



Research Article

Study to Assess the Selected Psychosocial Problems of Working Women and Adopted Coping Strategies by Them in Selected Occupations of Gwalior City with a View to Develop Booklet on it

Suraj Kumar Meena¹, Rashmi Singh²

¹Department of Mental Health Nursing, Hayward Institute of Nursing, Gwalior, Madhya Pradesh, India, ²Department of Obstetrics and Gynecology Nursing, Sophia Nursing College, Gwalior, Madhya Pradesh, India

Abstract

Background: India being a predominantly rural country with a population of more than 1 billion people has access to cheap labor. Looking back at the Indian population and labor literature, India has grown at an annual rate of 2.27% in urban areas and 0.66% in rural areas. **Materials and Methods:** For the main study investigator had selected the research setting selected Occupations -Primary teachers of schools run by General Medical Council (GMC), Nursing professionals of multispecialty hospital above 100 beds run by GMC. The hospitals and schools were selected on the basis of geographical proximity, feasibility of conducting study, and availability of sample. **Results:** In the present study, selected psychosocial problems in that about work place 151.33 (16.67%), harassment 34.50 (25.00%), dignity 240.00 (100.00%), support 289.00 (100.00%), decision-making 165.50 (50.00%), sleep disturbances 175.00 (100.00%), concentration 200.00 (20.00%), time difficulty 202.00 (33.33%), relationship 142.00 (20.00%), job security 60.00 (100.00%), and physical problem 180.00 (100.00%). Moreover, coping strategies 13% samples have poor coping strategies, 23.5% samples have average coping strategies, and 63.5% samples have good coping strategies. **Conclusion:** The major conclusions derived from the present study are Working women have good coping strategies in selected occupations of Gwalior city, There is no significant association with the Selected Demographic Variables such as professional qualifications, designation, type of family, religion and There was a significant association with the selected Demographic Variables such as age, monthly income, and experience at present job.

Key words: Psychosocial problems, coping strategies, occupation

Address for Correspondence: Suraj Kumar Meena, Department of Mental Health Nursing, Hayward Institute of Nursing, Gwalior, Madhya Pradesh, India. E-mail: surajrnb@outlook.com

Introduction

In the present era in industrialized countries, the majority of women work outside the home, either part-time or full-time.

Access this article online

Website: http://www.innovationalpublishers.com/Journal/ijns	e-ISSN: 2581-463X
DOI: 10.31690/ijns.2021.v06i04.006	

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution Noncommercial Share Alike 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.

How to cite this article: Meena SK, Singh R. A Study to Assess the Selected Psychosocial Problems of Working Women and Adopted Coping Strategies by Them in Selected Occupations of Gwalior City with a View to Develop Booklet on it. Indian Journal of Nursing Sciences 2021;6(4):100-105.

Working women with children living at home differ from women with no children and from their own working spouses or partners living in the same home in several ways. According to studies from Sweden, total workload increases directly with the number of children at home for both women and men, but the rate of workload increase is 2–3 times as great for the working mother compared with the father. The working mothers report greater stress due to conflicting demands between paid work and responsibilities at home. Perceived control over unpaid work at home is reduced among working mothers compared with other working women or to working fathers. The effect of stress on our bodies have three routes of impact. The physical body reacts to stress in the way of nonverbal action such as muscle cramps, headache, and sweaty palms. The mind impact include thoughts, opinions, judgements, beliefs and belief systems that a person has that influence the behavior. Emotion or feelings experienced lead the way one reacts

to people, place, and events that influence our decision. In today's society it is no longer acceptable to fight or flee from a situation and this reaction lead to damage of health. In our world of fast paced, highly competitive life styles having option is more difficult.^[1]

While a majority of the women still face discrimination and gender bias, in the last few decades, the number of women successful in politics, technology and business etc. is definitely on the rise. Society has started seeing women in a different perspective. They work as lawyers, nurses, doctors, social workers, teachers, secretaries, managers and officers etc. There is no profession today where women are not employed. However, it is true that working women have to face problems by virtue of their sex. For centuries women have been subjected to exploitation and torture, physically, sexually and mentally. There are innumerable challenge and problems faced by them both at home and workplace. What we generally see today, in addition to various media and journal reports is that in the workplace women generally face mental stress, sexual harassment, discriminatory practices, safety and security issues etc. (Martin, 1989). India's patriarchal society thinks of women only as homemakers and sexual objects and is generally subjected to exploitation and torture.^[2]

Women in the workforce earning wages or a salary are part of a modern phenomenon, one that developed at the same time as the growth of paid employment for men; yet women have been challenged by inequality in the workforce. A woman is a social animal. To keep her in captivity, without access to work or finance or interaction with the outside world, is less than fair (Eisenhower, 2002). Economic, social, and political empowerment of women is essential for the development of any society. Working women are essential for the development of the society, so empowerment of women is important to the process of upliftment of economic, social, political status of women. Conventionally, women have been the under-privileged ones in society, not enjoying the same rights or standards of living as the other half of the population.^[3]

According to Robin (2002) "Sexism is the root oppression, the one which, until and unless we uproot it, will continue to put forth the branches of racism, class, hatred, agism, competition, ecological disaster and economic exploitation. No other human differentiations can be similarly powerful in reproducing oppressions, and so, women are the real left."^[4]

Status of women can be broadly defined as the degree of socio-economic equality and freedom enjoyed by women. Economic, social and cultural factors interplay for reinforcing the gender differences in ownership, control and access to land through inheritance, marriage or informal networks (Arun, 1994). Women's economic status in the household, depends on three levels of influence, viz., women's acquired economic and social power, the socio-economic status of their households, and the level of support and opportunities in the community (Zhao,

1991). Women's economic well-being is usually enhanced by women acquiring independent sources of income that begets increased self-esteem and improved conditions of their households and the overall level of development in their communities. The gender gap in the ownership and control of property is the most significant contributor to the gender gap in the economic wellbeing, social status, and empowerment of women (Andal, 2002) Women have been playing vital roles in households for ages. Now women are also Recognized for their value in the workplace and are engaged in wide range of activities of work in addition to their routine domestic work. Building a society where women can breathe freely without fear of oppression, exploitation, and discrimination is the need of the hour, to ensure a better future for the next gender.^[5]

Materials and Methods

Study design and setting

Research design used for the proposed study was a cross-sectional with a typical descriptive design to assess the selected psychosocial problems of working women in Selected Occupations - primary teachers of schools run by General Medical Council (GMC), nursing professionals of multispecialty hospital above 100 beds run by GMC.

For the main study Investigator had selected the research setting selected Occupations -Primary teachers of schools run by GMC, Nursing professionals of multispecialty hospital above 100 beds run by GMC.

Sample size and sampling method

The investigator selected 200 samples of working women in selected occupations -Primary teachers of schools run by GMC, Nursing professionals of multispecialty hospital above 100 beds run by GMC.

For the selection of sample, investigator has used simple randomization., in which the required number of sampling units were selected from the population in such a manner that each population element, those who fulfilled the criteria laid down for the selection of the sample and who was available during the period of data collection.^[6]

Sampling is necessary because it is more economical and efficient to work with a small group of elements. A sample consists of a subset of the units that compose the population. Investigator will adopt probability sampling technique to select the samples.^[7]

Data collection tool and technique

Based on the objectives of the study, investigator developed data collection tool in order to obtain necessary information. Investigator developed a rating scale to assess the psychosocial problems of working women and structured checklist to assess coping strategies among working women.

Section-A: It consists of demographic data, i.e., age, designation, professional qualification, type of family, religion, monthly income, numbers of family members, and years of experience at present job.

Section-B: It consists of psychosocial problems of working women of selected occupations.

Data management and analysis

The development of tool is a step-by-step procedure in order to make the tool. Investigator came across some studies that had total of 30 items. Investigator had prepared Rating scale to assess the psychosocial problems of working women in selected occupations about work place, Harassment, Dignity, Support, Difficulty in decision making, Sleep disturbances, Difficulty in concentration, Timing difficulty, Difficulty in maintain a relationship, Job security, Physical problems. Total 20 items Investigator had prepared dichotomous type Structured checklist to assess coping strategies of working women in selected occupations in that marks “0–6” it considered in “poor” category, “7–13” marks it considered in “average” category, “14–20” marks it considered in good category. A review of research and Non-research literature, expert’s opinion, and Investigator’s experience is the basis for construction of the tools for data collection for the present study. The investigator had selected the following tools for the data collection.

Ethical and cultural considerations

Before starting data collection formal permission was obtained from concerned authority such as Medical, Nursing Superintendent and director of Psychiatric set up of Madhya Pradesh State. Investigator collected data from selected psychiatric setting of Madhya Pradesh state. Formal addressing and permission letter and information were given to each respondent for their participation in the study. The respondents were explained about the purpose of the study. As per prepared schedule, the data was collected by conducting interview session by researcher.

Results

The data were analyzed and interpreted in terms of the objectives of the study. The findings were presented under the following headings.

- 1) Findings related to Demographic Data of Samples.
- 2) Findings related to Selected Psychosocial problems among working women.
- 3) Findings related to coping strategies of working women in selected occupations of Gwalior city.
- 4) Findings related to the Association of coping strategies with selected demographic data of working women.

- 1) Finding related to demographic data of the samples
 - The data related that out of 200 samples understudy, Majority of samples 142 (71%) belonged to the age group of 21–30 years. As

regard to designation of samples, 100 (50%) were nurses and 100 (50%) were teachers. As regards to professional qualification for nurse Majority of samples 84 (42%) were GNM. As regards to professional qualification for teachers Majority of samples 67 (33.5%) were phenylthiocarbamide (P.T.C.) As regard to type of family Majority of samples 109 (54.5%) belonged to joint family. As regard to religion Majority of samples [Table 1] 172 (86%) were to Hindu.

Table 1 showed the demographic distribution of the samples. It reveals that out of 200 samples understudy, 142 (71%) belonged to age group of 21–30 years, 38 (19%) belonged 31–40 years, 13 (6.5%) belonged to 41–50 years, 7 (3.5%) belonged to 51–60 years.

Table 1: Frequency, percentage wise distribution of samples by their demographic data ($n=200$)

Demographic data	Frequency	Percentage
Age		
21–30 years	142	71
31–40 years	38	19
41–50 years	13	6.5
51–60 years	7	3.5
Designation		
Nurse	100	50
Teacher	100	50
Professional qualification		
GNM	84	42
PTC	67	33.5
Graduate	33	16.5
Postgraduate	16	8
Type of family		
Stay alone	3	1.5
Nuclear	88	44
Joint	109	54.5
Religion		
Hindu	172	86
Muslim	14	7
Christian	14	7
Other	0	0
Monthly income		
15,000–25,000 rs.	103	51.5
25,001–35,000rs.	37	18.5
35,001–45,000rs.	28	14
45,001 rs. and above	32	16
Experience at present job		
Below 1 year	31	15.5
1–3 years	90	45
3.1–6 years	22	11
More than 7 years	57	28

As regard to designation of samples 100 (50%) were nurses and 100 (50%) were teachers.

As regards to professional qualification for nurse 84 (42%) were GNM, 33 (16.5%) were graduate and 16 (8%) were post graduate and 67 (33.5%) were P.T.C. As regard to type of family of samples 3 (1.5%) belonged to stay alone, 88 (44%) belonged to nuclear family, 109 (54.5%) belonged to joint family.

As regard to religion of samples 172 (86%) were to Hindu, 14(7%) were to Muslim, 1 (5%) were to Christian and, 14 (7%).

As regard to monthly income of samples 103 (51.5%) had 15,000–25,000 rs, 37 (18.5%) had 25,001–35,000 rs, 28 (14%) had 35,001–45,000, 32 (16%) had 45,000 and above income.

As regards to years of experience at present job 31 (15.5%) had below 1 year, 90 (45%) had 1–3 year's experience, 22 (11%) had 3.1–6 year's experience, 57 (28%) had more than 7 year experience.

51 analysis and interpretation of samples selected psychosocial problems.

As regard to monthly income of Majority of samples 103 (51.5%) had 15,000–25,000 Rs. As regards to years of experience at present job Majority of samples 90 (45%) had 1–3 year's experience [Table 2].

The data in Table 2 shows the of samples as per area as regard to workplace 151.33 (16.67%), harassment 34.50 (25.00%), dignity 240.00 (100.00%), support 289.00 (100.00%), decision making 165.50 (50.00%), sleep disturbances 175.00 (100.00%), concentration 200.00 (20.00%), time difficulty 202.00 (33.33%), relationship 142.00 (20.00%), job security 60.00 (100.00%), physical problem 180.00 (100.00%).

Analysis and Interpretation of Coping Strategies Adopted by Workingwomen.

2) Findings related to selected psychosocial problems of working women in selected occupations of Gwalior city.

- Samples as per area was accordingly about work place 151.33 (16.67%), harassment 34.50 (25.00%), dignity 240.00 (100.00%), support 289.00 (100.00%), decision making 165.50 (50.00%), sleep disturbances 175.00 (100.00%), concentration 200.00 (20.00%), time difficulty 202.00 (33.33%), relationship 142.00 (20.00%), job security 60.00 (100.00%), physical problem 180.00 (100.00%) [Table 3].

Table 3 shows that 26 (13%) samples have poor coping strategies, 47 (23.5) samples have average coping strategies and 127 (63.5%) samples have good coping strategies.

Section 4.4 analysis and interpretation of association of coping strategies with selected demographic data

3) Findings related to coping strategies of working women in selected occupations of Gwalior city [Table 4].

Table 4 shows calculated chi square value is 26.087 and tabulated chi square value is 12.59. So it was significant at 0.05 level significance hence coping strategies regarding selected psychosocial problems of working women was affected by Age of the samples.

- Samples 13.0% samples have poor coping strategies, 23.5% samples have average coping strategies and 63.5% samples have good coping strategies.
- 4) Findings related to association of demographic data with the coping strategies of working women in selected occupations of Gwalior city.
- In the samples there is association found with the age, monthly income and experience at present job and no association with designation, type of family, religion [Table 5].

Table 5 shows calculated chi square value is 31.763 and tabulated chi square value is 5.99. So it is significant at

Table 2: Area wise mean score and mean percentage of selected psychosocial problems of the samples (n=200)

Selected psychosocial problems	Maximum score	Mean score	Obtained Score	Mean %
Work place	12	151.33	908	16.67
Harassment	8	34.50	138	25.00
Dignity	2	240.00	240	100.00
Support	2	289.00	289	100.00
Decision making	4	165.50	331	50.00
Sleep disturbances	2	175.00	175	100.00
Concentration	10	200.00	1000	20.00
Time difficulty	6	202.00	606	33.33
Relationship	10	142.00	710	20.00
Job security	2	60.00	60	100.00
Physical problem	2	180.00	180	100.00

0.05 level significance hence coping strategies regarding selected psychosocial problems of working women was not affected by designation of the samples.

Discussion

A case study on Problems of Working Women in City Sukkur the study was conducted to find out different problems that Working women face. Working women face domestic problems as well as official matters. In homes they cook, clean the house, care for children and family members while outside they face transportation problems, sexual harassment during their mobility and at work place. Sometimes they have no control on utilization of their salaries. These salaries were utilized on maintenance of home or other issues. Similarly, they have less access to join social gathering because it may suffer their work or they have less number of leaves. 150 respondents, 37 from education department, 13 were doctors, 27 were nurses, 33 were employees of various NGOs and 40 were sales representatives in various cellular companies were selected for the current study. Working women face difficulties to look after their homes.^[8]

The major conclusions derived from the present study are Working women have good coping strategies in selected occupations of Gwalior city, There is no significant association with the Selected Demographic Variables such

as professional qualifications, designation, type of family, religion and There was a significant association with the selected Demographic Variables such as age, monthly income, and experience at present job.^[8]

Women are more likely to suffer from symptoms of stress. Working mothers, regardless of whether they are single or married, face higher stress levels and adverse health effects. Stress in working mothers has the compounded negative effect of potentially causing stress symptoms in their children. Stress can affect almost every aspect of an individual's life, including physical changes, psychological changes, sleep disturbances, sexual dysfunction, and memory, concentration, and learning. The symptoms of stress overlap with the symptoms of depression and anxiety. Stress is a type of short-term stress that provides immediate strength. Distress is a negative stress brought about by constant readjustments or alterations in a routine. Hyper stress occurs when an individual is pushed beyond what he or she can handle.^[9]

The data related that out of 200 samples understudy, Majority of samples 142 (71%) belonged to age group of 21–30 years. As regard to designation of samples, 100 (50%) were nurses and 100 (50%) were teachers. As regards to professional qualification for nurse Majority of samples 84 (42%) were GNM. As regards to professional qualification for teachers Majority of samples 67 (33.5%) were P.T.C. As regard to type of family Majority of samples 109 (54.5%) belonged to joint family. As regard to religion Majority of samples

In the present study selected psychosocial problems in that about work place 151.33 (16.67%), harassment 34.50 (25.00%), dignity 240.00 (100.00%), support 289.00 (100.00%), decision making 165.50 (50.00%), sleep disturbances 175.00 (100.00%), concentration 200.00 (20.00%), time difficulty 202.00 (33.33%),

Table 3: Frequency and percentage wise distribution of the samples score regarding coping strategies ($n=200$)

Score	Grade	Frequency (F)	Percentage (%)
0–6	Poor	26	13.0
7–13	Average	47	23.5
14–20	Good	127	63.5
Total		200	

Table 4: Association between age and coping strategies of samples ($n=200$)

Age	Coping strategies			Total	Calculated value	Tabulated value
	Poor	Average	Good			
21–30	26	35	81	142	26.087	12.59
31–40	0	5	33	38		
41–50	0	2	11	13		
51–60	0	5	2	7		
Total	26	47	127	200		

*significant at 0.05 level, $df=6$

Table 5: Association between designation and coping strategies of samples ($n=200$)

Designation	Coping strategies			Total	Calculated value	Tabulated value
	Average	Good	Poor			
Nurse	24	50	26	100	31.763	5.99
Teacher	23	77	0	100		
Total	47	127	26	200		

*significant at 0.05 level, $df=2$

relationship 142.00 (20.00%), job security 60.00 (100.00%), physical problem 180.00 (100.00%). And coping strategies 13% samples have poor coping strategies, 23.5% samples have average coping strategies and 63.5% samples have good coping strategies.

Conclusion

Working women have good coping strategies in selected occupations of Gwalior city. There is no significant association with the Selected Demographic Variables like professional qualifications, designation, type of family, religion and significant association with the selected Demographic Variables like age, monthly income and experience at present job.

Acknowledgments

I would also like to thank all the experts who devoted their precious time and priceless knowledge for validation of the tool and this research study. I would like to express my deep sense of indebtedness and to pay high regards to my source of life energy: my beloved Grandparents without whom everything is imperfect in this world. Thank you for always blessed me, supported me and prayed for me throughout the time of my research. Funding

The task force concluded that it is important for American Psychological Association and individual to become

familiar with the challenges that funding can pose to their integrity.

Conflict of Interest

Public center organization recognizes the need to have arrangement in place that prevent, counter and deal with potential conflicts of interest.

References

1. Sawhill G. ILO Global Action Programme on Migrant Domestic Workers. Geneva, Switzerland: ILO; 2020.
2. Martin S. Women in Management in the New economic Environment: The case of India. *Asia Pac Bus Rev* 1989; 11:179-93.
3. Dwight D. 100 Statistical Terms. 1st ed. New Delhi: Sage Publications; 2002.
4. Robin M. Challenges with Recruiting Women Manager in Industries. Ch. 1-5. *Int J Manag Stud*; 2002.
5. Biswas P. The Gender Gap in Employment: What's Holding Women Back? *JOUR*; 2018.
6. Basavanthappa BT. Nursing Research. 2nd ed. New Delhi: Jaypee Brothers Medical Publishers Ltd.; 2007.
7. Basavanthappa BT. Nursing Research. New Delhi: Jaypee Brothers Medical Publishers Ltd.; 2003.
8. Kelly MM. Sex Differences in the Use of Coping Strategies and their Relationship to Depression and Anxiety-related Psychopathology. *HHS Public Access*; 2008.
9. Biaggi A. Identifying the women at risk of antenatal anxiety and depression: A systematic review. *J Affect Disord* 2016; 191:62-77.