

STRESS AMONG FEMALE TEACHERS IN HYDERABAD SINDH PAKISTAN

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ABSTRACT--Many studies have been conducted to understand problems experienced by working women and most of them indicate that working women suffer from psychological and physical ailments due to stress caused by the struggle to balance both domains of life i.e. work and family. This study examines the level of stress (anger, anxiety, mania and depression) in female teachers of Pakistan. Using multistage cluster sampling technique total 280 female teachers from nine public higher secondary schools of district Hyderabad, Sindh, Pakistan were chosen as the respondents for this study. Based on related stress theories, four dimensions of stress were determined. Across-sectional survey was carried out and data were collected using self-administered survey. The results of the descriptive analysis indicate that, in general, the female teachers experienced high level of stress in their workplace. With regard to the stress dimensions, the respondents were found to experience high level of anger, anxiety, mania and depression.

KEYWORDS-- Stress, Female Teachers, Pakistan, Hyderabad, Sindh

I. INTRODUCTION

Many studies have been conducted to understand problems experienced by working women and most of them indicate that working women suffer from psychological and physical ailments due to stress caused by the struggle to balance both domains of life i.e. work and family. Working women encountered more problems at home and at the workplace (Manas & Mubeen, 2011). Joan (2010) reported that 90% of American working mothers are under high stress. Pinky (2009) found higher level of frustration in working women than non-working women. Working married women were more stressed due to unfinished tasks, forcefully doing disliked activities and lack of sleep. On the other hand, non-working married women were more stressed due to fatigue and non-involvement in decisions by family. A study addressing the family and psychosocial health status reveals that about 36% of married working women, out of the total sample reported family responsibilities and day-to-day tension affecting their mental health. Moreover, about 56% women, in the same study, reported work-family conflict and mental tension at their workplace (Singh & Singh, 2005). Working women have also been found to suffer from high levels of stress compared to males (Fotinos and Cooper, 2005; Gentry *et al.*, 2007). The stress of work causes anxiety and depression among women resulting in difficulties in looking after their home and family as the results of a study conducted in the Punjab province of Pakistan indicated that non-working married women were better adjusted and

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didn't feel depression and stress in their married life as compared to working married women (Hashmi *et al.*, 2007). Dual responsibility (at home and workplace) consumes double energy, time and intellectual resources which, result in confusion, tension and frustration (Gani *et al.*, 2010), guilt (Iwasaki, 2004), anger (Saxena, 2009), depression (Dudhata&Jogsan, 2012).

Avais (2014) conducted a study among teachers, doctors, nurses, and sales representatives in Sukkur, Pakistan. Results indicated that the majority (66%) of respondents from all professions were stressed as they were not able to give proper attention and time to their home/family which is expected by the society. Parveen (2009) determined the comparison using the degree of occupational stress as experienced by married and single female teachers in Hyderabad, Pakistan. The sample consisted of 90 single and 90 married female teachers, who responded using the occupational stress scale (Sohail&Khanum, 2000). According to the results, married female teachers experienced a higher level of overall occupational stress ($M=157.66$) as compared to single female teachers ($M=82.27$).

Research in Pakistan has mainly focused on the personal issues such as family and income utilization problems (Rakshanda, 2005), marital adjustment, stress and depression (Hashmi *et al.*, 2007), the impact of working status on the lives of working women (Waris, 2008) and psychological ill-being (Riffat, 2014). According to Ghazala (2015) and Parveen (2009), stress among working women in Pakistan needs a great deal of research and particularly there is a lack of research aimed at exploring the stress of female teachers. Moreover, stress in terms of anger, anxiety, depression and mania has not been given considerable attention. Therefore, the current study aims at measuring stress having symptoms of anger, anxiety, depression and mania among female teachers. The following research questions comprise the core of this research

Q1: What is the level of stress (anger, anxiety, depression and mania) among female teachers?

II. LITERATURE REVIEW

2.1 Stress

Early definitions of stress defined it in terms of a stimulus, response, or the interaction between the two. Without adoubt, these definitions have provided much-needed information and a considerable body of knowledge now exist as to the nature and characteristics of these different components and their interaction (Dewe *et al.*, 2010). In general, the reported symptoms of stress are categorized into physical, psychological and behavioral symptoms. Some of the physical symptoms are palpitation, headache, sweatiness, heartburn and loss of appetite. Meanwhile, some of the psychological symptoms include anxiety, panic, mood swings, anger, depression, frustration, and forgetfulness. Poor performance at work, inability to relax and lack of concentration are among the behavioral symptoms of stress (Al-Fudail, 2008; Wainwright *et al.*, 2002).

The current study measured stress on the basis of four dimensions among working women. These dimensions are anxiety, anger, mania, and depression. The sample items include: "I felt like there was no point or purpose in my life" (Depression), "I couldn't stop worrying about things" (Anxiety), "I had temper outbursts, yelling and screaming at others" (Anger), "I had a low energy level, were easily worn out" (Mania).

2.1.1 Anger

The term 'anger' has a variety of meanings in psychology. For example, Berkowitz (1999) refers to anger as an experience of feeling, internal bodily reactions, and an attitude toward others, instigation to aggression, and an overt assault on some target and to various combinations of these reactions. It is said that the workplace has been identified as one of the most interpersonally frustrating contexts that people have to deal with. Therefore, it might be expected that workers, in particular, will frequently experience anger (Fitness, 2002; Gibson & Barsade, 1999; Glomb & Hulin, 1997; Grandey *et al.*, 2002). Anger may not only be experienced frequently at work but that when it is experienced it is long-lasting and intensely felt. Such findings may be a cause for concern as experiencing anger has not only been implicated in somatic problems and health concerns for the individual experiencing the anger but more specifically to negative outcomes in the workplace; for example, theft, revenge and even, although rarely found, violence and aggression (Deffenbacher *et al.*, 1996; Fitness, 2002). Therefore, experiencing anger can not only have damaging effects on an individual's health but also have negative effects on the organization. To date, however, there is still relatively little known about workplace anger and what the antecedents and outcomes of it are, its relation to other organizational outcomes or constituent emotions. Furthermore, the limited research on anger at work has not allowed for any theoretical developments on the causes, characteristics and consequences of anger in the workplace

2.1.2 Anxiety

Most people feel anxious sometimes, but for people with an anxiety disorder, anxious feelings are overwhelming and cannot be brought under control easily. Anxiety disorders are serious conditions that make it hard for the person to manage from day to day (Bijl *et al.*, 1998; Ohayon & Schatzberg, 2002). Anxiety disorders develop from a complex interplay of cognitive, personal, socio-economic and workplace stress (Oxford Textbook of Psychopathology, 1999). Individuals with anxiety disorders experience excessive fear or worry and unrealistic feelings that interfere with their lives in their relationships, work performance, social activities and recreation (Antony, 1998). In his study, Gravel (2005) found 82.6% percent of the individuals with anxiety disorder reported that their condition affected their home, school, work, and social life. Women are often primary caregivers, the costs of untreated and unrecognized anxiety disorders extend beyond individual women to their children, significant others, and extended families in ways that may not occur for men (Katherine *et al.*, 2005).

2.1.3 Mania

Mania is the mood of an abnormally elevated arousal energy level, or "a state of heightened overall activation with enhanced effective expression together with rapidly changing emotions" (Berrios, 2004). Although it is often thought of as a "mirror image" to depression, the heightened mood can be either overjoyed or irritable and, indeed, as the mania progresses, irritability becomes more prominent and can result in violence.

2.1.4 Depression

Depression is one of the symptoms of the stress among working women. Depression is a serious condition that can impact every area of women's life. It affects social life, family relationships, career, and one's sense of self-worth and purpose. There are several factors that contribute to the unique picture of depression in women from reproductive hormones to social pressures to the female response to stress (Fatima *et al.*, 2013). Depression is the

most common psychiatric disorder and the fourth most common cause of disability in females, in all ages (Üstün, 2004).

III. METHODOLOGY

This research is a quantitative study. In the present study, a multistage cluster sampling plan has been employed. Public higher secondary schools (Hyderabad district) listed in the online school directory on the web page of Academy of Education Planning and Management (AEPAM, Government of Pakistan), were selected for the current study. A total of 280 female teachers from these institutions became the respondents for this study.

The data for this study was collected using survey method. The statements measuring stress level were adopted from Tina (1999). The instrument comprised of 25 items which were grouped into four dimensions. These dimensions were anger (8 items), anxiety (6 items), depression (6 items) and mania (5 items). Participants were asked to rate the frequency they experienced negative effective states (anger, anxiety, depression and mania) within past 6-months, on a 5-point Likert scale (1= Very low, 2= Low, 3=Moderate, 4=High and 5= Very high). The levels of stress were measured by calculating the mean scores of these variables. Using a 5-level mean score scale, the level of stress experienced is interpreted as in Table 1.

Table 1: A 5-level mean score scale

S. No	Mean	Level
1.	1.0 – 1.7	Very low
2.	1.8 – 2.5	Low
3.	2.6 – 3.3	Moderate
4.	3.4 – 4.1	High
5.	4.2 – 5.0	Very high

IV. RESULTS AND DISCUSSION

Table 2 shows the overall stress level as well as the level of stress according to dimensions (anger, anxiety, mania, depression) by the respondents. In general, it can be said that the condition of stress experienced by the female teachers was alarming since the level of overall stress, anger, anxiety, mania and depression were at a high level, as the mean value for the stress was 3.48. This value is in the range of 3.4 to 4.1 which reflect the high level of stress.

Table 2: Level of stress

Descriptive Statistics					
Variable	N	Mean	Std. Deviation	Std. Error Mean	Level
Stress	280	3.4825	0.91178	0.05449	High
Anger	280	3.5166	1.21772	0.07277	High

Descriptive Statistics					
Variable	N	Mean	Std. Deviation	Std. Error Mean	Level
Anxiety	280	3.5199	1.16320	0.06951	High
Mania	280	3.5015	1.24586	0.07445	High
Depression	280	3.3921	1.18028	0.07054	High

The findings of the current study revealed that the levels of overall stress, anger, anxiety, mania and depression among female teachers in Pakistan are high. This finding concurs with the previous research. Haraszti *et al.* (2014) found high levels of stress among female teachers that affected their physical and psychological health. Deshpande (2013) found high levels of stress among female teachers. He took sample from different sectors such as education, banking and IT. Evidence showed that the women working in such areas experience high levels of stress. Similarly, results of the current study provided evidence that female teachers in Pakistan have a high level of stress. The results of the current study are in line with other studies (i.e. Rakshanda, 2005; Bharti, 2010; Pinky, 2009; Manzoor, 2002; Kiran, 2003).

Spielberger and Sarason (2013) stated that evidences of anger, anxiety and depression are higher in working women. Bültmann (2012) analyzed a sample of 2960 full-time British office staff women aged 35–55 years. He found that the long working hours caused depressive and anxiety symptoms in working women. Results of the current study are consistent with the findings of Bültmann (2012). Saxena and Saxena (2012) found high mania in working women. Findings of Watve (2015) also confirmed the high levels of mania in working women in India. The finding of the current study revealed the same situation among female teachers in Pakistan.

V. CONCLUSION

The current study found that the high levels of stress were experienced among female teachers in Pakistan. To balance life at home and at work is a big challenge for women. Home management, taking care of children and their personal development, family health, grocery, budgeting, entertaining guests, keeping balance between family and in-laws and so on are seen to be the responsibility of women. Meanwhile, life at work is full of competition, challenges, workload, and continuous personal development in order to stay competitive and employable. Collectively both family and professional life result in stress. Stress results in a few symptoms such as anger, anxiety, depression, and mania. The overall stress may affect the wellbeing of working women. Hence, future research may be conducted to find the effect of stress on the wellbeing of working women.

REFERENCES

1. Al-Fudail, M., & Mellar, H. (2008). Investigating teacher stress when using technology. *Computers & Education*, 51(3), 1103-1110.

2. Antony MM, Roth D, Swinson RP, Huta V, Devins GM. (1998). Illness Intrusiveness in individuals with panic disorder, obsessive-compulsive disorder, or social phobia. *Journal of Nervous and Mental Disease*, 186(3), 5-311.
3. Avais, Muhammad Abdullah and Wassan, Aijaz Ali and Shah, Saeedah. (2014). A Case Study on Problems of Working Women in City Sukkur. *Academic Research International*, 5(2).
4. Berkowitz, L. (1999). Anger in .Daldleish, T. and Power, M. (Eds). *Handbook of Cognition and Emotion*. England: John Wiley & Sons Ltd
5. Berrios, GE .(2004). "Of mania". *History of Psychiatry*, 15 (57), 105–124.
6. Bharti. (2010). Emotional Profile and Need for Achievement of the Only Child of Working and Non-working Mothers. *Indian Journal of Social Science Research*, 7 (1), 77-82.
7. Bijl, R. V., Ravelli, A., & van Zessen, G. (1998). Prevalence of psychiatric disorder in the general population: results of The Netherlands Mental Health Survey and Incidence Study (NEMESIS). *Social Psychiatry and Psychiatric Epidemiology*, 33, 587–595.
8. Bültmann, U. (2012). Long working hours are associated with incident depressive and anxiety symptoms in women. *Evidence Based Mental Health*, 15(3), 58-58.
9. Deffenbacher, J.L., Oetting, E.R., Lynch, R.S. and Morris, C.D. (1996). The expression of anger and its consequence. *Behaviour Research Therapy*. 34, (7). 575-590
10. Deshpande, R. C. (2013). Stress among Working Women with Special Reference to Banking, IT and Education Sector in Gujarat. In Proceedings of —Strategies for Sustainability and Growth in Economic Downturnl. International Business Research Conference, IES Management College and Research Centre Bandra, Mumbai.
11. Dewe, P. J., O'Driscoll, M. P., & Cooper, C. L. (2010). Coping with work stress: A review and critique. John Wiley & Sons.
12. Dudhatra, R. R., & Jogsan, Y. A. (2012). Mental Health and Depression among Working and Non-Working Women. *International Journal of Scientific and Research Publications*, 2(8), 1-3.
13. Fatima, K., Khalid, S., Ahmed, F., & Malik, S. (2013). Postpartum Depression among Working and Non-Working Women. Indus International Institute, 37.
14. Fitness, J. (2002). Anger in the workplace: an emotional script approach to anger episodes between workers and their superiors, co-workers and subordinates. *Journal of Organisational Behaviour*. 21, 147-162.
15. Fotinatos-Ventouratos, R. and Cooper, C. (2005). The Role of Gender and Social Class in Work stress, *Journal of Managerial Psychology*, 20(1), 14–23.
16. Gani, A., & Ara, R. (2010). Conflicting worlds of working women: findings of an exploratory study. *Indian Journal of Industrial Relations*, 46(1).
17. Gentry, L., Chung, J., Aung, N., Keller, S., Heinrich, K., & Maddock, J. (2007). Gender differences in stress and coping among adults living in Hawaii. *Cal Journal Health Promotion*, 5, 89-102.
18. Gibson, D.E. and Barsade, S.G. (1999). The Experience of anger at work: Lessons from the chronically angry. Yale School of Management.
19. Ghazala, K., Dania, A. (2015). Stress in Pakistani Working Women. *International Journal of Culture, Society and Development*, 5, 58-64.

20. Glomb, T.M. and Hulin, C.L. (1997). Anger and gender effects in observed supervisor-subordinate dyadic interactions. *Organisational Behaviour and Human Decision Processes*. 72, (3). 281-307.
21. Grandey, A.A., Tam, A.P. and Brauburger, A.L. (2002). Affective states and traits in the workplace: Diary and survey data from young workers. *Motivation and Emotion*. 26, (1). 31-55.
22. Gravel, Ronald; Béland. (2005). The Canadian Community Health Survey: Mental Health and Well-Being. *Canadian Journal of Psychiatry* , 50(10), 9-573.
23. Haraszti, R. Á., Purebl, G., Salavecz, G., Poole, L., Dockray, S., & Steptoe, A. (2014). Morningness–eveningness interferes with perceived health, physical activity, diet and stress levels in working women: A cross-sectional study. *Chronobiology international*, 31(7), 829-837.
24. Hashmi, HA., Khurshid M, Hassan I. (2007). Marital Adjustment, Stress and Depression among Working and Non-Working Married Women. *Internet Journal of Medical Update*, Jan-Jun; 2(1),19-26.
25. Iwasaki, Y., Mackay, K.J., & Ristock J. (2004). Gender-based analyses of stress among professional managers: An exploratory study. *International Journal of Stress Management*, 11(1), 56-79.
26. Joan, C. (2010). The Three Faces of Work-Family Conflict.
27. Katherine Shear, Marylene Cloitre, Daniel Pine., Jerilyn Ross, MS. (2005). Anxiety Disorders in Women.
28. Kiran Rao, Mridula Apte and D. K. Subbakrishna. (2003). Coping and Subjective Wellbeing in Women with Multiple Roles. *International Journal of Social Psychiatry*, 49, 175.
29. Manas, G. M., & Mubeen. (2011). Dual Responsibility of Degree College Lecturers in Gulbarga City. *International Referred Research Journal*, 2(4), 24-29.
30. Manzoor, R. (2002). An article on The Role of Women in the Trade Unions and Struggle of the PTUDC in Lahore.
31. Ohayon, M. M., & Schatzberg, A. F. (2002). Prevalence of depressive episodes with psychotic features in the general population. *American Journal of Psychiatry*, 159, 1855–1861.
32. Parveen, N. (2009). Investigating occupational stress among married and unmarried working women in Hyderabad city. *Bahria Journal of Professional Psychology*, 5, 21-37.
33. Pinky. (2009). A comparative study of frustration among working and non-working women. *International Research Journal*, 2(5), 446-448
34. Rakshanda Maqssod, Bushra CH., Qamar Zia and Asghar Cheema. (2005). Problems of employed women at Faisalabad, Pakistan. *Journal of Agriculture and Social Sciences*, 1(3), 245-247.
35. Riffat Sadiq, Amena Zehra Ali. (2014). Dual Responsibility: A Contributing Factor to Psychological Ill-being in Married Working Women. *Academic Research International*, 5(2), 300-308.
36. Saxena, A., & Saxena, A. (2012). *International journal of management research and review*.
37. Singh, M., & Singh, G. (2005). A Study on Family and Psychosocial Health Status of Middle-Aged Working Women of Varanasi City. *The Internet Journal of Third World Medicine*, 3(2).
38. Sohail, T., Khannum, T. (2000). Occupational Stress Scale Development. *Pakistan Journal of Psychology*, 31, 53-66.
39. Spielberger, C. D., & Sarason, I. G. (Eds.). (2013). *Stress And Emotion: Anxiety, Anger, & Curiosity*. Taylor & Francis.
40. Tina Mirrashidi. (1999). *Integrating Work and Family: Stress, Social Support and Well-being among Ethnically Diverse Working Women*. California School of Professional Psychology, Los Angeles.

41. Üstün, T. B., Ayuso-Mateos, J. L., Chatterji, S., Mathers, C., & Murray, C. J. (2004). Global burden of depressive disorders in the year (2000). *The British journal of psychiatry*, 184(5), 386-392.
42. Wainwright, D. & Calnan, M. (2002). *Work Stress: The Making of a Modern Epidemic*. Buckingham: Open University Press.
43. Waris, Q. (2008). Impact of Working Status on Their Lives: A Survey of Working Women at a Teaching Hospital in Karachi, Pakistan. *Pakistan Journal of Medical Sciences*, 24(3), 506–11.
44. Watve, V., & Raju, N. N. (2015). Women Mental Health: Reflections from India. *Indian journal of psychiatry*, 57(6), 197.