

Life-Satisfaction among Female Employees (A Study in Aligarh)

Pawan Kumar Patric¹, Uzma Eram², Najam Khaliq³, Anees Ahmad⁴

¹Assistant Professor, Department of Community Medicine, Krishna Mohan Medical College, Mathura, Uttar Pradesh, ²Associate Professor, ^{3,4}Professor, Department of Community Medicine JN Medical College, AMU, Aligarh.

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Abstract

Occupational mental health is 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 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 level of life satisfaction among the 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. It was found that Satisfaction with life is significantly associated with the occupation of the women.

Key words: life satisfaction, occupation, female employees

Introduction

The working women are found to face an increasing amount of physical and mental fatigue. Various research studies conducted suggest that women are vulnerable and prone to Psychosocial problems more than that of men. The mental health of women depends upon of factors pertaining to homes and workplaces. Ferree ⁽⁷⁾and earlier studies by other authors have argued that women with jobs outside the home are generally happier and more satisfied with their lives than are full time housewives . Working women also reported better physical health than homemakers ⁽⁸⁾. Besides the home-related factors and duties, job satisfaction is found to be an integral factor

contributing to stress and strain in female employees. 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⁾. 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. In most societies, work-life conflict seems to be quite high especially in case of working women. This is because in majority of societies worldwide, women

have traditionally shouldered the bulk of family responsibilities and remain primarily responsible for their children and the care of the elderly⁽⁹⁾. Recent studies have proved that married woman with young children show more anxiety and depression. Most women studied stated that they would sacrifice their own free time and reduce the amount of sleep they had so that their children did not feel the adverse effects of having a working mother⁽¹⁰⁾. 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 level of **Life-satisfaction among female employees**.

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-availability 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:

$$N = 340 + (10\% \text{ of } 340) = 374 \text{ which was rounded off to } 400.$$

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 **The Satisfaction With Life Scale⁽¹⁸⁾** was developed to assess satisfaction with the respondent's life as a whole. The scale does not assess satisfaction with life domains such as health or finances but allows subjects to integrate and weight these domains in whatever way they choose. The SWLS is shown to be a valid and reliable measure of life satisfaction, suited for use with a wide range of age groups and applications. A 5-item scale designed to measure global cognitive judgments of one's life satisfaction (not a measure of either positive or negative affect).

1. In most ways my life is close to my ideal.
2. The conditions of my life are excellent.
3. I am satisfied with my life.
4. So far I have gotten the important things I want in life.
5. If I could live my life over, I would change almost nothing.

Participants indicate how much they agree or disagree with each of the 5 items using a 7-point scale. 7 - Strongly agree; 6 - Agree; 5 - Slightly agree ; 4 - Neither agree nor disagree ; 3 - Slightly disagree; 2 - Disagree; 1 - Strongly disagree.

Scoring: Cut off values used for the given scale is as mentioned in the table.

| Final score | Inference |
|-------------|---------------------|
| 31-35 | Extremely satisfied |
| 26-30 | Satisfied |
| 21-25 | Slightly satisfied |

| Final score | Inference |
|-------------|------------------------|
| 20 | Neutral |
| 15-19 | Slightly dissatisfied |
| 10-14 | Dissatisfied |
| 5-9 | Extremely dissatisfied |

2 For Socio economic class.⁽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.

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.

Results



Fig 1: Satisfaction With Life Scale

Table 1: Satisfaction with life across different job categories

| SWLS Responses | Occupation of woman (N=378) | | | | | | Total |
|---|-----------------------------|-----------------|----------------|--------------------|---------------------|----------------|-------------|
| | Doctor | Nursing Officer | LA/ Tech./ MSW | Official/ Clerical | Ward Lady/ WA/ Peon | MTS/ Safaiwala | |
| Extremely Dissatisfied | 0 | 9 (4.27%) | 0 | 0 | 14 (22.58%) | 4 (11.43%) | 27 (7.14%) |
| Dissatisfied | 0 | 67 (31.75%) | 11 (44%) | 3 (20%) | 4 (6.45%) | 10 (28.57%) | 95 (25.13%) |
| Slightly Dissatisfied | 10 (33.3%) | 54 (25.59%) | 11 (44%) | 3 (20%) | 14 (22.58%) | 6 (17.14%) | 98 (25.93%) |
| Neutral | 0 | 2 (0.95%) | 0 | 4 (26.67%) | 9 (14.52%) | 0 | 15 (3.97%) |
| Slightly Satisfied | 0 | 23 (10.90%) | 2 (8%) | 2 (13.33%) | 9 (14.52%) | 2 (5.71%) | 38 (10.05%) |
| Satisfied | 16 (53.33%) | 47 (22.27%) | 1 (4%) | 3 (20%) | 12 (19.35%) | 13 (37.14%) | 92 (24.34%) |
| Extremely Satisfied | 4 (13.33%) | 9 (4.27%) | 0 | 0 | 0 | 0 | 13 (3.44%) |
| Total | 30 | 211 | 25 | 15 | 62 | 35 | 378 |
| ❖ Satisfaction with life is significantly associated with the occupation of the women ($\chi^2=140.384$, $df=30$, $p<0.001$) | | | | | | | |

Discussion

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 healthcare 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 Fig 1,

Among all the 378 study participants, 25.93% (n=98) were slightly dissatisfied while 25.13% (n=95) were dissatisfied with life. Whereas, 7.14% (n=27) of the respondents were extremely dissatisfied with life. On summing up all the sub categories of dissatisfaction, it can be said that about 58% of the respondents were slightly to extremely dissatisfied with life. 3.97% (n=15) of the respondents were found of neutral life satisfaction. A very little portion of the participants (3.44%) were extremely satisfied while, 24.34% were satisfied with their life.

This finding is supported by a study⁽¹⁶⁾ done to explore the satisfaction of health-care staff in Chinese public hospitals and to identify the factors affecting the satisfaction. The results revealed that in China, hospital staff members were mostly dissatisfied. Safety of operations, the security of the environment and management of the human resources were the highly reported reason for the lower satisfaction of the hospital members .

Another study⁽¹⁷⁾ done among public health professionals of Islamabad, Pakistan revealed that staff in public sector health care organizations had a relatively low degree of overall satisfaction. The work climate, job description and time pressure were the key reasons for those who were not happy. Low employment, lack of educational opportunities, improper supervision and inadequate financial incentives were other factors affecting the degree of satisfaction.

As Shown in Table 2

Satisfaction with life is significantly associated with the occupation of the women ($\chi^2=140.384$, $df=30$, $p<0.001$)

Doctors / Medical teachers with slight dissatisfaction with life were 33.3% (n=10).

Majority of the Doctors / Medical teachers (53.33%; n=16) were found to be satisfied with life while extremely satisfied were 13.33% (n=4).

Among the nursing officers, 4.27% (n=9) were extremely dissatisfied with life; 31.75% (n=67) dissatisfied; while 25.59% (n=54) were slightly dissatisfied with life. 10.9% (n=23) of the nursing officer were slightly satisfied; while 22.27% (n=47) satisfied and 4.27% (n=9) were extremely satisfied with life.

Among the LT/Technicians/MSW, 44% (n=11) were dissatisfied with life. While the same 44% (n=11) were slightly dissatisfied with life. Slight satisfaction was reported by 8% (n=2) while 4% (n=1) were satisfied with life.

Among the female employees working as officials/clerical, 20% (n=3) were dissatisfied with life; while respondents of the same proportion were slightly dissatisfied with life (20% ; n=3). Study participants with neutral satisfaction with life were 26.67% (n= 4). Slight satisfaction with life was reported by 13.33% (n=2); while 20% (n=3) reported for satisfaction with life.

Among the category of Ward lady/ Ward assistant/ Peon, extremely dissatisfied with life was reported by 22.58% (n=14); while 6.45% (n=4) reported dissatisfaction and 22.58% (n=14) reported slightly dissatisfied with life. Study participants with neutral satisfaction with life were 26.67% (n= 4). Slight satisfaction with life was reported by 14.52% (n=9); while 19.35% (n=12) reported for satisfaction with life.

Among the category of MTS/Safaiwala, extremely dissatisfied with life was reported by 11.43% (n=4); while 28.57% (n=10) reported dissatisfaction and 17.14% (n=6) reported slightly dissatisfied with life. Slight satisfaction with life was reported by 5.71% (n=2); while 37.14% (n=13) reported for satisfaction with life.

According to a study, regular health-care staff is more satisfied as compared to contractual staff⁽¹¹⁾.

According to a study⁽¹²⁾, a long range of factors affecting employees' job satisfaction includes transparent approach of promotion system within

the organization, pay and benefit, the quality of the working condition to leadership and social relationships.

Adversely, a toxic workplace caused by low salary and wages, work relationships, job stress, inadequate opportunities will lead to women's dissatisfaction and discourage women to work with governmental organizations⁽¹³⁾.

There are some job related factors which can ensure job satisfaction such as supervision, pay, promotion opportunities, coworkers and so forth, the nature of the work itself generally emerges as the most important job face^(14,15).

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. Efforts and policies are much needed at the level of community to abolish the gender biases. At home, family members need to understand the burden and stress of working women. The role of husband is very important in working females. This can be achieved by equal sharing of the responsibilities at home. Steps should be taken to ensure the women safety at work place and even during her travel to work place and back to home. There should be cab provision by the companies for travelling of employed females. There should be creches for females with small children. Breast feeding room provision should be there. Good mutual understanding and cooperation is all what is needed at the level of family and home.

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