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Daily Life Demands, Social Support, Life Satisfaction, and Health of Working Women and Housewives

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ABSTRACT

Although a massive amount of literature on stress and coping already exists within a well-developed theoretical framework, studies on stressors include only those associated with specific events (i.e., divorce) or measuring devices such as the "Social Readjustment Rating Scale" and "Daily Hassle Scale." Stress related to daily work overload has been overlooked; therefore, two new scales have been developed: the Daily Life Demand Scale and the Social Support Scale. These, along with two other scales—the Life Satisfaction Scale and the Symptomatic Scale—are used to make comparisons between working women and housewives.

Results from a survey of 444 Taipei women revealed that while working women experience more daily life demands than housewives, they also enjoy more support in dealing with those demands. Also, questionnaire results showed that both groups expect and perceive themselves as actually spending more than 24 hours per day meeting their daily demands. It is therefore apparent that stress levels for all women are generally very high, even more so for working women. Data show that both groups receive little instrumental support; husbands give the most frequent support, and it appears that husbands of working women are more responsive.

Housewives report higher levels of life satisfaction; however, both groups appear to be satisfied with their lives overall. Three areas of satisfaction reflect significant differences between the two groups: family relations, relations with relatives, and total score from the Life Satisfaction Scale. Although working women experience a higher degree of depression, both groups reported minor symptoms of somatization, depression, and anxiety.

Interpretation and discussion of survey results are presented in the paper.

Key words and phrases: *daily life demands, social support, life satisfaction, health, working women*

With the increasing number of married women working outside the home, contemporary families are facing novel challenges (Lin and Wang, 1988; Lin, 1986, 1987; Aneshensel, 1986). Although dual-career and two-paycheck marriages tend to be more egalitarian, women still hold major responsibility for childcare and housework (Lin, Lan, and Liu, 1985; Weitzman, 1985). Whether due to the expansion or integration of women's traditional family and emerging career roles (Lin and Moore, 1985), stress has become inevitable for women and their families. Family stress studies therefore began attracting research attention

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in the 1960s, and became a major focus of social science research during the following two decades (Cooke and Rousseau, 1984; Pearlin and Schooler, 1978; Thoits, 1982; McCubbin *et al.*, 1980).

Earlier research focused on the following four areas: (1) families' responses to non-normative events such as war (Hill, 1949) and death of a family member (Dohrenwend and Dohrenwend, 1974); (2) impacts of normative life transitions such as having children (Le Rossa, 1983), children leaving home (Harkins, 1978), and retirement (Lee, 1986; Cox, 1984); (3) the mediating effects of psychological resources and perceptions on stress levels, such as how situations are defined (Hill, 1958; McCubbin and Patterson, 1985); and, (4) the effects of coping strategies and social support systems on family adjustment (Huang, 1977; Lin and Wang, 1988; Unger and Powell, 1980; Billing and Moss, 1984; Cohen and Wills, 1985).

These studies have helped build a considerable body of knowledge on stress; several theories on stress and coping have thus been established. However, stressors studied have tended to be limited to either specific life events (both normative and non-normative), or stress levels measured by Holmes and Rahe's (1967) "Social Readjustment Rating Scale" and Kanner, Coyne, Schaefer and Lazarus's (1981) "Daily Hassle Scale." Obviously, people do not experience major life events (i.e., marriage, divorce, childbirth) on a regular basis. Dohrenwend (1973) found that the average number of major life events that individuals must deal with was only one or two per six-month or one-year period. However, the stress that women experience in daily life requirements (demands)—such as preparing meals, laundry, cleaning, studying, etc.—has not been fully explored. Almost all women have to deal with these demands; responses to these demands can be so stressful as to be detrimental to their health. In addition, though most people experience daily hassles, most of these are either beyond individual control (i.e., air pollution, inflation) or difficult to change (i.e., unattractiveness).

This study was designed to investigate those changeable and controllable daily life problems, and was specifically intended to find those daily life demands that create stress for women, then find out how women cope with those demands.

Also, previous studies have tended to focus on emotional, rather than instrumental (i.e., actual help) social support systems. Even though the two systems may actually be highly correlated (Lin, Woelfel and Light, 1988), since the accomplishment of daily life demands is the main focus of this study the authors are more interested in analyzing the actual instrumental support that women receive when confronting these demands.

The survey therefore asked questions such as, "Who gives you help when you are unable to finish your work?" and "To what extent do they help you in overcoming those demands?" Survey results allowed the present researchers to investigate the sources and extent of actual assistance which the subjects receive in their daily lives.

The effects of stress on personal life as the result of daily life demands was also measured in our study. It is inevitable that interpersonal relations and emotional ties among family members are affected by the extent of stress and how stress is managed (McCubbin and Patterson, 1985). Therefore, the final section of this paper addresses the impact of daily life demands and social support on family (marriage) satisfaction in particular, and overall life satisfaction and health in general.

Briefly, then, the purpose of this study is fivefold:

1. To investigate the sources and extent of daily life demands that women experience.
2. To identify the sources and extent of instrumental social support that women receive when dealing with daily demands.
3. To examine women's life satisfaction.
4. To understand the health status of women.
5. To analyze relationships between life demands, support systems, life satisfaction, and health.

This report focuses on comparing the daily life demands, social support, life satisfaction, and mental health of working women and housewives. It was derived from the larger study described above.

I. METHOD

Subjects

A sample of 500 women was surveyed based on female population proportions in the 16 administrative districts of Taipei City. Data were collected by personal interview. After questionnaires were distributed, 478 were returned—a response rate of 95.6%; 444 questionnaires (92.8%) were usable for the study. Respondents included 274 working women, 167 housewives, and three individuals who did not report their job statuses. All respondents were married.

Over three-quarters (77.4%) of the working women interviewed held full-time jobs; 17.2% worked part-time, and 5.5% did not respond to this item. The subject's occupational backgrounds were diverse, with 22.1% in business, 15.1% in government and teaching positions, 6.8% in industry, 7.3% in labor and agriculture, and 12.4% in a "free" profession;

5% did not give job descriptions.

The age distribution of the respondents was as follows: under 20, 0.7%; 20-29, 24.5%; 30-39, 42.1%; 40-49, 18.9%; 50-59, 11.3%; 60 and above, 2.5%. Subjects came from all levels of educational background: illiterate, 3.2%; elementary school, 14.4%; middle school, 13.3%; high school, 34.0%; college, 35.1%; graduate school, 1.6%; not responding, 0.5%.

Instruments

Daily Life Demand Scale (DLDS). This scale covered 55 daily demands such as preparing meals, laundry, and housekeeping (see Appendix for a complete list); items were derived from two pilot studies (see Chen and Lin, 1987 for a detailed discussion of the pilot studies). For each individual item, subjects responded to two questions: (1) Expected time ("In your personal view, how many hours on an average day do you expect to spend on this demand?"); and, (2) Actual time ("How many hours did it actually take you to accomplish this demand?").

Social Support Scale (SSS). For each of the 55 daily life demands, respondents were also asked to describe their social support network in terms of the person who helped them accomplish the task, and the amount of time each person actually helped in accomplishing the task.

Life Satisfaction (LSS) or Well-Being Scale (WBS). The scale used in the present study was from Campbell, Converse, and Rodgers (1976), as modified by Wang (1981). The scale covers six domains: (1) general sense of well-being (2 items); (2) job satisfaction (11 items); (3) family life satisfaction (6 items); (4) marital satisfaction (7 items); (5) rapport with relatives (3 items); and, (6) satisfactory relationships with colleagues (2 items). These six items can further be grouped into three categories: work, marriage, and family. Wang (1981) reported the scale's high validity and reliability (over .80).

The first section of this scale (item 1) utilizes a six-point semantic differential method; subjects were asked to rate descriptive adjectives on a bipolar continuum ranging from '1' to '6'. The second section (items 2 through 31) uses a six-point Likert-type scale, ranging from "strongly disagree" to "strongly agree." Due to the wording of questions, certain items were recoded for scoring purposes. The higher the total (or mean) score, the higher the degree of life satisfaction.

Symptomatic Scale (SCL-90). This scale was adopted from the "SCL-90: An Outpatient Psychiatric Rating Scale" designed by Derogatis, Lipman, and Covi (1976). The SCL-90 is a self-report clinical rating scale oriented to symptomatic behaviors of psychiatric in-patients. Three symptom constructs from the original scale were used in this study: somatization, depression, and anxiety. The three constructs have been empirically validated through a series of clinical investigations involving over 2,500 patients (Derogatis *et al.*, 1976). Those authors wrote a brief description of the three constructs as follows:

> **Somatization:** Items in this section reflect stress arising from perceptions of bodily dysfunction, focusing on the cardiovascular, gastrointestinal, respiratory, and other systems with strong autonomic mediation. Headaches, backaches, and localized gross muscular pain and/or discomfort are also represented, as are other somatic equivalents of anxiety.
>
> **Depression:** These scales reflect a broad range of clinical depressive syndrome conditions. Dysphoric affect and mood symptoms are represented, as are signs of withdrawal of interest in various activities, lack of motivation, and loss of vital energy. This dimension mirrors feelings of hopelessness and futility, as well as other cognitive and somatic correlates of depression; several items concerning suicide are included.
>
> **Anxiety:** This dimension includes a set of symptoms and behaviors usually clinically associated with high manifest anxiety. General indicators (such as restlessness, nervousness, and tension) are included under this heading, as are additional somatic signs such as "trembling." Free floating anxiety and panic attack items are also represented in this dimension; so is one item on feelings of dissociation (Derogatis *et al.*, 1976:14-16).

In this study, the wording of two SCL-90 items (item 80, "Feeling that familiar things are strange or unreal," and item 86 "Feeling pushed to get things done") was modified. The new items were: "Feeling that unfortunate things are happening to you," and "Having ideas or images of horrors." A 35-item, Likert-type checklist symptomatic scale was compiled, with scores for each item ranging from '0' to '4' ("never," "occasionally," "often," and "very often/very severe"). The lower the mean score, the lower the symptomatic behavior, therefore, the better the subject's mental and physical health. Data interpretation was from Derogatis (1977) in the SCL-90R MANUAL-I; this manual was previously translated into Chinese by prominent Taiwan psychiatrist Dr. Y. K. Yeh, and has been used in Taiwan clinics.

II. RESULTS

Daily Life Demands

Table 1 shows the mean expected and actual hours spent by both working women and housewives on all 55 daily life demands. Mean expected hours for working women (M = 32.11 hours) was higher than the mean for housewives (M = 29.59 hours). In addition, the mean actual hours spent on daily demands was higher for working women (M = 27.55 hours versus M = 24.61 hours). The only significant difference between the two groups (t(440) = −2.44, $p<.05$) was mean actual hours spent on daily life demands.

Table 1. Mean expected and actual hours spent on all 55 daily life demands by working women and housewives

	Housewives		Working Women		
	Avg Hour	SD	Avg Hour	SD	t
Average Expected Hours Per Day Spent	29.59	18.70	32.11	15.03	-1.47
Average Actual Hours Per Day Spent	24.61	12.51	27.55	12.17	-2.44*

*$p<.05$

Table 2. Expected hours spent on different daily life demands

	Housewives		Working Women		
	Mean (Hour)	SD	Mean (Hour)	SD	t
Grocery Shopping	0.95	0.63	0.78	0.58	2.86**
Studying	0.68	1.26	0.96	0.95	-2.54*
Television	1.97	1.43	1.31	1.01	5.25**
Chatting	1.01	1.13	0.74	0.66	2.76*
Outing with Child	0.96	1.42	0.64	1.04	2.50*

Note: All daily life demands that showed no significant difference between housewives and working women were omitted.

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

When comparing both groups on expected hours spent, five daily demands showed significant differences (Table 2). Housewives expected to spend more hours grocery shopping (M = .95 versus .78; t(440) = 2.86, $p<.01$), watching television (M = 1.97 versus 1.31; t(440) = 5.25, $p<.01$), chatting (M = 1.01 versus .74; t(440) = 2.76, $p<.05$), and going on outings with their children (M = .96 versus .64; t(440) = 2.50, $p<.05$). Working women expected to spend more hours studying (M = .95 versus .68; t(440) = −2.54, $p<.05$).

There were significant differences between the two groups on seven items concerning actual hours spent accomplishing daily demands (Table 3). Housewives spent more hours preparing meals (M = 1.71 versus 1.17; t(440) = 4.83, $p<.01$), watching TV (M = 1.86 versus 1.31; t(440) = 2.23, $p<.05$), caring for their husbands (M = .77 versus .56; t(440) = 2.29, $p<.05$), caring for their preschool-age children (M = 2.18 versus 1.09, t(440) = 3.23, $p<.01$), and caring for their school-aged children (M = .83 versus .53; t(440) = 2.20, $p<.05$). On the other hand, working women again only spent more hours studying (M = .61 versus .42; t(440) = −2.07, $p<.05$).

Table 3. Actual hours spent on different daily life demands

	Housewives		Working Women		
	Mean Hour	SD	Mean Hour	SD	t
Preparing Meals	1.71	1.22	1.17	1.01	4.83**
Studying	0.42	0.99	0.61	0.82	-2.07*
Television	1.86	1.44	1.31	1.19	4.13**
Chatting	0.87	0.99	0.68	0.66	2.23*
Husband Care	0.77	0.76	0.56	0.82	2.29*
Childcare (preschool age)	2.18	3.99	1.09	2.31	3.23**
Childcare (school age)	0.83	1.54	0.53	1.09	2.20*

Note: All daily life demands that showed no significant difference between housewives and working women were omitted.

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

Social Support

The social support scale assessed both the number of persons who helped women with daily life demands and the hours of help that the subjects received. Reviewing the results from the 55 demands covered, it was found that both working women and housewives receive very little help. The mean number of helpers for housewives and working women were 2.27 and 3.13, respectively (Table 4). The difference be-

Table 4. Social support received by working women and housewives

	Housewives		Working Women		
	Mean	SD	Mean	SD	t
Number (Frequency) of Helpers	2.27	3.59	3.13	4.68	-2.04*
Hours of Help	2.31	5.25	2.73	4.73	-0.86

*$p<.05$

tween the two groups is significant (t(440) = −2.043, $p<.05$). Hours of help for housewives was 2.31, and for working women 2.73; in this instance the difference was not significant.

Table 5 lists the distribution of social support networks for both working women and housewives. For both groups, husbands give the most frequent support, although working women's husbands appear to be more responsive (55.6% of total support versus 45.9% for husbands of housewives). The second and third most supportive categories of helpers for housewives were their children (23.3%) and servants (9.3%). There is a significant difference in the second category, as working women reported receiving only 7.5% of their help from their children. Also of interest is the difference in support from daughters-in-law; whereas housewives receive 6.1% of their total support from daughters-in-law, working women receive only .3% from theirs. In addition, both housewives and working women receive the least amount of support from their friends and colleagues (.5% and .2%, respectively).

Table 5. Distribution of the social support received by working women and housewives

Support by	Housewives (n − 167)		Working Women (n − 274)	
	a Freq.	b %	a Freq.	b %
Husband	173	45.9	476	55.6
In-Laws	19	5.0	113	13.2
Parents	13	3.5	51	5.9
Children	88	23.3	64	7.5
Daughters-In-Law	23	6.1	3	0.3
Other Family Members	13	3.5	41	4.8
Relatives	11	2.9	28	3.2
Servants	35	9.3	80	9.3
Friends, Colleagues	2	0.5	2	0.2
Total	377	100.0	855	100.0

a. Total amount of help each group of women received on all 55 demands. Since each helper may help women on more than one demand, the maximum frequency-group size was 55.

b. The percentage of help from each helper out of the total help received.

Life Satisfaction

Table 6 summarizes mean scores for life satisfaction or well-being. On a six-point scale ("6" being "most satisfied"), mean scores were 4.44 for housewives and 4.29 for working women. Although housewives reported higher levels of life satisfaction, both groups appeared to be satisfied with their overall lives; this is demonstrated by the fact that both groups had mean scores over 4.0 for all subcategories. Both groups reported the highest satisfaction in relationships with their relatives (M = 4.74 for housewives and 4.51 for working women). For housewives, the second and third highest scores concerned their marriages (M = 4.56) and family (M = 4.50); in comparison, working women were most satisfied with their colleague relations (M = 4.50) and their marriages (M = 4.39). There were significant differences between the two groups in three areas of life satisfaction: family (t(440) = 3.56, $p<.01$), relations with relatives (t(440) = 2.11, $p<.05$), and total life satisfaction (t(440) = 2.25, $p<.05$).

Table 6. Mean scores for life satisfaction scale

Area of Satisfaction	Housewives		Working Women		
	Mean	SD	Mean	SD	t
General	4.25	0.80	4.26	0.81	-0.15
Family	4.50	0.89	4.20	0.86	3.56**
Marriage	4.56	1.03	4.39	1.07	1.65
Relations with Relatives	4.74	0.97	4.51	1.24	2.11*
Job	x	x	4.06	1.31	x
Colleague Relations	x	x	4.50	1.29	x
Well-Being Scale	4.44	0.69	4.29	0.67	2.25*

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

Health

Respondent results for the Symptomatic Scale showed higher mean scores for working women on all three health dimensions; they were .72 for somatization, .73 for depression, and .53 for anxiety, while housewife means were .67, .61, and .43, respectively. The only significant difference between the two groups was in the depression dimension, with working women showing a higher level (t(440) = −2.60, $p<.01$). However, it is important to note that means for both groups were very low, indicating that all subjects reported only minor symptoms of somatization, depression, and anxiety.

Table 7. Mean scores for symptomatic scale

	Housewives		Working Women		
	Mean	SD	Mean	SD	t
Somatization	0.67	0.47	0.72	0.48	-1.04
Depression	0.61	0.45	0.73	0.51	-2.60*
Anxiety	0.43	0.49	0.53	0.51	-1.89

*$p<.01$

III. DISCUSSION

The present data show that both working women and housewives play many roles in their daily lives, and that they also tend to commit themselves to accomplish as many demands as possible. The average number of hours that they expect to spend meeting those demands far exceeds 24 hours per day, as does the number of actual hours they believe they spend meeting the demands. It is possible that the subjects may have overestimated the number of hours they spend accomplishing demands done weekly or bi-weekly. Test-retest reliability may be validated by future studies. However, it is more likely the number of hours reported by the respondents reflects their strong—perhaps overly so—concern for daily demands; they feel overwhelmed by these demands, and wish to accomplish as much as possible. Therefore, they overestimated actual time spent when answering the questionnaire.

Furthermore, the data showed that—compared with housewives—working women not only expected to, but actually did spend more hours studying. It's apparent that working women need to study to meet their work demands; it's also possible that working women tend to have more education, and therefore are inclined to study and read. On the other hand, working women spend less time than housewives on housework, child care, and care for their husbands; consequently, they suffer from higher degrees of anxiety and depression. Once again, this demonstrates the difficult dilemma that today's working women face.

Many studies have revealed that finding and getting social support is one of the most effective ways to cope with stress. However, this study found that while both groups got help from their social support networks, the average number of hours of help they received daily was far less than the actual number of hours they needed to devote to their daily demands. Thus, working women and housewives in Taiwan are carrying very heavy workloads (also known as "role overload") in their daily lives.

Support from husbands ranked highest for both groups. Considering the trend toward nuclear family lifestyles in Taiwan, it is inevitable that husbands have to share some of the childcare and housekeeping burdens. Working outside the home seems to have given wives an advantage in receiving help from family members, especially husbands. However, it is apparent that men are not sharing family roles to the same degree that women share provider roles. Otherwise, working women would not report spending an average of 27.55 hours per day meeting their daily life demands. This supports previous findings from Lin, Lan, and Liu (1985) that women physicians in Taiwan—regardless of their full-time practices—continue to assume major housework and childcare responsibilities.

The traditional family support structure in Taiwan is still very much in place; our study shows that in-laws and children are major sources of support. It also appears that married women in Taiwan are utilizing other social support networks in coping with their daily life demands. For example, although there is a growing labor shortage for domestic help, many women in Taiwan are able to use their higher household incomes to afford part- or full-time helpers (e.g., servants).

Although both groups of women appear to be satisfied with life overall, the data also show a positive correlation between the number of helpers and family satisfaction ($r = .09$, $p < .05$). Since most helpers are family members, this may suggest that by helping them as much as possible, husbands, children, and in-laws can increase women's sense of satisfaction with their families.

Previous research concerning the impact of multiple roles on women's health yields complex results. Kandel, Davies, and Raveis (1985) found that married working mothers reported the lowest incidence of depression, while single women without jobs or children had the highest incidence. Cleary and Mechanic (1983) found that marital status was more strongly related to depression for housewives than for working women, but that having children at home was positively related to depression among working women. Data from the present study show that working women reported higher levels of depression than did housewives, although both groups reported very minor symptoms. This evidence, plus the finding that working women report lower life and family satisfaction than housewives, suggests that Chinese working women are experiencing much greater pressure than working women in Western countries.

Traditional beliefs such as "women's proper place is in the home," plus culturally-related work stress, plus societal ambivalence towards women's employment regardless of economic necessity, together may be creating insurmountable pressure for working wives and mothers in Taiwan. Direct causal relationships between work, depression, and the family lives of women in Taiwan have yet to be explored.

Appendix: Daily Life Demands Derived from Two Pilot Studies

1. Preparing meals
2. Laundry
3. Household cleaning and maintenance

4. Washing dishes
5. Grocery shopping
6. Shopping for daily necessities
7. Studying
8. Crafts
9. Television
10. Chatting
11. Reading newspapers and magazines
12. Side job
13. Mah Jong or other recreation
14. Sports and exercise
15. Family finance
16. Preparing midnight snack
17. Volunteer work
18. Feeding pet, pig, chicken, etc.
19. Personal washing and cleaning
20. Preparing and delivering meals (lunch)
21. Religious activities
22. Grooming
23. Social obligations and social-emotional debts
24. Husband care
25. Helping husband manage business and other chores
26. Communicating with husband
27. Accompanying husband for his social obligations and leisure activities
28. Having sex with husband*
29. Childcare (preschool age)
30. Childcare (school age)
31. Child discipline and communication
32. Supervising children's music, crafts, and extracurricular activities
33. Outing with children
34. Taking and picking up children
35. Greeting parents-in-law by phone or personal visit
36. Care of parents-in-law
37. Special care of parents-in-law
38. Keeping parents-in-law company
39. Care of parents
40. Keeping parents company
41. Greeting parents by phone or personal visit
42. Special care of parents
43. Helping daughters-in-law or daughter (son) with childcare
44. Helping daughters-in-law or daughter (son) with household work
45. Helping relative with childcare
46. Helping relative with household work
47. Personal care (make-up, changes of clothing, etc.) for work
48. Time spent commuting (work)
49. Studying for work (new knowledge)
50. Activities related to work time spent in addition to office hours
51. In-service or on-the-job training
52. Going to work
53. Overtime
54. Business trip
55. Work-related social or business obligations

*Item 28 was deleted in formal study.

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每日生活需求、社會支持及健康：職業婦女與家庭主婦的比較研究

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摘　要

由於社會的變遷，家庭的結構和功能也都有所改變，不但婦女工作的比例增加，傳統家庭互相支持的功能也在減弱之中，現代中國家庭正面臨前所未有的壓力。

過去有關“壓力與適應”的研究雖然不少，理論架構也相當完整，但有關壓力源的探討，卻一直集中於對特定事件，例如，離婚，或以“社會再適應量表”及“日常生活的困擾”定義壓力所做的研究。而日常生活中，因爲扮演多種角色，必需不斷應付生活或工作上的要求，負荷過重所造成的壓力，卻很少被注意到。本研究因此針對此缺失，自編了「日常生活需求」及「社會支持」量表，另採用「生活滿意」及「身心健康」量表，對職業婦女與家庭主婦做一比較。

根據對台北市444名婦女所做的調查發現，職業婦女較家庭主婦經驗更多的日常生活需求，但是她們也得到較多的幫助。所有婦女都希望她們每天能花24小時以上來處理生活需求，也認爲她們實際上花了24小時以上在處理，其中尤以職業婦女爲甚。可見婦女的壓力極大。二組婦女在處理日常生活需求上所得到的實質幫助都很少，而其中，她們的配偶都是最常提供協助的人，尤其是職業婦女。

一般而言，二組婦女對生活都是傾向於滿意的，但家庭主婦在整體量表及家庭關係與親戚關係二向度上，都較職業婦女更爲滿意。另外，二組婦女在身心健康量表上的得分均極低，顯示婦女們的身心狀況均屬良好，但職業婦女在憂鬱分數上顯著的高於非職業婦女，此可能與傳統價值觀，文化，工作本身均有關。

本文最後針對研究結果，提出討論與建議。