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A comparative study of the impact of perceived stress on health among employed women and non-employed women

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Abstract

The aim of the present study is to determine the impact of perceived stress on the health of employed and non-employed women and draw a comparison between the two. A total sample of 80 female subjects employed and non-employed, were selected for the study. To collect the data, Perceived Stress scale and General Health Questionnaire were used. The obtained results were analysed using correlation and 't' test. The results reveal that perceived stress is experienced to a greater degree by employed women when compared to non-employed women and that perceived stress impacts the health of employed women to a greater extent.

Keywords: Perceived stress, health, psychology concept, employed women, non-employed women

Introduction

A basic psychology concept, perceived stress is centered on an individual's subjective evaluation of the stress they experience in different life circumstances. Perceived stress is concerned with how people understand and assess stressors, as opposed to objective stress, which is concerned with quantifiable external stressors or physiological reactions. It includes mental assessments of the importance and danger of a stressor, the emotions it evokes, and self-perceptions regarding one's capacity for effective coping.

There are various essential elements that make up perceived stress

1. **Cognitive Evaluation** Fundamentally, people make a cognitive appraisal to determine whether a given scenario is stressful, positive, or innocuous. This is where perceived stress starts. This initial assessment establishes whether the stressor is viewed as a challenge or a threat to their well-being. After that, there is a secondary evaluation that assesses prospective coping mechanisms and resources, which in turn affects how much stress is felt.
2. **Emotional Reaction:** People's emotional responses to stresses, such as worry, annoyance, or melancholy, are included in their perceived stress. Personal variations, past experiences, and the particular context of the stressor all have an impact on these emotional reactions, which in turn affect how stress is perceived overall.
3. **Behavioral Response:** Another important factor in determining how stress is perceived is how people behave in response to stresses. This includes coping mechanisms like avoiding situations, asking for help from others, and addressing problems. These tactics' efficacy has the potential to reduce or increase perceived stress levels.

Factors that Influence

Individual differences in perceived stress are common, and they are impacted by multiple factors:

- **Distinctive Features:** Personal qualities like resilience, coping mechanisms, and personality features have a big influence on how people perceive and handle stress. For example, those who are more neurotic may find situations more stressful than people who are less neurotic.
- **Contextual Elements:** The kind and setting of stressors are important factors in how stress is experienced. Differentiating between perceived stress levels is influenced by major life events (e.g., divorce or job loss), chronic stressors (e.g., financial strain, caregiving responsibilities), and everyday difficulties (e.g., traffic, deadlines).

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- **Social and Cultural Context:** People's perceptions and reactions to stress are influenced by social support, cultural norms, and societal expectations. Cultural values that emphasize individualism, collectivism, or resilience have an impact.

Appraisal and Coping Strategies: Perceived stress levels are based on an individual's assessment of the controllability and significance of stressors as well as their perceived coping resources. Maladaptive coping mechanisms can make stress worse, whilst adaptive ones can help one feel more in control and less stressed.

The Impact of Perceived Stress

Significant effects of perceived stress are seen in the mental, bodily, and behavioural domains

- **Mental Health:** An higher risk of anxiety disorders, depression, and psychological distress is linked to high levels of perceived stress. Prolonged stress can worsen emotional disorders and impair cognitive function.
- **Physical Health:** Long-term exposure to stress is linked to immune system malfunction, gastrointestinal difficulties, and cardiovascular and other ailments. These health hazards are rooted in stress-related hormonal responses, such as the production of cortisol.
- **Behavioral Reactions:** When faced with perceived stress, people may engage in maladaptive coping behaviors like substance abuse or adaptive coping activities like reaching out for social support. Reducing behavioral risks and encouraging adaptive techniques are essential components of effective stress management.

Health

In psychology, health is more than just the absence of disease; it is a whole state of being that includes aspects of the social, mental, and physical domains. This idea has its roots in the biopsychosocial model, which holds that psychological and social factors, in addition to biological elements, also have an impact on health outcomes.

First and foremost, psychological health deals with a person's mental and emotional well-being. It encompasses qualities like resilience, emotional stability, and stress-resilience. Psychologists stress the significance of mental health for total well-being since it has an immediate effect on cognitive processes, judgment skills, and interpersonal interactions. A person who is in good psychological health usually demonstrates elevated self-awareness, flexible coping mechanisms, and emotional equilibrium.

Second, physical health describes the state of the body and how its systems operate physiologically. Psychologically speaking, preserving physical health entails engaging in wellness-promoting activities and mindsets including consistent exercise, a healthy diet, getting enough sleep, and abstaining from drugs. The study of health psychology explores how psychological elements such as self-efficacy, motivation, and health-related beliefs affect behaviour adherence. Furthermore, in order to increase patient compliance and improve results, psychological interventions are frequently incorporated into medical treatments.

Moreover, social health emphasizes how crucial community involvement, social support systems, and interpersonal interactions are for promoting wellbeing. Due to our social nature, relationships with other people have a profound effect

on both our mental and physical well-being. Psychologists investigate the relationship between social determinants of health, including loneliness, social support, and socioeconomic status. Strong social bonds emphasize the connection between social and psychological aspects of health, as seen by reduced rates of depression, improved immunological function, and longer lifespans.

Within the field of psychology, health is perceived via a multifaceted perspective that recognizes the intricate interplay among biological, psychological, and social elements. Understanding and fostering general well-being requires an integrated approach, which acknowledges that health is more than just the absence of sickness but is a state which is subject to change and an interplay of various factors.

Review of Literature

A study by Doron *et al.* (2014) ^[2] sought to: (i) ascertain if coping profiles or particular combinations of coping strategies could be used to differentiate individuals and (ii) investigate the connections between these profiles and health-related behaviours and perceived stress. A sample of 578 French students (345 females, 233 men, Mage=21.78, SD Age=2.21) performed the Brief COPE, the Perceived Stress Scale-14 and a battery of items that measured behaviours related to health. To create clusters of coping strategy profiles, a two-phased cluster analytic approach (i.e., hierarchical and non-hierarchical-k-means) was used. Four unique coping profiles were identified by the results: High Copers, Adaptive Copers, Avoidant Copers, and Low Copers. The findings demonstrated that perceived stress and health-related behaviours varied significantly amongst clusters.

In contrast to Adaptive Copers and Low Copers, who reported lower levels of stress and participated in more healthy behaviours, High Copers and Avoidant Copers showed higher levels of perceived stress and more unhealthy behaviour. These results suggested that a more useful way to understand how people cope with stress may be to look at how much they rely on certain tactics and how little emphasis they place on others.

The study by Teh, Archer Chang, Chen (2014) ^[8] assessed the relationship between perceived stress and perceived health, looking at mental well-being as a mediator in light of the growing awareness of mental health. The English felt Stress Scale, the Health Status Questionnaire, and the Asian Mental Well-Being Scale, which measure felt stress, perceived health, and mental well-being, respectively, were completed by two hundred college students, ages 21 to 26. After removing one irrelevant item, factor analysis and structural equation modelling on the Perceived Stress Scale confirmed the previously published two-factor structure. Perceived stress was found to be negatively correlated with perceived health, according to linear multiple regression analyses. Findings indicated that mental health acted as a partly mediating factor in the link between perceived health and felt stress, while it is recognized that there may be a reciprocal relationship. The current study's findings imply that in order to lessen the negative effects of stress on health, future research should concentrate on lowering stress and enhancing mental health.

Rueggeberg, Wrosch, and Miller (2012) ^[7] carried out a 4-year longitudinal study to investigate the various functions of perceived stress in the relationship between physical and physical health of older persons. Three rounds of data from a sample of 157 older persons were collected, including

baseline levels of physical activity and repeated evaluations of felt stress and physical complaints. The study clearly shows that physical activity has a significant positive impact on physical health, especially for older persons who experience high levels of stress. This advantage is mediated by preventing chronically high stress perception.

A survey was carried out by Bovier, Chamot, and Perneger (2004) [1] among university students who were chosen at random. A condensed version of the Pearlin coping questionnaire was used for measuring perceived stress, while the Duke-UNC Functional Social Support Questionnaire was used to gauge social support. Bivariate analysis showed that mental health was positively correlated with social support and internal resources and negatively correlated with stress. Internal resources mitigated the detrimental effects of stress on mental health and were positively correlated with mental health in multiple regression analysis. It is suggested that mastery and self-esteem are significant protective variables of mental health in young adults, and that perceived stress is a significant risk factor for poor mental.

Methodology

Problem

To determine the impact of perceived stress on the health of employed and non-employed women and to draw a comparison between the two groups.

Objectives

1. To study the influence of perceived stress on the health of employed and non-employed women.
2. To make a comparison between employed and non-employed women on the impact of perceived stress on health.

Hypothesis

1. Perceived Stress has a detrimental effect on health.
2. Impact of perceived stress on health is greater among employed women when compared to non-employed women.

Variables

Independent variable: Perceived Stress

Dependent Variable: Health

Operational Definitions

Perceived Stress: Refers to the extent to which an individual

evaluates the situations of recent past to be out of control, uncertain and excessive.

Health

The extent to which the individual does not experience bodily symptoms, anxiety, social dysfunction and depression.

Employed

Refers to state of being engaged in service for which one gets duly paid by an employer.

Materials

1. Perceived stress scale developed by Sheldon Cohen. The scale consists of 10 items.
2. General health questionnaire by Goldberg and hillier, consisting of 28 items.

Sample

Purposive random sampling was adopted. Sample consisted of employed and non-employed women in Urban Bangalore. All the subjects were in the age group of 25 to 40 years.

Inclusion Criteria

1. All the subjects were females and were from urban Bangalore.
2. Subjects were in the age group of 25 to 40 years

Exclusion Criteria

1. Women from rural areas.
2. Self-employed women were excluded for the study.

Research Design: Between group research design

Procedure

A total sample of 80 women from Urban Bangalore were selected for the study. Informed consent of the respondents was obtained, and then Demographic details were collected by using a semi-structured questionnaire.

Perceived Stress scale and General Health Questionnaire were administered to 40 employed women and 40 non-employed women and responses were obtained and scored. The level of stress and its corresponding impact on health was studied and a comparison was made between employed and non-employed women.

Results and Discussion

Table 1: Mean perceived stress score and mean score on general health questionnaire of employed women

Mean perceived stress score	Interpretation	Mean score on general health questionnaire	Interpretation	Correlation coefficient between Perceived Stress and General Health
38	High level of perceived stress	4.9	Probable cases of psychological morbidity	0.79

The employed women of the study have experienced a high level of perceived stress. As indicated by the scores on the general health questionnaire, it is evident that there are indications of psychological morbidity in the group of employed women. The correlation between perceived stress and general health is also found to be a high positive one (r=0.79). High level of perceived stress has had a detrimental effect on the general health. (Keller, Litzelman, 2012) [5].

The non-employed women of the study have experienced a moderate level of perceived stress. As indicated by the scores on the general health questionnaire, it is evident that there are no indications of psychological morbidity in the group of non-employed women. The correlation between perceived stress and general health is also found to be a high positive one (r=0.66).

Table 2: Mean perceived stress score and mean score on general health questionnaire of non-employed women

Mean perceived stress score	Interpretation	Mean score on general health questionnaire	Interpretation	Correlation coefficient between perceived stress Keller and general health
20.86	Moderate level of perceived stress	3.8	No psychological morbidity	0.66

Table 3: Comparison between employed and non-employed women.

Mean perceived stress score of employed women	Mean perceived stress score of non-employed women	'T' Value	Mean score on general health questionnaire of employed women	Mean score on general health questionnaire of non-employed women	'T' Value
38	20.86	11.41**	4.9	3.8	2.63

A comparison in the level of perceived stress experienced by the employed and non-employed women show a statistically significant difference. Employed women have experienced a greater level of perceived stress when compared to non-employed women.

Conclusions

1. High level of Perceived Stress has had a detrimental effect on health.
2. Employed women have experienced a greater level of perceived stress when compared to non-employed women.

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