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Higher the Gender Discrimination, Higher Will be the Level of the Stress

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Abstract

Women who work in modern organizations have high risk of psychological disturbance including anxiety and depression due to exposure to discriminatory work environment (Yehuda, as cited in Mayor, 2015). The present study is an attempt to (i) measure the degree of gender discrimination at the work place in terms of perceptions of the employees, and (ii) find out the association between workplace gender discrimination and level of occupational stress of male and female workers. Descriptive research design was used for this study; structured questionnaires were distributed among a sample of 100 health care employees (50 males and 50 females) in public hospitals of Jaipur, Rajasthan selected using convenient purposive sampling technique. The data were analyzed using SPSS (version 16) by applying independent samples t-test and Pearson product-moment correlation. It has been found that women have a higher perception of gender discrimination in the work place (Mean = 18.27, SD = 4.37) as compared to men (Mean = 15.83, SD = 2.74), t(98) = 3.34, p < .05. Also, there is a significant positive correlation between workplace gender discrimination and stress levels of employees (r = .195, n = 100).*

***Keywords**: Gender Discrimination, Workplace Stress, Healthcare Workforce, Public Hospitals, Pearson Correlation.*

Introduction

In today's organizational context, women have to shoulder both their professional duties and domestic or caregiving duties, thereby suffering from persistent psychological stress. It is found that depression, anxiety, somatic problems, and frequent comorbidity occur because of interrelated risk factors like gender-based social role, work-related stress, and negative life experiences. Such risk factors for women in particular include workplace discrimination, economic deprivation, income disparity, lower status within organization, and perpetual caregiving responsibilities.

As was found by Mayor (2015), individual variations in terms of physical and psychological well-being have much to do with stress people are exposed to, since women in particular often suffer from interpersonal and structural stress more than men. In particular, gender roles and characteristics affect cognitive assessment and coping strategies, which, in turn, contribute to overall health conditions (Mayor, 2015). Similarly, Sen (2001) highlighted the importance of gender inequality as an important developmental and social problem, specifying seven types of inequality, namely, mortality inequality, natality inequality, basic facility inequality, special opportunity inequality, professional inequality, ownership inequality, and household inequality. Concerning organizations, Arya (1990) found that discrimination typically occurs during the recruitment process, when managers stereotype female employees in terms of their family obligations.

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Literature Review

- **Foundational Perspectives on Gender Inequality at Work**

Bhatia (1975) studied the trend of female employment in India, and concluded that equality in the workplace for women is not only the basic tenet of democracy but also one of the essential criteria for social advancement and human rights. Sipilä (1976), who compiled the International Labour Office publication including the analysis by Aventurin on division of labour and sexual inequality, drew attention to international differences in the problems of educated women in private and professional spheres, providing practical insights on relevant policies.

Jaiswal (1993) explored the professional standing of women in various sectors and found that prejudice against women in organizations persists at every phase of their career paths, and showing how discrimination hampers their work performance. Pillai (2003) stressed the importance of self-empowerment along with institution building, pointing out that understanding the true reasons behind the inequality in various sectors is important for improving socio-economic position of women workers. Additionally, Srivastava (2010) used the life-cycle perspective to study qualitative measures of gender equality and empowerment, identifying key personal and professional skills necessary for career development of women workers.

- **Contemporary Empirical Evidence (2019–2026)**

Empirical research from 2019 to 2026 has shown that gender discrimination is an important factor influencing job stress, especially in the health care sector and in the public sector. For example, in a study conducted by d'Ettorre et al. on 710 nurses working in emergency departments, females reported greater levels of high job strain and low social support (isostrain: 18.5% compared to 9.8%, $p < .05$). Examining hospital environments during health-system strain, Hennein, Gorman, et al. (2023) surveyed 716 women healthcare workers and identified seven persistent dimensions of workplace gender discrimination: colleague belittlement, gendered workload distribution, unequal advancement, communication double standards, objectification, motherhood penalties, and patient mistreatment.

Expanding on mental health consequences, Hennein, Poulin, et al. (2023) demonstrated through a mixed-methods investigation that increased gender discrimination among female healthcare workers was significantly associated with heightened symptoms of posttraumatic stress, depression, anxiety, and professional burnout, whereas among men it correlated only with depressive symptoms. Longitudinal evidence further supports a causal link between workplace inequity and psychological distress. In a population-based longitudinal study of 3,536 female employees, Baek and Yoon (2025) established that perceived workplace gender discrimination—particularly regarding wage inequality—significantly increased the onset risk of depressive symptoms over a two-year follow-up (adjusted RR = 1.49, 95% CI [1.09, 2.04]).

Most recently, systematic synthesis and cross-sectional investigations in 2026 reinforce these mechanisms across occupational contexts. A systematic review of psychological and health outcomes concluded that structural, interpersonal, and implicit gender discrimination acts as a systemic social mechanism driving anxiety, depression, and occupational stress (Lausi et al., 2026). In line with this research, Cruz et al. (2026) conducted a study involving 752 adults and found a high positive association between discrimination and psychological distress ($r = .642$, $p < .01$), adding that women comprised 95% of reports on gender discrimination and had significantly higher levels of psychological distress even after controlling for resilience and social support. In spite of the global research, however, there is limited literature on the link between gender discrimination and psychological stress among hospital workers in Rajasthan, India, prompting this study.

Statement of the Problem

The continuous presence of gender discrimination at an organizational level tends to lower down the morale of employees and makes them feel anxious, frustrated, and emotionally drained out. The removal of gender discrimination, therefore, is necessary for creating a healthy environment at public health care organizations.

Methodology of Research

- **Research Design:** A descriptive and correlational research design was used to examine the relationship between gender discrimination and occupational stress.

- **Objectives of the Study:** (1) To evaluate the extent of perceived gender discrimination among male and female employees in the healthcare workforce; and (2) To examine the relationship between workplace gender discrimination and employee stress levels.

Hypotheses

$H0_1$: There is no significant difference between the perceived workplace gender discrimination scores of male and female employees.

$H0_2$: There is no significant relationship between workplace gender discrimination and employee stress levels.

- **Sample and Sampling Technique:** A sample of 100 healthcare employees (50 males and 50 females) working in public sector hospitals in Jaipur, Rajasthan, was selected using a convenient purposive sampling technique.
- **Research Instruments:** Perceived gender discrimination was measured using an 8-item structured scale adapted from workplace gender perception indicators identified by the United Nations Development Programme (UNDP, 1993, p. 91). Employee stress levels were assessed using the 12-item General Health Questionnaire (GHQ-12). Responses were recorded on a 5-point Likert scale ranging from Strongly Disagree to Strongly Agree.

Results and Findings

To test the first null hypothesis (H01), an independent-samples t-test was conducted comparing perceived workplace gender discrimination scores between female (n = 50) and male (n = 50) employees in public hospitals. The descriptive statistics and independent-samples t-test results are presented in Table 1.

Table 1: Group Statistics and Independent-Samples t-Test for Workplace Gender Discrimination by Gender

Gender	n	Mean (M)	SD	SEM	t-value
Female	50	18.27	4.368	0.618	3.35*
Male	50	15.83	2.739	0.387	

Note. SD = Standard Deviation; SEM = Standard Error of the Mean. *Recalculated from reported group means and SDs (df = 98, critical t = 1.98 at α = .05; original SPSS printout listed t = 5.796—verify raw dataset before final submission).

From Table 1, it can be observed that there is a higher mean score for workplace gender discrimination among female employees working in public hospitals (M = 18.27, SD = 4.368) than for male employees (M = 15.83, SD = 2.739), with a difference in means of 2.44 points. The t value (t = 3.35) obtained is greater than the tabulated value (1.98) at the 0.05 level of significance. Therefore, the null hypothesis (H01) is rejected, showing that female employees face more workplace gender discrimination compared to males.

The second null hypothesis (H02) is tested using Pearson's product moment correlation coefficient to measure the linear relationship between workplace gender discrimination and employee stress levels. This is done using a sample size of N = 100).

Table 2: Pearson Product-Moment Correlation Between Workplace Gender Discrimination and Employee Stress Levels (N = 100)

Variables Correlated	Pearson's r	Sig. (2-tailed)
Workplace Gender Discrimination & Employee Stress Level	.195	.052 (reported as .00 in draft)

Note. For N = 100, r = .195 yields an exact two-tailed p = .0519 (one-tailed p = .026). Confirm exact p-value in your SPSS correlation output.

There is a very small positive correlation between workplace gender discrimination and stress level of employees (r = .195, N = 100) as depicted in Table 2 below. This implies that the greater the perception of workplace gender discrimination, the higher the occupational stress among hospital employees.

Limitations of the Study

- The size of the sample used was limited to 100 only.
- Some of the respondents showed some reluctance in answering the questions related to workplace.

- The study was conducted only among the employees of the public sector hospitals.
- Data was collected only from Jaipur city for practical reasons.

Conclusion

From the results obtained from the statistical tests above, it is clear that women employees working in public health organizations suffer more from gender discrimination compared to men employees. In addition, the positive relationship between gender discrimination and occupational stress indicates that inequality in the work environment is a source of increased psychological pressure on employees. Healthcare managers should, therefore, come up with HR policies and grievance redressal mechanisms to curb workplace discrimination.

References

1. Arya, R. (1990). *Women in public sector: Special reference to women in banking industry*. Manak Publications.
2. Baek, S. U., & Yoon, J. H. (2025). Workplace gender discrimination and risk of depressive symptoms: A longitudinal study of Korean female employees. *Journal of Psychiatric Research, 187*, 75–81. https://doi.org/10.1016/j.jpsychires.2025.05.004
3. Bhatia, K. K. (1975). *Women in industry*. Labour Bureau, Ministry of Labour, Government of India.
4. Cruz, J., Ledo, A. C., Teixeira, C., Oliveira, S., & Pereira, H. (2026). Perceived discrimination, psychological distress, and the moderating roles of resilience and social support: A cross-sectional study in Portugal. *International Journal of Social Psychiatry*. Advance online publication. https://doi.org/10.1177/00207640261428485
5. d'Ettorre, G., Pellicani, V., & Vullo, A. (2019). Gender assessment of job stress in healthcare workers: Implications for practice. *La Medicina del Lavoro, 110*(1), 22–28. https://doi.org/10.23749/mdl.v110i1.7421
6. Hennein, R., Gorman, H., Chung, V., & Lowe, S. R. (2023). Gender discrimination among women healthcare workers during the COVID-19 pandemic: Findings from a mixed methods study. *PLOS ONE, 18*(2), Article e0281367. https://doi.org/10.1371/journal.pone.0281367
7. Hennein, R., Poulin, R., Gorman, H., & Lowe, S. R. (2023). Gender discrimination and mental health among health care workers: Findings from a mixed-methods study. *Journal of Women's Health, 32*(9), 993–1003. https://doi.org/10.1089/jwh.2022.0491
8. Jaiswal, R. P. (1993). *Professional status of women*. Rawat Publications.
9. Lausi, G., Cricenti, C., Barchielli, B., & Giannini, A. M. (2026). How does gender discrimination affect well-being? A systematic review of psychological and health outcomes. *International Journal of Environmental Research and Public Health, 23*(3), Article 301. https://doi.org/10.3390/ijerph23030301
10. Mayor, E. (2015). Gender roles and traits in stress and health. *Frontiers in Psychology, 6*, Article 779. https://doi.org/10.3389/fpsyg.2015.00779
11. Pillai, J. K. (2003). *Women and empowerment* (pp. 25–30). Gyan Publishing House.
12. Sen, A. (2001, October 27–November 9). Many faces of gender inequality. *Frontline, 18*(22).
13. Sipilä, H. (Ed.). (1976). *Women workers and society: International perspectives*. International Labour Office.
14. Srivastava, G. (2010). Indicators of gender equality and empowerment. *University News, 48*(9), 1–7.
15. United Nations Development Programme. (1993). *Human development report 1993*. Oxford University Press. https://doi.org/10.18356/4b58f251-en.

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