

Short Communication

Life Satisfaction and Correlates among Working Women of a Tertiary Care Health Sector: A Cross Sectional Study from Delhi

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Abstract

Background: The dual role of women at home and workplace negatively impacts their quality of life. The health care system demands quality services and urbanization and globalization has increased the demands of every individual to lead a satisfactory life.

Objective: To find out the correlates of life satisfaction among working women of health sector.

Methods: A descriptive cross sectional study was conducted among women staff in campus of a tertiary care centre of New Delhi for a period of six months (2011-2012). A sample of 345 women was selected with equal representation from all departments of the institution. All participants were asked to complete modified pretested semi-structured Life Satisfaction Scale by Alam and Srivastava.

Results: Prevalence of overall satisfaction among working females in our study was 39.3%. Females were highly satisfied with their job but satisfaction level in Health and economic domain was low. Age, type of occupation, mode of transport, family type and income as compared to husband were the significant correlates of satisfaction level in different domains.

Conclusion: Satisfaction being a subjective feeling will only be attained in all domains once the stressors of life are reduced.

Keywords: Faculty; Predictors; Satisfaction; Staff; Tertiary health centre; Working women

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Introduction

Life Satisfaction (LS) is a subjective, cognitive evaluation of an individual's life as a whole [1]. Nowadays the relationship between psychological factors and somatic health has been a growing field of research interest [2,3]. Judgments regarding satisfaction depend on comparing life circumstances against a standard considered appropriate [4]. Women comprise nearly half of the national population of any country. Hence the development of any country is inseparably linked with the status of acquired supreme significances [5]. These modern life stresses are job security, not earning enough money, disagreement with colleagues and friends and lack of personal time. However there are many more which are region and culture specific. It is of utmost importance among working women of health sector as they have in-built job stress. This is partly because medical service involves taking care of other people's lives therefore mistakes or errors could be costly and sometimes irreversible. It is thus expected that the morbid worries and anxieties. Safe, effective, convenient and affordable medical and health services could be achieved through the establishment and improvement of basic healthcare systems. Theory and research from field outside of rehabilitation have suggested that LS is one factor in the more general construct of subjective well being [4]. Study conducted on Iranian women through self reporting questionnaires [6] and on among old age residents of Jammu [7] have revealed the various domains of life satisfaction as health, economic, personal, social, family and job satisfaction. The process of adjustment also by its inherent nature involves active coping with internal and external satisfaction and dissatisfaction. Socio demography of an individual has been identified as an important predictor of life satisfaction and quality both by a study conducted in Northern Cyprus [8] and Poland [9]. Studies across India have been conducted among different working class women or on post menopausal women. So far, there is a paucity of literature focusing on correlates of satisfaction among health care sector females. The present study is first of its kind in an attempt to report the prevalence of life satisfaction and its socio demographic correlates among working women of health sector. Besides this, the present study also aims to report the domain specific associations with various socio demographic variables.

Methodology

Study design and study population

A Cross Sectional study was conducted among women staff in campus of tertiary care hospital and attached medical college of Delhi. The minimum sample size calculated to study the prevalence and correlates of life satisfaction among women in health sector came out to be 315 at 95% confidence interval (taking prevalence in females from literature as 27%) [10]. To account for non response of 10% we approached 347 working professional and paramedical staff women for a period of six months (September 2011 to June 2012) of which 345 women agreed to participate in the study.

Inclusion Criteria

All who consented and were willing to participate were included.

Exclusion Criteria

Women who were on medications for any diagnosed chronic medical illness, mental illness, or unable to respond were excluded.

Ethical clearance permission

Necessary permission to conduct the study was obtained from the concerned authority. Written informed consent were obtained from the respondents after explaining the nature and objectives of the study. The study was approved by the Institutional Review Board and Institutional ethical committee.

Study tool

Data was collected by face to face Interview method using modified pretested semi-structured Life Satisfaction Scale (L.S.S) by Alam and Srivastava [11].

The semi-structured questionnaire included 2 sections:

1. Demographic profile: It contained information on age, sex, education, occupation, income of the respondent.
2. Adapted version of modified Life Satisfaction Scale (L.S.S) - Alam and Srivastava including questions on various domain of life satisfaction

The fifty items related to five areas of life viz. Health, Personal, Economic, Social and Job was taken from the scale. Satisfaction in each of the domains' responses were scored using five-point Likert's scale with responses including; always, most of the time, sometimes, rarely, never. Where positive responses were expected, scores of 5, 4, 3, 2 and 1 were given for always, most of the time, sometimes, rarely and never responses respectively. On the other hand, in questions where negative responses were expected, scores of 5, 4, 3, 2 and 1 were given for never, rarely, sometimes, most of the time and always responses respectively. The scores in each of the domain were added up and the minimum and maximum score was identified. Thereafter, for each study participant each domain's total score was used to calculate percentage scores.

The adapted version was pretested on 25 random adult working females who were not from the same study area. Any discrepancy and difficulty faced was dealt with by the experts of the domain.

Data collection

The list of women employees from the 19 clinical and para clinical departments of the teaching hospital wise was sought from the

administrative section of the institute. For equal distribution of sample across all the departments it was calculated to contribute 18 female staff from each. In departments where there were less than required females all the females were approached for the purpose of the study. In case number of females exceeded from require in any department sample was selected through simple random sampling using random number table.

The study purpose was explained to all eligible participants and informed consent was obtained from all who were willing to participate. In case the selected participants did not match inclusion criteria, the next available staff was approached. The interns posted in our department distributed the questionnaires to the eligible participants and get it filled in their working places. After collecting the questionnaires they were checked by investigators for completeness. Following completion, results of each participant was revealed to them.

Data and statistical analysis

The data were analyzed using IBM SPSS 21.0. Armonk, NY: IBM Corp. Percentage scores were presented as mean and standard deviation. The mean scores of satisfaction in each domain are stratified into various socio demographic variables. ANNOVA was applied to test the significant difference of the mean scores among variables with more than two groups. Independent 't' test was applied to test the significant difference between two groups of a variable. A further analysis using post hoc Tukey's Honest Significant Difference (HSD) test was applied to the correlates with $p < 0.05$ on ANNOVA. Level of significance was set at 5%.

Results

The profile of women working in health sector shows that majority (45.5%) were of middle age group (31-45 years) and married (68.4%). Around 78% lived in a nuclear family and 51.3% had children; majority (61.6%) having two. Around 63% used public transport while commuting. The proportion of female staff who reported high level of satisfaction in all the domains was 39.4%.

The maximum mean score percentage in each domain was 100 which represent maximum level of dissatisfaction in social, economic, personal and health domains. The higher mean score in job domain represent high level of satisfaction. Overall economic dissatisfaction mean score percentage was higher as compared to other domains (64.15±14.66); job and health domains scored higher in satisfaction level. The mean percentage score of satisfaction in various domains are distributed across various socio demographic variables (Table 1).

Total (345)	Economic	Pvalue	Personal	Pvalue	Social	Pvalue	Job	Pvalue	Health	P value
	64.15±14.66		63.15±13.16		58.87±9.74		63.26±16.55		36.37±28.08	
Age groups (years)										
18-30 (125)	66.93±16.26	<0.01	63.54±12.50	<0.001	58.70±9.55	0.7	59.06±16.53	<0.001	36.60±28.32	0.88
31-45 (157)	64.01±13.67		61.51±13.50		59.32±9.89		63.26±16.31		35.66±26.58	
46-60 (63)	58.99±12.27		66.44±13.12		58.13±9.83		71.56±14.09		37.69±31.47	
Mode of transport										
Public-216	64.58±14.54	0.01	63.09±12.79	0.02	59.31±9.45	0.19	62.11±14.12	0.09	37.78±28.99	0.19
Private-119	62.32±14.79		62.55±14.16		57.77±10.29		64.56±20.45		34.97±26.77	
Walking-10	76.66±8.61		71.43±0.00		62.50±8.33		72.50±8.83		22.50±19.36	
Occupation type										
Unskilled-20	76.67±13.67	<0.001	68.57±14.36	0.01	63.75±10.65	0.02	66.25±9.54	0.13	35.62±27.29	0.09

Skilled-46	61.23±13.63		66.77±12.07		55.71±6.29		67.39±13.12		26.63±31.25	
Clerical-74	62.39±13.81		64.29±12.11		58.61±9.24		64.30±14.43		38.00±27.79	
Professional-205	64.22±14.74		61.39±13.38		59.20±10.27		61.66±18.26		38.04±27.26	
Marital status										
Married-236	63.49±14.44	0.27	63.32±13.18	0.06	58.52±9.76	0.5	63.20±16.21	1	38.45±28.69	0.22
Un married-83	66.66±15.62		63.17±12.84		60.09±10.22		63.35±15.77		32.07±27.41	
Separated-21	61.11±14.27		61.90±14.52		58.92±8.04		63.49±23.34		32.73±19.95	
Divorced-5	66.67±0.00		60.00±15.65		55.00±6.84		63.33±17.28		25.00±34.23	
Type of family										
Nuclear-268	64.12±15.15	0.92	58.26±9.18	0.03	64.07±12.70	0.02	64.73±16.55	<0.001	34.33±28.22	0.01
Joint-77	64.28±12.88		61.03±11.28		59.93±14.29		58.12±15.59		43.51±26.56	
Off springs										
Yes-177	62.24±13.44	0.01	64.57±13.28	0.04	58.68±10.04	0.71	64.92±15.50	0.06	38.77±27.83	0.1
No-168	66.17±15.63		61.65±12.91		59.07±9.44		61.51±17.47		33.85±28.21	
Income										
More than husband-270	58.95±10.32	<0.001	63.12±13.43	0.95	58.75±9.60	0.65	65.58±15.96	<0.001	36.25±28.72	0.87
Less than and equal to husband-75	82.88±12.54		63.24±12.24		59.33±10.29		54.89±16.04		36.83±25.82	

Table 1: The mean percentage score of satisfaction in various domains are distributed across various socio demographic variables.

Economic and personal un-satisfaction was observed to be significantly ($p < 0.01$) higher among younger age groups (18-30 years). Middle aged females (31-45 years) reported significantly higher level of job satisfaction as compared to other groups ($p < 0.001$). Economic dissatisfaction increased as the mode of transport changed from private to public to walking ($p < 0.01$). However, health dissatisfaction showed an insignificant inverse trend as the mode of transport changed from private to public to walking. Social dissatisfaction among study participants showed a significant distribution with occupation ($p = 0.02$). It was observed to be highest among unskilled workers and less among skilled staff. Personal and economic un-satisfaction was observed to be highest among skilled and professional staff as compared to other groups ($p < 0.01$). Marital status otherwise did not have significant effect on any of the domains of satisfaction. A significantly higher mean percentage satisfaction was observed in personal and job domain among those who lived in nuclear families ($p < 0.001$). Participants from joint families however, reported a higher social satisfaction ($p = 0.03$) but dissatisfaction in other domains compared to those from nuclear families. Participants who had children reported a lower level of un-satisfaction in economic and higher personal dissatisfaction as compared to those who did not have. Income equal to husband gave a higher economic dissatisfaction ($p < 0.001$) and higher job satisfaction ($p < 0.001$) to the participants as compared to those with higher income than husband (Table 1).

A further analysis using post hoc Tukey's HSD analysis on independent variables with significant ANOVA results in different domains revealed that the pair wise significant difference was observed with higher social dissatisfaction among unskilled as compared to skilled workers ($p = 0.011$). Unskilled workers also scored significantly higher in economic dissatisfaction as compared to all other types of occupation groups. The pair wise difference among age groups was observed to be significant job satisfaction in higher age group as compared to middle ages and young age group ($p = 0.000$). Middle age workers scored significantly higher in un-satisfaction in personal domain as compared to higher age group ($p = 0.032$). Economic dissatisfaction was higher ($p = 0.001$) among younger age group (18-30 years)

as compared to higher age group (46-60 years). Mode of transport and occupation did not yield any significant pair wise comparisons in personal satisfaction domain. Those preferring walking as a mode of transport scored significantly higher on economic un-satisfaction as compared to public ($p = 0.028$) and private transport ($p = 0.008$) (Table 2).

Discussion

Females support both formal and informal sectors both directly and indirectly. Women are undertaking dual role of homemaker and a worker outside home. Health sector is one area where contribution of women is immense. Satisfaction with life plays a substantial role in actual physiological and psychological health and well-being of individual. If an employee is satisfied in all the spheres of his/her life the productivity increases and absenteeism decreases and this in turn increases the quality of care provided by the health care providers.

Satisfaction is a way a person perceives how his or her life has been and how they feel about where it is going in the future i.e., a measure of wellbeing [2]. Our study focused on health sector which involves odd and long working hours and dealing with human diseases and lives hence is one of the possible reasons for the higher proportion of stress in this group [12]. The overall satisfaction scores was high in job and health domain of participants of our study. Also economic satisfaction remained the lowest. Working in a health sector gives a sense of security in terms of feasibility of health care seeking behavior. Among females medical profession is the most sought after professions and those possessing it are observed to be satisfied with it. A similar finding of higher proportion of job satisfaction was reported by health professionals of Saudi Arabia [13].

Across all the domains of life measured; age, type of occupation and mode of transport to and from work emerged as significant predictors of satisfaction. Lack of satisfaction may be reflected in lack of adjustment in either of the areas identified earlier herein. Young age females were economically and personally unsatisfied as compared to higher age groups. This finding was supported by women from Jammu and Kashmir and United Arab Emirates [10-14]. Age is an

Independent Variable Category	Independent Variable Category	Difference in Scores of Both Categories		Difference in Scores of both Categories		Difference in Scores of both Categories	
		Social Domain		Personal Domain		Economic Domain	
Occupation type (I)	Occupation type (J)	I-J	P value	I-J	P value	I-J	P value
Unskilled	Skilled	8.04*	0.01	1.8	0.95	15.43*	<0.01
	Clerical	5.13	0.15	4.28	0.55	14.27*	<0.01
	Professional	4.54	0.18	7.17	0.08	12.43*	<0.01
Skilled	Unskilled	-8.04*	0.01	-1.8	0.95	-15.43*	<0.001
	Clerical	-2.9	0.37	2.48	0.73	-1.15	0.97
	Professional	-3.5	0.11	5.37	0.05	-2.99	0.57
Clerical	Unskilled	-5.13	0.15	1.8	0.55	-14.27*	<0.01
	Skilled	2.9	0.37	4.28	0.73	1.15	0.97
	Professional	-0.59	0.96	7.17	0.35	-1.84	0.78
Professional	Unskilled	-4.54	0.18	-1.84	0.08	-12.43*	<0.01
	Skilled	3.5	0.11	2.48	0.05	2.99	0.57
	Clerical	0.59	0.96	5.37	0.35	1.84	0.78
Age groups (I)	Age group (J)	I-J	P value	I-J	P value	I-J	P value
18-30	31-45	-4.2	0.07	2.03	0.39	2.92	0.21
	46-60	-12.49	<0.001	-2.89	0.32	7.93*	<0.01
31-45	18-30	4.2	0.07	-2.03	0.39	-2.92	0.21
	46-60	-8.29*	<0.001	-4.92*	0.03	5.01	0.05
46-60	18-30	12.49*	<0.001	2.89	0.32	-7.93*	<0.01
	31-45	8.29*	<0.01	4.92*	0.03	-5.01	0.05
Mode of Transport (I)	Mode of Transport (J)	I-J	P value	I-J	P value	I-J	P value
Public	Private	0.55	0.92			2.25	0.36
	Walking	-8.33	0.12			-12.08*	0.02
Private	Public	-0.55	0.92			-2.25	0.36
	Walking	-8.88	0.1			-14.34*	<0.001
Walking	Public	8.33	0.12			12.08*	0.02
	Private	8.88	0.1			14.34*	<0.01

Table 2: Domain wise Tukey HSD test showing effect of various factors on satisfaction of women.

*HSD: Honest Significant Difference

important moderator of effect of marital status, income, health and social support upon LS. Contrasting non significant association with age was reported by Jadhav et al., among working women from Karnataka [15]. In our study setting scenario older and more years of experience one has; they secure a permanent or regular job. This is consistent with many studies that demonstrated that young and presumably less experienced staff has difficulties coping with the demands of work hence less satisfied [10,16-18].

An obvious level of dissatisfaction was observed among unskilled staff of health sector probably related to level of education they have attained. This may be because highly educated people tend to land better jobs with higher pay and prestige, and consequently have higher self-esteem [10].

Those using private vehicles for transporting to and from work reported economic high level of satisfaction as compared to those using public transport. A high level personal satisfaction was also observed but not significant in post hoc analysis. Commuting in public transport increases the level of stress due to tiredness in travelling long distances, standing for long and a constant fear of reaching safely at their destination in metropolitan cities like Delhi [10]. Mode of transport is not an independent predictor of satisfaction. Travelling in private

transport gives a sense of self esteem among those who can afford; but no significant level of satisfaction in other domains was observed.

Women who resided in joint families were satisfied socially but personally unsatisfied. Family acts as a social security and joint families have an advantage over nuclear families in sharing responsibilities hence providing higher level of social security leading to satisfaction [19]. Joint families provide economic security to those who are dependent on earning member; but on the cost of personal and job satisfaction. To maintain a work home balance a working female in a joint family cannot look after her health leading to high level of dissatisfaction in health domain. The attempt of working women to integrate, organize and balance personal and professional responsibilities in their different roles simultaneously results in lack of satisfaction.

Those having children reported significant level of economic satisfaction but personal un-satisfaction. However, a study on US pediatricians reported higher proportion of female pediatricians with children but this was not a factor in satisfaction [20]. Those earning more than their husbands reported significant higher economic as well as job satisfaction as they contributed more in their family and probably a higher status at workplace too.

Our study represents a small cross-section of the population confined to only working women of tertiary care health sector in a developing country, which is one of the limitations. The fact that there is no control group does compromise the results and the L-S scale though validated on Indian population was not specifically validated on working women of health sector, but the results show positive trends. Future projects with larger samples with a robust methodology representing all categories of the population are on the way.

Conclusion and Recommendation

To conclude, the health sector females have lower economic and personal satisfaction, interestingly, they have higher job satisfaction. This sector involves dealing with people, their health and diseases. It sometimes consumes most of the time which a female may utilize for personal life and also in maintaining work life balance. Hence satisfaction in one domain is achieved on the cost of other. Even though tentative conclusions could be drawn, further investigations determining causality of the observed associations are warranted. Still, monitoring life satisfaction among aging women is a field of research. A potential modification of the modifiable factors is recommended as they may lead to the improvement of subjective well being of working women.

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