

## Quality of Life of Female Employees (A Study in Aligarh)

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**How to cite this article:** Pawan Kumar Patric, Uzma Eram, Anjali Bhardwaj. Quality of Life of Female Employees (A Study in Aligarh). Indian Journal of Public Health Research and Development/Volume 15 No. 1, January-March 2024.

### Abstract

**Background:** Nowadays, more and more women are getting into the different professions. They are expected to maintain the balance or make adjustments at their work place and home as well. In a way, such situation may negatively affect their quality of life. Many of the recent studies have shown the higher vulnerability of poor mental health and poor quality of life in the working women. This study aimed at analyzing the quality of life of working women. In this regard, the objective of this study was set to assess the quality of life in the working women.

**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. The study was being done on 378 participants. All the data were entered and analysed in SPSS-20.0.

**Conclusion:** About more than half (n=210; 55.6%) of the study participants reported to perceive their quality of life as "neither poor nor good." Majority of the participants (43.4%; n=164) reported to be satisfied with their health. On WHOQOL BREF Scale, Psychological domain had the lowest mean score (59.28 ± 11.598).

**Keywords:** Quality of life, female employees.

### Introduction

It's a thing of past now when the place of woman was being considered only at home and the purpose of her life was taken as to take care of her family and rear the children. Women did not have the permission to broaden their knowledge or grasp the required education and thus, they were restricted from doing jobs.

However, at present, women are found to gain the privilege of going out from homes for

seeking education and enjoying equivalent job opportunities. Despite these improvements, women today continue to face challenges both in their domestic and professional lives. The innumerable and varying challenges that women face in their daily life result from the virtue of their sex. Besides being women, health workers also have below the average quality of life in interpersonal relations, organizational activity and occupational activity.<sup>[1]</sup>

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As a matter of concern, women still continue to remain a subject of exploitation, sexual harassment and physical and mental violence both at their homes and workplaces. All these factors cause women to suffer from extreme stress and depression, leading to frustration.<sup>[2] [3]</sup> This frustration tends to create a negative impact on the physical, mental and social health of women thus degrading their quality of life.<sup>[4]</sup>

While for non-working women and housewives, the major reason of frustration is their roles played in domestic lives. For the employed women, the factors are rooted in both their domestic and professional lives. Despite many of the difficulties and challenges, many of the working women would report their quality of life to be good<sup>[5]</sup>. Quality of life has direct effect on the quality of work and efficiency also. There are studies which show that the improved quality of life may improve the level of competence<sup>[6]</sup>.

In this context, the present study was an effort to understand the quality of life among the married working women of Jawaharlal Nehru Medical College and Hospital, Aligarh.

### 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 *Panigrahi A et al, 2014*<sup>[7]</sup> 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.

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) WHO Quality of Life (WHO-QOL BREF Scale)

The WHOQOL-BREF Scale contains a total of 26 questions that looks at different domain level profiles viz. physical health, psychological, social relationship and environment.

2) For Socio economic class. BG Prasad Scale (2019)<sup>[8]</sup> taken for socio economic classification.

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

**Table 1: Frequency tables of Socio-Demographic Data**

| Variable                                | Frequency (N=378) | Percentage |
|---|-------------------|------------|
| <b>Age Group (In Years)</b>             |                   |            |
| ≤ 30                                    | 65                | 17.2       |
| 31-40                                   | 127               | 33.6       |
| 41-50                                   | 107               | 28.3       |
| 51-60                                   | 79                | 20.9       |
| <b>Education of the Female Employee</b> |                   |            |
| 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       |
| <b>Occupation of the Woman</b>          |                   |            |
| 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       |
| <b>Status of Job</b>                    |                   |            |
| Permanent                               | 261               | 69         |
| Non-permanent                           | 117               | 31         |
| <b>Education of the Husband</b>         |                   |            |
| 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        |
| <b>Type of Family</b>                   |                   |            |
| Nuclear family                          | 273               | 72.2       |
| Joint family                            | 105               | 27.8       |

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| <b>Religion</b>                                 |     |      |
|---|-----|------|
| Hindu   | 89  | 23.5 |
| Muslim  | 242 | 64.0 |
| Christian                                       | 45  | 11.9 |
| Others  | 2   | 0.5  |
| <b>Caste</b>                                    |     |      |
| General   | 240 | 63.5 |
| OBC   | 106 | 28.0 |
| SC  | 32  | 8.5  |
| ST  | 0   | 0    |
| Don't know                                      | 0   | 0    |
| <b>Modified BG Prasad Classification (2019)</b> |     |      |
| Class I   | 363 | 96.0 |
| Class II  | 15  | 4.0  |
| Class III                                       | 0   | 0    |
| Class IV  | 0   | 0    |
| Class V   | 0   | 0    |

**Quality of Life among Female Employees**

Table 2: Perception about quality of life

| <b>Perception about quality of life</b> |                  |                   |
|---|------------------|-------------------|
|   | <b>Frequency</b> | <b>Percentage</b> |
| Very poor                               | 0                | 0                 |
| Poor                                    | 19               | 5                 |
| Neither poor nor good                   | 210              | 55.6              |
| Good                                    | 144              | 38.1              |
| Very good                               | 5                | 1.3               |

**Table 3: Perception about satisfaction with health**

| <b>Perception about satisfaction with health</b> |                  |                   |
|--|------------------|-------------------|
|  | <b>Frequency</b> | <b>Percentage</b> |
| Very dissatisfied                                | 0                | 0                 |
| dissatisfied                                     | 68               | 18                |
| Neither satisfied nor dissatisfied               | 135              | 35.7              |
| Satisfied  | 164              | 43.4              |
| Very satisfied                                   | 11               | 2.9               |

**Table 4: Mean score and SD of the QUALITY OF LIFE domains**

|                | <b>Physical Health</b> | <b>Psychological</b> | <b>Social Relationship</b> | <b>Environment</b> |
|----------------|------------------------|----------------------|----------------------------|--------------------|
| Mean           | 67.37                  | 59.28                | 73.83                      | 66.78              |
| Std. Deviation | 13.703                 | 11.598               | 4.678                      | 8.524              |
| Minimum        | 38                     | 31                   | 44                         | 44                 |
| Maximum        | 94                     | 81                   | 100                        | 88                 |

**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. There are studies which suggests that highly educated working and nonworking married women could perform better in their married life in comparison to the working and non-working married women who are not highly qualified.<sup>[9]</sup>

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. Some of the studies suggest that health care staff with regular job is more satisfied than the contractual job staff<sup>[10]</sup>

The mean duration of marriage among the study participants was found  $16.46 \pm 9.490$  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. Some of the studies indicate that professionals living in nuclear families strongly believe that commitment to the family responsibility hindered their career advancement.<sup>[11]</sup>

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 2

On being asked from the participant about their perception about quality of life, about more than half of the study participants reported the quality of life as "neither poor nor good" (n=210; 55.6%). These findings are also supported by previous studies<sup>[1]</sup> which reveals that overall quality of life among the health workers is average.

Not a single participant reported their quality of life to be "very poor". However, 144 (38.1%) reported

the quality of life to be "good" and only 5 participants (1.3%) reported their quality of life to be "very good". These finding are also supported by some of the similar studies.<sup>[5]</sup>

#### As in table 3

On being asked from the participants about satisfaction against their health, 164 (43.4%) reported to be "satisfied" with their health. However, 135 participants (35.7%) reported for being "neither satisfied nor dissatisfied" with their health. While 68 participants (18%) reported for being "satisfied", while 11 (2.9%) reported for being "very satisfied" with their health. Not a single participant reported for being very dissatisfied with their health. Some of the previously done studies reveal the same outcome.<sup>[5]</sup>

#### As in table 4

On WHOQOL BREF Scale, Domain 3 (Social relationship) got the highest mean score ( $73.83 \pm 4.678$ ) followed by Physical health domain ( $67.37 \pm 13.703$ ), Environment domain ( $66.78 \pm 8.524$ ). Psychological domain had the lowest mean score ( $59.28 \pm 11.598$ ).

These findings correlate with some of the previously done studies.<sup>[5] [12] [13]</sup>

These findings are quite suggestive that among all other factors or domains it's mental health (psychological domain) of the working women which suffered the most.

### Conclusion

About more than half of the study participants reported the quality of life as neither poor nor good which clearly indicates the need of efforts for the upliftment required in and around the vicinity of the working women. Most of the people reported to be satisfied with their health followed by the people who were neither satisfied nor dissatisfied with their health. On WHOQOL BREF Scale, the lowest score of the psychological domain indicates that it is mental health which is suffering most than other factors. Quality of life is a multidimensional thing which needs sincere efforts for the upgradation. A much synchronous improvement is needed to improve the quality of life as a whole.

**Conflict of Interest:** NIL

**Source of funding:** Self

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