

Health problems perceived by working women due to higher role expectations and role strain at work and in family

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Abstract

Work performs an important role in individuals' social lives, providing the support of a regular income, opportunities and personal growth, social identity and self-esteem, but can have consequences for the worker's health. The work and home roles creates strain for working women because of the different role expectations and demands on her time. It is not surprising that working women suffer from role strain and perceived health problems. Working women do not have time to perform the tasks of the different roles incumbent on them resulting in a compromise of some degree in one or more roles. This tends to have an impact on their health, work and personal life. The present study was investigated with following objective: To find out the relationship between role expectations, role strain and perceived health problems among working women. The present study was carried out in Jaipur city of Rajasthan state. Total 200 working women were selected for study. In this study descriptive cross-sectional study with survey method was employed. Data were analyzed using SPSS 16.0. Bivariate analysis and Pearson Correlation Coefficient was used for assessing the relationship between different variables. The result shows that women's role expectations were positively correlated with their role strain and perceived health problems and role strain also found to be positively correlated with perceived health problems. This indicates that as role expectations increases in different roles i.e. occupational, parental, marital and homecare roles among working women their role strain and perceived health problems (upset, irritation, anxiety, tension, body pain and headache etc.) also increases. As role strain increases among working women their perceived health problems i. e. upset, sad, irritation, anxiety, losing temper, tension, headache, tiredness and depression also increase.

Keywords: Working Women, Role Expectations, Role Strain and Perceived Health Problems.

1. Introduction

Paid labour force participation by women has increased steadily during the last decades (Barnett, 2004) [4]. Married women began increasingly to engage in paid employment outside the home. Today women expect to gain life satisfaction from occupational roles as well. They are entering the labour force in large numbers. Yet women continue to bear the main responsibility for household tasks and childcare, while men have not increased their participation in domestic activities to a comparable extent.

Many researches on dual earner couples indicate considerable amount of role strain for the current day couples, especially the female spouse. Managing the demands of competing life roles has become a common experience for many women. Women have ambitions and commitments in both the work and family arenas simultaneously. Researchers have established that a key source of stress for individuals managing multiple role commitments is the nature of their personal work and family role expectations. Personal role expectations are considered a key variable to explain role stress and to predict the degree of involvement in particular roles (Amatea *et al.* 1986) [2]. Role theorists maintain that the amount of role strain experienced by a working woman depends on the degree of her commitment to different roles and the role reward value expected by her from these roles. When a working woman expects to gain life satisfaction from more than one role, especially the occupational role along

with other traditional roles of hers, the likelihood of role strain increases (Philip, 2010) [14].

Multiple roles can be a consequence of social arrangements that create a situation in which an individual experiences strain. In this case, the source of the strain resides with the role expectations. An individual may experience role strain when expectations associated with a role are incompatible, competing, or ambiguous. In this case, an individual may want to fulfil expectations but is unable to do so due to a lack of clarity or multiplicity of expectation. Multiple roles have also been suggested as part of the explanation women's higher sickness absence (Alexanderson & Norlund, 2004) [1]. The work and home roles creates much conflict for the working women because of the different role expectations and demands on their time. It is not surprising that working women suffer from role strain and perceived health problems. Working women do not have time to perform the tasks of the different roles incumbent on them resulting in a compromise of some degree in one or more roles. This tends to have an impact on their health, work and personal life.

Past studies show that employment, marriage, and parenthood are positively associated with health and longevity, for they provide individuals with financial resources, social support, and social control that affect health behaviors (Lillard and Waite, 1995) [10]. Compared to men, women have high role expectation in parental role and homecare roles as well as occupational roles. Thus, when facing incompatibility between work and family roles, women may feel more role

strain than men. These situations could be harmful to one’s mental and physical health. The combination of employment and family roles may well have more impacts on health for women than for men. Many working women do two jobs, paid work outside the home and unpaid domestic labour and child care inside the home, both of which may occupy many hours each day. This situation results in the detrimental effects on women’s health of the unequal division of labour within the home (Arber, *et al.*, 1985) [3].

Methodology

Design

The study on Health Problems Perceived by Working Women Due to Higher Role Expectations and Role Strain at Work and in Family was conducted in Jaipur city of Rajasthan state.

Sample

According to Jaipur Municipal Corporation, Jaipur city is divided into eight geographical zones i.e. Mansarovar zone, Moti-Dungari zone, Hawamahal-East zone, Vidyadhar Nagar zone, Civil Line zone, Hawamahal-West zone, Amber zone and Sanganer zone. Total 40 organisations were selected for data collection. In each zone five organisations were selected for the study purpose, which are expected to meet out the objectives of the study i.e. such organisations 1) where a good number of females are working, 2) work has to be done as per the MNCs or large organisation management system, 3) where the employee is suppose to work hard meet out their targeted work in stipulated time and 4) minimum working hours being 8 hrs.

Five female respondents were randomly selected from each organisation after acquiring the list of workers from the organisation. Those female respondents were selected who fulfill the study criteria. The study criteria was (1) nuclear family (2) husband-wife and at least one child living together (3) youngest child below 12 years of age and (4) husband – wife each having at least eight hours job period. Total 200 working women were selected for the study (twenty-five female respondents were selected from each zone).

Instruments

1. To assess role expectation, the ‘Life Role Saliense Scale’ (LRSS) developed by Amatea *et al.* (1986) [2] was used after suitable modification. The LRSS was designed to assess women’s personal expectations. In the LRSS, four major life roles- the occupational, the parental, the marital and the homecare roles were assessed in terms of two dimensions. The first dimension was role reward value, indexed by means of statements in which the individual agree that the role is an important means of self-definition and personal satisfaction. The second dimension, the role commitment level dimension, was assessed by statements describing the extent to which the person demonstrates a willingness to commit personal resources to assure success in the role or to develop the role. A total of eight separate scales, assessing each of these two dimensions for each of the four life roles, were used. The LRSS is a 40 items scale (5 statements in each aspect). A Likert type attitude scale format was adopted, with five possible response choices: disagree to agree.
2. To assess role strain of the female spouses ‘Women’s Role strain Inventory’ developed by Lengacher and Sellers in 2003 was used. The role strain inventory

consisted of total 46 items. Five point Likert rating scales with responses of strongly agree to strongly disagree and rating scale 1-5 was used. In the 46 item inventory there was a possible range of the items from 46- 230 points, with 46 indicating absolutely no role strain and 230 indicating complete role strain.

3. In the study, for assessing the health problems of the dual-earner couples, a questionnaire was prepared by investigator. Health problems questionnaire consisted of 15 items with three response categories i.e. very much/ most of the time, to some extent/ sometime and not so much/ hardly ever and rating scale 3-1 was used. Finally one packets of the questionnaire were prepared by the investigator.

Research Design

Descriptive cross-sectional study with survey method was used. Survey method was organized attempt to analyze, interpret and report the present status of a social institution, group or area.

Procedure

The questionnaire was distributed to the respondents in their working places after the permission of their managing director along with written and verbal instruction that explained the nature and scope of the study. Respondents were requested to complete the questionnaire without discussing their responses with others. After few days questionnaire were collected by investigator.

Data Analysis

Data were analysed using SPSS 16.0 statistical tools. To analyse the relationship between aforesaid variables, Bivariate analysis and Pearson Correlation Coefficient was used.

Results & Discussion

The relationship between role expectation, role strain and perceived health problems among working women were analyzed. The results in this respect are presented in following tables.

Table 1: Pearson Correlation value (Bivariate Analysis) depicting Relationship between Role Expectation and Role Strain among Working Women N= 200

S. No	Aspects of Role Expectation	Role Strain	Level of Significance
1	Occupational Role Reward Value	0.175	0.05
2	Occupational Role Commitment	0.144	0.05
3	Parental Role Reward Value	0.209	0.01
4	Parental Role Commitment	0.308	0.01
5	Marital Role Reward Value	0.137	NS
6	Marital Role commitment	0.159	0.05
7	Homecare Role Reward Value	0.220	0.01
8	Homecare Role Commitment	0.233	0.01

Relationship between aspects of role expectation and role strain among working women were analyzed using Bivariate analysis and Pearson correlation coefficient. It was observed that significant positive relationship exists between role strain and all the aspects of role expectation except marital role reward value. It was significant at 0.01 and 0.05 level. This indicates that as role expectations increases in different roles

of working women their role strain also increases. This could be due to the fact that balancing career and role expectations have been a difficult issue for most working women because of society’s expectation of women to continue to fulfill their traditional roles in addition to their work responsibilities. Under these circumstances, individuals have to face the role strain.

Such findings are in agreement with those of Simon (1992)^[16], who revealed that women's emotional involvement in the parental role and their psychological involvement in the parental identity, may lead them to experience role strains. He further found that highly committed parents are more affected by parental strains than less committed parents. Humphrey *et al.* (2006)^[8], who found that women experienced more role strain due to multiple roles than men.

Table 2: Pearson correlation value (Bivariate Analysis) depicting relationship between Role Expectation and Perceived Health Problems among Working Women N= 200

S. No	Perceived Health Problems	Aspects of Role Expectation							
		ORRV	ORC	PRRV	PRC	MRRV	MRC	HRRV	HRC
1	Upset	0.142*	0.021	0.033	0.165*	0.003	0.002	-0.017	0.136
2	Sad	-0.024	0.042	-0.029	-0.034	-0.017	0.022	0.041	0.135
3	Irritation	0.260**	0.185**	0.339**	0.269**	0.178*	0.222**	0.308**	0.172*
4	Anxiety	0.110	0.101	0.154*	0.149*	0.087	0.104	0.032	0.024
5	Losing Temper	0.215**	0.119	-0.020	0.030	0.148*	0.150*	-0.103	0.066
6	High B. P.	0.117	-0.075	0.043	-0.017	0.116	0.066	-0.010	-0.058
7	Tension	0.259**	0.160*	0.355**	0.271**	0.179*	0.222**	0.296**	0.142*
8	Headache	-0.018	0.056	-0.036	-0.019	-0.015	0.040	0.035	0.142*
9	Body Pain	0.032	0.088	0.137	0.030	0.068	0.056	0.182**	0.097
10	Palpitation	0.122	0.133	0.096	0.138	0.092	0.066	0.065	0.177*
11	Giddiness	0.106	-0.006	0.013	0.045	0.079	0.098	-0.019	0.038
12	Tired	-0.006	0.066	0.004	0.012	-0.002	0.027	0.045	0.147*
13	Disturbed Sleep	0.009	-0.047	0.013	0.003	0.014	0.014	0.006	0.046
14	Depression	0.095	0.105	0.127	0.151*	0.084	0.102	0.006	0.029
15	Thumping Heart	0.073	0.128	0.059	0.124	0.047	-0.008	0.049	0.108

ORRV- Occupational Role Reward Value, ORC- Occupational Role Commitment, PRRV- Parental Role Reward Value, PRC- Parental Role Commitment, MRRV- Marital Role Reward Value, MRC- Marital Role Commitment, HRRV- Homecare Role Reward Value, HRC- Homecare Role Commitment.

*Correlation is significant at 0.05 level, **Correlation is significant at 0.01 level

A significant positive correlation observed between women’s role expectations (all aspects of role expectations) and two health problems i. e. irritation and tension. It was significant at 0.05 and 0.01 level. This indicates that those respondents who had high role expectations in different roles they perceived high irritation and tension problems. The reason is that working women have greater value expectations of the home and family role as well as work role. The combination of heavy work commitments and extensive family responsibilities create burden on working women. The Multiple burden hypotheses predict that combining a paid job, being married, and having children is likely to be detrimental to women's health.

Occupational role reward value was also found to be significantly (positively) correlated with upset and losing temper. It was significant at 0.05 and 0.01 level respectively. Female spouses’ perceived health problems i. e. upset was found to be positively correlated with parental role commitment and losing temper was found to be positively correlated with marital role expectations. It was significant at 0.05 level. This indicates that as role expectations increase in occupational, parental and marital roles the perceived health problems i.e. upset and losing temper also increase among working women. This could be due to the fact that working

women have high role expectations in different roles and they expect to gain life satisfaction from more than one role, especially the occupational role along with parental and marital roles. High role expectations increase strain among women. Role theorists maintain that the amount of role strain experienced by a working woman depends on the degree of her commitment to different roles and the role reward value expected by her from these roles. Results of this study also show that high role strain, increase the health problems among women.

A significant positive correlation observed between females’ parental role expectations and anxiety problem. It was significant at 0.05 level. Parental role commitment also found to be positively correlated with depression, which was significant at 0.05 level. This shows that those female respondents who have high role expectations in parental roles also perceived anxiety and depression problem. This could be due to the fact that in Indian society, parental role is considered the primary role of female spouses. This is by virtue of the amount of time spent by female spouses with their children as well as occupational roles. Due to multiple responsibilities women experience role strain, this results in harmful effects on their mental and physical health.

A significant positive relationship was found between females’ homecare role reward value and body pain, which was significant at 0.05 level. Female spouses’ homecare role commitment found to be significantly correlated with headache, palpitation and tiredness. It was significant at 0.05 level. This clarifies that those female respondents who had high role expectations in homecare roles they perceived pain in body parts, headache, palpitation and tiredness. This may be due to high role expectations leading females to perform more and more task to maintain the home with other roles. In

these circumstances females experience mental and physical fatigue because both work and family responsibilities demand time and energy. The scarcity hypothesis suggests that the sum of human energy is fixed and that multiple roles inevitably reduce the time and energy available to meet all role demands, thus creating strain (Goode, 1960; Marks, 1977) ^[6, 11]. Role strain is the indicator of poor health.

Chandola *et al.* (2004) ^[5] concluded that both types of conflict affect the mental health of men and women. Work and family roles and the balance between the two may be important for the mental health of men and women in industrialized societies. Roxburgh (2005) ^[15] observed that the positive association between parenting strain and depression among working mothers exist.

Table 3: Pearson correlation value (Bivariate Analysis) depicting relationship between Role Strain and Perceived Health Problems among Working Women N= 200

S. No.	Perceived Health Problems	Role Strain	Level of Significance
1	Upset	0.151	0.05
2	Sad	0.189	0.01
3	Irritation	0.269	0.01
4	Anxiety	0.256	0.01
5	Losing Temper	0.220	0.01
6	High Blood Pressure	0.001	NS
7	Tension	0.288	0.01
8	Headache	0.177	0.05
9	Body Pain	0.110	NS
10	Palpitation	0.019	NS
11	Giddiness	0.109	NS
12	Tiredness	0.174	0.05
13	Disturb Sleep	0.047	NS
14	Depression	0.248	0.01
15	Thumping Heart	0.050	NS

A significant positive relationship observed between women’s role strain and nine health problems perceived by them i.e. upset, sad, irritation, anxiety, losing temper, tension, headache, tiredness, and depression. It was significant at 0.05 and 0.01 level. This indicates that as role strain increases the health problems also increase among working women. This shows that working women perceived high health problems because they experience high level of role strain due to their multiple roles. Working women have more pressure of work in form of home management, child care, dealing with husbands/in-laws and employer at workplace.

Role strain increases the risk of health problems. Similar findings were also made by Mellner *et al.* (2006) ^[12], who observed that the high workload of paid and unpaid work has been found to increase the risk of negative health outcomes among middle-aged women such as shoulder and neck pain, headache, high blood pressure, fatigue, psychosomatic strain, and low self-rated health. Snow *et al.* (2003) ^[17] concluded that those employees who reported higher demands, pressures, and role conflicts were significantly more likely to experience symptoms of depression, anxiety and somatic complaints.

Table 4: Pearson correlation value (Bivariate Analysis) depicting relationship between Role Expectations, Role Strain overall Perceived Health Problems among working women N= 200

S. No.	Variables	Role Expectations	Role strain	Perceived Health Problems
1.	Role Expectations	1		
2.	Role strain	0.261**	1	
3.	Perceived Health Problems	0.217**	0.315**	1

*Correlation is significant at 0.05 level, **Correlation is significant at 0.01 level

It was observed that correlation value was 0.261 between role expectation and role strain and 0.217 between role expectations and perceived health problems, which show that correlation between aforesaid variables were significant and positive. It was significant at 0.01 level. A significant positive correlation was also observed between role strain and perceived health problems (r= 0.315) among working women, which was significant at 0.01 level.

This indicates that with an increase in role expectation of working women there is also an increase in the level of role strain. The reason is that working women perform multiple roles. The performance of multiple roles; that of a spouse, parent and worker; often create role strain in the form of role overload. The amount of role strain experienced by a working woman depends on the degree of her commitment to different

roles and the role reward value expected by her from these roles. Nordenmark (2004) ^[13] found that an increased level of engagement in family matters, at least in some sense, is burdensome and increases strain among women. Women experience more strain when they are exposed to multiple demands.

It was also observed that perceived health problems were higher among female respondents because they have high role expectations in different roles. The finding also clarifies that as role strain increases the perceived health problems also increases among working women. Some studies have indicated that double burden (i.e. the combined load of paid and household work) accounts for the higher rates of sickness absence among women (Vaananen *et al.*, 2004) ^[18]. The relationship between multiple roles and health may also vary

depending on the characteristics of employment. Research shows that, combining full-time employment and motherhood may have a detrimental impact on mental and physical health (Hewitt *et al.*, 2006)^[7].

Conclusion

It can be concluded that working women's role expectation was related to their role strain. Greater role reward value and greater role commitment was related to higher level of role strain. Working women's role expectations were also positively correlated with their perceived health problems. This indicates that as role expectations increase in different roles among females they perceived some health problems i.e. Upset, irritation, anxiety, losing temper, tension, headache, body pain, palpitation, tiredness and depression. This could be due to the fact that female spouses have high role expectations in different roles. Due to high role expectations they experience role overload and role strain.

It can be also concluded that wives perceived high health problems due to high role strain. As role strain increases among working women, perceived health problems i.e. upset, sad, irritation, anxiety, losing temper, tension, headache, tiredness, and depression also increases, because females experience high level of role strain due to their role expectations, multiple roles, as housewife, mother and paid employee. High role strain is related to poor health.

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