

Interpersonal Support, Professional Quality Of Life And Work Stress In Working Women

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Abstract: International Labour Organization has reported that women constitute 49% of population in Pakistan, while their participation rate in labour force is merely 24.8%. The purpose of the research is to evaluate relationship between interpersonal support, professional quality of life and work stress in working women. Correlational research design was used. It was hypothesized that: there is likely to be a negative relationship between interpersonal support, professional quality of life and work stress in working women; professional quality of life is likely to mediate the relationship between interpersonal support and work stress. Purposive sampling technique was used. The sample comprised of 170 working women with age of more than 20 years ($M = 31.92$, $SD = 9.26$) from different cities of Punjab, Pakistan. Interpersonal support evaluation list (Cohen et al., 1985); Professional quality of life scale (Stamm, 2010) and Work stress scale (de Bruin & Taylor, 2005) were used for assessment of variables. The statistical analysis included psychometric analysis, Pearson-product moment correlation and mediation analysis was used. Results showed that interpersonal support and compassion satisfaction were positively related. Compassion satisfaction negatively correlated with work stress. Whereas, burnout, secondary traumatic stress and work stress positively correlated with each other. Compassion satisfaction and secondary post-traumatic stress domains of professional quality of life mediated the relationship between interpersonal support and work stress. It would serve as guiding principle for HR professionals and organizational psychologists.

Keywords: Working Women, Interpersonal Support, Work Stress, Professional Quality of Life, Support and Relationships.

INTRODUCTION

International Labour Organization has reported that women constitute 49% of population in Pakistan, while their participation rate in labour force is merely 24.8% (Ahmad, 2018). One of the core characteristics of participation in labour force is being paid for the work done (Gemelli, 2014) which in case of women can be termed as women employment. The stressors faced by women are twofold as compared to men, because apart from their work, they have to look after their homes as well- financially as well as functionally (Parveen, 2009). The stressors span over domains of gender associated job stressors and sex discrimination in combining family and work (Swanson, 1972). The resultant detrimental consequences for holistic health etc also, double in the case of women (Abdullah et al., 2008). Additionally, the impact of these job stressors (Al-Hussami, 2008) and their resultant adverse effects on the employees trickle down to the organizations as their cost productivity is affected (Dopkeen & DuBois, 2014).

The spectrum of stressors and difficulties change with the nature of job. Milczarek et al. (2009) explains that as per the survey of European agency for safety and health done in 2009, work related stressors are highest in health-related (Khan et al., 2013; Rosta, 2007; Aziz, 2004) and educational professions (Johnson et al., 2005; Newberry & Allsop, 2017). To mitigate the effects of stressors and resultant issues, interpersonal or social support plays a vital role (Thompson et al., 2006), particularly in case of women. The main notion of social support is the recognition of the people that exist in systems, who can give and receive help along with involvement of interaction (Patel et al., 2005).

Another important factor associated with work stress is professional quality of life. It is the component of quality that is associated with work and associated factors (Monroe et al., 2020). It comprises of domains of compassion satisfaction- pleasure attained from being able to do your work, burnout- hopelessness and difficulty in doing work and secondary traumatic stress- secondary exposure to traumatic events owing to work (Stamm, 2010). Interpersonal factors (Maslach & Leiter, 2016) like social support effect the professional quality of life, particularly the domain of burnout (Ruotsalainen et al., 2015; Shanafelt et al., 2012).

A relative increase in participation of women in formal work force has increased during the second half of 20th century (Moen & Yu, 2000). The participation in workforce come with various stressors (Kausar & Anwar, 2015; Berg & Zyl, 2008), the primary one being work load leading to stress (Ashraf et al., 2019; Awais, 2014). Factors like demands of the society, traditional trends, defined role, and obligations assigned to women as housemaker contribute towards stress (Parveen, 2009), particularly in married working women. Research has shown that nearly 68% (Birhanu et al., 2018) to 81% (Shahzad et al., 2013) of the employees in different organizations experience more than normal levels of work stress. Possible factors contributing towards work stress are lack of promotional opportunities, peers' behaviour and sexual harassment (Arif et al., 2017).

As social support plays a mitigating role for negative effects of work stress, it has been found in researches that women who have less house chores to do and have help available in their house tend to have an elevated sense of perceived social support (Beigh & Shafi, 2018). This support positively effects mental health of the working women (Abbas et al., 2019; Sackey & Sanda, 2011)

by lowering stress (Sohail & Zafar, 2021; Malik et al., 2010) and associated pathologies, especially if it is from spouse (Dehle et al., 2001).

To overcome the work stress, professional quality of life also plays a significant role (Al-Shafei et al., 2018). Research has also shown positive relationship and association between work stress and domains of burnout and secondary traumatic stress of professional quality of life (Tseng et al., 2018). Secondary traumatic stress and burnout are less in professional health care providers along with high levels of compassion satisfaction (Avieli, Ben-David & Levy, 2016). In another instance, reasonable risk for burnout (Bhutani et al., 2012) and secondary traumatic stress was found among medical practitioners which although, was balanced by moderate compassion satisfaction (Highfield & Parry-Jones, 2019). In academicians, research has shown children teaching level, age, and experience in years to be the significant pointers of burnout in female teachers (Mukundan & Ahour, 2011).

The theoretical underpinning of this research is Job Demands- Resources model (Bakker & Demerouti, 2007; Demerouti et al., 2001). In work and organizational psychology, Job Demands-Resources (JD-R) model has become an influential stress and motivation model in recent years. As per the model all the domains (physical, psychological, social and organizational) of a job that require physical as well as psychological sustained efforts are the job demands whereas, all those aspects of the job that lower job demands and associated costs are resources (social support, compassion satisfaction domain of professional quality of life). This implies that high job demands trigger health issues (burnout and secondary traumatic stress domains of professional quality of life) while high job resources increase motivation and alleviate work strain and health issues (Berthelsen et al., 2019).

Objectives: This study has the following objectives 1) To find out the relationship among interpersonal support, professional quality of life and work stress in working women and 2) To find out the mediating role of professional quality of life in the relationship between interpersonal support and work stress

Hypotheses: Based on literature and objectives of the study it is hypothesize that 1) There is likely to be a negative relationship between interpersonal support, professional quality of life and work stress in working women and 2) Professional quality of life is likely to mediate the relationship between interpersonal support and work stress

Scope of the Study: Working women have a powerful role in making the economic condition of their households and ultimately economy of the country better. The working women face many stressors such as unsupportive family and friends, competition, gender bias at work place coupled with traditional norms and societal expectations. Presence of any kind of support and enhanced professional quality of life mitigates stress at work. But these factors have not been studied for women working in high stress fields of academia, banking and medicine particularly in Pakistani

context. The aim of the study is to examine the relationship among these variables and explore possible mediating roles.

RESEARCH METHODOLOGY

The study was based on the Correlational research design to investigate Interpersonal Support, professional quality of life (ProQOL) and work stress in 170 working women, with the age range ($M=31.92$, $SD=9.26$). Purposive sampling strategy was used in the current research. The sample was collected from different cities of Pakistan i.e., Lahore, Jaranwala, Faisalabad, Gujranwala, Multan and Bahawalpur. Total 300 survey questionnaires were distributed among working women, but due to the exclusion criteria 170 survey questionnaires were valid and 130 survey questionnaires were discarded because of missing information. Some of the questionnaires were not collected from respective places where the surveys had been distributed, due to pandemic restrictions. Thus, 170 questionnaires were included as they were completely filled with the response rate of 56.66%. Data was later collected using google forms pertaining to the travel restrictions and SOPs of COVID. The link of questionnaires was disseminated through social media platforms, and official WhatsApp groups. Informed consent was provided by the participants at the beginning of online data collection and they were given the right to withdraw from the research at any point of time they desired. The research was designed, conducted and reported in compliance with American Psychological Association (APA) guidelines.

The sample comprises of 85 teachers (50%), 63 doctors (37%) and 22 bankers (13%). the sample included teachers, bankers and doctors who have at least Master's / MBBS degree and 1 year of work experience. The sample comprised of both 85 married (50%) and 85 unmarried working women (50%). Working women living in both 82 joint (48%) and 88 nuclear family system (52%) were selected. Those working women who had 79 contracts based (47) and 91 permanent jobs (54%) were selected. Teachers belonging to discipline of psychology, nurses and interneers were excluded from the sample.

The data was collected from the participants using demographics questionnaire that included information such as age, profession, designation, marital status, education, years of professional experiences, income, and family system.

Interpersonal Support Evaluation List-12, a 12-item scale that measure the perception about social support. It consisted of 4-point rating scale as 1= "Definitely false", 2= "Probably false", 3= "Probably true" and 4= "Definitely true". The reliability of the scale is $\alpha= 0.80-0.90$. It has three subscales Appraisal support which means guidance, belonging support means concern, understanding and acceptance and Tangible support means material or financial help (Merz et al., 2014). Professional Quality of life (ProQOL) is a 30-item scale. It consisted of 5-point rating scale as 1= "Never", 2= "Rarely", 3= "Sometimes", 4= "Often" and 5= "Very often". It has three subscales namely Compassion satisfaction ($\alpha= 0.88$), Burnout ($\alpha= 0.75$) and Secondary traumatic stress ($\alpha= 0.81$) (Stamm, 2010). General Work Stress Scale is a 9-item scale, consisted of 5-point rating scale as 1= "Never", 2= "Rarely", 3= "Sometimes", 4= "Often" and 5= "Always". The reliability of work stress scale is $\alpha=0.88-0.89$ (de Bruin, 2006).

RESULTS

Data was entered in SPSS version 26. Statistical significance was set at 0.05 level. The normality of the distribution was tested using skewness and kurtosis. Sociodemographic variables were analysed using frequencies, percentages and means and standard deviation. To find out the association between variables Interpersonal Support, Professional Quality of Life and Work Stress correlation analysis were carried out. Mediation analysis was carried out using process macro and Hayes method

Table 1 Descriptive Statistics and Intercorrelations for the study variables

		1	2	3	4	5	6	7
1	ASS	---	.53***	.54***	.40***	-.48***	-.26***	-.28**
2	BSS	---	---	.46***	.31***	-.26***	-.12	-.25***
3	TSS	---	---	---	.31***	-.38***	-.30***	-.30***
4	CSS	---	---	---	---	-.52***	-.05	-.32***
5	BOS	---	---	---	---	---	.65***	.51***
6	STSS	---	---	---	---	---	---	.35***
7	WSS	---	---	---	---	---	---	---
	M	12.01	11.42	11.51	37.51	24.71	27.36	21.31
	SD	2.55	2.57	2.50	5.91	5.12	6.04	6.91

Note: ASS= Appraisal Support subscale, BSS= Belonging Support subscale, TSS= Tangible Support subscale, CSS= Compassion Satisfaction subscale, BOS= Burnout subscale and STSS= Secondary Traumatic Stress subscale WSS= Work Stress Scale. df=168 ***p<0.001

The results of correlation analysis showed that Appraisal Support, Belonging Support, Tangible Support are positively correlates with each other and compassion satisfaction, whereas negatively correlates with burnout Secondary Traumatic Stress and work stress. Similarly, compassion satisfaction negatively correlates with burnout Secondary Traumatic Stress and work stress. Whereas, burnout Secondary Traumatic Stress and work stress positively correlates with each other.

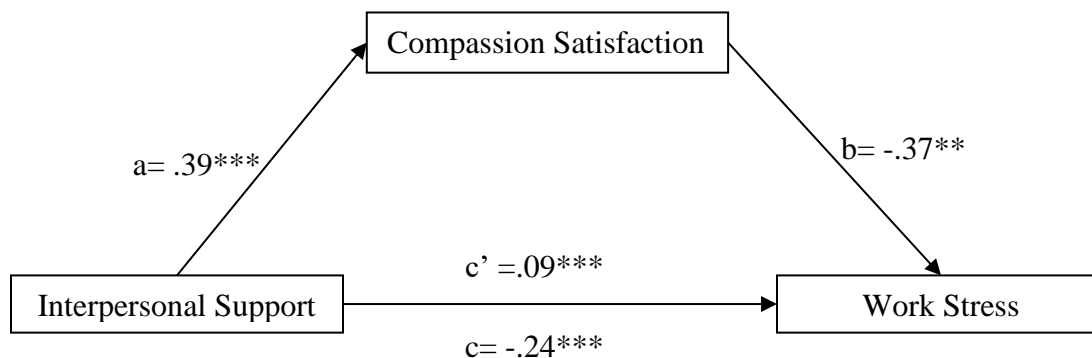
Mediation Analysis: Mediation analysis was carried out using Andrews Hayes (v3.3) process macro. Interpersonal support was set as a predictor (X), work stress was the outcome (Y), professional quality of life three subscales namely Compassion Satisfaction, Burnout and Secondary Traumatic Stress was selected as the mediator (M). The traditional approach to mediation consists of three regression analysis steps to reveal the relationship among variables. The first step is to find the total effect (c) i.e. (X → Y), the second step is to obtain indirect effect referred to as an (X → M), and the third step is referred to as b (M → Y). The mediation is significant if total effect, the indirect effect is significant and the direct effect is smaller than the total effect. If the direct effect is still significant, it is called partial mediation. In the current research mediation was significant for Compassion Satisfaction, and Secondary Traumatic Stress.

As shown in Table 2 the results of mediation analysis showed that the direct effect of the path a from Interpersonal support (X) to Compassion Satisfaction (M) was statistically significant ($b=.39$, $S.E=.06$, $***p<.001$). Similarly, that direct effect of path b from Compassion Satisfaction (M) to Work Stress (Y) was negatively and statistically significant ($b=-.37$, $S.E=-.08$, $***p<.001$). The direct effect of path c from Interpersonal Support (X) to Work Stress (Y) was statistically significant ($b=-.24$, $S.E=-.09$, $***p<.001$). The indirect effect c' ($b=-.09$, $S.E=-.04$, $***p<.001$) tested through bootstrapping (.04) is statistically significant at confidence interval 95% CI (-.18, -.01).

Table 2 Regression Coefficients, Standard Error (SE), and Model Summary Information for Interpersonal Support, Professional Quality of life (Compassion Satisfaction) and Work stress of University Students

Antecedent	Consequent							
	M (Compassion Satisfaction)			Y (Work stress)				
	b	SE	P		b	SE	P	
Interpersonal support (X)	a	.39	.06	<.001***	c	-.24	-.09	<.001***
Compassion Satisfaction (M)	---	---	---	b	-.37	-.08	<.001***	
		$R^2=.17$			$R^2=.15$			
		$F(1, 169) =$			$F(1, 169) =$			
		34.76, $***p<.001$			13.01, $***p<.001$			

Figure 1 Emerged Statistical Model of Research



Note. Fig 1 showed standardized regression coefficients of path a, path b and path c' (total and indirect effect) are significantly mediated by the variable compassion satisfaction. The standardized regression coefficients path c (direct effect) is statistically significant

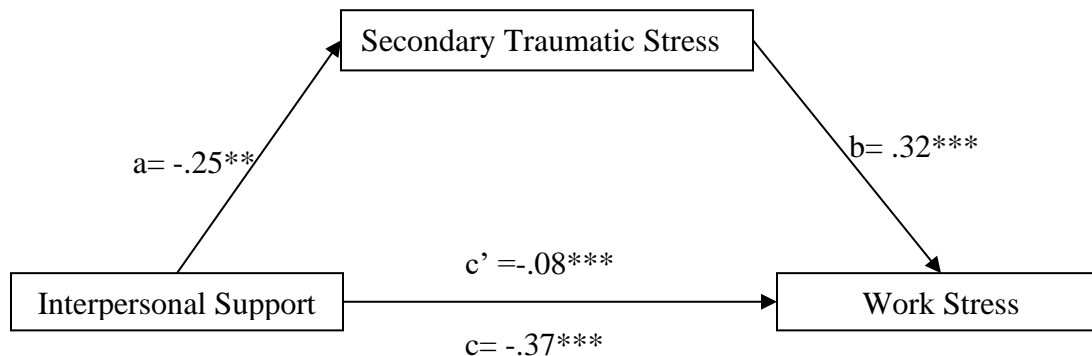
As shown in Table 3 the results of mediation analysis showed that the direct effect of the path a from Interpersonal support (X) to post traumatic stress (M) was statistically significant ($b=-.25$,

S.E=.07, **p<.01). Similarly, that direct effect of path b from post-traumatic stress (M) to Work Stress (Y) was negatively and statistically significant (b=-.37, S.E=-.07, ***p<.001). The direct effect of path c from Interpersonal Support (X) to Work Stress (Y) was statistically significant (b=.32, S.E=.08 ***p<.001). The indirect effect c' (b=-.08, S.E=.03, ***p<.001) tested through bootstrapping (.03) is statistically significant at confidence interval 95% CI (-.15, -.02).

Table 3 Regression Coefficients, Standard Error (SE), and Model Summary Information for Interpersonal Support, Professional Quality of life (Secondary Traumatic Stress) and Work stress of University Students

Antecedent	Consequent							
	M (Secondary traumatic Stress)			Y (Work stress)				
		b	SE	P		b	SE	P
Interpersonal support (X)	a	-.25	.07	<.006**	c	-.37	-.07	<.001**
Post-traumatic Stress (M)	---	---	---	---	b	.32	.08	<.001***
		R ² = .06 F (1, 169) = 12.26, **p<.01				R ² = .15 F (1, 169) = 21.85, ***p<.001		

Figure 2 Emerged Statistical Model of Research



Note. Fig 2 showed standardized regression coefficients of path a, path b and path c' (total and indirect effect) are significantly mediated by the variable post-traumatic stress. The standardized regression coefficients path c (direct effect) is statistically significant.

DISCUSSION

The research hypothesized that: there is likely to be a negative relationship between interpersonal support (appraisal support, belonging support and tangible support), professional quality of life (compassion satisfaction, burnout and secondary traumatic stress) and work stress in working women; professional quality of life is likely to mediate the relationship between interpersonal support and work stress.

The correlational analysis of 170 working women showed that Appraisal Support, Belonging Support, Tangible Support are positively correlates with each other and compassion satisfaction, whereas negatively correlates with burnout Secondary Traumatic Stress and work stress. Similarly, compassion satisfaction negatively correlates with burnout Secondary Traumatic Stress and work stress. Whereas, burnout Secondary Traumatic Stress and work stress positively correlates with each other. The literature supported that the lack of the interpersonal relationships on the job can be negative and become a source of stress at work rendering of relationship with colleagues and supervisors (Leiter & Maslach, 1988). It implies that the with the increase in interpersonal support, there is a decrease in work stress. So, it shows that the interpersonal support is necessary for the work and life balance.

Results of mediation analysis showed that compassion satisfaction and secondary traumatic stress mediate the relationship between interpersonal support and work stress. The results are supported by previous researches. Research of Ashraf, Ahmed, and Mangi (2019) showed that variable work relations and workload cause the work stress. Work stress as a dependent variable is being predicted by the interpersonal relationships on and outside the job. Thus, the social relationships tend to increase well-being of an individual and reduces the stress at work caused by the unfavourable working conditions (Nappo, 2020). In Pakistan, the social support, either work or family-based effects, balances work and family roles in a positive way because it helps in sharing the thoughts and the problems arising out of work and personal affairs (Malik et al., 2010). Quality of life influence work stress (Kasraie et al., 2014). The interpersonal support in the Pakistani collectivist culture is the source of reducing stress at work. The fatigue and burnout factors tend to be common in the professions i.e., medicine, teaching and banking.

CONCLUSION

The ratio of working women in Pakistan is increasing day by day as it became necessary to make economic conditions better. The women who get the interpersonal support from home and colleagues have better professional quality of life. Thus, results in the reduction of work stress. The literature looked towards the role of interpersonal support, professional quality of life and work stress in working women. Data was collected form Doctors, Teachers and Banker women. Results showed that interpersonal support and compassion satisfaction were positively related. Compassion satisfaction negatively correlated with work stress. Whereas, burnout, secondary traumatic stress and work stress positively correlated with each other. Compassion satisfaction and secondary post-traumatic stress domains of professional quality of life mediated the relationship between interpersonal support and work stress.

Limitations and Suggestions: The questionnaire was lengthy which made professionals get bored by the end and they felt annoyed. So, in future studies a shorter assessment tool should be used or qualitative study methodology should be utilized. Before then onset of pandemic the process of data collection was smooth. But owing to COVID SOPs and travel restrictions the data collection

process became hectic and response rate reduced even when online data was collected. So contingency plan should be made.

Implications: The findings show that interpersonal support in any form and professional quality of life are quite important factors for reducing stress at work. The research highlights that formal guidance and support to the working women who are managing both work and home make them prosper in their working as well as personal life. The stress at the work is the root cause of dissatisfaction with the work and personal life. This research will help other researchers to explore these variables in other working settings. It would serve as guiding principle for HR professionals and organizational psychologists.

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