

# SOCIAL SUPPORT AS MENTAL HEALTH IMPROVER FOR MANAGERIAL WOMEN IN THE ORGANIZATIONAL WORK ENVIRONMENT

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## Abstract

This study assessed the relationship between social support and mental health (depression, anxiety and somatic anxiety) relative to its impact on managerial women in Ghana. The objective is to seek answers to the question as to whether the availability of social support in the work environment can help improve the mental health of women. This is because the lack of spousal support for working women is found to have a direct connection to diminished mental health. The findings show that spousal support provided women with a sense of security and stability at home and also reduced their possibility of being confronted with role conflict. It is thus, concluded that the career progression of women managers can be greatly enhanced when they receive spousal support, encouragement and guidance in addition to those from superiors and co-workers. **Key words:** Managerial women; social support; mental health; organizational work environment.

Depression disorders are found virtually in all countries in the world, but their incidence, intensity and components vary across cultures (Marsella, 1980). Cross-cultural psychologists describe the cultures in many non-western countries as more collectivist than individualistic (Kagitcibasi, 1988). As such, not all psychological concepts translate easily to other cultures. Gove and Tudor (1973) considered historical and cultural factors in explaining the different rates of mental illness in different communities. Gove and Tudor (1973) related the cohesiveness of traditional communities to an overall lower incidence of mental illness with even lower rates for women. The Ghanaian managerial woman is therefore expected to have more social support with greater connectedness and relatedness. The issue whether this is the case or this situation has been eroded by rapid social changes will be the question that this study will seek to answer. Ghana has experienced changing family structure and urban lifestyle, with many now living in nuclear families and are functioning less like extended families and therefore the support networks seem to be shrinking. The question is therefore asked whether managerial women in Ghana enjoy a well-integrated

support network comprising of co-workers, spouses as well as family members, especially parents and in-laws. Again, how individuals manage with difficult situations depends not only on their internal resources but also on external resources – our social support system. It has been established that at anyone time in the USA, approximately 8 to 10 per cent of the workforce are experiencing disabling emotional or somatic ill-health; that 30 per cent suffer from fluctuating array of minor psychological ailments and that stress-related symptoms contribute to absenteeism, lost productivity and company health costs to the tune of \$50-75 billion annually (Brodsky, 1984).

Based on review of the relevant literature, there is ample evidence that there has been very little research conducted on, and little attention devoted to women's research in Africa, and Ghana is no exception. Hence this study examined and explored the prevailing pattern of Ghanaian women's experience of social support and to identify the influences of these factors on managerial women's mental health. In Ghana, mental health partly or indirectly related to work is difficult to assess due to the paucity of statistical data. The goal of all concerned with industry,

it is widely agreed, is the improvement in the quality of working life. There is therefore the need to identify and study the variables that play important role in determining the health of women in managerial positions. It is against this backdrop that the present study was undertaken. This study assessed the relationship between social support and mental health (depression, anxiety and somatic anxiety) in managerial women in Ghana. The objective is to seek answers to the question as to whether the availability of social support in the work environment can help improve the mental health of women.

## Literature Review

Numerous researchers have proposed definitions of social support and these many definitions share several similarities. A principal similarity is that the definitions emphasize a prime role of social support as emotional support, when individuals feel they have other people to turn to for comfort during difficult times. An additional similarity is that these models emphasize social integration, when people feel they are part of a larger group where their interests and concerns are shared. Also support can operate as tangible support, where our requests for money, tools, assistance with a task and other activities are positively met. Support can provide informational support, where we can depend on others for advice concerning a problem. There is also esteem support, where social relationships serve to help people feel better about themselves and their skills and abilities. Weiss (1972) added an extended provision of social support by noting that the social relationships people the opportunity to nurture others. Social support has beneficial effect on health as social support is generally seen as a buffer for stressors (Cohen and Wills, 1985). That is, individuals who receive social support may be more resistant to the negative effects of exposure to stress. Again support has a direct effect for everyone, especially for women managers. These definitions emphasize the positive effects of support provided by a large network of social relationships and the accompanying set of social roles in work and other life domains. They also would suggest that support is positively related to health since support provides everyone, especially the managerial woman, with a sense of well-being, some degree of predictability and stability in life, the ability to avoid negative outcomes or experiences, and the emotional support and encouragements of close and intimate friends.

The concept of mental health has over the years been a subject of discussion among researchers because of its complex nature. There is however no accepted definition of mental health. According to Menninger (1945), mental health is the adjustment of human beings to the world and to each other with a maximum of effectiveness and happiness. Hilgard (1957) also argued that a mentally healthy individual is an adjusted individual. By implication, a person is duly distressed by the conflict they encounter. The individual faces problems headlong and in a realistic manner, accepts the inevitable and understands and accepts his or her own shortcomings. As noted by Farahbakhsh (2004), there are six characteristics of a mentally healthy individual: Environmental mastery, understand perception of reality, integration, autonomy, growth and development and attitude toward self. Thus, mental health is a state of mind characterized by emotional well-being, relative freedom from anxiety and disability symptoms, and a capacity to establish constructive relationship and cope with the ordinary demands and stress of life (Farahbakhsh, 2004). Depression is a state of feeling unhappy. It is believed that it is not a solitary stress factor but any two or multiple stressors occurring simultaneously and accumulating over a period of years that add up to depression (Markush and Favero, 1974; Coleman, 1973). It was reported by Olff (1999) that prolonged exposure to chronic stressors may diminish one's coping resources and lead to depression. Depression may also result due to various undesirable events and social losses. Daily stressors like strainful day-to-day occurrences, painful physical symptoms and psychological distress (Eckenrode, 1984), and lack of social support (Brown et al., 1975) have been found to cause depression.

Around the world, depression occurs more frequently among women than among men. The female-male ratio ranges from 2:1 to 3:1 in most countries (Nolen-Hoelskema, 1990). Depression is so widespread that it has been called the common cold of mental disorders. Everyone can be affected by depression – students, professionals, managers, executives and labourers alike – no one is immune to depression. A man's lifetime risk of developing major depression is about 10%; however, the risk is much greater for a woman – almost 25 per cent; and the most common psychiatric diagnosis for women is depression (Russo, 1985). This sex differences may mean that women are more biologically prone to depression; their socialization also makes them particularly prone to depression. However, psychosocial factors such as different rearing environments,

different social roles, and less favourable economic and achievement opportunities, for example, may produce greater depression in women than men (Culbertson, 1997). Anxiety is also one of the most significant problems faced by women, which disrupts their day-to-day adjustment to the external and internal process. Other studies have shown that friendships are an important source of social support for both employed and unemployed women. Women have a strong interest in developing close, dyadic relationships, whereas men tend to be more group-oriented, including three or more people. Work is an important source of close relationships for both men and women, often producing intimate and lasting friendships that individuals frequently do not have access to outside of the work environment (Duck, 1998). The social support available at work has a direct effect on psychological well-being, with working women reporting greater levels of social support than those who were either unemployed or non-working (Pugleisi, 1998; Bolton and Oatley, 1987). These social links are particularly important to women, with the “company of others” being cited as the main non-financial reason for working by both employed and unemployed women (Dex, 1988).

## Materials and Method

The focus of the study is Ghanaian managerial women’s social support and mental health in three organizational groupings. The data on social support and mental health were gathered using questionnaires. The target population was managerial women. Participants in this study were a sample of women in managerial positions from 25 organizations in Accra. Accra was chosen as the primary setting for this study due to its high concentration of major and key organizations and institutions which engage highly skilled women in Ghana, and also due to its cosmopolitan atmosphere. Stratified and simple random sampling procedure was used to select the individual women who participated in the study. Overall, the sample consisted of 170 female managers employed from three organisational settings. Of the respondents 51 (30 percent) were from private organizations, 59 (34.7 per cent) were from Public organizations, and 60 (35.3 per cent) were from multinational organizations. A total of 200 questionnaires were distributed and 175 were returned. Of the 175 questionnaires returned, 170 were usable. This constitutes a response rate of 85 per cent of respondents. Fifteen (15)

women were selected for in-depth interviews. This method has been used successfully by Korabik et al. (1993) in studies on work stress and coping among managers. The interview sessions were aimed at supplementing the survey responses as well as obtaining information not directly elicited in the questionnaire. Respondents were also probed further about their responses on the survey. The data collection took four (4) weeks.

## Results

The analysis examined the extent to which social support can attenuate the mental health (depression, anxiety and physical symptoms) of women in the work environment. The hierarchical multiple regression analysis is used to analyze the relationship between the mental health indices and the social support indices. The data analyses were conducted in two steps. In the first instance, the means, standard deviations, correlations and internal consistency estimates (Cronbach’s alpha) were computed for each of the variables. Secondly, a series of multiple (hierarchical) regression analyses were conducted. The multiple regression analysis allows for more complicated investigation of the interrelationships among the set of variables examined (Pallant, 2001) while controlling for other relating variables, thus, allowing for investigation into the effects of the independent variables and their interactions on the dependent variable. The Statistical Package for the Social Sciences (SPSS) software was used. In each instance, the model provided a good fit to the data. The results of analyses based on both quantitative and qualitative data on social support and health indicated that the women reported normal levels of anxiety, ( $M = 6.94$ ,  $SD = 1.46$ ); and depression, ( $M = 7.75$ ,  $SD = 1.72$ ). This interpretation is based on the fact that the minimum score that can be obtained from the mental health and social support scales are (0-7) and (0-9) respectively. The women also reported normal levels of physical symptoms, ( $M = 10.15$ ,  $SD = 2.03$ ). Spousal support ( $M = 15.53$ ,  $SD = 3.34$ ); co-worker support ( $M = 7.39$ ,  $SD = 1.51$ ); supervisory support ( $M = 14.41$ ,  $SD = 3.60$ ) and friend support ( $M = 7.86$ ,  $SD = 1.82$ ) were combined and standardized into a mean support ( $M = 3.76$ ,  $SD = 0.53$ ). The composite mental health index was also regressed on the mean social support and control variables using the hierarchical multiple regression analysis (Enter method). The results are shown in Table 1 below.

Table 1: Hierarchical Multiple Regression Analysis of Mental Health on Stress, Support and control variables

Variables	R-Square	Changed R-Square	Standardized Beta ( $\beta$ )	F
Control Variables	0.05*	.05*		3.11*
Age			-0.12	
Type of org.			-0.08	
Education			0.18	
All variables	0.13**	0.08**		5.13**
Age			-0.11	
Type of org.			-0.07	
Education			0.16	
Social Support			-0.16*	

\* $p < .05$ , \*\* $p < .01$

From Table 1 above, the hierarchical multiple regression analysis (Enter method) indicated that a significant model emerged ( $F_{(5,164)} = 5.13$ ,  $p < .01$ ). The contribution of the social support to the model was significant and the resulting coefficients are in the predicted direction. ( $\beta = -.16$ ,  $p < .05$ ), that is mean support was a significant predictor of mental health. Stated differently, social support was significantly related to mental health when age, type of organisation and education were controlled.

The sub-scales of social support were examined by regressing the composite mental health index on each of the support subscales; co-worker support, supervisory support, spousal and friend support, while controlling for education, age and type of organisation. The results are shown in Table 2 below.

Table 2: Hierarchical Multiple Regression Analysis of Mental Health on Support Sub-scale, Stress and Control Variables

Variables	R-squared	Changed R-square	P	F
Control Variable	0.08	0.08		3.90*
Age			-0.19*	
Type of organisation			-0.09	
Education			0.20*	
All Variables	0.20	0.12		4.02**
Age			-0.17*	
Type of organisation			-0.07	
Education			0.19	
Spousal support			-0.23**	
Supervisory support			0.04	

Variables	R-squared	Changed R-square	P	F
Co-worker support			-.015	
Friend support			0.07	

\* $p < .05$ ; \*\* $p < .01$

From Table 2 above, the multiple hierarchical regression analysis (Enter Method) revealed that a significant model emerged ( $F_{(8,125)} = 4.02$ ,  $p < .01$ ). The R-square was 0.20, an indication that the model as a whole explained 20% of the variance, with the four social support sub-scales explaining 12% (changed R-square = 0.12) of the variance when age, type of organisation and education were controlled. In this model spousal support was a significant contributor to the model, ( $\beta = -0.23$ ,  $p < .01$ ) indicating that spousal support was a significant predictor of mental health. This meant that spousal support was significantly and negatively related to mental health. Looking at table 2 again, it can be seen that supervisory support ( $\beta = .04$ ), co-worker support ( $\beta = 0.15$ ) and Friend support ( $\beta = 0.07$ ) were not significant contributors to the model and hence were not significantly related to mental health (insignificant predictors of mental health). However, the control variables; age ( $\beta = 0.17$ ,  $p = 0.05$ ) and education ( $\beta = 0.19$ ,  $p < .05$ ) were statistically significant for this model and were significant predictors of mental health.

## Discussion

The results have shown that social support was negatively and significantly related to managerial women's mental health. Work-related social support was included in the model as a particularly salient aspect of the Ghanaian managerial woman's social environment. This is because, in the course of performing her duties, the managerial woman interacts and works in interdependent teams. Jobs are carried out within a framework of formal communication by those with whom she regularly interacts on the job, mutually dependent co-workers. These individuals are in a situation to offer help that may divert the gravity of organizational demands. The better the managerial woman's informal relations with these individuals (as indexed, for example by social support), the more likely this is to be true. By this formulation one might expect co-worker support to be important in the improvement of mental health. But, as found in this study, supervisory support, co-worker support, and friend support were not significantly related to mental health. In other words, support from supervisor, co-workers

and friends were not significant predictors of mental health. Therefore the hypothesis that co-worker support will be significantly related to mental health was not supported. The results have shown that although the women find co-worker support helpful, this support has nothing to do with their mental health. As much as they find it helpful, if a co-worker decides to prove difficult they can still move on with their jobs unlike their immediate supervisors. Taken together with the results of other researchers, this finding bolsters the arguments of numerous theorists that social support does reduce the detrimental effects of strain. These results are consistent with numerous conceptualizations and findings of many researchers. As hypothesized by Cohen and Wills (1985), lack of support in the face of acute stress engenders negative psychological states such as anxiety, helplessness, and depression. The original conceptualization of LaRocco et al. (1980) and House (1981) also viewed the buffering impact of social support as moderating the effect of work demands upon measured outcomes. This study found that though the women reported high levels of strain, meaning that Ghanaian managerial women operate in high strenuous environments, they were under moderate rather than heavy pressure psychologically. A woman's tendency to use problem-focused (social support) coping was shown to be a significant predictor of health outcomes. Thus the women who had social support exhibited higher mental well-being than those who did not have support.

The results also showed that spousal support was significantly and negatively related to mental health. This result indicates that spousal support appears to be especially important to married women. Two-thirds of the women reported that they had the active support and encouragement to work from their spouses. Spousal support provides a sense of security and stability at home and reduces role conflict in Ghanaian working managerial women. The women in the present study pointed out that they enjoyed a well-integrated support network, especially spousal support. By implication, the women believe that in the Ghanaian working environment, they enjoy a good deal of social support because the environment is a kind of collectivistic society in which everyone is each others' keeper. This kind of situation has helped them in coping quite well with their stress through sought support they receive from friends. These results are consistent with the findings of previous studies. For example, Lim (1996) found that females were more likely to talk to others about their problems and sought social support when they experienced stress. Broadbridge (2000) also found that women tended to talk to their friends and family about

work-related problems more than men did. These findings seem to suggest that women are willing to articulate their feelings about their problems.

The results of this study are consistent with that of Facione (1994) in which he studied role overload and health among married mothers in the waged labour force. It emerged from the findings that lack of spousal support had a direct connection to diminished mental health. Consistent with the current findings is that of Beatty (1996) who also found that a lower level of spousal support was associated with depression, but correlations for other outcomes were insignificant although in the expected direction. Thus, spousal support indeed played a role in depression levels of married women. As it has also been indicated by Rao et al. (2003), spousal support provided women with a sense of security and stability at home and also reduced role conflict in working women. Some conclusions of research studies in the 1990's (e.g., Diener et al., 1999; Misra, 1998; McBride, 1990) indicate that role strain is decreased when husbands approve of and support their wife's decisions, and mental health seems to be more affected by marital satisfaction than by job satisfaction. As it has been shown by Moos and Schaefer (1993) as well as Cronkite and Rudolf (1984), and also in this study, social support acted in an additive role (as a suppressor) among managerial women in Ghana. This means that the women need more work-related support systems, such as spousal support to buffer their overall mental well being.

## Conclusion

Based on the discussion, it is concluded that spousal support, encouragement and guidance are crucial in assisting women managers to get ahead in their careers. In the same vein, management should make a conscious effort to ensure that women managers receive the support and guidance they need from their superiors as well as co-workers as reinforcement to the spousal support. The study provides a useful insight into the sources of social support and mental health, which has important implications for the well being of Ghanaian managerial women. Also, the concept of social support examined in prior researches in relation to mental health has produced inconsistent results. The major contribution of the present study has provided added evidence that when support exists, it does improve the quality of women's mental health. Thus the findings have important implications for programmes intended to improve physical and psychological health of managerial women.

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