

# Mental Health among Working Women

## ABSTRACT

**Background:** Mental health is a problem which no country can escape in the world. The increasing of mental disorders creates new challenges in the society and individual. Mental health is a challenging task for individual more importantly for working women. **Aim:** Aim of this paper is to assess mental health status of working women in a private hospital setting. **Methods:** Researcher used a specially designed interview scheduled to collect the data. **Results:** The result shows that working women had a poor mental and psychological health. Study indicated that working women is prone to depressed because they bore the double burden of house work and a job outside the home. **Conclusion:** Dual role of a women affects their personal life and it is difficult to manage work and family life.

**Keywords:** Working women, Mental health, Health, Work life balance, Private Hospital

## Introduction:

### 'No health without mental health'

Mental health is one of the most important health issues in the modern era. Mental health is how people think, act and behave positively and healthily. It states all wellbeing like cognitive, emotional and behavioral. Mental health determines habits, the capacity to handle stress, decision making, thought process, coping pattern. It affects our whole life from childhood and adolescence through adulthood.

World Health Organization 1948, states that health as a state of 'complete physical, mental and social well-being and not merely the absence of disease or infirmity. Mental health is an integral and essential component of health. Mental health is more than the absence of illness, and is intimately connected with physical health and behaviour. Neither mental nor

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physical health can exist alone. Mental, physical, and social functioning is interdependent. Furthermore, health and illness may co-exist. They are mutually exclusive only if health is defined in a restrictive way as the absence of disease (Sartorius 1990). Conditions such as stress, depression, and anxiety can all affect mental health and disrupt a person's routine. If the mental condition is good, a woman can take various responsibilities of a family and understand the complications, try to solve them, plan for future and adjustment with others by becoming mentally strong.

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Operational definition of working women in the study is “A working-class married (at least three years) woman with paid employment in a private hospital setting. Such as ward attendant, sweeper, nurses, doctor and clerical staff etc”. Women is an individual who is responsible for caring of elderly , nurturing children , take care of family's responsibilities and also they have to work in office as well. There is no doubt about the fact that women are very strong and that they can pull off a lot of work burden be it related to their personal or professional life but at times these working married women in the rush of handling everything forget to take care of themselves and this leads to high levels of stress and affects their mental health. A survey recently conducted in various cities of India revealed that the major sources that cause mental stress in working women are long working hours, lack of support from family and friends, as well as heavy workload. It's quite clear that a married working woman in India tends to face a lot of challenges in her life and this affects her mental health, deteriorates body image and reduces her quality of life. A married working women in our country goes through a lot of stress because of the never ending struggle of balancing work life and personal life. Kopp et al. (2008) established in their study that job related factors and social support from family were important predictors of mental health. Shobha (2014) studied to explore the tough challenges faced by working women in maintaining a balance between their personal and professional life. The various factors affecting the work-life balance of married working women have been examined in this study

**Aim of the study:** The aim of the study was to assess mental health status of working women.

## Methods

**Tool :** The data was collected using a specially designed interview schedule for assess mental health of working women. The interview schedule has 17 multiple choice questions, in which 10 questions are related to the socio economic profile of the respondents and other seven are associated to the mental health and psychological well-being of the respondent. This interview schedule is derived from various scales like Mental Health Inventory (MHI) (Jagdish & Srivastav., 1983), Life satisfaction scale (LSS) (Alam. G.Q. and Srivastav Ramji, 2001) , WHO Quality of life, PGI General wellbeing scale (S.K. Verma and Anita varma,1989).

**Inclusion criteria :** Being married for at least three years, living with their families of procreation (in-laws, and/or husbands & children), working in the hospital for last 1-year. Able to provide informed consent.

**Exclusion criteria :** The women with chronic psychiatric and/or physical illness or key relative/s (spouse, children or important other) with physical and/or psychiatric illness excluded from the study.

**Research design:** A descriptive research design used for the study.

## Procedure

This researcher select the sample size 30 through quota sampling in a private hospital in District Banda UP. Firstly researcher took the permission of administrative authority of the hospital regarding conducting the research. After that 15 sample from medical staff and 15 sample from non-medical staff selecting in the light of inclusion and exclusion criteria. Researcher was specially designed an interview schedule for this study .which aims to assess mental health of working women in hospital setting. Researcher meet the respondents introduced her and told them the purpose of visit after their consent researcher interview the respondents and filled interview schedule.

**Results and discussion**

Table -1 (Socio-demographic variable of women)

Variable		Frequency	Percent
Age	25-30	15	50
	31-35	11	36.7
	36-45	04	13.2
Residence	Rural	10	33
	Semi urban	04	13.2
	Urban	16	53.3
Education status	Below metric	08	26.6
	Metric to graduation	10	33
	Post-graduation	12	40
Monthly income	10000-15000	08	26.6
	16000-30000	15	50
	31000-50000	04	13.2
	Above 50000	03	10
Parental status	Had child	25	82.5
	Had no child	05	16.7
Reasons for working	Financial constant	10	33
	Personal interest	20	66
Started career	Before marriage	12	40

In this study 30 women were taken as a sample out of which 50 percent women are in age range of 25 to 30. 53 percent respondents live in urban areas while 13 percent respondents live in semi urban and 33 percent lives in rural areas. 40 percent respondents have got degree of post-graduation, 26 percent is below metric and 33 respondents are part of metric to graduation level education . 50 percent respondents had upto 30000 income. 82 percent respondents had child. 66 percent respondent said that their reason for working is personal interest. 60 percent respondent started career after marriage. 40 percent respondent husband s earning is 10000 to 15000. 66 percent respondent lives in joint family and 33 percent respondents lives in nuclear family. Out of 30 respondents 18 respondents are medical staff and other 12 is non-medical staff.

Table -2  
(Mental health of working women)

Variable		Frequency	Percent
Perception about mental health	Good	12	40
	Average	9	30
	Poor	9	30
Physical health problem	Headache	9	30
	Pain in body	6	20
	Fever/cold	3	10
	Weight loss	3	10
Psychological health problem	Become irritable	6	20
	Get anxious	6	20
	Become angry	3	10
	Lack of interest in any work	3	10
	Disturbed sleep	3	10
	Low moods	3	10
Determination towards work	Yes	12	40
	No	18	60
Financial decision takes place by	Own	12	40
	Husband	15	50
	Family members	3	10
Satisfaction with hospital role	Yes	9	30

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The findings of the above table shows that more than 60 percent respondents perceive their mental health at an average and poor level. So we can say that majority of hospital female staff may perceive his mental health average level or poor level. The majority of female staff 70 percent suffered from any diseases. 80 percent of female staff disturbed in psychological manner as irritability, anxiousness, disturbed sleep and low moods. Table shows that 60 percent women accept that they have not determination towards work. In 50 percent houses financial decision take place by their husband. 70 percent of women did not satisfy their role in hospital settings and 60 percent women did not satisfy their family role because of their working conditions and environment factors. A woman's mental health and psychological wellbeing is deeply affected and influenced by her society and the roles she plays in her society.

Cooper (1981) reported that working women were more under stress than nonworking married women. Sarwar (1994) conducted a study on marital adjustment and depression among working and nonworking women. Study indicated that working women might be prone to depression because they bore the double burden of house work and a job outside the home.

Aston and lavery (1993) using multiple regression analysis in their study examined the contribution of demographic, job-related, social support and care giving variable to the prediction of work-family conflict, stress and job satisfaction among a sample of 101 hospital based nurses who had responsibility for the core of a child and/or an elderly relative the results revealed that family support, perceived organizational support for family life, perceived work-load size and involvement in child care were mainly responsible for the outcomes studied.

Some professions are more stressful than others. Professions that involve human contact and rapid decision-making skills, while those decisions can have a serious (financial, social or other) impact, are among the most stressful ones. Healthcare professions are among the first six most stressful ones (Cooper et al, 1988)

Intensive Care Unit medical/nursing staff reports that dealing with death is their first source of stress, compared to nurses who work in Internal Medicine or Surgical Departments. For those professionals, workload and adequate manning is their most important stress source. (Foxall at al, 1990). In general, healthcare professionals are more prone to stress and professional burn-out, because they are responsible for human lives and their actions – or lack of action – can have a serious impact on their patients (Sapountzi et al 1994).

A study of nurses in Taiwan, found that occupational stress was associated with young age, marital status (widowed/divorced/separated), high psychological demand, low workplace support, and threat of assault at work. A lower score for general health was associated with low job control, high psychological demand, and perceived occupational stress. A lower mental health score was associated with low job control, high psychological demand, low workplace support, and perceived occupational stress (Shen HC et al, 2005)

## Conclusion

Indian society are more impacted by modernization, industrialization and globalization and its result that mental health of women gets affected . Dual role of a women affects their personal life and it is difficult to manage work and family life. Family members may be motivated to provide care of women to several reasons like family responsibility, love and affection, religious fulfilment, guilt and social pressure.

## Limitation And Implications

This research study is time bound study and 30 sample used in this study through quota sampling technique in only one private hospital. This study needs to be carried out on large samples with multiple private hospitals. Social workers in planning and delivering adequate therapeutic services in the clinical context. based on the present study finding psycho-social intervention program be developed to enhancing the coping strategies and reducing the mental health burden of the working women.

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