

Psychological Well-being of Working Women

By

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Thesis

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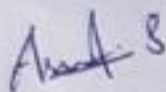
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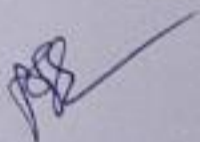
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DECLARATION

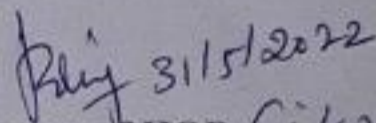
I declare that the dissertation entitled "**Psychological Well-being of Working Women**" submitted for the degree of Master of Science (M.Sc.) is a record of work carried out by me during the period 2021 under the guidance of Mrs.Jagathambal P M, M.Sc., M.Phil., Net., Department of Human Development, School of Home Science, Avinashilingam Institute for Home Science and Higher Education for Women, Coimbatore and has not formed the basis for the award of any Degree, Diploma, Associate ship, Fellowship, Titles in this institution or any other university or other similar institution of Higher Learning.



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Signature of the
Guide



Signature of HOD (i/c)

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“Gratitude is not only greatest of virtues,

But the parent of all the others”

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Chapter - 1

Introduction

1. INTRODUCTION

Psychological well-being refers to inter- and intra- individual levels of positive functioning that can include one's relatedness with others and self-referent attitudes that include one's sense of mastery and personal growth. Subjective wellbeing reflects dimensions of affect judgments of life satisfaction.

The concept of well-being has received considerable interest in recent years, both in the scientific and lay literature. As such, well-being is frequently cited as a national priority for government policy around the world (Beddington et al. 2008). However, depending upon one's professional and personal perspective, the notion of well-being can have quite different connotations. For instance, economists may interpret well-being in terms of economic capacity and prosperity, the growth in both individual and national economic wealth.

Well-being is one of the most important goals which individuals as well as societies strive for. The term denotes that something is in a good state. It doesn't specify what the 'something' is and what is meant by 'good'. Well-being can be specified in two ways: first by the specifying the 'what' and secondly by spelling out the criteria of wellness. Psychological well-being is the subjective feeling of contentment, happiness, satisfaction with life's experiences and of one's role in the word of work, sense of achievement, utility, belongingness, and no distress, dissatisfaction or worry, etc. These things are difficult to evaluate objectively, hence the emphasis is on the term "subjective" well-being.

It may well be maintained in adverse circumstances and conversely, may be lost in favourable situation. It is related to but not dependent upon the physical/ physiological conditions. Thus, defined and conceptualized, the general well-being may show some degree of positive correlation with quality of life, satisfaction level, sense of achievement etc. and negatively related with neuroticism, psychoticism, and such variables. However, the degree of overlap with such variables should not be high if this concept a separate independent entity is to be considered as a valid one. Also, it should show relative stability over time (reasonable time gap without any significant life events intervening). Its utility will depend upon these relationships/ a network of relationship with other variables. Since a woman's status is heavily dependent on the employment, working women tend to look at their employment positively.

Psychological well-being has been described as the cornerstone of mental health. According to the World Health Organization (2011), mental health is, “a state of well being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community”. While traditionally, psychological well being has been defined by a lack of symptom distress (i.e., lack of depression, anxiety, and other symptoms of mental disorders), over time, the term has taken on a more positive definition (Keyes & Magyar-Moe, 2003). That is, psychological well-being has become increasingly recognized as more than just an absence of distressful symptoms, but now includes positive qualities individuals possess that can lead to mental health.

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. The adage ‘a sound mind in a sound body’ stresses the importance of positive mental health and having a positive mental health is an undeniable right to all human beings. However, the importance given to mental health and psychological well-being of women is less or sometimes completely ignored. The mental health care practices is an emerging field in India and at times talking of mental health becomes a taboo in general and women in particular.

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.

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 wellbeing. Much of the researches on work–family conflict have been based on the premise that multiple roles inevitably create strain (H.L. Kaila, 2008) 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. In addition, negative mental and physical health outcomes have been related to high levels of work–family conflict.

Psychological well-being consists of positive relationships with others, personal mastery, autonomy, a feeling of purpose and meaning in life, and personal growth and development.

Psychological well-being is attained by achieving a state of balance affected by both challenging and rewarding life events and community and were amalgamated by Anić and Tončić into a single "eudaimonic" path to happiness that elicited high scores on all measures of well-being and life satisfaction. Importantly, she also produced scales for assessing mental health. This factor structure has been debated, but has generated much research in wellbeing, health, and successful aging.

Well-being is defines as “a state of happiness and contentment, with low levels of distress, overall good physical and mental health and outlook, or good quality of life” (VandenBos, 2015). Well being encompasses people’s evaluation, including affective and cognitive of their lives (Diener & Suh, 1997). The psychological dispositions at one’s end shape the health and well-being. Sustainable Development Goals has mentioned in target 3.4 “By 2030, reduce by one third premature mortality from Non-communicable diseases through prevention and treatment and promote mental health and well-being”

Individual differences in both overall Eudaimonia, identified loosely with self control and in the facets of eudaimonia are heritable. Evidence from one study supports 5 independent genetic mechanisms underlying the Ryff facets of this trait, leading to a genetic construct of eudaimonia in terms of general self-control, and four subsidiary biological mechanisms enabling the psychological capabilities of purpose, agency, growth, and positive social relations.

According to Seligman, positive interventions to attain positive human experience should not be at the expense of disregarding human suffering, weakness, and disorder. A therapy based on Ryff’s six elements was developed by Fava and others in this regards.

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. This support will help the employee in fulfilling his/her family roles effectively and satisfaction. Empirical evidences suggest that family involvement is positively related to work–family conflict and negatively related to organizational commitment.

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.

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.

The Working women are constantly facing the problems of role conflict or dual role. Work-family conflict has been associated with a number of dysfunctional outcomes, including burnout (Bacharach, et al, 1991), decreased family and occupational well-being (Kinnunen and Maino, 1998), psychological costs and physical complaints (Frone, et al, 1992) and job and life dissatisfaction (Netemeyer, et al, 1996). These findings underscore the importance of understanding the conflict and its sources. Marriage and home-making require self sacrifice whereas wage necessitates self enhancement for going ahead. The former implies cooperation while the later leads to competition. Due to role conflict, there are reports of psychological distress, mental tension, anxiety, etc. which affect the psychological well-being of working women. Further, there is also lack of care to the husband, elders and children and as such, it may also affect the mental state of working women.

Psychological well-being is the subjective feeling of contentment, happiness, satisfaction with life's experiences and of one's role in the world of work, sense of achievement, utility, belongingness, and no distress, dissatisfaction or worry, etc. These things are difficult to evaluate objectively, hence the emphasis is on the term "subjective" well-being. It may well be maintained in adverse circumstances and conversely, may be lost

in favourable situation. It is related to but not dependent upon the physical/ physiological conditions.

Thus defined and conceptualized, the general well-being may show some degree of positive correlation with quality of life, satisfaction level, sense of achievement etc. and negatively related with neuroticism, psychoticism, and such variables. However, the degree of overlap with such variables should not be high if this concept a separate independent entity is to be considered as a valid one. Also, it should show relative stability over time (reasonable time gap without any significant life events intervening). Its utility will depend upon these relationships/ a net work of relationship with other variables.

According to Diener and Smith (1999), Psychological or subjective well-being as a broad construct, encompassing four specific and distinct components including

- (a) Pleasant or positive well-being (e.g., joy, elation, happiness, mental health)
- (b) Unpleasant affect or psychological distress (e.g., guilt, shame, sadness, anxiety, worry, anger, stress, depression)
- (c) Life satisfaction (a global evaluation of one's life)
- (d) Domain or situation satisfaction (e. g. work, family, leisure, health, finance, self).

The term psychological well-being (PWB) connotes a wide range of meanings, usually associated with wellness. Most studies in the past defined 'wellness' as not sick, as an absence of anxiety, depression or other forms of mental problems. The PWB includes meaning in life, absence of somatic symptoms, self esteem, positive affect. Daily activities, satisfaction, absence of suicidal ideas, personal control, social support, absence of tension, and general efficiency (Bhogle and Prakash, 1995).

The Indian perspective identifies four aspects, viz. the five elements, the person or Jeeva, the life or Ayu, and the health or Arogya. Well-being as per Indian perspective relates to well-being on physical, psychological and spiritual planes. The Indian approach to well-being refers to Maitri, Karuna, Mudita and Upeksha meaning Relatedness, compassion, Pleasant disposition and avoidance of conflict. In other word well-being refers to uniting self with self by negating the ego. This in turn indicates that well-being is a combination of survival, well being freedom and identity.

Psychological well-being refers to positive mental health (Edwards, 2005). Research has shown that psychological well-being is a diverse multidimensional concept (MacLeod & Moore, 2000; Ryff, 1989b; Wissing & Van Eeden, 2002), which develops through a combination of emotional regulation, personality characteristics, identity and life experience (Helson & Srivastava, 2001). Psychological well-being can increase with age, education, extraversion and conscientiousness and decreases with neuroticism (Keyes et al., 2002).

In terms of gender, research has suggested that there is no significant difference between men and women on measures of psychological well-being (Roothman, Kirsten & Wissing, 2003). Furthermore, the perception of physical health and spirituality can mediate the relationship between context and psychological well being (Temane & Wissing, 2006a, 2006b).

Psychological well-being has undergone extensive empirical review and theoretical evaluation (Wissing & Van Eeden, 1998). There is currently no single consensual conceptual understanding of psychological well-being. Bradburn's (1969) initial understanding of psychological well-being provided a depiction of the difference between positive and negative affect. Preliminary research was mainly concerned with the experiences of positive and negative affect, subjective well-being and life satisfaction that were formed around the Greek word 'eudemonia', which was translated as 'happiness' (Ryff, 1989).

Happiness was described as the equilibrium between positive and negative affect. Many early scales, such as Diener, Emmons, Larsen & Griffen's (1985) Satisfaction with Life Scale on which a vast amount of research was conducted, used this initial subjective conception of well-being (Conway & Macleod, 2002; Diener et al., 1985).

The Satisfaction with Life Scale requires participants to indicate a cognitive rather than affective response in relation to global satisfaction with their quality of life. Other assessment measures have including Antonovsky's (1993) Sense of Coherence Scale with adaptations by Frenz, Carey and Jorgensen (1993), the Fortitude Scale (Pretorius, 1998), Social Readjustment Scale (Holmes & Rahe, 1967) and Beck's Depression Inventory (Beck, Ward, Mendelson, Mock & Erbaugh, 1961). The Sense of Coherence Scale assesses comprehensibility, meaningfulness and manageability. The Fortitude Scale measures self-appraisals, family appraisals and support appraisals. The Social Readjustment Scale evaluates present experiences of stress in terms of significant life events.

The Beck's Depression Inventory assesses emotional distress in the form of depression. Despite extensive evaluation and assessments, experts have indicated that psychological well-being is a diverse multidimensional concept, with exact components still unknown (MacLeod & Moore, 2000; Ryff, 1989b; Issing & Van Eeden, 2002). Ryff has extensively researched the objective understanding of psychological well-being.

Women's joining the workforce has not been accompanied by a change in their household responsibilities (Aguilar and Hurst, 2007), resulting in additional roles for working women. The stress hypothesis theory of multiple roles (Goode, 1960) suggests an individual's well-being reduces when an additional role is added to the societal role that already includes many demands and hassles. Working women experience the same while meeting the demands of high performance at work as well as managing children and the household. Krueger (2007) estimated that women became hedonically worse off compared to men between 1966 and 2005. Most of the previous studies on women's well-being have focused on physical health, such as cardiovascular diseases (Ebi-Kryston et al., 1990; Pavalko and Smith, 1999), and only a few have focused on their psychological well-being (Kopp and Ruzicka, 1993; Martire et al., 2000; Sharma and Sharma, 2015).

Psychological well-being: Before unfolding the psychological well-being, it is significant to get a quick sight on simple well-being. Well-being is one of the most important goals, for which individuals as well as society strive. The term explains that something is in a good state. The word well-being is often used for specific variety of goodness, for example, living in a good environment, being of worth for the world, being able to cope with life, enjoying life, etc. So many terms have been used synonymously and interchangeably for well-being such as happiness, satisfaction, positive affect, positive mental health and quality of life etc.

Usually well-being defined as a dynamic state characterized by a reasonable amount of harmony between an individual's abilities, need and expectations and environmental demands and opportunities. It involves subjective satisfaction and individual pleasure depending upon psychological status of the individual and his environmental conditions. Ryff and Keyes (1995) argued that self-acceptance, positive relations with other, autonomy, environmental mastery, purpose in life and personal worth, well-being and absence of ill being are the aspects of health.

Psychological well-being is a relatively complex notion with a variety of components that may contribute to it. Ryff (1989) extensively explored the meaning of psychological well-being and the definition closely paralleled with the well-being manifestation measure scale (Masse, Poulin, Dassa, Lambert, Belair & Battaglini, 1998 b) that was used in the present piece of research work.

Psychological wellbeing is a multidimensional concept. After factor analysis it was revealed that cheerfulness, optimism, playfulness, self-control, a sense of detachment and freedom from frustration, anxiety and loneliness are indicators of psychological well-being among women (Tellegen, 1979). Sinha and Verma, 1992). Mc Culloch (1991) has shown that satisfaction, morale, positive affect, social support etc., are the indicators of psychological well-being of working women.

A women high in psychological well-being not only carries higherlevel of life satisfaction, self-esteem, positive feelings, and attitudes, but also manages tensions, negative thoughts ideas and feeling more efficiently. The psychology of well-being aims to help people live more rewarding lives including close relationships, responsibilities to one's community and enjoyment of one's life. Psychological wellbeing is a subjective feeling of contentment, happiness, satisfaction with life's experiences and of one's role in the world of work, sense of achievement, utility, belongingness and no distress, dissatisfaction or worry etc. It emphasizes positive characteristics of growth and development. There are six distinct components of psychological well-being:

- **Self-acceptance-** having a positive attitudes towards oneself and one's past life, Purpose in life -having goals and objectives that give life meaning: Self acceptance is defined as "an individual's acceptance of all of his/her attributes, positive or negative." It includes body acceptance, self-protection from negative criticism, and believing in one's capacities. Many people have low self-acceptance.
- **Environmental mastery-** being able to manage complex demands of daily life: Environmental mastery emphasizes the ability to choose or change the surrounding context using physical or mental actions as well as being able to control events (Ryff, 1989).
- **Personal growth-** having a sense of continued development and self-realization; Personal growth is the process by which a person recognizes herself and continually

develops herself to reach her full potential. Personal growth is an important part of a person's growth, maturity, success and happiness.

- **Positive relation with others-** possessing caring and trusting ties with others; The construct of positive relations with others (Ryff and Keys, 1995, Ryff and Singer, 2005) refers to having satisfying and trusting relationships with other people along with a capacity for empathy and intimacy.
- **Autonomy-** being able to follow one's own convections.

Psychological well-being is theoretically and empirically tied to multiple social conditions. In sociological literature, psychological well-being is linked with one's socioeconomic status as well as the kinds and quantities of identities one holds. Researchers find that psychological well-being is achieved more readily for individuals who accumulate more identities (Thoits, 1983) and for individuals with higher levels of education, income and occupational prestige (Kessler 1982; Turner 1999), Krol, et al. 1994; 1994; & 1993) posited that, as an element of the selfconcept, self-esteem – usually described as self-acceptance or overall affective evaluation of one's worth – has been found to be associated with both physical and psychological health.

In today's competitive world of work there is a huge marathon in proving oneself among others. Earlier men were known to be the bread winner of the family. Since earlier times men are considered as financial folks, who usually take care of financial responsibilities of the family while women as housewives who are in charge of their children and family. (Narang (2014)

Women in India are subjected to many changes from earlier times till now. Earlier they used to confine in houses and work just as care givers to their family. Whether educated or uneducated their responsibilities lies within their family and household chores only.

Today both men and women are equally giving their best in their work field. Women are no less behind men in selecting their occupation; in fact they are proved to be very good at their workplace. Women are equally contributing in the family both financially and socially. Rather they are carrying out dual responsibilities of home and office. They take care of children and family on the one hand and office on the other. According to Rao (2008), there is a major part of women in the workforce because of several factors like literacy rate, growing economic needs, greater sex equality and suitable soft jobs(Public relations, HR managers, receptionist etc).

Modern women today are much more advanced and confident enough to perform dual errands of home and career. Sheena (2004) suggested that employment gave women more decision-making powers and an enhanced position at home. But they are more stressed as compared to non working women (Harshpinder et al. 2006).

Psychological well-being is as important to an individual as good physical health. Like, in all other spheres of life, a psychologically sound person performs well at his work place. Good psychological well-being leads to enhanced memory, motivation, self-efficacy, positive judgements about others, being more fruitful and fewer distractions. It fosters the development of organizational loyalty among employees. So, psychological well-being of an employee is a pre-requisite for their effective performance at work.

According to psychological well-being theory, individual's psychological health depends on his positive functioning in certain aspects of his life. Individual should have in positive relationship with others; should be dominant over the environment; should accept himself and his past; should has a goal and meaning in his life; should have personal development and the ability to make his own decisions (Özen, 2005).

Similar to an empowerment approach, recovery-oriented approaches operate in a similar manner, for both men and women dealing with mental illness. Recovery oriented approaches have received increasing attention over the years, primarily in psychiatric hospital settings. The theory is that, instead of assuming that individuals will suffer lifelong problems associated with their mental illnesses, individuals are encouraged to rely on their strengths, hopes, and self-determination in order to overcome obstacles. Thus, therapeutic treatments are focused on positive change, moving beyond a state of acceptance that distressful symptoms will continue, but that skills can be learned to promote psychological well-being (Office of the Surgeon General, 1999).

Work-life balance (WLB) refers to the ability of individuals to pursue successfully their work and non-work lives, without unnecessary burdens from one domain undermining the acceptable experience of the other. (M. Noon, & Blyton, 2007).

A "good" work-life balance is explained as a state in which workers feel that they are capable of balancing their work and non-work commitments, and, for the most part, do so (F. Moore, 2007). Work and family are the two most important domains in a person's life. Work-

life stability is a main aspect of the quality of work and life of individuals. And couples trying to manage multiple roles.

Major difficulties for career women are the superficial inappropriateness of their roles as wife and mother with their roles of being employed. Coping with the various roles usually contribute to increased levels of stress and difficulty for working mothers (Vosloo, 2000).

On one hand they try to meet out the demands of their profession which may result in high level of frustration and conflict. On the other hand, the mind sets of Indian families have not yet changed. Thus a woman has to do lots of efforts to balance her work and home.

Before, the feminine workers in India were mostly working in non-managerial profile. Now, they are working in almost all categories of positions in the workplace. These changes in work culture have supplemented to women's obligations and accountabilities to their family as well as to society (Mathew & Panchanatham 2009a; 2009b). Pressures from the job and family domains are often incompatible, giving rise to imbalance (Peeters et al., 2005)

Women's career is affected more by their family responsibilities, i.e., dual role (Home and Office). Coping with the various roles usually contribute to increased levels of stress and difficulty. They sometimes fail to adjust in between their work, family, in laws and husband and therefore become emotionally unstable.

Recent models of positive functioning have been designed that explain key aspects of psychological well-being. Major concepts include empowerment; recoveryoriented elements such as hope, self-initiation, and purpose in life; individual, environmental, and systems based sources of psychological well-being; and subjectively perceived dimensions of positive functioning (Autonomy, Environmental Mastery, Self-Acceptance, etc.).

Models of positive functioning are based on the notion that cultivating and promoting an individual's strengths and capabilities can potentially enhance one's psychological well-being as well as protect individuals from symptoms of psychological distress (Office of the Surgeon General, 1999). For instance, in feminist theories, researchers have designed empowerment models outlining key issues that promote the psychological well-being of women. Incorporated in these models are gender-specific behaviors and practices that can better equip women to deal with life's challenges: self nurturing behaviors, assertiveness training, and consciousness-raising on how gender and culture influence mental health outcomes (Worell & Remer, 2003).

These skills are not only identified to help women cope with psychological distress, but also to build on resilience factors that help women deal with problems from a point of strength. Thus, the feminist empowerment model is a strength based approach to mental health, and proposed to be a more effective way to enhance mental health than would treating distress symptoms alone.

Issues addressed in the recovery-oriented model include: instilling hope, obtaining a stable living situation (i.e., positive, growth-producing environment), focusing on the self (i.e., taking on an active role in one's recovery from mental illness), cultivating supportive relationships, developing a sense of empowerment, learning different coping strategies to manage symptoms, and developing meaning and purpose in the recovery process (Jacobson & Greenley, 2001). Theoretically, integrating these issues into treatment plans with individuals dealing with mental illness would potentially help them move from a state of surviving in life, to thriving in life.

They designed a conceptual framework to include a comprehensive list of issues affecting women at the individual, environmental, and systems based levels. Issues particularly salient to women's psychological well-being include specific mental disorders (e.g., depression, anxiety disorders, and phobic disorders); trauma, violence, and abuse; social stress and stigma; biological and developmental factors (e.g., sex differences in the course of treatment); health system issues (e.g., lack of evidence based practice on women); treatment access and insurance; identification and intervention issues; and protective and resilience factors (OWH, 2009). Theoretically, addressing issues at each of the levels, rectifying unmet needs, improving access to resources, and cultivating resilience factors would help both to diminish women's psychological distress and enhance their psychological wellbeing.

In recent years, new models of psychological well-being have been designed and components have been outlined. However, the term of psychological well-being has remained somewhat of an elusive concept (Guindon, O'Rourke, & Cappeliez, 2004).

Some investigators refer to psychological well-being as a lack of symptom distress. others a balance of positive and negative affect, satisfaction with life, or quality of life. Further, some investigators define psychological well-being as positive functioning only. Variations in definitions of this construct have made measuring and interpreting outcomes difficult. Until only a couple of decades ago, in fact, psychological well-being was not clearly and comprehensively defined nor measured based on theory (Ryff, 1989).

Ryff noted this issue and reviewed existing theories for commonalities in ideas. Going back several decades to those described by Jung, Allport, Erikson, and Neugarten, she identified several themes within the frameworks and designed a new model of positive functioning incorporating six ideas: Autonomy, Purpose in Life, Positive Relations with Others, Personal Growth, Environmental Mastery, and Self-Acceptance (Ryff, 1989).

Diminished positive psychological well-being has been associated with difficulties in coping with major transitions in life (Abbot et al., 2008; Kwan, Love, & Ryff, 2003); an increase in distress symptoms (Rafanelli et al., 2000; Simon, 2002), an increase in negative self-evaluations, impaired work productivity, and neuroticism (Lindfors, Berntsson, & Lundberg, 2006). Alternatively, enhanced psychological well being has been shown to predict successful identity formation (Vleioras & Bosma, 2005). Serve as a buffer to stress, and improve coping with trauma (Ryff & Singer, 1998; Schnyder, Büchi, Morgeli, Sensky, & Klaghofer 1999; Showers & Ryff, 1996). Additional benefits of enhanced psychological well-being include an improvement in physical health (Keyes, 2005a; Lindfors & Lundberg, 2002), sleep quality (Friedman et al., 2005), and a decreased vulnerability to psychological damage from adverse events (Ryff & Singer, 2003).

That is, enhanced psychological well-being has been shown to serve as a protective factor to various types of psychological distress and to enhance one's ability to "bounce back" after hardships (Ryff & Singer 1998: Ryff Singer Love & Essex, 1998). While it has been well-documented that men and women experience several different types of challenges to mental health, gender has not been a focus of these studies. At the same time, women have been described to be at particular risk for diminished psychological well-being (OWH, 2009).

Historically, women in the United States have been oppressed, discriminated against, and devalued (Worell & Remer, 2003). As a result, societal sexism has been theorized and researched as the cause of women's higher rates of depression and other mental health outcomes (Keith, Jackson, & Gary, 2003). Women are two times more likely to be depressed than men (Lewinsohn, Rhode, Seeley, & Baldwin, 2001). Also, women are two to three times more likely to suffer from anxiety disorders such as, panic disorders, phobias, obsessive compulsive disorders, and Posttraumatic Stress (PTSD) than men (Kessler et al., 2005). Women are two times more likely to suffer from bipolar disorders, and nine times more likely to suffer from eating disorders than men (U.S. Department of Health and Human Services,

Office on Women's Health, 2009). Women alone suffer a high prevalence rate of mental disorders.

The Six-factor Model of Psychological Well-being is a theory developed by Carol Ryff which determines six factors which contribute to an individual's psychological well-being, contentment, and happiness.

Modern women today are much more advanced and confident enough to perform dual errands of home and career. The employment gave women more decision-making powers and an enhanced position at home. But they are more stressed as compared to non-working women. Psychological well-being is as important to an individual as good physical health. Like, in all other spheres of life, a psychologically sound person performs well at his work place. Good psychological well-being leads to enhanced memory, motivation, self-efficacy, positive judgements.

1.2 The objectives of this study are:

- To assess psychological wellbeing of working women.
- To identify the factors influencing the psychological well-being of working women.
To compare the psychological well – being of working women in organized and unorganized sector

Chapter - 2

Review of Literature

2. REVIEW OF LITERATURE

The review of literature format may vary from discipline to discipline and from assignment to assignment. A review may be a self-contained unit — an end in itself — or a preface to and rationale for engaging in primary research. A review is a required part of grant and research proposals and often a chapter in thesis and dissertations.

Generally, the purpose of a review is to analyse critically a segment of a published body of knowledge through summary, classification, and comparison of prior research studies, reviews of literature, and theoretical articles.

A literature review has four main objectives:

- It surveys the literature in your chosen area of study
- It synthesises the information in that literature into a summary
- It critically analyses the information gathered by identifying gaps in current knowledge; by showing limitations of theories and points of view; and by formulating areas for further research and reviewing areas of controversy
- It presents the literature in an organised way

The purpose of a review of literature is to:

Review of literature provide foundation of knowledge on topic and identify areas of prior scholarship to prevent duplication and give credit to other researchers. It identifies the inconsistencies: gaps in research, conflicts in previous studies, open questions left from other research. It helps invoking comparative data useful in the interpretation of results. Researcher need for additional research (justifying your research)

It is important to identify the relationship of works in context of its contribution to the topic and to other works. Place your own research within the context of existing literature making a case for why further study is needed. The aim of any review of literature is to summarize and synthesize the arguments and ideas of existing knowledge in a particular field without adding any new contributions.

Importance of review of related literature

Review of literature related to the problem is essential in order to determine three things:

- a) Whether already existing studies are similar to what the problem we to undertake.

- b) Whether existing research provides guidance or sheds further light on the problem and
- c) Whether existing research provides a point of departure or a platform upon which the new research can be built.

Psychological wellbeing is a multidimensional concept. After factor analysis it was revealed that cheerfulness, optimism, playfulness, self-control, a sense of detachment and freedom from frustration, anxiety and loneliness are indicators of psychological well-being among women (Tellegen, 1979). Sinha and Verma, 1992). Mc Culloch (1991) has shown that satisfaction, morale, positive affect, social support etc., are the indicators of psychological well-being of working women.

The present study ‘Psychological Well-being of Working Women’ related literatures are depicted as follows:

2.1 Psychological Well-being – international and national reviews

2.2 Psychological Well-being among Indian women

2.3 Psychological Well-being of Working Women

2.1 Psychological Well-being – international and national reviews

The Mental Healthcare Bill of India (2016), Chapter V (rights of persons with mental illness) urges for integration of mental health care into general health care at all levels and condemns discrimination of mental health care services based on gender. Article 25 of Universal Declaration of Human Rights stresses "everyone has the right to a standard of living adequate for health and well-being".

Michel et al. 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 of job performance and withdrawal behavior. Researchers have found that family involvement is positively related to family–work conflict. 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.**, 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. 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.

When a qualitative and quantitative research study was conducted among female managers by **Ruderman et al.** 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** 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 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.

With increasing competition and the paucity of trained human resources (**Frank et al., 2016**), organizations are focusing more than ever before on attracting and retaining talent. In addition, employees increasingly expect organizations to play an active role in supporting their well-being, which strengthens the organizations’ positions as attractive employers (**Martin et al., 2017**).

Diener et al., 2018. Furthermore, employee well-being is important to organizations due to its connection to higher productivity, dependability, and overall work quality. **O’Donohoe and Turley, 2016**. Employee well-being has been found to be related to their making “personal sacrifices for the client,” going beyond the call of duty and expectation.

Stevenson and Wolfers, 2019. Though economic developments have increased the employment opportunities for women, their happiness and well-being have decreased since the 1980s compared to men.

One probable reason is that women's participation in the workforce has not been accompanied by a shift in their household responsibilities, thus they work a "second shift" (**Hochschild and Machung,; Aguiar and Hurst, 2017**).

Scarcity of talent has led organizations to realize the importance of directing their efforts toward attracting, advancing, and retaining women in the workforce (Kochan et al., 2013; Tatli et al., 2018). Also, there is an increasing realization that gender diversity, if managed well, would yield dividends in enhancing performance (**Kochan et al., 2018**).

Research evidence suggests that women enter the workforce at comparable levels; however, their career paths begin to diverge after a point as women continue to face challenges while climbing the management ladder (**Bowling and Beehr, 2012; Riccucci, 2016; Davidson, 2019**). Consequently, a number of women, dissatisfied with their treatment at work and the lack of advancement opportunities, leave their corporate careers mid-way (**Townsend, 2017; Kottke and Agars, 2017**).

According to **Catalyst (2016)**, in Standard and Poor's (S&P) 500 companies, there have been 44.7% total female employees, of which 26.5% were at mid-level managerial positions and only 5.2% at the CEO level. Whereas in India, 19% of employees in senior management were women (**Catalyst, 2016**) and 7% were women at the CEO/Managing Director level.

According to the **World Bank Report (2016)**, women's participation in the Indian labor force continues to fall from 34.8 to 26.7%, which ought to be a cause for concern for these organizations. Societal beliefs and expectations make working Indian women more vulnerable to stress, as they are expected to not only play dual roles at home and work but also to perform well in the workplace (**Naqvi, 2011; Chawla and Sharma, 2016**).

Taylor (2002) suggested that relationships in the workplace, fair treatment, and work environment may be more important to the well-being of women than that of men, as women are likely to experience both positive and negative emotions more intensely than men (**Fujita et al., 1991**). The reasons mentioned above make a compelling case for studying the determinants of well-being in female employees.

Psychological capital, which finds its roots in the field of positive organizational behavior (POB), comprises of an individual's positive psychological resources, namely hope, optimism, self-efficacy, and resilience (**Luthans et al., 2007**). It has been found to have an inherent ability to enhance well-being (**Luthans et al., 2010**).

Though **Avey et al. (2010)** have found preliminary evidence linking PsyCap and well-being, there have been fewer studies investigating the mechanisms through which this relationship may be fostered (**Williams et al., 2016**). There is a research gap about how this relationship varies for different groups and how PsyCap can be developed to help women enhance their well-being.

Furthermore, fairness and equity in the workplace are known to be important inputs to an individual's well-being (**Wilkinson and Pickett, 2010; David et al., 2012**), but have been rarely considered by prior studies except in a few contexts like fairness perceptions of employee feedback (**Sparr and Sonnentag, 2018**) and organizational justice (**Lawson et al., 2019**), and rarely in the context of female employees (**Burke et al., 2009; Sharma and Sharma, 2019**). It is established that discrimination in the workplace affects the well-being of employees (**Schmitt et al., 2002**).

Jinky Leilanie Lu published an article "Occupational Health and Safety of Women Workers: Viewed in the Light of Labor Regulations" in "Journal of International Women's Studies". This article is an analytic and discursive review of data and studies about women workers in the manufacturing sector in the Philippines in the light of labor regulations. The analyses focus on the following: occupational health and safety, health and safety programs, provision of facilities at work, and labor issues pertaining to women workers. Policy and advocacy work implications are recommended based on the discursive analysis.

Verbrugge proved factors such as employment, marriage, and parenthood have a positive impact on physical and psychological health of women. According to him, working mothers have a greater sense of control, self-esteem and good physical strength when they like both work and home life. In his conclusion, he responded that women playing multiple roles have not incurred any negative effects on their health as women who are socially active are more healthier than non-active women.

Hope (**Snyder et al., 1991**) signifies the willpower for finding alternate paths to achieve goals; women with hope can expect to succeed given the constant redirection of career paths that takes place in a woman's professional life (**Mainiero and Sullivan, 2005**).

2.2 Psychological Well-being among Indian women

All Forms of Discrimination against Women (CEDAW) points out 'elimination of discrimination in the field of health care and ensuring equal access to health care' however the CEDAW combined **4th and 5th period report of India (2014)** revealed the absence of comprehensive anti-discriminatory law which addresses both direct and indirect forms of discrimination against women. Women take up myriad roles in the family and in workplace milieu and transcend boundaries and excel in various domains.

Pandey and Srivastava (2003) et al., showed that work stress, coping and illness varied for different groups of working women. Stress in work is caused by interpersonal, Physical condition and job interest was greater among railway clerks than bank clerks and Teachers respectively. Maximum health problems is shown by Railway clerks among all the Groups and the teachers reported minimum levels of stress and illness.

Srimathi and Kiran Kumar (2010) et al., study revealed that women in teaching profession scored high in all six dimensions of **Ryff & Keyes (1995)** psychological well being in comparison to women working in hospitals and industry. Women working in industry scored least in psychological well-being and women teachers scored high.

The Hindu (2016) reported the findings of the National Mental Health Survey by NIMHANS that in Tamil Nadu the prevalence of mental disorder is 11. 8 per cent and all over India 10 per cent has common mental disorders and about 1.9 per cent has severe mental disorders. The trend is more prevalent in urban areas.

Mehrotra (2004) published a paper "**Women, Disability and Social Support in Rural Haryana**" in **Economic & Political Weekly**". Women with disabilities in India face double discrimination due to prevalence of traditional gender roles and expectations. This paper explores the nature and form of disability afflicting the individual and social life of women in rural Haryana, both in terms of physical and mental parameters. It describes community and family strategies in supporting disabled women in negotiating family, work, economy and society. It also highlights the social effects of physical disability on various stages of their life

cycle, explored through life histories of women belonging to different age groups and those belonging to different castes.

Preeti Singh and Anu Pandey (2005) published a paper “Women in Call Centres” in Economic & Political Weekly’. This study looks at aspects of employment of women in call centres in India, based on a survey of 100 women employees. It examines the recent phenomenon of women working in night shifts, as well as the impact of call centre employment on women’s health, family life and decision-making powers. The study finds a direct and adverse effect of night shift employment on the health of women. But there is also a greater acceptance of such “non-traditional jobs by families across a larger segment of society.

Anandhi (2007) written “Women, Work and Abortion: A Case Study from Tamil Nadu” in Economic & Political Weekly’. Most of the micro-level studies on abortion reach a misleading conclusion that abortions are exclusively a method of family limitation or family planning. A study conducted in four villages of Kancheepuram district of Tamil Nadu contradicts this orthodoxy and opens up spaces for looking at the question of reproductive rights anew. Women in the study villages consider abortion as a necessity to negotiate the harsh realities in their work places and deal with domestic violence and different social conditions and beliefs.

Ashok Kumar and Sundar published a paper "Problems Faced by Women Executives Working in Public Sector Banks in Puducherry" in International Journal of Marketing, Financial Services & Management Research". India is a country with diverse traditions and customs. In all the religions, women hold a venerable position. Unfortunately, since ages, the role of women was confined to household chores and limited to domestic issues. In the male-dominated Indian society, women suffered to extreme levels of exploitation. Some factors like death of bread winner, sudden fall in family income or inadequate family income - forced women to seek employment in informal sector (small trader, artisan or field laborer on a family farm) but yet, that did not result in women empowerment. The participation of women as workers and women's education was negligible. Indian women is distinct from their western counter parts in that they do not shed their conventional roles as mothers and house wives in spite of their professional responsibilities. They are skilled at blending professional excellence and traditional love for home harmoniously. The study is purely exploratory in nature and seeks to identify the factors preventing women employees from aspiring for higher

post and problems faced by women executives in public sector banks related to work performance. Further this aims also at finding out the organizational support for women employees to achieve higher post.

According to the LinkedIn Survey four in five working women in India believe that they have negatively impacted with promotion, career growth and work offer because of the strongest gender bias in their workplaces. **LinkedIn** surveyed more than 10,000 women in across APAC region including 2285 women in India, more women in India still contending the gender bias on their career development when compared to the APAC region. As per the **LinkedIn Opportunity Index 2021** report, 69% working mothers face discrimination due to familial responsibilities.

2.3 Psychological Well-being of Working Women

The workplace is one of the environments that affect mental well-being and health (**Harnois & Gabriel**). In this context there comes the need to study their psychological well being. The six-factor model (autonomy, environmental mastery, personal growth, positive relations, purpose in life and self-acceptance) of psychological well-being scale as proposed by **Ryff & Keyes (1995)** is used among the working women.

Harnois and Gabriel (2000) et al., pointed out that time structure, social contact, collective effort and purpose, social identity and regular activity as five categories of psychological experience given by employment that promote mental well-being.

Job stress is defined as “the harmful physical and emotional response that occurs when the requirements of the job do not match the capabilities, resources or needs of the worker” Overwork, lack of clear instructions, lack of decision-making, unrealistic deadlines, job insecurity, surveillance, isolated working conditions, and inadequate child-care arrangements are the potential causes of work related stress (as cited in **Harnois & Gabriel, 2000**)

Suman and Chatterjee(2015) et al., found that working women scores less in emotional health than non-working women and general health of scores are less in working women than in non-working women. The mean scores for the dimensions namely emotional health, social functioning and general health were less compared to non-working women.

The Nielsen Survey reports that working Indian women are the most stressed in the world, as 87% of working Indian women reported that they felt stressed, anxious, and

unenthusiastic, while 82% said that they had no time to relax. Also, 55% of working Indian women experienced stress because of workplace bias and gender discrimination. This trade-off between household responsibilities and work demands, as well as the resultant stress, make them leave their jobs early on (**Radhakrishnan, 2011**). The attrition of female employees along the career track entails considerable loss to the organization due to investment in their potential development.

Kaila (2007) published “**Women Managers in Indian Organizations**” in Journal of the Indian Academy of Applied Psychology and presented qualitative study of 140 female managers interviewed in 81 organizations in order to review trend of problems faced by women managers, the ways in which the problems affect them, and the coping strategies used by them to overcome their problems. In-depth personal interviews were conducted with the help of a structured questionnaire using open-ended questions. The narratives of managers have provided a broad base in understanding managerial life and profession of women. The implications are underlined for better organizational health and performance.

According to **Muhammad Shoaib, et al** as stated in their paper "Occupational Risk Factors Associated. with Reproductive Health of Working Women: A Case Study of University of Gujrat" published in Academic Research International, the occupational risk factors are those factors which directly or indirectly influence the health and performance of the workers.

Khan found that family involvement and work involvement are directly proportional to each other. A person successful in family will also be successful at work. **Kandel et al.** studied the impact on mental health of working women because of multiple roles that were utterly disparate in nature. Working women finds it very difficult to manage the various roles simultaneously as each role has different kind of pressures and impacts in their workplace. These role conflicts cause various negative effects on the mental health of working women as there is no motivational simulation and less physical strength.

In this study, have tried to determine how organizations can contribute to the well-being of employees, especially women, through a gender-equitable environment and by leveraging their positive psychological resources. We investigate this through the composite construct of PGE encompassing organizational policies, practices, and the environment, leading to gender-equitable perceptions among the employees (**Sharma Radha, 2013; Sharma and Sharma, 2015**) and PsyCap that affects their well-being. The study also

investigates the role of commitment and social support as intervening variables between PGE, PsyCap, and well-being, and suggests measures for enhancing well-being.

Madhusudanan.S & Dr. R. Nalini et al., Women take up myriad roles in the family and in workplace milieu. In the era where women transcending boundaries and excelling in various domains, there comes the need to study their psychological well-being. A positive psychological well-being is associated with emotional intelligence, occupational health and good inter-personal relationships. The study is descriptive in nature and simple random sampling is used to select the participants. Self-prepared socio demographic questionnaire and eighteen item psychological well-being scale (**Ryff & Keyes, 1995**) is used to measure the psychological well-being of the working women and the tool is self administered.

Sudhindha Sinha et al., 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.

V B Suman, Pratik Chatterjee. Many studies have established the adverse effects of job strain on the health status of women. In this study, we will try to compare the health status in working and nonworking women using standard Short Form (SF)36 questionnaire. The SF-36 is a widely used questionnaire for measuring physical and mental health status. These are multidimensional measures of self-reported health status. At the end of this scientific study, working women will have some understanding about their physical and psychological well-being.

Women's joining the workforce has not been accompanied by a change in their household responsibilities (**Aguiar and Hurst, 2007**), resulting in additional roles for working women. The stress hypothesis theory of multiple roles (**Goode, 1960**) suggests an individual's well-being reduces when an additional role is added to the societal role that already includes many demands and hassles. Working women experience the same while meeting the demands of high performance at work as well as managing children and the household.

Working women play multiple roles at work and at home while being constrained for time, which may contribute to health problems, stress, anxiety, and other negative outcomes (**Gjerdingen et al., 2001**).

Self-efficacy (Bandura, 1997) is the confidence and belief in one's own ability to overcome challenging situations (**Newman et al., 2014**). It is pivotal for women to feel confident about the skills, abilities, and knowledge that they bring to the workplace, considering the societal skepticism about their efforts and abilities to perform.

When one considers the common setbacks faced by women in the workplace (like gender bias and attribution of their success to non-merit factors), resilience becomes an important resource for a woman to grow in her career without becoming dejected.

Optimism (**Seligman, 1998**) is the ability to attribute positive events to internal and lasting causes (**Youssef and Luthans, 2013**) and negative events to temporary and external situations. In the case of working women, optimism plays an important role in negative situations that they face in their organizations. Women at work, therefore, might benefit with the development of PsyCap by lowering the experience of negative emotions and enhancing well-being.

According to Combs et al. (2012), PsyCap might be of greater benefit to marginalized groups in the workplace, given that it will provide them with the confidence to seek much-needed support and advice from others in the workplace.

Few studies have focused on the relationship between PsyCap and subjective well-being in an organizational setting (Nguyen and Nguyen, 2012; Baron et al., 2013), and there is some initial evidence that PsyCap positively impacts the subjective well-being of individuals over time (**Avey et al., 2010; Culbertson et al., 2010; Luthans et al., 2013**). PsyCap, with a potential to protect and defend the well-being of women at work, has never been studied in relation to enhancing women's well-being.

Chapter - 3

Methodology

3. METHODOLOGY

Psychological well-being refers to inter- and intra-individual levels of positive functioning that can include one's relatedness with others and self-referent attitudes that include one's sense of mastery and personal growth. Subjective well-being reflects dimensions of affect judgments of life satisfaction.

The present study was intended to assess the “Psychological well-being of working women”, and was presented under the following heads:

3.1 Selection of the area

3.2 Selection of the sample

3.3 Variables of the study

3.4 Selection of the tool

3.5 Conduct of the study

3.6 Analysis of data

3.1 Selection of the area

Coimbatore, Tamil Nadu was the area selected for the study. The purpose of selecting Coimbatore as the location for the study was that it is the second largest city in Tamil Nadu. It houses lot of institutions and organizations where women workforce forms a part. The city also provides self-employment opportunity.

3.2 Selection of the sample

The participants included in this study were working women. The samples were collected through Purposive Sampling technique. Purposive sampling (also known as judgment, selective or subjective sampling) is a sampling technique in which researcher relies on his or her own judgment when choosing members of population to participate in the study.

The total size of the samples was 150 aged between 20 to 50 years. The main areas covered were R S Puram (Nilgiris) and Saibaba Colony (Kasthuri).

3.3 Variables of the study

‘Variable’ is a term frequently used in research projects. It is related to define and identify the variables while designing quantitative research projects. A variable is a concept or abstract idea that can be described in measurable terms. In research, this term refers to the measurable characteristics, qualities, traits, or attributes of a particular individual, being studied. The independent variables are the ones that can be controlled or manipulated. Dependent variables are the outcome variables and are the variables for which we calculate statistics.

In the study, psychological well-being would be the dependent variable under that Satisfaction, Efficiency, Sociability, Mental Health, Interpersonal Relations were taken to analyze the influence of independent variables over dependent variables. The independent variables were Age, Family type, Family size, Education, Area of Living, Ownership of the house, Marital status, Occupation, Type of institution, Monthly income.

3.4 Selection of the tools

- The general profile of working women which includes age, family type, number of members in the family, education, area of living, ownership of the house, marital status, occupation, type of institution and monthly income.
- The self – constructed questionnaire for psychological well-being of working women
- Psychological well-being scale questionnaire to evaluate the psychological well-being of working women

A questionnaire is a tool that lets collecting data from users via a personalized survey. The information is then collected and manually entered in a spread sheet.

This scale was developed by using likert technique. Suggestions were invited from the experts from different fields such as psychology, sociology, human development, family relations and psychiatry. The final form of scale was thus prepared comprising of 50 statements with a view to measure several aspects of well being like Satisfaction, Efficiency, Sociability, Mental Health and Interpersonal Relations.

This scale is considered likely to be useful in a variety of research and applied settings such as a quality of life index, a mental health status appraisal, and a measure of

psychotherapy outcome evaluation and a social indicator of measuring population changes in sense of well-being over time.

Life Satisfaction- The act of satisfying, or the state of being satisfied; gratification of desire; contentment in possession and enjoyment; repose of mind resulting from compliance with its desires or demands.

Efficiency- The comparison of what is actually produced or performed with what can be achieved with the same consumption of resources (money, time, labour, etc.). The quality of being efficient or producing an effect or effects; efficient power, effectual agency.

Sociability- The relative tendency or disposition to be sociable or associate with one's fellows. The quality or state of being sociable; also the act or an instance of being sociable.

Mental Health- Mental health is a term used to describe either a level of cognitive or emotional well-being or an absence of a mental disorder.

A person's overall psychological and emotional condition. Good mental health is a state of well-being in which a person is able to cope with everyday events, think clearly, be responsible, meet challenges, and have good relationships with others.

Interpersonal Relations- An interpersonal relationship is an association between two or more people that may range from fleeting to enduring. This association may be based on limerence, love and liking, regular business interactions, or some other type of social commitment.

Table 1
Dimensions of psychological well-being scale

Sl. No	Area	Item	Item wise Sl. No
I	Satisfaction	10	1 – 10
II	Efficiency	10	11 – 20
III	Sociability	10	21 – 30
IV	Mental health	10	31 – 40
V	Inter-personal relations	10	41 – 50
Total	items	50	

Scoring:

The scale consists of fifty statements. All statements are of positive manner. 5 marks to strongly agree, 4 marks to agree, 3 marks to undecided, 2 marks to disagree and 1 mark to strongly disagree responses are assigned. The sum of marks is obtained for the entire scale. The higher the score more is the wellbeing.

Table 2
Psychological well – being scoring table

Strongly agree	Agree	Undecided	Disagree	Strongly disagree
5	4	3	2	1

Norms:

Norms for the scale are available for all the age groups. These norms should be regarded as reference point for interpreting well-being index scores. Norms are available for each of the five areas as well as for the entire scale.

An individual with score of 242-250 may be considered to have very high level of well-being. Score ranging from 217-242 represent high level of well-being. The scores from 83-217 would represent normal individuals with moderate well-being. The low score i.e. 58-83, would indicate people with low level of well-being whereas a score of 50-58 represents very low level of well-being. A person with lower level of psychological well-being needs counselling and psychotherapy.

For each area, a score of 48-50 may be considered very high level of well-being. Score ranging from 43-48 represent high level of wellbeing. The scores from 16-43 would represent normal individuals with moderate well-being. The low score i.e. 12-16, would indicate people with low level of well-being whereas a score of 10-12 represents very low level of wellbeing.

Table 3

Raw scores for Dimensions of Psychological well – being scale

Scores	Level of Psychological well – being scale
10 – 12	Very low
12 – 16	Low
16 – 43	Moderate
43 – 48	High
48 - 50	Very high

Table 4

Scores for overall psychological well – being

Scores	Level of Psychological well – being scale
50 – 58	Very low
58 – 83	Low
83 – 217	Moderate
217 – 242	High
242 – 250	Very high

Conduct of the study

The researcher then approached and established a good rapport with the selected respondents to get the required information. The data was collected through Google forms via what's app/E-mail and also direct method. A total number of 150 working women participated in this study between the ages of 20 – 50 years from Coimbatore city, Tamil Nadu.

Statistical analysis and interpretation

Data Analysis is the process of systematically applying statistical and/or logical techniques to describe, condense and recap, and to evaluate data.

For this present study

Percentage analysis

- It refers to a special kind of rates, percentage are used in making comparison between two or more series of data. A percentage is used to determine relationship between the series.
- Percentage analysis of data was used to express the relative frequency of survey responses and other data.
- Percentage = $\frac{\text{Number of Respondents}}{\text{Total Number of Respondents}} \times 100$

Chi-square:

This is an important test amongst the several tests of significance. It is used in the context of sampling analysis for comparing a variance to a theoretical variance.

Uses of chi-square:

- a) To test independence of attributes.
- b) To test homogeneity.
- c) To test goodness of fit

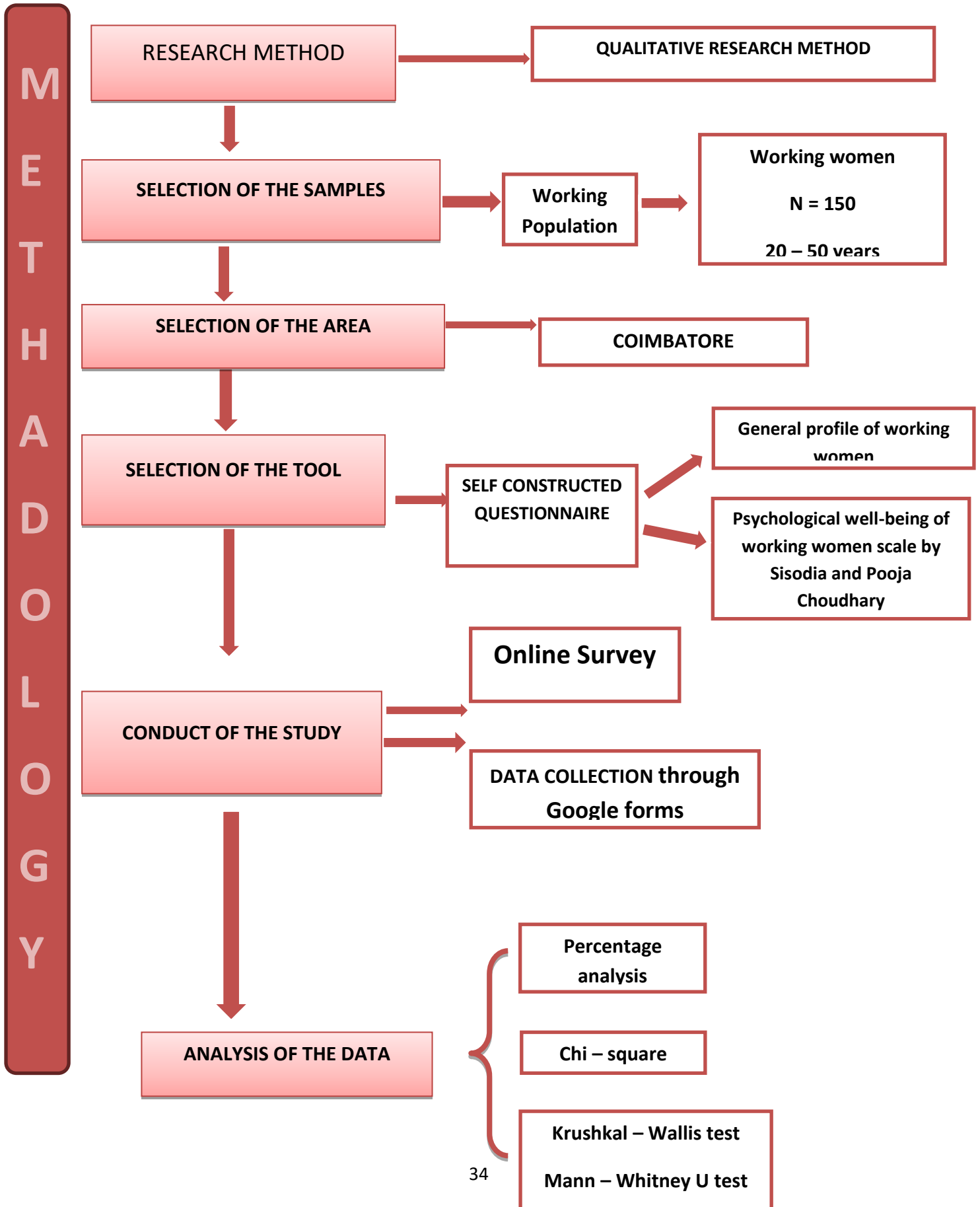
Kruskal – wallis H test

Kruskal – Wallis H test (1952) is a non-parametric approach to the one-way ANOVA. The procedure is used to compare three or more groups on a dependent variable that is measured on at least an ordinary level.

Mann – whitney U test

The Mann-Whitney U test is used to compare whether there is a difference in the dependent variable for two independent groups. It compares whether the distribution of the dependent variable is the same for the two groups and therefore from the same population.

Enclosure -I



Chapter - 4

Results and Discussion

4. RESULTS AND DISCUSSION

The findings of the study on “Psychological well – being of working women” are presented under the following’s heads.

4.1 Socio demographic profile of the selected respondents

4.2 Levels of Psychological well – being of working women

4.3 Dimensions of Psychological well – being based on socio demographic profile

4.1 Socio demographic profile of the selected respondents

Demographic profile of the respondents such as Age, Family Type, Number of family members, Education, Area of Living, Ownership of the House, Marital Status, Occupation, Type of Institution and Monthly Income were collected and depicted below.

Table 5

Socio demographic profile of the selected respondents

SI.NO	Variables	Frequency	n	Percentage (%)
1.	Age	20-30	47	31
		30-40	66	44
		40-50	37	25
2.	Family Type	Nuclear	131	87
		Joint	19	13
3.	Number of family members	3	39	26
		4	78	52
		More than 4	33	22
4.	Education	school	53	35
		UG	82	55
		PG	15	10
5.	Area of Living	Rural	12	8
		Urban	138	92

6.	Ownership of the House	Rent	107	71
		Own	43	29
7.	Marital Status	Married	110	73
		Unmarried	40	27
8.	Occupation	Self Employed	39	26
		Educational sector	11	8
		Business	8	5
		Employee	92	61
9.	Type of Institution	Private	119	79
		Government	9	6
		Own	22	15
10.	Monthly Income	5000– 15000	105	70
		Above 15000	45	30

Table – 5 depicts the socio – demographic profile of the respondents

With respect to age, nearly half of the respondents i.e., 44 % are from 30 – 40years and one third of the respondents (31%)are aged between 20 - 30years and the rest quarter of the respondentsare from 40 – 50years of age group.

In the case family type, majority of respondents i.e., 87% are under nuclear family and the rest 13 % comes under joint family.

With respectto thenumber of family members, nearly half of the respondents i.e., 52 % of respondents consist of 4 family members, quarter of the respondents (25 %) of respondents consist of 3 family members, nearly one fourth of the respondents 22 % of respondents consist of more than 4 family members and the least 1 % of respondents consist of 2 family members.

With respect to education, more than half (55%) of respondents completed their UG, more than one third if the respondents i.e., 35% of respondents studied 9th – 10th and the rest 10% were Post graduates.

In the case of area of living, 92% of participants were from urban area and the next 8% of participants were from rural area.

According to the ownership of the house, majority i.e., 71% were from rented house, the rest 29 % had own house.

According to the marital status, 73% of respondents were married, 27% were unmarried.

In the occupational status, 61% of respondents were workers, 26% of respondents were self – employed, 7% of respondents were working in educational sector and 5% of respondents were doing business.

With respect to type of institution, majority of respondents i.e., 79% are under private institutions, 15% are under running own institutions and 6% works under government institutions.

According to the monthly income, majority i.e., 70 % are earning ₹5000 – ₹15000 and the rest 30% are earning above ₹15000.

4.2 Levels of Psychological well – being of working women

The levels of psychological well-being, frequency, and its percentage are given in the below table.

Table – 6

Levels of Psychological well – being of working women

S.No	Levels of Psychological well – being	Frequency (N)	Percentage (%)
1	Very low	0	0
2	Low	0	0
3	Moderate	72	48
4	High	75	50
5	Very high	3	2
	Total	150	100

Table – 6 depicts the level of psychological well – being of the respondents

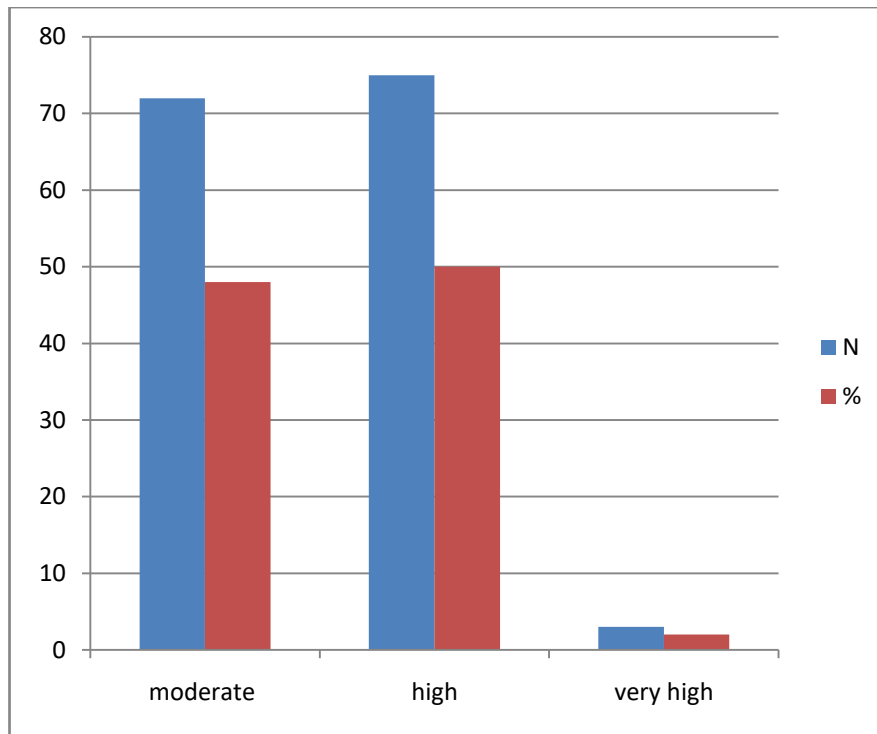


Figure-2 represents the level of psychological well-being of the respondents

From the above table-2 and figure-2, the half of the respondents (50%) had high level of psychological well – being, nearly half of the respondents (48%) showed moderate level of psychological well – being and the rest (2%) reported very high level of psychological well-being.

4.3 Chi square on the variables having significant association

chi – square value to find out the association of overall socio demographic profile with levels of psychological well – being of working women

Table 7

Chi square on the variables having significant association

Sl. No	Variable	Category	Chi – square	df	P value
1.	Age	20 – 30	171.851	130	.008
		30 – 40			
		40 – 50			
2.	Family type	Nuclear	67.832	65	.381
		Joint			
3.	No. of family members	3	209.948	195	.220
		4			
		More than 4			
4.	Education	School	139.105	130	.277
		UG			
		PG			
5.	Area of living	Rural	66.682	65	.419
		Urban			
6.	Ownership of the house	Rented	71.751	65	.264
		Own			
7.	Marital status	Married	102.314	65	.002
		Unmarried			
8.	Occupation	Self – employed	220.653	195	.100
		Educational sector			
		Business			
		Employee			
9.	Type of Institution	Private	150.823	130	.102
		Government			
		Own			
10	Monthly income	5000 – 15000	72.931	65	.234
		Above 15000			

Table – 7 depicts chi – square value to find out the association of overall socio demographic profile with levels of psychological well – being of working women.

It was observed that the levels of psychological well – being have a significant association with age at 5% levels (.008). Another significant association was found in terms of marital status with 5% levels (.002). Significant association was also found in the category of monthly income at 5% levels (.003)

There was no significant association in terms of family type, number of family members, education, area of living, ownership of the house, occupation, type of institution and monthly income.

Psychological wellbeing and health are closely linked at older ages. Three aspects of psychological wellbeing can be distinguished: evaluative wellbeing (or life satisfaction), hedonic wellbeing (feelings of happiness, sadness, etc), and eudemonic wellbeing (sense of purpose and meaning in life). We review recent advances in this field, and present new analyses concerning the pattern of wellbeing across ages and the association between wellbeing and survival at older ages. **The Gallup World Poll**, an ongoing survey in more than 160 countries, shows a U-shaped relationship between evaluative wellbeing and age in rich, English speaking countries, with the lowest levels of wellbeing around ages 45-54. But this pattern is not universal: for example, respondents from the former Soviet Union and Eastern Europe show a large progressive decline in wellbeing with age; Latin America also shows falling wellbeing with age, while wellbeing in sub-Saharan Africa shows little change with age.

Anne E. Barrett found that Marital status is associated with psychological wellbeing, with the married faring better than the formerly and never-married. However, this conclusion derives from research focusing more on negative than positive well-being. They examine the association between marital status and negative well-being, measured as depressive symptoms, and positive well-being, measured as autonomy, environmental mastery, personal growth, positive relations with others, self-acceptance, and purpose in life. Using Wave 2 of Midlife in the United States (2004–2006; n = 1,711), they find that the continuously married fare better on the negative dimension than do the formerly married. The results for some measures of positive well-being also reveal an advantage for the continuously married, compared with the formerly and the never-married. However, results for other positive measures indicate that the unmarried, and the remarried, fare better—not worse—than the continuously married. Further, some results suggest greater benefits for remarried or never-married women than men.

4.5 Level for dimensions of psychological well – being of working women

This table shows that the levels for dimensions of Satisfaction, Efficiency, Sociability, Mental health, Interpersonal relations of psychological well – being of working women.

Table – 8

Level for dimensions of psychological well – being of working women

Sl. No	Variable	Category	Frequency	Percentage
1	Satisfaction	Moderate	61	41
		High	57	38
		Very high	32	21
2	Efficiency	Moderate	54	36
		High	85	57
		Very high	11	7
3	Sociability	Moderate	79	53
		High	56	37
		Very high	15	10
4	Mental health	Moderate	91	61
		High	57	38
		Very high	2	1
5	Interpersonal relations	Moderate	29	19
		High	99	66
		Very high	22	15
		Total	150	100

Table – 8 depicts level for dimensions of psychological well – being of working women

Satisfaction: Among the respondents nearly half of them (41%) are found to have moderate level of psychological well – being. More than one third of the respondents (38%) scored high in psychological well – being. And the rest (21%) belongs to very high level of psychological well – being.

Efficiency: In case of efficiency domain, more than half of the respondents (57%) are found to have high level of psychological well – being. More than one third of the respondents (36%) scored moderate in psychological well – being. And the rest 7 % belongs to very high psychological well – being.

Sociability: With respect to sociability, more than half of the respondents (53%) are found to have moderate level of psychological well – being. More than one third of the

respondents (37%) scored high in psychological wellbeing. And the rest 10 % belongs to very high psychological wellbeing.

Mental health: Among the respondents, more than half of them (61%) are found to have moderate level of psychological well – being. More than one third of the respondents (38%) scored high in psychological well – being. And the rest 1% of the respondents comes under very high psychological well – being.

Interpersonal relations: In case of interpersonal relations, more than half of the respondents (66%) are found to have high level of psychological well – being. The next 19 % scored moderate level in psychological well – being. And the rest 15% of the respondents are belongsto very high psychological well – being.

Association of selected socio demographic variable on Satisfaction, Efficiency, Sociability, Mental health and Interpersonal relations of psychological well – being of working women.

This section deals with the tables that represent the association of socio demographic variable on Satisfaction, Efficiency, Sociability, Mental health and Interpersonal relations of psychological well – being of working women.

4.6Difference for selected socio demographic variables on dimensions among working women.

This section deals with the tables that represent the influence of selected socio demographic variables on Satisfaction, Efficiency, Sociability, Mental Health and Interpersonal Relations among Psychological well-being of working women.

Table – 9

Difference for selected socio demographic variables on dimensions among working women.

Domains	Variable	Category	N	Mean Rank	Z	P Value
Satisfaction	Family type	Nuclear	131	77.82	-1.747	.081
		Joint	19	59.50		
	Area of living	Rural	12	81.00	-.465	.642
		Urban	138	75.02		

	Ownership of the house	Rent	107	80.66	-2.335	.020
		Own	43	62.65		
	Marital status	Married	110	70.05	-2.593	.010
		Unmarried	40	90.50		
	Monthly income	5000 – 15000	105	77.57	-.905	.365
Above 15000		45	70.68			
EFFICIENCY	Family type	Nuclear	131	76.97	-1.099	.272
		Joint	19	65.39		
	Area of living	Rural	12	92.00	-1.390	.165
		Urban	138	74.07		
	Ownership of the house	Rent	107	77.97	-1.114	.265
		Own	43	69.35		
	Marital status	Married	110	75.93	-.202	.840
		Unmarried	40	74.33		
	Monthly income	5000 – 15000	105	72.47	-1.323	.186
		Above 15000	45	82.58		
SOCIABILITY	Family type	Nuclear	131	77.89	-1.805	.071
		Joint	19	59.03		
	Area of living	Rural	12	71.42	-.346	.729
		Urban	138	75.86		
	Ownership of the house	Rent	107	76.69	-.539	.590
		Own	43	72.55		
	Marital status	Married	110	80.22	-2.253	.024
		Unmarried	40	62.51		
	Monthly income	5000 – 15000	105	75.54	-.019	.985
		Above 15000	45	75.40		
Mental health	Family type	Nuclear	131	77.53	-1.521	.128
		Joint	19	61.47		
	Area of living	Rural	12	82.50	-.588	.557
		Urban	138	74.89		
	Ownership of the house	Rent	107	80.23	-2.124	.034
		Own	43	63.73		
	Marital status	Married	110	75.00	-.236	.813
		Unmarried	40	76.88		
	Monthly income	5000 – 15000	105	80.77	-2.293	.022
		Above 15000	45	63.20		
Interpersonal Relations	Family type	Nuclear	131	76.70	-.901	.368
		Joint	19	67.24		
	Area of living	Rural	12	71.83	-.310	.757
		Urban	138	75.82		
	Ownership of the house	Rent	107	80.69	-2.345	.019
		Own	43	62.58		
Marital status	Married	110	73.48	-.958	.338	

		Unmarried	40	81.05		
	Monthly income	5000 – 15000	105	79.34	-1.679	.093
		Above 15000	45	66.54		

** - significant at 5%, NS – Not significant

Table – 9 depicts difference for selected socio demographic variables on dimensions among working women.

From above table 10, In Satisfaction domain the mean rank of nuclear family of respondents is 77.82 and joint family of respondents is 59.50. This shows that respondents from nuclear family have higher mean rank than the respondents from joint family and there is no significance between Family type and Satisfaction.

Glancing at the area of living, the mean rank of respondents of rural area and urban area are 81.00 and 75.02 respectively. This shows that respondents from rural area have higher mean rank than the respondents from urban area. There is no significance between area of living and satisfaction.

With regard to the ownership of the house, the mean rank of respondents living in rental house is 80.66 and own house is 62.65. This shows that respondents from rental house have higher mean rank than respondents from own house and there exists statistical significance at 5%.

With respect to marital status, the mean rank of married respondents is 70.05. And the mean value of unmarried respondents is 90.50. This shows that respondents who are unmarried have higher mean rank than the respondents who are married and there exists statistical significance at 5%.

In case of monthly income, the mean rank of respondents earning 5000 – 15000 is 77.57. And the mean rank of respondents earning above 15000 is 70.68. This shows that respondents who earning 5000 – 15000 have higher mean rank than the respondents earning above 15000. There is no significance between monthly income and satisfaction.

In Efficiency domain the mean rank of nuclear family of respondents is 76.97 and joint family of respondents is 65.39. This shows that respondents from nuclear family have higher mean rank than the respondents from joint family and there is no significance between Family type and Efficiency.

Glancing at the area of living, the mean rank of respondents of rural area and urban area are 92.00 and 74.07 respectively. This shows that respondents from rural area have higher mean rank than the respondents from urban area. There is no significance between area of living and Efficiency.

With regard to the ownership of the house, the mean rank of respondents living in rental house is 77.97 and own house is 69.35. This shows that respondents from rental house have higher mean rank than respondents from own house. There is no significance between ownership of the house and Efficiency.

With respect to marital status, the mean rank of married respondents is 75.93. And the mean value of unmarried respondents is 74.33. This shows that respondents who are married have higher mean rank than the respondents who are unmarried. There is no significance between marital status and Efficiency.

In case of monthly income, the mean rank of respondents earning 5000 – 15000 is 72.47. And the mean rank of respondents earning above 15000 is 82.58. This shows that respondents who earning above 15000 having higher mean rank than the respondents earning 5000 – 15000 and there exists statistical significance at 5%.

In Sociability domain the mean rank of nuclear family of respondents is 77.89 and joint family of respondents is 59.03. This shows that respondents from nuclear family have higher mean rank than the respondents from joint family and there is no significance between Family type and Sociability.

Glancing at the area of living, the mean rank of respondents of rural area and urban area are 71.42 and 75.86 respectively. This shows that respondents from urban area have higher mean rank than the respondents from rural area. There is no significance between area of living and Sociability.

With regard to the ownership of the house, the mean rank of respondents living in rental house is 76.69 and own house is 72.55. This shows that respondents from rental house have higher mean rank than respondents from own house. There is no significance between ownership of the house and Sociability.

With respect to marital status, the mean rank of married respondents is 80.22. And the mean value of unmarried respondents is 62.51. This shows that respondents who are married have

higher mean rank than the respondents who are unmarried and there exists statistical significance at 5%.

In case of monthly income, the mean rank of respondents earning 5000 – 15000 is 75.54. And the mean rank of respondents earning above 15000 is 75.40. This shows that respondents who earning 5000 – 15000 having higher mean rank than the respondents earning above 15000 and there exists statistical significance at 5%.

In Mental Health domain the mean rank of nuclear family of respondents is 77.53 and joint family of respondents is 61.47. This shows that respondents from nuclear family have higher mean rank than the respondents from joint family and there is no significance between Family type and Mental Health.

Glancing at the area of living, the mean rank of respondents of rural area and urban area are 82.50 and 74.89 respectively. This shows that respondents from rural area have higher mean rank than the respondents from urban area. There is no significance between area of living and Mental Health.

With regard to the ownership of the house, the mean rank of respondents living in rental house is 80.23 and own house is 63.73. This shows that respondents from rental house have higher mean rank than respondents from own house and there exists statistical significance at 5%.

With respect to marital status, the mean rank of married respondents is 75.00. And the mean value of unmarried respondents is 76.88. This shows that respondents who are unmarried have higher mean rank than the respondents who are married. There is no significance between marital status and Mental Health.

In case of monthly income, the mean rank of respondents earning 5000 – 15000 is 80.77. And the mean rank of respondents earning above 15000 is 63.20. This shows that respondents who earning 5000 – 15000 having higher mean rank than the respondents earning above 15000. There is no significance between monthly income and Mental Health.

In Interpersonal Relations domain the mean rank of nuclear family of respondents is 76.70 and joint family of respondents is 67.24. This shows that respondents from nuclear family have higher mean rank than the respondents from joint family and there is no significance between Family type and Interpersonal Relations.

Glancing at the area of living, the mean rank of respondents of rural area and urban area are 71.83 and 75.82 respectively. This shows that respondents from urban area have higher mean rank than the respondents from rural area. There is no significance between area of living and Interpersonal Relations.

With regard to the ownership of the house, the mean rank of respondents living in rental house is 80.69 and own house is 62.58. This shows that respondents from rental house have higher mean rank than respondents from own house and there exists statistical significance at 5%.

With respect to marital status, the mean rank of married respondents is 73.48. And the mean value of unmarried respondents is 81.01. This shows that respondents who are unmarried have higher mean rank than the respondents who are married. There is no significance between marital status and Interpersonal Relations.

In case of monthly income, the mean rank of respondents earning 5000 – 15000 is 79.34. And the mean rank of respondents earning above 15000 is 66.54. This shows that respondents who earning 5000 – 15000 having higher mean rank than the respondents earning above 15000 and there exists statistical significance at 5%.

4.7 Influence of selected socio demographic variables on satisfaction among working women.

This table shows that variables on satisfaction of psychological well – being their categories, number of respondents in each category, mean rank, Chi square and P value.

Table 10
Influence of selected socio demographic variables on satisfaction among working women.

SI no	Variables	Category	N	Mean Rank	Chi Sq (DF)	P Value
1	Age	20 – 30	47	84.96	4.025 (2)	.134
		30 – 40	66	73.77		
		40 – 50	37	66.58		
2	Family size	3	39	77.51	3.460 (2)	.177
		4	78	79.62		

		More than 4	33	63.39		
3	Education	School	53	62.15	11.256 (2)	.004*
		UG	82	86.14		
		PG	15	64.50		
4	Occupation	Self – employed	39	76.06	9.238 (3)	.026
		Educational Sector	11	55.86		
		Business	8	39.94		
		Employee	92	80.70		
5	Type of institution	Private	119	79.25	5.058 (2)	.080
		Government	9	70.61		
		Own	22	57.23		

Table 10 depicts the influence of selected socio demographic variables on Satisfaction among working women.

From the above table 16, it is inferred that mean rank of 20 – 30 years of age is 84.96, 30 – 40 years is 73.77 and 40 – 50 years is 66.58. Respondents of 20 – 30 years shows higher mean rank than other categories. There is no significant between age and Satisfaction.

Glancing at family size, the mean rank of 3 members family, 4 members family, more than 4 are 77.51, 79.62, and 63.39. 4 member's family. has more mean than other categories. There is no significant between family size and Satisfaction.

According to education, mean rank of respondents who completed their schooling is 62.15, respondents who completed their UG degree is 86.14 and respondents who completed their PG degree is 64.50. Respondents who completed their UG degree shows higher mean rank than other categories. There is a significant difference at 1%.

Witter, et al.'s (1984) meta-analysis of research linking education to subjective well being suggests that most studies show a modest net positive effect of education on well-being.

In the case of occupation, the mean rank of self – employed respondents, educational sector, business and workers are 76.06, 55.86, 39.94 and 80.70. Workers has more mean than other categories. There is no significant between occupation and Satisfaction.

With respect to type of institution, it is inferred that mean rank of private is 79.25, government is 70.61 and own is 57.23. Respondents of private Institution shows higher mean rank than other categories. There is no significant between type of institution and Satisfaction.

Glancing at monthly income, the mean rank of 5000 – 15000, 15000 – 25000, above 25000 are 77.57, 70.25 and 76.67. The category of 5000 – 15000 has more mean than other categories. There is no significant between monthly income and Satisfaction.

4.8 Influence of selected socio demographic variables on Efficiency among working women.

This table shows that variables on efficiency of psychological well – being their categories, number of respondents in each category, mean rank, Chi square and P value.

Table – 11

Influence of selected socio demographic variables on Efficiency among working women.

SI no	Variables	Category	N	Mean Rank	Chi Sq (DF)	P Value
1	Age	20 – 30	47	84.96	2.477 (2)	.290
		30 – 40	66	73.77		
		40 – 50	37	66.58		
2	Family size	3	39	70.67	2.175 (2)	.337
		4	78	73.95		
		More than 4	33	84.88		
3	Education	School	53	71.66	.658 (2)	.702
		UG	82	77.54		
		PG	15	77.93		
4	Occupation	Self – employed	39	88.65	7.107 (3)	.069
		Educational Sector	11	63.50		
		Business	8	52.25		
		employee	92	73.38		
5	Type of institution	Private	119	76.29	.932 (2)	.628
		Government	9	82.83		

		Own	22	68.25		
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Table 11 depicts the influence of selected socio demographic variables on Efficiency among working women.

From the above table 17, it is inferred that mean rank of 20 – 30 years of age is 84.96, 30 – 40 years is 73.77 and 40 – 50 years is 66.58. Respondents of 20 – 30 years shows higher mean rank than other categories. There is no significant between age and Efficiency.

Glancing at family size, the mean rank of 3 members family, 4 members family, more than 4 are 70.67, 73.95, and 84.88. more than 4 category has more mean than other categories. There is no significant between family size and Efficiency.

According to the table mean rank of respondents who completed their schooling is 71.66, respondents who completed their UG degree is 77.54 and respondents who completed their PG degree is 77.93. Respondents who completed their PG degree shows higher mean rank than other categories. There is no significant between education and Efficiency.

In the case of occupation, the mean rank of self – employed respondents, educational sector, business and workers are 88.65, 63.50, 52.25 and 73.38. Self-employed respondents has more mean than other categories. There is no significant between occupation and Efficiency.

With respect to type of institution, it is inferred that mean rank of private is 76.29, government is 82.83 and own is 68.25. Respondents of government Institution shows higher mean rank than other categories. There is no significant between type of institution and Efficiency.

4.9Influence of selected socio demographic variables on Sociability among working women.

This table shows that variables on sociability of psychological well – being their categories, number of respondents in each category, mean rank, Chi square and P value.

Table 12**Influence of selected socio demographic variables on Sociability among working women.**

SI no	Variables	Category	N	Mean Rank	Chi Sq (DF)	P Value
1	Age	20 – 30	47	60.98	8.899 (2)	.012*
		30 – 40	66	85.16		
		40 – 50	37	76.72		
2	Family size	3	39	70.05	2.022 (2)	.364
		4	78	80.24		
		More than 4	33	70.73		
3	Education	School	53	79.37	.722 (2)	.697
		UG	82	73.78		
		PG	15	71.23		
4	Occupation	Self – employed	39	92.94	15.711 (3)	.001*
		Educational Sector	11	69.23		
		Business	8	31.56		
		Employee	92	72.68		
5	Type of institution	Private	119	75.61	.080 (2)	.961
		Government	9	71.78		
		Own	22	76.43		

Table 12 depicts the influence of selected socio demographic variables on Sociability among working women.

From the above table 18, it is inferred that mean rank of 20 – 30 years of age is 60.98, 30 – 40 years is 85.16 and 40 – 50 years is 76.72. Respondents of 30 – 40 years shows higher mean rank than other categories. There is a significant difference at 5%.

Glancing at family size, the mean rank of 3 members family, 4 members family, more than 4 are 70.05, 80.24, and 70.73. 4 member's family has more Mean than other categories. There is no significant between family size and Sociability.

According to the table mean rank of respondents who completed their schooling is 79.37, respondents who completed their UG degree is 73.78 and respondents who completed their

PG degree is 71.23. Respondents who completed their schooling shows higher mean rank than other categories. There is no significant between education and Sociability.

In the case of occupation, the mean rank of self – employed respondents, educational sector, business and workers are 92.94, 69.23, 31.56 and 72.68. Self – employed has more mean than other categories. There is a significant difference at 5%.

A comparative study of psychological well being of working women and house wives, Sociability mean’s the quality of liking to meet and spend time with other people. Independent sample t-test was conducted to compare the sociability level of working women and house wives. There was no significant difference in sociability between working women and house wives.

With respect to type of institution, it is inferred that mean rank of private is 75.61, government is 71.78 and own is 76.43. Respondents of own Institution shows higher mean rank than other categories. There is no significant between type of institution and Sociability.

4.10 Influence of selected socio demographic variables on Mental Health among working women.

This table shows that variables on mental health of psychological well – being their categories, number of respondents in each category, mean rank, Chi square and P value.

Table –13

Influence of selected socio demographic variables on Mental Health among \ working women.

SI no	Variables	Category	N	Mean Rank	Chi Sq (DF)	P Value
1	Age	20 – 30	47	72.51	1.595 (2)	.450
		30 – 40	66	80.43		
		40 – 50	37	70.50		
2	Family size	3	39	80.03	2.774 (2)	.250
		4	78	77.84		
		More than 4	33	64.62		
3	Education	School	53	71.59	3.569 (2)	.168

		UG	82	80.81		
		PG	15	60.27		
4	Occupation	Self – employed	39	72.46	11.496 (3)	.009*
		Educational Sector	11	55.86		
		Business	8	36.56		
		employee	92	82.52		
5	Type of institution	Private	119	79.06	3.943 (2)	.139
		Government	9	61.61		
		Own	22	61.93		

Table 13 depicts the influence of selected socio demographic variables on Mental Health among working women.

From the above table 19, it is inferred that mean rank of 20 – 30 years of age is 72.51, 30 – 40 years is 80.43 and 40 – 50 years is 70.50. Respondents of 30 – 40 years shows higher mean rank than other categories. There is no significant between age and Mental Health.

Glancing at family size, the mean rank of 3 members family, 4 members family, more than 4 are 80.03, 77.84, and 64.62. 3 member’s family has more mean than other categories. There is no significant between family size and Mental Health.

According to the table mean rank of respondents who completed their schooling is 71.59, respondents who completed their UG degree is 80.81 and respondents who completed their PG degree is 60.27. Respondents who completed their UG degree shows higher mean rank than other categories. There is no significant between education and Mental Health.

In the case of occupation, the mean rank of self – employed respondents, educational sector, business and workers are 72.46, 55.86, 36.56 and 80.52. Workers has more mean than other categories. This shows there is a significant difference of 1%

A comparative study of psychological well being of working women and house wives, Mental health includes our emotional, psychological, and social well-being, mental health is the condition of being sound mentally and emotionally that is characterized by absence of mental illness. Mean and standard deviation of working women were 34.40 + 5.33

and house wives were 36.46 + 5.78. Independent sample t-test found no significant difference in mental health between working women and house wives.

With respect to type of institution, it is inferred that mean rank of private is 79.06, government is 61.61 and own is 61.93. Respondents of private Institution shows higher mean rank than other categories. There is no significant between type of institution and Mental Health.

4.11 Influence of selected socio demographic variables on Interpersonal Relations among working women.

This table shows that variables on interpersonal relations of psychological well – being their categories, number of respondents in each category, mean rank, Chi square and P value.

Table 14

Influence of selected socio demographic variables on Interpersonal Relations among working women.

SI no	Variables	Category	N	Mean Rank	Chi Sq (DF)	P Value
1	Age	20 – 30	47	78.79	.937 (2)	.626
		30 – 40	66	76.30		
		40 – 50	37	69.89		
2	Family size	3	39	84.01	2.114 (2)	.347
		4	78	72.94		
		More than 4	33	71.48		
3	Education	School	53	69.03	7.714 (2)	.021
		UG	82	83.52		
		PG	15	54.50		
4	Occupation	Self – employed	39	85.47	12.426 (3)	.006
		Educational Sector	11	54.27		
		Business	8	34.31		

		employee	92	77.39		
5	Type of institution	Private	119	78.74	4.756 (2)	.093
		Government	9	48.56		
		Own	22	69.02		

Table 14 depicts the influence of selected socio demographic variables on Interpersonal Relations among working women.

From the above table XIII, it is inferred that mean rank of 20 – 30 years of age is 78.79, 30 – 40 years is 76.30 and 40 – 50 years is 76.89. Respondents of 20 – 30 years shows higher mean rank than other categories. There is no significant between age and Interpersonal Relations.

Glancing at family size, the mean rank of 3 members family, 4 members family, more than 4 are 84.01, 72.94, and 71.48. 3 member’s family has more mean than other categories. There is no significant between family size and Interpersonal Relations.

According to the table mean rank of respondents who completed their schooling is 69.03, respondents who completed their UG degree is 83.52 and respondents who completed their PG degree is 54.50. Respondents who completed their UG degree shows higher mean rank than other categories. There is a significant difference at 5%.

In the case of occupation, the mean rank of self – employed respondents, educational sector, business and workers are 85.47, 54.27, 34.31 and 77.39. Self – employed has more mean than other categories. There is a significant difference at 5%.

With respect to type of institution, it is inferred that mean rank of private is 78.74, government is 48.56 and own is 69.02. Respondents of private Institution shows higher mean rank than other categories. There is no significant between type of institution and Interpersonal Relations.

Chapter - 5

Summary and Conclusion

5. SUMMARY AND CONCLUSION

The present study on “Psychological well – being of working women” was conducted in Coimbatore, Tamil Nadu with 150 working women by Simple Random Sampling method. The psychological well-being level was analyzed with the help of self-constructed questionnaire on “Psychological well-being scale”. The questionnaire consists of 50 statements with 5 areas namely satisfaction, efficiency, sociability, mental health and interpersonal relations the tool was constructed with 5-point Likert scale and the statements were awarded as 5, 4,3,2,1. Higher the score higher the psychological well-being, lower the score lower the psychological well-being. The range for the score is 10-12 represents very low psychological well-being, 12-16 represents low psychological well-being, 16-43 represents moderate psychological well-being, 43-48 represents high psychological well-being and 48-50 represents very high psychological well-being. Rapport was developed with the selected respondents and explained them about the purpose of data collection and also informed that confidentiality will be maintained for their response. The data was evaluated by appropriate statistical applications like percentage analysis, Chi – square, Kruskal – Wallis H test and Mann-Whitney U test. The key findings and major findings of the study are discussed below.

5.1 Key findings of the study

Half of the respondents (50%) are belong to High level of psychological well – being, nearly half of the respondents (48%) showed moderate level of psychological well – being and the rest (2%) reported very high level of psychological well-being.

Level of psychological well-being on variables

❖ Age

With respect to age, nearly half of the respondents i.e., 44 % are from 30 – 40 years and one third of the respondents (31%) are aged between 20 - 30 years and the rest quarter of the respondents are from 40 – 50 years of age group.

❖ Family type

In the case family type, majority of respondents i.e., 87% are under Nuclear family and the rest 13 % comes under joint family.

❖ **Number of family size**

With respect to the number of family members, nearly half of the respondents i.e., 52 % of respondents consist of 4 family members, quarter of the respondents (25 %) of respondents consist of 3 family members, nearly one fourth of the respondents 22 % of respondents consist of more than 4 family members and the least 1 % of respondents consist of 2 family members.

❖ **Education**

With respect to education, more than half (55%) of respondents is completed their UG, more than one third if the respondents i.e., 35 % of respondents study 9th – 10th and the rest 10% are studying PG.

❖ **Area of living**

In the case of area of living, 92% of participants are from urban area and the next 8% of participants are from rural area.

❖ **Ownership of the house**

According to the ownership of the house, majority i.e., 71% are from rented house, the rest 29 % are from own house.

❖ **Marital status**

According to the marital status, 73% of respondents are married, 27% are unmarried.

❖ **Occupation**

In the occupational status, 61% of respondents are workers, 26% of respondents are self – employed, 7% of respondents are working in educational sector and 5% of respondents are doing business.

❖ **Type of institution**

With respect to type of institution, majority of respondents i.e., 79% are under private institutions, 15% are under running own institutions and 6% works under government institutions.

❖ **Monthly income**

According to the monthly income, majority i.e., 70 % are earning ₹5000 – ₹15000 and the rest 30% are earning above ₹15000.

Level of dimensions of psychological well-being

Satisfaction: Among the respondents nearly half of them (41%) are found to have moderate level of psychological well – being. More than one third of the respondents (38%) scored high in psychological well – being. And the rest (21%) belongs to very high level of psychological well – being.

Efficiency: In case of efficiency domain, more than half of the respondents (57%) are found to have high level of psychological well – being. More than one third of the respondents (36%) scored moderate in psychological well – being. And the rest 7 % belongs to very high psychological well – being.

Sociability: With respect to sociability, more than half of the respondents (53%) are found to have moderate level of psychological well – being. More than one third of the respondents (37%) scored high in psychological wellbeing. And the rest 10 % belongs to very high psychological wellbeing.

Mental health: Among the respondents, more than half of them (61%) are found to have moderate level of psychological well – being. More than one third of the respondents (38%) scored high in psychological well – being. And the rest 1% of the respondents comes under very high psychological well – being.

Interpersonal relations: In case of interpersonal relations, more than half of the respondents (66%) are found to have high level of psychological well – being. The next 19 % scored moderate level in psychological well – being. And the rest 15% of the respondents are belongs to very high psychological well – being.

Association of Psychological well-being on variables

It was observed that the levels of psychological well – being have a significant association with age at 5% levels (.008). Another significant association was found in terms of marital status with 5% levels (.002). Significant association was also found in the category of monthly income at 5% levels (.003)

There was no significant association in terms of family type, number of family members, education, area of living, ownership of the house, occupation, type of institution and monthly income.

Psychological wellbeing and health are closely linked at older ages. Three aspects of psychological wellbeing can be distinguished: evaluative wellbeing (or life satisfaction), hedonic wellbeing (feelings of happiness, sadness, etc), and eudemonic wellbeing (sense of purpose and meaning in life). We review recent advances in this field, and present new analyses concerning the pattern of wellbeing across ages and the association between wellbeing and survival at older ages. **The Gallup World Poll**, an ongoing survey in more than 160 countries, shows a U-shaped relationship between evaluative wellbeing and age in rich, English speaking countries, with the lowest levels of wellbeing around ages 45-54. But this pattern is not universal: for example, respondents from the former Soviet Union and Eastern Europe show a large progressive decline in wellbeing with age; Latin America also shows falling wellbeing with age, while wellbeing in sub-Saharan Africa shows little change with age.

Anne E. Barrett found that Marital status is associated with psychological wellbeing, with the married faring better than the formerly and never-married. However, this conclusion derives from research focusing more on negative than positive well-being. They examine the association between marital status and negative well-being, measured as depressive symptoms, and positive well-being, measured as autonomy, environmental mastery, personal growth, positive relations with others, self-acceptance, and purpose in life. Using Wave 2 of Midlife in the United States (2004–2006; n = 1,711), they find that the continuously married fare better on the negative dimension than do the formerly married. The results for some measures of positive well-being also reveal an advantage for the continuously married, compared with the formerly and the never-married. However, results for other positive measures indicate that the unmarried, and the remarried, fare better—not worse—than the continuously married. Further, some results suggest greater benefits for remarried or never-married women than men.

Association of dimensions of Psychological well-being on variables

Satisfaction

It was observed that the levels of psychological well – being influence have a significant association with age at 5% levels, where working women between the age of 30 –

40 years have highly satisfied psychological well – being. Significant association was also found in the education of working women at 5% levels, where respondents who completed UG have more level of satisfaction. Another significant association was found in marital status of respondents, where married women had highly satisfied psychological well - being. No other significant association was observed with any other socio demographic factor with regard to the influence of satisfaction in psychological well – being of working women.

Efficiency

It was observed that the levels of psychological well – being influence have a significant association with occupation at 5% levels, where working women who are an employee are found to have high level of efficiency in psychological well - being. No other significant association was observed with any other socio demographic factor with regard to the influence of efficiency in psychological well - being of working women.

Sociability

It was observed that the levels of psychological well – being influence have a significant association with age at 5% levels, where working women between the age of 30 – 40 years have high sociability in psychological well – being. Significant association was also found in the education of working women at 5% levels, where respondents who completed UG have more level of satisfaction. Another significant association was found in marital status of respondents, where married women had highly satisfied psychological well – being in terms of sociability. No other significant association was observed with any other socio demographic factor with regard to the influence of sociability in psychological well – being of working women.

Mental health

It was observed that the levels of psychological well – being influence have a significant association with occupation at 5% levels, where working women who are an employee have high level of mental health in psychological well - being. Significant association was also found in the type of institution of working women at 5% levels, where respondents who are working in private institutions are found to have more level of mental health. Another significant association was found in monthly income of respondents who earning 5000 – 15000 had highly satisfied psychological well – being in terms of mental health. No other significant association was observed with any other socio demographic

factor with regard to the influence of mental health in psychological well – being of working women.

Interpersonal relations

It was observed that the levels of psychological well – being influence have a significant association with age at 5% levels, where working women between the age of 30 – 40 years have high interpersonal relations in psychological well – being. It was also observed that the levels of psychological well – being influence have a significant association with family size at 5% levels, where working women from families of 4 members have high level of interpersonal relationship in psychological well – being. Another significant association was found in marital status of respondents, where married women had highly satisfied psychological well – being in terms of interpersonal relations. Significant association was also found in the type of institution of working women at 5% levels, where respondents who are working in private institutions are found to have more level of interpersonal relations. Another significant association was found in monthly income of respondents who earning 5000 – 15000 had highly satisfied psychological well – being in terms of interpersonal relations. No other significant association was observed with any other socio demographic factor with regard to the influence of interpersonal relations in psychological well – being of working women.

Difference in dimensions of psychological well- being on variables

Satisfaction:

In Satisfaction domain the mean rank of nuclear family of respondents is 77.82 and joint family of respondents is 59.50. This shows that respondents from nuclear family have higher mean rank than the respondents from joint family and there is no significance between Family type and Satisfaction.

Glancing at the area of living, the mean rank of respondents of rural area and urban area are 81.00 and 75.02 respectively. This shows that respondents from rural area have higher mean rank than the respondents from urban area. There is no significance between area of living and satisfaction.

With regard to the ownership of the house, the mean rank of respondents living in rental house is 80.66 and own house is 62.65. This shows that respondents from rental house

have higher mean rank than respondents from own house and there exists statistical significance at 5%.

With respect to marital status, the mean rank of married respondents is 70.05. And the mean value of unmarried respondents is 90.50. This shows that respondents who are unmarried have higher mean rank than the respondents who are married and there exists statistical significance at 5%.

In case of monthly income, the mean rank of respondents earning 5000 – 15000 is 77.57. And the mean rank of respondents earning above 15000 is 70.68. This shows that respondents who earning 5000 – 15000 have higher mean rank than the respondents earning above 15000. There is no significance between monthly income and satisfaction.

Efficiency:

In Efficiency domain the mean rank of nuclear family of respondents is 76.97 and joint family of respondents is 65.39. This shows that respondents from nuclear family have higher mean rank than the respondents from joint family and there is no significance between Family type and Efficiency.

Glancing at the area of living, the mean rank of respondents of rural area and urban area are 92.00 and 74.07 respectively. This shows that respondents from rural area have higher mean rank than the respondents from urban area. There is no significance between area of living and Efficiency.

With regard to the ownership of the house, the mean rank of respondents living in rental house is 77.97 and own house is 69.35. This shows that respondents from rental house have higher mean rank than respondents from own house. There is no significance between ownership of the house and Efficiency.

With respect to marital status, the mean rank of married respondents is 75.93. And the mean value of unmarried respondents is 74.33. This shows that respondents who are married have higher mean rank than the respondents who are unmarried. There is no significance between marital status and Efficiency.

In case of monthly income, the mean rank of respondents earning 5000 – 15000 is 72.47. And the mean rank of respondents earning above 15000 is 82.58. This shows that

respondents who earning above 15000 having higher mean rank than the respondents earning 5000 – 15000 and there exists statistical significance at 5%.

Sociability:

In Sociability domain the mean rank of nuclear family of respondents is 77.89 and joint family of respondents is 59.03. This shows that respondents from nuclear family have higher mean rank than the respondents from joint family and there is no significance between Family type and Sociability.

Glancing at the area of living, the mean rank of respondents of rural area and urban area are 71.42 and 75.86 respectively. This shows that respondents from urban area have higher mean rank than the respondents from rural area. There is no significance between area of living and Sociability.

With regard to the ownership of the house, the mean rank of respondents living in rental house is 76.69 and own house is 72.55. This shows that respondents from rental house have higher mean rank than respondents from own house. There is no significance between ownership of the house and Sociability.

With respect to marital status, the mean rank of married respondents is 80.22. And the mean value of unmarried respondents is 62.51. This shows that respondents who are married have higher mean rank than the respondents who are unmarried and there exists statistical significance at 5%.

In case of monthly income, the mean rank of respondents earning 5000 – 15000 is 75.54. And the mean rank of respondents earning above 15000 is 75.40. This shows that respondents who earning 5000 – 15000 having higher mean rank than the respondents earning above 15000 and there exists statistical significance at 5%.

Mental health:

In Mental Health domain the mean rank of nuclear family of respondents is 77.53 and joint family of respondents is 61.47. This shows that respondents from nuclear family have higher mean rank than the respondents from joint family and there is no significance between Family type and Mental Health.

Glancing at the area of living, the mean rank of respondents of rural area and urban area are 82.50 and 74.89 respectively. This shows that respondents from rural area have higher mean rank than the respondents from urban area. There is no significance between area of living and Mental Health.

With regard to the ownership of the house, the mean rank of respondents living in rental house is 80.23 and own house is 63.73. This shows that respondents from rental house have higher mean rank than respondents from own house and there exists statistical significance at 5%.

With respect to marital status, the mean rank of married respondents is 75.00. And the mean value of unmarried respondents is 76.88. This shows that respondents who are unmarried have higher mean rank than the respondents who are married. There is no significance between marital status and Mental Health.

In case of monthly income, the mean rank of respondents earning 5000 – 15000 is 80.77. And the mean rank of respondents earning above 15000 is 63.20. This shows that respondents who earning 5000 – 15000 having higher mean rank than the respondents earning above 15000. There is no significance between monthly income and Mental Health.

Interpersonal relations:

In Interpersonal Relations domain the mean rank of nuclear family of respondents is 76.70 and joint family of respondents is 67.24. This shows that respondents from nuclear family have higher mean rank than the respondents from joint family and there is no significance between Family type and Interpersonal Relations.

Glancing at the area of living, the mean rank of respondents of rural area and urban area are 71.83 and 75.82 respectively. This shows that respondents from urban area have higher mean rank than the respondents from rural area. There is no significance between area of living and Interpersonal Relations.

With regard to the ownership of the house, the mean rank of respondents living in rental house is 80.69 and own house is 62.58. This shows that respondents from rental house have higher mean rank than respondents from own house and there exists statistical significance at 5%.

With respect to marital status, the mean rank of married respondents is 73.48. And the mean value of unmarried respondents is 81.01. This shows that respondents who are unmarried have higher mean rank than the respondents who are married. There is no significance between marital status and Interpersonal Relations.

In case of monthly income, the mean rank of respondents earning 5000 – 15000 is 79.34. And the mean rank of respondents earning above 15000 is 66.54. This shows that respondents who earning 5000 – 15000 having higher mean rank than the respondents earning above 15000 and there exists statistical significance at 5%.

Influence of psychological well-being on variables:

Satisfaction:

Mean rank of 20 – 30 years of age is 84.96, 30 – 40 years is 73.77 and 40 – 50 years is 66.58. Respondents of 20 – 30 years shows higher mean rank than other categories. There is no significant between age and Satisfaction.

Glancing at family size, the mean rank of 3 members family, 4 members family, more than 4 are 77.51, 79.62, and 63.39. 4 member's family. has more mean than other categories. There is no significant between family size and Satisfaction.

According to the table mean rank of respondents who completed their schooling is 62.15, respondents who completed their UG degree is 86.14 and respondents who completed their PG degree is 64.50. Respondents who completed their UG degree shows higher mean rank than other categories. There is a significant difference at 5%.

In the case of occupation, the mean rank of self – employed respondents, educational sector, business and workers are 76.06, 55.86, 39.94 and 80.70. Workers has more mean than other categories. There is no significant between occupation and Satisfaction.

With respect to type of institution, it is inferred that mean rank of private is 79.25, government is 70.61 and own is 57.23. Respondents of private Institution shows higher mean rank than other categories. There is no significant between type of institution and Satisfaction.

Glancing at monthly income, the mean rank of 5000 – 15000, 15000 – 25000, above 25000 are 77.57, 70.25 and 76.67. The category of 5000 – 15000 has more mean than other categories. There is no significant between monthly income and Satisfaction.

Efficiency:

Mean rank of 20 – 30 years of age is 84.96, 30 – 40 years is 73.77 and 40 – 50 years is 66.58. Respondents of 20 – 30 years shows higher mean rank than other categories. There is no significant between age and Efficiency.

Glancing at family size, the mean rank of 3 members family, 4 members family, more than 4 are 70.67, 73.95, and 84.88. more than 4 category has more mean than other categories. There is no significant between family size and Efficiency.

According to the table mean rank of respondents who completed their schooling is 71.66, respondents who completed their UG degree is 77.54 and respondents who completed their PG degree is 77.93. Respondents who completed their PG degree shows higher mean rank than other categories. There is no significant between education and Efficiency.

In the case of occupation, the mean rank of self – employed respondents, educational sector, business and workers are 88.65, 63.50, 52.25 and 73.38. Self-employed respondents has more mean than other categories. There is no significant between occupation and Efficiency.

With respect to type of institution, it is inferred that mean rank of private is 76.29, government is 82.83 and own is 68.25. Respondents of government Institution shows higher mean rank than other categories. There is no significant between type of institution and Efficiency.

Sociability:

Mean rank of 20 – 30 years of age is 60.98, 30 – 40 years is 85.16 and 40 – 50 years is 76.72. Respondents of 30 – 40 years shows higher mean rank than other categories. There is a significant difference at 5%.

Glancing at family size, the mean rank of 3 members family, 4 members family, more than 4 are 70.05, 80.24, and 70.73. 4 member's family has more Mean than other categories. There is no significant between family size and Sociability.

According to the table mean rank of respondents who completed their schooling is 79.37, respondents who completed their UG degree is 73.78 and respondents who completed their PG degree is 71.23. Respondents who completed their schooling shows higher mean rank than other categories. There is no significant between education and Sociability.

In the case of occupation, the mean rank of self – employed respondents, educational sector, business and workers are 92.94, 69.23, 31.56 and 72.68. Self – employed has more mean than other categories. There is a significant difference at 5%.

With respect to type of institution, it is inferred that mean rank of private is 75.61, government is 71.78 and own is 76.43. Respondents of own Institution shows higher mean rank than other categories. There is no significant between type of institution and Sociability.

Mental health:

Mean rank of 20 – 30 years of age is 72.51, 30 – 40 years is 80.43 and 40 – 50 years is 70.50. Respondents of 30 – 40 years shows higher mean rank than other categories. There is no significant between age and Mental Health.

Glancing at family size, the mean rank of 3 members family, 4 members family, more than 4 are 80.03, 77.84, and 64.62. 3 member's family has more mean than other categories. There is no significant between family size and Mental Health.

According to the table mean rank of respondents who completed their schooling is 71.59, respondents who completed their UG degree is 80.81 and respondents who completed their PG degree is 60.27. Respondents who completed their UG degree shows higher mean rank than other categories. There is no significant between education and Mental Health.

In the case of occupation, the mean rank of self – employed respondents, educational sector, business and workers are 72.46, 55.86, 36.56 and 80.52. Workers has more mean than other categories. This shows there is a significant difference of 5%.

With respect to type of institution, it is inferred that mean rank of private is 79.06, government is 61.61 and own is 61.93. Respondents of private Institution shows higher mean rank than other categories. There is no significant between type of institution and Mental Health.

Interpersonal relations:

Mean rank of 20 – 30 years of age is 78.79, 30 – 40 years is 76.30 and 40 – 50 years is 76.89. Respondents of 20 – 30 years shows higher mean rank than other categories. There is no significant between age and Interpersonal Relations.

Glancing at family size, the mean rank of 3 members family, 4 members family, more than 4 are 84.01, 72.94, and 71.48. 3 member's family has more mean than other categories. There is no significant between family size and Interpersonal Relations.

According to the table mean rank of respondents who completed their schooling is 69.03, respondents who completed their UG degree is 83.52 and respondents who completed their PG degree is 54.50. Respondents who completed their UG degree shows higher mean rank than other categories. There is a significant difference at 5%.

In the case of occupation, the mean rank of self – employed respondents, educational sector, business and workers are 85.47, 54.27, 34.31 and 77.39. Self – employed has more mean than other categories. There is a significant difference at 5%.

With respect to type of institution, it is inferred that mean rank of private is 78.74, government is 48.56 and own is 69.02. Respondents of private Institution shows higher mean rank than other categories. There is no significant between type of institution and Interpersonal Relations.

Conclusion

Women are entering the workforce with higher hopes and dreams of future success. There are several barriers in their workplace that slow down their progress and growth. Organization must address also those problems to make a harassment free workplace for the women so they can e-harassments and also statistical techniques can be employed to perform analysis on workplace harassment. 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 labour market with the consent and the will of both spouses, there is every reason that job will positively contribute to the psychological well-being. Sudhinta Sinha stated that 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(Ross CE, Mirowsky J, Huber J).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. In present study the psychological well-being of working women in Coimbatore is 50% are having higher psychological well – being. In satisfaction domain, significant difference showed in marital status and ownership of the house. In sociability domain, significant difference showed in marital status and in mental health domain, having significance difference in monthly income.

Chapter - 6

Reference

6. REFERENCE

1. Aadya and Kiran (2013): Occupational Stress of Women Workers in Unorganized Sector. *International Journal of Scientific & Engineering Research*, Vol. 4. No. 3. March 2013. P. 2-13.
2. Ajith Kumar, N and Radha Devi, D (2010) Health of Women in Kerala: Current Status and Emerging Issues. Working Paper No. 23. Kochi: Centre for Socio-economic and Environmental Studies, January 2010.
3. Anandhi, S (2007): Women, Work and Abortion: A Case Study from Tamil Nadu. *Economic & Political Weekly*. March 24, 2007. P. 1054-1060.
4. Ashok Kumar and Sundar (2012): Problems Faced by Women Executives Working in Public Sector Banks in Puducherry. *International Journal of Marketing, Financial Services & Management Research*. Vol. 1. No. 7. July 2012. P. 180-193.
5. Bacharach, SB, et al (1991): Work-Home Conflict among Nurses and Engineers: Mediating the Impact of Role Stress on Burnout and Satisfaction at Work. *Journal of Organizational Behavior*, Vol. 12. 1991. P. 39-53. *The Body Corporate Wellness News* (August/September 2002),
6. Barnett RC, Baruch GK. 1985; Women's involvement in multiple roles and psychological distress. *Journal of personality and social psychology*. 49(1):135.
7. Baruch GK, Barnett R.1986; Role quality, multiple role involvement, and psychological well-being in midlife women. *Journal of personality and social psychology*. 51(3):578.
8. Bellante D, Foster AC. 1984; Working wives and expenditure on services. *Journal of Consumer Research*. 11(2):700-707.
9. Cohen, J. (1998). *Statistical power analysis for the behavioral sciences* (2 ed.). USA: Lawrence Erlbaum Associates.
10. Dalmia, Aaradhana J (2012): Strong Women, Weak Bodies, Muted Voices Women Construction Workers in Delhi. *Economic & Political Weekly* Vol 47. No. 26 & 27. June 30, 2012. P. 249-256.
11. Diener, E., & Suh, E.M. (1997). Measuring quality of life: Economic, social and subjective indicators. *Social Indicators Research*, 40, 189-216.
12. Diener E, Ryan K. 2009; Subjective well-being: A general overview. *South African journal of psychology*. 39(4):391-406.

13. Ernst Kossek E, Ozeki C.1998; Work–family conflict, policies, and the job–life satisfaction relationship: A review and directions for organizational behavior–human resources research. *Journal of applied psychology*. 83(2):139.
14. Frone, MR, et al (1992) Antecedents and Outcomes of Work-Family Conflict: Testing a Model of Work Family Interface. *Journal of Applied Psychology*, Vol. 77. 1992.P. 65-78.
15. Field, Andy. 2009. *Discovering Statistics Using SPSS (3rd ed)*. Los Angeles. SAGE.
16. Gowry, R (2003); *Elderly Women: A Study of the Unorganized Sector*. Delhi Discovery Publishing House, 2003.
17. Haw MA. *Women, 1982; work and stress: A review and agenda for the future*. *Journal of Health and Social Behavior*. 132-144.
18. Holeyannavar, PG and Itagi, SK (2011): Relationship between Stress, Health Status and Emotional Competence of Primary School Teachers and Housewives. *Humanity and Social Sciences Journal*. Vol. 6. No. 1. 2011. P. 59-65.
19. Hibbard JH, Pope CR. 1985; Employment status, employment characteristics, and women's health. *Women & Health*. 10(1):59-77.
20. Harnois, G., Gabriel, P., & World Health Organization. (2000). *Mental Health and work: impact, issues and good practices*. Geneva. WHO.
21. Jinky Leilanie Lu (2011): Occupational Health and Safety of Women Workers: Viewed in the Light of Labor Regulations. *Journal of International Women’s Studies* Vol. 12. No. 1. 2011. P. 68-78.
22. Kaila, HL (2007): Women Managers in Indian Organizations. *Journal of the Indian Academy of Applied Psychology*, Vol. 33. No. 1. January 2007. P. 93-102.
23. Kinnunen, U and Mauno, S (1998): Antecedents and Outcomes of Work-Family Conflict among Employed Women and Men in Finland. *Human Relations* Vol 52. 1998. P. 157-177.
24. Kriti (2006): *The Promise of Better Women’s Health*. New Delhi: Kriti Resource Centre, 2006. 15. Mehrotra, Nilika (2004): Women, Disability and Social Support in Rural Haryana. *Economic & Political Weekly* December 25, 2004. P. 5640-5644,
25. Lennon MC, Rosenfield S. 1992, Women and mental health: the interaction of job and family conditions. *Journal of health and social behavior*. 316-327.
26. Muhammad Shoaib, et al (2011): Occupational Risk Factors Associated with Reproductive Health of Working Women: A Case Study of University of Gujrat. *Academic Research International*, Vol. 1. No. 2. September 2011. P. 292-301.

27. Nathawat SS, Mathur A. 1993; Marital adjustment and subjective well-being in Indian-educated housewives and working women. *The Journal of psychology*. 127(3):353-358.
28. Nelson DL, Quick JC. 1985; Professional women: Are distress and disease inevitable?. *Academy of Management Review*. 10(2):206-218.
29. Netmeyer, RG, et al (1996): Development and Validation of Work-Family Conflicts and Work-Family Conflict Scales. *Journal of Applied Psychology*, Vol 81. 1996. P. 400-410.
30. Nordenmark M, Strandh M.1999; Towards a sociological understanding of mental well-being among the unemployed: the role of economic and psychosocial factors. *Sociology*, 33(3):577-597.
31. Pandey, S., & Srivastava, S. (2003). Work stress and coping as predictors of health status of career women. *Journal of the Indian Academy of Applied Psychology*, 29(1-2), 83-92.
32. Parasuraman S, Purohit YS, Godshalk VM, Beutell NJ. 1996; Work and family variables, entrepreneurial career success, and psychological well-being. *Journal of vocational behavior*.48(3):275-300.
33. Preeti Singh and Anu Pandey (2005): Women in Call Centres. *Economic & Political Weekly*, February 12, 2005. P. 684-689.
34. Ramachandran, Rathi and Radhika, R (2006): Socioeconomic Status of Elderly Women in India and Japan. *The Indian Journal of Social Work* Vol. 67. No. 3. July 2006. P. 275-295.
35. Ratcliff KS, Bogdan J. 1988; Unemployed women: when social support is not supportive. *Social Problems*. 35(1):54-63.
36. Riddick CC. 1985; Life satisfaction for older female homemakers, retirees, and workers. *Research on Aging*, 7(3):383-393.
37. Rook KS.1984; The negative side of social interaction: impact on psychological well-being. *Journal of personality and social psychology*. 46(5):1097.
38. Rosenfield S. 1989, The effects of women's employment: Personal control and sex differences in mental health. *Journal of Health and Social Behavior*, 77-91.
39. Ryff, C. D., & Keyes, C. L. M. (1995). The structure of psychological well-being revisited. *Journal of personality and social psychology*, 69(4), 719.

40. Smith TW.1985; Working wives and women's rights: The connection between the employment status of wives and the feminist attitudes of husbands. *Sex Roles*. 12(5, 6):501-508.
41. Srimathi, N. L., & Kiran Kumar, S. K. (2010). Psychological well-being of employed women across different organizations. *Journal of the Indian Academy of Applied Psychology*, 36(1), 89-95.
42. Suman, V. B., & Chatterjee, P. (2015). Psychological and physical well-being in working women. *International Journal of Medical Science and Public Health*, 4(11), 1489-1493.
43. Sengupta, Ranja and Jena, Narendra (2009): *The Current Trade Paradigm and Women's Health Concerns India: With Special Reference to the Proposed EU-India Free Trade Agreement*. New Delhi: Centre for Trade and Development and Henrich Boell Foundation, 2009.
44. VandenBos, Gary R. eds. 2015. *American Psychological Association (APA) Dictionary of Psychology*. Washington DC. APA
45. Walker LO, Best MA.1991; Well-being of mothers with infant children: A preliminary comparison of employed women and homemakers. *Women & Health*. 17(1):71-89.
46. Wheaton B. 1990, Lifetransitions, role histories, and mental health. *American sociological review*, 209-223.
47. Williams DG.1988; Gender, marriage, and psychosocial well-being. *Journal of Family Issues*. 9(4) 452-468.

Chapter - 7

Annexures

ANNEXURE 1

I.General Background Information

1. **Age** :20 – 30 years / 30 – 40 years / 40 – 50 years
2. **Family type** :Nuclear / Joint
3. **No. of family members**:3 / 4 / more than 4
4. **Education** :School / UG / PG
5. **Area of living**:Rural / Urban
6. **Ownership of the house**:Rent / Own
7. **Marital status** :Married / Undecided
8. **Occupation** :Self Employed / Educational sector / Business / Employee
9. **Type of Institution** :Private / Government / Own
10. **Monthly income** :5000 – 15000 / Above 15000

II. Psychological Well – Being Scale (PWBS)

Read each statement carefully and tick \surd any one option you find the most appropriate. Don't spend too much of time on any statement. All the answers should be attended as per the frequency of problem.

Note: The information would be kept confidential and will be used for the research purpose only.

SL. No	Statements	Strongly agree	Agree	Undecided	Disagree	Strongly disagree
DIMENSION 1: SATISFACTION						
1.	I think I have a particular meaning and purpose of my life.					
2.	I have happy memories of the past.					
3.	I am very much satisfied about everything in my life					
4.	In general, I feel I am inchargeof the situation in which I live					
5.	In most ways my life is close to my ideal					
6.	The conditions of my life are excellent					
7.	So far, I have the important things I want in life					
8.	If I could live my life over, I would change almost nothing					
9.	In many ways, I feel contended about my achievements in life.					

10.	I am living the kind of life I wanted to.					
DIMENSION 2: EFFICIENCY						
11.	I find easy to make decisions.					
12.	In my daily life I get chance to show how capable I am					
13.	I feel positive and creative.					
14.	I find I can think quite clearly.					
15.	I am quite good at managing responsibilities of my daily life.					
16.	For me, life has been a continuous process of learning, changing and growth.					
17.	I feel that I am capable of working hard.					
18.	I feel eager to tackle my daily task or make new decisions.					
19.	I feel I can easily handle or cope with any serious problem.					
20.	I think it is important to have new experiences that challenge how you think about yourself and the world.					
DIMENSION 3: SOCIABILITY						
21.	I take immense interest in other people.					
22.	I always keep committed and involved.					
23.	I have adjusting nature and sense of belongingness.					
24.	I feel I must do what others expect me to do.					
25.	People would describe me as a giving person, willing to share my time with others.					
26.	I have good influence on life.					
27.	It is always necessary that others approve of what I do.					
28.	Maintaining close relationships gives pleasure to me.					
29.	I experience warm and trusting relationship with others.					
30.	I believe that people are essentially good and can be trusted.					
DIMENSION 4: MENTAL HEALTH						
31.	I remain energetic, active and vigorous whole day.					
32.	Thought of accident doesn't affect me.					
33.	Tension in life doesn't affect my health.					
34.	I have no difficulty in sleeping.					
35.	I keep myself busy whole day.					
36.	Illness doesn't affect my mental health.					
37.	I feel rested, when I wake up in the morning.					

38.	Talking or thinking about my illness doesn't make any difference to me.					
39.	Usually I don't feel tired, worn out, used up or exhausted.					
40.	Age related problems are part of life.					
DIMENSION 5: INTERPERSONAL RELATIONS						
41.	Personal relationship gives me pleasure.					
42.	I enjoy company of other people.					
43.	I enjoy my personal achievements.					
44.	I perform useful activities like reading, gardening, etc. in my leisure time.					
45.	I have no hesitation in talking to anyone.					
46.	I like to do any task at right place and right time.					
47.	I have good relations with relative and friends.					
48.	I feel satisfied by doing religious activities.					
49.	I like to watch programs on TV with everyone.					
50.	I am always careful about my manner of dress.					

ANNEXURE 2

Scoring key for Psychological well – being scale

Statements	Strongly agree	Agree	Undecided	Disagree	Strongly disagree
1.	5	4	3	2	1
2.	5	4	3	2	1
3.	5	4	3	2	1
4.	5	4	3	2	1
5.	5	4	3	2	1
6.	5	4	3	2	1
7.	5	4	3	2	1
8.	5	4	3	2	1
9.	5	4	3	2	1
10.	5	4	3	2	1
11.	5	4	3	2	1
12.	5	4	3	2	1
13.	5	4	3	2	1
14.	5	4	3	2	1
15.	5	4	3	2	1
16.	5	4	3	2	1
17.	5	4	3	2	1
18.	5	4	3	2	1
19.	5	4	3	2	1

20.	5	4	3	2	1
21.	5	4	3	2	1
22.	5	4	3	2	1
23.	5	4	3	2	1
24.	5	4	3	2	1
25.	5	4	3	2	1
26.	5	4	3	2	1
27.	5	4	3	2	1
28.	5	4	3	2	1
29.	5	4	3	2	1
30.	5	4	3	2	1
31.	5	4	3	2	1
32.	5	4	3	2	1
33.	5	4	3	2	1
34.	5	4	3	2	1
35.	5	4	3	2	1
36.	5	4	3	2	1
37.	5	4	3	2	1
38.	5	4	3	2	1
39.	5	4	3	2	1
40.	5	4	3	2	1
41.	5	4	3	2	1
42.	5	4	3	2	1
43.	5	4	3	2	1
44.	5	4	3	2	1
45.	5	4	3	2	1
46.	5	4	3	2	1
47.	5	4	3	2	1
48.	5	4	3	2	1
49.	5	4	3	2	1
50.	5	4	3	2	1

ANNEXURE 3

Ethical Clearance

INSTITUTIONAL HUMAN ETHICS COMMITTEE

Avinashilingam
Institute for Home Science and Higher Education for Women
(Deemed to be University under Category 'A' by MHRD, Estd. u/s 3
of UGC Act 1956) Re-accredited with 'A++' Grade by NAAC.
Recognised by UGC Under Section 12 B
Coimbatore-641 043, Tamil Nadu, India

24th March 2022

Chairman
Dr.Sudha Ramalingam
Director-Research & Innovation,
Professor-Community Medicine,
PSG Institute of Medical Sciences
& Research, Coimbatore

Member Secretary
Dr.S.Uma Mageshwari
Professor and Head,
Department of Food Service
Management & Dietetics

Members
Mr.K.Arunmoli (Legal Expert)
Dr.Subhashini K. Sripathi
Dr.A.Saraswathy (Medical Officer)
Ms.D.Kavitha
Dr.A.R.SudamaniRamasamy
Dr.G.Victoria Naomi
Dr. Judith Justin
Dr.AnithaSubash

To
Ms.Aswothy.S
Department of Human Development
Avinashilingam Institute for Home Science and
Higher Education for Women
Coimbatore – 641 043

Dear Aswothy.S ,
Ref: Your proposal No. IHEC/21-22/HD-04 entitled
"Psychological Well being of Working Women" resubmitted for
approval to IHEC on 18.03.2021.

The Institutional Human Ethics Committee of our University
hereby grants approval to your research proposal No. IHEC/21-22/
HD-04 entitled "Psychological Well being of Working Women"
resubmitted by you. The Approval number for the same is
AUW/IHEC/HD-21-22/XPD-04.

We wish you all the best in your research endeavours.

Regards,
Dr. Uma Mageshwari
Dr.S.Uma Mageshwari
Member Secretary

