

**A STUDY ON MENTAL HEALTH AND THE WORKPLACE CULTURE OF
WORKING WOMEN IN CHENNAI, KANCHIPURAM, THIRUVALLUR
DISTRICT**

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ABSTRACT

The aim of the current study is to determine the mental health and the workplace culture of working women in Chennai, Kanchipuram, and Thiruvallur district. Mental health can be an ability to make suitable social and emotional adjustments to the surroundings. Balancing life between family and work place is additional stressful for working women. Among working women, the amount of mental pressure that they go throughout each day of their life is high because of their dual duties, which is the foremost reason behind a depleting mental health stage. Ensuring that the workplace is a safe and pleasant place for working women. It should be free from discrimination, also an organization should ensure that the workplace must be comfortable, safe, and flush with opportunity for growth. So, the investigator initiated in the present study on working women's mental health and their workplace culture. The sample for study is selected from Education, IT, Medical field working women in Chennai, Kanchipuram, Thiruvallur District. From the present study, the investigators could infer that, the working women need more awareness on their mental health related to work, personal, familial and social life. Even though there was a moderate level of mental health and workplace culture for 61 per cent of the sample. If the good mental health at work and good peaceful workplace go hand in hand and there is strong evidence that workplaces with high levels of mental wellbeing are more productive.

Key Words: Mental Health, Opportunity, Workplace Culture, Discrimination

Introduction

Working women always tend to be fond of a pendulum clock oscillating between work demands and home responsibilities. Between these oscillations, there are social prospect to match up to and the constant anxiety of keeping up with the demands of together the world, significantly that the smallest amount error can cost her so much more than her male counterpart. Most women find themselves juggling household tasks at home and outside, addition to the workload and emotional burden. At the same time, at home, a woman is probable to continue gratifying her 'natural' duties as a mother and wife, and is put under additional scrutiny when she chooses to work outside the house.

During the earlier period the workplace has changed noticeably due to factors like the globalization of the nation, continuous reorganizations, the use of new information and communication technologies, the rising diversity of our workforce, more women, adult and highly educated people and an increased workload. During these years of professional changes, workers also reported a higher level of mental health problems. Moreover, mental health troubles constitute one of the three leading causes of work disability, universal and have negative consequences for the person as well as the companies they work. For Example, the negative consequences are miserable and unhappy workers, loss of productive, and gender discrimination. This is workplace environment can influence the mental health and wellbeing of working women to a great extent. The aim for researchers in the areas of mental health and is to spot the workplace culture that help the employees maintain their levels of well being thereby lead to more healthy and satisfying lives.

Significance of the Study

In India, women are the sources of culture and tradition but they are not in existent safety of their everyday life. Now a days many of the women coming out from the family for going to school, college, offices and for every day jobs in all the fields (Aggarwal, Bina. 1985). A women's position has changed tremendously and is making its huge impact on our society today. Many years ago, women's contribution to society was limited and restricted by men. Women are standing high and are playing a more important role in

many imperative areas in their workplace. There are mental health issues that involve both men and women, but with unique implications for women financial, political, and social, work burden forces will influence women's mental health. Working women are facing lot of struggles in everyday life, because they are playing dual roles, they are also facing a lot of issues related to their workplace. This to be addressed there is much more need of this study of the present generation women's mental health is important because of its inevitability in women's life. Its role in human adjustment and healthily mental behavior is important in modern era. The workplace culture and mental health may have the greatest impact in working women lives.

Statement of the problem:

The investigator has investigated a study on mental health and the workplace culture of working women in Chennai, Kanchipuram, Thiruvallur district as a statement of the problem.

Review of Literature

Shandel and Shekhawat (2019) found that there was 33 percent of working married women have high level of physical and mental stress and suffer from neglected body image.

Baranidaran (2014) concluded that among married working women, there was job stress and mental health individually has significant influence on work family conflict among the respondents.

Abo Salem et al. (2015) found that among working women, there was work related factors, night shifts, and odd working hours, personal relation with colleagues, and presence of conflict constituted significantly affected the mental health status of working women.

Sreekumaran et al. (2017) that organizational culture has a significant positive impact on the employees' job satisfaction. It drives them in determining organizational goals as well strengthen strategic direction to the organization. Also learning culture enhance employees' commitment and career growth chances.

Travasso et al. (2014) found evidence of extreme depression, including suicidal ideation, and attempted suicide. The study factors that pointed towards reduced anxiety and depression were social support from family, friends and colleagues and fulfillment from work. The researcher further concluded that low-income working mothers in urban areas in India are at high risk for depression, and migrates stress in this population group.

Panigrahi et al. (2014) found that 32.9% of women had poor mental health. Only 10% of the women these women sought any kind of mental health services. The researcher suggest that a preventive program regarding various aspects of mental health for married working women at workplace as well as community level could be a useful strategy in reducing this mental health problem.

Srivastava and Sweetey (2008) concluded that occupational status has significant impact on mental health (ip) among working women. Social support has not moderating effect upon relationship between role stress and mental health

Objectives of the Study

1. To find out the difference in the level of Mental Health and marital status among working women
2. To find out the difference in the level of Mental Health and type of family among working women
3. To find out the difference in the level of Mental Health and locality of institution among working women
4. 4.To find out the difference in the Workplace Culture and marital status among working women
5. To fine out the difference in the Workplace Culture and type of family among working women
6. To fine out the difference in the Workplace Culture and locality of institution among working women
7. 7.To analyze relation between Mental Health and Workplace Culture of working women.

Hypotheses of the Study

1. There is no significant difference in the level of Mental Health and marital status among working women
2. There is no significant difference in the level of Mental Health and type of family among working women
3. There is no significant difference in the level of Mental Health and locality of institution among working women
4. There is no significant difference in the Workplace Culture and marital status among working women
5. There is no significant difference in the Workplace Culture and type of family among working women
6. There is no significant difference in the Workplace Culture and locality of institution among working women
7. There is no significant relation between Mental Health and Workplace Culture of working women

Sample for the Study

The sample for this research study was 820 working women. The Random sampling technique has been used in the selection of the sample of 820 working women from educational institutions, hospitals, and IT companies situated in Chennai, Kanchipuram, Thiruvallur district of Tamil Nadu, India. All the available working women's in each of these selected institutions were chosen as samples. Out of these 820 samples, 362 working women's from educational institutions, 220 working women's from the medical sector, 238 working women's from IT companies were selected as samples for conducting this study. The researcher invites the participation of respondents working in education institution, hospitals and IT companies from where she could get permission to collect data based on the Mental Health, Workplace Culture, Professional development of working women's in the above said areas. She also used her judgment to select respondents by interacting with them in the area of research and based on the interest shown by the respondents to help her in filling up the questionnaire.

Tools for this Study

The investigators framed a the Mental Health and Workplace Culture Scale. The tool comprised of two parts. Part 1 deals with the variables related to personal data. The second part is Mental Health scale and Workplace Culture scale. The Mental Health part has 54 items related to Mental Health of working women.out of which 28 items are positively worded and the remaining 26 items are negatively worded. This is a five point scale “Always”, “Frequently”, “Occasionally”, “Seldom”, “Never”. The scores are 5,4,3,2,1for positive and 1,2,3,4,5 for negative items. The validity of the tool is established and the reliability value is 0.82.

The Workplace Culture scale has 50 items. Out of which 35 items are positively worded and the remaining 15 items are negatively worded. This is a five point scale “Completely Agree”, “Somewhat Agree”, “Not Sure”, “Somewhat Disagree”, and Completely Disagree”. The scores are 5,4,3,2,1 for positive and 1,2,3,4,5 for negative items. The validity of the tool is established and the reliability value is 0.83.

Methodology

Normative survey method is used to collect data from 820 working women. Difference between Workplace Culture and personal variables of working women are found by using mean, standard deviation, t-test and Relation between Mental Health and Workplace Cultureis analyzed by employing correlation analysis.

Analysis, Interpretation and Findings

Profile of Working Women

The profile of working women is shown in Table-1.

Table-1. Profile of Working Women

Profile	Number	Percentage %
Marital Status		
Married	322	39.27
Unmarried	498	60.73
Type of Family		
Joint	365	44.51
Nuclear	455	55.49
Locality of Institution		
Rural	336	40.97
Urban	484	59.03

Near to three fifth of working women is unmarried (60.73 per cent) and just higher than three fourth of working women belongs to nuclear family (55.49 per cent). Higher than three fourth of working women institutions located in urban area (59.03 per cent).

Mental Health of Working Women and their profile

The relation between Mental Health and marital status of working women and their profile is shown below as.

Marital status and Mental Health

The relation between Mental Health and marital status of working women is shown in Table-2.

Table-2. Marital Status and Mental Health

Marital Status	N	Mean	Standard Deviation	t-value	Sig.
Married	322	152.12	8.41	14.62	0.05
Unmarried	498	216.43	7.48		

** Significant at 0.05 level

Mean value of Mental Health of working women for married and unmarried are 152.12 and 216.43 successively. This reveals that unmarried working women are having higher level of Mental Health as compared to married working women.

The t-value of 14.62 is significant disclosing that significant difference is there between marital status of working women and their Mental Health in five per cent level.

8.2.2. Type of Family and Mental Health Medium

The relation between type of family and Mental Health of working women is shown in Table-3.

Table-3. Type of Family and Mental Health

Type of Family	N	Mean	Standard Deviation	t-value	Sig.
Joint	365	188.36	6.94	12.32	0.05
Nuclear	455	148.01	7.12		

** Significant at 0.05 level

Mean value of Mental Health of working women with the type of family joint and nuclear are 188.36 and 148.01 successively. This reveals that working women who belong to joint family are having higher level of Mental Health as compared to women belong to nuclear family.

The t-value of 12.32 is significant disclosing that significant difference is there between type of family and Mental Health of working women in five per cent level.

Locality of Institution Mental Health

The relation between the locality of the institution and Mental Health of working women is shown in Table-4.

Table-4. Subject Group and Emotional Stability

Locality of Institution	N	Mean	Standard Deviation	t-value	Sig.
Rural	336	196.77	7.94	5.94	0.05
Urban	484	189.47	7.42		

** Significant at 0.05% level

Mean value of Mental Health of the working women's institution located in rural and urban are 196.77 and 189.47 successively. This reveals that working women's institution located in rural is having higher level of Mental Health as compared to working women's institution located in the urban area.

The t-value of 5.94 is significant disclosing that significant difference is there between the locality of the institution and Mental Health of working women in five per cent level.

Workplace Culture of Working Women and Their Profile

The relation between Workplace Culture of working women and their profile is shown below as.

Marital Status and Workplace Culture

The relation between marital status and Workplace Culture of working women is shown in Table-6.

Table-6. Marital Status and Workplace Culture

Marital Status	N	Mean	Standard Deviation	t-value	Sig.
Married	322	191.22	4.78	0.89	NS
Unmarried	498	191.74	4.42		

** Not Significant at the 0.05 level

The mean value of Workplace Culture of working women and marital status married unmarried and 191.22 and 191.74 successively. This reveals that there is no much difference in the Workplace Culture of working women and their marital status. The obtained 't' value (0.89) is found less than the table value 1.96 and not significant

at 0.05 level. Hence the null hypothesis is accepted. It is concluded that there is no significant difference in workplace culture with respect to their marital status.

Type of Family and Workplace Culture

The relation between type of family and Workplace Culture is shown in Table-7.

Table-7. Type of Family and Workplace Culture

Type of Family	N	Mean	Standard Deviation	t-value	Sig.
Joint	365	192.24	4.91	4.75	0.05
Nuclear	455	186.18	4.34		

** Significant at 0.05 level

Mean value of Workplace Culture of working women and their type of family joint, and nuclear are 192.24 and 186.18 successively. This reveals that women belong to joint family is having higher better Workplace as compared to women belongs to nuclear.

The t-value of 4.75 is significant disclosing that significant difference is there between type of family and Workplace Culture of working women in five percent level.

Locality of Institution and Workplace Culture

The relation between the locality of the institution and Workplace Culture of Working of working women is shown in Table-8.

Table-8. Locality of Institution and Workplace Culture Subject

Subject Group	N	Mean	Standard Deviation	t-value	Sig.
Rural	336	186.43	3.52	6.03	0.05
Urban	484	198.25	5.96		

** Significant at 0.05 level

The Mean value of the locality of the institution and Workplace Culture of working women are 186.43 and 198.25 successively. This reveals that working women's institution located in an urban area is having a better Workplace Culture as compared to a working institution located in rural areas.

The t-value of 6.03 is significant disclosing that significant difference is there between the locality of the institution and Workplace Culture of working women.

Relation Between Mental Health and Workplace Culture of Working Women

The correlation analysis is employed to analyze the relation between Mental Health and Workplace Culture of working women

Table-10. Mental Health and Workplace Culture of working women

Particulars	Correlation Coefficient(r)
Mental Health of working women and Workplace Culture	0.328

** Significant at 0.05 level

The correlation coefficient $r = 0.328$ shows a positive relation between Mental Health and Workplace Culture of working women and it is explaining that they are positively and highly interrelated which means when one variable increases the other variable also increases in the same direction.

Conclusion

Women are the epitome of strength, love, sacrifice and courage. The role of women in today's world has changed significantly and for better. Women are now self-sufficient, well aware and financially independent. They have attained immense success in every field, whether it is sports, politics or academics. With the encouragement of co-education, women are now marching side by side with men, in every walk of life. This study suggests that encouraging working women to disclose any mental health problems to ensure that they get the support they need at the workplace. The study reveals that the majority of the working women belong to the moderate level of mental health, workplace culture. Mental Health of working women significantly correlated to their Workplace Culture. This means commit to developing an approach to mental health at work that protects and improves mental health for every working woman, whilst supporting those people who experience distress. Designate board champions, senior

leaders and higher authorities are responsible for implementing mental health programs in the workplace. Organizations should explore setting up peer support and mentoring programs for staff with lived experience of mental health problems.

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