Multiple roles of working women and psychological well-being

Sudhinta Sinha
Department of Psychology, S.S.L.N.T. Women's College, Dhanbad, Jharkhand, India

Background: Today, women’s roles are emerging differently with new commitment and career oriented as well as commitment to families. So, this in turn leads to a number of stress and strain among working women. Aims and Objectives: The aim and objective of this study was to elucidate the work–family conflict on psychological well-being experienced by working women and to determine whether social support has beneficial role in the psychological well-being of the working women. Materials and Methods: Eighty-two women working in different professions from dual-earner family and 82 homemakers from traditional single-earner family were included in the study and assessed on the following: (1) Postgraduate Institute (PGI) Health Questionnaire and (2) PGI Social Support Questionnaire (SSQ) for the assessment of well-being and social support, respectively, and data were analyzed. Results: Working women scored lower on PGI Health Questionnaire than homemakers, which was statistically highly significant, indicating that working women had higher psychological well-being than homemakers or nonworking women. On the assessment of PGI and SSQ, scores revealed that women in dual-earner families perceived lower social support as compared to those of single-earner families. Conclusion: Employed women are more satisfied with their life than nonworking women, and the quality of home and work environments determines the impact of employment on the psychological well-being of working women in dual-earner families.

Keywords: Psychological well-being, social support, strain, stress, work–family conflict

In the present scenario, women at work can be seen everywhere whether in or outside India. As the education, awareness, and opportunities for women, provided by the government, have been increasing day by day, women have also become awarded and they are also availing such opportunities. Slowly, they are strengthening their position in every sphere of life parallel to men. While working parallel to men at workplace, working women also play multiple roles such as child rears, parents, teachers, caretakers of their elderly parents, and many more, which become very much strenuous for them. It is the added responsibility and burden of chores that add to daily hassles or stress for them, especially in working women with young children, which definitely affect their psychological well-being. Much of the researches on work–family conflict have been based on the premise that multiple roles inevitably create strain (H.I. Kaila, 2008)\(^1\) as suggested by role theory and role scarcity. The outcomes associated with work–family have been studied extensively over the past 15 years and found important for individual and organization, such as absenteeism, intentions to leave work, and decreased job, family, and life satisfaction.\(^2\) In addition, negative mental and physical health outcomes have been related to high levels of work–family conflict.\(^3\)

Michel et al.\(^4\) stated that family role stressors including family involvement are predictors of family-to-work conflict. They further reported that family-to-work conflict plays a mediating role affecting work outcomes.

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

For reprints contact: reprints@medknow.com

How to cite this article: Sinha S. Multiple roles of working women and psychological well-being. Ind Psychiatry J 2017;26:171-7.
of job performance and withdrawal behavior. Researchers have found that family involvement is positively related to family–work conflict.\(^5\) However, the relationship that family involvement seems to have is more complex than the work involvement in work to family conflict relationship. As per the research findings by Greenhaus et al.,\(^3\) family involvement was found to have cross-domain effects, as it was found to be associated with lower levels of work–family conflict. Greenhaus et al.\(^8\) found a positive relationship between family involvement and work–family conflict, a relationship that was stronger for males than females. Women would be experiencing more of family-to-work conflict on account of family role involvement, childcare responsibilities, and elderly care responsibilities at home, thus leading to demand for higher family involvement.\(^9\) A direct relationship between family involvement and organizational commitment is difficult to establish, but empirical evidences suggest that facilitating higher involvement in family role will lead to lower family-to-work conflict and this in turn may result into higher commitment levels toward the organization. The employee when able to manage the family role effectively will be able to dedicate more time and efforts toward work.

Family-to-work conflict can be reduced when the employees have organizational support, family support, and social support.\(^4\) This support will help the employee in fulfilling his/her family roles effectively and satisfaction.\(^6\) Empirical evidences suggest that family involvement is positively related to work–family conflict and negatively related to organizational commitment. When a qualitative and quantitative research study was conducted among female managers by Ruderman et al.\(^9\) to examine the positive spillover of work and family domain, it was concluded that involvement in family roles helped in being more effective in their managerial roles. Hence, it is important to assess the amount of social support available to the individual and to assess its protective role. A study investigated by Opie and Henn\(^10\) on factors that affect work–family conflict and work engagement among working mothers showed that for participants with high levels of conscientiousness, work engagement decreases significantly more with an increase in work–family conflict than for participants with low levels of conscientiousness. Khan\(^10\) found in her studies that family involvement was directly related to organizational commitment. The significant positive relationship between family involvement and family–work conflict indicated that more involvement in family roles will make it difficult for the employee to dedicate enough resources toward their work, thus creating conflict.

Empirical evidences have suggested that work–family conflict acts as a full mediator or a partial mediator between the antecedents and outcome relationships, but evidences are less clear, which creates an opportunity for the researcher to investigate the mediating role of family-to-work conflict between family domain and work domain.\(^7\)

Therefore, the present study aimed to assess the impact of work–family conflict on psychological well-being experienced by working women and whether social support has beneficial impact on the psychological well-being of working women.

**MATERIALS AND METHODS**

The present study was undertaken among female spouses of dual-earner and traditional single-earner families. In this study, a dual-earner family is defined as that family in which both husband and wife were established occupational identities in terms of their involvement in a salaried job. Similarly, a traditional single-earner family is defined as that family where the husband is gainfully employed in a salaried job and plays the roles of provider and major breadwinner, while the wife does not take up any job but plays major domestic and childrearing roles.

**Sample**

Samples for the present study were determined by contacting women involved in different professions such as teacher and professor from different educational institutions, employees from bank, employees of Indian Railway, female police constables, female doctors, female engineers, nurses, females working in post office, females working in different industries and other job settings because of the possibility of ensuring of representation of a wide variety of occupational categories. From those, who consented to participate in this study, 82 working women from dual-earner family and 82 homemakers from traditional single-earner family were selected on the basis of purposive sampling. Most of the families included in this study belong to nuclear family except some traditional single-earner families, when asked about family support they said that whenever they need help from the family, relatives come to them. This study was conducted in two groups. One group consisted of working women and the other group consisted of pure homemakers from single-earner families.

**Inclusion criteria**

Only those working women who are married and both the partners are working somewhere and pure homemakers from single-earner families between the ages of 25 and 55 years were included in the study.

**Exclusion criteria**

Those working women who are unmarried, single, divorcee, or widow were excluded from the study. The working
women who do the job intermittently in between are also excluded from the study.

**Test/tool**

Three types of test were used in the study.

**The Personal Data Sheet**

It is specially designed to record the details of identifying data and other sociodemographic characteristics of working women and nonworking women/homemakers.

**PGI Health Questionnaire N-1**

It is a standardized instrument for the assessment of psychological well-being of employees. This scale is developed by Verma *et al.* in 1974.\(^{[11]}\) It consists of 38 items divided into two sections: A (physical distress) and B (psychological distress) with 16 and 22 items, respectively. It is very simple to administer in the Indian population. Its reliability on test–retest and split-half methods was found to be significantly high (0.88 and 0.86, respectively). Further, its validity was found very high with other tests of neuroticism concomitantly. The total score of PGI Health Questionnaire N-1 was highly correlated with similar trait of other scales.

**PGI Social Support Questionnaire**

This scale is an Indian adaptation, in Hindi language,\(^{[12]}\) of the Pollack and Harris Scale (Pollack and Harris, 1993) to measure the perceived social support. It is simple, short, and quick to administer. It has 18 items; a high score indicates more perceived social support. The items in the scale refer to help, concern, support, reinforcement, and criticism that a person gets from one’s family, friends, social acquaintances, and working colleagues. It is a robust instrument in terms of both consistency and stability of scores. It can be used in a variety of situations where the perceived social support is required as an independent, dependent, or intervening variable. It has a test–retest reliability of 0.59 and correlation with clinician’s assessment at 0.80.

**Procedure**

Finally, a total sample of 82 working women and 82 homemakers fitting into the above-mentioned sampling criteria were selected on the basis of purposive sampling. The purpose of the study was explained to them, which helped to establish the proper rapport. They were interviewed individually. The respondents were asked to fill the questionnaire according to instructions. They were requested to respond truly and were assured that their responses would be kept confidential.

**RESULTS**

Results are shown in the following Tables and Figures.

**DISCUSSION**

In the present study, the main objective was to find the impact of work–family conflict on psychological well-being experienced by working women and whether social support has a beneficial role in the psychological well-being of the working women.

A large number of studies on psychological functioning of spouses in dual-earner families reveal a lower level of life satisfaction for dual-earner couples.\(^{[13]}\) However, there are also studies favoring dual-earner pattern of family setup for the mental health of spouses. Earlier researches on the impact of work on psychological well-being of women were limited to determining whether employed women experience higher level of psychological distress than homemakers. No consistent findings were reported by these studies. Some researchers found that outside employment to be beneficial for the psychological well-being of women, while other studies found employment to be deleterious for the mental health of the working women.

**Sociodemographic distribution of the sample (working and nonworking women)**

In the present study, sociodemographically, there was no significant difference in distribution of the sample regarding age, religion, and language spoken. A significant difference was found between both the groups (working and nonworking women) in the level of education, domicile, and family income as shown in Tables 1-6, respectively.

In the level of education, both the groups of working and nonworking women differ significantly with each other. This shows the value of Chi-square ($P < 0.01$ level) in Table 4. It may be due to the fact that the educational level in working women was higher as compared to the nonworking women, because on the basis of higher educational level they were working. Hence, it is quite obvious that nonworking women will have lower educational level as compared to working women.

Regarding domicile, the difference between working and nonworking women was highly significant ($P < 0.01$ level) as shown in Table 5. It may be because the working women belong to urban area due to their job, two to three times more than nonworking women. Since nonworking women are homemaker, a majority of non-working women belong to semi-urban or rural area.

Similarly, in family income also, working women belong to two or three times more from upper family income group than nonworking women, because in working women group both the partners (dual earner) are working, so it is quite obvious that working women group will always have
Table 1: Description of the sample included in the study: Age-wise distribution

| Group          | n  | Mean | SD   | SEM  | Mean difference | SE of difference | df | t    |
|----------------|----|------|------|------|-----------------|------------------|----|------|
| Working women  | 82 | 4.13 | 8.98 | 0.92 | 2.22            | 1.332            | 162| 1.666|
| Nonworking women | 82 | 3.91 | 8.05 | 0.89 |                 |                  |    |      |

NS – Not significant; SD – Standard deviation; SEM – Standard error of mean; SE – Standard error

Table 2: Description of the sample included in the study: Religion

| Religion       | Group                  | Working women, n (%) | Nonworking women, n (%) |
|----------------|------------------------|----------------------|-------------------------|
|                |                        | Hindu                | 70 (85.36)              |
|                |                        | 75 (91)              |
|                |                        | Christian            | 6 (7.32)               |
|                |                        | 2 (2.4)              |
|                |                        | Muslim               | 2 (2.44)              |
|                |                        | 5 (6.0)              |
|                |                        | Sikh                 | -                     |
|                |                        | -                    |
|                |                        | Santal               | 4 (4.88)              |

Frequencies in other religion are too small for meaningful application of Chi-square test

Table 3a: Description of the sample included in the study: Language spoken

| Language   | Group                  | Working women, n (%) | Nonworking women, n (%) |
|------------|------------------------|----------------------|-------------------------|
| Hindi      |                        | 68 (82.92)           |
|            |                        | 75 (91.46)           |
| Bengali    |                        | 13 (15.85)           |
|            |                        | 4 (4.90)             |
| Khortha    |                        | 1 (1.22)             |
|            |                        | 3 (3.65)             |
| English    |                        | -                    |
|            |                        | -                    |

Table 3b: Description of the sample included in the study: Hindi versus other languages

| Group       | Hindi | Other languages | df | $\chi^2$ |
|-------------|-------|-----------------|----|----------|
| Working women | 68 | 14 | 1 | 2.66 |
| Nonworking women | 75 | 7 | | |

$\chi^2$=NS. NS – Not significant

Table 4: Description of the sample included in the study: Level of education

| Level of education | Group                  | Working women, n (%) | Nonworking women, n (%) | df | $\chi^2$ |
|--------------------|------------------------|----------------------|-------------------------|----|----------|
| Up to matric       |                        | 5 (6.09)             |
|                    |                        | 23 (28.04)           |
| Up to undergraduate |                        | 29 (35.36)           |
|                    |                        | 38 (46.34)           |
| Up to postgraduate and above | | 48 (58.54) | 21 (25.60) |

**Significant at 0.05 level

upper family income, whereas nonworking women will have lower family income.

Comparison between working and nonworking women regarding psychological well-being

A feeling of well-being generated by achieving what one aspires is an important aspect of mental health. Accomplishments generate positive feelings such as confidence, happiness, and satisfaction, while failures often lead to sadness and frustration. In the present study, the working women and the nonworking women were compared with regard to their psychological well-being on the PGI Health Questionnaire [Table 7]. Mean comparison showed [Table 7 and Figure 1] that the working women had lower scores on PGI Health Questionnaire as compared to nonworking women. As per test norms, lower test score indicates higher psychological well-being and higher test score indicates poor psychological well-being. Here, in the present study, the differences between two groups (working and nonworking) were statistically highly significant [Table 7 and Figure 1], which means that the working women had higher psychological well-being as compared to nonworking women. These findings are consistent with the study of Gove and Tudor, who found that employed women have dual roles as sources of gratification – work and family – allowing them to possess greater psychological well-being. Burke and Weir reported lower satisfaction and poorer mental health and physical health among homemakers. These researchers observed that traditional, domestic, and home care roles can be more stressful than the nontraditional work roles as there is poor reward value attributed to these roles in advanced and industrial societies.

Kandel et al. in their study on the impact of multiple roles on the mental health of working women reported that the balance between rewards and concerns in the wife; mother and paid worker roles show a stronger negative relationship with depression among women. Verbrugge (1983) also found that employment, marriage, and parenthood are associated with good physical and mental health in women. According to him, employed married mothers tend to have the best health profile and, of the three roles, employment has the strongest effect on health. He concluded that multiple roles have no special effect on health either positively or negatively. People with both jobs and family roles enjoy the health benefits of each role and incur no special health disadvantage or benefit for being so busy in their different roles.

The positive effects of employment on the mental health of women also come from the privileges of job, status, power, position, and economic independence. Since a woman’s status is heavily dependent on the employment, working women tend to look at their employment positively. Employment naturally raises her status, enhances her sense of self-worth, and provides her greater psychological
well-being, irrespective of the role of strain and family problems. Employment also increases the possibilities of an egalitarian relationship in marriage. The sense of achievement, income, and recognition in the society enables working women to consider their jobs as rewarding and psychologically satisfying. Voydanoff and Donnelly found that worker role reward value has greater significance to the mental health of working women. On the contrary, being confined to the home is considered an important factor of poor mental health among nonworking women. Employment is also seen as a factor that can mitigate the disadvantages and frustrations resulting from burdensome, domestic and childcare responsibilities for homemakers. This is especially true when a woman is upwardly anchored and looks forward to a job to derive status, recognition, and power.

Relation between social support and psychological well-being

Further, assessment of perception of social support of working women and nonworking women revealed that women in dual-earner families perceived lower social support as compare to those in single-earner families [Table 8 and Figure 2]. As per the norms of PGI-Social Support Questionnaire (SSQ), the higher the score, better will be the perceived social support; in the present study, nonworking women (homemakers) scored higher as compared to working women and both the groups differ significantly with each other. It may be due to the fact that homemakers have plenty of time to interact and make better relations with neighbors, friends, and relatives than working women. Sometimes, homemakers interact with others just for the sake of passing time, whereas working women hardly get sufficient time to interact and if so, only on weekdays or holidays.

Further, to find out the relationship between the obtained scores on PGI-SSQ and PGI health questionnaire, Pearson’s product moment correlation (r) and also Spearman’s (ρ) rank difference method were calculated [Tables 9 and 10]. The coefficient of correlation between both the variables (social support and psychological well-being) was found not significant at any level which indicated that social support does not affect the psychological well-being of working women, whether it is higher or lower. That is why, being scored lower on PGI-SSQ, working women showed higher psychological well-being. On the contrary, being scored higher on PGI-SSQ, nonworking women showed poor psychological well-being.

CONCLUSION

Different studies comparing the psychological health of working women and nonworking women report
that employed women are more satisfied in their life than nonworking women. Mental health disadvantages for working women arise mostly from the fact that employment is inconsistent with the preferences of both spouses. If woman is in labor market with the consent and the will of both spouses, there is every reason that job will positively contribute to the psychological well-being.

Findings of previous researches and the present study show that it is not *per se* the work, but the quality of home and work environments that determine the impact of employment on the psychological well-being of working women in dual-earner families.

**Financial support and sponsorship**

This study was funded by the UGC, ERO, Kolkata.

**Conflicts of interest**

There are no conflicts of interest.
8. Ruderman MN, Ohlott PJ, Panzer K, King SN. Benefits of multiple roles for managerial women. Acad Manag J 2002;45:369-86.
9. Opie TJ, Henn CM. Work-family conflict and work engagement among mothers: Conscientiousness and neuroticism as moderators. SA J Ind Psychol 2013;39:12. Available from: http://www.htpp//dx.doi.org/10.4102/sajip.v39i.1082. [Last accessed on 2016 Sep 25].
10. Khan N. Family to work conflict among working mother in UAE. Eur Sci J 2014;10:205-16.
11. Verma SK, Wig NN, Prasad D. P.G.I. health questionnaire N-1 (PGIHQN-1). Agra: National Psychological Corporation; 1974. p. 15.
12. Nehra R, Kulhara P, Verma S. Manual of P.G.I. social support questionnaire. Varanasi: Rupa Psychological Centre; 1998.
13. Ross CE, Mirowsky J, Huber J. Dividing work, sharing work, and in-between: Marriage patterns and depression. Am Sociol Rev 1983;48:809-23.
14. Gove WR, Tudor JF. Adult sex roles and mental illness. AJS 1973;78:812-35.
15. Burk RJ, Weir T. Some personality differences between members of one career and two career families. J Marriage Fam 1976;38:453-9.
16. Kandel DB, Davies M, Ravers VH. The stressfulness of daily social roles for women: Marital, occupational and household roles. J Health Soc Behav 1985;26:64-78.
17. Verbrugge LM. Multiple roles and physical health of women and men. J Health Soc Behav 1983;24:16-30.
18. Voyerdonoff P, Donnelly BW. Work and family roles and psychological distress. J Marriage Fam 1989;51:923-32.