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## Perceived stress and psychological well-being among working and non-working menopausal women

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### Abstract

The present study explores the relationship between perceived stress and psychological well-being among working and non-working menopausal women in Kerala. Menopause, marking the end of menstrual cycles, often brings significant physical and emotional symptoms due to hormonal changes. The Perceived Stress Scale (PSS-10) and the Ryff Scales of Psychological Well-Being (RSPWB) were used to measure these variables among 60 participants, divided equally into working and non-working groups. Results indicated a significant negative correlation between perceived stress and psychological well-being among working menopausal women and no significant correlation was found among non-working menopausal women. T-test analyses revealed that non-working menopausal women reported significantly higher perceived stress compared to working women. Working menopausal women showed higher psychological well-being compared to their non-working women. Future research should investigate the underlying mechanisms, including the role of social support, coping strategies, and lifestyle factors influencing perceived stress and wellbeing among menopausal women.

**Keywords:** Psychological wellbeing, perceived stress, menopause

### Introduction

Menopause, often referred to as 'the change,' 'the climacteric,' or 'the time of life,' is an unavoidable transition that all women experience. This natural process, marking the end of menstrual cycles, is typically accompanied by a variety of symptoms that can cause anxiety and distress for many women. Middle age, generally starting in the early 40s, brings significant life changes described this period as a critical turning point, midway between the challenges of adulthood and the despair of old age, where menopause induces a compulsory change in a woman's life direction.

The word menopause is coined from the Latin words 'meno' meaning month and 'pausia,' meaning halt; therefore, means the end of a woman's reproductive period. The onset age is mostly observed to be between the late 30s and up to the 50s. Therefore, today, menopause has been described as the natural, irreversible cessation of female reproductive capacity (Kannur & Itagi, 2017) [13]. Hot flushes and night sweats, primarily for women who reach their climax at the perimenopause, followed by decreased vaginal lubrication, urinary frequency, sleep disturbances, mood swings and joint/muscle discomfort. These symptoms occur as a result of changes in the levels of hormones, and mainly, the reduction in estrogen hormone levels also influences a woman's well-being. Psychological issues such as stress, anxiety, depression, and mood swings are prevalent among women going through the menopausal stages (Durward, 2018) [8]. Previous literature has looked at the impact of menopause on women's health and well-being. The menopausal transition impacts cardiovascular risk, cognitive ability, and quality of life based on SWAN research emphasizing the necessity of menopausal symptom management to improve women's life expectancy (NIA, 2023) [6].

Moreover, work status can also affect the experience of menopause. The female population is living longer, working longer and retiring later. Close to 45% of the workforce over 50 are women, and thus, they are bound to experience menopause alongside their career. It was also identified that while some women can experience mild to moderate menopausal symptoms, some others can be severely affected, to the extent of affecting their ability to concentrate, to remember things or perform well at their places of work (Durward, 2018) [8]. It is, therefore, clear that these negative effects can be greatly reduced by appreciation and support from the

management, which in turn will improve efficiency and satisfaction levels.

Stress, which is a typical and generally uncomfortable sign in menopausal women, can aggravate other symptoms related to menopause. Stress responses may also be up regulated due to decreased estrogen and the body's decreased ability to control cortisol levels (Lazarus & Folkman, 1984) [10]. Stress management is important since stress leads to severe health complications that may include cardiovascular diseases, mental health complications, and poor quality of life. Psychological wellbeing of women during menopausal stage comprises of factors like emotional state, quality of life, and handling of stress. This aspect of overall health is vital in helping women cope with menopausal changes. Other research studies also show that several psychological interventions such as cognitive behavioural therapy (CBT) can significantly decrease the symptoms of menopause and increase the quality of life (APA, 2023) [7].

Thus, the purpose of this research is to investigate the relationship between perceived stress and psychological well-being of working and non-working menopausal women. By studying these variables, it is possible to determine how work status influences the menopausal experience and identify strategies to support women during the transition.

### Aim

To explore the relationship between perceived stress and psychological well-being among working and non-working menopausal women.

### Objectives

- To find out the relationship between perceived stress and psychological well-being among working menopausal women.
- To find out the relationship between perceived stress and psychological well-being among non-working menopausal women.
- To find out the difference between the levels of perceived stress among working and non-working menopausal women.
- To find out the difference between the levels of psychological well-being among working and non-working menopausal women.

### Hypotheses

H1: There is no significant relationship between perceived stress and psychological well-being among working menopausal women.

H2: There is no significant relationship between perceived stress and psychological well-being among non-working menopausal women

H3: There is no significant difference in the level of perceived stress among the working and non-working menopause women.

H4: There is no significant difference in the level of psychological well-being among the working and non-working menopause women

### Materials and Methods

#### Tools

##### 1. Perceived Stress Scale (PSS-10)

The PSS-10 is an 10-item self-report questionnaire designed to evaluate perceived stress over the past month developed

by Cohen and Williamson in 1988. Participants indicate the frequency of their feelings on a 5-point scale from 'Never' (0) to 'Very Often' (4). Items 4, 5, 7, and 8, which are positively stated, are reverse scored. The total score is calculated by summing all items, with higher scores representing greater perceived stress. Scores of 20 or above are classified as high stress. The PSS-10 exhibits a Cronbach's alpha reliability ranging from .78 to .83 and a criterion validity of .63 (Lesage *et al.*, 2012; Karam *et al.*, 2012) [2, 3].

##### 2. Ryff Scales of Psychological Well-Being (RSPWB)

The RSPWB measures psychological well-being through a modified 18-item version of Ryff's scales. It assesses six dimensions: self-acceptance, autonomy, environmental mastery, purpose in life, positive relations with others, and personal growth. Participants rated each item on a 7-point Likert scale from 1 (strongly disagree) to 7 (strongly agree), with ten reverse-scored items. Subscale scores are totalled, with higher scores indicating higher well-being. The RSPWB has a test-retest reliability of 0.82, with subscale reliabilities between 0.70 and 0.78. Research supports a six-factor structure with an overarching general well-being factor (Ryff & Keyes, 1995) [4].

### Research Design

This study utilized a descriptive research design to examine the characteristics of working and non-working menopausal women systematically. Descriptive research aims to accurately depict the features and behaviours of the participants, providing insights into their perceived stress and psychological well-being.

### Sample

The study's sample consisted of 30 working women and 30 non-working women, all of menopausal age. Participants were selected using a purposive sampling to ensure they met the study's specific criteria.

### Inclusion criteria

- Participant must be female.
- All post-menopausal women.
- Participants from Kerala only.
- Menopause women from both working and non-working areas.

### Exclusion criteria

- Women from outside Kerala.
- Women with unnatural menopause, e.g., surgical or radiotherapy for cervix cancer.
- Women on medications such as anxiolytics and anti-depressants to avoid treatment-related effects.
- Women having severe disease or mental retardation.

### Procedure

The researcher was conducting a comparative study on perceived stress and psychological well-being among working and non-working menopausal women. The researcher divided the entire population into working and non-working menopausal women. Before distributing the questionnaire, the privacy and confidentiality of participants were assured. Printed questionnaires were distributed to the participants. Perceived Stress Scale (PSS-10) and the Ryff Scales of Psychological Well-Being (RSPWB) were used to

measure the perceived stress and psychological well-being of working and non-working menopausal women. The participants were asked to fill out the forms as fast as possible. After scoring each response sheet, suitable statistical techniques were used to analyze the data.

**Statistical Analysis**

The statistical analysis in this study included T-tests, and correlation. T-tests were conducted to compare the means between the two groups. Correlation analysis was utilized to explore the relationships among the study variables.

**Ethical Considerations**

For the present study, the participants were asked to indicate their consent before responding to the questionnaire. The respondents were given the choice to participate or not to participate. All participants' identities were kept anonymous, and information gathered during the study was kept confidential.

**Result**

**Table 1:** Karl Pearson’s Product Moment Correlation of Perceived Stress and Psychological Wellbeing among working menopause women

Variables	Psychological wellbeing		
	N	30	
Perceived stress	Pearson’s r	-0.389	
	p-value	0.034	

**Table 3:** T-test of Perceived stress among women Working and Non-working Women

Variable	Working women		Non-working women		t-value	Sig.
	Mean	SD	Mean	SD		
Perceived stress	14.60	4.952	19.27	5.085	-3.601	.001

From the table, the result shows the perceived stress among the working and non-working menopause women mean, standard deviation and T -value. The mean and standard deviation of the working menopausal women are 14.60 and 4.952, respectively. The mean and standard deviation of the non-working menopausal women are 19.27 and 5.085, respectively. The t-value of perceived stress in working and non-working menopausal women is -3.601. Findings revealed a significant difference in perceived stress between working and non-working women, with non-working women showing higher levels of psychological well-being.

**Table 4:** T-test of Psychological well-being among women Working and Non-working Women

Variable	Working women		Non-working women		t-value	Sig.
	Mean	SD	Mean	SD		
Psychological Wellbeing	94.43	12.308	78.13	10.075	5.613	0.000

The table result shows the psychological well-being among the working and non-working menopause women mean, standard deviation and T -value. The mean and standard deviation of the working menopausal women are 94.43 and 12.308, respectively. The mean and standard deviation of the non-working menopausal women is 78.13 and 10.075, respectively. The t-value of psychological well-being in working and non-working menopausal women is 5.613. Findings revealed a significant difference in psychological

well-being between working and non-working women, with working women showing higher levels of psychological well-being.

**Table 2:** Karl Pearson’s Product Moment Correlation of Perceived Stress and Psychological Wellbeing among non – working menopause women

Variables	Psychological wellbeing		
	N	30	
Perceived stress	Pearson’s r	-0.211	
	p-value	0.262	

Table 2 indicates the correlation between variables perceived stress and psychological well-being. From the table, the correlation coefficient r for perceived stress and psychological well-being is -0.211; the p-value = 0.262 is higher than the 0.05 level of significance, which means the correlation is not significant. Therefore, there is no correlation between the variables of perceived stress and the psychological well-being of non-working menopausal women.

**Discussion**

The present study examined the relationship between perceived stress and psychological well-being among working and non-working menopausal women. The results offer valuable insights into how menopausal status and work engagement influence perceived stress and overall psychological wellbeing. Working menopausal women's psychological well-being and perceived stress were found to be significantly correlated negatively ( $r = -0.389$ ,  $p = 0.034$ ), suggesting that higher perceived stress levels are associated with lower psychological well-being in this population. Srivastava and Tanwar (2011) [12] also found that working menopausal experienced lower stress and better well-being, supporting the findings of this study. These results are consistent with previous research that emphasizes the impact of work-related stress on mental health, especially among menopausal women who encounter additional stressors from hormonal changes and physical symptoms (Lindfors *et al.*, 2006) [5].

On the other hand, the study did not establish any relationship between perceived stress and psychological well-being among the non-working menopausal women,  $r = -0.211$ ,  $p = 0.262$ . This absence of a stronger correlation indicates that other aspects may be more influential in the state of mind of non-employed postmenopausal women. It is

also noteworthy that psychological, social and cultural factors can also affect the process of menopause. Some of the factors may include life events and circumstances, personality, past history of mood disorders, role, attitude to ageing and menopause, relationship with the partner, family and friends, sexual activity, body image, and cultural and social norms. The past studies suggest that social support, perceived lifestyles and personal coping resources are likely to affect psychological health during the menopausal transition (Ryff & Keyes, 1995)<sup>[4]</sup>.

The T-test results indicate that non-working menopausal women had higher perceived stress mean score of 19.27 with standard deviation of 5.085 compared to working menopausal women who had a mean score of 14.60 with standard deviation of 4.952,  $t = -3.601$ , and a significance level of 0.001. As a result, it was assumed that non-working women could have higher stress because of the roles they play in their families. One of the potential reason is that working woman had their structure routine and social contacts, which can assist in dealing with menopausal signs and decrease stress (BMC Women's Health, 2022)<sup>[9]</sup>.

In the same manner, working menopausal women showed better results on psychological well-being than non-working women, Mean = 94.43, SD = 12.308  $t = 5.613$  and the significance level of 0.000. This supports the hypothesis that work engagement and professional identity may have a positive influence on an individual's psychological well-being during menopause. Work can provide people with the meaning and the feeling of self-worth, which is vital for one's mental health (National Institute on Aging, 2023)<sup>[6]</sup>.

### Implications and Future Research

The study underscores the necessity of taking the work status into account in the treatment of menopausal women's mental health. Crafting tailored interventions and coping strategies aimed at decreasing perceived stress and increasing psychological health should be relevant to the issues that working and non-working women encounter. For instance, the organizational policies that are friendly to the menopausal women at the workplace will assist these women enormously, whereas the community and social support frameworks are likely to assist the non-working menopausal women immensely. Future studies should examine the processes that account for these disparities, such as the social support, the use of coping resources, and the daily behaviours. Other types of research could give more detailed information on how the passage through menopause influences psychological health in the course of time.

### Conclusion

The findings of present revealed the differences in perceived stress and psychological well-being of working and non-working menopausal women. Thus, it seems that work helps to reduce stress and improve psychological wellbeing for menopausal women, although those who are not employed might require special interventions for the issues that are outlined above. Gaining in-depth ideas on these dynamics will assist in creating a framework that will enhance the needs of all women going through menopause.

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