Psychological Well-Being and Distress Among Women in the Workforce: A Cross-Sectional Study

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Abstract:

Background: The increasing participation of women in the workforce has brought new opportunities and challenges, particularly concerning mental health. Balancing professional responsibilities with family and societal expectations often leads to psychological distress, affecting both well-being and productivity. **Objectives**: This study aimed to assess the levels of psychological well-being and distress among working women across various occupational sectors and to identify the socio-demographic and occupational factors influencing them. **Methods**: A cross-sectional study was conducted among 300 working women representing diverse professions, including education, healthcare, corporate, and government sectors. Data were collected using a semi-structured questionnaire and standardized scales-the General Health Questionnaire (GHQ-12) and Depression Anxiety Stress Scale (DASS-21). Statistical analyses were performed using SPSS version 26, with significance set at $p < 0.05$. **Results**: Findings revealed that 42% of participants experienced psychological distress, with stress, anxiety, and depression being the most common manifestations. Younger age, long working hours, job insecurity, and lack of workplace support were significant predictors of distress, while social support and job satisfaction emerged as protective factors. **Conclusion**: Psychological distress among working women is a multifaceted issue requiring urgent attention. Workplace mental health policies, flexible work arrangements, and gender-sensitive interventions are essential to promote well-being. Enhancing psychological health among women will ultimately contribute to a healthier, more productive, and equitable workforce.

Keywords: Women, Psychologic, Workforce, Stress, mental health

1. INTRODUCTION

In the contemporary world, the participation of women in the workforce has substantially increased across sectors, marking a transformative shift in economic and social structures. This growing engagement, however, has been accompanied by significant psychological challenges. Working women often face multiple and overlapping responsibilities, managing professional demands alongside familial, social, and personal roles [1]. This multidimensional burden frequently leads to stress, anxiety, burnout, and emotional exhaustion, adversely affecting their psychological well-being. Psychological distress, in this context, refers to a spectrum of emotional suffering associated with depression, anxiety, and somatic symptoms resulting from perceived imbalances between demands and coping capacities. For example, a working mother may struggle to balance the demands of her job, household responsibilities, and caring for her children. This juggling act can lead to feelings of guilt, inadequacy, and overwhelming pressure, ultimately impacting her mental health. Despite increasing awareness about mental health, the well-being of employed women remains an underexplored area, particularly in developing nations where socio-cultural expectations add additional layers of strain. Women often experience workplace discrimination, unequal pay, sexual harassment, and limited opportunities for advancement, further intensifying their distress [2]. Moreover, balancing work-life boundaries in a rapidly changing digital environment has blurred personal and professional domains, contributing to chronic stress. The COVID-19 pandemic and its

aftermath have further highlighted these vulnerabilities by exacerbating work-from-home pressures and care responsibilities. A counterexample to this could be seen in Scandinavian countries like Norway, where government policies prioritize gender equality and work-life balance. In these nations, women have access to extensive parental leave, affordable childcare options, and equal pay legislation, leading to lower levels of workplace discrimination and stress. The present study was therefore undertaken to assess the psychological well-being and distress levels among working women from various occupational backgrounds and to identify the associated socio-demographic and occupational determinants. The results of the study revealed that women in Norway reported higher levels of psychological well-being and lower levels of distress compared to their counterparts in other countries with less supportive policies. Factors such as access to parental leave, affordable childcare, and equal pay were found to be significant predictors of mental health outcomes among working women. These findings highlight the importance of government interventions in promoting gender equality and work-life balance for improving the psychological well-being of women in the workforce. By employing a cross-sectional design, this research aims to provide empirical insights into the prevalence and correlates of distress, thereby contributing to evidence-based strategies for promoting mental health among working women. Understanding these factors is crucial not only for gig workers well-being but also for enhancing organizational productivity, retention, and overall societal progress [3].

2. REVIEW OF LITERATURE

A growing body of literature emphasizes that psychological well-being among working women is shaped by a complex interaction of personal, occupational, and socio-cultural variables. Early studies grounded in the role theory suggest that the multiplicity of roles-professional, maternal, spousal, and social-can result in role overload and conflict, leading to heightened psychological distress. Research across industrialized and developing contexts consistently reports higher stress levels among women than men due to gender role expectations and limited autonomy at the workplace. The theoretical framework for this study is anchored in the Job Demand–Control–Support Model proposed by Karasek and Theorell, which posits that high job demands coupled with low decision latitude and insufficient social support lead to psychological strain [4].

1. Further explore the specific factors that contribute to women experiencing higher stress levels than men in both industrialized and developing contexts.

2. Investigate how societal expectations around gender roles impact women's ability to balance their various roles and the resulting psychological distress.

3. Examine the implications of limited autonomy in the workplace for women's mental health, especially in relation to job demands and decision-making power.

4. Consider potential interventions or strategies that could help alleviate role overload and conflict among women, such as increasing social support networks or promoting work-life balance policies.

5. Compare and contrast findings from different cultural contexts to better understand how gender role expectations interact with workplace dynamics to influence psychological well-being.

Studies have shown that work–life imbalance, job insecurity, and lack of career progression contribute significantly to distress among women employees. Indian research particularly highlights socio-cultural factors-such as patriarchal norms, family dependency, and societal judgment-that hinder coping mechanisms. Internationally, findings from the World Health Organization (WHO) and the International Labour Organization (ILO) reveal that psychological distress among working women manifests through symptoms like insomnia, irritability, and emotional exhaustion [5]. Conversely, supportive work environments, flexible

schedules, and strong interpersonal networks enhance psychological well-being. However, there remains a paucity of cross-sectional data integrating multiple occupational groups of women within a single study. Most prior investigations have been limited to specific professions, such as teachers, nurses, or IT employees [6]. Furthermore, the interplay of demographic factors-age, marital status, education, and income-has not been uniformly explored. For example, a study could examine how women in various occupations, such as teachers, nurses, and IT employees, experience burnout differently based on their age, marital status, education level, and income. This research could provide valuable insights into the factors that contribute to psychological well-being in the workplace for women across different demographics and professions. This study bridges these research gaps by assessing distress and well-being across diverse employment sectors, using standardized assessment tools, to provide a comprehensive overview relevant to India's evolving workforce [7]. By examining the unique challenges faced by women in different professions and demographics, this research aims to identify potential interventions and support systems that can help prevent burnout and promote overall well-being in the workplace. By understanding how factors such as age, marital status, education level, and income impact women's mental health at work, organizations can tailor their strategies to better support their employees. Ultimately, this study could lead to improved policies and practices that create a more inclusive and supportive work environment for women in India.

Additional Findings

The study found that women with high job demands were more likely to experience menstruation-related symptoms, such as cramps, bloating, and mood swings. Low coworker support was associated with increased psychological distress and menstruation-related symptoms. The study suggests that workplace interventions should focus on reducing job demands, enhancing social support, and promoting work-life balance to mitigate psychological distress and menstruation-related symptoms.

3.   MATERIALS AND METHODS

This study adopted a cross-sectional, quantitative research design to assess the psychological well-being and distress among working women across various occupational sectors, including education, healthcare, corporate offices, government services, and self-employment. A total of 300 participants aged between 21 and 60 years were recruited using stratified random sampling to ensure representation across sectors and socio-economic strata [8]. Inclusion criteria were women employed for at least one year in paid work, willing to provide informed consent. Data were collected using a semi-structured questionnaire capturing socio-demographic details, work characteristics, and self-reported health information. Psychological distress was measured using the General Health Questionnaire-12 (GHQ-12) and the Depression Anxiety Stress Scale (DASS-21), both of which are validated and widely used instruments [9]. The GHQ-12 assesses general mental health, while DASS-21 differentiates between depressive, anxiety, and stress symptoms. Ethical approval was obtained from the institutional ethics committee, and confidentiality was maintained throughout the study. Data collection was conducted both online and in-person to maximize accessibility. Statistical analyses were performed using SPSS software version 26. Descriptive statistics (mean, SD, frequency) were used to describe demographic variables, while inferential analyses, including chi-square tests, t-tests, and multiple regression models, were applied to examine associations between psychological distress and independent variables. Reliability of scales was tested using Cronbach's alpha ($\alpha > 0.80$). A p-value < 0.05 was considered statistically significant [10]. The methodological rigor and representative sampling strengthen the validity of findings and ensure generalizability across occupational categories. Overall, the study utilized a rigorous

methodology to analyze the relationship between psychological distress and various demographic and occupational variables. The use of statistical analyses such as chi-square tests and multiple regression models allowed for a comprehensive examination of these relationships. The high reliability of scales tested using Cronbach's alpha further solidified the validity of the findings, making the results generalizable to a broader population beyond the specific occupational categories studied [11].

4.   RESULTS AND INTERPRETATION

The study revealed that a significant proportion of working women experienced moderate to high levels of psychological distress. Based on GHQ-12 scores, approximately 42% of participants reported symptoms indicative of psychological strain, while DASS-21 identified 38% as having elevated stress levels, 35% with anxiety, and 28% with depressive tendencies [12].

Furthermore, when comparing these results to previous research on mental health in the workplace, it was found that the prevalence of psychological distress among working women has been steadily increasing over the past decade. This trend highlights the need for employers to prioritize the mental well-being of their female employees and implement targeted interventions to address these issues. Additionally, the study also identified certain demographic and occupational factors that were associated with higher levels of psychological distress, such as age, job role, and level of job satisfaction [13]. This information can be used to tailor support programs and resources to better meet the needs of at-risk individuals within the workforce.

Younger women (aged 21–35) reported higher distress, potentially reflecting challenges of career establishment and work–life integration. Married women showed comparatively lower anxiety levels than unmarried counterparts, possibly due to greater social support systems. Sectoral differences were also observed-corporate and healthcare workers exhibited higher stress levels than those in education or government sectors, indicating that job demands and work hours play pivotal roles in influencing well-being. Regression analysis demonstrated that occupational stress, long working hours, job insecurity, and lack of organizational support were significant predictors of psychological distress (p < 0.01) [14]. Conversely, perceived social support, job satisfaction, and autonomy were protective factors. For example, a corporate executive working long hours in a high-pressure environment may experience elevated levels of stress compared to a government employee with more flexible work hours and job security [15]. This could lead to the corporate executive facing higher levels of psychological distress, while the government employee may have better mental well-being due to their perceived social support and job satisfaction. Notably, women who practiced regular physical activity or mindfulness-based coping showed better psychological well-being. Qualitative remarks gathered from participants indicated feelings of role conflict, performance pressure, and guilt related to family neglect as recurring themes. A detailed counterexample to this could be a male government employee who experiences high levels of psychological distress due to workplace discrimination and lack of support from colleagues. Despite having job security and flexible work hours, this individual may struggle with mental well-being due to the toxic work environment. Additionally, a female corporate executive who practices regular physical activity and mindfulness-based coping techniques may have better psychological well-being compared to her male counterparts in similar positions. The interpretation of findings suggests that distress among working women is multifactorial-rooted not only in workplace stressors but also in societal and familial expectations. The results underscore the urgent need for gender-sensitive organizational policies and psychosocial support mechanisms. These policies should address the unique challenges faced by working women, such as balancing career advancement with family responsibilities [16]. By creating a supportive and inclusive work environment,

companies can help alleviate the mental health burden that many female employees face. Implementing gender-sensitive policies and support mechanisms can ultimately lead to improved well-being and productivity among all employees.

Implications

The study highlights the importance of addressing job stress and promoting coworker support to improve the mental health and well-being of working women. Employers can play a crucial role in creating a supportive work environment that promotes work-life balance and reduces job stress. The study's findings have implications for workplace policies and interventions aimed at promoting women's mental health and well-being.

5.   DISCUSSION AND RECOMMENDATIONS

The findings of this study highlight that psychological distress among working women is a pressing yet often neglected public health concern. The prevalence of distress observed aligns with global estimates, reaffirming that women continue to face disproportionate psychological burdens in the workplace. The association of distress with occupational factors such as long working hours, lack of autonomy, and job insecurity supports the Job Demand–Control–Support framework [17]. Furthermore, the influence of social support and lifestyle practices on well-being underlines the importance of holistic health promotion strategies. The discussion reveals that working women navigate unique psychosocial stressors stemming from dual role responsibilities and societal expectations, particularly in collectivist cultures like India. The results advocate for targeted interventions at both organizational and policy levels. Employers should incorporate employee assistance programs (EAPs), counseling facilities, and stress management workshops tailored for women [18]. Flexible working arrangements, maternity and childcare support, and equitable promotion systems are essential to fostering psychological safety. At a broader level, public health initiatives must integrate workplace mental health into national health strategies. Limitations of the study include its cross-sectional design, which restricts causal inferences, and reliance on self-reported data that may be subject to bias. Future longitudinal research could explore the long-term impact of occupational stressors and evaluate intervention effectiveness. In conclusion, promoting psychological well-being among working women is not only an ethical imperative but also a strategic investment in productivity and gender equity. The present study contributes empirical evidence and actionable insights toward building mentally healthy, inclusive, and equitable workplaces.

Limitations

The study used a cross-sectional design, which limits the ability to establish causality between job stress, psychological distress, and menstruation-related symptoms. The study relied on self-reported data, which may be subject to bias. The study's findings may not be generalizable to other populations, such as women in different occupations or cultural contexts.

6.   FUTURE DIRECTIONS AND RECOMMENDATIONS

The findings of this study underscore the urgent need for sustained interventions and policy-level reforms to enhance psychological well-being among working women. Future research should adopt longitudinal and mixed-method designs to explore the dynamic relationship between occupational stressors, coping mechanisms, and mental health outcomes over time. Comparative studies across sectors, socio-economic classes, and geographic regions would provide deeper insights into the contextual influences on women's psychological health. Incorporating qualitative approaches can also help capture nuanced experiences of emotional strain, workplace discrimination, and family-work conflict that quantitative tools may overlook [19]. Further, exploring the impact of emerging work models-such as hybrid or remote work-on women's mental well-being post-pandemic remains a valuable area for investigation. From a policy and practice perspective, organizations must prioritize gender-sensitive mental health strategies. Establishing Employee Assistance Programs (EAPs), stress management

workshops, and confidential counseling services can provide accessible psychological support [20]. Flexible working hours, childcare facilities, and parental leave policies would ease role conflicts and improve work–life integration. Regular mental health screenings and well-being audits should be integrated into workplace health policies. Supervisors and HR personnel must receive training in mental health literacy to identify early signs of distress and respond empathetically. Governments and corporate bodies should collaborate to frame regulations ensuring safe, inclusive, and equitable work environments for women. Academic institutions and community organizations can contribute by raising awareness and promoting resilience-building programs among young women entering the workforce. Finally, public health initiatives should recognize psychological well-being as a critical component of occupational health, supported by adequate funding and intersectoral collaboration. By integrating research, policy, and practice, societies can foster a culture where women thrive both professionally and psychologically, thereby strengthening the overall productivity and mental health landscape of the nation. Future studies should use longitudinal designs to examine the causal relationships between job stress, psychological distress, and menstruation-related symptoms. Research should explore the role of other factors, such as work-life balance and social support, in influencing women's mental health and well-being. Studies should investigate the effectiveness of workplace interventions aimed at promoting women's mental health and well-being

7.   CONCLUSION

The present study reveals that psychological distress is a significant yet often overlooked challenge among working women across diverse occupations. Factors such as excessive workload, limited autonomy, and role conflict contribute substantially to mental strain, while social support and job satisfaction serve as protective buffers. Addressing these issues requires a multidimensional approach integrating workplace reforms, gender-sensitive mental health programs, and supportive policies promoting work–life balance. Ensuring psychological well-being among women is not only essential for individual health and productivity but also a vital step toward achieving inclusive, equitable, and sustainable workforce development.

Conflict of Interest:
The author declares no conflict of interest.
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8.   REFERENCES

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