

# Effect of change in workplace and family environment on general and mental health of middle-aged working women: A cross-sectional study

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## Abstract

The aim of the present work was to assess the health status of middle aged (45–55 yrs) women working as school teacher. Number of subjects selected for study was 50. An interview schedule with General Health Questionnaire and Psycho Social Stress Scale questionnaire was simultaneously administered to the selected subjects. Results revealed some interesting findings that may be useful in planning future such studies.

## INTRODUCTION

The working women's problems are multidimensional and vary considerably from woman to woman. Underestimation of her potential, low importance in decision-making and less recognition of their work by family and society may be due to gender biased socialization process, have led many to remain unsatisfied as a woman. When ageing starts during middle-age, in addition to physical and social changes some psychological changes may also appear affecting the overall health including mental health. The middle years of life is important not only because it is the preparatory period that precedes old age but also a period most individuals pass through stresses and strains connected with their own physique and with their professions.

There is a need to pay due attention by family and society on changes occurring in women during 40–60 years of age preferably in working women due to her dual role responsibility. In the absence of such efforts these women may find it difficult to maintain good health, which in turn may start affecting overall well being of the family. Some suitable intervention and modification in their life style and coping strategy may help in improving and maintaining their good health.[1]

The objective of present study was to investigate the effect of factors like workplace tension, work-family conflict, changes in husband and children behaviors etc during middle age of working women on their general and mental health in a cross-sectional study. The selected subjects were

administered two questionnaires and their scores observed were analyzed.

## MATERIALS AND METHOD

A random sample of 50 middle-aged women in the age group 45–55 years (mean  $\pm$  sd = 49.42 3.46) working as teacher in government recognized girl's schools of Varanasi city (India) in 2002 was selected.

An interview schedule and two questionnaires namely Hindi adaptation[2] of General Health Questionnaire (GHQ) and Psycho Social Stress Scale[3] were simultaneously administered to the selected subjects.

The Hindi adaptation of GHQ was used in the present study. The GHQ-28 developed by Goldberg and Hillier[4] detects symptoms of non-psychotic psychological disturbances. It consists of 28 items divided into 4 sub-scales such as anxiety, depression, somatic symptoms and social dysfunction each having 7 items.

The psycho-social stress scale (PSSS) was designed to assess the extent of individual's feelings of the basic components of psychological stress. The questionnaire consisted of 40 items.

## RESULT

The general background information of subjects was collected using the interview schedule. To determine the general health and psychosocial health two questionnaires were administered. The scores observed on four sections of

GHQ viz., anxiety, depression, social dysfunction, somatic symptom and the psychosocial stress scale were recorded. The data obtained on 50 subjects were analyzed using SPSS ver.10 statistical software. The study revealed some interesting findings shown in the following tables.

Table-1 shows the median scores of four sections of GHQ and PSSS for studied 50 subjects. Thus median PSSS score obtained as 32.5 shows that 50% subjects scored less than or equal to 32.5 and 50% subjects greater than or equal to 32.5.

**Figure 1**

Table 1

Scale	Median Score (n=50)
GHQ Sub-scale-1: anxiety	12.00
GHQ Sub-scale-2: depression	08.00
GHQ Sub-scale-3: social dysfunction	16.00
GHQ Sub-scale-4: somatic symptoms	13.00
Psycho Social Stress Scale (PSSS)	32.50

33 women admitted they were having work-family conflict while 17 said no conflict. When mean scores (on 4 sub-scales of GHQ and PSSS) of the two groups were compared, unpaired t test resulted not statistically significant (Table-2). A similar picture appeared when scores of women reporting workplace tension (n=42) were compared to those reporting no workplace tension (n=8) (Table-3).

**Figure 2**

Table 2

Scale	Group-I Having work-family conflict (n=33) Mean $\pm$ SD	Group-II No work-family conflict (n=17) Mean $\pm$ SD	Between group comparison Unpaired t test
GHQ Sub-scale-1: anxiety	12.61 $\pm$ 3.96	12.59 $\pm$ 3.43	t=0.02, p>0.05
GHQ Sub-scale-2: depression	09.27 $\pm$ 3.10	08.82 $\pm$ 1.74	t=0.55, p>0.05
GHQ Sub-scale-3: social dysfunction	15.73 $\pm$ 2.64	15.94 $\pm$ 3.07	t=0.26, p>0.05
GHQ Sub-scale-4: somatic symptoms	13.24 $\pm$ 3.67	13.35 $\pm$ 2.67	t=0.11, p>0.05
Psycho Social Stress Scale (PSSS)	35.42 $\pm$ 15.82	29.06 $\pm$ 12.50	t=1.44, p>0.05

**Figure 3**

Table 3

Scale	Group-I Having workplace tension (n=42) Mean $\pm$ SD	Group-II No workplace tension (n=08) Mean $\pm$ SD	Between group comparison Unpaired t test
GHQ Sub-scale-1: anxiety	12.50 $\pm$ 3.01	13.13 $\pm$ 6.71	t=0.43, p>0.05
GHQ Sub-scale-2: depression	08.95 $\pm$ 2.29	10.00 $\pm$ 4.41	t=1.00, p>0.05
GHQ Sub-scale-3: social dysfunction	15.69 $\pm$ 2.57	16.37 $\pm$ 3.78	t=0.64, p>0.05
GHQ Sub-scale-4: somatic symptoms	13.12 $\pm$ 3.05	14.13 $\pm$ 4.76	t=0.78, p>0.05
Psycho Social Stress Scale (PSSS)	33.52 $\pm$ 15.70	31.88 $\pm$ 10.95	t=0.28, p>0.05

It was interesting to note that changes in husband and children's behavior during woman's middle-age (Table-4 & 5) could not resulted statistically significant difference on scores of both questionnaires.

**Figure 4**

Table 4

Scale	Group-I No change in Husband's Behavior (n=23) Mean $\pm$ SD	Group-II Negative change in Husband's Behavior (n=15) Mean $\pm$ SD	Between group comparison Unpaired t test
GHQ Sub-scale-1: anxiety	12.39 $\pm$ 4.38	12.47 $\pm$ 2.85	t=0.06, p>0.05
GHQ Sub-scale-2: depression	09.00 $\pm$ 2.80	08.73 $\pm$ 2.58	t=0.30, p>0.05
GHQ Sub-scale-3: social dysfunction	15.52 $\pm$ 2.95	16.00 $\pm$ 1.81	t=0.56, p>0.05
GHQ Sub-scale-4: somatic symptoms	12.91 $\pm$ 4.13	13.67 $\pm$ 2.41	t=0.64, p>0.05
Psycho Social Stress Scale (PSSS)	31.17 $\pm$ 15.71	30.00 $\pm$ 15.74	t=0.22, p>0.05

**Figure 5**

Table 5

Scale	Group-I Positive change in Children's Behavior (n=18) Mean $\pm$ SD	Group-II Negative change in Children's Behavior (n=26) Mean $\pm$ SD	Between group comparison Unpaired t test
GHQ Sub-scale-1: anxiety	12.22 $\pm$ 4.24	13.27 $\pm$ 3.67	t=0.87, p>0.05
GHQ Sub-scale-2: depression	08.83 $\pm$ 3.03	09.27 $\pm$ 2.49	t=0.52, p>0.05
GHQ Sub-scale-3: social dysfunction	15.72 $\pm$ 2.78	15.77 $\pm$ 2.61	t=0.06, p>0.05
GHQ Sub-scale-4: somatic symptoms	13.67 $\pm$ 3.80	13.27 $\pm$ 3.24	t=0.37, p>0.05
Psycho Social Stress Scale (PSSS)	28.67 $\pm$ 13.95	35.96 $\pm$ 16.36	t=1.54, p>0.05

When subjects were divided into two groups viz., those reporting their capacity was underestimated (n=31) and other whose capacity was not underestimated (n=19), it also resulted not statistically significant difference on scores of both questionnaires (Table-6). The mean and SD of scores for women who admitted they were satisfied being a woman

(n=18) and those not satisfied (n=32) are shown in Table-7. Here also the difference of means was found not statistically significant on all the observed scores.

**Figure 6**

Table 6

Scale	Group-I Capacity underestimated by others (n=31) Mean $\pm$ SD	Group-II Capacity not underestimated by others (n=19) Mean $\pm$ SD	Between group comparison Unpaired t test
GHQ Sub-scale-1: anxiety	12.26 $\pm$ 2.78	13.16 $\pm$ 4.99	t=0.82, p>0.05
GHQ Sub-scale-2: depression	09.00 $\pm$ 2.25	09.32 $\pm$ 3.38	t=0.40, p>0.05
GHQ Sub-scale-3: social dysfunction	15.77 $\pm$ 2.11	15.84 $\pm$ 3.66	t=0.08, p>0.05
GHQ Sub-scale-4: somatic symptoms	13.19 $\pm$ 3.03	13.42 $\pm$ 3.88	t=0.23, p>0.05
Psycho Social Stress Scale (PSSS)	32.39 $\pm$ 15.31	34.68 $\pm$ 14.68	t=0.52, p>0.05

**Figure 7**

Table 7

Scale	Group-I Satisfied as a woman (n=18) Mean $\pm$ SD	Group-II Not satisfied as a woman (n=32) Mean $\pm$ SD	Between group comparison Unpaired t test
GHQ Sub-scale-1: anxiety	12.89 $\pm$ 2.70	12.44 $\pm$ 4.26	t=0.40, p>0.05
GHQ Sub-scale-2: depression	08.89 $\pm$ 2.11	09.25 $\pm$ 3.02	t=0.45, p>0.05
GHQ Sub-scale-3: social dysfunction	15.22 $\pm$ 2.51	16.12 $\pm$ 2.88	t=1.11, p>0.05
GHQ Sub-scale-4: somatic symptoms	12.72 $\pm$ 3.02	13.59 $\pm$ 3.51	t=0.88, p>0.05
Psycho Social Stress Scale (PSSS)	31.56 $\pm$ 14.35	34.22 $\pm$ 15.43	t=0.60, p>0.05

## DISCUSSION

A working woman bears dual role responsibility one, at workplace and other in the family. If she lacks proper coordination and support from family and workplace she may find difficulty in delivering her dual role with full efficiency, which may induce stress, tension, depression, irritation etc affecting her mental and overall general health. With increasing age these problems may also grow and if left unchecked, during middle-age some kinds of health problem may appear.

Presence of work-family conflict and workplace tension, negative change in husband and children's behavior, underestimation of capacity etc may initiate adverse effects on health if a working woman carries these for long time in her middle-age. However, as far as these factors are concerned the present small study could not find statistically significant difference on some health measurements of these women. One of the reasons of low and similar scoring between the groups may be due to the fact that these women were not psychological cases. Persistence of such factors for long time especially during middle-age when ageing starts, may generate some health problems. Adequate care, support and motivation from family and colleagues should be provided to them for maintaining good health.

Though this is a study based on self reported data which has its own limitation yet, other researchers may take the findings of this study as input for conducting a large study incorporating some other important factors also.

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