DEPRESSION AMONG WORKING WOMEN

INTRODUCTION:
Clinical depression is a prolonged period of intense sadness, hopelessness, and different somatic symptoms (Shani, A., & Pizam, A. 2009). National comorbidity survey shows that the prevalence of major depressive disorder (MDD) is 21.3% in women and 12.7% in men. Women are more prone to depression compared to men (Kessler, et al., 1993). Data around the world say that MDD is approximately twice among women. The onset of depression seems to be during peak years of childbearing. MDD disorder is common among mood disorders few symptoms of MDD are like low mood loss of interest or pleasure in everyday activities. These symptoms will be persistent and prolonged. MDD is associated with other symptoms like loss of appetite and disturbed sleep, change in weight, feeling of worthlessness, thoughts of suicide and death decreased energy, etc (Weissman, M. M., & Offison, M. 1995). The unique approach towards the dynamics of female depression is "Silencing Self" wherein psychology of women relational self and relevance to female depression-like, dependence, pleasing, anger, low self-esteem has been explained (Jack, D. C. 1991). Depression does not occur due to a single reason or factor. 60% of genetic influence and 40% of environmental influence like stressful life events, neuroticism, previous depressive episodes, etc. hence depression is a multifactorial disorder (Kendler, et al., 1993). According to a social explanation of depression among women, the symptomology among women depression focuses on the sex-role theory (Grove, W. R., & Tudor, J. F. 1973). Depression also found to be based on the roles, which are occupied by men and women with role divergence (Aneshensel, C. S. 1986). Depression is more among women not just because of their help-seeking behavior. But also, the biological mechanisms which vary hormonal misbalancing are indicated more among married women aged 25-45 years (Paykel, E. S. 1991).

Work pressure and depression

Every work has its limitations. Depression symptoms have a great correlation between work-related factors like job pressure, dissatisfaction with personal income, skill underutilization, inflexible work schedules, etc. (Seto, M., Morimoto, K., & Maruyama, S. 2004). The assessment discovers that the level of occupational stress, anxiety, and depression was 100%, 67.5%, and 23.2% respectively. The correlation coefficient shows a positive correlation (Desouky, D., & Allam, H. 2017). In hospital sectors, depression rate was noticeable through absenteeism of nurses, depression, and absenteeism had a significant positive impact on each other (Baha, V. V., Galperin, B. L., & Lituchy, T. R. 1999). Studies also reveal that there is a positive correlation between anxiety and family stressors on depression, but these stressors vary from different individuals, like those who are married and have more than 4 kids in a family and whose who belongs to low socioeconomic status have more anxiety and family stress compared to single, having less than 2 kids in a family, and those who belong to middle socioeconomic status (Disabil, G. J. I. D. 2017). Doctors have a very stressful job, whether the doctors are married or unmarried. Resident doctors had more depression with a comparison between non-resident doctors and female doctors are more prone to get into depression compared to males (Gu, A., Onyeama, G. M., Bakare, M. O., & Igwe, M. N. 2015). Depression can be influenced by age and work experience of women. The study reveals that women employees have an impact of age and work experience towards depression symptoms like if a woman has a negative experience in the workplace, poor co-ordination with co-workers that further leads to depressive symptoms (Boora, S. 2013). Depression has also been observed in civil servants and the depression prevalence is more among women compared to men due to job demand and poor remunerations (Yusuf, et al., 2011)

Working mothers and depression

Women who work with family pressure, young children with perceived bad relationships at the workplace, job insecurities, inflexible work schedules these factors also lead to depression symptoms (Seto, et al., 2004). Working mothers with a parenting lifestyle face depression in the line by job demands and perceived social support (Roxburgh, S. 2012). One group mediation model indicates that there is a significant impact of a less flexible work environment and greater work pressure higher the level of depression. Two group model indicates that the perception of greater work pressure is only for full time working mothers (Goodman, et al., 2009). An investigation between the role of work conditions and effect of employment status on married women's psychological wellbeing reveals that there is no much difference between the level of depressive symptoms among employed wives and homemakers (Lennon, M. C. 1994). Comparison between working and non-working women (homemakers) reveals that non-working women had more depressive symptoms compared to working women. Because of the reasons like, homemakers have responsibilities of managing kids alone, and they are less educated but whereas working women being educated, they could understand the lifestyle better, they found some happy and leisure time with friends outside (Fatima, M., & Parvez, R. 2016).

Personality and Attitude towards work and depression

Every individual is different in their set of traits and characteristics. Female who are employed in different sectors with a lot of job tension, linear challenges. The study reveals that different types of personality individuals react differently to situations and stressors (Abush, et al., 1984). Both depression and work stress have positive co-relation with each other, for example, the study on working women reveals that those who have excessive workload and timebound are prone to have a major depressive disorder (MDD) and generalized anxiety disorder (GAD) (Melchior, et al., 2007). When it comes to personality typically introverted women experience more stress compared to extroverts. These results were obtained concerning the stress levels experienced by the individual which leads to depressive symptoms (Pal, et al., 2016). Study reveals that low self-esteem and high household responsibilities associated with job demands, there are a lot of work factors and supportive personalities which have increased risk of developing depressive symptoms. Sometimes personality traits and psychosocial
Coping with depression

Coping strategies are behaviors or actions done by an individual to reduce the uneasy or adverse effects of the stressor (Lazarus & Folkman, 1984). Among working psychiatric nurses, job stress was relative more but there was not an appropriate coping strategy that had an association with depression but the study also indicated that social support had a good result on depression and work stress (Lin et al., 2010). Study indicates that few of working nurses have adopted avoidance coping mechanism and other positive strategies were like, positive belief, self-assurance, developing an individual plan, etc. has a positive effect in reducing depression (Elshayed et al., 2018). Finding suggests that working who used to have work stress with headache were used to adapt emotionally focused coping to deal with work stress (Raak et al., 2005). The type of coping strategies may vary depending upon the employee and demand (Snow et al., 2003). Resilience is a positive change when an individual starts feeling positive and psychologically protective with coping strategies with a stressful situation (Dolber et al., 2010).

In resilience, the personality characteristics of an individual will have a personal resilience. This may include thought flexibility, positive social networks, staying optimized are few of the active coping skills used frequently (Lian et al., 2014). Resilience has the advantage of staying motivated, committed towards targets, and help an individual to stick to one coping strategy (Maddi & Khoshaba, 2005). Is has been suggested to be resilient as possible to work against the adverse effects of stressors in working environments (Howard, 2008).

CONCLUSION:

In the new generation, urbanization, both men and women have to work to balance the ups and downs of life. For men, it’s not very difficult since they do work outside for a limited period. Women is a role of gender also places an association with personality and depression. Big five personality factors like neuroticism, agreeableness, extraversion, and conscientiousness were high among women compared to men wherein neuroticism place an important role in major depressive symptoms (Goodwin et al., 2004). Personality disorder among employed women is of personality disorder. This is common in the working line is an obsessive-compulsive personality disorder which as an association with depression among working women for 28% among occupational health care clients (Raaskila et al., 2013).

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