dysregulation (DERS-16), work-life spillover, relationship quality, well-being (WH-5) and perceived stress (PSS-10) were the established tools to assess organizational functioning. Hierarchical multiple regression, moderation analysis and bootstrapped moderated mediation analysis were used to test hypothesis using PROCESS. Results- The workplace needs were positively correlated with work-life spillover (8.53, $p = .001$). Workplace-demands X ASRS-5 interaction ($= .17$, $p = .001$) and place of work-demands X DERS-16 interaction ($= .21$, $p < .001$) were significant. Spillover had a negative correlation with relationship quality ($= -.46$, $p < .001$) and well-being ($= -.49$, $p < .001$) and a positive correlation with the perceived stress ($= .52$, $p < .001$). The bootstrapped indirect effects were significant in all three results, and the moderators' indices were significant in both moderators. Findings – Workplace demands had a positive relationship with work-life spillover ($W = .51$, $p = .001$) in the results. The workplace-demands times ASRS-5 point of contact ($= .17$, $p = .001$) and the workplace-demands times DERS-16 ($= .21$, $p = .001$) was significant. Relationship quality ($\beta = -.46$, $p < .001$) and well-being ($\beta = -.49$, $p < .001$) were negatively related to spillover, and perceived stress was positively ($\beta = .52$, $p < .001$) related to spillover. All three outcomes had significant bootstrapped indirect effects and significant indices of moderated mediation with both moderators. Practical implications - The results guide job design, workload anticipations and facilitation of workers whose attentional and emotional control at work is burdensome to maintain. Originality/value - The research not only investigates the ADHD issue in the workplace but the cross-domain pathway developed, taking ADHD as a dimensional and demonstrates how the impact of the condition diffuses out of work in personal life.

Keywords: adult ADHD, work, life spillover; job, emotional regulation, relationship quality and psychological wellbeing.

1. Introduction

Attention-deficit/hyperactivity disorder (ADHD) is no longer perceived by focusing it as a disorder that is limited to childhood. A meta-analysis of worldwide studies estimated a prevalence of persistent adult ADHD of approximately 2.6% (increased to approximately 7% should symptomatic adult ADHD be taken into account but without childhood diagnosis) (Song et al., 2021). Majority of these adults are employed. The WHO World Mental Health Surveys have indicated that the proportion of workers with ADHD in the participating countries is about 3.5 percent and the condition is linked with significant work performance loss (de Graaf et al., 2008). Employees with ADHD complain of worse time management and organisation as well as long and continued concentration and experience elevated levels of job instability and work strain (Adamou et al., 2013; Kupper et al., 2012).

Adult work environments put burdensome, and relatively rigid demands, on the very abilities which ADHD impairs. Executive functions like inhibition, working memory and self-regulation of affect (Barkley, 1997) are applied in meetings to meet deadlines, get one task completed in the face of competing tasks, to stay with a boring task and to contain an impulsive comment. Among the employees such demands are habitual. In the case of ADHD employees, they need constant compensatory work. Where a job description shows moderate attention that is shown by a colleague, the job might need conscious efforts, constant checks and emotional suppression.

This leads to a question that research studies on ADHD in the work place have feared to answer: at the end of the working day what happens to that effort? It has been revealed in the literature on work and family that strain does not remain on the work side. Conflict and withdrawal at home is predicted by daily workload (Ilies et al., 2007), in-role stress is risked to other roles (Bolger et al., 1989), and work-to-family conflict is associated with less relationship satisfaction and well-being (Allen et al., 2000; Amstad et al., 2011). But this literature has the tendency of viewing employees as a massively similar group in their ability to manage themselves under pressure. Meanwhile, literature on ADHD and personal relationships report more relationship conflict and dissatisfaction in adult with ADHD (Eakin et al., 2004; Wymbs et al., 2021), but rarely the working day is identified as a source of These tensions. The two sets of literature mention the two extremes of a process without analysing the connection between the two.

The current research deals with such connection. It views this as a problem of transfer of strain: the demands of work take up regulatory resources, the challenges of ADHD introduce extra expenses to the expenditures, and the resultant drain is manifested in the quantifiable terms of personal connection and health. The Indian setting brings about relevance. Missing awareness of adult ADHD in India, prolonged working hours in most areas, and family patterns and arrangements with their partners, children and relatives, mean that stress at work is initially transferred home and experienced by multiple individuals simultaneously.

The study is conducted on three research questions:

RQ1: How widespread work-life spillover between working adults, including adults with ADHD, is related to workplace demands?

RQ2: Do attentional control, impulsivity and emotional regulation issues, associated with ADHD, aggravate this relationship?

RQ3: What is the relationship between work-life spillover and the quality of relationships, psychological well-being and perceived stress, and does it mediate the influence of workplace demands on these relationships?

Two contributions are made by the study. To begin with, it validates a cross-domain route, as opposed to considering ADHD in one context. Second, it views ADHD as a pattern of functioning that has a continuum and within which it is possible to estimate the moderating contribution of particular problems, instead of the inductive inferences that follow a diagnostic category. The paper moves on to the theoretical background and hypotheses, the method, results, discussion, practical implications, limitations and conclusion.

2. Theoretical Background and Hypotheses

2.1 Theoretical Foundation

The model is based on three supplementary perspectives. The Job Demands-Resources (JD-R) model is also based on the assumption that job demands involve both long-lasting physical or psychological exertion, and consequently have physiological and psychological costs (Bakker and Demerouti, 2007; Demerouti et al., 2001). The EffortRecovery model provides that these costs or load reactions are a generally reversed one at

non-work periods however, an incomplete recovery entails that these costs accumulate and carry over into the next activities (Meijman and Mulder, 1998; Sonnentag and Fritz, 2007). Resources (COR) theory clarifies the importance of this issue in all areas: resources (time, energy and emotional control) are finite, and the consumption of one in the area restricts others (Hobfoll, 1989). These opinions are in concert that: (1) Work which is described as a demand takes away regulatory resources; (2) these resources are taken home; (3) the individuals whose self-regulation is more demanding to initiate will have a greater carry-over.

2.2 ADHD as a Pattern of Adult Functioning

Characteristics that impede functioning are persistent patterns of inattention and/or hyperactivity-impulsivity that characterize ADHD (American Psychiatric Association, 2013). Overt hyperactivity in adults is usually replaced by restlessness, being impulsive to make decisions, and having hard time concentrating mentally. The emotional self-regulation such as low frustration threshold, susceptibility to tantrums and inability to bounce back following a bad mood is one more issue that is evident in a substantial proportion of ADHD victims and appears to be considered as one of the major issues rather than a comorbidity (Shaw et al., 2014).

In line with this literature, the current study is a dimensional study (as opposed to a categorical one) of ADHD. There are two dimensions analyzed, (a) attentional control and impulsivity, which are assessed by the WHO Adult ADHD Self-Report Scale to DSM-5 (ASRS-5; Ustun et al., 2017), and (b) emotional regulation, which is evaluated by the Difficulties in Emotion Regulation Scale-16 (DERS-16; Bjureberg et al., 2016). This method acknowledges that the problems related to ADHD exist on a scale in the working population and enables the research to approximate that the intensity of these problems, rather than only their existence, influences cross-domain strain.

2.3 Workplace Demands and Work–Life Spillover

Workplace demands here should be seen as quantitative and normative job pressure: the amount of work (workload), how it needs to be accomplished (time pressure) and what is required of the position, such as quality and self-restraint requirements. Work- life spill over is the dynamics by which work based experiences, strain and behaviour are transferred into personal life (Edwards and Rothbard, 2000; Grzywacz and Marks, 2000). In line with Greenhaus and Beutell (1985) and Carlson et al. (2000), the spillover can be of three types, time-based (a work encroaches time that could be spent in other life areas), strain-based (post-work fatigue and tension affect functioning at home) and behaviour-based (patterns of behaviour and influence are transferred to home based), in addition to work.

According to meta-analytics, work to family conflict is highly predicted by job-stressors, work hours, and work role overload (Byron, 2005). It is also documented in the daily diary studies; the same process at lower time level presents the more the workload the greater employees mention conflict at home and retreat as family interaction (Ilies et al., 2007). Accordingly:

H1: Workplace demands have positive relationships with work life spillover.

2.4 ADHD-Related Difficulties as an Amplifier

The thrust of this paper is that not all employees are equal in the amount of effort required at the workplace. Employees who have a higher attentional and impulse-control challenge need to put in extra effort to remain on task, monitor deadlines and off-task inhibition in order to achieve the same output. According to the EffortRecovery model, the bigger the efforts, the greater the load reactions, which may not be completely

removed at the end of the day. The difficulty in attentional control can also cause it to be difficult to switch mentally out of unfinished work, and also to spill over into non-work time.

Emotional regulation is a second pathway. Workplaces demand that the employees should keep frustration and irritation within them during the day. In emotional regulation, where regulation is effortful, that containment absorbs even more regulation resources and concealed negative affect is more prone to be discharged later in less stakey contexts like the home (Shaw et al., 2014; Westman, 2001). Accordingly:

H2a: Attentional and impulsivity issues (ASRS-5) associated with ADHD mediate the association between work demands and work–life spillover, i.e., a stronger association occurs with increased demand in such cases.

H2b: The workplace demands and work-life spillover have a moderating effect on emotional dysregulation (DERS-16), where the greater the level of dysregulation, the stronger the relationship.

2.5 Work–Life Spillover and Personal Life Outcomes

As strain travels back home, relationships, whether they want it or not, are deprived of time, energy and emotionally. A great number of studies have linked work-to-family conflict to less marital and family satisfaction, as well as worse psychological health (Allen et al., 2000; Amstad et al., 2011). Spillover also tends to be especially evident in the quality of relationships in the case of adults with ADHD, whose partners already complain of distraction, forgetfulness and irritability (Eakin et al., 2004; Wymbs et al., 2021). At the individual level, unrecovered strain conjectures to suppress well-being and elevate perceived stress. Accordingly:

H3a: Work–life spillover is negatively associated with relationship quality.

H3b: Work–life spillover is negatively associated with psychological well-being.

H3c: Work–life spillover is positively associated with perceived stress.

2.6 Spillover as the Linking Mechanism

When spillover is more in workplace demands (H1) and work outcomes are influenced by spillover (H3), the effects of workplace demands should be relayed to outcomes through spillover. Moreover, when the first stage of this pathway (H2), which is mediated by ADHD-related difficulties, is reinforced, the number of potential causes of this indirect effect should likewise be contingent on difficulty levels, a first-stage form of mediating moderation (Hayes, 2022). Accordingly:

H4: Work–life spillover mediates the relationship between workplace demands and (a) relationship quality, (b) psychological well-being and (c) perceived stress.

H5: The indirect effects of the H4 are stronger in the higher levels of (a) ADHD related attentional and impulsivity difficulty and (b) emotional dysregulation.

3. Method

3.1 Research Design

This was a quantitative and cross-sectional survey study. The proposed structure of the association and moderation effects among working adults should be tested with a cross-sectional design; it addresses the limitations in its ability to identify causal relationships in Section 7. In order to minimize common method, bias the survey put predictor and outcome measures into independent sections, with different instructions and response anchors, assure respondents they were anonymous and included a theoretically irrelevant marker variable (Podsakoff et al., 2003).

3.2 Participants and Procedure

Purposive and snowball sample selection was used to recruit participants in a set of cities and states across India by using professional networks, employee associations, organisational HR contacts and online professional communities. The survey was also to be shared, via the adult-based ADHD support networks to ensure representation of the adults with ADHD-related problems. An online survey (in English) was to be carried out between January 2026 and March 2026 to gather information via an online questionnaire. These are recruitment and timing information of the simulated draft which needs to be checked or substituted with a real study.

A power analysis based on a priori analysis performed using GPower 3.1 (Faul et al., 2007) revealed that to identify a small interaction effect ($f^2 = 0.02$), with a significance level of .05 and a power of .80 in a regression analysis with 13 predictors, 395 respondents were needed. In this draft, the survey was assumed to be administered to 470 participants; 448 replies were gotten back, and 420 responses were utilized after screening (useful response rate among gathers: 93.8%).

Ethics. The current numerical analysis is a hypothetical draft writing as opposed to a tested human-participant study. In this regard, there is no fabricated ethics approval number. To submit a real submission, the manuscript should have the actual name of the Institutional Ethics Committee, approval reference and approved consent procedure. Participation processes outlined in this draft are only exemplary.

3.3 Measures

Established scales were used to measure all the multi-item constructs. Where adaption of scales was necessary to fit the situation of the study, this adaptation is outlined below. Complete items can be found in Appendix A.

The scale of workplace demands was assessed using 13 items (3 dimensions) that included: workload (5 items, modified after the Quantitative Workload Inventory; Spector and Jex, 1998) and time pressure (4 items, modified after Semmer et al., 1995) and role expectations (4 items, modified after role overload measures; Reilly, 1982). The items were transformed into statements on a five-point scale of agreement (1 = strongly disagree, 5 = strongly agree) to ensure even sections had the same number. A higher-order work place requires score was calculated as a mean of the three dimensions by validating the second-order structure by utilizing CFA.

Attentional and impulsivity difficulty was assessed using a six-item ASRS-5 (Ustun et al., 2017) that inquiries about how frequently respondents have had core symptoms of ADHD over the previous six months (0 = never, 4 = very often; a total score range of 0-24). The ASRS-5 was used as it is published.

The DERS-16 (Bjureberg et al., 2016) is a short version of the Difficulties in Emotion Regulation Scale (Gratz and Roemer, 2004), a 16-item questionnaire, indicating emotional dysregulation through the following scale items: 1 (almost never), 2, 3, 4, 5 (almost always). Increased scores denote increased dysregulation.

Nine items assessed work-life spillover based on time, strain and behaviour, which was the work to personal life based on work-interference-with-family dimensions of Carlson et al. (2000). The inclusion of the broadening of wording was done to include personal and family life instead of family so that the measure can be applied on the respondents with different household arrangement. The answers were noted on a five-point scale of agreement.

Measures of relationships quality used eight items which involved the respondent partner or, in the absence of relationship, the nearest family member in the home. There are four items that determine satisfaction and

support, based on the Couples Satisfaction Index (Funk and Rogge, 2007); four items determine conflict and withdrawal, and were reverse-coded. References person (partner/ family member) was also mentioned by the respondents and was used in the analyses of this outcome as a control.

The psychological well-being was also assessed using the WHO-5 Well-Being Index (Topp et al., 2015), which comprised five items that were rated on the 0 (at no time) or 5 (all of the time) scale in the past two weeks. The perceived stress was assessed on the 10-item Perceived Stress Scale (PSS-10; Cohen et al., 1983), rating the level of perceived stress as never to 4 (very often), during the past month.

Marker variable. The theoretically unrelated measure variable used as a marker variable to check the common-method-variance was a three-item evaluator of attitude towards office decor.

Marker variable. A 3-item test of attitude towards an otherwise theoretically non-related issue [e.g. liking this or that colour scheme in office decoration] was a marker variable of common method variance.

They had been analysed on IBM SPSS Statistics 29, AMOS 29 and the PROCESS macro v4.2 (Hayes, 2022). The five-stage analysis was carried out.

Primary, the data, their screening was performed with respect to missing values, outlier (Mahalanobis distance) and normality (skew and kurtosis within the range of ± 2). Second, a confirmatory factor analysis was used to verify the measurement model. Model fit was assessed with χ^2/df (< 3), CFI and TLI ($\geq .90$), RMSEA ($\leq .08$) and SRMR ($\leq .08$) (Hu & Bentler, 1999). Internal consistency was assessed with Cronbach's α and composite reliability (CR $\geq .70$), convergent validity with average variance extracted (AVE $\geq .50$) and discriminant validity with the Fornell–Larcker criterion (Fornell & Larcker, 1981; Hair et al., 2019). Harman, single factor test, comparison of single factor and measurement model fit, and marker variable technique were used to study common method variance (Podsakoff et al., 2003).

Third, descriptive statistics, and Pearson correlations were calculated and the descriptive context between scores of the ADHD and comparison group was done through use of independent-samples t-tests. Fourth, hierarchical multiple regression on Spillover was used to test H1 and H2: Step 1 added controls, Step 2 added workplace demands, ASRS-5 and DERS-16 and Step 3 added the two interaction terms. Predictors were mean-centred and a continuous and formed interaction terms (Aiken and West, 1991) and Verified variance inflation factors as indicators of multicollinearity. Simple interactions with slopes -1 SD of the moderator and simple interactions with slopes -1 SD of simple slopes were probed with the Johnson-Neyman technique and simple slopes. Separate multiple regressions of each of the outcomes on spillover, providing a control of workplace demands and control variables, were tested using H3.

Fifth, PROCESS Model 4 was used to test H4 on each outcome independently with PROCESS Model 7 (first-stage moderated mediation), using 5,000 bias-corrected bootstrap samples. Indirect effects that had a 95% confidence interval that did not include zero would be deemed significant; the index of moderated mediation was used to determine moderate mediation (Hayes, 2022).

4. Results

The profile of the 420 a respondent is shown in table 1. The mean age was 36.8 years (SD = 8.4), and 45.2% were women. Eighty-four participants (20.0) met the descriptive criteria of the ADHD-group, including 32 with a clinical diagnosis and 52 with a screening threshold of the ASRS-5. These are simulated figures that will be used in drafting and they are not estimates of prevalence.

Demographic profile of respondents (N = 420)

Variable	Category	n	%
Gender	Male	222	52.9
	Female	190	45.2
	Other / prefer not to say	8	1.9
Age (years)	21–30	103	24.5
	31–40	155	36.9
	41–50	108	25.7
	51–60	54	12.9
Marital status	Married / cohabiting	266	63.3
	Single, living with family	132	31.4
	Separated / divorced / widowed	22	5.2
Sector	Private	265	63.1
	Public	112	26.7
	Self-employed / other	43	10.2
Weekly hours	20–40	126	30.0
	41–50	193	46.0
	> 50	101	24.0
Work mode	On-site	204	48.6
	Hybrid	143	34.0
	Remote	73	17.4
ADHD group	Clinical diagnosis	32	7.6
	ASRS-5 ≥ 14 (screen positive)	52	12.4
	Comparison group	336	80.0

Table 2

Model	χ^2	df	χ^2/df	CFI	TLI	RMSEA	SRMR
Seven-factor measurement model	742.61	413	1.80	.946	.938	.044	.047
Workplace demands as second-order factor	781.34	419	1.87	.939	.932	.046	.050
Single-factor model (Harman)	1854.72	434	4.27	.612	.578	.089	.103
Recommended threshold	—	—	< 3.00	$\geq .90$	$\geq .90$	$\leq .08$	$\leq .08$

Common method variance. Not all the 27.8% of the total variance could be explained by a single unrotated factor, falling short of the 50% mark, and model fits significantly poorer than that of the measurement model

($\Delta\chi^2=1,112.11$, 21, $p=0.001$). The substantive correlations did not vary by more than .04 when partialling out the marker variable. Common method variance would not be expected to explain the relationships observed on these diagnostics.

Table 3

Descriptive statistics and reliability of measures

Construct	Items	Range	M	SD	α	CR	AVE
Workplace demands	13	1–5	3.41	.67	.92	.93	.57
Workload	5	1–5	3.48	.73	.88	.89	.62
Time pressure	4	1–5	3.37	.76	.86	.87	.63
Role expectations	4	1–5	3.39	.71	.85	.86	.61
ADHD attention/impulsivity (ASRS-5)	6	0–24	10.84	5.21	.86	.87	.53
Emotional dysregulation (DERS-16)	16	16–80	43.60	9.80	.93	.94	.51
Work–life spillover	9	1–5	3.18	.78	.91	.92	.57
Relationship quality	8	1–5	3.46	.74	.90	.91	.56
Psychological well-being (WHO-5)	5	0–25	14.72	4.21	.89	.90	.64
Perceived stress (PSS-10)	10	0–40	21.15	6.42	.88	.89	.52

Table 4 provides the report of correlation between the variables of the study. There was a positive relationship between spillover and the demands at the workplace ($r = .58$, $p < .001$). The relationship between spillover and relationship quality was negatively correlated ($r = -.56$, $p < .001$) as well as with the well-being ($r = -.59$, $p < .001$). The correlation between spillover and perceived stress was positive ($r = .61$, $p < .001$). Compared with the comparison group, the ADHD group reported higher spillover ($M = 3.57$ vs. 3.08 , $t = 5.92$, $p < .001$, $d = .67$).

Table 4

Correlation matrix with square root of AVE on the diagonal

Variable	1	2	3	4	5	6	7
1. Workplace demands	.755						
2. ASRS-5	.280	.728					
3. DERS-16	.310	.520	.714				
4. Spillover	.580	.420	.450	.755			
5. Relationship quality	–.300	–.260	–.310	–.560	.748		
6. Well-being	–.340	–.290	–.360	–.590	.620	.800	
7. Perceived stress	.390	.350	.410	.610	–.540	–.580	.721

Note. Diagonal values (bold in final version) are $\sqrt{AVE}$. * $p < .05$, ** $p < .01$, *** $p < .001$.

Table 5 shows the hierarchical regression of spillover. Step 1 explained 10.0% of the variability by control variables. Controlled by the workplace pressure, ASRS-5 and DERS-16 in Step 2 added to the explained variance by 29.0 ($\Delta F = 64.66$, $p < .001$). There was strong positive correlation between workplace demands and spillover ($r = .51$, $p < .001$); H1 was accepted. In Step 3, the interaction terms added 8.0% of variance ($\Delta F = 30.64$, $p < .001$). Interaction between the workplace-demands and the ASRS-5 was significant ($r = .17$, $p = .001$) and the workplace-demands and the DERS-16 was significant ($r = .21$, $p < .001$). Maximum VIF was 2.18.

Table 5

Hierarchical regression predicting work–life spillover

Predictor	Step 1 β	Step 2 β	Step 3 β
Age	.06	.04	.03
Gender	.04	.03	.02
Marital status	-.05	-.04	-.03
Children at home	.08	.06	.05
Weekly hours	.19	.12	.09
Tenure	-.03	-.02	-.01
Work mode (hybrid/remote)	.07	.05	.04
ADHD treatment	-.04	-.03	-.02
Workplace demands (WD)		.51	.47
ASRS-5		.18	.12
DERS-16		.22	.15
WD $\times$ ASRS-5			.17
WD $\times$ DERS-16			.21
R^2	.10	.39	.47
ΔR^2	—	.29	.08
F / ΔF	5.71	64.66	30.64

Simple-slope analysis revealed that the workplace demands and spillover were positively associated with low scores of ASRS-5 (-1 SD; $b = .32$, $p < .001$) and high scores of ASRS-5 ($+1$ SD; $b = .58$, $p < .001$). The Johnson-Neyman analysis revealed that the effect was significant after the Murray had a score above 11.8 in the ASRS. The corresponding DERS-16 slopes were $b = .29$ (-1 SD, $p < .001$) and $b = .61$ ($+1$ SD, $p < .001$). H2a was supported and H2b was supported. The simple-slope estimates presented here are conceptually used to describe interaction effects.

Table 6 illustrates the regressions of each outcome on spillover, by controlling the demands at the workplace and control variables. Spillover was associated with relationship quality ($\beta = -.46$, $p < .001$), well-being ($\beta = -.49$, $p < .001$) and perceived stress ($\beta = .52$, $p < .001$). H3a, H3b and H3c were supported.

Table 6

Regression of personal life outcomes on work–life spillover

Predictor	Relationship quality β	Well-being β	Perceived stress β
Controls (block)	Included	Included	Included
Reference person (partner = 1)	–.04	—	—
Workplace demands	–.21	–.18	.22
Work–life spillover	–.46	–.49	.52
R ²	.39	.44	.48
F	26.15	32.14	37.75

The indirect effects of the workplace demand in form of spillover are reported in Table 7. The indirect effect on relationship quality was –.27 (95% CI [–.34, –.20]), on well-being –.29 (95% CI [–.37, –.22]) and on perceived stress .31 (95% CI [.24, .39]). The direct effects were still strong which implied some levels of mediation. H4a–H4c were supported.

Table 7

Direct, indirect and total effects of workplace demand via work–life spillover (PROCESS Model 4)

Outcome	Total effect	Direct effect	Indirect effect	Boot SE	95% CI
Relationship quality	–.55	–.28	–.27	.036	[–.34, –.20]
Well-being	–.60	–.31	–.29	.039	[–.37, –.22]
Perceived stress	.64	.33	.31	.038	[.24, .39]

Table 8 presents the conditional indirect effect of low, mean and the high levels of each moderator. The index of moderated mediation for ASRS-5 was –.06 (95% CI [–.09, –.03]) for relationship quality, –.07 (95% CI [–.10, –.04]) for well-being and .08 (95% CI [.05, .11]) for perceived stress. For DERS-16, the corresponding indices were –.07 (95% CI [–.10, –.04]), –.08 (95% CI [–.11, –.05]) and .09 (95% CI [.06, .12]). H5a was assisted and H5b supported.

Table 8

Note. Cells report indirect effect [95% bootstrap CI]. All values in Tables 2–8 are simulated for manuscript drafting.

Moderator level	Relationship quality	Well-being	Perceived stress
ASRS-5: –1 SD	–.18 [–.24, –.13]	–.20 [–.27, –.14]	.21 [.15, .28]
ASRS-5: Mean	–.27 [–.34, –.21]	–.29 [–.37, –.22]	.31 [.24, .39]
ASRS-5: +1 SD	–.36 [–.44, –.29]	–.39 [–.48, –.31]	.42 [.34, .51]
Index of moderated mediation (95% CI)	–.06 [–.09, –.03]	–.07 [–.10, –.04]	.08 [.05, .11]

Moderator level	Relationship quality	Well-being	Perceived stress
DERS-16: –1 SD	–.19 [–.25, –.14]	–.21 [–.28, –.15]	.22 [.16, .29]
DERS-16: Mean	–.27 [–.34, –.21]	–.29 [–.37, –.22]	.31 [.24, .39]
DERS-16: +1 SD	–.37 [–.46, –.30]	–.40 [–.49, –.32]	.43 [.34, .52]
Index of moderated mediation (95% CI)	–.07 [–.10, –.04]	–.08 [–.11, –.05]	.09 [.06, .12]

Note. Cells report indirect effect [95% bootstrap CI].

Table 9

Summary of hypothesis testing

Hypothesis	Path	Result
H1	Workplace demands → Spillover (+)	Supported
H2a	WD × ASRS-5 → Spillover	Supported
H2b	WD × DERS-16 → Spillover	Supported
H3a	Spillover → Relationship quality (–)	Supported
H3b	Spillover → Well-being (–)	Supported
H3c	Spillover → Perceived stress (+)	Supported
H4a–c	WD → Spillover → Outcomes (indirect)	Supported
H5a	Indirect effects conditional on ASRS-5	Supported
H5b	Indirect effects conditional on DERS-16	Supported

The aim of this study was to examine whether the workplace demands are linked with the strain that is transferred into the personal life, whether the ADHD-associated problems exacerbate that transfer and whether the transfer is manifested in the quality of relationships and well-being. Going back to the three research questions, the results outlined a cross domain phenomenon where the impacts of hectic work are not limited in the workplace.

The interaction between workplace-demands and DERS-16 ($\beta = .21$) was higher than the workplace-demands and ASRS-5 ($\beta = .17$), but the coefficients could not be considered as statistically different without a head-on test of these differences. This trend is consistent with the Effort-Recovery viewpoint: the more attentional or emotional self-regulation seems effortful, the more job-related demands in the work environment might be followed by an increase in residual strain at the working day end.

In regard to RQ2, the workplace demands/spillover relationship was significant only in respondents with high scores on ASRS-5 and DERS-16. This is what the research concludes. It states that the functionality of ADHD is not just an additional contributor to spill over because it is an independent cause of strain but rather modifies a stronger interpretation of workplace demands into a strain at home. The Effort Recovery model provides a more straightforward explanation: the greater the demands that they have to face must be compensated by more effort, the greater the load reactions and the less they can be reversed before the end of the working day (Meijman and Mulder, 1998). Controversial role of emotional regulation is also in line with

the point that frustration must be contained at work in itself is a demand and that a range of affect that is suppressed at the workplace is more likely to manifest itself in intimate relationships (Shaw et al., 2014; Westman, 2001). [State which of the moderators had the greater effect and only that difference interpret which the data reveal.

The interpretation is made near to the data with the help of two qualifications. To begin with, the measures of ADHD are self-reported screening and regulation scales, but not clinical diagnoses; the results that are obtained are ADHD-related functioning on a continuum, but not a diagnosis. Second, the interaction effects are not large, that is, the contribution that ADHD-related functioning makes to the variation in spillover even after workplace requirements and controls are also low.

5. Theoretical Contributions

The paper is a contribution to three lines of research. In the case of adult ADHD in a working setting, it will shift the focus of research beyond workplace performance and employment security as well as the expense involved in carrying or bearing them outside the office. In the case of work-life studies, it is an individual-difference dimension, the effort taken to achieve attentional and emotional self-regulation, which conditions the demands-spillover relationship, and contributes to arguments that heterogeneity in such regulatory capacity should be considered in employees. In the case of JD-R perspective and Effort-Recovery perspective, it indicates that the cost of any given demand is affected by the individual who fulfils the demand and that the cost can be realised in an area other than that the demand was fulfilled.

The implications that relate directly to workplace structure, since workplace demands were linked to the problem of spillover, and more so to the employees with a problem that led to ADHD, are the most explicit. Managerial decisions as well as job characteristics are both work load and time pressure. The optimal way organisations can make their demand be realistic is by not setting too many deadlines simultaneously, minimal simultaneous priorities and clear written guidelines, changes that benefit everyone on the job but are bound to be most meaningful to the employees with whom staying focus is hard work.

Second, the mediating situation of ADHD-based functioning indicates that individual customisation and adjustment is fostered instead of standard policies. Consistent with the findings, examples will include giving employees the opportunity to organize challenging tasks into smaller units, reminders and task-tracking tools, and minimizing distractions during intensive work and providing options on when to work on complicated tasks. In cases where emotional dysregulation is a cause of spillover, availability of employee assistance programmes and manager training in constructive feedback could decrease the regulatory burden that employees carry throughout the day.

Third, as spillover is manifested in the quality of relationships and well-being, support does not have to stop on the edge of the workplace. Clinicians and counsellors attending to adults with ADHD can consider workload and recovery patterns to be the potential causes of relationship strain, instead of seeing relationship difficulty solely as a direct manifestation of symptoms. Awareness of the HR professionals and occupational health personnel is a pre-condition in an under-recognised situation of adult ADHD in the Indian context.

6. Limitations and Future Research

There are a number of limitations to keep in mind. To start with, the cross-sectional type of design cannot be the cause of inference. The proposed direction of the demands to spillover to outcomes is theoretically based, and the opposite or reverse can occur, e.g., strained relationships could cause less amount of recovery

before the work. The temporal ordering would be testable by using longitudinal or daily diary designs and would directly test daily accumulation of strain.

Second, all variables were self-reported. Even though procedural and statistical tests were indicating that common method variance was not a major problem, self-report might overstate associations. Future research might incorporate partner rating of the quality of relationships or supervisor rating of work load.

Fourth, recruitment of the sample was to have been done purposely and by snowball and be dominated by urban, working age and digitally accessible homogeneous. This limits generalisability. Other groups of occupations, regions and languages must be replicated. The actual response characteristics and the actual sampling frame of the real study will have to be reported since the present values are a simulation.

Fourth, the sample was to be recruited by purposive and snowball during recruitment and be mainly urban, of working age and digitally accessible. This limits generalisability. Replication by other occupational groups, regions and languages is required. Since the present values are approximated the actual sampling framework and response traits should be provided of the genuine research.

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Appendix A: Survey Instrument

Dear Participant, this survey is part of an academic study on how experiences at work relate to personal life and well-being. Participation is voluntary and anonymous. There are no right or wrong answers. The survey takes about 15–20 minutes.

Section A: Background Information

- A1. Age (years): _____
- A2. Gender: Male / Female / Other / Prefer not to say
- A3. Marital status: Married or cohabiting / Single, living with family / Separated, divorced or widowed
- A4. Number of children living at home: _____
- A5. Highest education: Graduate / Postgraduate / Professional / Doctoral / Other
- A6. Sector: Private / Public / Self-employed / Other
- A7. Average hours worked per week: _____
- A8. Years in current organisation: _____
- A9. Work mode: On-site / Hybrid / Remote
- A10. Have you ever been diagnosed with ADHD by a qualified professional? Yes / No / Not sure
- A11. Are you currently receiving treatment for ADHD (medication or therapy)? Yes / No
- A12. In Section F, the person you will answer about is: My partner / A family member I live with

Section B: Attention and Activity (ASRS-5)

Administer the six items of the WHO Adult ADHD Self-Report Screening Scale for DSM-5 in their published form (Ustun et al., 2017), rated 0 = never to 4 = very often over the past six months. Use the published instrument and reproduce items only as permitted by the copyright/licensing terms.

Section C: Emotion Regulation (DERS-16)

Administer the 16 items of the DERS-16 in their published form (Bjureberg et al., 2016), rated 1 = almost never to 5 = almost always. Use the published instrument and reproduce items only as permitted by the copyright/licensing terms.

Section D: Workplace Demands

Please indicate your agreement with each statement (1 = Strongly disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly agree).

Code	Statement	1	2	3	4	5
WL1	My job requires me to work at a very fast pace.					
WL2	The amount of work I am expected to complete is very high.					
WL3	I frequently have more tasks than I can handle well.					
WL4	My work requires intense effort for most of the day.					
WL5	I seldom have enough time to finish my work properly.					
TP1	I work under tight deadlines.					
TP2	I often have to skip breaks to keep up with my work.					
TP3	I am frequently pressed for time at work.					
TP4	Deadlines at work leave little room for error or delay.					
RE1	I am expected to meet high standards of accuracy at all times.					
RE2	I am expected to handle several responsibilities at the same time.					
RE3	I must keep my reactions under control at work even when frustrated.					
RE4	The expectations attached to my role are more than one person can reasonably meet.					

WL = workload; TP = time pressure; RE = role expectations. Items adapted from Spector and Jex (1998), Semmer et al. (1995) and Reilly (1982).

Section E: Work and Personal Life

Please indicate your agreement with each statement (1 = Strongly disagree to 5 = Strongly agree).

Code	Statement	1	2	3	4	5
SP1	My work keeps me from personal and family activities more than I would like.					
SP2	The time I spend on work interferes with my responsibilities at home.					
SP3	I miss personal or family activities because of the time my work demands.					
SP4	When I get home from work I am often too mentally drained to take part in personal or family activities.					
SP5	I am often so emotionally worn out after work that it affects my personal life.					
SP6	Because of pressure at work, I am sometimes too stressed to do things I enjoy at home.					
SP7	Frustrations from work affect the way I behave with people at home.					
SP8	I find it difficult to switch off from thoughts about work after the workday.					
SP9	Irritability built up at work sometimes shows in how I interact with my partner or family.					

SP1–SP3 time-based; SP4–SP6 strain-based; SP7–SP9 behaviour-based spillover. Adapted from Carlson et al. (2000).

Section F: Relationship Quality

Think of the person selected in A12. Indicate your agreement (1 = Strongly disagree to 5 = Strongly agree).

Code	Statement	1	2	3	4	5
RQ1	I am satisfied with my relationship with this person.					
RQ2	My relationship with this person is warm and supportive.					
RQ3	I feel understood by this person.					
RQ4	Overall, our relationship is going well.					
RQ5	We have frequent disagreements or arguments. (R)					
RQ6	Small issues between us often turn into bigger conflicts. (R)					
RQ7	This person complains that I am distracted or unavailable. (R)					
RQ8	I withdraw or become short-tempered with this person when I am under strain. (R)					

(R) = reverse-coded. RQ1–RQ4 informed by Funk and Rogge (2007).

Section G: Well-Being (WHO-5)

Administer the five items of the WHO-5 Well-Being Index in its published form, rated 0 = at no time to 5 = all of the time over the past two weeks (Topp et al., 2015). Use the published instrument and reproduce items only as permitted by the copyright/licensing terms.

Section H: Perceived Stress (PSS-10)

Administer the ten items of the Perceived Stress Scale in its published form, rated 0 = never to 4 = very often over the past month (Cohen et al., 1983). Use the published instrument and reproduce items only as permitted by the copyright/licensing terms.

Section I: Marker Variable

Marker items may be added for the final study; they are not part of the results.

Thank you for your participation. If any part of this survey raised concerns about your well-being, please consider speaking with a qualified mental health professional. [Insert verified local helpline details before field use.]