

Exploring the Effects of Employment Status of Women on the Level of Stress, Anxiety, Depression and Wellbeing

Neetu Kumari¹, Prof. (Dr.) Imran Khan²

¹Research Scholar, Jai Prakash University, Chapra

²Principal, Jay Prakash College, Narayanpur, Bhagalpur, Tilka Manjhi Bhagalpur University, Bhagalpur-812007.

Abstract:

Women have left their mark in nearly every aspect of life in the 21st century. In their pursuit of progress and success, they face various challenges in both their personal and professional lives, along with their responsibilities. Employed women must seek a way to balance work and personal commitments. They often encounter role conflicts, as they strive to fulfil the demands of both their home and work lives simultaneously. This struggle can lead to feelings of inadequacy and overwhelm as they attempt to satisfy the needs of their family and their job. Generally, women—and working women in particular—experience stress, anxiety, and, ultimately, depression, as they continuously seek improvement. Conversely, women who manage to achieve a balance between their work and personal lives generally report feeling fulfilled and content. In this context, the present study is undertaken with the aim to explore the level of stress, anxiety, depression, and well-being in working and nonworking women and make a comparison between the two. The study is conducted on a randomly selected sample of 400 women, of which 200 are working and the remaining 200 are nonworking from the Siwan and Gopalganj districts, Bihar. The Depression, Anxiety, and Stress Scales developed by Lovibond & Lovibond (1995) are administered to fetch data regarding depression, anxiety, and stress, while the Well-Being Scale by Friedman (1992) is used to collect information regarding levels of well-being.

Keywords: Employment Status, Women, Stress, Anxiety, Depression and Well-being.

1. INTRODUCTION

In the 21st century, women have registered their presence in nearly every aspect of life. Amidst personal and professional challenges, they establish a balance for successful accomplishment of not only personal goal but also professional objectives. Confronted with the multiple demands of home and work life, women often experience role conflicts, which can lead to feelings of inadequacy and overwhelm as they attempt to meet the expectations of both realms. This relentless pursuit of progress has resulted in many women, particularly those in the workforce, succumbing to stress, anxiety, and ultimately depression. However, those women who successfully maintain a balance between their personal and professional lives tend to experience a greater sense of well-being.

Stress

Stress is an inevitable aspect of human life, arising from the continuously changing circumstances indiv-

Individuals must navigate. Researchers across disciplines have defined stress in varying ways, reflecting the complexity of the construct. In psychology, stress is often understood as a physiological and cognitive response to perceived threats or demands, while social scientists emphasize the individual’s interaction with their surrounding environment and the emotional disturbances that may result (Hinkle, 1987). This dual perspective highlights stress as both an internal reaction and a socially embedded phenomenon.

The global significance of stress has been underscored by the World Health Organization, which has described it as the “Health Epidemic of the 21st Century.” This characterization reflects the pervasive impact of stress on mental health, physical well-being, and social functioning, as well as its role in shaping productivity and quality of life. Stress is not confined to individual experiences but is deeply influenced by broader social structures, cultural expectations, and institutional practices.

One salient example of stress arising from role conflict is observed among working mothers. Research suggests that women balancing professional responsibilities with caregiving duties often experience heightened emotional strain, leading to increased risks of burnout and adjustment difficulties (Crueess, Antoni, Kumar, & Schneiderman, 2000). This intersection of occupational and familial demands illustrates how stress is shaped by both personal coping mechanisms and systemic factors such as workplace policies and societal norms.

Taken together, these perspectives demonstrate that stress is a multidimensional construct that bridges individual psychology and social context. Understanding stress requires not only examining internal processes but also recognizing the external pressures and role conflicts that contribute to its manifestation.

Conceptual Framework

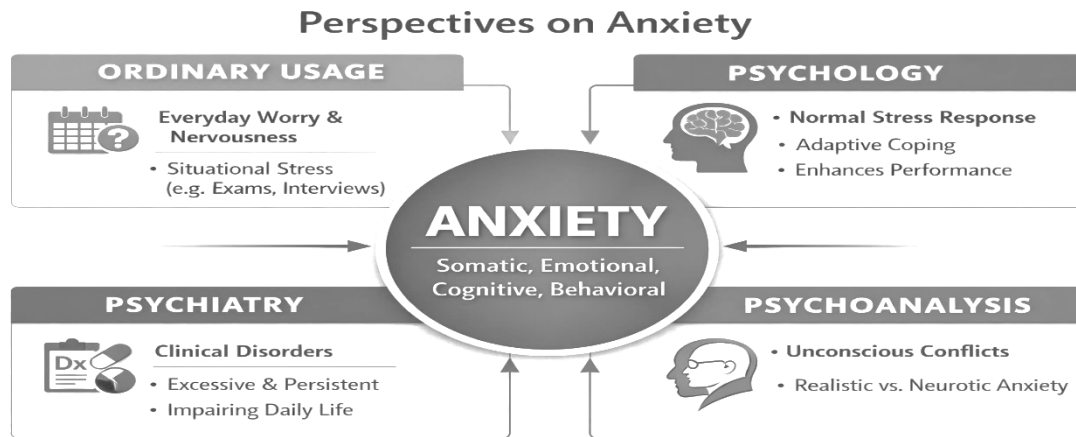


Anxiety

Anxiety is a multifaceted concept with diverse shades of meaning, ranging from everyday usage to interpretations within psychology, psychiatry, and psychoanalysis. It represents both a psychological and physiological condition, encompassing bodily, emotional, cognitive, and behavioural elements (Öhman, 2000). The term itself originates from the idea of being “troubled or distressed.” Whether or not psychological stress is present, anxiety can evoke sensations of fear, worry, uneasiness, and apprehension. As a natural response to stressors, anxiety often serves an adaptive function, motivating individuals to confront and manage challenging situations.

In everyday language, anxiety typically refers to feelings of worry or nervousness experienced before an exam, interview, or significant life event. However, from a psychological perspective, anxiety is viewed as a normal stress response that can enhance performance; for instance, exam anxiety may motivate individuals to prepare more thoroughly. Psychiatric explanations concentrate on anxiety that is excessive, persistent, and impairs functioning, categorising it as a disorder, such as generalised anxiety disorder or panic disorder. The most prevalent theoretical perspective, psychoanalysis, distinguishes between realistic

anxiety, which is a response to external threats, and neurotic anxiety, which stems from internal conflicts between id impulses and the constraints of the superego.



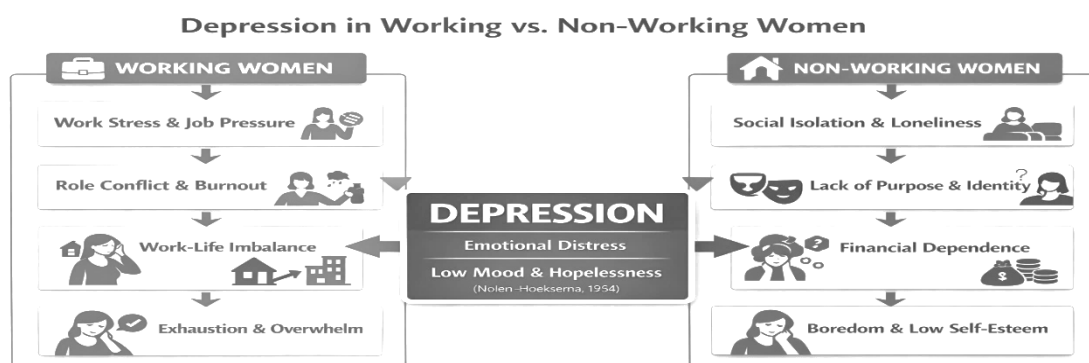
Conceptual Framework

Depression

Depression is a widespread and profoundly disabling mood disorder with global significance (Gilbert, 1992; Renneberg et al., 2005). It is an emotional state marked by feelings of discouragement, gloom, hopelessness, lack of motivation, and disinterest in daily life. When such symptoms persist for more than two weeks and begin to interfere with normal functioning, the condition typically evolves into a psychological disorder requiring professional intervention (APA, 2013). Research indicates that the prevalence of depression among women—particularly working women—has risen notably in recent decades. As women increasingly join the workforce, they encounter not only similar occupational pressures as men but also additional stress from multiple roles and conflicting social expectations (Nelson & Burke, 2000). Studies consistently show that women are more prone to clinical depression than men, a pattern observed across most cultures worldwide (Nolen-Hoeksema & Girgus, 1994; Wilhelm & Roy, 2003; Ge & Conger, 2003).

Conceptual Framework

Depression manifests differently across genders due to biological, psychological, and sociocultural influences. Women’s higher prevalence is linked to hormonal and role-related stress, while men’s lower reported rates often reflect under recognition and cultural barriers to help-seeking. It is also found that depression manifests differently across employment status viz working and non-working women.



Psychological well-being is a critical indicator of how individuals perceive the quality of their lives, with broad implications for personal functioning and societal outcomes. Research demonstrates that diminished well-being is associated with difficulties in navigating life transitions (Abbot et al., 2008; Kwan, Love, & Ryff, 2003), heightened distress and neurotic tendencies (Rafanelli et al., 2000; Simon, 2002; Lindfors, Berntsson, & Lundberg, 2006), as well as impaired productivity and negative self-evaluations. Conversely, enhanced well-being has been shown to facilitate identity development (Vleioras & Bosma, 2005), buffer the effects of stress, and strengthen coping in the face of trauma (Ryff & Singer, 1998; Schnyder, Büchi, Morgeli, Sensky, & Klaghofer, 1999; Showers & Ryff, 1996). Taken together, these findings position psychological well-being not only as a marker of current adjustment but also as a mediating factor that shapes resilience, identity formation, and adaptive functioning across contexts.

Conceptual Framework



Figure 1. *Psychological Well-Being as a Mediator Between Stressors and Outcomes.*

Existing literature clearly indicates that multiple role conflicts contribute to heightened distress among working women. However, an unresolved question persists: is distress confined to working women, or is it also experienced by nonworking women? Previous research has not adequately addressed this distinction, leaving a gap in understanding the comparative stress experiences of these groups. What is well-established is that elevated levels of distress, anxiety, and depression are detrimental to psychological well-being. This gap in empirical evidence provides the rationale for the present study, which seeks to examine and compare the psychological distress of working and nonworking women, thereby contributing to a more comprehensive understanding of women’s mental health and adjustment.

2. LITERATURE REVIEW

Women often juggle multiple roles within the family—such as caregiver, homemaker, and professional—leading to heightened stress levels. Studies confirm that working women experience significant stress due to role overload and workplace demands (Hashimi, Khurshid, & Hassan, 2007; Greenon, 2009). Tripathi and Bhattacharjee (2012) found that working women reported higher stress compared to men, underscoring gendered role expectations. However, non-working women also face stress, often stemming from financial dependence and social isolation (Fatima, 2021). Thus, stress is not exclusive to working women but manifests differently across employment status.

Anxiety is another common psychological outcome among women. For working women, anxiety often arises from performance pressures, deadlines, and balancing domestic responsibilities with professional roles (Vyas, 2019). Non-working women, on the other hand, may experience anxiety linked to lack of autonomy, limited social recognition, and economic insecurity. Comparative studies suggest that while working women generally report higher anxiety, non-working women are not immune, highlighting the need for nuanced analysis across groups.

Depression is prevalent among both working and non-working women, though its sources differ. Working women frequently report depressive symptoms associated with chronic stress, burnout, and insufficient family support (Joshi et al., 2024). Non-working women, meanwhile, may experience depression due to dependency, feelings of inadequacy, and restricted social engagement (Khemaria & Nagaich, 2020). These findings suggest that employment status shapes the nature, rather than the presence, of depressive experiences.

Psychological well-being reflects overall life satisfaction and resilience. Employment can enhance well-being by providing financial independence and social identity, particularly for women who successfully balance personal and professional roles (Parmar, 2023). Conversely, non-working women may report lower well-being due to limited social engagement and economic dependence, though some derive satisfaction from fulfilling family roles. Comparative studies confirm significant differences in well-being between working and non-working women, reinforcing the importance of examining employment status as a determinant of psychological outcomes.

The literature establishes that stress, anxiety, depression, and well-being are influenced by women's employment status, though the sources and manifestations vary. Working women often face role overload and workplace challenges, while non-working women encounter stressors related to dependency and social isolation. Despite extensive research, few studies have comprehensively examined all four variables together, leaving a gap that justifies the present study.

Objectives

1. To compare the levels of stress between working and non-working women.
2. To compare the levels of anxiety between working and non-working women.
3. To compare the levels of depression between working and non-working women.
4. To compare the levels of psychological well-being between working and non-working women.

Hypotheses: Based on the identified objectives, the following hypotheses are proposed:

1. Working and non-working women differ significantly in their levels of stress.
2. Working and non-working women differ significantly in their levels of anxiety.
3. Working and non-working women differ significantly in their levels of depression.
4. Working and non-working women differ significantly in their levels of psychological well-being.

3. METHODOLOGY:

a. SAMPLE:

The study is conducted on a randomly selected sample of 400 women, out of which 200 were working and the remaining 200 were nonworking from Siwan and Gopalganj district, Bihar.

b. MEASURING INSTRUMENTS:

The following measuring tools and instruments will be applied to obtain data:

- i. The Depression, Anxiety, and Stress Scales (DASS) developed by Lovibond and Lovibond is applied.
- ii. Friedman Well-Being Scale by Friedman (1992) was used to assess the psychological wellbeing. Referred scale has 20 bipolar adjectives under 5 sub scales. It is a 5-point scale.

4. RESULTS AND DISCUSSION

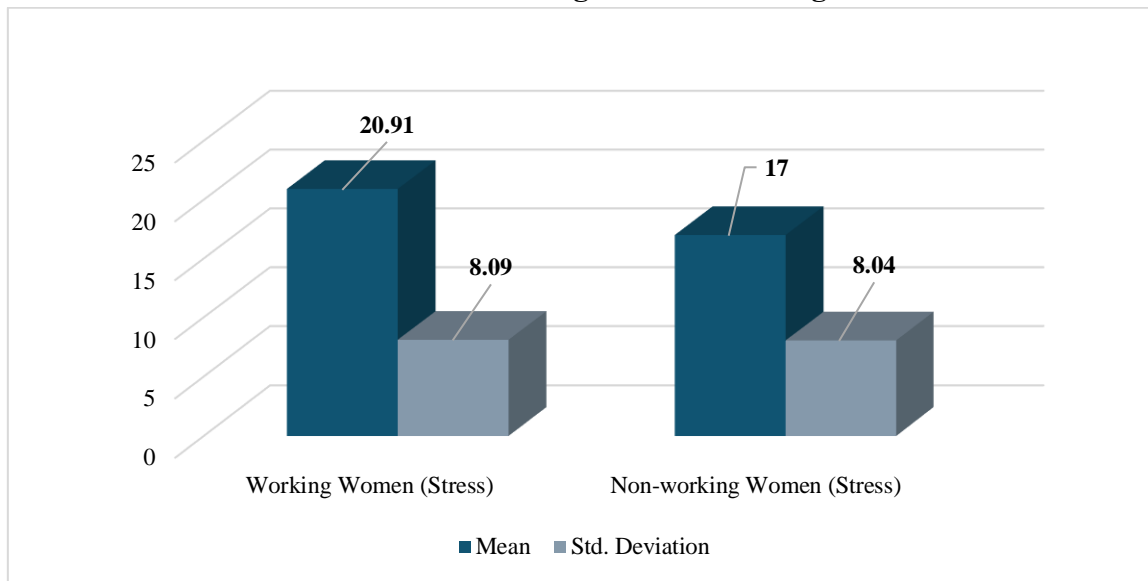
The data obtained for this investigation has been analysed and discussed under the following headings:

Table 1
Comparison of Stress Levels Between Working and Nonworking Women

Employment Status	N	Mean	Std Deviation	df	t-Stat	t Critical	p-value
Working Women (A1)	200	20.91	8.09	398	4.85*	1.97	p < 0.001
Nonworking Women (A2)	200	17.00	8.04				

* Significant at 0.001 level

Figure 1
Level of Stress of Working and Nonworking Women



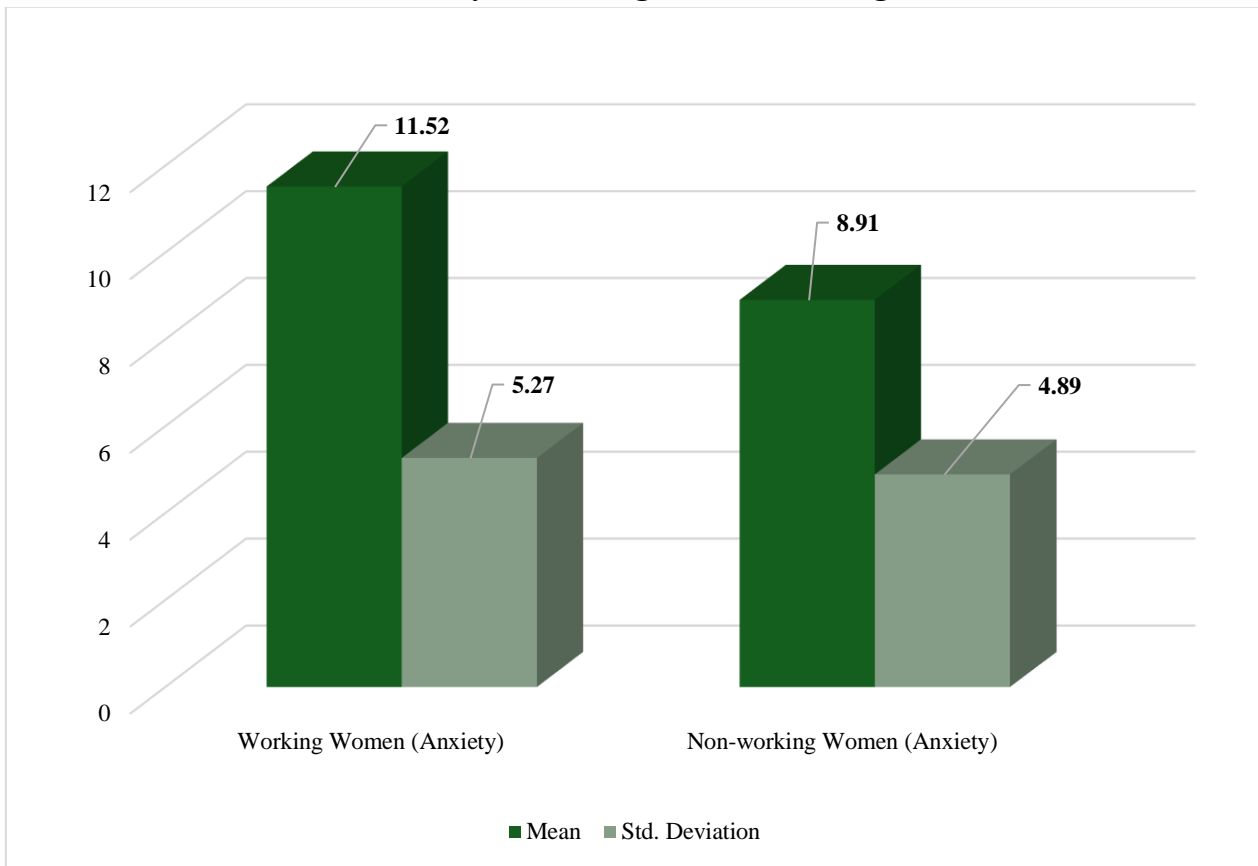
An independent samples t-test was conducted to compare stress levels between working and nonworking women. As shown in **Table 1** and **Figure 1**, working women (M = 20.91, SD = 8.09) reported significantly higher stress than nonworking women (M = 17.00, SD = 8.04), $t(398) = 4.85, p < .001$. Thus, Hypothesis 1, which predicted that working and nonworking women differ significantly in their levels of stress, was supported.

Table 2
Comparison of Anxiety Levels Between Working and Nonworking Women

Employment Status	N	Mean	Std Deviation	df	t-Stat	t Critical	p-value
Working Women (A1)	200	11.52	5.27	398	5.14*	1.97	p < 0.001
Nonworking Women (A2)	200	8.91	4.89				

* Significant at 0.001 level

Figure 2
Level of Anxiety of Working and Nonworking Women



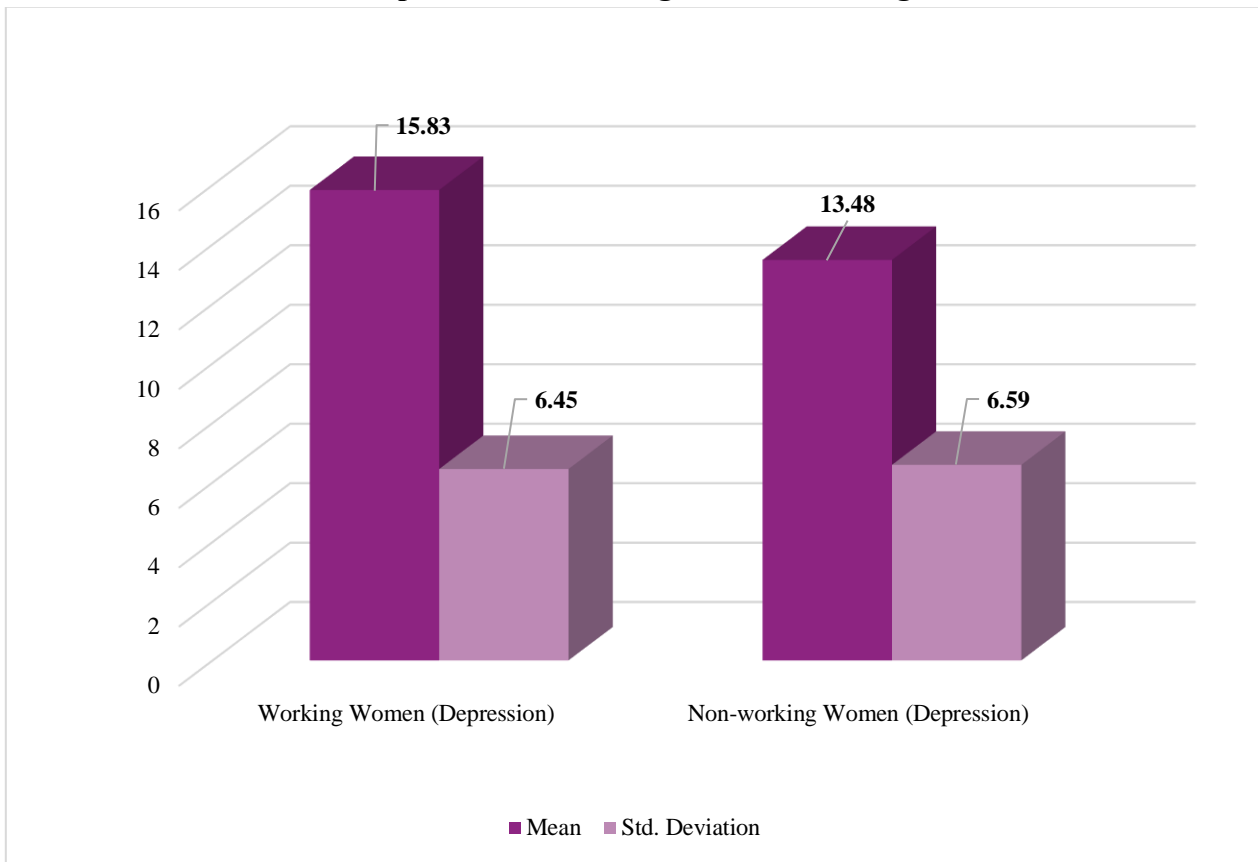
An independent samples t-test was conducted to compare anxiety levels between working and nonworking women. As shown in **Table 2** and **Figure 2**, working women ($M = 11.52$, $SD = 5.27$) reported significantly higher anxiety than nonworking women ($M = 8.91$, $SD = 4.89$), $t(398) = 5.14$, $p < .001$. Thus, Hypothesis 2, which predicted that working and nonworking women differ significantly in their levels of anxiety, was supported.

Table 3
Comparison of Depression Levels Between Working and Nonworking Women

Employment Status	N	Mean	Std Deviation	df	t-Stat	t Critical	p-value
Working Women (A1)	200	15.83	6.45	398	3.61*	1.97	p < 0.001
Nonworking Women (A2)	200	13.48	6.59				

* Significant at 0.001 level

Figure 3
Level of Depression of Working and Nonworking Women



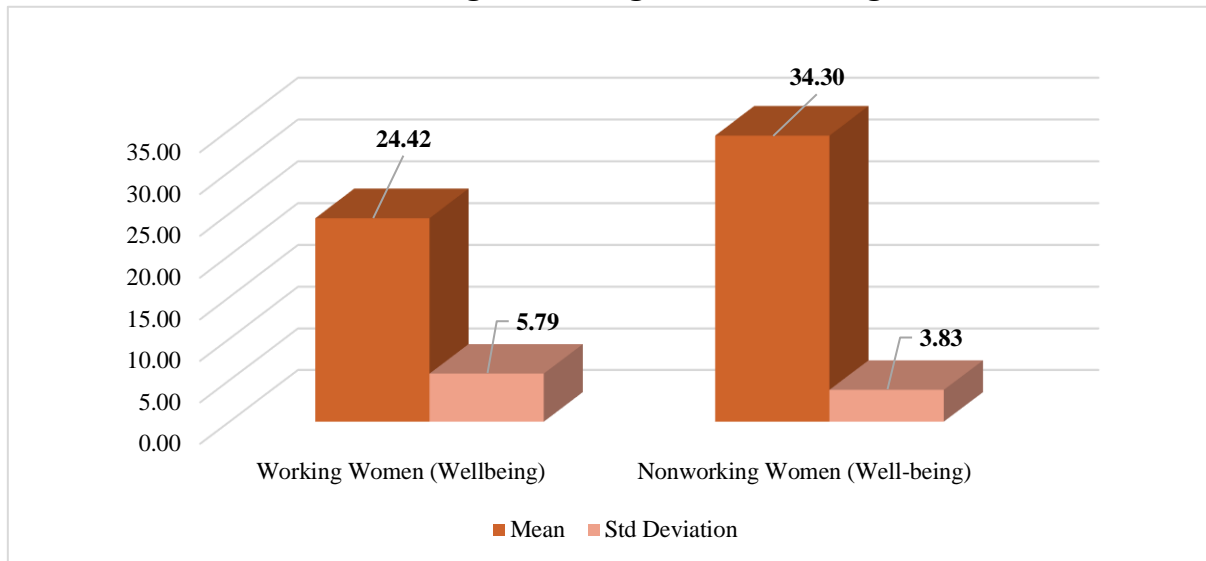
An independent samples t-test was conducted to compare depression levels between working and nonworking women. As shown in **Table 3** and **Figure 3**, working women (M = 15.83, SD = 6.45) reported significantly higher depression than nonworking women (M = 13.48, SD = 6.59), $t(398) = 3.61, p < .001$. Thus, Hypothesis 3, which predicted that working and nonworking women differ significantly in their levels of depression, was supported.

Table 4
Comparison of Wellbeing Levels Between Working and Nonworking Women

Employment Status	N	Mean	Std Deviation	df	t-Stat	t Critical	p-value
Working Women (A1)	200	24.42	5.79	398	20.13*	1.97	p < 0.001
Nonworking Women (A2)	200	34.30	3.83				

* Significant at 0.001 level

Figure 4
Level of Wellbeing of Working and Nonworking Women



An independent samples t-test was conducted to compare wellbeing levels between working and nonworking women. As shown in Table 4 and Figure 4, nonworking women ($M = 34.30$, $SD = 3.83$) reported significantly higher wellbeing than working women ($M = 24.42$, $SD = 5.79$), $t(398) = 20.13$, $p < .001$. Thus, Hypothesis 4, which predicted that working and nonworking women differ significantly in their levels of wellbeing, was supported.

REFERENCES

- Hinkle, L. E. (1987). Stress and disease: The concept after 50 years. *Social Science & Medicine*, 25(6), 561–566. [https://doi.org/10.1016/0277-9536\(87\)90080-3](https://doi.org/10.1016/0277-9536(87)90080-3).
- World Health Organization. (2000s/2010s). *Noncommunicable diseases: The health epidemic of the 21st century*. Geneva: World Health Organization.
- Cruess, D. G., Antoni, M. H., Kumar, M., & Schneiderman, N. (2000). Reductions in salivary cortisol are associated with mood improvement during relaxation training among HIV-seropositive men. *Journal of Behavioural Medicine*, 23(2), 107–122.
- Lang, P. J., Davis, M., & Öhman, A. (2000). Fear and anxiety: Animal models and human cognitive psychophysiology. *Journal of Affective Disorders*, 61(3), 137–159.
- Forrest, L., & Gilbert, M. S. (1992). Infertility: An unanticipated and prolonged life crisis. *Journal of Mental Health Counseling*, 14(1), 42–58.
- Renneberg, B., Schmidt-Rathjens, C., Hippin, R., Backenstrass, M., & Fydrich, T. (2005). Cognitive characteristics of patients with borderline personality disorder: Development and validation of a self-report inventory. *Journal of Behavior Therapy and Experimental Psychiatry*, 36(3), 173–182.
- Nelson, D. L., & Burke, R. J. (2000). Women executives: Health, stress, and success. *Academy of Management Executive*, 14(2), 107–121.
- Nolen-Hoeksema, S., & Girgus, J. S. (1994). The emergence of gender differences in depression during adolescence. *Psychological Bulletin*, 115(3), 424–443.
- Wilhelm, I., & Roy, M. (2003). Stress and cortisol secretion in daily life. *Psychoneuroendocrinology*, 28(6), 707–720.

10. Kim, I. J., Ge, X., Brody, G. H., Conger, R. D., Gibbons, F. X., & Simons, R. L. (2003). Parenting behaviors and the occurrence and co-occurrence of depressive symptoms and conduct problems among African American children. *Journal of Family Psychology*, 17(4), 571–583.
11. Abbott, D. A., Zelle, R. M., Pronk, J. T., & van Maris, A. J. A. (2008). Physiological and transcriptional responses to high concentrations of lactic acid in anaerobic chemostat cultures of *Saccharomyces cerevisiae*. *Applied and Environmental Microbiology*, 74(18), 5759–5768.
12. Kwan, C. M. L., Love, G. D., Ryff, C. D., & Essex, M. J. (2003). The role of self-enhancing evaluations in a successful life transition. *Psychology and Aging*, 18(1), 3–12.
13. Ryff, C. D., & Singer, B. (2003). Flourishing under fire: Resilience as a prototype of challenged thriving. In C. L. M. Keyes & J. Haidt (Eds.), *Positive psychology and the life well-lived* (pp. 15–36).
14. Lindfors, P., Berntsson, L., & Lundberg, U. (2006). Total workload as related to psychological well-being and symptoms in full-time employed female and male white-collar workers. *International Journal of Behavioral Medicine*, 13(2), 131–137.
15. Vleioras, G., & Bosma, H. A. (2005). Predicting change in relational identity commitments: Exploration and emotions. *Identity: An International Journal of Theory and Research*, 5(1), 35–56.
16. Schnyder, U., Büchi, S., Mörgeli, H., Sensky, T., & Klaghofer, R. (1999). Sense of coherence – A mediator between disability and handicap? *Psychotherapy and Psychosomatics*, 68(2), 102–110.
17. Hashmi, H. A., Khurshid, M., & Hassan, I. (2007). Marital adjustment, stress and depression among working and non-working married women. *Internet Journal of Medical Update*, 2(1), 19–26.
18. Brahmhatt, A., Rathod, D., Joshi, U., Khan, A., Teja, G. S., Desai, S., et al. (2024). Adapting and deploying a digital program for training non-specialist providers on a brief psychological intervention for depression in rural Gujarat, India. *PLOS Global Public Health*, 4(12), e0003967.
19. Khemaria, R., & Nagaich, R. (2020). Stress among working women: A study of dual role conflict. *International Journal of Research in Humanities and Social Studies*, 7(5), 1–6.
20. Parmar, P., Kumar, R., Neha, Y., & Srivatsan, V. (2023). Microalgae as next generation plant growth additives: Functions, applications, challenges and circular bio economy-based solutions. *Frontiers in Plant Science*, 14, Article 1073546.