

The Impact of Employment on Women's Social Life and Health

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Abstract:

Combining busy professional lives with maternal responsibilities may have a significant impact on women's social and personal lives. They spend their energies creating a harmonious home environment for their families and satisfying the family's financial needs. The responsibilities they bear overlap, creating a high-pressure environment as females try to manage home responsibilities with career roles. This situation often results in physical and cognitive exhaustion, which can impact the quality of relationships with spouses and children, as well as their overall health and well-being. **Objectives:** The main objective of the study was to assess the impact of employment on working women's social life and health. **Hypothesis:** The main hypothesis of the study was that there is no significant impact of employment on women's social life and health. **Methodology:** A cross-sectional approach utilizing normative survey methodology was used for the present study. The population of the research study comprised married female physical education teachers, doctors, nurses, and bankers residing in Islamabad, the Capital city of Pakistan. The researcher selected a total of 62 respondents using the snowball sampling technique. **Results:** This study demonstrates that employment has a significant impact on Pakistani women's social life and health in multiple areas.

Key Words: Pakistani women, Physical Health, Mental Health, Personal Life, Family Life.

Introduction

Background of the Study

Modern working women face numerous barriers in both their home life and work. Abdullah et al. (2014) note, working women have to cope with juggling their family roles as mothers and wives with institutional issues at work, including harassment and inequality challenges. Hussain (2008) refines the issue with research that helps explain difficulties Pakistani women face when considering institutional support. Hussain (2008) shows the ongoing limitations women face within Pakistan's social structure. Issues of traditionalism, misinterpretation of religious teachings, and further restrictions on women have built obstacles for occupationally driven women to the point that they often only engage as household managing wives. Misinterpretations are forcing working women to take on more stress than their male company work peers with similar formal education and experience.

Tracy et al. (2003) demonstrated that women are often expected to perform dual roles as committed partners and committed children, and they are repeatedly challenged by those roles. Females expend energy to create a harmonious home environment for their families while satisfying the family's financial needs. The responsibilities they bear overlap, creating a high-pressure environment as females try to manage home responsibilities with career roles. This situation often results in physical and cognitive exhaustion, which can impact the quality of relationships with spouses and children, as well as their overall health and well-being.

The simultaneous obligations of family and work create separate issues for employed mothers. Gjerdingen et al. (2003) found that women's advancement into technical and industrial sectors has increased the health and work issues associated with managing multiple responsibilities. Combining busy professional lives (clerk, administrative, or executive) with maternal responsibilities, marital responsibilities, and care of extended family can take a significant toll on women's mental and physical health.

Recent demographic trends suggest an accelerating increase among working mothers with dependent children below the age of 5. Although many mothers are working in part-time positions, full-time maternal employment continues to increase, affecting families as a whole. Research indicates that employed mothers may engage in different behavior regarding academic support than stay-at-home mothers.

Alexander (2015) highlighted the particular vulnerabilities of women in male-dominated work environments, where isolation, sexual harassment, and negative colleague behavior create additional stress factors harmful to women's health. Research demonstrates that women in male-dominated workplaces exhibit elevated blood cortisol levels, a stress hormone with negative health implications.

Gjerdingen et al. (2003) noted that despite increasing female workplace participation, household responsibilities remain unevenly distributed along gender lines. Women often underestimate workplace challenges due to domestic obligations, leading to increased exposure to stressful situations and heavy workloads. This burden particularly affects women in clerical, managerial, or executive positions who simultaneously maintain primary childcare responsibilities.

Sara et al. (2008) identified elevated illness risk among working mothers under 40 years of age. The strain of multiple roles, housewife, mother, and employee, proves detrimental to women's health until the gender-based domestic work division undergoes modification. Both professional and family spheres hold significant importance in a woman's life. The present study examines four distinct professional categories: teachers (n = 23), nurses (n = 24), doctors (n = 9), and bankers (n = 6), totalling 62 respondents, to investigate the multifaceted impact of employment on women's social lives and health.

OBJECTIVES OF THE STUDY

The following are the main objectives of the study:

- 1.To determine the impact of employment on working women's social life
- 2.To assess the impact of employment on working women's health
- 3.To evaluate the impact of employment on working women's family life
- 4.To examine the impact of employment on working women's personal life
- 5.To analyze the relationship between women's employment and their social life and health
- 6.To measure mean differences among professional categories (doctors, bankers, teachers, and nurses) regarding employment impact on social life and health

SIGNIFICANCE OF THE STUDY

This study addresses a crucial but underexplored area by examining problems associated with women's employment. The research contributes significantly to understanding how female employment affects social life and health.

Rehana (2000) observed that working women often cannot attend social gatherings and meetings due to time constraints, spending most time at work and balancing household duties, limiting their participation in social events and family functions compared to homemakers.

Regarding social life, this research highlights the employment impact on women's domestic affairs and social relationships. The study's primary contribution addresses the needs of society's most important demographic. In the health context, the research examines employment effects on fitness, self-care, family care, stress management, rest, and sleep patterns.

Mann et al. (2006) noted in their legal review that while male workers also face workplace authority impatience, female victims experience higher rates of harassment. This harassment encompasses both physical and mental dimensions, affecting ego and pride. Female workers sometimes must choose between employment and personal protection and self-esteem.

This research comprehensively covers all aspects of women's lives, providing substantial information to broader audiences. The study offers clear guidance for future research endeavors and aims to open new avenues for subsequent researchers. The research contributes to understanding how social responsibilities affect women's health status, given that multidimensional responsibilities significantly impact female health.

RESEARCH HYPOTHESES

Professional Category Comparisons:

Ho1: There is no significant difference between physical education teachers, doctors, nurses, and bankers regarding the employment impact on family life, personal life, social life, physical health, and mental health.

Ho2: There is no significant impact of employment on women's family life

Ho3: There is no significant impact of employment on women's personal lives

Ho4: There is no significant impact of employment on women's social life

Ho5: There is no significant impact of employment on women's physical health

Ho6: There is no significant impact of employment on women's mental health

Ho7: There is no significant relationship between employment and social life

Ho8: There is no significant relationship between employment and health

Literature Review

This study examines two primary areas affected by women's employment: social life (encompassing family and personal life) and health (including both physical and mental dimensions). The literature review is organized thematically to address these key areas and their interconnections.

Equipping families with paid employment opportunities adds considerable complications to traditional family structures. According to Abdullah et al. (2014), working women face considerable barriers, often imposed on them by family members. Working women, regardless of their level of education, frequently require family authority to have a career, facing significant opposition from family members and other kin. In contrast, men can select to work in occupations that suit their interests or their skills in relative freedom.

The issue at the heart of this is society's expectation that women should prioritize their family responsibilities, while also participating in paid work. Gjerdingen et al. (2003) have shown that balancing these roles is recognized as a threat to the stability of marriage, especially in homes with rigid gender roles/gender expectations. When women devote a considerable amount of time and energy to the workplace, they are unable to devote time and energy to the house, and often are critiqued by family members for their lack of contributions to the household when they are unable to devote time to managing the

house. On the other hand, if they devote a bulk of their efforts at home, being perceived as less competent, and/or less committed to work when they attend to the family duties, will arise.

The conflicts that emerge from filling two roles create a lot of psychological tension and can cause disenfranchised women to feel a loss of self-efficacy and confidence. Not surprisingly, if these women fail to meet ideal expectations in dual roles, they are criticized by both roles: workplace colleagues may call into question their commitment to work, while family members ask them if they are committed to their "home duties". This unrelenting tension can foster emotional distress and undermine a family's cohesion.

Some research suggests that while a few families do get it right and understand and support the working women's efforts, these situations are rare. More frequently, women confront the expectation to excel concurrently as caregivers, spouses, and career

Physical and Mental Health Consequences

Employment creates significant health challenges for women through multiple pathways. Shiva (2013) identified that working women lack sufficient time for family functions and social gatherings due to limited leave allocation and time constraints. This isolation affects their ability to provide adequate care for family members and themselves, ultimately compromising personal health and necessitating improved work-life balance strategies.

Indian research (Sociology Essay, 2015) revealed that even women in high positions face obvious discriminatory behavior, with sexual harassment representing a major workplace challenge. Healthcare settings show particularly high harassment rates, while promotion opportunities remain limited for women across sectors.

Working women experience chronic time scarcity for relaxation, entertainment, or social engagement. Beyond personal overwork and stress, they become targets of social criticism. After full workdays, women return home to extensive household responsibilities, leaving minimal time for social relationships with family, friends, and relatives. Their inability to assist others during emergencies leads to social circle perceptions of arrogance, unconcern, and poor manners.

The absence of personal time for rest, reading, leisurely activities, or self-enjoyment creates psychological strain. Women may desire solitude without interruption, but cannot afford emotional variability or moodiness, given their multiple responsibilities.

Methodology

As the study investigates the impact of employment on women's social life and health, a **quantitative research method** was employed. A cross-sectional approach utilizing normative survey methodology was used for the quantitative investigation.

Population: The population for this research study comprised married female physical education teachers, doctors, nurses, and bankers residing in Islamabad, the Capital city of Pakistan.

Sample, Sample size, and selection of Sample: The researcher selected a total of 62 respondents (23-PETs, 37.1%, 24-Nurses, 38.7%, 9 Doctors, 14.5%, 6 Bankers, 9.7%) using the snowball sampling technique.

Instrumentation

The primary data collection instrument was a structured questionnaire developed specifically for this study. The questionnaire employed a five-point Likert scale format (1. Extremely not, 2. Not, 3. Neutral, 4. To Some Extent, and 5. Extremely Yes) to assess the impact of employment on women's social life and health. The instrument was subdivided into four distinct categories: 1. Impact of employment on family life (10 items), 2. Impact of employment on personal life (20 items), 3. Impact of employment on mental health (15 items), and 4. Impact of employment on physical health (15 items). The questionnaire development followed established protocols from previous research studies in related fields. A self-developed instrument was necessary due to the absence of standardized, validated tools specifically addressing employment impacts on women's social life and health within the Pakistani cultural context.

Validity of the Instrument: The questionnaire underwent rigorous validation procedures to ensure content appropriateness and face validity. The initial instrument contained 65 items addressing employment impacts on women's social life and health. The preliminary draft was submitted to 20 field experts for a comprehensive face and content validity assessment. Based on expert feedback, 2 items were eliminated from the family life impact, and 1 item from the physical health category of the scale due to unclear wording. The remaining items were deemed valid and appropriate based on expert consensus. The final instrument contained 62 items distributed across the four main categories.

Item Distribution by Variable

Questionnaire Item Distribution

Variable	Item Numbers	Total Items
Family Life	1, 2, 3, 4, 5, 6, 7, 8, 9, 11	10
Personal Life	12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33	22
Mental Health	34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48	15
Physical Health	49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63	15
Total		62

Reliability of the Instrument

Fraenkel and Wallen (2003) identify Cronbach's Alpha as the most reliable measure for assessing internal consistency. Reliability analysis revealed satisfactory internal consistency coefficients: **Social Life Impact Scale:** $\alpha = 0.85$, **Health Impact Scale:** $\alpha = 0.81$

Both reliability coefficients exceed the conventional threshold of 0.70, indicating acceptable internal consistency and supporting the instrument's reliability for research purposes.

Conceptual Framework

The study's conceptual framework illustrates the relationships between employment and its impacts on women's social life and health. The framework identifies employment as the independent variable, with social life and health serving as dependent variables. Social life encompasses family life and personal life dimensions, while health includes both physical and mental health components.

Research Variable and Classification

Variable	Type	Components
Female Employment	Independent	Primary predictor variable
Social Life	Dependent	Family life, Personal life
Health	Dependent	Physical health, Mental health
Professional Category	Demographic	Teachers, Doctors, Nurses, Bankers

Data Analysis

Group Comparison Results (H_{01} - H_{05}):

- **Family Life:** No significant differences between professions, despite nurses being descriptively most affected
- **Personal Life:** Significant differences found, with nurses most affected
- **Social Life:** Significant differences found, with nurses most affected
- **Physical Health:** Significant differences found, with doctors most affected
- **Mental Health:** Significant differences found, with bankers most affected

Overall Impact Results (H_{06} - H_{09}):

- **Family Life:** 52% variance explained by employment
- **Personal Life:** 49% variance explained by employment
- **Physical Health:** 72% variance explained by employment (strongest impact)
- **Mental Health:** 82% variance explained by employment (strongest of all)

Relationship Results (H_{010} - H_{011}):

- **Job-Social Life:** Strong positive correlation ($r = 0.682$)
- **Job-Health:** Very strong positive correlation ($r = 0.875$)

Findings, Conclusions, and Discussion

The research employed both descriptive and inferential statistical techniques to analyze data collected through structured questionnaires from 62 female professionals across four categories: physical education teachers, doctors, nurses, and bankers. The findings are presented systematically, followed by detailed discussion and conclusions that address the study's primary research objectives.

Findings of the study

This investigation provides compelling evidence for significant employment impacts on Pakistani women's social life and health across multiple domains. The following are the main findings of the study:

1. The employment significantly affects all measured domains of women's lives, with mental health showing the strongest effects (82.3% variance explained), followed by physical health (72.3%), family life (52.6%), and personal life (49.1%).
2. Different professional categories experience varying impact patterns, with nurses showing consistently high impacts across social domains, doctors experiencing the greatest physical health effects, and bankers facing the most severe mental health consequences.
3. The employment demonstrates strong positive correlations with both social life ($r = 0.682$) and health ($r = 0.875$) impacts, indicating that increased work demands directly correspond to greater negative effects across life domains.
4. Nursing professionals face the most comprehensive impacts across family life, personal life, and social life domains, likely due to irregular schedules, emotional demands, and healthcare environment stressors.
5. Medical Doctors experience the most severe physical health impacts, reflecting the demanding nature of medical practice, long hours, and occupational health risks inherent in healthcare delivery.
6. Banking Professionals demonstrate the highest mental health impacts, suggesting that financial sector employment creates particular psychological pressures and stress.
7. Physical Education Teachers displayed somewhat lower impacts across all domains. This may be largely due to having a relatively more habitual routine, incorporating physical activity, and environmental/contextual characteristics of educational settings.

7. The findings are consistent with theories that women's participation in traditional societies leads to overlapping role conflicts that cause cascading influences across domains. The research shows that these impacts are not consistent across groups of women, and vary by occupational characteristics, professional obligations, and workplace environments.

The strong association between employment status and health means that working can be a determinant of women's overall health. It is plausible that women's health outcomes can be a pathway to impact on the family context and social engagement. Research also emphasizes that Pakistan's employed women face unique barriers rooted in traditional gender norms, where these norms have not adjusted in light of increasing engagement of women in the labor force. The findings demonstrate how cultural factors impact job-related effects by adding additional stress with family responsibilities, social stigma, and lack of supportive structures.

Conclusion:

This study demonstrates that employment has a significant impact on Pakistani women's social life and health in multiple areas. Although engagement in the workforce has financial benefits, the social and institutional systems that largely deny employment can lack adequate systems of support. Without these systems of support, the costs can be sizeable with emotional, social, family, and health-related costs. This study emphasizes the need for integrated approaches in terms of sociocultural issues, organizational policies, and family networks of support, to help maximize the benefits of employment and minimize negative consequences on women's total well-being.

Discussion:

This study explored the effect of employment on women's social networks and health across four occupational categories. Participants (N=62) were recruited from a range of industries, including healthcare, education, and finance, during the research questionnaire. The findings indicate overall trends that presumably replicate global studies, but note some unique features of the sociocultural environment of Pakistan.

The investigation confirmed significant employment effects on family life, and work elements explained 52.6% of the observed variance. This aligns with Abdullah et al. (2014), who noted significant family difficulties for employed women. The research has also uncovered a common contradiction: husbands and extended family often appreciate women's economic contributions, while at the same time, they fail to provide sufficient practical support or understanding of work responsibilities. It is concerning to find that all working women, except physical education teachers, reported difficulty in finding sufficient meaningful quality time with their children. The time deficits are due to competing demands of the workplace and home. The findings support Gjerdingen's (2003) conclusions about the nature of maternal role conflict stress, given the investment of professional time and energy and the reduced time granted to the household and mothering, which can lead to family criticism. The study findings appear to be in line with research that suggests that working women in Pakistan have unique issues to those found in developed countries. Traditional gender role expectations remain largely unchanged despite women's increased workforce participation, creating an unsustainable dual burden. Male family members typically maintain traditional expectations while providing limited support for household responsibilities, echoing the cultural patterns described in previous literature.

Employment demonstrated significant impacts on women's personal lives (49.1% variance explained), with nurses showing the highest impact levels. The findings revealed that most working women, particularly in healthcare and banking, experience inadequate sleep, limited time for physical activities, and poor nutritional habits due to work demands. These personal life disruptions create cascading effects on overall well-being and life satisfaction.

The results support Shiva's (2013) findings regarding working women's insufficient time for family functions and self-care due to limited leave allocations and time constraints. The current study extends these findings by demonstrating that personal life impacts vary significantly across professional categories, with healthcare workers experiencing the most severe disruptions.

Abdullah et al. (2014) noted that Pakistani working women face problems not commonly experienced by women in developed countries, particularly regarding male family members' reluctance to share household responsibilities. The current findings confirm this pattern, with women struggling to maintain personal well-being while managing comprehensive household duties alongside professional obligations.

The research identified significant employment impacts on women's social life, with nurses again showing the highest impact levels. Working women reported having "too many choices" that create anxiety and limit their ability to engage in social gatherings. Most participants indicated that their social environments lack supportiveness, and they experience honors-based pressures regarding friendships while simultaneously being excluded from social activities due to time constraints.

A concerning finding involves working women's limited use of stress reduction techniques, with most participants, especially doctors and nurses, avoiding physical activities for stress management. Instead, many seek spiritual guidance for comfort during stressful periods. This finding suggests inadequate coping mechanisms and limited access to effective stress management resources.

The results align with Denise Horner's (2007) case study findings and support the broader literature documenting social isolation among working women. The current study contributes by demonstrating that social life impacts vary across professional categories and that traditional support systems may be inadequate for addressing contemporary working women's needs.

Employment showed substantial effects on women's physical health (72.3% variance explained), with doctors experiencing the highest impact levels, contrary to other domains where nurses typically showed the greatest effects. The findings revealed that most working women experience joint and muscle pain due to demanding work schedules, with healthcare professionals particularly susceptible to work-related injuries and occupational health risks.

The study identified muscle strain, cramps, and ruptures as common occupational health problems, with duty-hour injuries frequently occurring among healthcare workers. These findings highlight the need for improved workplace safety measures and occupational health protections for women in demanding professional environments.

The results support broader literature documenting the physical health consequences of women's dual responsibilities. The finding that doctors show the highest physical health impacts likely reflects the particular demands of medical practice, including long hours, physical demands, and high-stress environments that characterize healthcare delivery in Pakistani contexts.

Employment demonstrated the strongest impact on women's mental health (82.3% variance explained), with banking professionals showing the highest impact levels. The findings revealed that most working women, except physical education teachers, experience various mental health challenges, including stress, anxiety, depression, worry, and in severe cases, symptoms resembling schizophrenia due to work-related pressures.

These findings align with Ettner and Grzywacz's (2001) research involving 2,048 workers, which found significant correlations between job characteristics and both physical and mental health outcomes. The current study extends these findings by demonstrating that mental health impacts may be particularly severe for women in traditional societies where role conflicts create additional psychological stress.

The results support Sara's (2008) observations regarding elevated illness risk among working mothers under 40, where multiple role strain can damage health until gender-based work divisions undergo modification. The current findings suggest that mental health consequences may be the most severe employment impact experienced by Pakistani working women.

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