

A STUDY OF EFFECTS OF JOB STRESSORS ON PROFESSIONAL WORKING WOMEN

NUZHAT HUMA AKHTAR

*Department of Community Medicine,
Khyber Medical College, Peshawar.*

SUMMARY

A study was conducted on 150 professional working women of Peshawar, giving equal representation to medical, teaching, and secretarial professions, to find out the nature of stressors, they faced at job, and impacts of these stressors on their physical and psychological well being. A control group of 50 non working women, matching in all respects with the study group, with very minimum history of family stress, was selected for comparison. It was found that less chances of carrier development in the study group as compared to their male colleagues, non involvement in decision making meetings and negative attitude of male colleagues made a working woman mentally upset. Moreover, shift work caused more stress on them than the fixed time job. As the rule of strict pre employment and periodic medical check up was not observed, the job related illness, if any, could not be detected in time. 27.33% of the respondents in the study group were found to have physical or psychological illnesses as compared to 12% in control group.

INTRODUCTION

Professional working women are defined as those women who are working in some institution for a salary which is a fixed periodical payment. They are gaining enormous importance now a day due to their enthusiasm to play greater part in life by devoting their valuable time, energy and intelligence to the promotion of available resources. Women have not only excelled in teaching, medicine, nursing and social services but they have also proved their worth in commercial fields like marketing, advertising, banking planning and development and administration etc.

As societies become more and more complex and technologically advanced, women depend increasingly for their further development on their individual talent and initiative. This has increased the trends towards working women. The women work harder, give full time to their job, are more

contented but get less chances to share in different office management matters.¹

It has been concluded by various studies that women cope with stress in a physiologically more economical way but at a higher psychological cost.² This feeling creates a number of physical and psychological problems for them.

The stress denotes a force that deforms bodies. In biology, it signifies stereotype physiological "strain" reactions in the organism when it is exposed to various environmental stimuli and stressors e.g., to change in, or pressures and demands for adjustment from, the environment.³

The areas of life that constitute possible sources of stress and subsequent stress outcomes include social and cultural, domestic, work place and personal. A stressor from one arena can effect the individual and this in turn, may activate changes in the type and force of stressors from another arena.⁴

TABLE - I
AGE DISTRIBUTION AND MARITAL STATUS
(STUDY AND CONTROL GROUPS)

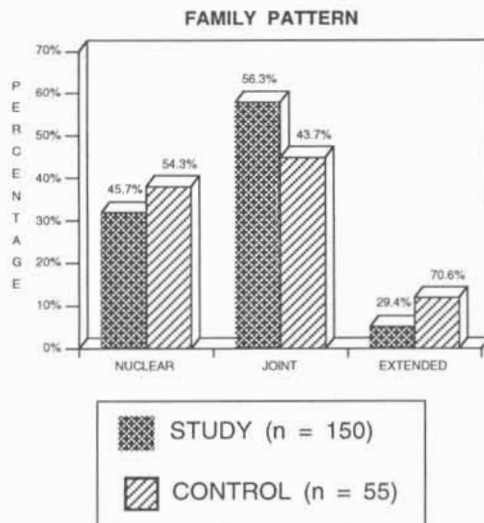
S. NO	AGE (YEARS)	STUDY GROUP (n=150)			CONTROL GROUP (n=55)		
		MARRIED	UNMARRIED	TOTAL	MARRIED	UNMARRIED	TOTAL
1	21-25	3	15	18	2	6	8
2	26-30	45	27	72	14	4	19
3	31-35	15	11	26	4	2	6
4	36-40	4	4	8	6	1	7
5	41-45	8	4	12	6	0	6
6	46-50	6	2	8	5	0	5
7	51-and	5	1	6	4	0	4
TOTAL		86 (57.3%)	64 (42.7%)	150	41 (74.55%)	14 (25.45%)	55

The present study was to find out the effects of stressors at job on professional working women in Peshawar. The objectives of the study were firstly to find out the type of stressors faced at work, and secondly to study the impact of such stressors on physical and psychological well being, as

compared to the control group, not exposed to such stressors.

MATERIAL AND METHODS

The main purpose of the study was to find out the nature of stressors, a professional working woman faces at job, and their impacts on her physical and psychological well being. The area of the study was Peshawar. Survey method was adopted to draw the sample of professional working women. The institutions, from where the samples were drawn, were categorized into medical, teaching and secretarial professions. With the help of probability, a cluster sample of 50 respondents from each category was randomly selected, the total sample being of 150 respondents. They were subdivided according to their designation. In the category of medical profession, lady doctors and nurses were included, whereas in teaching profession, teachers from high schools, degree colleges and post graduate departments of the University of Peshawar were interviewed. Similarly in the category of secretarial profession bankers, female



(FIG-1)

TABLE – II
JOB-WISE DISTRIBUTION
(STUDY GROUP)

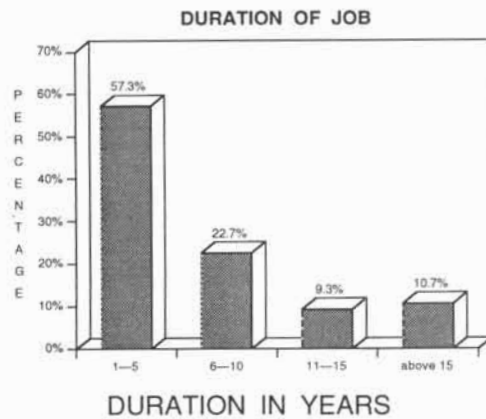
S. NO	JOB	NUMBER	PERCENTAGE
1	LADY DOCTORS	27	18.00%
2	NURSES	23	15.30%
3	HIGH SCHOOL TEACHERS	23	15.30%
4	COLLEGE TEACHERS	15	10.00%
5	UNIVERSITY TEACHERS	12	8.00%
6	BANKERS	17	11.03%
7	OFFICE SECRETARIES	24	16.00%
8	TELEPHONE OPERATORS	9	6.00%
TOTAL		150	

secretaries and telephone operators were included. An interview schedule was designed to find out age, working hours, nature and duration of job, family pattern, facilities provided by the employers, attitude of supervisors and colleagues at work and its effects on their job performance, opportunities to participate in decision making meetings, prospects of career development and effects of all these factors on their health and psychological behaviour. Respondents with a history of any physical or psychological disease before induction into service were excluded from the study. 55 non working women, otherwise matching in all other variables, e.g., age, social status, education, marital status and stress free family background were randomly selected as control group. A complete clinical examination of all the respondents was conducted to detect any physical ailment. Necessary investigations were carried out in suspected cases to confirm the diagnosis. The respondents having any psychological problems were referred to psychiatry clinics for further evaluation. The results were tabulated with the help of tally sheets. Chi

square and student "t" tests were applied to confirm the responses.

RESULTS

Table-1 shows the age distribution and marital status of the respondents in study and control groups while, table-II shows the job-wise distribution of the respondents in the study group. Fig-1 depicts the family pattern (nuclear joint or extended) in both groups and fig-2 shows the duration of job



(FIG-2)

TABLE – III
FACILITIES PROVIDED BY THE INSTITUTION
(STUDY GROUP)

S.NO	FACILITY	NUMBER	PERCENTAGE
1	ACCOMMODATION	39	26.00 %
2	TRANSPORT	28	18.67 %
3	MEDICAL	64	42.67 %
4	RECREATIONAL	11	7.33 %
5	EDUCATION OF CHILDREN	8	5.33 %
	NONE	78	52.00 %

(NOTE: MULTIPLE ANSWERS WERE RECEIVED)

in the study group. 124 (82.67%) were from government, 10 (6.67%) from semi-government, and 16 (10.67%) were from private organizations. Table-III shows the facilities provided by the employers. It is obvious that medical facility is provided to most of the respondents, the second most common being the accommodation. It was revealed that 62.00% of the respondents worked up to 6

hours a day, 21.33% for 7–10 hours, and 16.66% worked for 11–14 hours, indicating that, majority of the respondents worked for a maximum of 6 hours a day. A significant point related to job was nature of work. 48% of the respondents replied that they worked in shifts, while 52% revealed that their job was fixed time. It was found that shift work caused more stress on the respondents in the

TABLE-IV
COMPARISON OF EFFECTS OF SHIFT WORK AND FIXED TIME JOB
(STUDY GROUP)

S. NO	NATURE OF JOB	TOTAL (N=150)	EFFECTS				
			a	b	c	d	e
1	SHIFT WORK	72	17	11	9	14	21
2	FIXED TIME	78	7	5	6	9	51
	TOTAL	150	24	16	15	23	72

- a. Efficiency at job decreased
- b. Involvement in family matters decreased
- c. Personal health deteriorated
- d. Meeting with friends made difficult
- e. No effect

$\chi^2 = 24.1$ (P < 0.001)

TABLE – V
PSYCHOLOGICAL IMPACT OF ATTITUDE OF MALE COLLEAGUES

S. NO	ATTITUDE OF MALE COLLEAGUES	N=150	EFFECTS				
			a	b	c	d	e
1	COOPERATIVE	78 (52.00%)	8	–	24	35	13
2	NON-COOPERATIVE	43(28.66%)	20	6	2	10	5
3	INDIFFERENT	29 (19.33%)	2	2	1	16	8
TOTAL		150 (100%)	30 (20.00%)	8 (5.33%)	27 (18.00%)	61 (40.66%)	24 (16.00%)

- a. Makes you upset.
 - b. Loose interest in work.
 - c. No effect.
 - d. Feel satisfied.
 - e. Take more interest in work.
- $\chi^2 = 54.49$ ($P < 0.001$)

study group than those having fixed time jobs (<0.001) (Table-IV).

The attitude of the supervisors and colleagues was found to be cooperative towards the majority, constituting 68.67% of the total. 10.67% described attitude as not cooperative, while, 20.67% described it as indifferent. The psychological impacts of the attitude of supervisors and colleagues on the respondents are shown in table-V, indicating that non-co-operative attitude psychologically upsets the respondents in study group (<0.001).

It was interesting to find out, that in Peshawar, the view/attitude of the general public towards the professional women was appreciating in 55.33% of cases, indifferent in 34.67% while 10.00% of them complained that the general public's attitude towards them was that of disliking.

Regarding the discrimination of sex at work, this was stated by 10.67% of the respondents that they often felt it, while 50.00% said that discrimination of sex was

seldom felt by them. 39.33% of the working women, however stated that they never experiences such discrimination.

About the prospects of career development as compared to their male colleagues, 24.00% said that they had an equal opportunity in this regard, 64.67% revealed that chances were less as compared to their male colleagues, while, 11.33% claimed that they had no hopes to get such chances. Regarding their participation in decision making meetings, 22.00% replied that they were often given such opportunity, 61.33% said that it was seldom given to them, while 16.67% complained that they were kept out of such meetings. This created a sense of deprivation amongst the respondents. In 41 out of 150 respondents (27.33%) in the study group and 6 (10.91%) in the control group, it was revealed that they got psychological or physical illnesses. Table-IV shows the details of such problems ($p<0.001$). It was interesting to find that there was no strict pre-employment or periodic medical check up, to find out any

TABLE-VI
COMPARATIVE STUDY OF PHYSICAL AND PSYCHOLOGICAL PROBLEMS
IN STUDY AND CONTROL GROUPS

S. NO	GROUP	EFFECTS						
		a	b	c	d	e	f	g
1	STUDY (n=150)	8	6	7	6	5	9	109
2	CONTROL (n=55)	1	0	0	0	2	3	49

- a. Hypertension
 - b. Insomnia
 - c. Migraine
 - d. G.I. Disorders
 - e. Dysmenorrhoea
 - f. Depression
 - g. None
- $t = 7.42 (P < 0.001)$

significant behaviour change or psychosomatic disorder.

DISCUSSION

A large number of potential stressors in the working environment have been determined in many studies. These include such factors as shift work, work underload, work overload, role conflict, unequal pay, job future ambiguity, relationship at work, and the quality of working environment. Exposure to these psychosocial stressors may contribute to a number of detrimental outcomes, including behavioural outcomes, such as impaired job performance, drug abuse, and smoking, to physical illness, such as migraine and hypertension etc., and to mental illness, such as depression.

Relationships at work, their nature, and the social support received from colleagues, supervisors, and sub-ordinates, have been related to job stress.⁵ Poor relations with other members of an organization may produce psychological strain in the form of low job satisfaction.

In a study, conducted in Peshawar, it has been stated that about 61.00% of women on job believe that their male co-workers have a positive attitude towards them. According to this study, only about 8.00% of the working women faced negative attitude of their male colleagues.⁶ These results are just comparable to the results of our study.

In another study, it has been found that most of the females were satisfied with their jobs and responsibilities deputed to them. Dissatisfaction was reported because of environment of the organization, and attitude of their colleagues, which kept them disturbed. This dissatisfaction is further increased due to fact that their role at job is regarded as antisocial and anti traditional when they have a direct dealing with people having different mental approaches.⁷ Lack of support from supervisors and colleagues has been shown to be a potential occupational stressor.⁸ In our study, it can be seen that, the co-operative attitude of colleagues towards majority of the respondents made

them feel satisfied, and it gives them an incentive to work harder, while majority of the respondents, who faced non-cooperative or indifferent attitude, got upset and most of them lost interest in their work.

Professional working women, at their work places and outside, have to face the different attitudes of the general public. Adverse feelings of alienation and anomy can develop in specific occupational groups who experience isolation from the community and/or adverse community relationships.⁹ In a study titled, "Status of Women in N.W.F.P.", about 49.00% of the working women felt that the attitude of the community was positive towards them. For over 13.00% it was negative, while about 18.00% of his respondents considered the community to indifferent in this regard.⁶ This almost confirms the results of our study which indicates that the general public of Peshawar is becoming more and more aware of the contributions of professional working women in different fields.

Stress in relation to organizational structure and atmosphere results from such factors as office politics, lack of effective consultation and exclusion from decision-making process. Whatever the case or reasons may be, it is evident from our survey, that most of the professional working women have less or no chances of their career development as compared to their male colleagues. Participation in decision making is essential to a feeling of meaningfulness at work. This can be expressed as joy and pride in work or discretionary freedom.¹⁰ It has been suggested that greater participation led to higher productivity, improved performance, and lower level of physical and mental disorders.¹¹ If an individual has freely chosen the type of work he does, instead of having fallen into it, he will experience joy and pride in what he is doing, and feels a sense of ownership in the work. In the present study, it was found that majority of

professional working women were having a sense of deprivation because of non-participation in decision making meetings.

A significant point related to job was nature of work, whether the respondents working in shifts or their jobs were fixed time. Shift work produces a situation where there is an alteration in waking and sleeping phases without a corresponding alteration in the phasing of dominant social synchronizers.¹² From our study, it was obvious that the shift work puts more strain on the respondents as compared to the fixed time job.

In Sweden, according to information published by the National Board of Health and Welfare, every third working person suffers from malaise, sleep disorders, fatigue, dejection, or anxiety, and every seventh working person is mentally exhausted at the end of the working day.¹³ Disturbances in bodily functions commonly found in workers exposed to stressful situations in working life include muscular symptoms e.g. tension and pain, gastrointestinal symptoms e.g. dyspepsia, indigestion, vomiting, heartburns etc, cardiac symptoms e.g. palpitation, and arrhythmias, respiratory symptoms e.g. dyspnoea and hyperventilation, Central Nervous System symptoms e.g., neurotic reaction, insomnia, weakness, faintness, and some headaches, and, genital symptoms e.g. dysmenorrhoea, frigidity and impotences.¹⁴ In the present study, it was found that , 27.33% of the respondents were suffering from different psychological or physical problems due to job stress as compared to the control group.

We concluded that shift work causes more stress on professional working women than the fixed time job. Less chances of carrier development as compared to their male colleagues and no involvement in decision making meetings in majority of the respondents in the study group made them mentally upset leading to physical and psychological problems. Strict pre employ-

ment and periodic medical check up is not carried out and thus, the job related illness, if any, cannot be detected at appropriate time.

REFERENCES

1. Rauste Von Wright M, et al. Relationships between sex-related psychological characteristics during adolescence and catecholamine excretion during achievement stress. *Psychophysiology* 1981; 18: 362.
2. Frankenhaeuser M, et al. Dissociation between sympathetic-adrenal and pituitary-adrenal responses to an achievement situation characterized by high controllability. *Biological psychology* 1980; 10: 79.
3. Selye H. The evolution of the stress concept— stress and cardiovascular disease. Oxford University Press 1971; 1: 299.
4. Kalimo R, et al. Psychosocial factors at work and their relation to health. Published by World Health Organization 1987; 99.
5. Payne R. Organizational stress and social support IN: Current concerns in occupational stress. Cooper. C. L. and Payne. R. (eds) New York, Brisbane, and Toronto. Wiley. 1980; 269.
6. Hussain F. Status of women in NWFP (Pakistan) Research funded by the United States Agency for International Development 1992; P 51.
7. Bano F. Attitude of working women towards their male colleagues in Peshawar Thesis, Department of Social Work, Sociology, and Anthropology, University of Peshawar 1986; p 102.
8. Caplan RD, et al. Job demands and worker health: main effects and occupational differences 1975; Washington DC. United States Government Office (DEHW Publication No. (NIOSH) 75.
9. Davidson MJ. Stress in the police service: a multifaceted model, research proposal and pilot study 1979; Thesis, University of Queensland, Australia.
10. Frankenhaeuser M. Coping with stress at work *International journal of health services* 1981; 24: 491.
11. Margolis BL, et al. Job stress: an unlisted occupational hazard. *Journal of occupational medicine* 1974; 16: 659.
12. Aschoff J, Wever R. Re-entrainment of circadian rhythms after phase-shifts of the zeitgeber. *Chronobiologia* 1975; 11:23.
13. Wolf S, et al. Occupational health as human ecology. Springfield. IL. Thomas 1978.
14. Nerell G, Wahlund I. Stressors and strain in white collar workers. Oxford University Press 1981; 4: 120.