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Predictors of Emotional Wellness among Women Faculties – A Psychosocial Perspective

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Abstract

Emotional wellness is a state of awareness by understanding the life's challenges through acceptance of one's emotions and the ability to manage it effectively in a healthy and positive way. Nowadays, women are posed with demanding situations both at workplace and at home and their contribution to socio-economic development is crucial. Several research studies have indicated that stressful life situations, lifestyle changes, socioeconomic conditions, psychological and medical aspects, hormonal fluctuations amongst others act as contributors to women's physical, mental and reproductive health. The stressors induced by day-to-day life's situations can cause or aggravate mental health conditions resulting in imbalanced emotions and disruption in functioning of daily activities. In this context, emotional wellness of women is vital as it integrates overall aspects of health. This research focuses on the negative psychological patterns, i.e., the thoughts, feelings and behaviours that are experienced and exhibited when stressed and its impact on quality of life of women faculties. The findings of the study show that various socio-demographic, health, premenstrual and psychosocial factors such as family values, diagnosed medical conditions, no. of menstrual problems and premenstrual symptoms, increase in negative patterns during the premenstrual phase, perception about work and life, etc., act as predictors of emotional wellness for women. Thus, creating awareness and including self-monitoring & self-care techniques, support groups, etc., will provide academic women to overcome their emotional stress and help them to handle life's situations in a balanced way.

Keywords: Emotional Wellness, Psychological Well-Being, Mental Health, Quality of Life, Life Satisfaction

Introduction

In general, stress is a body's natural response to anything that requires our attention and causes change physiologically or psychologically based on the degree of its intensity. Various stressors are identified that impacts health; especially for women, apart from physical and mental health, reproductive health is also of main concern as it involves hormonal fluctuations and periodic changes every month. Emotional disturbances for women are caused not only by family, work, social or environmental factors, but also due to the symptoms that occur during premenstrual phase of the monthly cycle. However, these symptoms are induced by both biological and psychosocial components. Though emotions play an important role in one's life, its fluctuations during the premenstrual phase hampers work-life balance. In the current scenario, college faculties are under a lot of stress due to demanding family and social responsibilities, work-related issues including career growth and employment based on work experience and categorized into temporary, contractual or permanent status resulting in financial burden and emotional discomfort. Since women in the academic sector are the pillars for imparting knowledge, they need to be more focused without physical or emotional imbalances in order to deliver quality education to younger generations. Hence, the present study intends to identify contributors to emotional wellness of women from a psychosocial perspective.

Literature Review

Stress affects most of the body's functioning including the cardiovascular, respiratory, gastrointestinal, endocrine, musculoskeletal and reproductive systems. It can also have significant impact in alteration of emotions, behaviours and thinking ability. Over the years, scientific research has proved the existence of mind-body connection and how emotions play a significant role in biological changes. In general, emotions play a vital role in coordinating the mind and body, physiology, organizing the perception, thought process, behavioural patterns and social interactions to provide ways to cope up with a particular situation. A study conducted by Dum et al. (2016) has provided evidence for neural basis of mind-body connection and that stress and other mental states can affect organ's functioning thereby proving the anatomical basis of psychosomatic illnesses. Also, Somashekher (2018) revealed that Indian women employees take their family commitments very seriously when compared to their professional responsibilities, and by doing so, they develop severe stress and high degree of work-family conflict. In this context, it is understood that our body responds to various factors including thoughts, beliefs and emotions. These patterns are developed since childhood based on family and cultural expectations imposed on the girl child, women's role in the society, etc.

Numerous research studies have found that stress is also associated with variations in the menstrual cycle and aggravation of premenstrual symptoms. The findings of a study conducted by Singh et al. (2015) showed that psychosocial stress may be responsible for irregular menstrual cycles and women under psychosocial stress are prone to long-term disease risks. Also, daily stressors are linked to alteration in the reproductive function in healthy women who are without any reproductive disorders (Schliep et al., 2015). Other research studies revealed that hormonal fluctuations play a significant role in premenstrual symptoms. Hofmeister and Bodden (2016) have mentioned that premenstrual symptoms (PMS), which occurs during the luteal phase of the menstrual cycle every month, i.e., the premenstrual phase, involves both

physical and psychological symptoms. These symptoms significantly affect the mood causing emotional discomfort, which hinders the daily functioning of women including disruptive relationships, imbalanced personal and professional activities and finally adversely impacting the quality of life. Studies revealed that PMS arises when women are vulnerable and under stress and there is also a correlation between PMS stress, anxiety, depression and the role of femininity (Zendehdel & Elyasi, 2018). Negative perceptions about health and stress may also intensify these symptoms in most of the women (Matsumoto et al., 2019), which can lead to a variety of physical disorders involving cardiologic, pulmonary, neurological, gastrointestinal and genitourinary; psychological conditions including cognitive, mood and emotional disorders; behavioural symptoms including changes in sleep and eating patterns; as well as social complications like problematic interpersonal relationships, sexual dysfunction and social isolation (Siahbazi et al., 2018), and this can considerably impact quality of life of the affected women especially during the premenstrual phase (Dennerstein et al., 2010 & Quick et al., 2019). Hardy & Hunter (2021) also mentioned that employees with moderate to severe PMS were found to perceive that their symptoms were preventing their ability to carry out the job requirements and was associated with difficulty concentrating at work, reduced work productivity, increased work absenteeism and significant impact on quality of life.

Based on most of the research findings, it is understood that women's reproductive health has significant relationship between stress and emotional well-being. Since it is a monthly process, women undergo this additional burden periodically apart from other stressors.

Objective

To identify the socio-demographic, health, premenstrual, psychosocial and premenstrual symptom remedial predictors that contribute to emotional wellness

Hypothesis

H_0: There will not be any significant predictors between socio-demographic, health, premenstrual, psychosocial and premenstrual symptom remedial variables.

H_A: There exists significant predictors between socio-demographic, health, premenstrual, psychosocial and premenstrual symptom remedial variables.

Methodology

Sampling Procedure and Design

The research study was conducted in five private arts & science colleges in the City of Coimbatore, Tamil Nadu upon receiving approval from the Institutional Human Ethics Committee of our University (AUW/IHEC/ws-20-21/XPD-03) and from the heads of the institutions of respective colleges.

The sample has been drawn from a finite universe comprising of 639 women faculties, wherein the sample size (N) is 243. The study included only women faculties falling under the age-group of 26 - 49 years; faculties who are above 50 years, who have undergone hysterectomy

and subjected to early menopause were excluded. Based on the nature of the study, convenient sampling technique with exploratory research design and survey method was adopted.

The data was collected through online questionnaire. The confidentiality statement and non-disclosure of the collected data were informed to the participants in the online link. The questionnaire comprised of socio-demographic, health, premenstrual, psychosocial and premenstrual symptom remedial variables. The three independent and five dependent variables that showed statistically significant results for the selected Dependent Variable (TFB) are classified below.

Variables Classification

The selected dependent variable TFB is a Psychosocial Variable, which is Thoughts, Feelings and Behaviour Patterns, indicating negative psychological patterns of the respondents when they are generally stressed. It is a self-devised 5-point Likert-type scale with 14 items and each item is scored from 1 to 5 (1 = never, 2 = rarely, 3 = sometimes, 4 = often, 5 = always).

The three independent variables/predictors included one Socio-Demographic Variable: i) FV - Family Values and two Health Variables: i) DMC - No. of other Diagnosed Medical Conditions (conditions like hypertension, diabetes, thyroid problems, anaemia, etc.) and ii) NMP - No. of Menstrual Problems (a multiple-choice response question).

The five dependent variables/predictors included one Premenstrual Variable: i) PS - No. of Physical Symptoms during premenstrual phase (a multiple-choice response question); three Psychosocial Variables: i) ITFB - Increase in negative Thoughts, Feelings & Behaviour Patterns during premenstrual phase (Yes/No/Sometimes question); ii) CFS - Causes for Stress, which is a self-devised 5-point Likert-type scales with 12 items scored from 1 to 5 (1 = never, 2 = rarely, 3 = sometimes, 4 = often, 5 = always) and iii) VWAL - Viewpoint about Work and Life, also a self-devised 5-point Likert-type scales with 16 items scored from 1 to 5 (1 = strongly disagree, 2 = disagree, 3 = neither agree nor disagree, 4 = agree, 5 = strongly agree); and one Premenstrual Symptom Remedial Variable: i) EPMS - Exercise to reduce premenstrual symptoms (Yes/No/Sometimes question).

Analysis

The data were coded and analyzed using SPSS 25.0. Reliability test was performed for the constructed scales, which indicated that Cronbach's Alpha was > 0.5: Thoughts, Feelings and Behaviour (TFB) = 0.868, Causes for Stress (CFS) = 0.849 and Viewpoint about Work and Life (VWAL) = 0.770. Percentage analysis was done to identify the distribution of respondent's age and intensity of negative psychological patterns when generally stressed. To determine the statistically significantly predictors for the selected dependent variable (TFB), a stepwise regression analysis was performed using the independent variables and other dependent variables.

Results

The percentage distribution of respondents' age given below in Fig. 1, which shows 10.7% in the age group of 46-49 years, 18.5% in the group of 42-45 years, 21% in 38-41 years, followed

by 17.3%, 16.5% and 16% in the age groups of 34-37 years, 30-33 years and 26-29 years respectively.

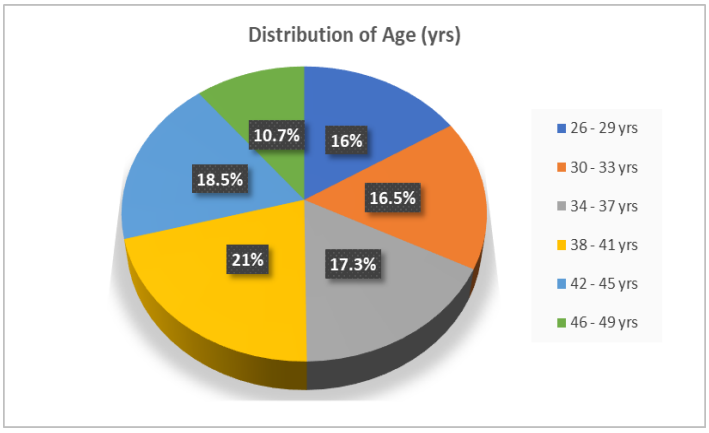


Fig.1: Age Distribution of Respondents (N = 243)

The intensity of the respondents' negative thoughts, feelings and behaviour patterns when generally stressed (TFB) was measured with a 14-item scale. It showed 54.7% of them have high negative psychological patterns and 16% experience very high patterns, whereas 26.3% have average and 2.9% have low patterns respectively, which are represented in Fig.2.

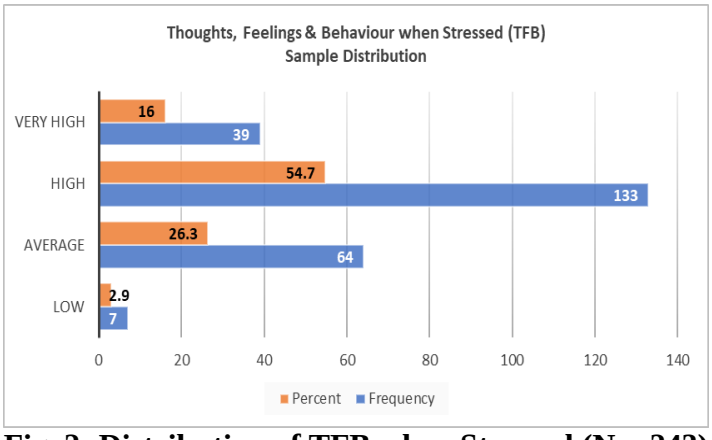


Fig. 2: Distribution of TFB when Stressed (N = 243)

The Table 1 given below shows the results of stepwise regression analysis using independent variables as predictors of the selected dependent variable TFB.

Table 1: Regression on Thoughts, Feelings & Behaviour using Independent Variables

Variable	R	R^2	β	F	P
DMC	0.262	0.069	0.262	17.757	0.000
DMC, FV	0.320	0.103	0.232 0.187	13.714	0.000 0.003
DMC, FV, NMP	0.349	0.121	0.260 0.172 -0.141	11.016	0.000 0.006 0.024

**P < 0.01, *P < 0.05 = level of significance

Dependent Variable: Thoughts, Feelings, Behaviour (TFB)
Predictors (Constant): DMC, FV, NMP

The above table indicated that no. of other diagnosed medical conditions (DMC) is the most important predictor of negative thoughts, feelings and behaviour patterns when they are stressed, which showed 6.9% variance. When other socio-demographic and health variables were added to the regression equation, such as family values (FV) and no. of menstrual problems (NMP), it showed 10.3% and 12.1% variance respectively. The overall beta coefficients for no. of other diagnosed medical conditions ($\beta = 0.260$) and family values ($\beta = 0.172$) indicated positive contributions, while that of no. of menstrual problems ($\beta = -0.141$) showed negative contribution.

The Table 2 given below highlights the results of stepwise regression analysis using other dependent variables, which are predictors of the selected dependent variable TFB.

Table 2: Regression on Thoughts, Feelings & Behaviour using other Dependent Variables

Variable	R	R^2	β	F	P
CFS	0.595	0.354	0.595	131.990	0.000
CFS, VWAL	0.636	0.405	0.529 0.235	81.588	0.000 0.000
CFS, VWAL, ITFB	0.672	0.451	0.472 0.241 0.223	65.565	0.000 0.000 0.000
CFS, VWAL, ITFB, PS	0.685	0.469	0.461 0.247 0.205 0.136	52.625	0.000 0.000 0.000 0.005
CFS, VWAL, ITFB, PS, EPMS	0.695	0.483	0.463 0.251 0.223 0.146 -0.119	44.295	0.000 0.000 0.000 0.002 0.013

**P < 0.01, *P < 0.05 = level of significance
Dependent Variable: Thoughts, Feelings, Behaviour (TFB)
Predictors: (Constant), CFS, VWAL, ITFB, PS, EPMS

The above table revealed that causes for stress (CFS) is the most important predictor of negative patterns of thoughts, feelings and behaviour when stressed, indicating 35.4% variance. When other psychosocial variables were added to the regression equation, such as viewpoint about work and life (VWAL) and increase in negative thoughts, feelings & behaviour patterns during premenstrual phase (ITFB) it showed 40.5% and 45.1% variance respectively. Furthermore, addition of the premenstrual variable, no. of physical symptoms during premenstrual phase (PS) showed 46.9% variance and the premenstrual symptom remedial variable, exercise to reduce premenstrual symptoms (EPMS) showed 48.3% variance. The overall beta coefficients for causes for stress ($\beta = 0.463$), viewpoint about work and life

(β = 0.251), increase in negative thoughts, feelings & behaviour patterns during premenstrual phase (β = 0.223) and no. of physical symptoms during premenstrual phase (β = 0.146) indicated positive contributions, whereas exercise to reduce premenstrual symptoms (β = -0.119) showed negative contribution.

Discussion

The findings of the study revealed that stress plays a major role in overall well-being of women faculties and nearly three-fourth of the respondents exhibited high level of negative thoughts, feelings and behavioural patterns when they are stressed. Socio-demographic factor such as the family values, health factors including the no. of menstrual problems and other diagnosed medical conditions, which constitutes the reproductive and physical health respectively, increases the negative psychological patterns when stressed. Family values such as being orthodox, liberal or moderate determines in shaping the role and responsibility of the women in the family and society. Based on every family's moral principle and cultural expectations, the psychological patterns, i.e., the thinking process, behavioural style and way of expressing emotions or feelings are moulded since the early years of an individual. The findings also showed that negative psychological patterns increase during the premenstrual phase of every cycle along with more no. of physical symptoms experienced by the women. Previous research studies have mentioned that women's premenstrual distress is tied to feminine constructions based on culture, idealised femininity and other relational issues, wherein this distress is considered as dysfunctional pathologic condition, which in turn results in self-objectification. However, a shift in this positioning can have a significant effect on women's experience of distress by facilitating self-care development, acknowledging bodily changes across the menstrual cycle and association of feelings about the Self (Ussher, 2008; Ussher & Perz, 2020; Ryan et al., 2022).

From the results of regression analysis, it is observed that the negative psychological patterns are positively correlated with the perception about work and life, which in turn impacts the quality of life of the women faculties in colleges. Studies conducted earlier also revealed that stress induced by work and increasing responsibilities may produce or aggravate the premenstrual symptoms. It is suggested that approaches by self-help and self-awareness along with other mind-based interventions may help the affected women to overcome these symptoms so that they may increase their work productivity and quality of life (Jahromi et al., 2011). Also, there is a relationship between psychosocial stressors and diseases. Psychosocial stressors affect mental health and that psychosocial interventions are helpful in treating stress-related disorders, thereby improving both physical and mental disorders. (Schneiderman et al., 2005). In furtherance, other studies have revealed that psychosocial factors predict stress, and it is the most common trigger of premenstrual symptoms along with anxiety and depressive thoughts, which aggravates it. The study also mentioned that mindfulness-based cognitive therapy can be utilized to simply observe one's thoughts, feelings and experiences in order to detach from automatic and dysfunctional reactivity allowing to work with oneself and cultivate and more balanced relationships (Panahi & Faramarzi, 2016). The effect of stressors on health and well-being are reduced through constant effort and practice, development of self-esteem and social support. Support interventions should be promulgated in terms of policy implementation to help individuals cope up with adverse situations in life (Thoits, 2010).

The findings of the present study also showed that exercise will be helpful in managing the stressors, thereby reducing the negative psychological patterns during the premenstrual phase. Moreover, the research findings by Sathyanarayana Rao et al. (2009) have pointed out that the sensory inputs received from the environment undergo a filtering process before entering our conscious awareness. However, whatever information enters the conscious is determined by the individual's beliefs. Whenever an individual faces 'emotional block', there is always potential for possible change and growth in terms of biochemical process. The choice to change the thoughts and beliefs will pave way to be receptive to new pieces of sensory information, resulting in behavioural pattern changes. The new experiences and perception will help the body to respond in newer ways.

Hence, based on the current study findings and previous research, it is explicit that not only physical exercises are beneficial to reduce stress and emotional disturbances caused by biological and psychosocial factors and discomfort during the premenstrual phase, but also simple mind-reframing techniques can be utilized to handle life's situation from a newer and broader perspective, thereby significantly reducing the stress and enhancing emotional well-being of women in academia.

In this context, the independent variables: i) socio-demographic variable - family values (FV) and ii) health variables - no. of other diagnosed medical conditions (DMC) and no. of menstrual problems (NMP) and the dependent variables: i) premenstrual variable - no. of physical symptoms during premenstrual phase (PS), ii) psychosocial variables - thoughts, feelings and behaviour patterns (TFB); increase in negative thoughts, feelings & behaviour patterns during premenstrual phase (ITFB); causes for stress (CFS) and viewpoint about work and life (VWAL) and iii) premenstrual symptom remedial variable - exercise to reduce premenstrual symptoms (EPMS) gains prominence in this present study.

Moreover, it has been observed from the above-mentioned results and discussions that the null hypothesis (H_0) is rejected and the alternative hypothesis (H_A) has been accepted proving that significant predictors between socio-demographic, health, premenstrual, psychosocial and premenstrual symptom remedial variables exists in the present study.

Conclusion

The findings showed that stressors in life caused by social, familial, work and other environmental factors have significant impact on women's physical, mental and reproductive health, which contribute to overall emotional wellness. The limitation of this study is that it included only samples (women faculties) from arts & science colleges. However, future researchers shall include samples from various academic institutions for a better understanding and comparison of results. It has been suggested that policy makers, government and institutional governing bodies should include orientation and awareness programs for the faculties focusing on the importance of emotional well-being and its effect on health, personal & professional relationships and work-life balance by keeping in view their phenomenal contributions to future generations so as to bring in a socio-economic development at large. Moreover, intervention techniques can be developed to consciously monitor the 'Self', handle emotions in a positive way by reframing the mind to see things from a different perspective, create support groups, etc. Also, various remedial measures to reduce stress are available and the respondents can choose whichever is suitable for them to practice, such as relaxation and

stress-reduction techniques, mindfulness-based therapies, physical exercises, dietary modifications, therapeutic interventions to resolve chronic stressors, psychological and other alternative therapies. Since education is the basis for shaping any individual to become a conscientious citizen, the mental well-being of academic women who imparts that education is quite important and highly essential for nation building.

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