

# THE PERCEPTION OF PROFESSIONAL WOMEN ABOUT THEIR JOB AND ITS EFFECTS ON PSYCHOSOCIAL WELL BEING

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## ABSTRACT

**Objective:** The study was conducted to identify the stressors at work faced by the professional women and their impact on their psychosocial well being.

**Design:** Cross-sectional survey.

**Subjects and Methods:** 150 women from Medical, Teaching and Secretarial professions were selected with the help of random sampling technique. They were interviewed through a structured questionnaire.

**Results:** The mean age of the participants was 32 years. The mean duration of job was 8 years. 57% of the participants were married, 43% were single. 48% were availing the facilities like accommodation, transport, medical and education of children provided by the employers while 52% were working without any additional facilities. 48% were working in shifts and 52% had fixed job timings. Among those working in shifts 71% perceived that their work has affected their psychosocial well-being. Limited career-making opportunities (74%), lack of participation in decision making processes (77%), lack of social support at work (30%) were identified as major job stressors. 28% of the respondents reported their psychosocial and physical problems as concurrent to job stressors.

**Conclusion:** Decision latitude (control), job timings, limited opportunities for career development and lack of social support at work were the major work stressors which were perceived by the professional women to affect their psychosocial well-being .

**Key words:** Job stressors, Women, Profession, Psychological impacts

## INTRODUCTION

Professional women are defined as “women who are working in some institutions for a fixed payment of their services”. As societies become more advanced technologically, women depend increasingly on their individual talent and inventiveness for their progress and development. The dual roles of the working women can lead to additional stress in their lives. It has been concluded by various studies that women cope up with stress physiologically in a more economic way but at a higher psychological cost<sup>1</sup>.

Biologically, the term “stress” signifies “physiological strain reactions” in the organism when exposed to various “environmental stimuli” – “stressors”. Nature of job and workplace environment constitutes possible sources of strain and subsequent stress outcomes. A study in Canada showed associations of work stressors with levels of distress among the broad Canadian work-

ing population<sup>2</sup>. Earlier studies have also shown that work stressors can adversely affect mental health of employee<sup>3</sup>. The findings of study conducted on single Chinese women showed that job satisfaction intercede with job control and security which predict psychological distress in employees; where as psychological job demand has an independent effect on mental distress. Their findings showed that psychological distress was best predicted by company size, high psychological job demand, and low job satisfaction<sup>4</sup>.

The work stressors are therefore recognized as potentially essential determinants of mental health status of recruits. The present study concentrated upon identifying the stressors at work faced by professional working women in Pakistan and the impact of these stressors on their psychosocial well-being i.e. performance and efficiency at job and home.

## SUBJECTS AND METHODS

A cross-sectional study design was used. Professional women working in various institutions of medical, teaching and secretarial were interviewed. A total of 150 women participated in study. A random sample of 50 women from each from medical, teaching and secretarial was taken according to their designation. A scheduled structured interview was conducted to obtain infor-

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mation which included age, working hours, nature of job, duration, family patterns, facilities provided by the employers, attitude of supervisors and colleagues at work, opportunities to participate in decision making, prospects and effects of career development on their psycho-social well-being.

## RESULTS

Out of 150 participants, 124 (82.6%) were from government, 10 (6.677%) from semi-government, and 16 (10.67%) were from private organizations. The mean age of the participants was 32 years.

The mean duration of job was 8 years. 57% of the participants were married, while 43% were single. 58% were living in nuclear family system whereas 34% lived in joint family system. 62% of the respondents worked up to 6hrs a day, 21% for 7-10 hrs a day and 16% worked for 11-14 hrs a day. 48% worked in shifts and 52% had fixed job timings. 68% of the respondents categorized the attitude of supervisors and other colleagues as co-operative, 10% as uncooperative whereas 20% described it as indifferent. 55% of professional women felt that the attitude of general public towards them as positive, 34% described it as indifferent whereas 10% reported as negative. 10% of the respondents often experienced discrimination of at work, 50% seldom felt it and 39% of working women never experienced it. Regarding Career development, 64.6% of professional women came up with the view that they are provided less chances of career development as compared to male colleagues, 11% had hopeless view about the issue where as 24% stated that they had equal opportunities for career development. Regarding their participation in decision making meetings, 61% reported that they were seldom given the opportunity for decision making, 16% complained that they are seldom invited in such meetings, and 22% gave positive response and acknowledged their active participation in such meetings..

To assess the facilities provided by the institutions the respondents were asked about the facilities provided by their employers. The percentages of respondents who availed the facilities provided by the institutions to its employees are given in table 1:

**Table 1**  
**Facilities provided by the Institutions**

Facilities	Frequency (n)	Percentage (%)
Accommodation	39	26
Transport	28	18.6
Medical	64	42.6
Recreational	11	7.3
Education of Children	8	5.33
No Significant Facility	78	52

The respondents were asked to specify their perception of the effects of the shift work on parameters like social life, family life and personal health. The effects of shift work and fixed timings as perceived by the respondents are given in table 2:

**Table 2**

**Comparison of effects of shift work and fixed time job on employees**

Effects	Shift Work (n=72)	Fixed Time Jobs (n= 78)
Low level Efficiency at job	17 (23.61%)	7 (8.97)
Decreased Involvement in Family Matters	11 (15%)	5 (6.41%)
Deteriorated Personal Health	9 (12.5%)	6 (7.6%)
Insufficient Time for Social Life	14 (19.4%)	9 (11.5%)
No Significant Effects	21 (29.1%)	51(65.3%)

28% of professional women in this study linked their psychological problems to job stressors while 72% reported they did not have any job related illness. They identified the health problems given in table 3 as adverse effects of the job on their health. These included (psychosomatic illnesses) hypertension, gastric ulcer, migraine, GIT disorders and other psychological problems. (See Table-3).

**Table 3**  
**Impacts of Job Stressors on Health**

Impacts	Frequency (n=150)	Percentage (%)
"Makes you upset"	30	20.0
Loss of interest in work	8	5.3
Hypertension	36	24.1
Gastric Ulcer	32	21.2
Migraine	26	17.1
GIT Disorders	18	13.0

As no strict pre-employment or periodic medical check ups were carried out; therefore significant behaviour changes or psychosomatic disorders due to work stressors could not be identified.

## DISCUSSION

Present study investigated the perception of job stressors and their impact on well-being of professional women. Several other studies have identified key work factors associated with psychological illness as : work overload and pressure<sup>5</sup>; conflicting demands<sup>6</sup>; low efficiency at work, lack of participation in decision making<sup>7</sup>; poor social support at work<sup>8</sup>; and decreased involvement in family matters<sup>9</sup>. As working women have to play multiple roles they are more vulnerable to be affected by job stressors. Besides, the quality and intensity of work stressors faced by them also differ<sup>10</sup>.

The professional women felt that long hours and shift work had adverse effects on their social life, family life and personal health which is in agreement with the findings by Shield<sup>11</sup>. 16% of professional women in this study worked up to 11 to 14 hrs a day. Present study findings also showed that professional women working in shifts are likely to suffer from distress. 48% of women in our study were working in shifts and reported facing certain problems like deteriorated personal health, reduced efficiency at work, poor family functioning, insufficient time for social activities etc.

It has been found that many professional working women were satisfied with their jobs and responsibilities deputed to them, though the attitude of the supervisors and colleagues created dissatisfaction which disturbed them. Results from a longitudinal study among working women indicated correlation between changes in the perceived quality of social climates at work and family to changes in depressive and psychosomatic symptoms over one year<sup>12</sup>.

Stress in relation to organizational structure results from such factors such as lack of coherence within an organization or exclusion from decision making process. Studies have shown that work stressors like job demands and lack of control in particular are related to increased mental distress<sup>13</sup>. Participation in decision making is essential to a feeling of meaningfulness at work. The findings of this study also showed that majority of professional working women had a sense of deprivation because of non-participation in decision making meetings, though the overall reporting of work stress in this group was 28% and 72% were well adjusted in their work and home lives.

The study had several limitations. The sample was drawn from only three professions; medical, teaching and secretarial professions. However, working women from other professions like industrial sector and labor class should also have been included in the study. Only the perceptions of doctors about the job and its effects were

elicited. A structured instrument for measuring the effects of work conditions on mental health or physical effects was not used.

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