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Original Research Article

Prevalence of Psychosocial Problems among Female Employees (A Study in Aligarh)

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Abstract

Occupational mental health not only creates an impact on the professional life and performance given by an employee but it is also responsible for affecting the quality of personal life lead by the employees.Depression and anxiety are the most common psychosocial crisis that the female employees undergo while trying to give their best performance both at home and at the workplace. Recent studies have proved that married woman with young children show more anxiety and depression. This study aimed at analyzing the impact of the Psychosocial problems faced by female employees. In this regard, the objective of this study was set to assess the prevalence of psychosocial problems among female employees. A cross-sectional study was conducted from July 2019 to June 2020. Stratified random sampling was done in female employees in Jawaharlal Nehru Medical College, Aligarh Muslim University, Aligarh. A pre-tested semi-structured proforma was used. The study was being done on 378 participants. All the data were entered and analysed in SPSS-20.0 To find out the association between certain variables Chi-square/Fisher Test was used. Among the study participants, 26.7% of working female employees falls below 25th percentile of psychological well-being. This indicates that majority (73.3%) of the female employees have higher psychological well-being**.** 24.6% of working female employees falls below 25th percentile of Social Well-being. This indicates that majority (75.4%) of the female employees have higher SWB. Only 40% of the doctors scored above 25th percentile of Social Well-being which is the least in terms of the percentage among all the occupational categories of the working women. Among the nursing officer, more than three-fourth (n=166; 78.7%) scored above 25th percentile on PWB scores whereas, 21.3% (n=45) of nursing officer scored below 25th percentile. The Psychological Well-Being is significantly associated to the occupation of the women. The Social Well-Being is significantly associated with Occupation of the women.

Keywords: Psychological Well-Being, Social Well-Being, Female employees.

I. INTRODUCTION

In the modern society, the women literacy rate in India is found to rise and the women are found to get equal education and job opportunities like men. This changing position has assisted women in enjoying the freedom to step out of their homes and earn money. The factor of Life Satisfaction has also changed for women today. However, the theory of life satisfaction in psychology draws on the concept of examining the attitudes and feelings possessed by an individual towards life, thereby evaluating the quality of his life as a whole [1]. Occupational mental health not only creates an impact on the professional life and performance given by an employee but it is also responsible for affecting the quality of personal life lead by the employees. Mental state of an individual contributes to the shaping of quality of life and well-being of that individual [2]. Depression and anxiety are the most common psychosocial crisis that the female employees undergo while trying to give their best performance both at home and at the workplace. Recent studies have proved that married woman with young children show more anxiety and depression. The findings of the recent studies, thus challenge the classical assumptions regarding workplaces as jungles

of Psychosocial pressure and homes as 'sanctuaries of escape' [3]. This study aimed at analyzing the impact of the Psychosocial problems faced by female employees. In this regard, the objective of this study was set to assess the prevalence of psychosocial problems among female employees.

II. MATERIALS AND METHODS

A cross-sectional study was conducted from July 2019 to June 2020. Stratified random sampling was done in female employees in Jawaharlal Nehru Medical College, Aligarh Muslim University, Aligarh. A pre-tested semi-structured proforma was used.

Inclusion Criteria

1. Married female employees of JNMCH working for more than 1 year.
2. Female employees consenting for participation in the study.

Exclusion Criteria

1. Unmarried female employees.
2. Women with working duration of less than 1 year.
3. Not consenting for the participation

SAMPLE SIZE

Using a precision of 5% and 95% confidence interval the sample size was determined by the formula,
$n = Z^2 PQ/L^2$

Where,
n = Sample Size
P = Prevalence of health problems taken
Q = (1-P)
L = Absolute error (5%)
Z = Value of the standard normal variable at 0.05 level of significance (1.96)

Due to non-availibility of larger scale research study on psychosocial problems among working women in this region, the prevalence of 32.9% from the study of [4] was considered for the purpose of calculation of sample size.
$n = (1.96)^2 \times 0.329 \times (1- 0.329) / (0.05)^2 = 339 \approx 340$

Considering a non-response rate of 10%, the final sample size came out to be:
N = 340 + (10% of 340) = 374 which was rounded off to 400.

Because of the Covid-19 pandemic, only 378 could be interviewed and considered further for study. So finally, the study was being done on 378 participants.

Six different categories of job were considered for the purpose of the study. *Category 1 – Doctor / Medical Teacher*
Category 2 – Nursing Officer
Category 3 – Lab Assistant / Technician / Medical Social Worker
Category 4 – Official / Clerical
Category 5 – Ward Assistant / Aya
Category 6 – MTS / Safaiwala

As per the different categories of the working female employees, the probability proportional to the size (PPS) was applied to get the appropriate sample size in proportion to the different categories of workers

TOOLS OF DATA COLLECTION

Data were collected using a pre-tested, semi-structured questionnaire. Study tools used were:

1. **For Psychological wellbeing (PWB),** *Ryff"s scale of PWB* (SPWB) was used(Quantitative score**).** *Ryff"s (1995) scales of Psychological well-being (SPWB) was used to scale the Psychological well-being of female employees. The test consists of 18 questions with six levels of response. The level changes from strongly disagree to strongly agree.*

2. **For Social well-being SWB**, Corey Lee M. Keyes scale of SWB was used (Quantitative score). *The scale of Social well-being was constructed by Corey Lee M. Keyes (1998), consists of 33 statements was used to assess the participants on five dimensions of well-being: social integration, social acceptance, social contribution, social actualization and social coherence. Respondents were required to answer on six point Likert scales, with 1 indicating agree strongly and six indicating disagree strongly. Total of 33 statements was considered as final score of the participants.*

3. **For Socio economic class**, *BG Prasad classification (2019)* was used (Qualitative) [5]. *BG Prasad (1961) employed „per capita family monthly income" as an indicator and classified the status into five classes. It is an income based scale and therefore, constant update is required to take inflation and depreciation of rupee into account* (Pandey VK *et al*., 2019).

All the data were entered and analysed in SPSS-20.0 to find out the association between certain variables Chi-square/Fisher Test was used.

Ethical approval was taken before the start of study from the Institutional Ethics Committee (IEC), Jawaharlal Nehru Medical College, AMU, Aligarh, UP, India.

III. RESULTS

Table 1: Distribution of the socio-demograhic variables among the study participants

Frequency tables of Socio-Demographic Data

VARIABLE	FREQUENCY (N=378)	PERCENTAGE
AGE GROUP (IN YEARS)		
≤ 30	65	17.2
31-40	127	33.6
41-50	107	28.3
51-60	79	20.9
EDUCATION OF THE FEMALE EMPLOYEE		
Primary school	2	0.5
Middle school	26	6.9
High school	52	13.8
Intermediate	17	4.5
Graduate	11	2.9
Post-graduate	9	2.4
Diploma	218	57.7
Professional	43	11.4
OCCUPATION OF THE WOMAN		
Doctor	30	7.94
LA / TECH./ MSW	25	6.61
Nursing Officer	211	55.82
Ward Lady / WA / Peon	62	16.40
MTS / Safaiwala	35	9.26
Official / Clerical	15	3.97

STATUS OF JOB		
Permanent	261	69
Non-permanent	117	31
EDUCATION OF THE HUSBAND		
Primary school	6	1.6
Middle school	12	3.2
High school	43	11.4
Intermediate	91	24.1
Graduate	126	33.3
Post-graduate	34	9.0
Diploma	31	8.2
Professional	35	9.3
TYPE OF FAMILY		
Nuclear family	273	72.2
Joint family	105	27.8
RELIGION		
Hindu	89	23.5
Muslim	242	64.0
Christian	45	11.9
Others	2	0.5
CASTE		
General	240	63.5
OBC	106	28.0
SC	32	8.5
ST	0	0
Don‟t know	0	0
MODIFIED BG PRASAD CLASSIFICATION (2019)		
Class I	363	96.0
Class II	15	4.0
Class III	0	0
Class IV	0	0
Class V	0	0

Table 2: Prevalence of Psychosocial Problems among Female Employees Scores of Psychological and Social Well-Being

	Psychological Well-Being	Social Well-Being
Median	75.0	127.0
Minimum	61.0	112.0
Maximum	89.0	139.0
25th Percentile	71.0	122.0
75th Percentile	78.0	131.0

Table 3: Psychological Well-Being (PWB)

		PWB 25th percentile		Total
		below 25th percentile	above 25th percentile	
Doctor	**n=**	18	12	**30**
	%	(60.0%)	(40.0%)	**(100.0%)**
Nursing Officer	**n=**	45	166	**211**
	%	(21.3%)	(78.7%)	**(100.0%)**
LA / TECH./ MSW	**n=**	12	13	**25**
	%	(48.0%)	(52.0%)	**(100.0%)**
Official / Clerical	**n=**	4	11	**15**
	%	(26.7%)	(73.3%)	**(100.0%)**
Ward Lady / WA / Peon	**n=**	12	50	**62**
	%	(19.4%)	(80.6%)	**(100.0%)**
MTS /Safaiwala	**n=**	10	25	**35**
	%	(28.6%)	(71.4%)	**(100.0%)**
Total	**n=**	**101**	**277**	**378**
	%	**(26.7%)**	**(73.3%)**	**(100.0%)**

Table 4: Social Well-Being (SWB)

		SWB 25th percentile		Total
		Below 25th percentile	Above 25th percentile	
Doctor	**n=**	18	12	**30**
	%	(60.0%)	(40.0%)	**(100.0%)**
Nursing Officer	**n=**	48	163	**211**
	%	(22.7%)	(77.3%)	**(100.0%)**
LA / TECH./ MSW	**n=**	6	19	**25**
	%	(24.0%)	(76.0%)	**(100.0%)**
Official / Clerical	**n=**	1	14	**15**
	%	(6.7%)	(93.3%)	**(100.0%)**
Ward Lady / WA / Peon	**n=**	17	45	**62**
	%	(27.4%)	(72.6%)	**(100.0%)**
MTS / Safaiwala	**n=**	3	32	**35**
	%	(8.6%)	(91.4%)	**(100.0%)**
Total	**n=**	**93**	**285**	**378**
	%	**(24.6%)**	**(75.4%)**	**(100.0%)**

Table 5: Psychological well-being (PWB) Vs Social well-being (SWB)

ANOVA						
		Sum of Squares	**df**	**Mean Square**	**F**	**Sig.**
PWB	**Between Groups**	520.778	5	104.156	4.442	.001
	Within Groups	8722.365	372	23.447		
	Total	9243.143	377			
SWB	**Between Groups**	776.313	5	155.263	5.414	.000
	Within Groups	10668.628	372	28.679		
	Total	11444.942	377			

 The significant association is between the groups both on the part of PWB **(χ2=520.778, df=5, p<0.001)** and SWB **(χ2=776.313, df=5, p<0.001)**

IV. DISCUSSION

As in Table 1 Age of the study participants ranged between 25 years to 59 years. The mean age of the study participants was 41.32 ± 9.411 years. Most of the study participants belonged to the age group of 31 to 40 years of age (n=127; 33.6%), followed by 41 to 50 years (n=107; 28.3%), 51 to 60 years (n=79; 20.9%) and 30 years or less (n=65; 17.2%) in decreasing frequency.

The large number of participants had the professional diploma (n=218; 57.7%), followed by high school (n=52; 13.8%) and professional degree (n=43; 11.4%). The main reason of high number of diploma holder may be because of the large number of nursing officers selected as study participants after probability proportional to size sampling method. Educational qualification is of great importance in different terms of life and career.

In this study, there were Doctor/Teaching faculty (n=30; 7.94%); LA/Technician/MSW (n=25; 6.61%); Nursing officer (n=211; 55.82%); Ward Assistant/Peon (n=62; 16.40%); MTS/Safaiwala (n=35; 9.26%); Official/Clerical (n=15; 3.97%).

Among the total of 378 study participants, 261 (69%) were having permanent job while 117 (31%) participants were either on contractual or daily wages or fixed pay. Study done by [6] reveals that most of the regular health-care staff were highly satisfied (86.9%) in comparison to the contractual staff (10.5%), which was moderately satisfied.

The mean duration of marriage among the study participants was found 16.46 ± 9.490 years.

Among all the 378 participants, 273(72.2%) belonged to the nuclear family, while 105(27.8%) reported to be living in a joint family. Most of the husband of the participant were graduate (n=126; 33.3%) followed by high school (n=43; 11.4%) and professional qualification (n=35; 9.3%). Majority of the participants belonged to the Class I category (n=363; 96%) of the Modified BG Prasad Classification, while a very small portion belonged to the Class II category (n=15; 4%).

As in Table 3, Among the study participants, 26.7% of working female employees falls below 25th percentile of psychological well-being. This indicates that majority (73.3%) of the female employees have higher psychological well-being. This finding is supported by the study [7] where among working women, though the majority of the respondents had experienced stress, depression and anxiety in workplace, still only 25% of the respondents scored below 65th percentile. On a whole the study participants scored high in the psychological well-being. This finding is also supported by the study [8] who did a psychosocial survey at Bhubaneshwar city to study the mental health status of the married working women. Study revealed that 32.9% of the participants had poor mental health and only about 10% of these women had sought mental health services. This finding is supported by the study [9] where overall burnout of healthcare workers was moderate.

Among the nursing officer, more than three-fourth (n=166; 78.7%) scored above 25th percentile on PWB scores whereas, 21.3% (n=45) of nursing officer scored below 25th percentile. This finding is in agreement to the study [10] which revealed the prevalence of psychological distress to be 22.8% among the married working women in Malaysia. This finding is similar to the study [11] done to see the burnout among the nurses of maternity department. Another study [12] also reported that about 20% of the nurses were found to have high levels of all three dimensions of burnout Study [13] also contradicts this finding where most of the nurses (70.5%) were identified to be having moderate to high stress. Study [14] revealed that 42% of the nurses were found to be having moderate to severe stress.

Only 40% of the doctors scored above 25th percentile which is the least in terms of the percentage among all the occupational categories of the working women. This finding is supported by another study [15] where out of 345 respondents, 23% teaching faculty reported high job stress when tested on Physician Stress and Satisfaction Questionnaire. Nevertheless, 98% of the faculty reported high level of job satisfaction from teaching with deriving high level of responsibility and intellectual stimulation as important contributing source This finding is also supported by another study [16] where prevalence of burnout was found to be 27% among the neurosurgeons of the U.S.

As in Table 4, 24.6% of working female employees falls below 25th percentile of Social Well-being. This indicates that majority (75.4%) of the female employees have higher SWB. Only 40% of the doctors scored above 25th percentile of Social Well-being which is the least in terms of the percentage among all the occupational categories of the working women. This finding is contradicted by the study [6] where doctors and pharmacists were found to be highly satisfied amongst all other categories of healthcare workers.

- **Association between Psychological well-being and Occupation of women**

The Psychological Well-Being is significantly associated to the occupation of the women ($\chi2=236.038$, df=105, $p<0.001$)

This finding is supported by another study [17-19].

- **Association between Social well-being and Occupation of women**

The Social Well-Being is significantly associated with Occupation of the women ($\chi2=285.986$, df=115, $p<0.001$).

VI. CONCLUSION

Since women have to take care of home as well as her work place, it is highly recommended that good quality of cooperation, both at home and work place should be there. At home, family members need to understand the burden and stress of working women. Good mutual understanding and cooperation is all what is needed at the level of family and home. This can be achieved by equal sharing of the responsibilities at home. To uplift the social well being, the female employees should be encouraged to have more social engagements. A conducive work environment is highly recommended at the level of work place. Steps should be taken to ensure the women safety at wok place and even during her travel to work place and back to home. Good mutual understanding and cooperation is all what is needed at the level of family and home. This can be achieved by equal sharing of the responsibilities at home.

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