



Workplace Stress and Mental Health Challenges among Working Women

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Abstract: Workplace stress and mental health issues specific to women have been on the rise in recent decades, coinciding with a marked increase in women's labour force involvement. This research delves into the many aspects of workplace stress experienced by women in various professions, including its causes, effects, and methods of coping. Using a combination of standardised stress and mental health questionnaires and semi-structured interviews, data was gathered from 200 participants using a mixed-methods approach. The most common causes of stress, according to the research, were an excessive workload, an unbalanced work-life relationship, gender bias, and a lack of support from inside the organisation. Married women who are also responsible for child care reported significantly greater levels of stress, burnout, and emotional tiredness compared to the overall participants. Organisational treatments are still limited and inconsistent, the report notes, in contrast to personal coping techniques including yoga, meditation, and family support. Workload and stress levels are positively correlated, according to statistics, highlighting the critical need for immediate and effective workplace changes. In order to create healthier and more inclusive workplaces, the research highlights the significance of policies that are attentive to gender dynamics, flexible work arrangements, and easily available mental health support networks for working women. These factors contribute to their well-being and productivity.

Keywords: Workplace, Stress, Mental Health, Working Women

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INTRODUCTION

Traditional gender norms are slowly changing in emerging nations like India as a result of the fast expansion of the service sector, globalisation, and industrialisation in the last several decades. This has led to a dramatic increase in the number of women working around the world. This advancement is a huge step in the right direction, but it has also brought many new problems, such stress and mental health issues in the job, that women face in professional settings (Basu, S. 2018). Stress in the workplace, which can be described as negative physiological and psychological reactions that happen when an employee's needs and the expectations of their job are out of sync, is being more and more acknowledged as a major problem that affects both productivity and long-term mental health (Zhang, N. 2018). Social and cultural conventions, as well as the added pressure of juggling professional and family obligations (such as child and elder care, housekeeping, and childcare) may make these already difficult situations much worse for working women. The persistent challenges that women face, including long working hours, gender discrimination, harassment at work, a lack of organisational support, and unequal career advancement opportunities, make them more susceptible to stress-related illnesses like anxiety, depression, exhaustion, and burnout, according to research (Quick, J. C. 2017). Working women, in contrast to males, often face role conflict, in which their personal and professional lives are at odds with one another, leading to emotions of shame, emotional weariness, and inadequacy. To make matters worse, many organisations still have inadequate or

stigmatised mental health support systems, which discourage women from getting professional treatment for their mental health issues (Rosen, C. C. 2013).

Working women already had it tough with the double whammy of distant work and family duties before the COVID-19 epidemic hit, and many were even more overwhelmed by the stress it had on their emotional resilience. Stress in the workplace has far-reaching effects on women's health and happiness, as well as on organisational outcomes including turnover, performance reviews, and employee satisfaction (Beutell, N. J. 1985). Designing successful solutions at both the organisational and policy levels requires a thorough understanding of the nature and amount of stress among working women. Finding out what makes working women so stressed out, how that stress affects their mental health, and what strategies they use to deal with it are the goals of this research. The research seeks to offer a holistic view of the experiences of working women in several professional sectors by utilising a mixed-methods approach that combines quantitative evaluation through standardised instruments with qualitative insights from interviews (Folkman, S. 1984). Organisations should integrate organised mental health support systems, promote flexible work arrangements, and execute gender-sensitive workplace changes as soon as possible, according to this study's projected findings (Smita, J. 2004).

METHODOLOGY

Research Design

The current study investigates the characteristics, origins, and effects of stress in the workplace on working women through the use of a descriptive and analytical research strategy. Anxiety, sadness, and burnout are some of the psychological effects of stress, and the analytical part of the study aims to determine the connections between the various stressors and these effects. To get a full picture of the problem, researchers used a mixed-methodologies strategy that included quantitative and qualitative methods. Structured questionnaires and standardised scales were utilised in the quantitative portion of the study, whilst semi-structured interviews offered valuable insights into the real-life experiences of working women in the qualitative portion.

Population and Sampling

Working women from a variety of backgrounds and occupations were the focus of this study. These included companies, schools, hospitals, government agencies, and nonprofits. We utilised a stratified random sample approach to make sure that we have representatives from all kinds of professions, as mental health disorders and stress in the job might manifest differently depending on your industry. Two hundred people were polled, with groups formed based on age, marital status, and the nature of the respondents' jobs. Meaningful comparisons across subgroups were made possible and variety was assured. In order to gather in-depth personal accounts of individuals' experiences with stress and coping mechanisms, qualitative interviews also made use of purposeful sampling.

Data Collection Methods

We used primary and secondary sources to compile our data.

1. **Primary Data:** A self-administered questionnaire including questions on demographics, signs of stress at work, and mental health evaluation tools was used to gather quantitative data. For the sake of uniformity of measurement, the questionnaire was constructed utilising Likert-scale replies. Twenty individuals also participated in semi-structured interviews to learn more about their subjective experiences, stressors, and ways of coping.
2. **Secondary Data:** To provide the groundwork for the study and back up the interpretation of results, we looked at scholarly articles, books, government documents, and organisational surveys. Finding research gaps was another benefit of using this secondary data.

Research Instruments

The use of standardised instruments guaranteed the validity and dependability of the results. In order to gauge how stressed out people felt, researchers utilised the Perceived Stress Scale (PSS). Meanwhile, symptoms of anxiety, sadness, and emotional distress were measured using the General Health Questionnaire (GHQ-12). Also collected were characteristics like age, marital status, education level, job description, and hours worked via a self-made demographic questionnaire. The qualitative data was gathered using an interview guide that included free-form questions meant to elicit detailed, uninhibited responses from participants.

Data Analysis Techniques

We used quantitative and qualitative methods to examine the data we gathered. In order to process the quantitative data, it was entered into statistical software. Statistical tools like frequency, mean, and standard deviation were employed to display the demographic profile and overall stress levels. We used inferential statistics like t-tests, ANOVA, and correlation analysis to look for differences and correlations between things like marital status, industry of work, and stress levels. We also used regression analysis to find out what factors were most important in determining the mental health results. Using a thematic analysis technique, we classified and categorised interview transcripts into categories such "work-life imbalance," "organisational support," "gender discrimination," and "coping strategies" to present our qualitative findings. The study's conclusions were enhanced by integrating numerical patterns with nuanced human experiences using this dual method.

RESULTS

Here we show the results of the quantitative and qualitative analyses that were run on the data that was gathered from 200 working women from various industries. A demographic profile, stressors, their effects on mental health, ways of dealing with stress, and statistical analysis of key associations make up the results.

Demographic Profile of Respondents

When studying the effects of stress on mental health in the workplace, it is essential to get a feel for the demographics of the people who took the survey. Age, marital status, family obligations, level of education, and industry of employment are just a few of the variables that can affect the perception and

management of stress. Two hundred working women from different professions in metropolitan India made up the sample for this research. The detailed demographic information of the respondents is included in Table 3.1.

Table 1: Demographic Characteristics of Respondents (N = 200)

Variable	Category	Frequency (n)	Percentage (%)
Age Group	21–30 years	70	35%
	31–40 years	80	40%
	41–50 years	40	20%
	Above 50 years	10	5%
Marital Status	Unmarried	60	30%
	Married (with children)	90	45%
	Married (without children)	30	15%
	Divorced/Widowed	20	10%
Educational Level	Graduate	70	35%
	Postgraduate	90	45%
	Doctorate/Professional	40	20%
Sector of Employment	Corporate/IT	70	35%
	Education	50	25%
	Healthcare	40	20%
	Government/Other	40	20%
Work Experience	Less than 5 years	50	25%
	5–10 years	70	35%

	11–20 years	60	30%
	Above 20 years	20	10%

An examination of the demographic statistics shows a number of noteworthy trends. The age range of 31–40, which includes the majority of respondents (40%) and is characterised by the overlap of career and family duties, is especially susceptible to stress. In the early phases of their professions, when obstacles including excessive working hours, job uncertainty, and professional establishment are important stresses, 35% of the sample consisted of women aged 21–30. A decreased share of senior women professionals in the workforce was reflected in the fact that just 5% of participants were above 50 years old. Sixty percent of those who took the survey were married, and nearly half of those people had children. Managing household tasks with professional duties generally contributed to heightened stress levels, and this subgroup reported more exposure to work-family conflict. Women who were not married nor had children reported significantly lower stress levels, but they nonetheless endured substantial pressures at work due to factors including gender prejudice and performance expectations. A smaller but significant group dealing with distinct social and emotional issues was brought to light by the 10% divorced or widowed category.

The breakdown of respondents' educational backgrounds shows that 45% were postgraduates, 35% were graduates, and 20% were doctorates or professionals. Corporate, healthcare, and academic workers tended to have higher qualifications, which is in line with what these industries require. A higher proportion of women in professional and postgraduate roles reported using awareness-driven coping mechanisms, including counselling and organised stress-management programs, as an indicator of their level of education. The corporate/IT industry, which is notorious for heavy workloads, cutthroat workplaces, and tight deadlines, employed the highest percentage of respondents (35%). Women commonly had difficulties in the education sector (25%) because to inadequate salary, administrative pressure, and stress connected to students. Due to lengthy shifts, emotional strain, and significant responsibility, 20% of healthcare workers—including physicians and nurses—reported extremely high levels of job-related stress. Even while the government/other sector (20%) group had higher job security overall, they nevertheless faced stress due to bureaucratic inefficiencies and task imbalance.

looking at the distribution of years of experience in the workforce reveals that 35% of respondents had 5–10 years of experience and 30% had 11–20 years. This puts these people in the middle of their careers, just where the demands are usually at their highest. Anxieties over job security and adjusting to new company culture were common among women with fewer than five years of experience (25%). Stress levels were somewhat lower among women with over 20 years of experience (9%), which may be attributable to factors including seniority, job security, and established coping strategies.

Sources of Workplace Stress

Organisational, professional, and personal elements interact with gender norms and society expectations in

a way that is specific to working women, leading to workplace stress. The purpose of the study was to determine, for women working in various fields, what factors contribute most to their stress levels. On a scale from high to low, respondents were asked to assess the relative importance of several factors that contributed to their stress at work. Table 3.2 displays the results that were summarised.

Table 2: Sources of Workplace Stress Among Working Women (N = 200)

Source of Stress	High (%)	Moderate (%)	Low (%)
Workload and Tight Deadlines	65	25	10
Work–Life Imbalance	58	30	12
Gender Discrimination/Harassment	42	28	30
Lack of Organizational Support	55	32	13
Job Insecurity	48	27	25
Limited Career Advancement	40	35	25
Long/Irregular Working Hours	52	28	20

According to the statistics, 65% of respondents rated workload and tight deadlines as a major contributor to stress, making it the single most important stressor. Performance pressure, multitasking, and unreasonable expectations are prevalent in the business, IT, and healthcare industries, and this reflects their rising needs. For women in the middle of their careers, particularly those who are also caring for families, the relentless pressure to meet professional and personal obligations can lead to emotional burnout. The second-highest stressor, according to 58% of respondents, was an imbalance between work and personal life. Because of the unique challenges they faced juggling work and home obligations including child and elder care, married women with children were disproportionately impacted. Previous research has shown that women are more prone than males to endure overlapping work and household pressures, and this double load exacerbated feelings of guilt and role conflict.

While 28% rated it as moderate, 42% rated it as a high stressor due to gender harassment and discrimination. People in both the private and public sectors who took the survey spoke about their experiences with discrimination, equal pay, and subtle prejudice in decision-making, as well as with being passed over for promotions. In male-dominated workplaces, healthcare workers also experienced disrespect and harassment. This proves that working women continue to face widespread gender-based obstacles, which greatly exacerbate mental health issues.

Moreover, 55% of respondents cited a lack of organisational support as a significant source of stress.

Respondents highlighted the lack of flexible work options, restricted access to mental health counselling, and poor maternity leave policies as significant factors. Stress and dissatisfaction at work were common outcomes for women because they did not feel supported when they dealt with family crises or tried to negotiate more flexible work schedules.

Layoffs, contract work, and unpredictable market circumstances are commonplace in the business and service sectors, where 48% of workers cited job uncertainty as a major stressor. Women in their twenties and thirties expressed worry about losing their employment owing to poor performance, while women in the middle of their careers voiced similar fears about being demoted or reorganised from senior positions.

Forty percent of women, particularly those in management positions, reported feeling stressed due to a lack of job progression prospects. Despite having the same level of education and experience as their male coworkers, respondents said that gender preconceptions and office politics caused them to advance at a slower rate. Finally, 52% of participants cited lengthy or irregular working hours as a major source of stress. This was especially true in the healthcare and IT industries, where night shifts, overtime, and unexpected work schedules made it difficult to plan for family time and get enough sleep.

Impact on Mental Health

We used the General Health Questionnaire (GHQ-12) and other self-reported variables to look at how stress in the workplace affects mental health. The results show that working women had a higher rate of mental health issues including anxiety, sadness, burnout, and sleep problems. In addition to demonstrating the severity of stress in the job, these findings also show how stress in the workplace, family obligations, and gender-specific obstacles all add up.

Table 3: Prevalence of Mental Health Challenges (N = 200)

Mental Health Indicator	Mild (%)	Moderate (%)	Severe (%)	Total Affected (%)
Anxiety Symptoms	25	40	20	85
Depression Symptoms	30	32	18	80
Burnout/Exhaustion	20	42	28	90
Sleep Disturbances	22	35	18	75
Emotional Irritability	28	38	17	83

Burnout and anxiety were shown to be the most important effects of professional stress, and the results show that working women have a high incidence of mental health difficulties.

- **Anxiety Symptoms:** Anxiety was reported by 85% of respondents, with 40% reporting moderate

anxiety and 20% reporting severe anxiety. Major stressors, according to respondents, include having to multitask all the time and worrying that they won't do enough. Those in corporate and IT jobs, as well as younger women (21–30 years old), reported greater levels of anxiety, which may be a result of the intense pressure to perform well in such settings.

- **Depression Symptoms:** Eighty percent of the people who took part in the study reported feeling down, and 18% said they were very depressed. It was especially bad for women who were already fighting discrimination based on their gender and for a work-life balance. Women who are married and have children may experience emotional exhaustion, low self-esteem, and guilt when they fail to satisfy the demands of both their families and their careers. As a result, they may be more prone to depression.
- **Burnout and Exhaustion:** The majority of responders (90%) experienced burnout, with 28% reporting extremely high levels of burnout. Emotional tiredness was more common among educators and healthcare professionals, who frequently work irregular or long hours. A lack of emotional investment, diminished drive, and mental exhaustion were all symptoms that respondents attributed to long-term stress.
- **Sleep Disturbances:** Seventy-five percent of those who took part in the study reported having trouble sleeping, with 18% reporting very severe insomnia or irregular sleep patterns. Some women said that their biological cycles were interrupted because of shift work in nursing or information technology support, while others said that their anxiety about upcoming chores or family responsibilities made it difficult for them to sleep.
- **Emotional Irritability:** Anxieties, mood swings, and lack of patience were mentioned by 83% of the participants, particularly when it came to juggling work and household duties. Conflicts among families or poor work relationships typically resulted from this emotional pressure, exacerbating mental health issues.

Table 4: Mental Health Challenges by Marital Status

Mental Health Challenge	Unmarried (%)	Married with Children (%)	Married without Children (%)	Divorced/Widowed (%)
Anxiety (Moderate/Severe)	52	76	61	68
Depression (Moderate/Severe)	48	72	55	70
Burnout (Moderate/Severe)	58	80	63	74

Stress, despair, and burnout were most prevalent among married women with children (76%), according to the cross-analysis. Their stress levels were high since they had to juggle work and housework. Unmarried women, on the other hand, reported lower stress levels owing to less family duties, although encountering

employment pressure (52% anxiety, 48% sadness). Isolation and financial burdens contributed to high stress levels and sadness among women who had been through a divorce or widowhood (70%).

Table 5: Mental Health Challenges by Employment Sector

Sector of Employment	Anxiety (Moderate/Severe %)	Depression (Moderate/Severe %)	Burnout (Moderate/Severe %)
Corporate/IT	75	65	78
Education	62	58	72
Healthcare	80	70	85
Government/Other	55	50	60

Distinct disparities in mental health outcomes are shown by sectoral analysis. Because of their high stress levels, long hours, and responsibility for the well-being of their patients, healthcare workers had the highest rates of anxiety and burnout. As a result of high expectations for performance and cutthroat work settings, 75% of women in the business and information technology sectors experience anxiety, and 78% report burnout. Due to administrative demands and heavy workloads, a large percentage of educators reported significant levels of burnout (72%). Probably as a result of more consistent work schedules and job security, stress levels were lower in the public and non-profit sectors.

Coping Mechanisms Adopted by Working Women

In order to keep their mental health and job performance intact in the face of professional stress, working women naturally turn to a variety of coping mechanisms. Organisational assistance (such counselling services, flexible work arrangements, or supportive supervisors) and individual efforts (like exercise, meditation, or time management) are both reflected in coping techniques. As part of our research, we asked participants to name the methods that help them cope with stress the most. In Table 3.6 you can see the results.

Table 6: Coping Mechanisms Adopted by Working Women (N = 200)

Coping Mechanism	Frequently Used (%)	Occasionally Used (%)	Rarely Used (%)
Talking to Family/Friends	70	20	10
Engaging in Exercise/Physical Activity	52	28	20

Meditation/Spiritual Practices	45	32	23
Seeking Social Support at Workplace	40	35	25
Professional Counseling/Therapy	22	30	48
Time Management/Work Planning	60	25	15
Taking Leave/Short Breaks	48	30	22

Reporting a frequency of usage of 70%, chatting to family and friends is the coping method most commonly used by working women. This highlights the significance of having solid support systems outside of work, such as social networks and emotional networks. During difficult times, women found comfort and relief in sharing their stories with loved ones, whether it be parents, husbands, or close friends. Time management and job planning was the second most common coping approach, with 60% of users regularly using it. Respondents reported feeling less overwhelmed when they divided large activities into smaller ones, set priorities, and stuck to structured timetables. Stress from meeting deadlines and juggling several tasks decreased as a result of women's improved ability to plan ahead and strike a better work-life balance.

Over half of those who took the survey reported that exercise or physical activity helped them deal with stress on a regular basis. Exercises like yoga, running, or going to the gym not only boost physical health but also lower stress hormones and increase mood, according to several participants. Interestingly, spiritual activities were more common among older women, whereas exercise-based coping was more common among younger women (21–30 years old).

The percentage of those who regularly engaged in spiritual pursuits, such as meditation, was 45%. Emotional stability, inner serenity, and resistance to stress at work can be achieved via practices like yoga, meditation, prayer, and relaxation breathing. This was particularly true for women who worked in fields where emotional fatigue was prevalent, such as healthcare and education. Forty percent of people who took the survey said that they often sought out social assistance at work when they were feeling overwhelmed. Reducing stress levels was emphasised by women as being aided by sympathetic bosses and encouraging coworkers. Yet, a quarter seldom used workplace help, with reasons including a lack of confidence in the company culture and a fear of criticism. Taking regular breaks or leaves was another prominent coping method, used by 48% of women. People should take pauses, holidays, or even just a few minutes out of their workday to refresh their minds and bodies, according to the respondents. Women working under intense pressure have spoken about how organisational restrictions make it difficult for them to take enough breaks.

DISCUSSION

This study's results shed light on the complicated relationship between working women's coping mechanisms, mental health outcomes, and pressures in the workplace. According to the data, women of all ages and in all occupations are susceptible to stress, but the specific types and levels of stress experienced by each group fluctuate according to factors such as marital status, occupation, and work setting. Anxiety, weariness, and depressive symptoms were experienced by a considerable number of respondents as a direct result of stressors such as heavy workloads, an imbalance between work and personal life, and demands from inside the organisation. This finding is in line with other research that found women to be more stressed out than males due to the fact that they often had to juggle both their career and personal lives. Professional counselling is underused owing to stigma and ignorance, while informal tactics like engaging in physical activities or seeking emotional support from friends and family continue to be the most favoured coping techniques. Organisations should prioritise the implementation of organised support systems, raise awareness about mental health, and try to decrease stigma around treatment in the workplace. In sum, the results highlight the need to protect women's mental health by developing policies that are sensitive to gender and by cultivating organisational cultures that are supportive of women.

CONCLUSION

Findings from this study highlight the seriousness of the problems associated with stress and mental health in the modern workplace for women. Negative psychological effects including anxiety, despair, burnout, and emotional weariness are the result of a complex interplay of factors, according to the research. These factors include, but are not limited to, large workloads, gender prejudice, role conflict, and a lack of organisational support. A "double burden" of social obligations and household duties compounds these difficulties, making them especially hard for women. Despite women utilising a variety of coping mechanisms, such as exercise, time management, and social support, the results show that they rarely seek professional psychological help, likely as a result of both ongoing stigma and a lack of organisational support. Because of this, there is an immediate need for systemic solutions rather than relying on people's ability to cope on an individual basis. Organisations should make mental health a top priority by providing access to counselling, advocating for more flexible work arrangements, and levelling the playing field in terms of career chances. More robust frameworks are needed at the policy level to combat harassment in the workplace, promote gender equality, and protect mental health. In the end, finding solutions to these problems is crucial for the well-being of women, for increasing productivity within organisations, and for furthering the causes of gender equality and sustainable development.

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