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Women at Work: Boosting Resilience Across Diverse Sectors

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Abstract

In the Sri Lankan context, working individuals, particularly women and employees in high-pressure sectors, often face significant challenges in maintaining mental and emotional resilience. Factors such as high workplace stress, societal expectations, inadequate work-life balance, economic instability, and the pressure of traditional gender roles contribute to an increase in burnout, stress-related illnesses, and low job satisfaction. Despite the growing recognition of resilience as a key factor in promoting well-being and improving performance, many Sri Lankan organizations lack effective policies and practices to enhance resilience among employees. Furthermore, cultural barriers, limited access to mental health support, and a general lack of awareness about resilience-building strategies exacerbate these issues. As a result, employees may experience decreased productivity, job dissatisfaction, and higher turnover rates, which can negatively impact the overall performance and growth of organizations. There is a critical need for research to explore the factors affecting resilience in Sri Lankan workplaces and to develop strategies that can enhance the emotional well-being and coping abilities of employees in the face of adversity. The objectives of this research were to explore the level of resilience among working women across different sectors, to analyze sectoral variations in level of resilience, and to propose strategies to enhance resilience among working women attached to government schools, divisional secretariats, and hospitals. A total of 120 working women were chosen at random from Nintavur's government schools (40), divisional secretariat (40), and hospital (40). The measuring tool was modified questionnaire of the 10-item Connor–Davidson Resilience Scale which consisted of 10 questions. Descriptive statistics were applied to the data. The study's findings revealed that the level of Resilience among working women at Nintavur's government schools, divisional secretariat, and hospital was moderate level.

Keywords: Resilience, Government Schools, Divisional Secretariat, Hospital

I. INTRODUCTION

Resilience involves an interaction between the stressor, context and personal characteristics (McAllister & McKinnon, 2009). Resilience is a hot topic in business these days. Resilience is neither ethically good nor bad. It is merely the skill and the capacity to be robust under conditions of enormous stress and change (Coutu, 2002). It is important to note that the resilience concept is still new and complex and that how best to use it is still uncertain (Nalin & França, 2015). Indeed, resilience is one of the great puzzles of human nature, like creativity or the religious instinct (Coutu, 2002).

The ability to apparently recover from the extremes of trauma, deprivation, threat or stress is known as resilience. The concepts of resilience and growth through adversity are also seen as fundamental within the positive psychology movement. Resilience as a concept has become of increasing influence and relevance to the domains of health, both physical and mental. Resilience studies do indeed offer useful insights into the process involved in enabling some individuals to thrive despite adversity; however, such formulations of resilience necessitate a greater consideration of the conceptualization of the construct (Atkinson et al., 2009).

II. STATEMENT OF THE PROBLEM

In the Sri Lankan context, working individuals, particularly women and employees in high-pressure sectors, often face significant challenges in maintaining mental and emotional resilience. Factors such as high workplace stress, societal expectations, inadequate work-life balance, economic instability, and the pressure of traditional gender roles contribute to an increase in burnout, stress-related illnesses, and low job satisfaction. Despite the growing recognition of resilience as a key factor in promoting well-being and improving performance, many Sri Lankan organizations lack effective policies and practices to enhance resilience among employees. Furthermore, cultural barriers, limited access to mental health support, and a general lack of awareness about resilience-building strategies exacerbate these issues.

As a result, employees may experience decreased productivity, job dissatisfaction, and higher turnover rates, which can negatively impact the overall performance and growth of organizations. There is a critical need for research to explore the factors affecting resilience in Sri Lankan workplaces and to develop strategies that can enhance the emotional well-being and coping abilities of employees in the face of adversity.

This study aims to explore the level of resilience among working women across different sectors and suggest the strategies to enhance resilience among working women.

III. RESEARCH QUESTION

Based on the problem statement, the researchers are interested to do this research proposing the issue that whether working women have resilience at work. This study focuses on addressing the following research question.

Do the working women attached to government schools, divisional secretariat, and hospital have resilience at work?

IV. OBJECTIVES

- To explore the level of resilience among working women attached to government schools, divisional secretariat, and hospital.

- To study the resilience of working women attached to government schools, divisional secretariat, and hospital in Nintavur based on the demographic variable namely type of position of respondents
- To study the resilience of working women attached to government schools, divisional secretariat, and hospital in Nintavur based on the demographic variable namely working station.
- To propose strategies to enhance resilience among working women.

V. HYPOTHESIS OF THE STUDY

This research is based on the following two hypotheses that identify the significant level of resilience of working women attached to government schools, divisional secretariat, and hospital in Nintavur

Hypothesis-01

- H1₀: Working women attached to government schools, divisional secretariat, and hospital in Nintavur do not have resilience
- H1_a: Working women attached to government schools, divisional secretariat, and hospital in Nintavur do have resilience

Hypothesis-02

- H2₀: There is no significant difference between the resilience of working women attached to government schools, divisional secretariat, and hospital in Nintavur based on demographic variables
- H2_a: There is significant difference between the resilience of working women attached to government schools, divisional secretariat, and hospital in Nintavur based on demographic variables.

VI. LITERATURE REVIEW

Workplace resilience is the ability of individuals and organizations to adapt, recover, and thrive in response to stressors, adversity, and challenges encountered in the workplace (Kossek & Perrigino, 2016). This concept is vital because it not only enhances employee well-being and job satisfaction but also positively impacts organizational performance, employee engagement, and reduces turnover (Robertson et al., 2015). Resilience helps employees maintain their focus and productivity, even under stressful conditions, thus contributing to their overall effectiveness (Shin et al., 2012). It can be seen as a personal trait shaped by an individual's coping mechanisms and psychological resources, as well as an organizational attribute that is influenced by the work environment and leadership (Cooper et al., 2013).

Individual factors play a significant role in shaping workplace resilience. Key factors such as optimism, emotional intelligence, and self-efficacy are often cited as important traits for resilient behavior (Luthans et al., 2007). Employees who demonstrate high resilience tend to maintain a positive outlook even during difficult situations, showing a higher capacity to cope with workplace stress (Southwick et al., 2014). Organizational factors also play a crucial role. Supportive leadership, where managers provide guidance, empathy, and problem-solving support, is directly linked to enhanced resilience (Harland et al., 2005). Additionally, an

organizational culture that promotes trust, collaboration, and inclusivity fosters resilience by creating an environment where employees feel supported and valued (Carmeli et al., 2014). The availability of resilience-building programs and resources within the organization is also important, as they help individuals develop the skills and strategies needed to overcome challenges (Reivich & Shatté, 2002).

Resilience-building strategies vary across sectors, and the specific challenges within each sector influence the resilience strategies that are most effective. For example, in the healthcare sector, the high levels of stress and emotional demands on employees necessitate resilience training programs to mitigate burnout and sustain performance (Mealer et al., 2012). In education, teachers face role ambiguity, workload challenges, and emotional exhaustion, requiring resilience-building interventions to maintain job satisfaction and motivation (Gu & Day, 2007). In sectors such as information technology, the rapid pace of change and the pressure to constantly upskill can lead to burnout, making resilience crucial for coping with these demands (Sharma & Sharma, 2017).

Gender is another factor that influences workplace resilience. Women often face unique stressors, such as gender discrimination, work-life balance challenges, and caregiving responsibilities, which can impact their resilience (Powell et al., 2019). Research shows that resilience-building programs tailored to the specific needs of women can significantly enhance their capacity to cope with workplace stressors and improve job satisfaction (Masten & Monn, 2015).

Organizations are increasingly recognizing the importance of resilience and are implementing various strategies to foster it among their employees. Individual-level strategies, such as mindfulness practices, stress management techniques, and enhancing self-efficacy, are effective in helping individuals build resilience (Good et al., 2016). Organizational-level strategies include offering flexible work arrangements, promoting work-life balance, and creating mentorship programs to support resilience development (Hill et al., 2008; Ely et al., 2011). These strategies are crucial not only for improving resilience but also for ensuring the long-term well-being and performance of employees.

To measure resilience in the workplace, researchers commonly use validated scales such as the Connor-Davidson Resilience Scale (CD-RISC) and the Brief Resilience Scale (BRS), which assess an individual's capacity to bounce back from adversity (Connor & Davidson, 2003; Smith et al., 2008). Organizational resilience is often measured through surveys that assess the availability of resources, leadership support, and the overall work environment (Windle et al., 2011).

In conclusion, workplace resilience is a critical factor for both individual and organizational success. By understanding the various factors that influence resilience and implementing effective strategies, organizations can enhance employee well-being, improve performance, and create a positive and supportive work environment that fosters growth and adaptation in the face of challenges.

VII. RESEARCH METHODOLOGY

A. Description of Sample

The study was conducted among the working women attached to government schools, divisional secretariat, and hospital in Nintavur. 100 working women were selected as the sample population using random sampling method. .

B. Description of the Tool Used

Tool of data collection of this study was the 10-item Connor–Davidson Resilience Scale since this scale has shown good psychometric properties and a high level of reliability and validity (Tourunen et al., 2021; Wang et al, 2010).

Questionnaire consists of two parts. The first part was the demographic variable. Two statements were on the demographic details of the respondents namely type of position and working station. Second part was questionnaire in relation to workplace resilience which is shown in Table -1. Second part consists of 10 statements about workplace resilience. Researchers has modified the standard questionnaire 10-item Connor–Davidson Resilience Scale available in the studies of Tourunen et al., 2021 and Wang et al, 2010. The responses for each question were provided scores ranging from 1-5 (1-Strongly disagree, 2- disagree, 3-Neutral, 4- Agree, 5-Strongly agree).

Table -1: Questionnaire

Statements		5	4	3	2	1
Q1	I am able to deal with change					
Q2	I can deal with whatever comes my way					
Q3	I try to see the funny side of things when I am faced with problems					
Q4	Dealing with stress can make me stronger					
Q5	I tend to bounce back after being sick, injury, or other hardships					
Q6	I believe I can achieve what I want, even there are problems					
Q7	Under pressure, I still think clearly					
Q8	I do not lose hope from failure					
Q9	I think of myself as a strong person when dealing with life's challenges and difficulties					
Q10	I am able to handle unpleasant or painful feelings like sadness, fear and anger					

C. Data Collection

The questionnaire was distributed to working women attached to government schools, divisional secretariat, and hospital in Nintavur. A total of 120 questionnaires were distributed, and 120 of them were returned fully completed, yielding a response rate of 100%.

D. Scope

The scope of the study was limited to working women attached to government schools, divisional secretariat, and hospital in Nintavur.

VIII. ANALYSIS AND INTERPRETATION

Each completed questionnaire was carefully examined to ensure that all returned questionnaires had been correctly filled out after the successful completion of the questionnaire survey used to collect the data. All completed worksheet questions had their scores assigned before they were posted. The survey's Likert Scale response categories were arranged in the following order for data coding purposes:

Table-2 Scores for Response Categories (Variables Measured on Interval Scales)

Response Category	Very High Extent	High extent	Moderate extent	Low extent	Very Low Extent
Scores	5	4	3	2	1

These numerical numbers were entered onto the worksheets after being allotted to each question. The Statistical Package for Social Science (SPSS) version 21 was utilized to do statistical analysis once the data had been reviewed for accuracy.

1) Reliability Analysis

The interim consistency reliability was used to assess the reliability of the questionnaire. In this study, the Cronbach's coefficient alpha was 0.968, showing that reliability was ensured.

2) Personal Information

I. Distribution of respondents based on working station of respondents

This study's 120 respondents are listed in table -3 below. According to an analysis of 120 respondents, 33.3% of respondents are attached to Divisional Secretariat, 33.3% are attached to Government Schools, and 33.3% are attached to Hospitals.

Table- 3: Distribution of employees attached to government schools, divisional secretariat, and hospital in Nintavur based on working station of respondents

Working Station	Frequency	Percentage
Divisional Secretariat	40	33.3
Government School	40	33.3
Hospital	40	33.3
Total	120	100.0

II. Distribution of respondents based on type of position of respondents

120 respondents are listed in table -4 below. According to descriptive analysis of 120 respondents, 11.7% of respondents are Management Service Officers, 21.7% are Development Officers, 15.8% are Nursing Officers, 17.5% are Midwives, and 33.3% are Teachers.

Table- 4: Distribution of employees working in government schools, divisional secretariat, and hospital in Nintavur based on type of position of respondents

Type of Position	Frequency	Percentage
Management Service Officers	14	11.7
Development Officers	26	21.7
Nursing Officers	19	15.8
Midwives	21	17.5
Teachers	40	33.3
Total	120	100.0

3) Mean and Standard Deviation

With the assistance of descriptive statistics, the level of existence or degree of occurrence, or level of each variable in the sample was examined in this study in terms of the degree of responses provided by the respondents.

The Mean and Standard deviation were used by the researcher as the analysis's measuring tools. For each statement on the checklist, the mean and standard deviation of responses (depending on respondents' agreement) are listed in the table below.

Table -5 Mean and Standard Deviation for each question

Question Number	Mean	Standard Deviation
Q1	3.13	1.347
Q2	3.04	1.088

Q3	3.14	1.239
Q4	2.98	1.328
Q5	3.12	1.336
Q6	2.99	1.119
Q7	3.14	1.239
Q8	2.98	1.328
Q9	3.12	1.336
Q10	3.04	1.088

As per the above table- 5, the statement 'I am able to deal with change' (Q1) has the mean score of 3.13. This value falls under the moderate level of the above continuum (Table 1). The statement 'I can deal with whatever comes my way'(Q2) has the mean score of 3.04. This value falls under the moderate level of the above continuum (Table 1). The statement 'I try to see the funny side of things when I am faced with problems'(Q3) has the mean score of 3.14. This value falls under the moderate level of the above continuum (Table). The statement 'Dealing with stress can make me stronger (Q4) has the mean score of 2.98. This value falls under the low level of the above continuum (Table). The statement 'I tend to bounce back after being sick, injury, or other hardships'(Q5) has the mean score of 3.12. This value falls under the moderate level of the above continuum (Table). The statement 'I believe I can achieve what I want, even there are problems'(Q6) has the mean score of 2.99. This value falls under the low level of the above continuum (Table). The statement 'Under pressure, I still think clearly'(Q7) has the mean score of 3.14. This value falls under the moderate level of the above continuum (Table). The statement 'I do not lose hope from failure'(Q8) has the mean score of 2.98. This value falls under the low level of the above continuum (Table). The statement 'I think of myself as a strong person when dealing with life's challenges and difficulties'(Q9) has the mean score of 3.12. This value falls under the moderate level of the above continuum (Table). The statement 'I am able to handle unpleasant or painful feelings like sadness, fear and anger'(Q10) has the mean score of 3.04. This value falls under the moderate level of the above continuum (Table).

Ten questions were used to measure resilience. Based on the responses of 120 respondents, the question numbers such as Q1, Q2, Q3, Q5, Q7, Q9, and Q10 recorded mean score under the moderate level. The question numbers such as Q4, Q6, and Q8 recorded mean score under the low level.

According to Table -6, the overall mean score for resilience is 3.07. Respondents reported moderate levels of resilience. As a result, it can be determined that employees at Ninatvur's government school, divisional secretariat, and hospital have a moderate level of resilience. Given the standard deviation of 1.100, it is possible that the mean score will increase or decrease in the future.

Table -6 Overall Mean and Standard Deviation for Work life balance

Variable	Mean	Standard Deviation
Work life balance	3.07	1.100

4) Comparison of Means Scores

Table-7 Comparison of Means Scores

Demographic Variable	Sub categories of Demographic Variable	Mean Score
Working Station	Divisional Secretariat	2.54
	Government School	3.43
	Hospital	3.23
Type of Position	Management Service Officers	2.04
	Development Officers	2.81
	Nursing Officers	3.25
	Midwives	3.22
	Teachers	3.43

From the table- 7, it can be concluded that employees attached to Divisional Secretariat have low level mean score while Government School, and Hospital have the moderate mean score by comparing the demographic variable "Working Station". Further, Management Service Officers and Development Officers have the low level mean score while Nursing Officers, Midwives, and Teachers have moderate level mean score by comparing the demographic variable "Type of Position".

CONCLUSION

The study revealed that working women attached to government schools, the divisional secretariat, and hospitals in Nintavur exhibit a moderate level of resilience overall. Key findings indicate variations in resilience based on demographic factors such as the type of position and workplace. While some resilience traits such as dealing with change, tend to bounce back after being sick, think under pressure, and handle unpleasant or painful feelings scored

moderately, others like dealing with stress, achievement, and do not lose hope from failure were comparatively lower, indicating areas for improvement.

These results underscore the need for targeted strategies to enhance resilience among working women in these sectors. Implementing resilience-building programs, promoting supportive leadership, and fostering work-life balance could significantly improve their ability to cope with workplace challenges. By addressing these gaps, organizations can not only enhance employee well-being but also improve productivity, job satisfaction, and retention rates.

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