

Importance of Mental Health Towards the Psychological Well-Being of Females Working Professional

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ABSTRACT

In India, it has traditionally been the norm for women who are employed to give up their jobs when they get married so that they may focus on becoming mothers and taking care of their homes. On the other hand, a study that was issued by the Ministry of Internal Affairs and Communications in the year 2013 indicated that the number of women who have found employment has been steadily rising. As more and more women make strides toward equality in society, they have access to a wider variety of lifestyle choices but may also face increased psychological pressures. In order to shed light on the variety of challenges that working women face as well as the incidence of mental illnesses, this has been conducted examining various challenges working women face and the importance of mental health of female working professionals in the Indian context.

Keywords: Mental health, Psychological Well-being, Work-life Balance, Working Women.

1. INTRODUCTION

Even in this modern era, working women still face the challenge of fending off the queries, "Why is it necessary to find employment?" or "You don't serve as the earner for the household, so what's the point?" in their professional lives. According to data provided by organisations that support mental health, women who work full-time are almost two times more likely than men who work full-time to have issues related to their psychological health (Yazdi et al., 2013; Philomena, 2020). Both a person's working circumstances and surroundings, as well as their mental health, may have a big influence on their capacity to do well in their job. On the other hand, someone's psychological state can have a substantial influence on their capability to do well enough in their profession (Srimathi and Kumar, 2010; Adamiak & Napierała, 2012). Women not only have to continually prove their value at work, but they also have to manage their social and personal lives so that their work lives are not negatively impacted by these other aspects of their lives.

1.1 Obstacles that Contribute to Working Female's Increased Risk of Mental Illness

1.1.1 A Healthy Balance between Work and Life

The obligations of work and the responsibilities of home seem to pull working women in opposite directions, like the swing of a clockwork. In the midst of these ups and downs, there are societal pressures that must be met, as well as the ongoing nervousness that comes with trying to keep up with the demands of both worlds. This anxiety stems from the knowledge that even the smallest mistake can cost her significantly more than her male counterpart. The majority of women have to juggle obligations both at home as well as in the outside world, which adds to their already heavy workload and emotional strain (Suman and Chatterjee, 2015; Vainshnav & Dave, 2022). Whenever a woman decides to work outside the home, however, she is subjected to more criticism, and it is anticipated that she will continue to

perform the "natural" responsibilities that she has at home as a mother and a wife. A higher likelihood of suffering mental suffering is associated with managing the responsibilities of providing care for one's own children and other members of one's family while still maintaining a paid job and dealing with physical health issues.

1.1.2 Productivity

In today's society, it is widely understood that the key to being productive in one's professional as well as one's personal life is to integrate obligations across the numerous aspects of one's life. Because more and more people are able to have jobs outside the home, all types of domestic obligations, such as taking care of the children as well as the housework, are no longer considered to be "professional" in many different kinds of settings (VandenBos, 2015; Bagga et al., 2024). The fact that female's places of employment are often reluctant or unwilling to give the necessary degree of flexibility, which also serves a part in impacting their psychological health, is a common problem.

1.1.3 Career over Family

The working environment for women in India has improved in recent years. On the other hand, if a woman who is employed makes the decision to prioritise her job above starting a family or having children, society looks down on her. Men are still seen as the "breadwinner of the family" in India, despite the fact that the country's culture is actively working to eradicate patriarchy (Panigrahi et al., 2014; Bong-Hyun et al., 2024). As a result, the question "Do you truly need to?" is often posed to working women. This also serves as one of the causes why there is a greater percentage of employee turnover among women in the workforce.

1.1.4 Getting the 'me-time'

It's become the standard to feel guilty about not working hard enough, even after conventional business hours have ended. It has always been difficult for women to carve out some time during which they may concentrate only on themselves. Because of the intricate balance that must be maintained between one's personal, professional, and social obligations, there is very little time left over for oneself. In addition to this, the common practise of working long hours contributes to living situations that are downright harmful, such as an extreme loss of sleep and bad eating habits (Ibrahim et al., 2016; Girish et al., 2024). This results in the neglect of one's welfare, leading to the sacrifice of one's body as well as one's intellect. Dopamine levels may become unbalanced as a result of sleep disruptions, which is a risk factor for mental illnesses such as schizophrenia and bipolar disorder. Self-care does not include acting in a self-centered manner but rather in a manner that is empowering to oneself. It is of the utmost importance to be able to cultivate a loving connection with one's own self. But in today's fast-paced and sometimes chaotic world, women have a tendency to place their own requirements last on their priority list. There are an incredible number of women who consistently put the needs of others and everything else above their own, to the detriment of their own wellbeing (Elqerewi et al., 2017; AlZubi, 2023). A modicum of compassion for oneself is helpful in facilitating an awareness of one's own requirements, challenges, and desired outcomes. Being attentive to both your mental and physical needs is an essential component of practising good self-care. Self-care is not an expression of selfishness; rather, it is, as the phrase indicates, caring for oneself in the same manner in which you would care for others in your immediate environment. After all, even a superwoman deserves a break once in a while.

2. REVIEW OF LITERATURE

Harnois and Gabriel (2000) identified five forms of psychological experience supplied by work that improve mental well-being. These categories include time structure, social interaction, coordinated effort as well as goal, social identification, and regular activity.

According to the findings of Pandey and Srivastava (2003), the ways in which working women cope with stress on the job and sickness are not uniformly the same. Interpersonal, physical condition, as well as interest in one's profession were shown to be bigger contributors to stress in the workplace for railway

clerks than they were for bank clerks and teachers, respectively. Teachers have reported the lowest levels of anxiety and disease, in contrast to railway clerks, who have showed the greatest number of health issues among all of the categories.

According to the website "<https://www.cdc.gov/niosh/docs/99-101/>", which was most lately obtained on March 2, 2017, occupational stress is defined as "the harmful physical and psychological reaction that takes place when the necessities of the job do not fit the functionality, resources, or needs of the employee". According to Harnois and Gabriel (2000), the prospective sources of stress associated with work include overwork, an absence of clear commands, a lack of decision-making, unrealistic time pressure, monitoring, isolated workplace conditions, as well as inadequate child-care arrangements. Other possible reasons include job insecurity, surveillance, and unrealistic deadlines.

According to the findings of a research conducted by Srimathi and Kumar (2010), women who work in the education sector had significantly higher scores in all six aspects of Ryff & Keyes' (1995) psychological well-being than women who work in hospitals or in industry. The psychological well-being of women who worked in industry rated the lowest, while the psychological well-being of women who taught scored the highest.

According to the findings of Suman and Chatterjee (2015), working women had worse ratings of their mental well-being compared to non-working women, and working women also have lower ratings of their overall health compared to non-working women. When compared to non-working women, working women had lower mean scores for the characteristics of emotional well-being, psychosocial adjustment, and overall health.

According to the research results of the National Mental Health Survey conducted by NIMHANS, the prevalence of psychological disorders in Tamil Nadu is 11.8 percent, while the incidence of psychiatric disorders in India is 10 percent, and also the incidence of severe mental disorders in India is approximately 1.9 percent, as reported by The Hindu (2016). The pattern is seen more often in metropolitan settings.

3. RESEARCH METHODOLOGY

The participants in this research were all female wives who were either part of a typical single-earner family or a dual-earner family. In the context of this investigation, the phrase "dual-earner family" refers to a household in which both the wife and the husband have well-established vocational personas as a result of their participation in a paid employment. Likewise, a "traditional single-earner household" is explained as a family in which the husband is working full time in a salaried position as well as performs the responsibilities of earner and main breadwinner, whereas the wife does not work but rather performs main household and child raising roles. This kind of household has been around for quite some time, and it is still very common in today's society.

3.1 Study Sample

The samples for the current study were ascertained by women engaged in multiple occupations, like teachers and professors from various educational institutions, "employees of the Indian Railway, bank employees, female police constables, doctors, nurses, engineers, females working in postal service, working in different industries", and females working in many other workplace settings. This was done in order to ensure that a wide variety of occupational settings would be adequately represented in the samples. "Purposive sampling was used to pick 82 working women from dual-earner families and 82 housewives from conventional single-earner families among those individuals who had given their agreement to take part in this research". When questioned about the assistance they receive from their families, the majority of the families that were a part of this study belong to nuclear families, with the exception of some old single-earner household (Tong et al., 2018). When these families were questioned about the assistance they receive from their families, they stated that whenever they require assistance from the family, their family members come to them. This investigation was carried out using two

different groups. Women who worked outside the house made up one group, while the other group was made up entirely of women whose families had just one breadwinner.

3.2 Inclusion Standards

Participants in the research had to be between the ages of 25 and 55 years old, and either have a salaried position outside the home or be stay-at-home mothers from single-income households. Working women who were married and had jobs outside the home were excluded from the study.

3.2 Exclusion Standards

The research did not include any working women who were never married, are now single, have been divorced, or are widows. The survey does not include working women who only participate in it sometimes in between their other responsibilities.

3.3 TESTING PROCEDURE

• The Personal Data Sheet

It was designed primarily to capture the characteristics of identifying data as well as other sociodemographic factors of working women in addition to nonworking women or housewives. Additionally, it was made expressly to take into account the differences between the two groups of women.

• PGI Health Questionnaire N-1

It is a standardised tool for assessing the psychological well-being of workers in a certain organisation. In 1974, Verma was the one who established this scale. It is made up of 38 items that are split into two categories: i) physical discomfort and ii) psychological discomfort, each of which has 16 and 22 items, respectively. It is quite easy to carry out in terms of administration among the Indian populace. It was determined that its reliability using the test-retest technique was very high at 0.88, while its reliability using the split-half approach was found to be 0.86 (Jadhav, 2013). In addition, its validity was shown to be quite high when compared to the validity of other neuroticism tests conducted simultaneously. There was a strong relationship between the overall score of the “PGI Health Questionnaire N-1” and other measures that assessed similar characteristics.

• PGI Social Support Questionnaire

This scale is an Indian modification of the “Pollack and Harris Scale (Pollack and Harris, 1993)” to evaluate the level of apparent social support. It has been written in the Hindi language. The procedure to carry it out is simple, brief, and rapid. It consists of 18 questions, and a high score suggests that greater social support is being experienced (Tahghighi et al., 2017). The components on the scale are meant to represent the assistance, worry, acceptance, reinforcement, as well as disapproval that a person receives from their friends, social connections, family, and professional colleagues.

3.4 Procedure

Purposive sampling was used to pick a total “sample of 82 professional women and 82 homemakers” who met the selection criteria outlined earlier in this section. This brought the overall sample size to a total of 164. They were given an explanation of the goal of the study, which assisted in putting the participants on the same page. They were each questioned on their own separately. It was requested of the responders that they complete the questionnaire in accordance with the instructions. They were questioned about their honesty in responding, and they were given the assurance that their answers would be kept private.

4. RESULT AND DISCUSSION

The primary objective of the present study was to regulate whether or not social assistance plays a helpful role in the mental “well-being experienced” by working female and to control whether or not work-family conflict has an impact on the mental and emotional well-being experienced by working female.

A considerable number of research on the psychosocial health of wives in dual-earner households suggest a lower level of life contentment for “dual-earner couples”. On the other hand, there are studies that

support the dual-earner family structure as being beneficial to the psychological health of both partners in the relationship. The focus of earlier studies on the relationship between employment and the mental health of women was narrowed to the question of whether or not working women suffer a greater degree of psychological distress than stay-at-home mothers. These studies did not reveal any results that were consistent across the board. Although some studies have indicated that working outside the home is advantageous for the emotional health of women, other studies have concluded that working outside the home is detrimental to the psychological well-being of working women.

4.1 The sample's composition in terms of its sociodemographic characteristics

In the current investigation, socio demographically speaking, there was not a discernible variation in the sampling distribution with respect to age, religion, or the language that was spoken. As shown in Tables 1 and 2, there was a discernible difference between the two groups with regard to the degree of education, place of residence, and family income.

Table 1 Study sample: Age distribution

Group	N	Mean	SD	SEM	Mean difference	SE of difference	df	t
Non working women	82	37.92	8.052	0.899				
working women	82	40.23	8.995	0.982	2.22	1.332	162	1.666

Where, SD= Standard deviation, SE= standard error, NS= not significant, SEM= standard error of mean.

Table 2 Study sample: Earnings

Group	Up to 10000(lower), n%	Up to 30000(middle), n%	Up to 30000 and above (lower), n%	df	χ^2
Non working women	25(30.49)	19(23.27)	38(46.34)	-	-
working women	9(10.97)	10(23.27)	63(76.83)	2	16.48

Significant at 0.01 level

Table 3 Study sample: Religion

Religion	Group	
	Non-working women, n (%)	Working women, n (%)
Hindu	75(91)	70(85.36)
Christian	2(2.4)	6(7.32)
Muslim	5(6)	2(2.44)
Sikh	-	-
Santhali	-	4(4.88)

Table 3a Study sample: Language

Language	Non-working women, n (%)	Working women, n (%)
Hindi	75(91.46)	68(82.92)
Bengali	4(4)	13(15.85)
Khortha	3(3.65)	1(1.22)
English	-	-

Table 3b Study sample: Hindi vs. other languages

Group	Hindi	Other languages	df	χ^2
Non-working	75	7		

women, n (%)				
Working women, n (%)	68	14	1	2.66

Both categories of working as well as nonworking women are quite different from one another with regard to the degree of education that they have received. This displays the value of Chi-square at the level of P less than 0.01 in Table 4. It's possible that this is related to the element that the academic level of working women was greater related to the educational level of non-working women, since working women were more likely to have higher levels of education in the first place. As a result, it should not come as much of a surprise that women who do not work will have a lower level of education when compared to professional women.

Table 4 Study sample: Level of education

Level of education	Non Working women, n (%)	Working women, n (%)	df	χ^2
Up to matric	23(28.04)	5(6.09)	2	23.32
Up to undergraduate	38(46.34)	29(35.36)	-	-
Up to postgraduate and above	21(25.60)	48(58.54)	-	-

As can be seen in Table 5, the difference in residential status between working women and those who did not have paying jobs was statistically significant at the P 0.01 level. It's possible that this is related to the fact that working women are two to three times more likely to reside in metropolitan areas as a result of their occupation. The majority of nonworking women live in semi-urban or rural areas due to the fact that the majority of nonworking women are homemakers.

Table 5 Study sample: Domicile

Group	Urban, n%	Rural, n%	Semi urban, n%	df	χ^2
Non Working women,	51(62.19)	24(29.26)	7(8.54)		
Working women	64(78.05)	5(6.09)	13(15.85)	2	15.70

It is quite evident that the group of employed females will always have a higher household income, while the group of nonworking females will have a low household income. "Working women also belong to two to three times more from the upper household income bracket than nonworking women. This is because in the working women group both partners are working".

- **Working as well as Nonworking women's Mental Well-Being.**

A significant element of one's mental health is the sense of fulfilment and contentment that comes from accomplishing goals and objectives. When one achieves one's goals, one experiences good emotions like as self-assurance, enjoyment, and a sense of accomplishment. On the other hand, when we fail, we often feel frustrated and depressed. The current research compared the "psychological well-being of working women" to that of nonworking women using the PGI Health Questionnaire. This comparison was made between the two groups of women. When put side by side, the employed females had significantly lower mean ratings on the PGI Health Questionnaire than the unemployed females did. According to the standards of the test, a score that is lower on the test suggests a greater level of emotional well-being, while a score that is higher on the exam suggests a lower level of psychological well-being. Since the differences between the two groups in this research were statistically shown to be very significant, this indicates that the working women had a better level of psychological well-being when associated to the female who were not employed. These findings are in line with the research conducted by "Gove and Tudor, who

discovered that employed women have dual roles as sources of satisfaction, namely, work and family, which enables them to acquire greater mental and emotional well-being". Such conclusions are reliable with the research conducted by "Gove and Tudor". According to Burke and Weir's findings, housewives report lower levels of satisfaction and suffer from worse mental and physical well-being. These researchers came to the conclusion that conventional, household, and home care duties may be more demanding than atypical employment positions due to the low reward value that is assigned to these occupations in industrialised and sophisticated cultures.

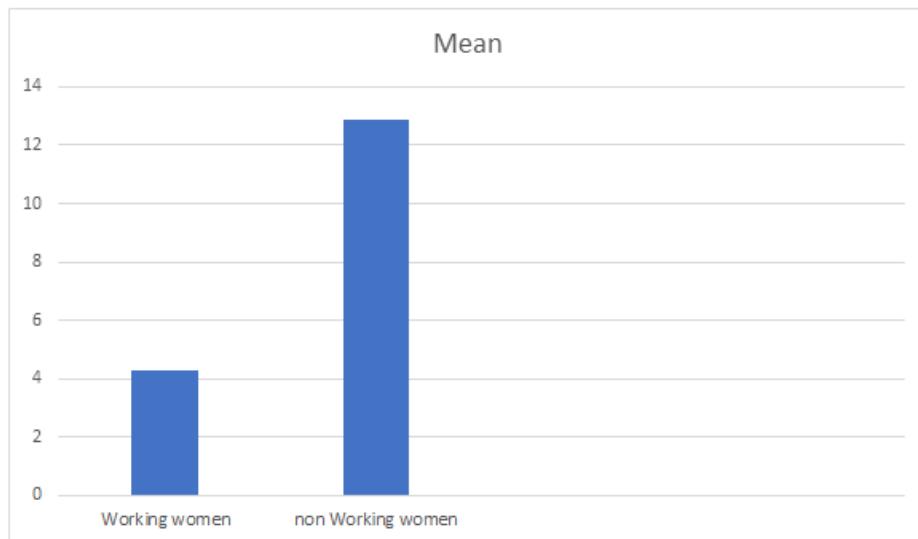


Figure 1 Graphic showing PGI Health Questionnaire's mean scores for employed and unemployed females.

According to the findings of Kandel's research on the effect of women's multiple responsibilities on their psychological health as workers, a woman's ability to strike a healthy balance between the rewards and concerns of her roles as a wife, mother, and paid worker has been shown to have a stronger adverse connection with unhappiness. Verbrugge (1983) discovered that having a job, being married, and having children are all connected with a woman's increased likelihood of having excellent mental and physical health. As per him, working married females have a tendency to have the greatest overall health profile, and out of the three positions, having a job has the most significant impact on one's health. He came to the conclusion that having several responsibilities had no specific influence, either favourably or adversely, on one's health. People who have occupations and responsibilities in their families get the health benefits that are associated with each duty, and they do not suffer any specific health disadvantages or benefits as a result of being so active in their many tasks.

The perks that come along with having a job, such as prestige, authority, position, including financial independence, all contribute to the beneficial impacts of work on the mental health of employed female. Working women have a tendency to have a positive attitude about their job because of the significant role that work plays in determining a woman's status. Regardless of the impact that stress and family issues play, the very fact that she has a job automatically elevates her status, which in turn boosts her feeling of self-worth and offers her with a better degree of psychological well-being. The likelihood of a marriage based on equality also rises when both partners are employed outside the home. Working women are able to see their occupations as gratifying and psychologically satisfying since their jobs provide them with a feeling of success, an income, and recognition in their communities. "According to the findings of Voydanoff and Donnelly, the importance of worker role reward value to the psychological health of working women is much higher". On the other hand, being cooped up inside the house is recognised as a significant contributor to poor mental health among women who do not participate in the labour force.

Employment is also considered as a factor that may alleviate the drawbacks and frustrations that emerge from heavy household and childcare tasks for housewives. This is because employment is viewed as a factor that can reduce the impact of these responsibilities. This is particularly the case when a woman has upward mobility and is looking forward to a career as a source of prestige, recognition, and power for herself.

- **Psychology and Social Support**

In addition, the evaluation of how working women as well as non-working women perceive their level of social support indicated that women in households with two income earners had a lower impression of their level of social support when compared to women in homes with a single income earner. According to the standards of the “PGI-Social Support Questionnaire (SSQ)”, the higher the score, the better the perceived social assistance will be; in the current study, nonworking women (housewives) scored greater when compared to working women”, while both of these groups vary markedly with one another. It's possible that the fact that stay-at-home moms have more time on their hands than working mothers does have something to do with the fact that their social connections with their neighbours, friends, and family are stronger. When working women seldom receive enough time to engage with others, and when they do, it is often just during the weekdays or on holidays, housewives may sometimes connect with others simply for the purpose of passing the time.

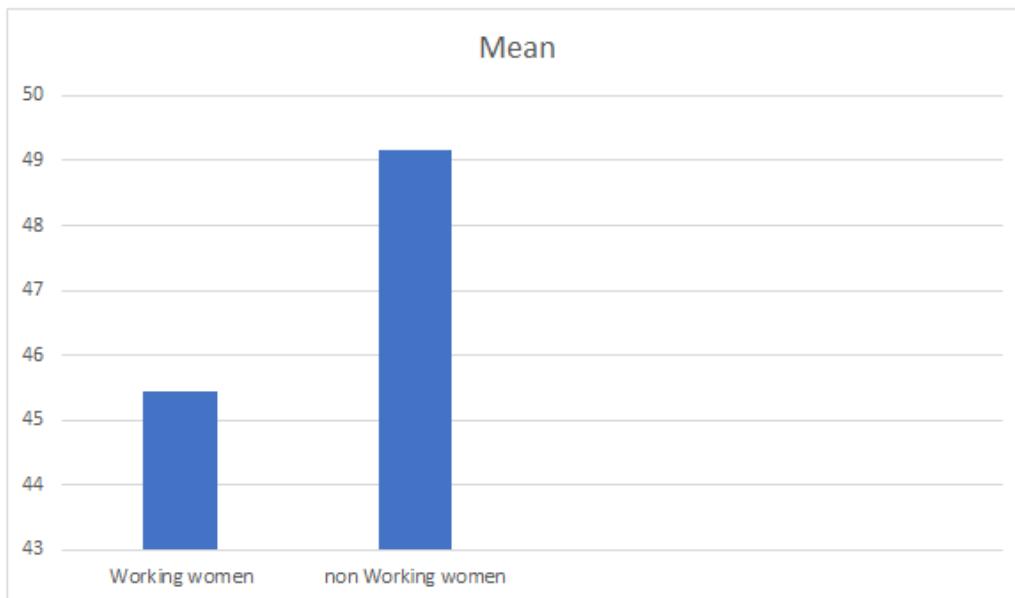


Figure 2 A graphical depiction of the mean scores obtained on the “PGI-Social Support Questionnaire” by working women compared to women who were not employed

In the next step, the product moment correlation (r) technique developed by Pearson and also the rank difference method developed by Spearman () were used to determine whether or not there was a connection between the total scores on the “PGI-SSQ and the PGI health questionnaire”. “The coefficient of correlation between the two variables was found to be non-significant at any level, which suggested that support network does not impact the mental well-being of working women, regardless of how high it is or how low it is”. For this reason, working women demonstrated a better level of psychological well-being while having lower scores on the PGI-SSQ. On the other hand, nonworking women demonstrated lower levels of psychological well-being, as shown by their higher PGI-SSQ scores.

Table 6 PGI-Social Support Questionnaire and PGI Health Questionnaire results for working and nonworking women: correlation (r)

Correlations (Pearson's product moment correlation r)
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		Score on PGI-HQ	Score on PGI SSQ
Score on PGI-HQ	Pearson's correlation	0.124	1
	Significant (two tailed)	0.266	.
	n	82	82
Score on PGI SSQ	Pearson's correlation	1	0.124
	Significant (two tailed)	.	0.266
	n	82	82

Table 7 Scores on the PGI-Social Support and PGI-Health Questionnaires were compared using Spearman's () between working and unemployed women.

Correlations (Spearman's rank difference method p)		Score on PGI-HQ	Score on PGI SSQ
Score on PGI-HQ	Pearson's correlation	0.194	1.0
	Significant (two tailed)	0.081	.
	n	82	82
Score on PGI SSQ	Pearson's correlation	1.0	0.194
	Significant (two tailed)	.	0.081
	n	82	82

5. CONCLUSION

The present study uncovered a significant number of challenges that are unique to the community of working women who go on to suffer psychological issues. Though, women-specific issues are not the only cause for concern. "Work-life balance, relationships within the workplace, and gender" disparities in job position may all be factors that lead to mental illnesses. In terms of finding a healthy balance between work and personal life, it is important to take into account both the idea of conflict between work and family as well as the notion of overflow. It has been noted that the existence of various jobs may not only have bad impacts, like conflict and stress but may also have positive benefits that are mutually beneficial to one another.

According to the findings of our study, a more in-depth knowledge of the challenges that women face while participating in the labour market is vital for the treatment of their mental diseases. As a result, it is seen as very crucial for family members, colleagues, and medical personnel, amongst others, to have an understanding of the variety of difficulties faced by working women and to assist these women in developing effective coping mechanisms for these challenges. The ultimate aim should be to establish an atmosphere that is conducive to the anticipation of psychological illnesses and to encourage conduct of mental conditions among working females. This will be accomplished by creating an environment that is appropriate.

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Authors' contributions

All authors contributed toward data analysis, drafting and revising the paper and agreed to be responsible for all the aspects of this work.

Declaration of Conflicts of Interests

Authors declare that they have no conflict of interest.

Consent for Publication

All authors read and aware of publishing the manuscript in xxxxxxxx

Data Availability Statement

The database generated and /or analysed during the current study are not publicly available due to privacy, but are available from the corresponding author on reasonable request.

Declarations

Author(s) declare that all works are original and this manuscript has not been published in any other journal.

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