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# Work-related stress, anxiety and psychological well-being in female married gynecologists

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The present research aimed to investigate the relationship between work-related stress, anxiety and psychological well-being in female married gynecologists. It was hypothesized that there is likely to be a significant relationship between work-related stress, anxiety and psychological well-being. It was also hypothesized that anxiety is likely to mediate the relationship between work-related stress and psychological well-being. Cross-sectional research design was used. Then purposive sampling was employed. The sample was N= 80 female married gynecologists. The Work-Related Stress Scale was used to assess how work stress can affect well-being. The Beck Anxiety Inventory scale was used to assess anxiety seriousness in female married gynecologists. The flourishing Scale by Diener was used to assess psychological well-being. The results showed that there is a significant relationship between work related stress, anxiety, and psychological well-being. Pearson product moment correlation was used to assess the relationship between work related stress, anxiety, and psychological well-being. The results indicated that anxiety is likely to mediate the relationship between work related stress and psychological well-being. Regression analysis was used to assess that anxiety explains the relationship between work related stress and psychological well-being. Present study would help married female gynecologists to explore psychological issues they face in a medical setup with married life.



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## Introduction

Stress is an everyday occurrence in our lives, especially when the rate of growth quickens [1,2]. The word "work" is often used to refer to a variety of jobs. For many people, it is a fundamental need and a crucial element of the environment that ensures human survival. It is also a crucial component of both personal and national economic growth [3]. Adults frequently devote half of their life to activities connected to their jobs. Work-related stress can cause tension or strain in the body or mind if there is no release or outlet for the pent-up sentiments [4,5]. In recent years employment rate of women has enhanced worldwide. Throughout history, the main role of woman's employment has ensured the progress, stability, and long-term development and progression of the nation in society [6,7]. So, this employment can cause work-related risk factors in married working women.

Married female gynecologists have to work the day and night shifts despite being married. Sometimes most married female gynecologists have to maintain both two main carriers, energy and demanding time [8,9]. This can cause work-related stress problems and anxiety in them and influence their psychological well-being [10]. More than 40% of married women gynecologists in different countries experience exhaustion and stress [11]. In the medical, the gynecology field is considered one of the most stressful jobs at the time. This is the main disadvantage of having a great burden of work as the nature of the job [12,13]. So, the nature of gynecology work does increase the level of stress. The well-being of a professional woman is greatly influenced by her work life and routine, and it also has an impact on her family performance and women's roles in society [14]. Many studies have focused on work related stress [10], psychological problems and burnout [12] among medical professionals. However, few studies have focused on the work-related stress, anxiety, and psychological well-being of married gynecologists in Pakistan. The present study aimed to investigate the significant relationship between work-related stress anxiety and psychological well-being in female married gynecologists. It aims to examine the issues that female gynecologists face in a medical setup with married life. Female gynecologists with married life face a lot of work stress in a medical setup which causes anxiety and affects psychological wellbeing. Gynecologists work different shifts, and these tend to be very stressful and hectic hours routine. However, this study could facilitate identifying how work-

related stress and anxiety affect the psychological well-being of female married gynecologists with married life.

## Materials and Methods

### *Research design and sampling strategy*

A cross-sectional design was used to investigate the work-related stress, anxiety, and psychological well-being of a female gynecologist with married life. Purposive sampling was used because the choice of sample is needy up on specific qualities of a population that are of intrigue. Data collection was done from the gynecology departments of government hospitals. The estimated sample through the G power calculator was consisted of 80 female married gynecologists.

### *Inclusion criteria*

Married gynecologists working in hospitals with both night and morning duties were included.

### *Exclusion criteria*

Males and unmarried female gynecologists were excluded.

### *Assessment protocol*

Assessment measures, i.e., demographic information sheet, beck anxiety inventory (BAI), work-related stress questionnaire and flourishing scale (FS) and personal information were used for the assessment of female gynecologists.

### *Demographic information sheet*

A self-build demographic information sheet was used to gather knowledge about exclusive information about female gynecologists such as age, gender, educational background, employment status, occupational department, family system, family background, number of siblings, birth order, number of family members, earning person in the family, monthly family income, type of residence, area of residence, marital status, age at the time of marriage, number of marriages, duration of the marriage, number of children, gender of children, age of children and education of children [15].

**Beck anxiety inventory (BAI)**

This scale is a self-report proportion of anxiety. Test-retest unwavering quality (multi-week) for the BAI = 0.75 [16]. The Beck Anxiety Inventory (BAI), made by Aaron T. Beck and different associates, is a 21-question numerous decision self-report inventory that is utilized for estimating the seriousness of anxiety in kids and grown-ups. The inquiries utilized in this measure pose normal manifestations of anxiety that the subject has had during the previous week (counting the day you take it) for example, deadness and shivering, perspiring not because of warmth, and dread of the most noticeably awful occurring. It is intended for people who were 17 years old or more established and takes 5 to 10 minutes to finish. A few investigations have discovered the Beck Anxiety Inventory to be an exact proportion of anxiety manifestations in youngsters and grown-ups [17].

The BAI contained 21 inquiries; each answer was scored on a scale estimation of 0 (not in any way) to 3 (harshly). Higher complete scores show more extreme anxiety indications. The standardized cutoffs were:

0–7: minimal anxiety

8-15: mild anxiety

16-25: moderate anxiety

26-63: severe anxiety

The BAI was scrutinized for its prevalent spotlight on physical indications of anxiety (generally much the same as a frenzy reaction). In that capacity, it was regularly matched with the Penn State Worry Questionnaire, which gives a more precise appraisal of the psychological segments of anxiety (i.e., stress, catastrophizing, and so forth.) ordinarily observed in generalized anxiety disorder.

**Work related stress questionnaire**

This questionnaire was firmly originated on the Management Standards Indicator Tool created by the Health and Safety Executive (HSE). The Management Standards characterize the attributes, or culture, of an association where the dangers from business-related pressure were as a rule successfully overseen and controlled. The questionnaire was provided by UNITE Health.

**Flourishing scale (FS)**

The Flourishing Scale was a concise 8-item rundown proportion of the respondent's self-saw accomplishment in significant regions, for example, connections, confidence, reason, and hopefulness.

The scale provided a solitary score of well-being [18]. The researcher got an institutional consent letter from the division of Applied Psychology to lead the examination. The consent letter portrayed the specialist's character and the title of the examination. The duplicates of consent letters were introduced to the various heads of emergency clinics with the end goal of information assortment. The specialist distinguished the rejection models of the examination, the analyst protected the secrecy of all acquired data from female gynecologists, and an assessment of them was taken. The objective of the examination was portrayed to them. Demographic Information Sheet, Beck Anxiety Inventory (BAI) Work-related stress Questionnaire, and RYFF'S Psychological Well-Being Scales (PWB) were used. As there was a lockdown and pandemic situation, at the time of data collection, data was collected online.

**Ethical considerations**

In order to plan this study, some ethical considerations were discussed and discussed with the ethical committee. The data was collected and used after getting prior acceptance from the concerned participants through e-mail. In reaction to our application, an authorization letter will be given from the department of Applied Psychology, University of Punjab; Lahore, Pakistan which represented the purpose of research, and presented to the head of the hospitals for getting.

After getting permission officially from all authentic sources, data collection was started, and the questionnaire was only provided to those who met the required inclusion and exclusion criteria. As there was a lockdown and pandemic situation, at the time of data collection, data was collected online. The obscurity of the individuals and confidentiality of the data was maintained. The information provided was evaluated by using SPSS software (version 20).

**Statistical analysis**

**Descriptive Analysis of Sociodemographic Variables**  
Descriptive analysis of sociodemographic variables was analyzed to find out the mean, median, frequency and percentages of sociodemographic variables. It helped authors to find out the association of sociodemographic variables with work-related stress, anxiety and psychological well-being in female married gynecologists.

Pearson Product Moment Correlation analysis was used to examine the association of sociodemographic

variables with work-related stress, anxiety, and psychological well-being in female married gynecologists. Correlation analysis was also used to examine the association of work-related stress, anxiety, and psychological well-being in female married gynecologists.

Regression Analysis was used to find that anxiety is likely to mediate the relationship between work-related stress and psychological well-being.

## Results

Our study aimed to investigate the significant relationship between work-related stress anxiety and psychological well-being in female married gynecologists. The main focus was to examine the issues that female gynecologists face in a medical setup with married life. Ninety participants were included which were retained to 80 after initial data screening. The estimated sample was not collected as there was a lockdown and pandemic situation so female gynecologists were not approached directly. Descriptive statistics i.e., mean, standard deviation, frequency, and percentages were taken to provide a preliminary profile of the sample characteristics. Mean, standard deviation, actual/potential scores, and alpha reliabilities of the study variables were also computed. Pearson product-moment correlation was used to assess the relationship between study variables along with socio-demographic variables. Mediation analysis through Regression was used to test the prediction hypothesis.

**Table 1** indicated the mean, standard deviation, actual/potential scores, and reliability coefficient of all major study variables. Results indicated the internal consistency of each scale used in the present study (**Table 1**). The anxiety Scale has the highest reliability ( $\alpha=.83$ ) as compared to other scales. Work-related stress scale shows moderate reliability ( $\alpha=.69$ ) but is considered appropriate. Overall, the reliability measure of each scale of the current study was satisfactory.

**Table 2** indicated that age was positively correlated with monthly family income ( $r=.271$ ,  $p<.05$ ). Furthermore, work-related stress was positively correlated with anxiety ( $r=.271$ ,  $p<.05$ ). This finding suggested that the more people under stress, the more they are anxious. Moreover, work-related stress was significantly negatively correlated with psychological well-being ( $r= -.362$ ,  $p<.01$ ). This finding revealed that psychological well-being is negatively influenced due to work-related stress. Furthermore, anxiety was

negatively correlated with psychological well-being ( $r= -.280$ ,  $p<.05$ ). The more gynecologists are in an anxiety state, the more their psychological well-being affects negatively.

The results of the independent sample t-test indicated that there were significant men differences between work-related stress of female married gynecologists living in two different family systems (**Table 3**). Females living in the joint family system tend to experience more work-related stress ( $M = 120.4$ ,  $SD = 18.7$ ) than those females who lived in the nuclear family system ( $M= 112.4$ ,  $SD = 14.0$ ). The mean difference was statistically significant as  $t(78) = -2.0$ ,  $p<.05$ ,  $d = 0.48$ . Whereas there were no significant mean differences found in terms of anxiety and psychological well-being.

The overall model explained 11% of variances. Results revealed that work-related stress was a statistically significant predictor of psychological well-being (**Table 4**). Furthermore, anxiety was found significant mediator between work-related stress and psychological well-being. This finding suggests that anxiety explained the relationship between work-related stress and psychological well-being.

The present research was conducted to investigate the significant relationship between work-related stress anxiety and psychological well-being in female married gynecologists. It aims to examine the issues that female gynecologists face in a medical setup with married life.

## Discussion

The first finding of the present study revealed that work-related stress was positively correlated with anxiety. This finding suggested that the more people in stressed, the more they are in an anxiety state. Moreover, work-related stress was significantly negatively correlated with psychological well-being. This finding revealed that psychological well-being is negatively influenced due to work-related stress. Furthermore, anxiety was negatively correlated with psychological well-being. The more gynecologists are in an anxiety state, the more their psychological well-being affect negatively. These findings are consistent with the research conducted by Alnazly *et al.*, [19] with the purpose to examine relationships among levels of work stress, social support, and well-being in health professionals during the COVID-19 pandemic. In the first instance, it was proposed that high levels of work stress (role ambiguity, role conflict, work overload, and underutilization of skills) would have a

**Table 1:** Psychometric Properties of the Major Study Variables (N=80)

Variables	k	M	SD	Range		$\alpha$
				Potential Scores	Actual Scores	
WRD	39	116.2	16.8	5-195	88-194	0.69
Anxiety	21	38.8	13	23-63	18-63	0.83
PWB	6	27.3	8.12	7-42	6-40	0.73

Note: RS = Work-related Stress, PWB = Psychological well-being = no. of items, M = mean, SD = standard deviation,  $\alpha$  = Reliability coefficient

**Table 2:** Correlation between Sociodemographic and all Study Variables (N=80)

Sr #	Variables	1	2	3	4	5
1	Age	-	.271*	-.003	.032	-.128
2	Monthly Income		-	-.150	.064	-.163
3	WRS			-	.271*	-.362**
4	Anxiety				-	-.280*
5	PWB					-

Note: WRS= work-related stress, PWB= Psychological wellbeing, \*\*\* $p < .001$ , \*\* $p < .01$ , \* $p < .05$

**Table 3:** Comparison of Work-related Stress, Anxiety and Psychological Wellbeing in Female Married Gynecologists living in two different Family Systems (N=80)

Variables	Nuclear		Joint		P	95%CI	
	M	SD	M	SD		LL	UL
WRD	112.4	14	120.4	18.7	0.04*	-15	-0.362
Anxiety	36.1	12.2	41.5	13.5	0.07	-11.2	0.508
PWB	28.5	7.83	26	8.32	0.17	-1.14	6.04

Note: RS=Work-related stress, PWB= Psychological wellbeing, M=Mean, SD= Standard Deviation, CI=Confidence interval, LL: Lower limit, UL: Upper limit, \*  $p < .05$ , \*\*  $p < .01$ , \*\*\*  $p < .001$ .

**Table 4:** Mediating role of Anxiety between Work-related Stress and Psychological Wellbeing through Regression in Female Married Gynecologists (N=80)

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics			Durbin-Watson		
					R Square Change	F	Sig. F			
1	.261 <sup>a</sup>	.068	.056	7.41181	.068	5.487	1	75	.022	
2	.340 <sup>b</sup>	.116	.092	7.26966	.047	3.962	1	74	.050	1.493

Note: a. Predictors: (Constant), WRS Computed, b. Predictors: (Constant), WRS Computed, c. Dependent Variable: PWB, Anxiety Computed PWB= Psychological Wellbeing, \* $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$

negative impact on psychological well-being. Secondly, it was proposed that the perceived availability of support for work-related problems would have both direct and stress-buffering effects on levels of well-being. Role ambiguity and role conflict emerged as significant predictors of psychological well-being. Furthermore, anxiety and stress were significantly negatively correlated with psychological well-being.

Another research was conducted in this domain by Habelrih *et al.*, [20]. The study examined the relationship between work-related stress and psychological well-being. The sample was 128 doctors from twelve Hospitals. Data collection was developed on the 5-point Likert scale comprised of 40 items (stressors) to assess work-related stress and psychological well-being. The findings revealed that all participants of the study were under work-related

stress to some extent due to which their psychological well-being affect negatively.

The second finding of the study revealed that for female married gynecologists who lived in the nuclear family systems their work-related stress was significantly different from those who lived in joint family systems. Those who lived in joint family systems tend to have more work-related stress rather than those who lived in nuclear family systems. This finding is consistent with the research conducted by Tariq *et al.*, [21]. The finding of this research revealed that those employees who lived in combined family systems tend to experience more work-related stress as they have multiple responsibilities along with jobs than those employees who lived in joint family systems.

The last finding of the present study revealed that anxiety was a significant mediator between work-related stress and psychological well-being. Research

by Yao *et al.*, [22] indicated that anxiety is the major variable that facilitates or influences work-related stress and psychological well-being.

## Conclusion

The employment rate of women has increased worldwide in recent years. So, there is concern about the possible effects of work-related risk factors on working women, especially when they are married. Some married gynecologists work day and night despite being married, which ultimately affects their psychological well-being negatively. The findings of the present study revealed that work-related stress, anxiety, and psychological well-being were significantly correlated with each other. Furthermore, there were significant mean differences between work-related stress in female gynecologists living in two different family systems. The last finding of the study indicated that anxiety was a significant mediator between work-related stress and psychological well-being.

## Conflict of interest

The authors declare no conflict of interest.

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