

Study of Mental Satisfaction among Working Women as a Function of Income level, Professional & Non Professional Educational Background

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Abstract: *The objective of present study was to see the difference in the mental satisfaction among working women of low income group of background of professional and non professional background. The sample was selected on random basis. It consisted of 120 working women of both professionals (60) and of non professionals (60) educational background, low income group. To study this research problem 2x1 factorial designs was used. In this design working women of 2 categories professional and non professional Educational background, salary groups (1 income levels) were independent variables, Life satisfaction was dependent variable, so the proposed research design was 2x1 factorial designs. Pramod Kumar and Jayshree Dhyani, Life Satisfaction Scale (LSS) were used.*

Keywords: *Professional , Non Professional, Low Income Group, Mental Satisfaction, Working Women.*

I. Introduction

Human is an objective creature always evaluating his life situation. He will feel no satisfaction until he gains his goals. Perhaps, it can be said that the final aspiration of every human being is to attain his goals and desires and this attainment leads to life satisfaction. Therefore, Life Satisfaction is the central aspect of human welfare. It is ultimate goal and every human being strives to achieve this goal throughout the life.

Life satisfaction refers to an individual's personal judgment of wellbeing and quality of life based on his or her own chosen criteria (Diener, 1984).

An affective component, which is usually further divided into pleasant affect and unpleasant affect (Diener, 1990; Diener & Emmons, 1984)

The affective and cognitive component of SWB is not completely independent; however, the two components are somewhat distinctive and can provide complementary information when assessed separately. These both affective and cognitive aspects of SWB appear to be important but, the life satisfaction component has received less attention (Diener, Emmons, Larsen & Griffin, 1985). Because life satisfaction frequently forms a separate factor and correlates with predictor variables in a unique way, it seems worthwhile to separately assess this construct.

Life satisfaction is considered to be judgmental component of subjective Well-Being. It can be assessed globally or by specific domain area such as satisfaction with work, marriage and health. It represents how satisfied people feel with their life generally, as contrasted with positive affect (Sometimes called happiness), which represents how they feel at a single point of time. That is life satisfaction involves people's thinking about their life as a whole including factors such as whether they are achieving their goals, are doing as well as other people around them, and are happy generally rather than just right now. Life satisfaction is thus a longer term measure than affect.

1.1 Factors Affecting Life Satisfaction

Wilson (1968) is of the view that a man would be completely happy if he is satisfied in all aspects of life. A life that involves the satisfaction of simple desires, gives many pleasures. These desires arise due to a number of behavioral actions that are related to overt or covert behavior of the concerned individual or these may be environmental i.e. related to social, mental and physical environment.

1.2 Mental Satisfaction of working women

Health is one of the most important factors in life satisfaction in working women. Self-rated overall health was associated with life satisfaction in the cross-sectional study in women only. This gender difference confirms previous research (Nagata et al., 1999).

Gender-specific relationships between health and quality of life have been linked to gender differences in disease and disability trajectories. Women tend to live longer with illness and to experience more disability

related diseases, compared to men. Men tend to fall ill with more life-threatening health conditions leading to shorter periods of impaired health (Gold et al., 2002; Murtagh & Hubert, 2004; Verbrugge, 1989).

Women's perceptions of quality of life are more connected to health. A differentiation of the medically based mental health measure into disability-related and life-threatening diseases would have provided the possibility of a formal empirical testing of the hypothesis. Another explanation of the finding is related to marital status. Men are more likely to receive support from a partner, whereas women more often have to cope with illness in solitude (Troll, 1994). In Study we further elaborated the seemingly weak relationship between life satisfactions and so called "objective" health measures found by replacing the number of diagnoses and medications health variables with specific chronic diagnoses. Some of the diagnoses were significantly related to life satisfaction. However, there were gender differences that need to be addressed. The gender specific relationship between diagnosis and life satisfaction have several possible explanations. There may be biological differences between men and women that affect the expressions and courses of disease. It may affect gender differences in the strategies employed to cope with the psychological, social, and everyday functional dimensions of compromised health. For instance, angina pectoris was linked to lower life satisfaction in men, a finding that may be explained by the fact that women with angina pectoris have longer survival, are at a lower risk of subsequent myocardial infarction or cardiac death, and are also on average 10 years older when they receive the diagnosis. Likewise, gender specific symptoms and treatment consequences of peptic ulcer may also explain why women with the diagnosis reported lower satisfaction with life as compared to women without the diagnosis in our study. Recurrent peptic ulcer is more frequent in men (Heppell, Bess, McIlrath, & Dozois, 1983; Hoffmann, Shokouh-Amiri, Klarskov, Madsen, & Jensen, 1986), but women are more likely to undergo remedial peptic ulcer surgery; an intervention commonly accompanied with complications and morbidity especially in women (Eckhauser, Knol, Raper, & Guice, 1988; Forstner-Barthell et al., 1999). The finding that among men the eczema diagnosis was related to lower satisfaction with life is presumably not related to gender differences in the actual expression of diagnosis but more probably reflects men's failure to treat their eczema properly with skin lotions. In considering the importance of medical diagnoses for life satisfaction in old age, a gender perspective is likely to contribute to a better understanding of the complex relationships between actual diseases and effects on life satisfaction.

Mental health in terms of depressive symptoms has been showed a gender-specific relation to life satisfaction at the cross-sectional level. The association between depressive symptoms and life satisfaction has been found previously (Blazer et al., 1992; Chamberlain, 1988), and depressed women have been found to report lower quality of life compared to depressed men (Doraiswamy, Khan, Donahue, & Richard, 2002). The reasons why depression seems to be more strongly related to perception of life in general among women are still largely unidentified. One possible explanation is that men are less inclined to report negative attitudes, indicating that the thresholds for reporting low quality of life are higher as compared to women.

II. Problem

To study the difference in mental dimension of life satisfaction scale among working women of professional and non professional educational background of low income group.

III. Hypothesis

Working women of low income group of professional and non -professional background would show difference in the amount of mental satisfaction.

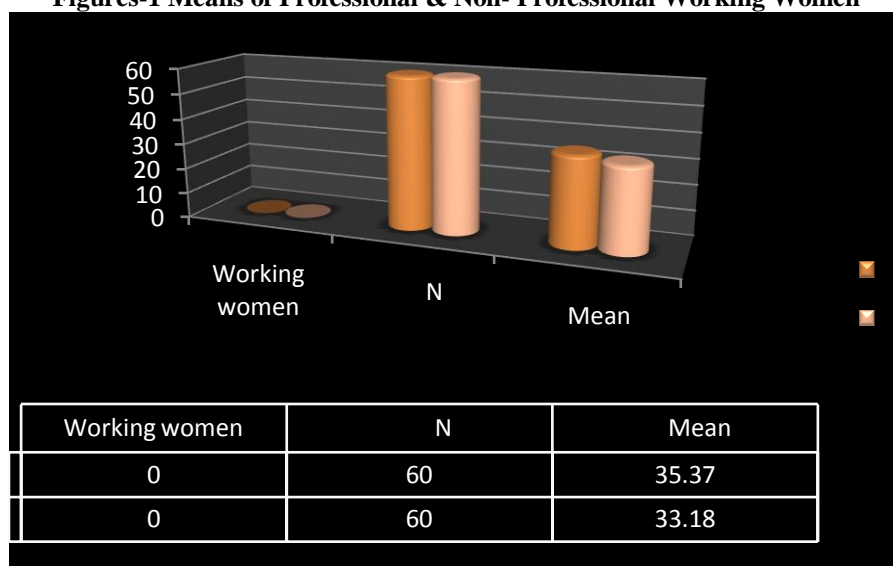
IV. Results and Discussions

The table shows means of professional (35.37) and non professional Educational Background (33.18) of low income group of working women, showing higher mean on professional working women of low income group thus having higher satisfaction in mental level higher satisfaction in the mental level of life satisfaction.(Table 1)

Table-1 Mean of professional and non professional Educational Background on mental dimension working women.

Working women	N	Mean
Professional	60	35.37
Non-professional	60	33.18

Figures-1 Means of Professional & Non- Professional Working Women



t-value for the two groups was found significant on higher level i. e. .01 levels showing that low income group professional working women had higher mean shown more satisfaction on mental dimension compared to low income non professional working women. The professional working women have higher mean (35.37) on mental dimension as compared to non professional working women mean of (33.18) thus showing that professional working women have shown more satisfaction on mental dimension.

Table-2 [t-value] of professional and non professional Educational Background on mental dimension of working women.

Working women	df	mean	SD	t-value	Significance
Mental dimension	119	31.49	5.59	61.70	.01**

V. Conclusions

The difference was seen in mental dimension of life satisfaction among working women of low income group of the professional and non professional streams satisfaction in mental dimension of life satisfaction.

VI. Contribution of The Paper

The study focuses on professional & non-professional Working women of low income group .The findings show that professional Working women of low income group have shown more satisfaction on mental dimension because of their engagements with job in professional career a similar study can be done on other dimension of life satisfaction.

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References

- [1]. Diener E., Subjective well-being. Psychological Bulletin, 95(3), 1984, 542-575.
- [2]. Diener, E., Emmons, R. A., Larsen, R. J., & Griffin, S.,The satisfaction with life scale,Journal of Personality Assessment, 49, 1985, 71-157.
- [3]. Emmons, R. A., & Diener, E.,Factors predicting satisfaction judgments: A comparative examination. Social Indicators Research, 16, 1985, 157-167.
- [4]. Wilson D.S., A New look at the affluent worker: The good working mother in post-war Britain twentieth century British history,17,2006,p206-229.

- [5]. Nagata, A., Yamagata, Z., Nakamura, K., Miyamura, T., & Asaka, A. Sex differences in subjective well being and related factors in elderly people in the community aged 75 and over. *Nippon Ronen Igakkai Zasshi*, 36(12),1999,868-873.
- [6]. Gold, C. H., Malmberg, B., McClearn, G. E., Pedersen, N. L., & Berg, S. ,Gender and health: a study of older unlike-sex twins. *Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, 57(3), 2002, S168-176.
- [7]. Soldo, B. J., Hurd, M. D., Rodgers, W. L., & Wallace, R. B.,Asset and Health Dynamics Among the Oldest Old: an overview of the AHEAD Study. *Journals of Gerontology: Series B: Psychological Sciences and Social Sciences*, 52 Spec No, 1997, 1-20.
- [8]. Heppell, J., Bess, M. A., McIlrath, D. C., & Dozois, R. R. ,Surgical treatment of recurrent peptic ulcer disease. *Annals of Surgery*, 198(1),1983, 1-4.
- [9]. Eckhauser, F. E., Knol, J. A., Raper, S. A., & Guice, K. S. ,Completion gastrectomy for postsurgical gastroparesis syndrome. Preliminary results with 15 patients. *Annals of Surgery*, 208(3), 1988, 345- 353.
- [10]. Blazer, D., Hughes, D. C., & George, L. K. ,Age and impaired subjective support.Predictors of depressive symptoms at one-year follow-up. *The Journal of Nervous and Mental Disease*,180(3),1992, 172-178.
- [11]. Doraiswamy, P. M., Khan, Z. M., Donahue, R. M., & Richard, N. E. The spectrum of quality of-life impairments in recurrent geriatric depression. *Journals of Gerontology Series A: Biological and Medical Sciences*, 57(2), 2002,M ,134-137.