Exploring The Mental Health of Women Administrative and Police Officers of Maharashtra During COVID-19 Pandemic

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PREFACE

As India steadily steers its way through the pandemic to safer shores, we must foreground the battle each woman has fought and the impact the pandemic has had on each of them. India has a female labour participation rate that is one of the lowest in the world. This is not just a function of lack of education but of the resilience of deeply ingrained patriarchal values that see women primarily as agents of the family. While women continue to remain on the margins of power, their assertion in public services is growing gradually but significantly. Increased presence and aspirations of women in police and administration are ensuring that all women citizens in the country are treated with freedom, equality and dignity. The need of the hour is to provide this special resource- every condition conducive to growth and development. Research initiatives that dwell on the mental health of women personnel in government services are crucial. This project is one such endeavour that seeks to highlight the salient aspects of the mental health of women officers in police and administration, especially in the backdrop of the Covid-19 pandemic. Mental health comprises emotional, psychological, economic, and social well-being. Mental health issues need attention and prioritization in a healthy nation and society. The participants for the study were drawn from thirteen districts of two divisions of Maharashtra state. The collaborative mixed method study titled 'Exploring the mental health of women police and administrative officers of Maharashtra during Covid-19 pandemic' was conducted by two Pune-based organizations - namely Shri Siddhivinayak Mahila Mahavidyalaya (MKSSS) and Jnana Prabodhini's Institute of Psychology (JPIP) Pune, with generous financial assistance from National Commission for Women (NCW). MKSSS is the flagbearer of ideals advocated by the great social reformer Bharat Ratna Maharshi Dhondo Keshav Karve who championed the cause of women's empowerment through education. JPIP is a premier research institute in India that focuses primarily on psychology and aims at identification and nurturance of human potential for a social cause. Women studies are also one of the focus areas of JPIP.

This study was a true challenge in many ways. It was a unique experiment to undertake joint project work where healthy teamwork paved the way forward and helped train young researchers from both institutes. Apart from the usual challenges of fieldwork, Covid-19 posed many restrictions. Several safety concerns had to be handled with utmost sensitivity. The use of technology was inevitable for data collection and proved to be a boon, especially when women officers preferred early mornings, late evenings or after/before office hours for data collection.

These circumstances led to a significant lag in meeting completion deadlines. The six-month extension was granted generously by NCW which helped significantly in the successful completion of the study.

We would like to acknowledge and thank Dr. Anagha Lavlekar, Director of Jnana Prabodhini's Institute of Psychology (JPIP), who initiated the project and remained a motivating force throughout. We thankfully appreciate the involvement of Ms. Sonia Virani who worked with us as a team member, especially at the stage of data analysis and report writing. We take this opportunity to express our gratitude towards senior research mentors- Dr. Ajit Kanitkar, Dr. Vanita Patwardhan, and Dr. Sujala Watve, who provided valuable suggestions for enriching the contents of this report.

We gratefully acknowledge the contribution of NCW, police heads, administrative department heads, more than fifteen field investigators (list in the appendix), and all 354 women government officers from thirteen districts namely- Pune, Solapur, Satara, Sangli, Kolhapur, Aurangabad, Beed, Latur, Jalana, Osmanabad, Parbhani, Nanded and Hingoli from two administrative divisions of Maharashtra -Pune and Aurangabad**,** who participated wholeheartedly in the study. Our colleagues and friends from various departments of both collaborating institutes were truly supportive and encouraging.

The Project Team

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Executive Summary

Exploring the mental health of women Police and Administrative officers of Maharashtra during COVID 19 Pandemic

This project seeks to explore salient mental health aspects of women officers in police and administration belonging to the state of Maharashtra in the backdrop of the Covid-19 pandemic. The study spanned 1.5 years and was made possible with the generous grant received from NCW. The collaborative study was conducted by two Pune-based organizations -MKSSS's Shri Siddhivinayak Mahila Mahavidyalaya (MKSSS's SSVMM) and Jnana Prabodhini's Institute of Psychology (JPIP).

The objective of the study was to foreground the work performance, mental health challenges and coping mechanisms of women officers from two services namely administration and police, during the pandemic. Study also probed into the age-wise, and grade-level-wise picture. The pandemic put to test the resilience of women officers, who risked all in the line of duty. However, little has been spoken or written about them in public forums or academia. Research projects such as this, help highlight their trials and challenges, for concerned authorities to take note of and rectify and remedy them. As a result, organizations- that women are an integral part of, can better position themselves to counter similar crises arising in future. The enhanced mental health and coping mechanism of women in positions of power can further strengthen organizations and have ripple effects in all aspects of their personal and professional lives including work performance.

This mixed-method study was conducted in three phases: -

• **Phase I**: Mental Health Survey

• **Phase II**: Probing in Mental Health

• **Phase III**: Rational Emotive Thinking based Intervention

Employing incidental sampling- 354 women officers drawn from thirteen districts of Maharashtra- five from the Pune division namely, Pune, Solapur, Satara, Sangli and Kolhapur, whereas eight from the Aurangabad division namely- Aurangabad, Beed, Latur, Jalana, Osmanabad, Parbhani, Nanded and Hingoli were participants of this study. The inclusion criterion for the police was the Police Sub Inspector level and above and for administrative departments it

was class II officer level and above.

The present study has used the mixed methods design. Where qualitative data helps explain or build upon quantitative results received from standardized psychometric tools.

In phase I (N=354) five standardized questionnaires were used to obtain quantitative data and interviews were used to obtain qualitative data. Based on the quantitative results obtained on eight variables namely - Work productivity loss, Productivity, Autonomy, Depression, Anxiety, other mental health problems and Ways of coping, about 10% (n=37) of the sample from two extreme groups i.e., High scorers and Low scorers was selected for further probing.

In phase II (n=37) focused group discussions were conducted in online mode, to find out the challenges and problems the women officers faced during Covid 19, the strategies they used to overcome them, the support they received during this difficult time and the new learnings acquired. Here, they were asked to suggest if any new training or intervention is required for them and their colleagues. Also, quantitative data was collected using two standardized questionnaires on the variables of stress and psychological well-being.

Analysis of quantitative data was conducted using MS Excel and SPSS version 23 for calculating 'T' test scores. Thematic analysis was used to identify themes from qualitative data. High productivity loss was reflected in the overall data of 354 participants. Indicating that these officers found it challenging to meet work demands during the pandemic. In spite of these work place challenges all women officers irrespective of their profession, age or grade-level reported moderate level of productivity. These women officers conveyed limited autonomy. The older age group reported comparatively greater autonomy suggesting more self-sufficiency and self-governing capacity gained through maturity and experience. These results indicate that women officers put in hard efforts to enhance their work performance despite demanding work situation and restricted autonomy. Significantly higher productivity loss is observed among administrative officers due to unforeseen new demands of situation and interpersonal challenges during covid situations.

Older police officers could gain from maturity and experience and achieve better work performance as reflected through moderate productivity loss, moderate autonomy and productivity touching high level.

Overall scores revealed moderate depression, mild anxiety and low mental health problems among officers from both services during the pandemic. Also, during the personal interview

officers talked about a lack of awareness about their own mental health needs, emotional disturbances and problems in communication, and relationships suggesting the need for mental health-related services. Even in the challenging circumstances women officers showed resilience and reported less mental health challenges. This study has highlighted that 'Depression' appears to be the major mental health challenge that needs immediate attention. Lack of proper knowledge regarding mental health and absence of mental health facilities is evident.

Less mental health challenges are reported by women administrative officers. Low depression is observed among young women administrative officers which suggests that timely systemic intervention can be a good preventive measure.
Women police officers reported many more mental health challenges as compared to women administrative officers that need focussed attention and systemic restructuring.

Coping mechanisms appear to be more a function of maturity and experience in dealing with challenging life situations. However, more use of positive ways of coping is not leading to reduced use of negative ways of coping indicating the need for training and education about the nature of coping mechanisms and their effective use.

Results indicate that older Class 1 administrative officers, owing to their experience and maturity were able to employ more positive ways of coping as compared to young officers. However, they were still using them only moderately suggesting the lack of insight into the enhanced use of positive coping strategies.

Observed age and grade related significant differences among police officers high light the role of maturity and learning in the development of coping mechanism. Significantly higher use of both positive and negative ways suggests lack of mature insight of long-term distress resulting from negative ways. Significantly lower use of negative ways by older class II indicates role of experiential learning. A coping challenge frequently encountered by women police officers at the workplace were mentioned in the focused group discussions was gender inequality. This needs attention.

Similarly, the interview and FGDs revealed the source of stress, depression and anxiety that the women encountered while discharging their duties during the pandemic. Issues about lack of human resources and political interference, non-cooperation from colleagues, citizens and relatives of patients, crisis in the family, lack of adequate medical, technical, administrative and logistical know-how as well as aggression and violence from the public, were highlighted.

In phase III, based on the needs identified through the results, two interventions based on

Rational Emotive Behavioural Therapy were designed by the experts. The first one named 'Awareness of Own Thinking' (विचारभान) was in the form of four videos of small duration. It was shared with all the participants of the study. Feedback underlined the need for mental health awareness and many officers expressed interest in a training workshop if scheduled at a convenient time. This led to the planning of the second interactive online workshop for the willing officers, named as 'A Quest for Happiness' (आनंदाची शोधयात्रा). Motivation and readiness to change were reflected through their enthusiastic participation and sharing of relevant experiences. The post session feedback revealed their insightful learning and quest for understanding.

In light of the analyzed data, a few systemic measures to strengthen the effective functioning and mental health of officers can be suggested.

- Some actions particularly helpful for enhancing the perception of 'Autonomy' can be -
- Introduction of a *reward system governed by middle-level officers* for acknowledging the success of subordinates and peers can provide a sense of self-reliance and control for them.
- Encouragement *of empathetic leadership, transparency and creative problem-solving within* predefined boundaries in the department may be integrated into the system.
- For building a *culture of trust and responsibility* within the hierarchy it would be useful to identify and incentivise existing instances of supportive environment both in administrative and police departments.

Results received from this study call for designing easily *accessible mental health facilities* like regular check-ups, awareness workshops, treatment and counselling (in person / remote), telemedicine facilities, toll-free helplines especially for police and administrative personnel and their families. Prioritizing psycho-education and training about mental health and its application in daily life is needed.

- Intensive and impactful gender sensitization training for learning about feminine and masculine attributes, their application at workplace and life in general together with the male counterpart is recommended.
- Designing training programs focusing on types and nature of coping strategies seems essential.
- Ensuring easy availability of funds for collaborative mental health initiatives along with NGOs and mental health experts would facilitate the required change.

The researchers hope that the findings of this study will help synchronously introduce

critical reforms and systemic changes so that Indian women's leadership can position itself better for future challenges. Also, government organizations can align their actions, strategies and processes with the information and knowledge generated from this unique study.

Chapter1. Introduction

Ever since March 2020, with the outbreak of a raging pandemic, almost every individual was confronted with the most unprecedented conditions nationally and globally. More so the personnel serving in the police and administrative departments in the country. Police and administrative officers are known to uphold the highest ethical and professional standards because their job requires them to be resilient and strong to deliver public services even in the most precarious conditions. The traditional roles of officers from the Police and Administration departments transitioned from the conventional to the most unconventional during the pandemic. Apart from their mandated duties like countering and tracking crimes, enforcing stringent lock downs for pandemic control threw new situational demands. Police forces got drawn into providing critical services to health workers, and hospitals while enforcing lock downs (Pandya & Saha, 2021). Likewise, the administrative officers, who work in a never ending circle of development and upliftment through various projects and initiatives, selflessly immersed themselves in strategizing disaster management. The new role of administrative officers included planning and management of jumbo medical facilities for citizens, stocking health centers with medicines and essentials, conducting antigen testing, contact tracing, door-to-door surveys for flu referrals, etc. (Bannerjee, 2020). Working in high-demand and high-pressure jobs midst the pandemic was potentially a mental health hazard for police and administrative personnel. Contributing factors are long working hours, pressure from the media, fear of getting infected by the virus, and concern about family members. In the midst of divisive politics, a brewing global conflict, and the devastation wreaked by Covid-19, the officers continued to serve relentlessly in the line of duty.

In order to contribute to the invaluable services rendered by the police department and in lieu of supporting their efforts during the crisis - Jnana Prabodhini's Institute of Psychology (JPIP) worked with Pune police and rendered counselling services to the Covid-affected police personnel from June to September 2020 (Punekarnews.in, 2020). During the course of providing this free service, the negative effects of the pandemic on the mental health of men and women in the police force came forth. Considering the magnitude of the challenges faced by the officers, researchers and mental health experts felt the need to investigate and dwell on various aspects of their mental health. The construct of mental health gained prominence in the current project undertaken soon after the first initiative in a collaborative study designed to investigate the

mental health- specifically of women officers in police and administrative services in Maharashtra. The definition provided by the World Health Organization (WHO) seemed like an ideal fit for the current study. According to WHO, mental health is "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community" (WHO, 2004). The concept is culturally defined but generally relates to all concepts mentioned in the definition. Studies have proven that socially constructed differences in roles and responsibilities, status, and power between males and females lead to differences

in mental health and help-seeking (Pattyn et al., 2015). Studies on mental health indices and data reveal that women are more susceptible to psychiatric disorders and psychological distress. Symptoms of depression, anxiety, and unspecified psychological distress are 2–3 times more common among women than men (WHO, 2001; Patel et al., 1999). Mental health experts have reiterated previous findings that genetic and biological factors make women more susceptible to depression and anxiety in adulthood (Coveney, 2022). These findings necessitated that attention to the mental health status of women personnel in government services ought to be researched and prioritized. This study closely examines salient aspects of the mental health of women officers in police and administrative departments from Maharashtra. The study aims at generating local data on the mental health of women police and administrative officers in the backdrop of the Covid-19 pandemic.

1.1 Broad Objectives

1. Exploring the positive and negative aspects of mental health of women police and administrative officers in Maharashtra, during Covid- 19 pandemic.
2. Understanding how the work productivity of women officers in Police and Administrative services in Maharashtra was affected during the pandemic.

1.2 Research Questions

1. What was the work performance level i.e. productivity, autonomy and productivity loss of women police and administrative officers in Maharashtra during the pandemic?
2. What was the status of mental health challenges of women police and administrative officers in

Maharashtra with respect to depression, anxiety and other mental health problems during the pandemic?

3. What were the coping mechanisms used by women police and administrative officers during the pandemic?

4. Can an intervention program be modelled based on the findings of the study, which can be scaled up and replicated elsewhere in India?

1.3 Significance

Personnel in police & administration all over the world were the backbone of the task force during the pandemic. In India as well, women professionals, responsible for planning and strategic decision-making were part of the task force. As per the Bureau of Police Research and Development, there are merely 10% of women in the police force (Borwankar, 2022) out of which Maharashtra tops the list for recruiting maximum female personnel (Puranik, 2022). It was the same state of Maharashtra that reported about fifty percent of police personnel being mentally disturbed due to fear of the virus and facing challenges at their workplace (Kokane et al, 2020). Investigating further into this finding, our study aimed at measuring salient aspects of their mental health like Productivity Loss, Work Productivity, Autonomy, Depression, Anxiety, Mental Health Problems, and Coping Strategies. Evidence from the study can be used for creating awareness in society about mental health concerns, and the prevalent use of coping strategies by women personnel in critical government services. Results from the study can help design programs for government officers holding key positions thereby improving their work efficiency and providing them with timely support in times of crisis. Revised budget allocations dedicated exclusively to preserving and enhancing the mental health of government human resources can be advocated along with introducing crucial systemic reforms in police and administrative services.

1.4 Conceptual clarifications

Concepts in the study-

● *Mental health* – Mental health is "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community" (WHO, 2004).

Specifically, levels/status of the following, positive (+ve) and negative (-ve), aspects of mental health as measured through the standardized questionnaires were considered –

a. Work performance (contribution as per abilities)

- Productivity Loss (-ve): Perceived difficulties in time management, cognitive tasks, on-job social interactions, and diminished work quantity and quality.
- Productivity (+ve): Productivity means perceived self-efficacy, competence, and recognition of one's own ability leading to satisfaction regarding own achievements and growth-oriented behaviour and increased confidence of an individual while facing any challenge.
- Autonomy (+ve): Autonomy means self-sufficiency and self-governing capacity. This leads to independence, decision-making, and the appropriate use of one's freedom.

b. Mental health challenges

- Depression (-ve) - Depression involves persistent feelings of hopelessness or pessimism; and feelings of guilt, worthlessness, or helplessness.
- Anxiety (-ve) - Anxiety is persistent and excessive worry that interferes with daily activities.
- Mental Health Problems (-ve) - These include common problems faced by individuals apart from depression and anxiety that interfere with an individual's personal, social, and occupational functioning. Such as psychosomatic disorders, relationship problems, problems faced during social interactions, thought distortions, and emotional disturbances.

c. Coping Mechanism

- Positive Coping Strategies (+ve) : Positive coping strategies include problem-focused actions and seeking social support. These are not harmful or detrimental in the long term and are useful to manage and reduce stress.
- Negative Coping Strategies(-ve): Negative coping strategies of self-blaming, wishful thinking, avoidance, and other risky behaviours like- the use of alcohol, drugs, and overeating, help to cope with stress for a short period of time but are harmful in the long run.
- Rational Emotive Thinking: It is a way of thinking that helps people deal with their irrational beliefs and learn how to manage their emotions, thoughts, and behaviours in more healthily and realistically.
- REBT based Intervention: Intervention is a supportive exposure to basic principles and application of REBT to assist the coping process. Thus it is not a classical pre and post-test intervention Program.

Chapter2. Review of Literature

In the wake of the global humanitarian crisis of the COVID-19 pandemic, several mental health issues were reported from all over the world. The major ones are stress, anxiety, depression, insomnia, denial, anger, and fear (Roy et al., 2021). The stigma associated with mental health issues and hesitancy in seeking help for such issues is a fact well known, more so in India where an estimated 95% treatment gap existed in 2017 (Sagar et al., 2017). Studies have proven that low and middle-income countries have the highest mental health treatment gap (Semrau et al., 2015; Thornicroft et al., 2017). This can be attributed to barriers like absent mental health services, scarcity of trained mental health professionals, and stigma related to help-seeking (Böge et al., 2018; Maulik et al., 2019). Considering this bleak landscape of mental health in India, one can only conjecture how precarious the mental health of women and frontline workers would have been during and post Covid-19, especially in the state of Maharashtra which bore a burden of 81,00,338 persons and counting, of confirmed cases and number of deceased patients being 1,48,247 until 1st September 2022 (statista.com).

A review of literature for the current study that aims to investigate the work performance, mental health challenges, and coping mechanism of women police and administrative officers in light of the pandemic has thus been presented under three broad headings, namely:- Women and mental health, Police and mental health, and Administrative personnel and mental health.

2.1 Women and Mental Health

Along with physical health, mental health is a critical aspect of one's life. Mental health comprises emotional, psychological, and social factors. It affects our thoughts, feelings, and actions. Robust mental health cultivates our ability to handle stress, have healthy relations with others, and make correct life choices. Thus, is more likely to enhance our work performance, and reduce mental health challenges.

Mental health is important at every stage of life, from childhood and adolescence through adulthood. The importance of mental health cannot be undermined especially for women at each stage.

Women's mental health is a complex and important topic that encompasses a range of psychological, emotional, and social issues specific to women. Some key issues are-- Women often experience higher rates of certain mental health issues, such as depression and anxiety (Albert, 2015 ; Pigott, 2003.) This can be attributed to various factors including hormonal fluctuations, life transitions, and societal pressures Hormonal changes throughout a woman's life, such as during the menstrual cycle, pregnancy, and menopause, can have a significant impact on mood and emotional well-being. Postpartum depression is a notable example of a mental health concern that is unique to women following childbirth.

Similarly, the middle years of life are widely recognized as a period characterized by emotional shifts and increased vulnerability (Zacur, 2006 ; Deecher et al.,2008). This is particularly pronounced for numerous women who have chosen to dedicate themselves to homemaking, as their way of life inherently presents additional challenges. These women might experience a sense of being left behind by their spouses and children, who were once heavily reliant on them. Simultaneously, health issues begin to arise, and feelings of guilt stemming from perceived unrealized potential can become distressing factors. All these elements collectively impact both the emotional and practical facets of these women's lives, ultimately giving rise to challenges concerning their psychological well-being (Bidnurmath et al., 2020).

A study explored the positive effects of a comprehensive training program rooted in the rational-emotive behavioural approach on the psychological well-being and mental health status of a group of working women and homemakers in their mid-lives. Through qualitative analysis of group discussions focused on this topic with these women, significant transformations in their cognitive processes have been unearthed, illustrating a profound internal shift (Lavalekar & Deshpande, 2021).

Societal and cultural expectations can contribute to women's mental health challenges. Gender roles, stereotypes, and discrimination can influence how women perceive themselves and are perceived by others, potentially leading to stress, low self-esteem, and other mental health issues.

Women are often at higher risk of experiencing various forms of trauma and violence, including domestic violence, sexual harassment, and assault. These experiences can have profound and lasting effects on mental health (Mezey et al., 2005 ; Jones et al., 2001).

Societal emphasis on appearance and body image can contribute to body dissatisfaction, which is linked to eating disorders like anorexia nervosa, bulimia nervosa, and binge eating disorder. (Cash & Brown, 1987.; Grilo et al., 2019).

In some parts of the world, women may face barriers to accessing quality healthcare, including mental health services. This can result in underdiagnosis and undertreatment of mental health conditions. The cultural and societal stigma surrounding mental health can discourage women from seeking help. Encouraging open conversations about mental health and seeking treatment is crucial to reducing stigma and improving overall well-being.
Strong social support networks, including friends, family, and community, play a vital role in women's mental health. Positive relationships and a sense of belonging can provide emotional resilience (Miville & Constantine, 2007; Ciftci, et al.,2013).

It is important to recognize that women's experiences of mental health are not uniform and can be shaped by other aspects of their identity, such as race, ethnicity, sexual orientation, socioeconomic status, and more. Intersectionality acknowledges the complex ways in which these factors interact to impact mental health. Treatment approaches for women's mental health issues should be holistic and consider the individual's unique needs. This may include psychotherapy, medication, lifestyle changes, and self-care practices (Doucet et al.,2010 ; Gilligan et al., 2014).

Gender has been reported to be one of the determining factors of mental health. Psychological distress and disorders are found to be significantly different for men and women. Women have reported higher means for internalizing disorders such as anxiety, fear, sadness/depression, social withdrawal, and somatic complaints whereas men have reported higher levels of externalizing disorders such as aggression, conduct problems, delinquent behaviour, oppositionality, hyperactivity, and attention problems. The investigation of mental health indices and data reveals that women are more susceptible to psychiatric disorders and psychological distress. Symptoms of depression, anxiety, and unspecified psychological distress are 2–3 times more common among women than among men (WHO,2001; Patel et al.,1999).

Gender plays an important role in factors such as onset and frequency of symptoms, clinical features, course, and long-term outcome of the disorders (Malhotra & Shah, 2015; Willner et al., 2016). Unipolar depression is found to be twice as common in women along with an increased risk of anxiety disorders (e.g., generalized anxiety disorder) which is 2–3 times higher in females as compared to males (Pigott, 2002). Depression is not merely common but also persistent in

women and can be attributed to genetic and biological causes like pregnancy, infertility, menopause, or any other organic causes (Chadda & Sood, 2010). Inadequate levels of well-being among Indian women are related to social, political, and economic conditions within the country (Malhotra & Shah, 2015). Among other reasons, the differential power and control that men and women have over the socioeconomic elements regulate their mental health and lives, their position, status, and treatment in society, and their vulnerability, and exposure to specific mental health risks. A strong inverse relationship exists between social position and physical and mental health outcomes. Hence, the social disadvantages that women have increased the effect of biological vulnerability.

The pressure is created by their multiple roles and the incessant responsibility of caring for others. Furthermore, gender-specific risk factors such as gender discrimination and related factors of poverty, hunger, malnutrition, overburden, domestic violence, and sexual abuse combine to account for women's poor mental health (Kumar et al., 2005). There is a positive relationship between the occurrence and severity of social factors and the occurrence and severity of mental health problems in women. In addition, some life events that cause a sense of loss, inferiority, and disgrace can cause depression.

A study found that the conditions in family and employment interact and impact the mental well-being of women (Lennon & Rosenfield, 1992). Other factors like work-life balance and lack of family support can cause mental health issues in working women. Women also refrain from seeking help in public health facilities due to the stigma attached to mental health issues (Sood, 2008).

A study by Nathawat and Mathur (1993) on marital adjustment and subjective well-being in Indian working women reported higher scores in working women on general health and life satisfaction. A study by Sinha (2017) revealed that simply being employed at a workplace has a positive effect on the mental well-being of women and that it is not *per se* the work, but the quality of home and work environments that determine the influence of employment on the psychological well-being of working women. It further stated that employed women were more satisfied with their lives than nonworking women and the quality of their home and work environments determined the effect of employment on their psychological well-being.

A strong support system, however, significantly reduces the ill effects of adverse biological, cultural, and social hardships that women face. A study found that the conditions in family and employment interact and impact the mental well-being of women (Lennon & Rosenfield, 1992).

All the above-mentioned studies have clearly listed the predisposing factors for differences in the mental health of women as well as factors that can support and enhance mental health in women.

2.2 Police and mental health

The WHO definition of mental health in the context of the police force states the realization of abilities will be diligence, attentiveness, vigilance, etc.; productivity will mean conducting effective investigations, apprehension of culprits, and successful maintenance of law and order (Moore & Poethig, 1999); contributing to own community will be enhancing the safety and security of the citizens and general public (Moore & Poethig, 1999). The final aspect of this definition is coping with stress, which is already recognized as a substantial need for police personnel. They generally are involved with "the worst of people, and ordinary people at their worst." Occasionally, they may face dangers to their own lives in the line of duty. They must remain level-headed, behave appropriately with victims and suspects, and at the same time, they have been accountable to their superior officers. Police officers face extreme stress during investigations of high-profile cases. They face pressure from the media and must take care of public opinion as well. In such a context, it is an unfortunate reality that the mental health needs of policemen are left unaddressed (Golembiewski & Kim, 1990).

Policing has been a predominantly male bastion for decades in India, into which women have started foraying only recently. The police services are one such domain where culturally ascribed and stereotyped masculine traits such as boldness, risk-taking, aggression, competitiveness, assertiveness, commanding voice, the assertion of autonomy, and authoritative expertise are regarded as quintessential attributes to be successful (Mukherjee, 2019).

According to the latest data from the Bureau of Police Research and Development, the total strength of women in the police force increased by 9.52% to about 1,85,696 in 2018. Maharashtra tops the national count with 27,660 women police personnel from all states and UTs. According to the State of Policing in India Report 2019, women comprise merely 7.28% of India's police force.

Less than 1% hold supervisory positions, 9.7% belong to investigative ranks, and 89.37% are constables. The figures are indicative of a significantly low representation of women in the Indian police force. It also revealed that the police force in Maharashtra topped the nationwide count of personnel who tested positive (21%) and quarantined (32%) (Maniyamkott, 2020).

Considering the intriguing milieu of the state, one cannot ignore the fact that Maharashtra also tops the list for the maximum number of female recruits for a state/UT at about 10% women in police personnel (Jha & Mudgal, 2022).

Since time immemorial, due to socialization - the role of women as wives, mothers, nurturing families, and submissiveness have dominated public consciousness. However, a report in the Centre for the Study of Developing Societies (CSDS) published in 2019 brought forth a rather encouraging picture. It stated that India has seen an upward trend in women's participation in the police force. The latest data revealed that women comprise 12% of the Indian Police and those holding higher ranks were less than 8.7% as of 2020. Though this is a positive change, the same report that surveyed 12,000 personnel from the police, also revealed that many women officers expressed discontent concerning poor infrastructures such as the lack of separate utilities for women at police stations and no venues to report harassment at the workplace. Additional findings stated that states like Bihar, Karnataka, and West Bengal have the highest levels of bias against women in the police force, and male personnel from the said states believed that policewomen were less hardworking, less efficient, and should rather focus on their household duties.

Even before the pandemic, there was sufficient evidence of job-related stress among police officers due to long working hours, job-related traumatic events, non-availability of adequate leaves/duty off periods, frequent exposure to human suffering and death, etc. (Collins & Gibbs 2003; Violanti et al. 2017) being potential stressors thereby predisposing them to significant mental health or psychological problems. High rates of depression, substance abuse, and suicide among the police staff were reported in similar studies (Di Nota et al. 2020; Edwards & Kotera 2020). So far, very few studies have focused on the mental/psychological consequences of perceived work stress in police officers having to combat natural and human-made disasters thus reporting high rates of post-traumatic stress disorder (PTSD) and depression thereafter (Gershon et al. 2009 ; Grover et al., 2022).

An Indian study by Ragesh et al. (2017) reported that police officers experienced significant levels of operational and organizational stress. Organizational stress was experienced at a moderate level by 68% and at a high level by 14% of police officers. Operational stress scores were at a moderate range of 67% and a high range of 16.5%. The younger age group (21–35 years) and lower-level rank police personnel reported higher stress. Stress was higher among female police personnel compared to males. While 23% of them had been diagnosed with physical illnesses, a significant four percent of them reported mental illnesses, and 29% of them reported substance abuse. Similar results were received in a study conducted in Coimbatore district that recruited married women police personnel, who showed moderate levels of occupational stress and work-life balance.

Women police do differ with regards to age, experience, income, working hours, the number of children, receiving help from family, occupational stress, and work-life balance (Shanmughavadivu & Sethuramasubbiah, 2018). Most women police personnel were dissatisfied with their current work-life balance and long hours of field duty. Middle cadre women police suffered from inadequate support from family members (Vijayalakshmi, 2012).
Other causes of stress mentioned were irregular duty hours, lack of family time, political pressure, insufficient salary, inadequate facilities, providing security to VIPs, public meetings, and public criticism (Suresh, et al., 2013). The Bureau of Police Research and Development conducted some research projects on stress and mental health problems in Police (Gadpayle, 2016). One such study listed various reasons for disappointment among officials being- unreasonable responsibilities, long duty hours, denial of leave, ill- treatment by bosses, peers, and poor living conditions. The study recommended various welfare programs for promoting positive mental health among the police community. Psychologists, Psychiatrists, or counsellors, need to be posted in Police hospitals for identifying mental health problems. The study also emphasized counselling the personnel about proper coping strategies (Bano & Talib, 2017). The main stressors for police officers were long working hours, workload, culture, leadership, and organizational change. The need for change in work culture and counseling interventions was noticed (Demou et al.,2020).

Organizational stressors are documented to be a greater source of stress for police officers because officers may recognize them as repressive, unnecessary, unavoidable, and uncontrollable. Organizational stressors suggested to contribute to the manifestation of stress include lack of support, heavy workload, interpersonal conflict with colleagues and supervisors, inadequate resources, time pressure, and an overly bureaucratic organizational system. A review found out

organizational stressors in police officers are occupational stress, anxiety, depression, psychiatric symptoms, psychological distress, burnout, and suicidal ideation (Purba & Demou, 2019). Similarly, job demands and job resources also play an important role in the well-being of police officers, the distinct role of job resources concerning their impact on reducing emotional exhaustion and promoting well-being at the same time in the police department was observed. Thus, workplace interventions in police contexts should focus on both reducing job demands (e.g., recruitment of more staff, and improved work organization) and promoting job resources to support police officers' well-being. In the context of police work, especially, a fair and supportive organizational climate based on shared values, organizational fairness, and team support could contribute to the promotion of health and well-being while reducing emotional exhaustion (Wolter et al., 2019). The various stressors and job demands lead to productivity loss among officers in an Urban Police Department, it was revealed that among officers, PTSD, depression, and alcohol abuse were most common. Only a few had ever sought mental-health services; the most cited obstacles to accessing services were concerns regarding confidentiality and the potential negative impact on career. Officers with mental health conditions had higher productivity loss. It was found that Productivity loss due to health reasons was substantially high, using the WLQ-8 questionnaire (Fox et al, 2012).Subsequent studies undertaken during and post-Covid-19 evaluated the psychosocial issues among the police personnel during the pandemic and it was reported that out of 623 police personnel surveyed online -10.6% of them had significant anxiety and 18% had significant depressive symptoms with overall psychological morbidity of 22.2%. Higher age was significantly associated with higher depressive symptoms (Grover et al., 2022).

The COVID-19 pandemic created social disorder and altered norms for all members of society. Law enforcement officers have been expected to coordinate local shutdowns, encourage social distancing, and enforce stay-at-home mandates all while completing the responsibilities for which they are already understaffed and underfunded. The impact of the COVID-19 pandemic on officer stress, and mental health has been profound (Stogner et al., 2020). The concern about being infected by the community and workplace was also a potential source of fear among police personnel. Moreover, concern about carrying the infection to the family members was also a source of psychological distress. Additionally, fear of quarantine and social stigma were possible causes of distress. This resulted in a greater likelihood of police personnel developing a range of psychological problems such as burnout, emotional disturbances, psychological distress, sleep disturbances, anxiety, depression, substance use, and post-traumatic stress disorder (Khadse et al.,2020). Officers also reported feeling less safe in their role during the pandemic and increased

anxiety. The toll on well-being appeared to be most acute for frontline officers and those with caring responsibilities and was strongly associated with an increase in workload (Newiss et al.,2021). The frequent relocations required due to these jobs and the disturbance of family life caused by it also contribute to the stress.

The causes and effects of occupational stress in police personnel can also lead to various organizational problems such as job dissatisfaction, job turnover, high rate of absenteeism, increased job events, decreased job performance, and organizational commitment. To address the stress in the police personnel, the study also emphasized the necessity of stress management and resilience interventions, the need for psychological therapies, and various training programs to equip them with psychological tools for better functioning in their professional and personal life (Upadhyay & Sharma, 2021). On the organizational level, a formal examination of the needs analysis survey by senior managers of the CAPF organization along with psychologists and the formation of a Stress Management Cell and implementation of various stress reduction techniques like meditation, relaxation exercises, Mindfulness-Based Stress Reduction (MBSR), Vipassana, Yoga on regular basis should be done to cope with stressors (Saha et al.,2019).

There is a difference between male and female police officers as far as burnout and coping styles are concerned. A study done in India showed that female officers due to the very nature of police work are more prone to emotion-based coping strategies which lead them to burnout, rather than using a more problem-based mechanism of coping (Xavier, 2019)The general areas mentioned as sources of stress for the women police officers in a study were external stressors (negative public attitude, media, and courts/criminal justice system), organizational stressors, task-related stressors, personal stressors, and female-related stressors. Stress arising from the attitudes of hostility and harassment from the male officers toward them was noted in the study (Wexler & Logan, 1983). For women, this job stress affects police personnel's lives and their families and relations (Fatima Rizvi, 2015).

In response to the observed distress and challenges faced by women in police forces, several studies have dedicated their focus to enhancing the overall well-being of women officers. These studies recognize the unique stressors and demands those women in law enforcement encounter, often within a traditionally male-dominated field. Through these investigations,

researchers aim to identify effective strategies and interventions that can alleviate the specific mental and emotional burdens experienced by women officers.

These studies delve into various aspects of women's experiences in policing, including the impact of gender-specific stressors, work-family balance struggles, and exposure to traumatic incidents. Researchers often collaborate with law enforcement agencies to develop tailored interventions that address these issues directly. These interventions can encompass a range of approaches, from providing specialized training in stress management and emotional resilience to creating support networks and wellness programs exclusively designed for women officers. The findings from these studies not only shed light on the struggles faced by women officers but also provide actionable recommendations for police departments to implement measures that promote better mental health and overall well-being. By tailoring interventions to the specific needs of women in law enforcement, these studies contribute to fostering a more supportive and inclusive environment within police organizations.

The Quality of life of women in police and paramilitary in India indicated high scores in health matters followed by safety, emotional well-being, and productivity. However, a considerably low score in material well-being and place in the community was observed (Lavalekar et al., 2018). Job satisfaction was found to be positively correlated with psychological well-being among both male and female police constables (Maurya & Agarwal, 2018). Optimism also contributes to psychological well-being (PWB) among both male and female police officers. A significant positive correlation between optimism and PWB indicates the need for organization-specific interventions to increase optimism to manage health outcomes and improve the PWB of these officers. (Padhy et al, 2015).

Resilience training can also impact improving PWB as seen in a study with Tamil Nadu Police which pointed out the need for such interventions for burnout and job satisfaction to enhance well-being among the women police personnel. The study showed the positive impact of resilience training on their well-being (Chitra & Karunanidhi, 2021).

The findings from all global and Indian studies reiterate the need for special initiatives for police personnel on various political, systemic, social, and clinical levels (Saha et al., 2019).

In one study, it was also seen that demographic variables also affect the coping strategies of police officers. The higher the educational achievement, the more police officers reported

emotion-focused coping and seeking social support. The rank of the officer was directly related to reported emotion-focused coping (Patterson, 2000).

2.3 Administrative Personnel and Mental Health

Indian Administrative Service (IAS) provide continuous administrative support to the elected governments in India, the central Government as well as the individual state governments (Bhattacharjee, 2017). Primary functions carried out by them include, revenue administration, and general administration in the area along with policy formulation and decision-making which are highly stressful in nature. Hence, keeping mental health a topmost priority is very important for men as well as women in these services. The statistics about the number of women in these services also highlighted a few reasons for mental health issues in women.

The Public administrative service occupies a strategic position in the efficient governance of any nation. It ought to comprise competent public managers who can make sense of the ambiguity inherent in a government job (Gupta et al., 2017). Through surveys and FGDs, a study identified eight competencies expected in an administrative officer namely- leading others, integrity, decision-making, planning, coordination, and implementation, problem-solving, self-awareness and self-control, and innovative thinking. The eight competencies were further clubbed under four meta-competencies, namely stakeholder analysis and decision-making, managing change and innovation, team building, and positive administrator personality. Considering the findings of this study, one can only imagine the caliber and competency expected of an administrative officer.

The administrative officers who conventionally work in a never-ending circle of development and upliftment through various projects and initiatives selflessly immersed themselves in prompt disaster management strategies. During lockdowns the new role of civil servants included establishing jumbo medical facilities for citizens, providing centers with medicines, essentials, pharmacy, antigen testing, contact tracing, household door-to-door and mobile ambulance surveys, and flu referrals, to mention just a few (Bannerjee, 2020).

In order to seamlessly run in a state like Maharashtra is particularly challenging. Maharashtra has 35 districts, divided into six administrative divisions including Konkan, Pune,

Nashik, Aurangabad, Amravati, and Nagpur. The state has a long tradition of highly powerful planning bodies at district and local levels. Local self-governance institutions in rural areas include 33 Zilla Parishads, 355 Panchayat Samitis, and 27,993 Gram Panchayats. Urban areas in the state are governed by 23 Municipal Corporations, 222 Municipal Councils, 4 Nagar Panchayats, and 7 Cantonment Boards. Maharashtra is the second largest state in India in terms of geographical area, spread over 3.08 lakh sq. km and in terms of population. The State's population, which is 9.29% of the entire country's population, is 11.24 crore (mahades.maharashtra.gov.in). While the national urban population average is 31%, 45% of its population lives in urban areas (Census, 2011). Although the legacy of regional imbalance in socioeconomic development has been reduced to some extent, substantial interdistrict disparities remain in the state (Mahapatra et al., 2022). Having made the transition seamlessly during covid 19, both administrative and police forces across the country have been applauded for their extensive humanitarian work. However, the toll that the pandemic has taken on the workforce has remained under-researched.

A study done on the mental health of medical officers highlighted some relevant issues. The participants recruited for the study mainly comprised medical officers posted at district civil hospitals in Maharashtra. Other posts included in the study were that of collector, medical superintendent and dean, district planning officer, women, and child welfare officers etc. With reference to the management of public health facilities in Maharashtra, a report titled 'An Assessment of The Maharashtra State Health System' (2022) funded by the Asian Development Bank, highlighted the remorseful situation where government facilities suffer from unavailability of health care providers, limited range of specialists, overcrowding, and poor quality of service. The systemic vulnerability due to a massive shortfall in specialists and other healthcare providers has become evident with the spread of the coronavirus disease (COVID-19) pandemic in Maharashtra. Considering deficient resources at the state level, the well-being and efficiency levels of officers overseeing these departments acquire importance. However, this topic is seldom discussed on mainstream platforms. Owing to the stigma and sensitivity of the topic of mental health, discussions about the mental health of administrative officers are not commonplace in India.

A skewed gender distribution presents challenges in terms of drafting and implementing programs aimed at women-specific issues and corresponding interventions. Like in any other field of work, the challenges that women in police and public service encounter are no exception. Despite being in an authoritative position at work, they play multiple roles being a daughter,

homemaker, mother, wife, and daughter-in-law.Certain issues also add to the complexity of this dichotomy like the uncertainty of postings, work timings, and the challenges of uncertain times such as the current pandemic having a far-reaching psychosocial and economic impact. Under such conditions, traditional duties typically performed by women such as caring for young children, adolescents, and aged parents tend to become strenuous and in the absence of an adequate support system may take a considerable toll. Symptoms such as a reduction in activity or feeling restless, lowered attention and concentration, complaints of poor memory, loss of self-esteem and self-confidence, and feelings of worthlessness may begin to surface.

Often, the symptoms in the individual may be mild and transitory, but a minority may develop severe mental health issues that require additional mental health support, especially women in police and public services, with pre-existing mental illness, who live alone, and those who have lost loved ones to the COVID-19 pandemic. It is very challenging for Indian women to work in stressful and highly demanding jobs like police and administrative departments because of the patriarchal mindset of society and the demands of taking care of the family and children. Despite these challenges, many women step out and join these services but there too they face many complications. The job role demands a substantial amount of time, energy, and effort on their part. They must be available at odd hours and be equipped to resolve any kind of contingency. These all issues cause significant stress to women officers in the police and governance.

It was also noted that in India during COVID-19 as compared to males, female police personnel were facing a higher level of stress, depression, anxiety, and negative emotional states. These can be understood in the background of the fact that despite being on the job, females are expected to continue with their household responsibilities. This explains the higher negative impact on females (Grover et al., 2020). The pandemic has proven to be the onset of stress-related disorders in many women officers. Several studies have revealed that the Covid-19 pandemic has profoundly affected the mental health of frontline workers. They suffer from anxiety and depression and may or may not seek counseling by healthcare staff, colleagues, and senior officials to help them allay their fears and overcome negative feelings (Horesh & Brown, 2020; Khadse et al., 2020)

A qualitative study that recruited women administrators of All India Services - Indian Administrative Service (IAS), Indian Police Service (IPS), and Indian Forest Service (IFS)

highlighted the issues of discrimination, the negative attitude of male colleagues, adverse working conditions, the patriarchal mindset of colleagues, poor work-life balance, an unfulfillment of responsibilities at home (George, 2011).
On the home front, some women reported receiving criticism and disapproval from relatives which contributed to stress (Kulkarni, 2017). Some foreign studies conducted on medical professionals in administration during the pandemic have shown the tremendous toll the pandemic took on their physical and mental health. Hu et al. (2021), reported in their study that medical professionals who were younger, and more educated with few years of experience reported significantly higher anxiety and depression. Galbraith et al., (2021) reported in their study that doctors experience high levels of work stress even under normal circumstances and were found to show reluctance in disclosing mental health difficulties or seeking help for them. The pandemic placed additional pressure on doctors and put them at a greater risk of psychological distress. Poor mental health among doctors is detrimental to the existing healthcare system (Meena & Banerjee, 2018).

Not only working but proving herself worthy in these male-dominated areas is very strenuous for women in police and governance. They are required to act assertively and use clear and stern language with colleagues, staff, and other ranks. The women in administrative services in India face a lot of discrimination from their male counterparts and their potential is not trusted for handling complicated sensitive matters.
Many studies are being conducted keeping in mind these challenges and many new intervention techniques are also being applied and their efficacy tested. In a study conducted in South Africa, to access coping strategies, planful problem-solving and positive reappraisal are seen as adaptive ways of dealing with stress, while the outcomes of confrontive coping are context-dependent. The coping responses of seeking social support, escape avoidance, and accepting responsibility were used less frequently (Wassermann etal,2019).

In India, considering the exceptional power vested in police and administrative services, the sensitive topic of their own mental well-being and vulnerability is seldom broached. The COVID-19 pandemic only exacerbated the complexity of the issue and brought forth the need to pay closer attention to the mental health of personnel who overnight became frontline workers in a raging disaster. Ever since March 2020, with the outbreak of COVID-19, the roles of officers transitioned from the conventional to the most unconventional. Stringent lockdown for pandemic control posed new situational demands. The police forces got drawn into unchartered terrain

where the critical services they had to render were protecting health workers, regulating crowds at hospitals, and enforcing lockdowns while also ensuring the smooth flow of essential services apart from the traditional services like countering and tracking crimes such as money laundering, terrorism, insurgency, and cybercrimes, etc.

A recent study revealed that police personnel are 8.78 times more likely to be affected by COVID-19 compared to the general population (Khadse et al., 2020).

The Covid-19 pandemic has threatened the already delicate state of India's mental health condition. Social and economic disruption has resulted in severe psychosocial impact. The effect of the COVID-19 pandemic is also profound on the mental health of the women in police and governance. The need of the hour is to amend the nation's mental health services and provide timely assistance for those in most need, especially the valuable human resources such as frontline workers in medical, police, and administrative services.

Selective studies conducted on administrative officers in India throw light on several grey areas that need to be reformed at various levels to ensure that we have a robust administration that thrives despite innumerable challenges, more so women administrators can be better equipped for future challenges and unforeseen events.

Chapter3. Methodology

The study has been executed in three phases. They are entitled as -

Phase I: Mental Health Survey

Phase II: Probing in Mental Health

Phase III: Rational Emotive Thinking based Intervention

The first two phases focus on assessment and the third one involves intervention.

Accordingly in this chapter; the objectives, research design, sample selection procedure, and tools of the study are presented.

3.1 Objectives

The phase-wise objectives are stated below –

Phase I: Mental Health Survey

● To assess work performance, mental health challenges and coping mechanisms, among women officers in police and administrative departments during covid.

● To compare administrative and police officers (inter group and intra group) grade wise (class I and class II) and age wise (25 to 45, 46 to 60) on work performance, mental health challenges and coping mechanisms.

Phase II: Probing Mental Health

● To explore women officer's perception regarding their mental health needs, sources of stress during pandemic, supports available.

● To compare lowest and highest scorers on mental health on stress and well-being.

Phase III: Rational Emotive Thinking based Intervention

● To formulate and execute an intervention program based on rational emotive thinking on the extreme groups of women officers in police and administrative departments.

3.2 Research Design

Phase I: Mental Health Survey

● This is a cross sectional survey of 'Mental Health' of women officers in police and administrative departments.

● It is a comparative study of women officers using age, grade level, and type of services as independent variables and 'Mental Health' aspects as dependent variables.

Phase II: Probing Mental Health

● It is a comparative study of two extreme groups on 'Mental Health', of women officers in police and administrative departments.

● This is a mixed method study, applying both qualitative and quantitative methods. The four major types of mixed methods designs are **Triangulation Design, Embedded Design, Explanatory Design, and Exploratory Design.** The present study has used the **Explanatory Design** which is a two-phase mixed methods design. The overall purpose of this design is that qualitative data helps explain or build upon initial quantitative results (Creswell, Plano Clark, et al).

For example, this design is well suited to a study in which a researcher needs qualitative data to explain significant (or non-significant) results, outlier results, or surprising results (Morse, 1991). This design can also be used when a researcher wants to form groups based on quantitative results and follow up with the groups through subsequent qualitative research (Morgan, 1998; Tashakkori & Teddlie, 1998) or to use quantitative participant characteristics to guide purposeful sampling for a qualitative phase (Creswell, Plano Clark, et al., 2003).

Explanatory Design Procedures. The Explanatory Design (also known as the Explanatory Sequential Design) is a two-phase mixed methods design. This design starts with the collection and analysis of quantitative data. This first phase is followed by the subsequent collection and analysis of qualitative data. The second, qualitative phase of the study is designed so that it follows from (or connects to) the results of the first quantitative phase. Because this design begins quantitatively, investigators typically place greater emphasis on quantitative methods than qualitative methods. Aldridge et al.'s (1999).

Investigators need to specify criteria for the selection of participants for the qualitative phase of the research. Options include the use of demographic characteristics, groups used in

comparisons during the quantitative phase, and individuals who vary on select predictors (Creswell, 2006).

This two-phase structure was straightforward to implement in the present study. In phase I quantitative data collected by using standardized questionnaires from women officers (N=354), along with an open ended interview. The researcher made the selection of participants (n=37) for the second phase on the basis of phase I sample results. The final report states the quantitative and qualitative findings and discusses the quantitative findings explaining them with the help of relevant qualitative findings and the review of literature. This makes the writing straightforward and provides a clear delineation for readers.

Phase III: Rational Emotive Thinking based Intervention

Pilot work to formulate and execute rational emotive thinking-based intervention for enhancement of 'Mental Health', of women officers in administrative and police departments.

3.3 Sample

3.3.1Rationale for sample selection

While selecting the sample for this study, thirteen districts from two administrative divisions of Maharashtra state, Pune and Aurangabad were selected as the universe of study. Pune was one of the highly affected zones in India during COVID-19 with a large number of red zones (Mave et al 2022). Aurangabad division is regularly affected by droughts resulting in agrarian distress and a high rate of farmer suicides, COVID-19 may have added to this distress.

Convenience/incidental sampling can be used in mixed-method research for both types of data sets. It is essential because voluntary samples are especially likely to be used when researchers need to have potential participants come forward and identify themselves (Radhakrishnan, 2014).

The present study also required to get samples in the same manner as they all were officers on duty (either in Police or Government) and random assignment or other types of sampling was not practically feasible. So all women officers working in police or administration departments were invited for voluntary participation thus it was a convenience/incidental sample.

3.3.2 Procedure for acquiring sample

The Pune division consists of five districts namely, Pune, Solapur, Satara, Sangli and Kolhapur, whereas the Aurangabad division consists of eight districts namely, Aurangabad, Beed, Latur, Jalana, Osmanabad, Parbhani, Nanded and Hingoli. The inclusion criterion for police was rank PSI and above and for administrative departments it was class II and above.

Team members visited the Commissioner's Office, Police stations, Municipal Corporation, Zilla Parishad, Government hospitals in both divisions in order to obtain lists and contact information of the women officers working at these places. While obtaining the contact lists we found that the number of police officers was less in general (Sachdeva, S. 2022) Aurangabad division in particular. Therefore obtaining the desirable sample size from that division became very difficult. This was not the case with officers from administrative departments. The reason could be it includes several administrative departments like health, taxation, women and child welfare etc. where women employees are a regular feature for many years. A list of these departments of administrative services was made to get contacts from the website and make the list more inclusive. Officers from this list were contacted and appealed for participation. Thus, an incidental sample was included in the study. The following table shows the division-wise split of the sample.

3.3.3 Sample distribution

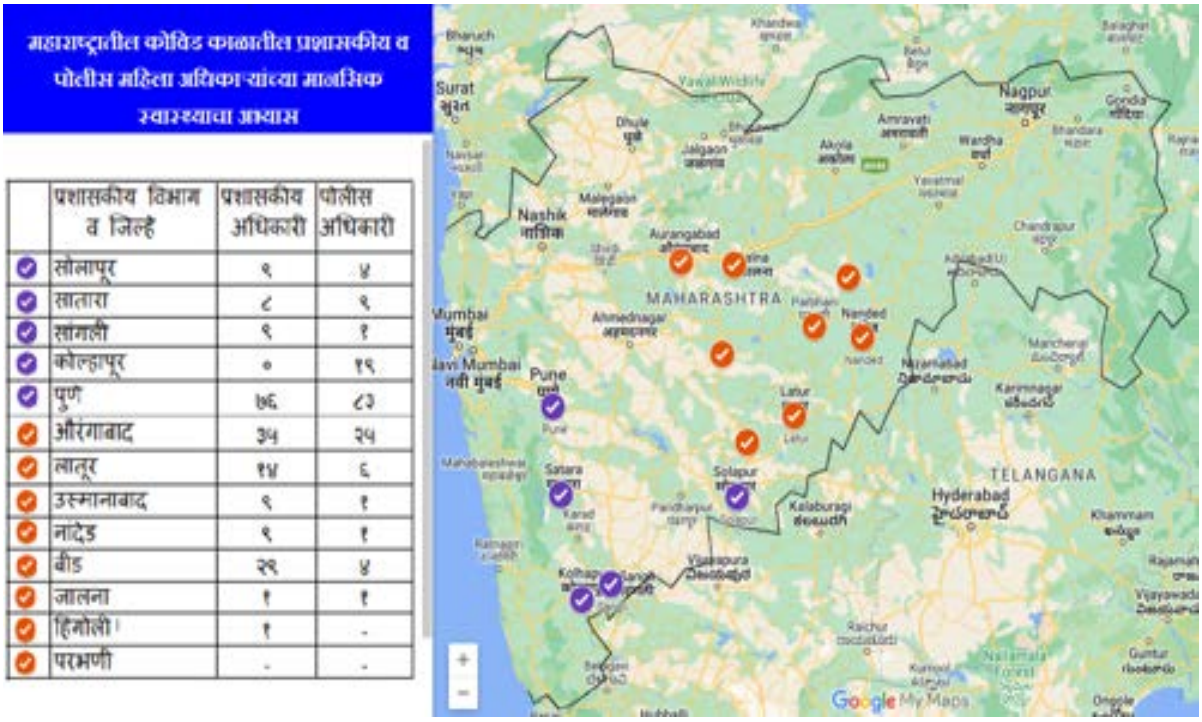
Phase I: Mental Health Survey

Table 3. 1- Division wise Split of the sample for phase I. (N=354)

Maharashtra state administrative			
Divisions ➡ **Professions ⬇**	**Pune**	**Aurangabad**	**Total**
Women Police Officer	**116**	**37**	**153**
Women Administrative officer	**102**	**99**	**201**
Total	**218**	**136**	**354**

Figure 3. 1: Division wise sample Map

https://www.google.com/maps/d/edit?mid=14j5y99bkwEKypLvkw3vHJXeMP62jDEg&usp=sharing



	प्रशासकीय विभाग व जिल्हे	प्रशासकीय अधिकारी	पोलीस अधिकारी
✓	सोलापूर	९	४
✓	सातारा	८	९
✓	सांगली	९	१
✓	कोल्हापूर	०	१९
✓	पुणे	७६	८३
✓	औरंगाबाद	३५	२५
✓	लातूर	१४	६
✓	उस्मानाबाद	९	१
✓	नांदेड	९	१
✓	बीड	२९	४
✓	जालना	१	१
✓	हिंगोली	१	-
✓	परभणी	-	-

Phase II: Probing in Mental Health(N=37)

The total sample of 37 (*Highest scores N= 20 and *Lowest scorers N = 17), who were identified from phase I data, participated in focus group discussions conducted during phase II.

- *Highest scorers are better on 'Mental Health' i.e. high on productivity, autonomy, positive coping strategies and low on productivity loss, mental health problems, and negative coping strategies

- *Lowest scorers are poor on 'Mental Health' i.e. high on productivity loss, mental health problems, and negative coping strategies and low on productivity, autonomy, positive coping strategies

Table 3.2- Profession-wise split of phase II sample of extreme groups (n=37)

Professions	Highest scorers	Lowest scorers	Total
Police	8	4	12
Administration	12	13	25
Total	20	17	37

Phase III: Rational Emotive Thinking based Intervention

Phase III was conducted in two steps. Stepwise sample distribution is given in table 3.3.

Table 3.3- Step-wise sample for phase III

Phase III Steps	Target Sample	Response receive
Step I	**354**	**39**
Step II	**200**	**7**

3.4 Tools

For assessment of mental health during the first two phases in all ten tools, six standardized questionnaires, and two qualitative tools were used in this study. All the tools are described below phase-wise.

Phase I: Mental Health Survey (N=354)

Four standardized questionnaires used in phase I and II are –

1. **Modified Kuppuswamy Socio-economic Scale (**Saleem & Jan, 2019**):** Socio-economic status was assessed by this measure. The scale classifies families into 5 groups, upper class, upper middle class, lower middle class, upper lower, and lower based on three criteria: occupation, education, and total monthly income of the family.

2. **Work Limitations Questionnaire (WLQ) (**Lerner et al., 2001)**:** Covers details about significant information about current/recent life circumstances (Covid 19 in this case) that often pose a threat to mental health and well-being. To get an estimate of Productivity Loss an algorithm is employed. This tool measures Time Management, Physical Tasks, Mental-Interpersonal Tasks, and Output Tasks - The Time Management scale contains five items addressing difficulty handling time and scheduling demands.The six-item Physical Demands scale covers a person's ability to perform job tasks that involve bodily strength, movement, endurance, coordination and flexibility. The Mental-Interpersonal Demands Scale has nine items addressing cognitive job tasks and on-the-job social interactions. The fourth scale is the Output Demands scale and it contains five items concerning diminished work quantity and quality. It has 25 Items, 20 minutes required for the solving test.

3. **Patient Health Questionnaire PHQ-9 (**Kroenke et al., 2010)**:** The PHQ-9 is a widely used screening tool it is a multipurpose instrument for screening and diagnosing the severity of depression. It is nine item likert scale. 5 minutes required fir the solving the test

4. **The Generalized Anxiety Disorder Scale GAD-7 (**Spitzer et al., 2006)**:** This self-report anxiety questionnaire is designed to assess generalized anxiety. This questionnaire is a seven-item, self-report anxiety questionnaire designed to assess the patient's health status items related to feeling nervous, anxious or on edge, not being able to stop or control worrying, worrying too much about different things, having trouble relaxing, being so restless that it is hard to sit still, becoming easily annoyed or irritable and feeling afraid as if something might happen. Time required 5 minutes to solving the test

5. **JPIP Mind Search (**Gadre & Watve, 2019**):** This tool helps us to identify the 'grey areas' i.e. the presence of symptoms of mental health problems that may or may not be severe or frequent enough to be diagnosed as mental disorders but may need attention or intervention.

Mental health problems included

- **Depression:** Depression is an unhealthy sign that affects persons day to day functioning negatively. Lowered level of physical activity, depressed mood and loss of interest or pleasure are the major signs of presence of Depression. Depression results in disturbances in all areas of functioning. Melancholy, misery, sadness, unhappiness, sorrow

- **Anxiety:** Feelings of worry nervousness, apprehension describe anxiety. Excessive fear and related behavioural disturbances are major features of Anxiety. Fear is a normal human reaction to danger or threat; however anxiety is inappropriate and pervasive anticipation of future threat. Anxiety interferes with regular work at home and outside.
- **Difficulties in social behavior:** While interacting with others many times an individual may be indifferent, emotionally withdrawn, socially inhibited and jealous. He/she is likely to be fearful even during non-threatening interactions. He may also show social neglect, limited positive affect and minimum social or emotional responsiveness to others.
- **Unhealthy thoughts and emotion:** This domain is characterized by distractibility, reduced ability to think and concentrate. Here the person is often troubled by unwanted, intrusive, recurrent and persistent thoughts and urges. Due to preoccupied mind often inappropriate perceptions and responses are observed. There is inability to process emotion, difficulty in dealing with emotion and tendency to suppress it. Inappropriate expression of emotions is seen. Also the person is easily irritated, sad, lethargic and bored.
- **Behaviour problems:** This domain includes many problems and disturbances in behaviour like rigidity, nagging, irrational inflexible behavior may be seen. Many times body focused repetitive behavior is seen. Repeated unsuccessful attempts to decrease or stop such behavior/s leads to distress. Excessive use of technology, preoccupation with orderliness, perfectionism and control causes impairment.
- **Psychosomatic disturbances:** These are physical complaints or illness caused by a mental factor such as internal conflict or stress. This is likely to lead to continuous brooding, complaining behaviour.

Two positive dimensions included,

- **Productivity:** Productivity means perceived self-efficacy, competence, recognition of one's own ability. It generally leads to satisfaction regarding own achievements and growth oriented behavior and increases confidence of an individual while facing any challenge.
- **Autonomy:** Autonomy means self-sufficiency and self-governing capacity. This leads to independence, decision making and use of one's freedom appropriately.

This test has good psychometric property.

6. **Ways of Coping Questionnaire WCQ**: (Vitalino, P. P. et al., 1985): The Ways of Coping Questionnaire is a Likert-type scale, It has measuring five coping styles namely-

Problem focused: made a plan of action and followed it

- Seeking social support: talked to others and accepted their sympathy
- Self-blame: felt responsible for the problem
- Wishful thinking: wished you could change the situation
- Avoidance: refused to believe it had happened.

Qualitative tool for phase I:

7. **Interview** Select open-ended questions were asked to participants that revealed their actual emotional experiences during the pandemic and coping styles adopted thereafter.

The questions were:-

● "Please think about a situation that was difficult or troubling for you. Maybe you had to use considerable effort to deal with the situation. The situation may have involved your family, your job, your friends, or something else important to you.

Describe one such stressful situation you have experienced."

● "Express freely how you felt during that period?"

● "How often have you been bothered during that period?" ● "How did you deal with such problematic situations?"

Phase II: Probing into mental health (n=37)

The sample for this phase included women officers from two groups with extreme scores on various mental health dimensions i.e. one group showing higher scores on productivity, autonomy, positive coping strategies and low on productivity loss, mental health problems, and negative coping strategies and another group showing high scores on productivity loss, mental health problems, and negative coping strategies and low on productivity, autonomy and positive coping strategies based on their scores on the questionnaires used in the first phase survey. Total of 37 officers, from the two extreme (high scorers and low scorers) groups, participated in this phase.

In this phase, data on two more relevant variables 'psychological well-being' and 'stress' was collected to see the comparative standing of the two groups, two standardized questionnaires used in phase II for 37 participants were:-

8. **Perceived Stress Scale PSS(Cohen,Kamarck&Mermelstein,1994):** This is the most widely used psychological instrument for measuring the perception of stress. It is a measure of the degree to which situations in one's life are appraised as stressful.

9. **Psychological Well-being Scale PWB (Ryff, 2007):** This 42-item Scale measures six aspects of well-being and happiness: which are: Autonomy - independence and self-de termination; Environmental mastery - the ability to manage one's life; Personal growth - being open to new experiences; Positive relations with others - having satisfying, high quality relationships; Purpose in life - believing that one's life is meaningful; Self-acceptance- a positive attitude towards oneself and one's past life.

Qualitative tool for Phase II –

10. Focused Group Discussion (FGD): A group of 7-8 officers was included in a FGD. It continued for about 90-120 minutes. Two experienced psychologists including the principal investigator facilitated the FGD through directive questions. The project officer monitored the process. Directive questions covered the following points, the challenges and problems women officers faced during Covid 19, what strategies they applied to overcome them, what were the stressors, from where they received support during this difficult time and finally what were the new learning that will help them in future? Do they suggest any new training or intervention is required for them and their colleagues?

Following table shows the tools and the variables measured from that tool

Phase III: Rational Emotive Thinking based Intervention (N=354)

Rational Emotive Behavioural Therapy (REBT) (Ellis, 1995) is a psycho-educational training intervention applied in non-clinical setups for many years. These training interventions help persons reflect on their thought processes and reframe their irrational beliefs to rational, more matter of fact self-talk to break the emotional blocks and reduce personal/ occupational stress. REBT is especially useful for persons in leadership positions as they are multitasking on different fronts and may get into faulty/ mere emotion-focused problem-solving strategies rather than problem-focused ones. Midlife crisis is a common thing for women- whether employed or homemakers. As in the present study, the sample consisted of police and government women

officers who are placed at multiple levels of leadership positions and obviously were exposed to all, these complicated work life challenges were more aggravated due to covid conditions. Their work life spillover into personal life and vice versa was a tremendously challenging situation. Therefore, two REBT based interventions were designed by experts based on the needs identified through phase I results. First one named as 'Awareness of own thinking' (विचारभान कार्यशाळा) used the video Clips as tool. And second one was in the online interactive workshop named as 'A Quest for Happiness'(आनंदाची शोधयात्रा) where PPT was used as tool..

Table 3.4 - Tools and Variables

	Tools	**Variables**
1	Kuppuswamy Socio-economic Scale (Saleem, S. M., & Jan, S. S. 2019)	Socio Economic Status , Age ,Grade level
2	JPIP Mind search (Gadre, S. and Watve, S. 2019)	Productivity , Autonomy Mental health problems
3	Ways of Coping Questionnaire (Aldwin, C., Folkman, S., Schaefer, C., Coyne, J. C., & Lazarus, R. S. 1988)	Positive ways of coping Negative ways of coping
4	Work Limitation Questionnaire (Lerner, D., Amick III, B. C., Rogers, W. H., Malspeis, S., Bungay, K., & Cynn, D. 2001)	Productivity Loss
6	Patient Health Questionnaire (Kroen ke, K., Spitzer, R. L., Williams, J. B., & Löwe, B. 2010)	Depression
7	Anxiety Disorder Scale (Spitzer, R. L., Kroenke, K.,	Anxiety

	Williams, J. B., & Löwe, B. 2006)	
8	Semi structured Interview	Experiences during the pandemic
9	Focused Group Discussion	Understanding challenges faced, stressors and coping mechanism during pandemic
10	Four Video for 'Awareness of own thinking' (विचारभान कार्यशाळा)	Defence Mechanism, Thinking Errors, Rules of rational thinking, Disputation technics, Decision Making, Assertiveness
11	PPT's for online interactive workshop named as 'A Quest for Happiness' (आनंदाची शोधयात्रा)	Defence Mechanism, Thinking Errors, Rules of rational thinking, Disputation technics, Decision Making, Assertiveness

The project work progressed on the basis of this methodological structure. The complete flow of work is stated in the table 3.4

Table 3.4 Flaw chart of Project work

Task	**Description**
Appointment and induction of project team	Research Officer, Field work coordinator, Research Assistant, Administrative Assistant, Field workers team was appointed.
Procuring sample references	Contact information about the women officers in various sectors and places was collected from the number of sources. Then a master list was created including Areas/Departments of administrative services like health, taxation, planning etc. After a consultative discussion in the project team the list was revised and 24 areas were finalized. We made a separate list of samples from each district. It was sorted department wise. Each field investigator was allotted an area to contact the officers, fix the appointment and collect the data acordingly. Visits were made to the Commissioner's Office, Police stations, Municipal

	Corporation, Zilla Parishad, Government hospitals in both divisions to collect references and data. We could get many references from the Pune division but we could not get sufficient references from Aurangabad Division, therefore we had to personally visit places in Aurangabad division to collect references. We collected offline data during this visit. Our team members went to Aurangabad, Latur and Beed.
Creating project related documents	1. Project Information letter 2. Consent form for participant 3. Actual test conducting and Rapport process document in Marathi and English for Online mode and Offline mode 4. Google forms of all tools for Online data collection 5. Test Links chart(For online mode of data collection) 6. Hard copies of all tools for offline (in person)data collection 7. Thank you letter for participant in Marathi and English language. 8. Flow chart of test conducting process for Administrator in Marathi and English language. 9. Authority support letters for the authorities like collector and Police commissioner from all the districts. 10. Consent Form data sheet- Sorting and compiling completed data forms based on divisions and services. 11. Index for all files and documents: An Index spreadsheet which is used as a reckoner for searching relevant documents.
Procuring the tools and preparing the copies as per the requirement	In the first phase of the project we used five tools. Out of the five tools three are acquired through the internet and the remaining two are acquired from the Research Institute, out of which one is the partner institute(JPIP) and the other is MAPI research trust.
Faculty Development Program(FDP)	Faculty members from both collaborating institutes Shree Siddhivinayak college and the Jnana Prabodhini's institute of Psychology were going to contribute and complete the project work. Therefore orientation to the topics 'Research Methodology' and 'Data collection and Management' was done through a two day FDP in June 2021. Total 55 faculty members from both collaborating institutes actively participated in the program.

Field investigators Training programs <u>(FIT)</u> **Actual Data Collection**	As the sample size is quite large and we were required to interact with each woman officer in person, all our field investigators needed intensive and standardized training. Therefore, a two days FIT program was conducted in June 2021for about 20 identified field investigators. Total training of six hours duration was carried out in two days. Actual test administration was done as a demo for trainees and it was followed by test administration practice by trainees. All of them started the data collection work soon after. Actual work of survey (data collection) started on 7th July. - work from both the divisions is completed in phase I. Data was collected from online and offline modes. Received 354total number of sample.
Project related travel	Local Travel in pune, out station - Solapur, Latur and Osmanabad. **Pune as well Aurangabad** - visited between 17th January, 2022 to 22nd January, 2022 for data collection. Visits were made to the Police Commissioner's office, Aurangabad Municipal Corporation office, Zilla Parishad, Collector's Office, Civil Hospital and District Division office. Visited Latur, Beed and Ambajogai for data collection between 31st January to 4th February, 2022. Several participants could be tested offline.
Technical and administrative difficulties encountered and actions taken to overcome them	It was very difficult for the officers to honor the commitment of the testing due to their busy schedule and some unexpected workload etc. Occasionally it was difficult to reach the officers due to natural calamities in some districts in our sample frame. So we rescheduled the testing date and timing. We came to know that in Aurangabad division, the number of women officers is quite limited in many places as compared to Pune so it may be difficult for us to obtain the data from the proposed sample size. Sometimes it was very difficult for the officers to honour the commitment of the testing session due to a busy schedule. We could reschedule the date and timing for many of them. In spite of the best efforts of both, testing of a few officers could not be executed. There was grave risk of getting infected because of overcrowding at the Civil hospitals and thus testing sessions had to be executed online. Many times police officers could not manage the decided timing due to bandobast duties and other work. To accommodate all of them, the timing was postponed or the discussion was continued till late evening. More discussions were planned.

Data compilation and data analysis:	All tools data from goole forms ware extracted in the separate MS. excel. Offline test hard copies data entry done by manually then the data was extracted in the final sheet after that data cleaning processes was done. Keys have been prepared in order to calculate raw scores for analysis. further analysis for phase II selection of officers for FGD'S. On the basis of data analysis we got the 54 officers list wich is in High scorers (n=27) and low scorers (n=27). Phase II data from two tools was also compiled. Also the transcription of FGD's was made.
Phase II	For phase II multiple FGD's for women officers and two FGD's of mental health care professionals were conducted as per the convenience of officers and professionals respectively.
Some important observations	Overall number of police officers was less. Possibly, they were recently recruited therefore they were younger. Also very few could be seen on higher positions. This was not the case with administrative officers. Due consideration was given to these observations while making a plan of analysis.
Focused Group Discussion of mental health care professionals	Using preset questionnaire data regarding strengths, weaknesses, challenges and opportunities in providing care to women having mental health needs was collected.
Phase III Phone calls and massages	We made a phone calls to all women officers we reach 213 women officers tell the Intervention purpose make a massage for work shop details. We conduct online REBT session on the zoom app but officers do not attended the work shop due to their duties and work responsibilities it was difficult for them.
'Awareness of own thinking' (विचारभान कार्यशाळा)	For the past experience our expert team made a zoom recording link and this link sent to 354 officers. We made a feedback form of session on Google form send it to officers.
'A Quest for Happiness'(आनंदाची शोधयात्रा)	A total of 200 participants were contacted personally for their availability. A zoom link was shared with fifty participants who agreed to attend the workshop titled 'A Quest for Happiness' (आनंदाची शोधयात्रा). This workshop was conducted on 20th and 21st May, 2023. As per the onvenience of the participants 2 sessions each of 2 hours duration were planned (3 to 5 pm each day, for a total duration of 4 hours). Two subject experts Dr. Anagha Lavalekar, Dr. Deepak Gupte were invited to conduct the workshop.

3.5 Data Collection

Data for both phases were collected separately. The procedure for the data collection is described in the following paragraphs.

Phase I: Mental Health Survey spanned nine months (June 2021 to February 2022)

Data collection work started during covid. Efforts were focused on online data collec tion in the beginning. In some instances, there was reluctance at the beginning and a lot of follow-up was required for the materialization of appointments. As normalcy was re stored, field investigators personally visited the workplaces of women officers to collect data. The team visited Aurangabad, Solapur, Osmanabad, Satara, Sangli, Kolhapur, Pimpri, Chinchwad and Latur in spite of running the risk of Covid-19 infections. Many women officers spoke candidly and shared very personal experiences related to their families and professional lives.

Even though the lock down was lifted, there were still restrictions in some places. Often, it was difficult for the officers to honour the commitment to the testing due to their busy schedule and some unexpected workload etc. In such cases, the data collection had to be postponed time and again. Occasionally it was difficult to reach the officers due to natural calamities (e.g. flood in Sangli) in some districts. In some cases, police stations were locat ed very far away from each other in the same district, which made in-person data collection difficult. Due to all these reasons online data collection continued till the very end.

Phase II: Probing in Mental Health (4 months March - June 2022) (n=37)

Purpose of phase II was to assess the stress and well-being and explore further into the women officer's perception regarding mental health needs, barriers in seeking mental health services, availability of institutional resources for enhancing mental health, available social support and appraisal of their own life situations as a working woman, through Focussed Group Discussions.

As preparation for such FGDs with women officers' online discussion was done with mental health professionals. This helped to understand experts' views on various aspects of mental health among women in general, specifically working women and public service officers. The inputs obtained from this discussion were used for drafting the FGD plan for women officers. Total of nine experts including clinicians/psychologists/ therapists/ psychiatrists etc. from varied settings (urban/ rural/ government/private) shared their experiences.

In this phase sample was about 10% (n=37) of the phase I sample (N=354).

Phase III:

Step I - Rational Emotive Thinking based Video Clips

In order to cater to all the women officers working in varied conditions with respect to duty hours, travel and leaves, it was very difficult for officers to join online two hours session at the same time. So the REBT experts arranged a pre-recorded orientation of 180 minutes (split into four sessions). Zoom links were shared with all women officers N= 354. (The zoom recording link is attached in the appendix.)

Step II – Online interactive workshop

A total of 200 participants were contacted personally for their availability. A zoom link was shared with fifty participants who agreed to attend the workshop titled 'A Quest for Happiness' (आनंदाची शोधयात्रा). This workshop was conducted on 20th and 21st May, 2023. As per the onvenience of the participants 2 sessions each of 2 hours duration were planned (3 to 5 pm each day, for a total duration of 4 hours). Two subject experts Dr. Anagha Lavalekar,

Dr. Deepak Gupte were invited to conduct the workshop. The workshop proceedings were recorded with the prior consent of participants (link attached in Appendix). Post session, the participants were requested to share their written feedback on WhatsApp with the research officer.

Both the interventions included the basics of REBT and tips on how they could apply it to their work-life balance challenges. It covered the major concepts of the ABC track (Activating event, Belief systems and Consequences – emotional & behavioural), the dual tracks of expectation and demand, the main thinking errors, major disputation techniques, and linking REBT to day-to-day hassles.

Content during Sessions

Notes on REBT

Defence mechanisms

- DM is a tactic developed by the ego to protect against anxiety.
- DM safe guards the mind against feelings & thoughts that are difficult for conscious mind to cope.

- Denial: refusing to accept the reality of the situation.
- Repression: unpleasant memories of incidences are pushed back into unconscious mind.
- Suppression: same as above done consciously
- Displacement: to carry your unpleasant emotions from one situation to another.
- Projection: unacceptable qualities or feelings are attributed to other people.
- Rationalization-false but apparently logical excuse
- Sublimation-transforming negative feeling to a enlightened one
- Repression- push the unwanted thoughts deep in mind and 'forget'
- Compensation – achieve recognition in some other accepted way
- Reaction formation--resolving conflict by swinging to the opposite extreme
- Fantasy –imagining the desirable and get lost in it

The dual tracks

Expectation track:	Demand track:
⦿ Emotional disturbance ⦿ Very difficult ⦿ Focus on factors within my control ⦿ Maintain goal orientation ⦿ Resetting goals ⦿ Constructive alternatives	⦿ Emotional devastation ⦿ Detribalization ⦿ Focus on factors beyond control ⦿ Goal deviation ⦿ No alternative or destructive alternatives ⦿ Further goal deviation

Thinking errors

⦿ All or none ⦿ Jumping to conclusion ⦿ Fortune telling ⦿ Focusing on negative ⦿ Disqualifying positive	⦿ Maximization ⦿ Emotional reasoning ⦿ Personalizing ⦿ Now or never ⦿ Perfectionism

⦿ Minimization	⦿ Labelling& overgeneralization

Emotion mapping

- ⦿ Being aware of the physiological and thought level changes
- ⦿ Observing the frequency, intensity and duration
- ⦿ Accepting the dynamism of emotions
- ⦿ Perfect emotional balance does not exist

Rules of rational thinking

Rational Beliefs

- ⦿ Based on facts and realities
- ⦿ Takes you towards your goal
- ⦿ Take care of your physical and mental health
- ⦿ Help you to avoid unnecessary emotional conflict with your own self
- ⦿ Help you to avoid unnecessary emotional conflict with others
- ⦿ Ask question to belief not to a person
- ⦿ Result of questioning is to gain insight into IB's
- ⦿ To mould new self-talk based on rational principle
- ⦿ Concise whole thinking into healthy belief
- ⦿ Help to link it to already existing healthy belief

Disputation techniques

COGNITIVE	EMOTIVE/BEHAVIORAL
⦿ Disputing IB by questioning ⦿ Teaching semantic precision ⦿ Rational essay ⦿ Rational proselytizing ⦿ Cognitive distraction	⦿ Acceptance ⦿ Humor ⦿ Role play/ role reversal ⦿ Rational emotive imagery ⦿ Stories/ poems/ songs

⦿ Seeing good in bad ⦿ bibliothearpy ⦿ Analogies ⦿ Rational portfolio ⦿ Preparing in advance ⦿ Countering technique ⦿ Taking responsibility of behaviour	⦿ Photographs ⦿ Coping statements

DECISION MAKING

⦿ Objectives must first be established, Objectives must be classified and placed in order of importance

• Alternative actions must be developed

• The alternative must be evaluated against all the objectives

• The alternative that is able to achieve all the objectives is the tentative decision

• The tentative decision is evaluated for more possible consequences

• The decisive actions are taken, and additional actions are taken to prevent any adverse consequences from becoming problems and starting both systems (problem analysis and decision making) all over again

- No decision is 100% correct
- One pays the price for making a choice
- Some decisions can be rectified & some of permanent nature
- Short term & long term consequences
- Long term mid course correction possible
- Short term mid course correction more difficult

Advantages of taking decisions yourself

❑ More likely to stick to your own decisions

❑ More confident & involved in its implementation

- ❑ Take the responsibility for the consequences
- ❑ Increases self-confidence, Feel more capable

Assertiveness

- ⦿ Accepting oneself and others
- ⦿ Giving priority to own needs
- ⦿ Treating oneself as equal to others
- ⦿ Respecting people irrespective of caste, creed, gender or religion
- ⦿ Readiness to face new exposures
- ⦿ Say ‘no’ without feeling guilty
- ⦿ Asking queries without hesitation
- ⦿ Not to defend extreme emotional bursts
- ⦿ Give importance to sensitivity rather than emotionality
- ⦿ Being capable to help others become capable

Chapter 4. Findings and Discussion

This chapter starts with the description of process of data compilation and descriptive statistics of all the study variables. Then phase-wise data analysis process is stated. Later findings are stated and discussed.

4.1 Data compilation and Descriptive Statistics

4.1.1 Data compilation

Data collection continued for about a year. During the data collection process, data compilation started alongside as we approached the end of phase I data collection. Coding was done and collected data from following questionnaires were entered into an excel sheet.

Table 4.1- Details of questionnaires used

No.	Name of the Questionnaire	Type of scale	Total Item Number	Maximum score	Minimum Score
Phase I					
1	Modified Kuppuswamy Socio-economic Scale	Nominal	NA	NA	NA
2	JPIP Mind search	ordinal	51	204	4
3	Ways of Coping Questionnaire	ordinal	42	168	4
4	Work Limitation Questionnaire	ordinal	25	150	6
5	Patient Health Questionnaire	ordinal	9	36	4
6	Anxiety Disorder Scale	ordinal	7	28	4
Phase II					
7	Perceived Stress Scale	ordinal	10	40	4
8	Psychological Well-being Scale	ordinal	42	252	6

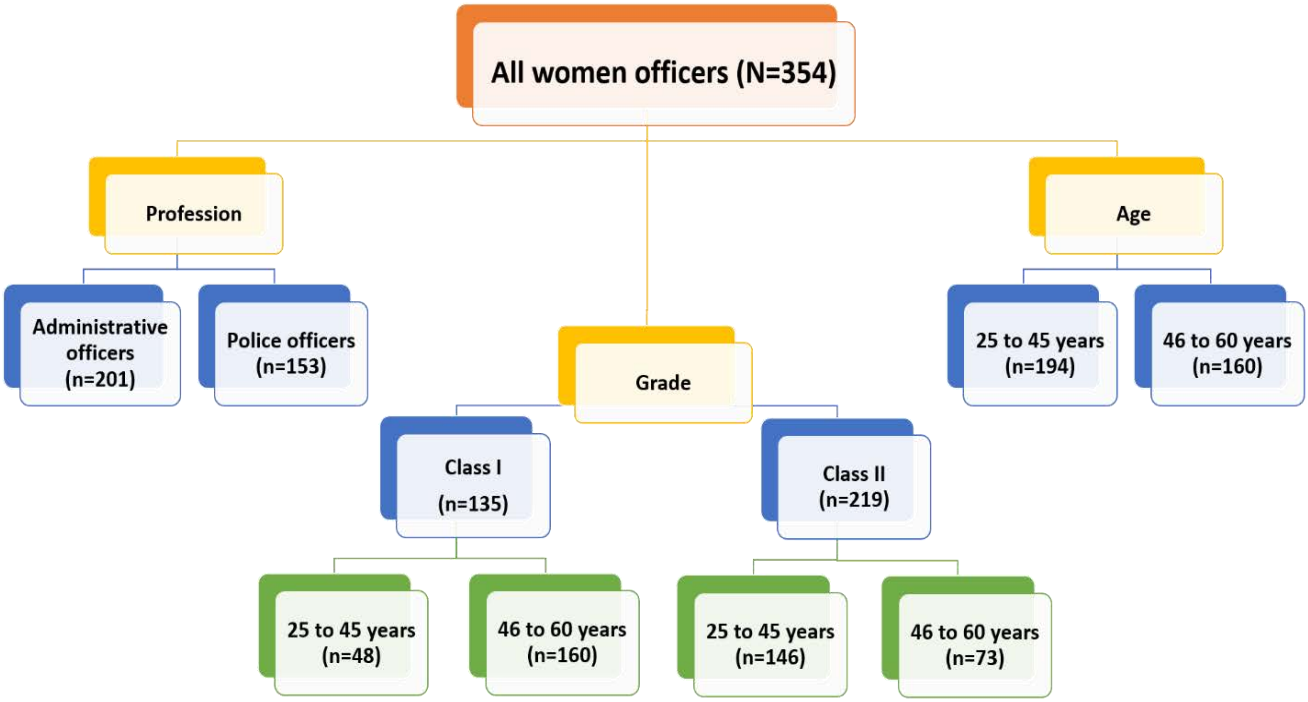
Cleaning of the data was the next important step in order to fetch accurate results. From the cleaned data of one of the questionnaires namely Kuppuswamy Socio-economic Scale, frequency distribution on variables of profession, age, and grade was obtained.

Thus, Profession (Administration, Police), Age (Group 1 – 25 to 45, Group 2 - 46 to 60) and Grade level (class I, class II) are the three independent variables of the study.

Pre-validated keys were applied to cleaned data of remaining questionnaires and scores for all the dependent variables namely Productivity Loss, Productivity, Autonomy, Depression, Anxiety, Mental Health Problems, Positive ways of Coping, Negative ways of Coping, psychological well-being, and stress were obtained.

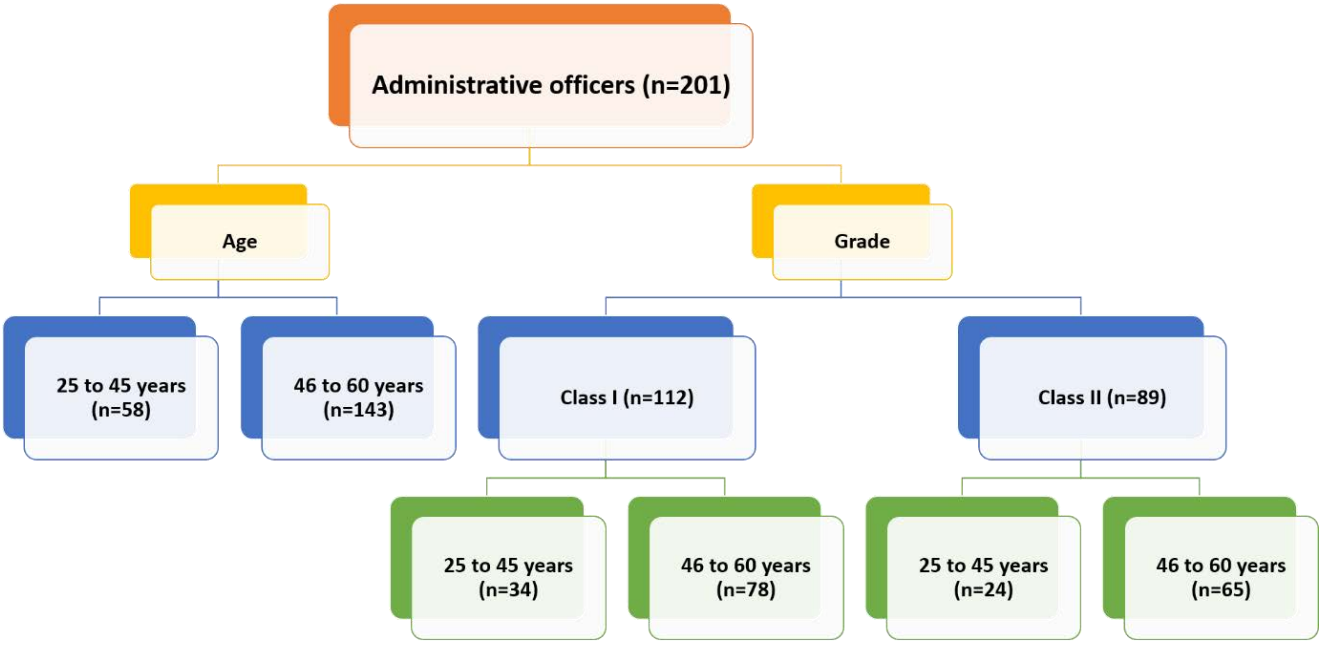
Then, profession (Admin and Police), age (young age group 25 to 45 yrs., old age group 46 to 60 yrs.) and grade level (Class I and II), wise data of the total sample of 354 women officers' (WO) was cross tabulated to get the frequency distribution of this total sample. Figure 4.1 shows this sample distribution.

Figure 4.1: Professions, Age and Grade level wise sample Distribution of all women officers.



Further the age and gradelevel wise distribution of the sample of administrative officers is crosstabulated and stated in the figure 4.2.

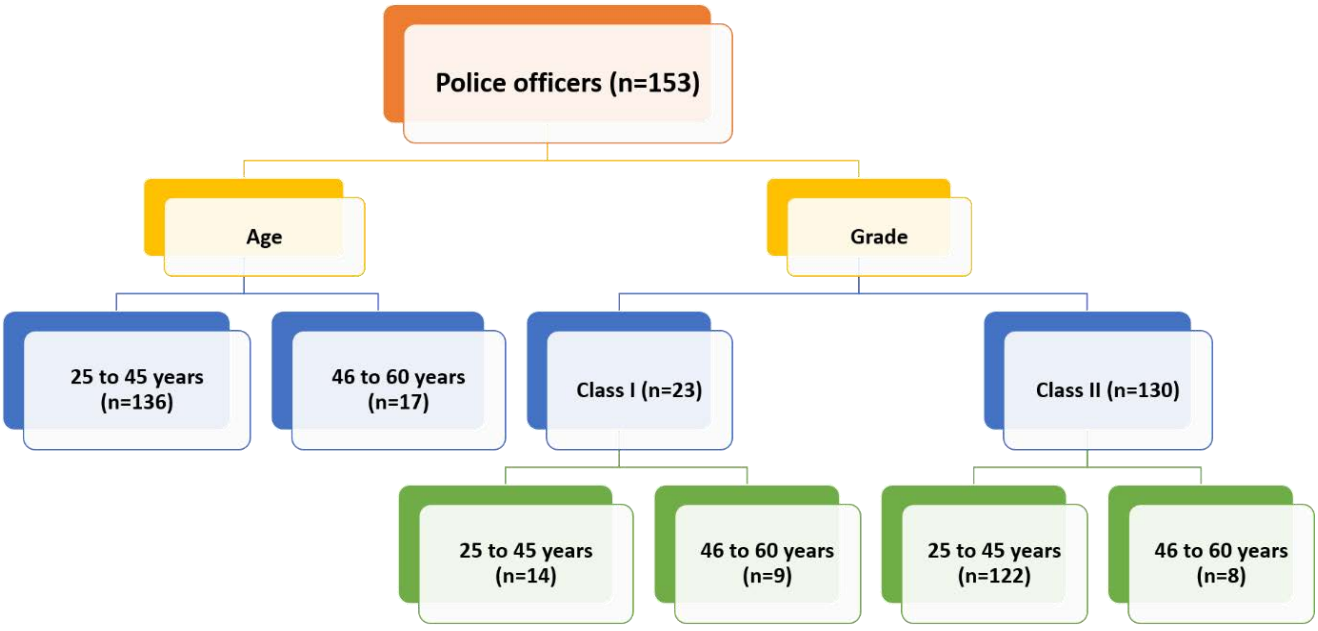
Figure 4.2: Age and Grade level wise sample Distribution of Administrative officers



As can be identified from the above figure there is an unequal age-wise distribution among administrative officers (age ≤45 58, age ≥46 is 143).

Further the age and gradelevel wise distribution of the sample of police officers is crosstabulated and stated in the figure 4.3.

Figure 4.3: Age and Grade level wise sample Distribution of Police officers



As can be identified from the above figure there is an unequal age-wise distribution among police officers (age ≤45 136, age ≥46 is 17).

4.1.2 Descriptive statistics

Descriptive statistics for all the data was done using MS EXCEL. The descriptive statistics obtained is stated in the tables below.

*(*Note: all moderate ranges as per the norms in the manual are given under each table for ready reference. Scores above the moderate range are high and below the moderate range are low.)*

Phase I Descriptive statistics

Table 4.2 - Descriptive Statistics of Work Limitation Questionnaire All women officers (N=354)

Work Limitation Questionnaire	Mean	Standard Deviation	Skewness	Kurtosis	Maximum obtained	Minimum obtained
Time Management	60.11	26.89	-0.12	-0.99	125.00	0.00
Physical Demand Scale	45.50	29.59	1.03	0.83	125.00	0.00
Mental Interpersonal Demand Scale	71.69	20.96	-0.69	-0.19	111.11	8.33
Output Demand Scale	73.26	22.40	-0.90	0.39	115.00	0.00
*Work Productivity loss	17.28	4.34	-0.12	-0.99	27.22	0.00

* Moderate range - Time Management = 34 to 86, Physical Demand Scale = 16, to 74, Mental Interpersonal Demand Scale = 51 to 91, Output Demand Scale = 51 to 95 Productivity loss = 9 to 16.

*Scores on Work Productivity loss are derived from the first four scales using the formulae from the manual, these scores are in the form of percentages.

From Work limitation questionnaire mean scores of all women officers show moderate performance on all areas of the questionnaire. From Skewness and Kurtosis values, data is considered to be normally distributed.

Table 4.3 - Descriptive Statistics of Mind Search All women officers (N=354)

Mind Search	Mean	Standard Deviation	Skewness	Kurtosis	Maximum obtained	Minimum obtained
Depression	7.78	5.04	0.41	-0.81	20.00	0.00
Anxiety	7.72	4.68	0.47	-0.36	20.00	0.00
Social Behaviour	7.98	5.21	0.49	-0.76	20.00	0.00
Thought and Emotion	7.80	5.53	0.36	-1.02	20.00	0.00
Personality	7.42	4.01	0.00	-0.76	16.25	0.00
Psychosomatic	7.81	4.84	0.47	-0.44	20.00	0.00
*Mental Health Problems	7.8	4.36	0.36	-0.74	19.2	0.00
Productivity	15.04	3.59	-0.79	0.73	20.00	0.00
Autonomy	13.46	3.51	-0.62	1.08	20.00	0.00

* Moderate range - Depression, Anxiety, Social Behaviour, Thought and Emotion, Personality and Psychosomatic = 10-14, Productivity and Autonomy 12 to 16

*Scores on Mental Health problems are derived by averaging the scores of first six negative domains of mental health.

The above results indicate mild level of Depression, Anxiety and Mental health problems of, Social Behaviour, Thought and Emotion, Personality and Psychosomatic among all women officers. Naturally, the result indicates mild Mental Health problems among all women officers. The above results indicate moderate level of Productivity and Autonomy among all women officers

Table 4.4 - Descriptive Statistics of Ways of Coping All women officers (N=354)

Ways of coping	Mean	Standard Deviation	Skewness	Kurtosis	Maximum obtained	Minimum obtained
Problem Focused	29.57	7.57	-0.24	-0.13	47.50	5.00
Seeking Social Support	25.83	9.03	-0.14	-0.31	45.83	0.00
*Positive ways of coping	27.70	7.76	-0.16	-0.43	43.75	2.50
Self-Blaming	7.21	4.90	0.37	-0.54	20.83	0.00
Wishful Thinking	12.29	4.36	0.01	-0.47	24.22	2.34
Avoidance	8.73	3.91	0.21	-0.61	19.38	0.63
*Negative ways of coping	9.41	3.86	0.12	-0.78	18.75	1.20

* Moderate range - Problem focused and seeking social support 18 to 35, Self-Blaming, Wishful Thinking and Avoidance 4 to 10

*Scores on Positive ways of coping are derived by averaging the scores for first two scales namely Problem focused and seeking social support.

*Scores on Negative ways of coping are derived by averaging the scores for next three scales namely self-blaming, wishful thinking and Avoidance.

The above results indicate moderate use of Problem focused ways and seeking social support among all women officers.

The above results indicate moderate use of Positive ways of coping among all women officers.

The above results indicate moderate use of Self-Blaming, Wishful Thinking and Avoidance as way of coping among all women officers.

The above results show moderate use of Negative ways of coping among all women officers.

Table 4.5 - Descriptive Statistics of Patient Health Questionnaire All women officers (N=354)

Patient Health Questionnaire	Mean	Standard Deviation	Skewness	Kurtosis	Maximum obtained	Minimum obtained
Depression	10.03	6.14	0.47	0.03	32	0

* Moderate range - Depression is 9 to 16

The above result reveals moderate level of depression among all women officers.

Table 4.6 - Descriptive Statistics of Generalized Anxiety Questionnaire All women officers descriptive (N=354)

Generalized Anxiety Questionnaire	Mean	Standard Deviation	Skewness	Kurtosis	Maximum obtained	Minimum obtained
Anxiety	8.43	5.14	0.49	0.04	26	0

*Moderate range - anxiety 9 to 16

The above result indicates moderate level of Anxiety among all women officers.

Thus, eight aspects of mental health, namely, Productivity Loss, Productivity, Autonomy, Depression, Anxiety, Mental Health Problems, Positive ways of Coping and Negative ways of Coping measured from above five tools are the dependent variables of this study.

Phase II descriptive statistics

On the basis of the results in phase I two extreme groups, High scorers i.e., low scores on productivity loss and high scores on productivity, autonomy (better work performance), low scores on depression, anxiety and mental health problems (lower mental health challenges) and high scores on positive ways of coping and low scores on negative ways of coping (better coping mechanism) and Low scorers i.e., high scores on productivity loss and low scores on productivity, autonomy (lower work performance), high scores on depression, anxiety and mental health problems (more mental health challenges) and low scores on positive ways of coping and high scores on negative ways of coping (weaker coping mechanism), were identified. Descriptive statistics of these two groups *High scorers and *Low scorers on the stress and well-being questionnaires are stated below.

Table 4.7 – Descriptive Statistics of Psychological Well – Being scale Total group N=37

Psychological Wellbeing	Mean	Standard Deviation	Skewness	Kurtosis	Minimum obtained	Maximum obtained
Self-Acceptance	37.51	4.67	-2.06	4.47	21	42
Autonomy	31.51	4.43	-1.71	4.72	15	38
Positive relation with others	34.43	5.60	-1.00	0.43	21	42
Environmental Mastery	29.22	3.83	-0.16	-0.63	21	36
Personal Growth	35.81	4.09	-1.71	5.38	20	42
Purpose in life	33.84	4.73	-1.28	1.55	20	40
Total Score of Psychological Wellbeing	202.32	18.49	-1.76	5.77	129	233

*Moderate range - **Self-Acceptance 32 to 41, Autonomy 27 to 35, Positive relation with others29 to 39, Environmental Mastery 26 to 32, Personal Growth31 to 39, Purpose in life29 to 37, Total Score of Psychological Wellbeing 184 to 220**

Table 4.7.1 Descriptive Statistics of on Psychological Well – Being scale (High Scorers) n=20

High Scorers Group (n=20)	Mean	Standard Deviation	Skewness	Kurtosis	Maximum obtained	Minimum obtained
Self-Acceptance	38.50	3.940	-2.458	7.136	42	25
Autonomy	32.40	2.703	0.326	0.148	38	27
Positive relation with others	34.95	5.010	-1.209	1.590	41	21
Environmental Mastery	29.95	3.692	0.211	-1.055	36	24
Personal Growth	36.80	2.505	0.319	-0.096	42	32
Purpose in life	34.10	4.855	-1.150	1.010	40	23

Table 4.7.2 - Descriptive Statistics of Psychological Well – Being scale (Low scorers) n=17

Low Scorers Group (n=17)	Mean	Sandard Deviation	Skewness	Kurtosis	Maximum obtained	Minimum obtained
Self-Acceptance	36.35	5.291	-1.863	3.688	41	21
Autonomy	30.47	5.778	-1.427	2.095	37	15
Positive relation with others	33.82	6.317	-0.823	-0.129	42	21
Environmental Mastery	28.35	3.920	-0.483	-0.947	34	21
Personal Growth	34.65	5.255	-1.411	2.800	41	20
Purpose in life	33.53	4.705	-1.618	3.300	39	20

Table 4.8 - Descriptive Statistics of Perceived Stress Scale (High + Low) (N=37)

Percived Stress scale	Mean	Standard Deviation	Skewness	Kurtosis	Minimum obtained	Maximum obtained
Total (High + Low) (N=37)	14.32	6.88	0.49	-0.37	4	31

Table 4.8.1 - Descriptive Statistics of Perceived Stress Scale (High group) n=20, (Low group) n=17

Perceived Stress Scale	Mean	Standard Deviation	Skewness	Kurtosis	Maximum obtained	Minimum obtained
High Group	12.65	6.28	0.498	-0.626	25	4
Low Group	16.29	7.22	0.411	-0.311	31	6

*Moderate level range of Perceived stress was 7 to 20

4.2 Data analysis

Phase I and II: Qualitative Data analysis

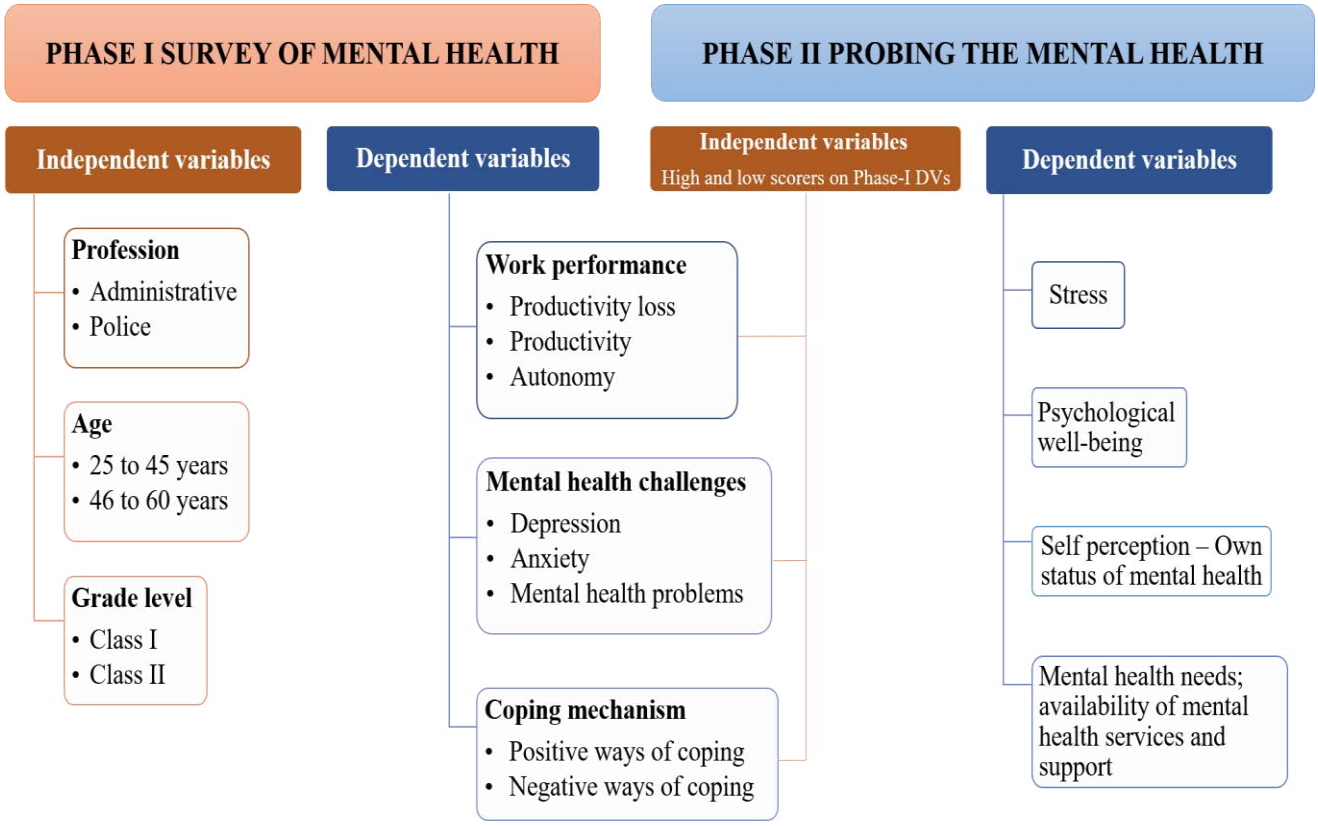
Thematic analysis was done to identify important themes from interviews (phase I) and focussed group discussion (phase II). Themes were extracted from the data obtained from interviews and were identified from transcriptions of Focus Group Discussions (FGDs).

Phase I and II: Quantitative Data analysis

In this study quantitative analysis was done using three independent variables and eight dependent variables. Three independent variables were, profession (A-administrative services and P-police), grade level (Class I and Class II), and age (two age groups of 25 to 45 and 46 to 60). Eight dependent variables namely, Productivity Loss, Productivity, Autonomy, Depression, Anxiety, Mental Health Problems, Positive ways of Coping and Negative ways of Coping, are grouped coherently under three headings, a. Work Performance, b. Mental Health Challenges, and c. Coping Mechanism.

Following figure 4.2 shows the list of independent and dependent variables for phase I and II and their grouping.

Figure 4.2: Phase I and Phase II variables



Data analysis techniques used were descriptive statistics, for phase I Multivariate analysis of variance (MANOVA) and 't' test was done with three independent variables and eight dependent variables. For phase II differences between the two extreme groups were analysed using the t-test method for both the dependent variables namely Stress and Psychological Well-being.
Descriptive statistics was done using MS EXCEL and SPSS version 23 was used for calculating Multivariate analysis of variance and 't' test scores.

Phase III: Data analysis

Step I –

In order to collect the feedback of the videos 'Awareness of own thinking' (विचारभान) sent to the officers a google form was also sent to them to record their responses to the sessions. It has been noted that 150 respondents have gone through the recorded orientation session. Google forms were responded to gradually. Data from the google form is analysed to identify the requirements of officers. The research team has decided to track this process even after technical closure of the project and is committed to assist those who wish to have a deeper understanding of the REBT approach.

Step II –

The principal investigator and the research officer recorded the observations during the workshop named as 'A Quest for Happiness' (आनंदाची शोधयात्रा) and then transcribed the recordings to get the perspective about participants contribution and learning. Participant's written feedbacks were also analysed for identifying the insights gained by the participants and their opinions about the content and methodology of the workshop.

Content of the workshop included basic concepts of rational emotive behavioural approach like ABC model of emotional disturbance, expectations and demands a dual track, self-talk, basic irrational beliefs, thinking errors etc. During the course of discussion understanding of unhealthy self-talk, ways of identifying thinking errors and inappropriate emotions, rules of rational thinking were revealed. Also, how decision making was a matter of choice and assertiveness is a required style for psychological well-being was explained.

4.3 Findings and Discussion

Phase I and II: Qualitative findings

Initially, phase-wise qualitative findings in the form of themes extracted from interviews and focused group discussions (FGD) are stated. Later, quantitative findings are discussed one by one.

Phase I - Themes from interviews of officers

Many officers freely narrated their experiences. They stated that it was a good opportunity for them to think about themselves in various ways. Some also said that this worked as a catharsis for the traumatic experiences during covid time as well as an introspective self-learning as they tried to recollect the experiences after a long time gap.

They talked about -

• Difficulties like lack of human resources and political interference.

(*कोरोनाच्या वाढत्या काळात म्हणजे एप्रिल महिन्यात एक वाईन शॉप मालक सारखे नियम भंग करून ते उघडे ठेवत होते तसेच गर्दी करत होते. त्यावेळी पुढाकार घेऊन नगर परिषद चे मदतीने तो बंद केला होता. त्यावेळी राजकारणी लोक तसेच पोलीस विभागातील आणि राज्य उत्पादन शुल्क विभाग मधील बरेच वरिष्ठ लोक फोन करून त्याबद्दल आणि ज्या नियमाने सील केले त्याबद्दल विचारणा करून उघडून देण्यासाठी दबाव आणत होते. ते २ दिवस खुप मानसिक तणाव मधे गेले*)

• Stress and anticipatory anxiety about getting infected by a virus and also the patient's health and recovery.

(*कोरोनाच्या सुरुवातीच्या काळामध्ये यांची ड्यूटी चेक नाक्यावर होती तेव्हा एकूणच कोरोन विषाणू बद्दल सर्वांच्या मनामध्ये भीतीचे वातावरन होते. यांना सुधा त्याचा ताण खूप होतो घरी जायचे तर आपल्यामुळे घरचे लोक बाधित होतील का अशी येक भीती त्यांच्या मनामध्ये होती.*)

• The burden of work about testing, tracing patients and emergency calls, meetings, changing guidelines, the tension of getting fired, and unwarranted inquiries from seniors.

(*अजूनही पोलीस खात्यामध्ये पुरुष प्रधान संस्कृती असल्याने उपकाराची भाषा महिला पोलिसांच्या*

बद्दल केली जाते ते कुठेतरी कमी व्हयला हवे आहे महिलांना दर वेळी त्यांना सिद्ध करून द्यवे लागते अरे पहा आम्हीही तुमच्यासारखे काम करू शकतो. आमच्याकडे एक परिपत्रकही आहे कि महिला व पुरुषांना समान दर्जा द्यावा पण त्याच ट्रेनींग आमच्याकडे पुरुषांना दिली जात नाही.)

• Non-cooperation from colleagues, citizens and relatives of the patients and making tough decisions.

. (In second lockdown it was very exhausting and energy draining. We lost our own respect as public was so non cooperative and we also had pressures from government and seniors for many things)

• Moments of satisfaction during endless work.

• Admirable work of Aasha workers and Anganwadi Sevikas.

• Various awareness campaigns that were run during Covid times.

• Crises in the family like illness of senior family members, caring for young children in the absence of schools and babysitting services as well as grown-ups.

(In her family, she has 2 years daughter, senior by age her father-in-law. Her husband works in Assam with a bank so in the covid situation he was stuck there and not allowed to travel.

This was very troublesome for her working in the red zone and having one small kid and one senior person at home. A lot of anxiety, fear, and concern for the family.)

• Support and care provided by family members.

• Requiring a combination of medical, technical, administrative and logistical know-how.

(During both the wave had to look after multiple responsibilities each had different challenges:

Traveling: arrangement migrating people stay and food and care for their health.Court timing kept for 10 am to 12 pm only which was troublesome as we were into multiple things, pen not to be used of the court for their safety in case we forget to carry personal pen no help, two bails rejected though reached in time but just because of their safety norms they denied our presence. Here we as human were not considered each one was into own safety and we without thinking about self were on the field.)

• Aggression and violence from the public.

• Setting up of makeshift medical facilities overnight.

(औरंगाबाद तालुक्यातील मौ. निपाणी येथील १०० खाटांचे कोवीड केअर सेंटर ची संपूर्ण जबाबदारी मा.जिल्हाधिकारी यांनी माझ्या कडे सोपवली.हे सेंटर नुकतेच सुरू करण्यात आले होते आणि सर्व मुलभूत सुविधांचा तिथे अभाव होता. पॉझिटिव्ह रुग्णांसाठी तिथे पिण्यासाठी स्वच्छ पाणी, इलेक्ट्रिसिटी ,वैद्यकीय अधिकाऱ्यांच्या तपासणीचे पथक, स्वच्छता कर्मचारी इत्यादी सुविधा नसल्यामुळे तेथे ऍडमिट करण्यात आलेल्या रुग्णांना अत्यंत गैरसोयीचा सामना करावा लागत होता)

Phase II Themes extracted from Focused Group Discussions (FGD's):

• Striking a balance with duality of roles at work and home fronts.

(कोरोना काळात महसूल विभागाला अजिबात सुट्टी नसल्यामुळे कंटिन्यू ऑफिस वर्क सुरु होते. कुठेतरी मनात भीतीसुद्धा असायची की आपण कंटिन्यू लोकांमध्ये मिक्स होतोय किंवा लोक आपल्याकडे येतात. याचा आपल्या कुटुंबावर कसा परिणाम होईल याबद्दल थोडी भीती होती. कोरोना संसर्ग झाला तर, मग आपण यामध्ये कसं मॅनेज करायचे हा प्रश्न सुद्धा आम्हाला तेव्हा पडला होता. असा निर्णय घेतला की कामानिमित्त मला जास्त बाहेर पडावं लागतं तेव्हा पतीच घरून काम होत. तर ते घरामध्ये थांबतील जेणेकरून कोरोना संसर्ग झाला तर तो मलाच होणार आहे त्याच्यासाठी मला दहा पंधरा दिवस रजा मिळू शकेल. पण जर मिस्टरांना झाला तर मला रजा मिळणार नाही आणि मग घर कोण सांभाळणार या गोष्टी थोडासा अवघड होत्या हा हि विचार कोरोना काळात आम्ही केलेला होता.)

• Need for acknowledgement of women's contributions to public service. No favours or concessions required by women.

• Prevalence of sexual harassment at workplace and their inability to report it for the fear of negative consequences was reported by both participants and experts.

• Implicit need to be treated at par with male counterparts.

• Constant societal and cultural expectations to abide by traditional roles of wife, mother,

daughter-in law etc. despite being in positions of authority in services. Sacrifice, blame and low priorities were factors that proved to be stressors.

(कोरोना मध्ये निर्णय घेताना असे जाणवले कि आपले स्वताचे आरोग्य सांभाळणे खूप महत्वाचे आहे. म्हणजे एक स्त्री म्हणून आपली सवय असते की मी माझ्या मुलांसाठी करते मी माझ्या घरच्यांसाठी करते माझ्या नवऱ्यासाठी मी अमुक करते पण आपण स्वतःसाठी म्हणून फार कमी गोष्टी करतो.)

• Low awareness of poor mental health symptoms. Therefore, lack of understanding about psychosomatic manifestations of stressors.

• Lack of seriousness regarding complaints related to poor mental health.

• Realization that caring for oneself should be prioritized, and allotting time and attention for the same.

(स्वतःच्या तब्येतीसाठी म्हणून काहीतरी केलं पाहिजे हि जाणीव पूर्वी माझ्यातही नव्हती अस म्हणायला हरकत नाही. अर्थात ते आत्मसात करायलाही दीड दोन वर्ष गेली अस म्हणायला हरकत नाही. स्वतःच्या तब्येतीसाठी म्हणून काहीतरी केलं पाहिजे आपल्या फॅमिली साठी जेवढी गरजेचे आहे तेवढी स्वतःसाठी पण गरजेचे आहे ही गोष्ट प्रकर्षाने जाणवली. स्त्रिया स्वतःला सगळ्यात शेवटचे स्थान अनेक वेळा देतात मला काही अडचणी आहेत हे लक्षात येत नाही.

पोलिसांना कोरोंना संसर्ग होईलही भीती डोक्यातून काढून टाकलेली बरी कारण आपल्याला रोजच बाहेर जायचं आहे आणि रोज घाबरून कसं चालेल. कोरोना होवो अगर न होवो काय होईल ते होईल टेन्शन घ्यायचं नाही आणि आजचा दिवस आहे तो शेवटचा समजून आनंदाने कस जगता येईल याचा प्रयत्न केला आणि कोरोना काळामध्ये सर्व लोकांना जास्तीत जास्त आपल्याला कशी मदत करता येईल त्या गोष्टींची काळजी घेतली.)

• Coping strategies entailed focusing on problem-oriented solutions maintaining firmness and self-restraint.

• Satisfaction from work was derived through successful resolution of problems.

(*कोविड च्या first lockdown च्या काळात मी पिंपरी चिंचवड च्या इ-पास च काम माझ्याकडे होत त्या वेळेला सगळीकडे नाकाबंदी असल्यामुळें लोकांना प्रवासकरता येत नव्हता त्यामळे इमर्जन्सी ट्रॅव्हल करायचं असेल (eg. कोणाचा जवळच्या नातेवाईकांचा मृत्यु)तेव्हा लोक कधीही कॉल करायचे प्रवास करण्यासाठी पास पाहिजे.त्यावेळेस सगळ्यांना सेवा देताना थोडा कामाचा लोड येत होता.)*

• Sense of pride to be able to serve the citizens and the country in the hour of an unprecedented crisis. To be able to positively face the challenge and render self-less service to the needy.

(एकदा नाकाबंदी होती रात्री बाराच्या दरम्यान तेव्हा एक मुलगी एकटीच चालली होती तिचा भाऊ घरी होता तिला हडपसरला जायचं होतं तर तिला सोडण्यासाठी कोणीच नव्हतं तर शेवटी ती एक लेडीज असल्यामुळे मी आमची गाडी घेऊन स्वतः हडपसरला नेऊन सोडून आले तेव्हा मला अस वाटल कि मी पोलीस खात्यामध्ये आहे त्यामुळे मला सर्वाना मदत करता आली याच मला खूप समाधान वाटल.)

Quantitative findings and Discussion

Henceforth, quantitative findings on each group of dependent variables, 1. work performance, 2. mental health challenges and 3. coping mechanism, are stated, presented in the form of bar graph and discussed one by one.

(Note: SPSS output of MANOVA showed that the Box's Test of Equality of Covariance result is significant (p = <.001) therefore 't' test results are included while stating the findings of quantitative analysis.).

For each group of variables findings and discussion for three distinct studies namely, 1 - Study of all women officers (N=354), 2- Study of women administrative officers (N=201) and 3- Study of women police officers (N=153) are stated separately.

For each study, initially quantitative findings are stated and then these findings are discussed with the help of their graphical representation. The themes extracted from Focused Group Discussions and interviews are integrated to the discussion as per their relevance to the respective dependent variables. Findings from phase II are combined with the discussion of b. mental health challenges for the purpose of consistency and coherence. At the end summary graphs for each

variables are presented and discussed.

4.3.1 Work Performance

Three dimensions of individual experience namely; productivity, autonomy and productivity loss are covered in work performance. All these are the factors that either support or hinder work performance. Productivity loss is defined as difficulties in time management, and perceived physical, mental, interpersonal, as well as output demands. Productivity means perceived self-efficacy, competence, and satisfaction regarding own achievements. Autonomy means self-sufficiency and independent decision-making capacity.

Findings on the Work Performance of all three studies of women officers 1. Study of all women officers (N=354), 2. Study of Women administrative officers (N=201), 3. Study of Women police officers (N=153) are stated and discussed on the following pages.

(Note: Grades in the tables are stated as per the manuals. Moderate ranges for each variable are stated for the purpose of understanding grades. Scores above the moderate range are high and below the moderate range are low.)

1: Study of women officers N =354

Table 4.9 - Work performance of women officers

Variables	Mean (SD)	Grades
Productivity Loss	17.28 (4.34)	High
Productivity	15.04 (3.59)	Moderate
Autonomy	13.46 (3.51)	Low

High productivity loss was reflected in the overall data of all 354 women officers *(M=17.28).* The mean scores on productivity were moderate of all 354 women officers, *M =15.04 (N=354).*
The mean scores on autonomy are just below average, *M =13.46 (N=354)* of all 354 women officers.

Table 4.10 - Profession wise Comparison of women officers on Work performance

Services	Admin n = 201	Police n = 153		
Dependent Variables	**Mean(SD)**	**Mean(SD)**	***t***	***p***
Productivity loss	18.24 (4.021)	16.02 (4.438)	4.913	0.00
Productivity	14.65 (3.31)	15.56 (3.88)	1.448	0.148
Autonomy	13.55(3.40)	13.34 (3.67)	-0.441	0.605

*Moderate range - productivity loss = 9 to 16, Productivity 12 to 16 and Autonomy 14 to 17

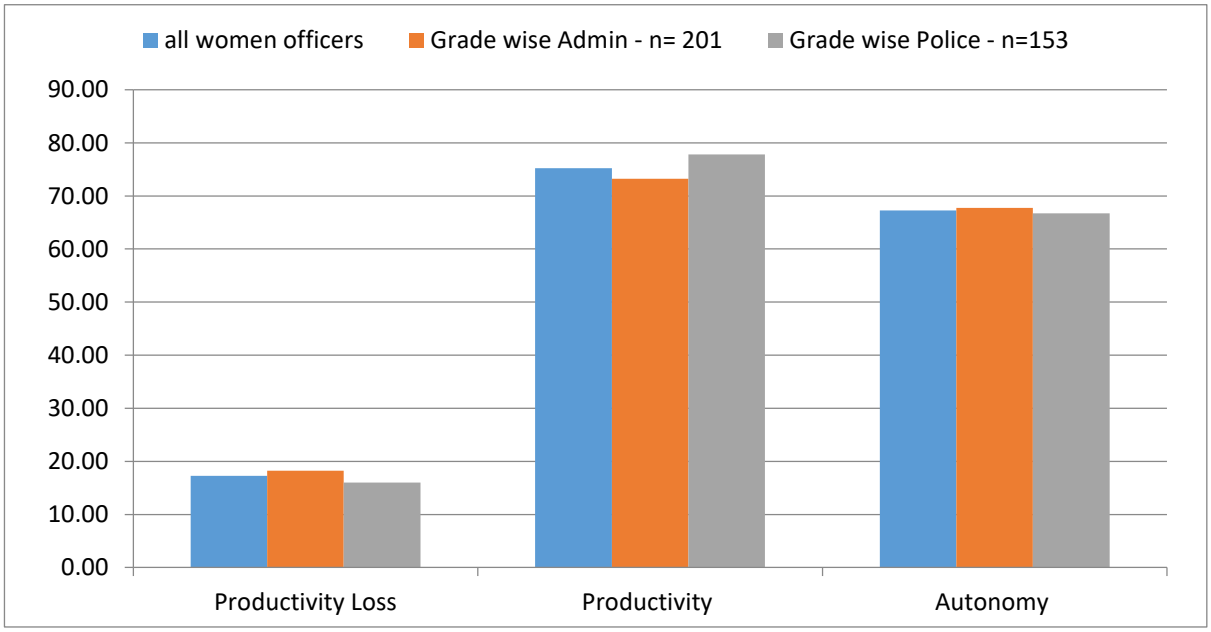
Results indicate highly significant difference between the mean scores for administrative officers (M =18.24, SD= 4.021) (n=201), and Police Officers mean score is (M =16.02, SD= 4.438) on Productivity loss $t(352) = 4.913$, $p=0.00$

Results did not indicate significant difference between mean scores, for administrative officers (M =14.65, SD= 3.31) and Police Officers mean score is (M =15.56, SD= 3.88) on productivity $t\ (352) = 1.448$, $p=1.148$

Results did not indicate significant difference between the mean scores for administrative officers (M =13.55, SD= 3.40) (n=201), and Police Officers (M =13.34, SD= 3.67) on Autonomy $t\ (352) = -0.441$, $p=-0.605$.

(Note: Scores on productivity loss are calculated in the form of percentage by the formulae in the manual and scores on other variables have varied ranges. Therefore, percentage scores are used for graphical representation of all the variables so as to put the scores of the grouped variables on the same scale.)

Graph 4.10 Profession wise Comparison of women officers on Work performance



As can be seen from the above graph all the officers experienced high productivity loss that is indicative of challenges regarding time management, performing cognitive tasks and lowered work output during pandemic.

On delving further into this finding, the graph reflects that the administrative officers were specifically overwhelmed by work related problems in the domains of time management, mental and interpersonal demands, and output demands at work, leading to high productivity loss as compared to police officers who reported moderate productivity loss. This difference may be the result of the unprecedented circumstances administrative officers had to face novel situations such as creating jumbo Covid centres, in some instances, they also had to make functional makeshift medical facilities overnight and many more such responsibilities paired with longer working hours; whereas police continued with their regular work and experienced lesser disruption in their job roles even during lock down (Stogner et al., 2020; Newiss et al., 2021). Whereas for police officers had to work at least initially in more familiar duties of enforcing lockdown with clear guidelines. These results can also be supported by the focused group discussions and interviews conducted during the present research. Officers reported that bureaucrats required a combination of medical, technical, administrative and logistical know-how to fulfil the demands of unique circumstances. There was a shortage of personnel and resources. At times the citizens were also not cooperative with the task force and there were novel challenges every single day. The administrative officers especially from the medical field also reported that the families of patients

were at times violent and aggressive towards the medical professionals. Along with these tasks they were also burdened with the responsibility of financial management, providing state-funded resources for the affected vulnerable section of society and making arrangements for essentials like food, shelter and medical care for migrants and vulnerable sections of society during interviews.

Lot of researches have focussed on reasons and effects of stress especially among police. However, studies on positive side of work performance i.e.; productivity and autonomy are very rare. Our study touches upon the**se** under researched aspects of work performance namely productivity and autonomy.

Women administrative as well as police officers could maintain moderate productivity irrespective of the covid 19 conditions. Same is reflected when they mention sense of pride to be able to serve the citizens and the country during FGD.

Low autonomy among all women officers both administrative and police may be an outcome of the organizational stressors like, heavy workload, interpersonal conflict, inadequate resources, time pressure, identified in earlier studies. Probably officers perceived systemic rules, changing guidelines during covid as mentioned in the FGD to be highly restrictive leading to the low autonomy.

Table 4.11- Age wise Comparison of women officers on Work performance

Age Groups	**25 to 45**	**46 to 60**		
	n = 194	**n = 160**		
Dependent Variables	**Mean(SD)**	**Mean(SD)**	***t***	***p***
Productivity loss	16.10(4.26)	18.71(4.00)	-5.898	0.00
Productivity	14.98(3.88)	15.10(3.21)	-0.298	0.766
Autonomy	13.11(3.59)	13.86(3.38)	-2.007	0.046

*Moderate range - productivity loss = 9 to 16, Productivity 12 to 16 and Autonomy 14 to 17

Results indicate highly significant difference between the mean scores of age group 25 to 45 years (M =16.10, SD= 4.26) and age group 46 to 60 years (M =18.71, SD= 4.00) on Productivity loss $t(352) = -5.898$, $p = 0.00$.

Results did not indicate significant difference between the mean scores of age group 25 to 45 years (M =14.98, SD= 3.88) and age group 46 to 60 years mean score is (M =15.10, SD= 3.21) on Productivity $t(352) = -0.298$, $p = 0.766$ Thus, there is no significant difference on Productivity between two age groups.

Results indicate significant difference between two age groups, age group 25 to 45 years (M =13.11, SD= 3.59) and age group 46 to 60 years (M =13.86, SD= 3.38) on Autonomy $t(352) = -2.007$, $p = 0.046$Thus, there is significant difference on Autonomy between two age groups.

Graph 4.11- Age wise Comparison of women officers on Work performance

Irrespective of age all women officers from both age groups reported high productivity loss. Older women officers (46years. to 60 years.) reported significantly higher productivity loss as compared to younger women officers. This may be due to long hours of working spanning 12 and more.

No age wise difference in productivity is seen. Irrespective of age all women officers from both age groups reported moderate level of productivity.

Irrespective of age all women officers from both age groups reported low autonomy. Younger age group perceived more restrictions while performing their duties as compared to the mature age group possibly due to the unique circumstances of pandemic like emergency calls,

meetings, the tension of getting fired, and unwarranted inquiries from seniors that were mentioned in the interviews.

Women officers from the mature age group of 46 and above felt that they had reasonable amount of freedom while taking important decisions. Same is echoed when they spoke about the satisfaction from successful problem solving during FGD.

Table 4.12: Grade level wise comparison of women officers on Work performance.

Grade levels	Class I	Class II		
	n = 135	n = 219		
Dependent Variables	**Mean(SD)**	**Mean(SD)**	***t***	***p***
Productivity loss	17.75(4.16)	16.99(4.43)	1.599	0.111
Productivity	14.56(3.61)	15.33(3.56)	-1.956	0.051
Autonomy	13.32(3.47)	13.53(3.54)	-0.553	0.581

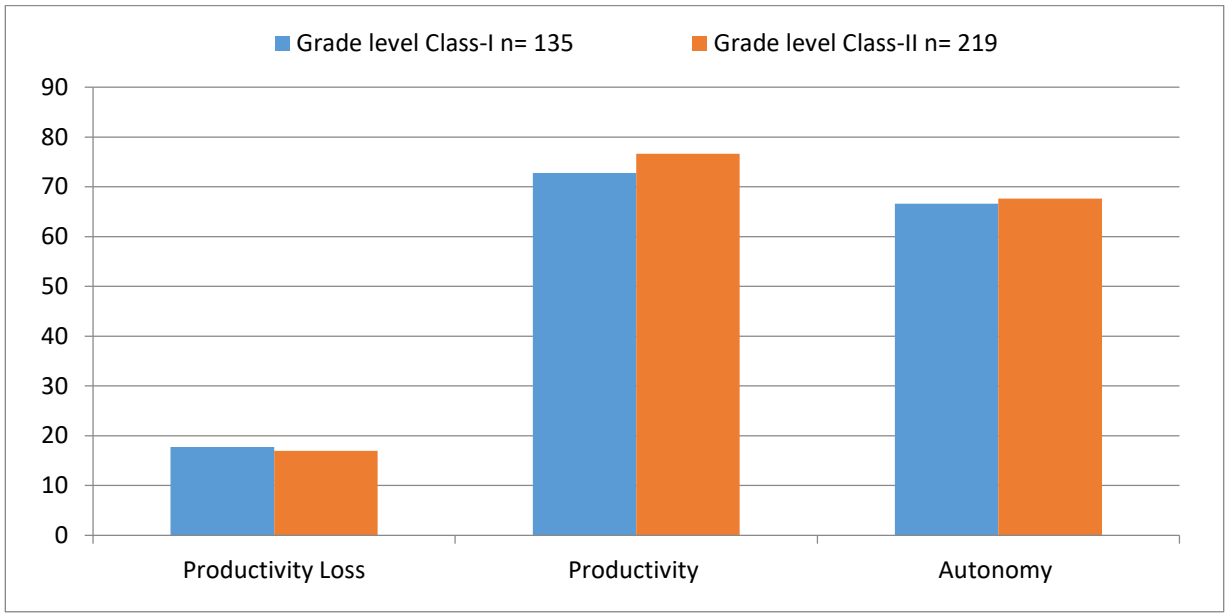
*Moderate range - Work Productivity loss = 9 to 16, Productivity 12 to 16 and Autonomy 14 to 17

Results did not indicate significant difference between two grade levels, mean scores of Class I (M =17.75, SD= 4.16) and mean score of Class II (16.99, SD= 4.43). To compare the means $t(352) = 1.599$, $p = 0.111$. There is no significant difference on Productivity loss between two grades Class I and Class II.

Results indicate significant difference between two grade levels, mean scores of Class I (M =14.56, SD= 3.61) and mean score of Class II (15.33, SD= 3.56). To compare the means $t(352) = -1.956$, $p = 0.05$. There is significant difference on Productivity between two grades, Class I and Class II.

Results did not indicate significant difference between two grade levels, mean scores of Class I (M =13.32, SD= 3.47) and mean score of Class II (13.53, SD= 3.54). To compare the means $t(352) = -0.553$, $p = 0.581$. There is no significant difference on Autonomy between two grades, Class I and Class II.

Graph 4.12 - Grade level wise comparison of women officers on Work performance.



Both class I and class II officers reported high productivity loss.

Scores on productivity of both class I and class II officers fall in moderate category. All Class II officers reported significantly higher productivity indicating a sense of belief in one's capacity and a perception of competency. This is visible when they expressed a sense of pride be able to positively face the challenge, to serve and render selfless service to the citizens and to the needy during FGD. This also suggests strong efforts on part of officers to fulfil their duties against all odds with the support of seniors.

Scores on autonomy of both class I and class II officers fall in low category. No significant difference seen in class I and class II on autonomy.

Table 4.13: Age wise Comparison for Class I officers on Work performance

Grade*Age for Class I	**25 to 45 n = 48**	**46 to 60 n = 87**		
Dependent Variables	**Mean(SD)**	**Mean(SD)**	***t***	***p***
Productivity loss	15.66(4.1)	18.90(3.75)	-4.64	0.00
Productivity	14.16(3.70)	14.78(3.56)	-0.951	0.343
Autonomy	12.97(3.75)	13.51(3.32)	-0.859	0.392

*Moderate range - Work Productivity loss = 9 to 16, , Productivity 12 to 16 and Autonomy 14 to 17

Results indicate highly significant difference between two age group on Class I Grade, mean scores of age group 25 to 45 years (M =15.66, SD= 4.1) and mean score of age group 46 to 60 years (M=18.90, SD=3.75) on Productivity loss $t(133) = -4.64$, $p = 0.00$. Thus there is significant difference between two age groups of all Class I Women officers.

Results did not indicate significant difference between two age groupsof Class I officers, age group 25 to 45 years (M =14.16, SD= 3.70) and age group 46 to 60 years (M =14.78, SD= 3.56) on Productivity,$t(133) = -0.951$, $p = 0.343$. There is no significant difference on Productivity between two age groups of all Class I Women officers.

Results did not indicate significant difference between two age groupsof Class I officers, age group 25 to 45 years (M =12.97, SD= 3.75) and age group 46 to 60 years (M =13.51, SD= 3.32) on Autonomy t (133) = -0.859, $p = 0.392$. There is no significant difference on Autonomy between two age groups of all Class I Women officers.

Graph 4.13 - Age wise Comparison of Class I women officers on Work performance

High productivity loss is observed for both age groups from class one officers. Significant difference observed on the productivity loss suggests more perceived difficulties in time management, and interpersonal and output demands on part of older officers as compared to their younger colleagues, possibly due to the differences in perspectives out of experience and maturity.

Class I officers from both the age groups showed moderate level of productivity and lower level of autonomy. This indicates certain level of satisfaction derived from their efforts for problem resolution and some amount of discontent about systemic restrictions they had to face that is mentioned by officers during interviews.

Table 4.14 - Age wise Comparison of Class II women officers on Work performance

Age groups	**25 to 45**	**46 to 60**		
	n = 146	**n = 73**		
Dependent Variables	**Mean(SD)**	**Mean(SD)**	***t***	***p***
Productivity loss	16.24(4.31)	18.49(4.29)	-3.63	**0.00**
Productivity	15.25(3.91)	15.47(2.72)	-0.435	0.664
Autonomy	13.16(3.55)	14.28(3.42)	-2.232	0.027

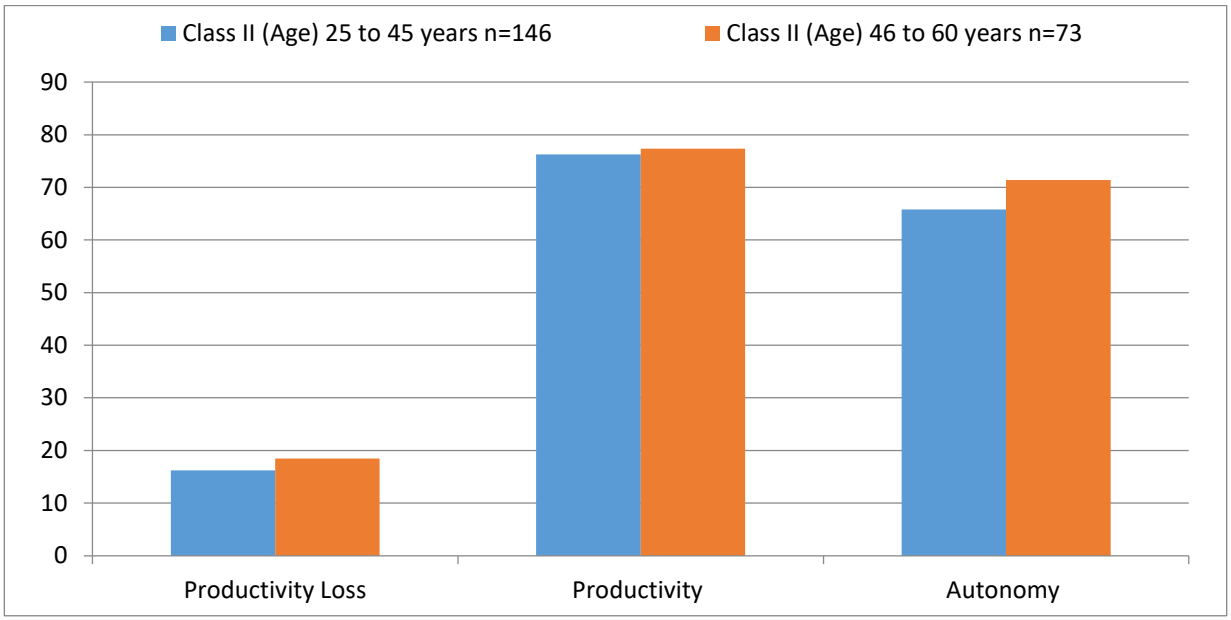
*Moderate range - Work Productivity loss = 9 to 16, Productivity 12 to 16 and Autonomy 14 to 17

Results indicate highly significant difference between two age group on Class II Grade, mean scores of age group 25 to 45 years (M =16.24, SD= 4.31) and mean score of age group 46 to 60 years (M =18.49, SD= 4.29). To compare the means $t(87) = -3.63$, $p = 0.00$. There is highly significant difference on Productivity loss between two age groups of all Class II Women officers.

Results did not indicate highly significant difference between two age group on Class II Grade, mean scores of age group 25 to 45 years (M =15.25, SD= 3.91) (n=24), and mean score of age group 46 to 60 years (M =15.47, SD= 2.72) (n=65). To compare the means $t(87) = -0.435$, $p = 0.664$. There is no significant difference on Productivity between two age groups of all Class II Women officers.

Results indicate significant difference between two age group on Class II Grade, mean scores of age group 25 to 45 (M =13.16, SD= 3.55) (n=24), and mean score of age group 46 to 60 (M =14.28, SD= 3.42) (n=65). To compare the means $t(87) = -2.232$, $p = 0.027$. There is significant difference on Autonomy between two age groups of all Class II Women officers.

Graph 4.14: Age wise Comparison of Class II women officers on Work performance



Moderate productivity loss is observed for younger class II officers where as significant more high productivity loss is observed among older class II officers from the mature age group of 46yrs to 60yrs. This is probably a result of the pressure of intellectual, interpersonal, emotional and output demands at workplace perceived by this older age group.

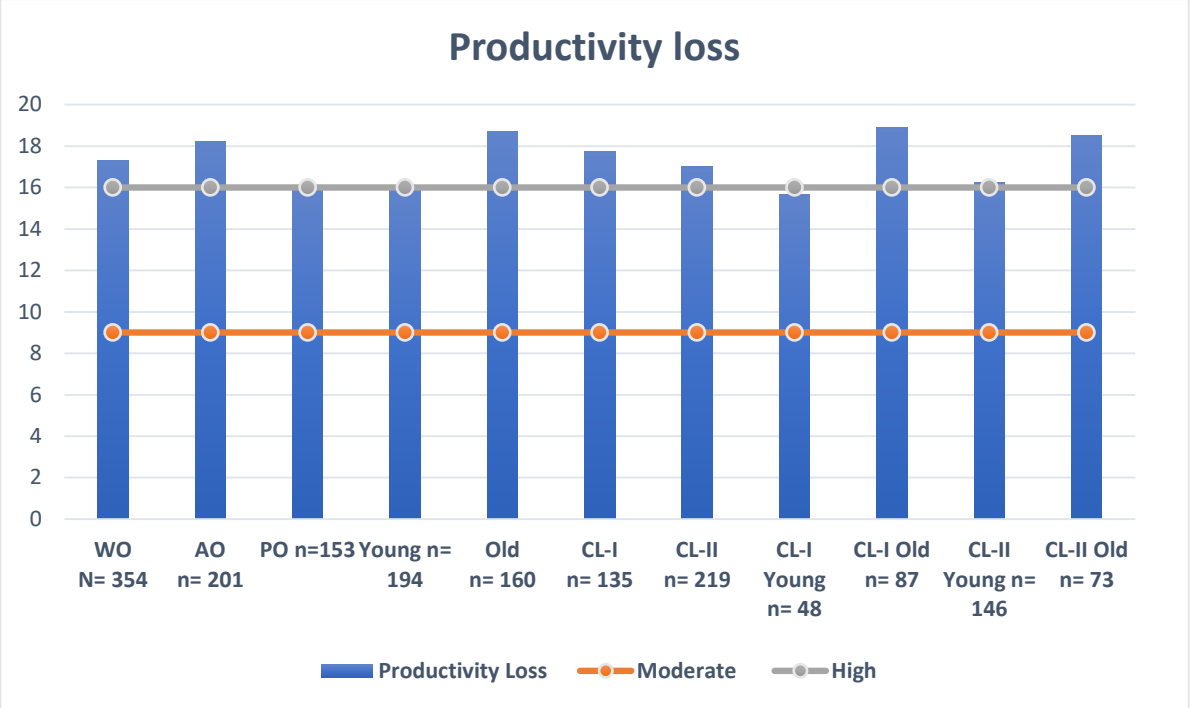
All the class II officers irrespective of their age group could maintain moderate level of productivity.

Significant difference on Autonomy indicates moderate level of autonomy for older age group Class II officers as against lower level of autonomy among their younger age group counterparts. The result reflects self-sufficiency and self-governing capacity that comes with age and experience in public service.

Summary: Work Performance of all groups of women officers

(Note: All summary graphs are using the raw scores except for productivity loss as they are in the form of percentage. Also, lines for moderate range are drawn in the graph for the purpose of understanding grades.)

Summary Graph 1.1 Productivity loss of all groups of women officers

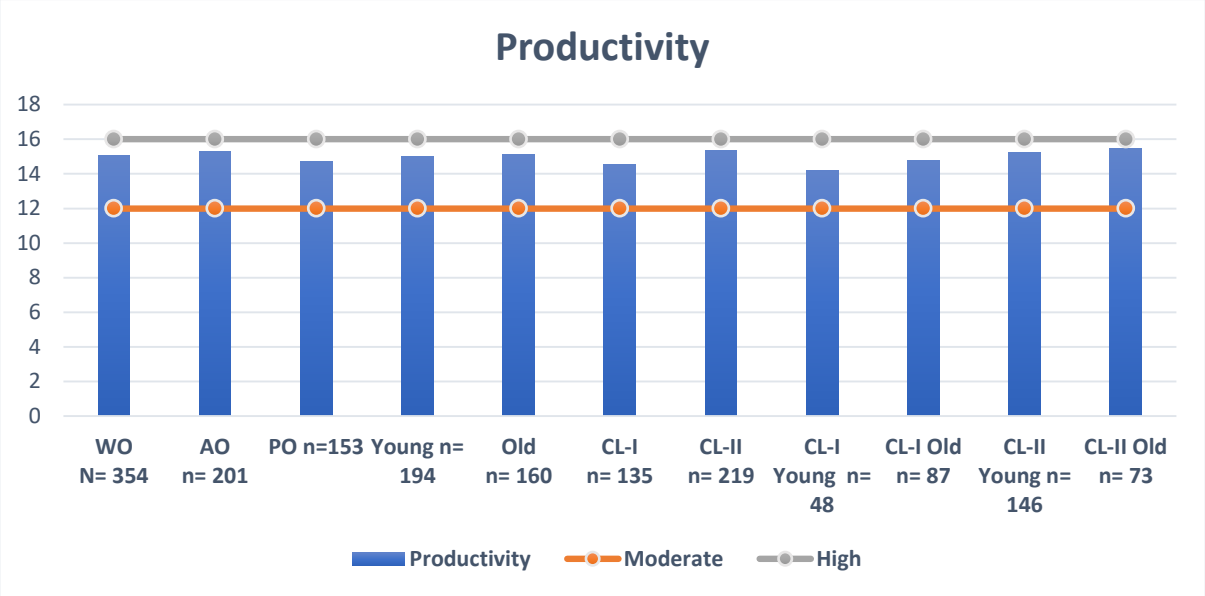


As can be seen from the graph above high productivity loss was observed among almost all groups of women officers suggesting that women officers perceived lot of time management difficulties and intellectual, interpersonal, emotional and output demands at workplace.

Only young class I women officers reported moderate productivity loss.

Women administrative officers experienced significantly higher productivity loss as compared to women police officers, possibly due to unforeseen new demands of situation. Older women officers experienced significantly higher productivity loss as compared to younger women officers, may be due to working in double shifts spanning 12 hours and more.

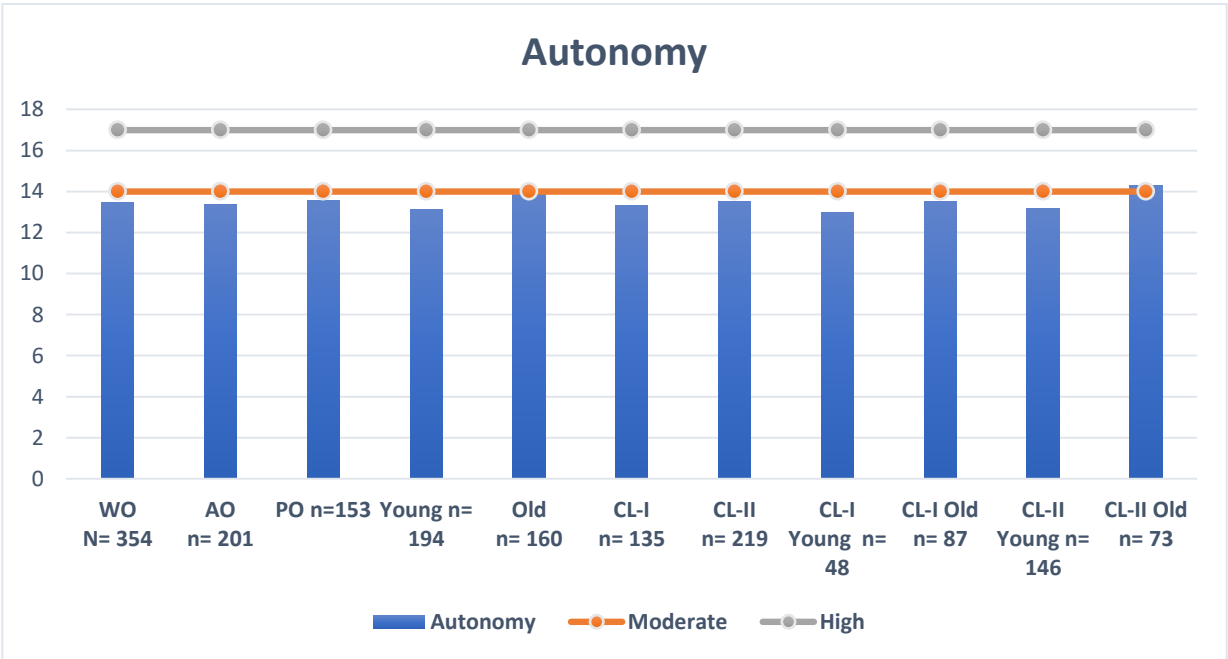
Summary Graph 1.2 - Productivity of all groups of women officers.



All women officers reported moderate productivity. For all groups of women officers, it varies in the moderate range. Women class II officers reported significantly higher productivity as compared to women class I officers. The result suggests strong efforts to fulfill their duties against all odds with the support of seniors.

Results indicate that special efforts are needed for enhancing productivity of women officers.

Summary Graph 1.3 - Autonomy of all groups of women officers.



All women officers reported low autonomy. For all groups it falls in the lower range except

for old class II officers it falls in moderate range.

Younger women officers reported significantly lower autonomy as compared to older officers. Perception of relatively more Autonomy seen in older age may be the possible result of age and experience.

Experience of low self-sufficiency and freedom indicates existence of confining workplace climates where officers are unable to exercise independent decisions.

2: Study of women administrative officers n=201

Table 4.15: Age wise comparison of women administrative officers on work performance.

Age Groups	**25 to 45**	**46 to 60**		
	n = 58	**n =143**		
Dependent Variables	**Mean(SD)**	**Mean(SD)**	***t***	***p***
Productivity loss	16.07(4.26)	19.11(3.57)	-5.16	0.00
Productivity	13.90(3.44)	14.94(3.22)	-2.046	0.042
Autonomy	13.08(3.52)	13.73(3.34)	-1.225	0.222

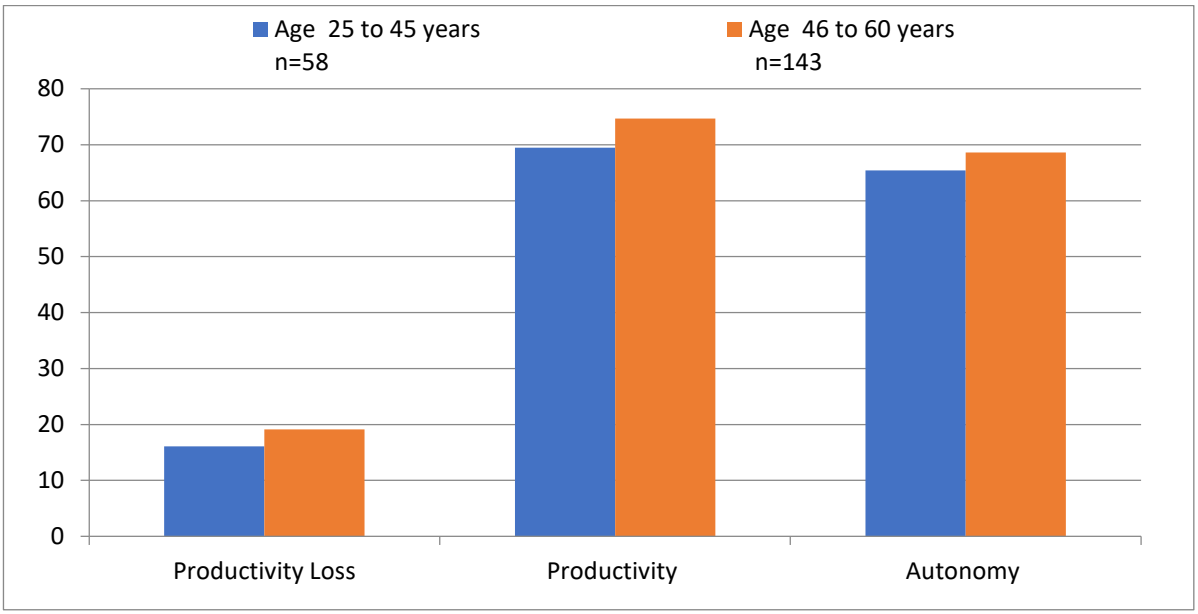
*Moderate range - Work Productivity loss = 9 to 16, Productivity 12 to 16 and Autonomy 14 to 17

Results indicate a significant difference in the age group of 25 to 45 years (M=16.07, SD= 4.26) and the age group of 46 to 60 years (M=19.11, SD=3.57), $t\ (199) = -5.16$, $p = 0.00$on productivity loss.

Results indicate a significant difference in the age group of 25 to 45 years (M=13.90, SD= 3.44) and in the age group of 46 to 60 years (M=14.94, SD=3.22), $t\ (199) = -2.046$, $p = 0.042$ on productivity.

Results indicate no significant difference in the age group of 25 to 45 years (M=13.08, SD= 3.52) and in the age group of 46 to 60 years (M=13.73, SD=3.34), $t\ (199) = -1.225$, $p = 0.222$ on autonomy.

Graph 4.15 – Age wise comparison of women administrative officers on work performance



Moderate productivity loss is reported by the younger administrative officers below 45 whereas high productivity loss is reported by the older administrative officers from the age group of 46 and above which is significantly higher as compared to younger age group. This indicates more interpersonal and time management problems for older officers. Problems need to be identified and further probing needs to be done.

Significantly higher productivity loss among administrative officers from the older age group indicates that older age group perceived their workplace to be exceptionally demanding and they felt that time management difficulties were very challenging.

Low autonomy and productivity is shown by administrative officers from young age group. In comparison older age group significantly higher moderate level of productivity i.e.; the feeling of self-efficacy and satisfaction from own achievements appear to be the natural outcome of perceived challenging and demanding situation at workplace as mentioned above.

This older mature age group also reported moderate level of autonomy rarely reported by any other group included in the study. This result indicates that the older administrative officers perceived relatively less systemic restrictions and could find moderate functional freedom. According to Ryff's theory, autonomy is a significant factor in enhancing resilience. Therefore, if autonomy in the workplace is increased, it will lead to higher resilience and subjective well-being (Baumgardner, 2022).

Table 4.16- Grade level wise comparison of women administrative officers on work performance

Grade levels	Class I	Class II		
	n = 112	n = 89		
Dependent Variables	**Mean(SD)**	**Mean(SD)**	***t***	***p***
Productivity loss	17.97(4.31)	18.57(3.61)	-1.058	0.292
Productivity	14.18(3.50)	15.22(2.97)	-2.231	0.027
Autonomy	13.95(2.67)	12.56(2.39)	2.35	0.021

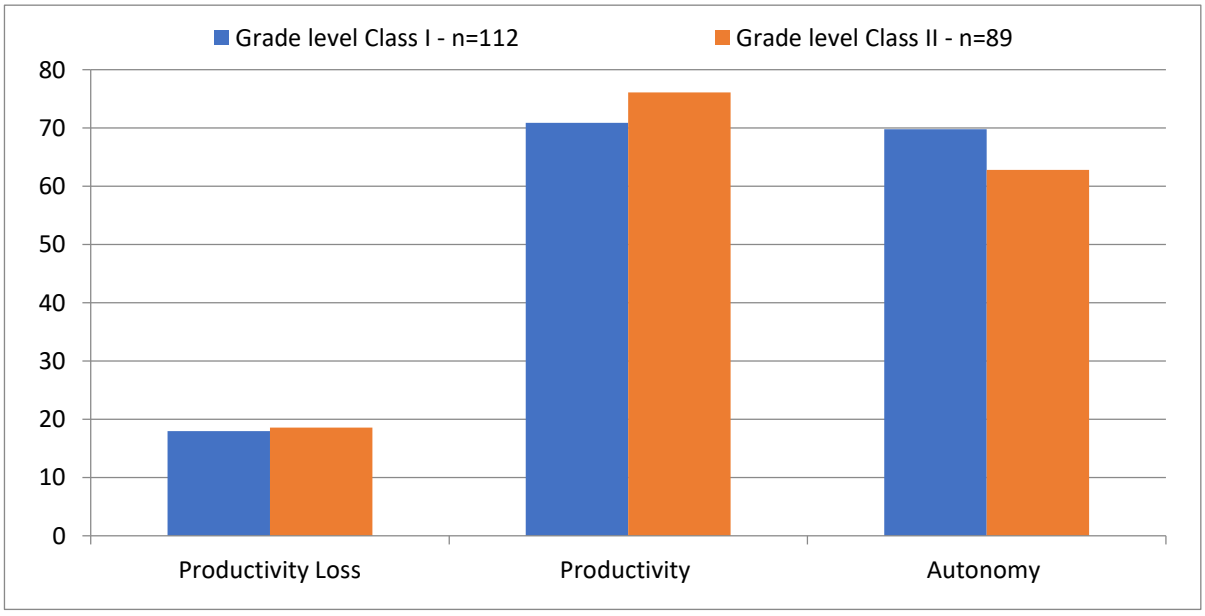
*Moderate range - Work Productivity loss = 9 to 16, Productivity 12 to 16 and Autonomy 14 to 17

Results indicate no significant difference in Class I (M=17.97, SD= 4.31) and in Class II (M=18.57, SD=3.61), *t (199)* = -1.058, *p* = 0.292on productivity loss.

Results indicate a significant difference in Class I (M=14.18, SD= 3.50) and in Class II (M=15.22, SD=2.97), *t (199)* = -2.231, *p* = 0.027 on productivity.

Results indicate a significant difference in Class I (M=13.13, SD= 3.49) and in Class II (M=14.06, SD=3.22), *t (199)* = -1.946, *p* = 0.053 on autonomy

Graph 4.16 –Grade level wise comparison of women administrative officers on work performance



High productivity loss is observed for both class I and class II administrative officers with no significant difference between the two.

Both class I and class II administrative officers stated moderate level of productivity. The grade-level wise comparison reveals that Class II officers report significantly higher levels of Productivity implying higher self-efficacy, and competence, among Class 2 officers. This could mean that Class 2 officers received adequate support and professional help from their senior (Class 1) officers to function optimally and handle their duties responsibly during the crisis. Whereas Class I officers were grappling with unpredictable and ever-changing rules and norms in highly volatile circumstances.

The grade-level wise comparison reveals that Class I officers report significantly higher and moderate level of Autonomy, i.e.; self-sufficiency and self-governing capacity. Class II officers report low autonomy indicating more systemic restrictions that can be the result of ever-changing guidelines during covid 19 that were reported by the officers during interview.

Significantly lower productivity and autonomy reported by class I administrative officers suggest the need for identifying the causes and introducing the systemic intervention. A possible cause could be the shortfall of manpower and other resources have been underlined by earlier researches among administrative services especially in the health sector and mentioned by the officers during FGD.

Table 4.17- Age level wise comparison of Class I women administrative officers on work performance

Grade*Age for Class I	**25 to 45**	**46 to 60**		
	n = 34	**n = 78**		
Dependent Variables	**Mean(SD)**	**Mean(SD)**	***t***	***p***
Productivity loss	15.31(4.54)	19.13(3.66)	-4.711	**0.00**
Productivity	13.41(3.23)	14.51(3.58)	-1.536	0.127
Autonomy	12.82(3.82)	13.26(3.36)	0.619	0.207

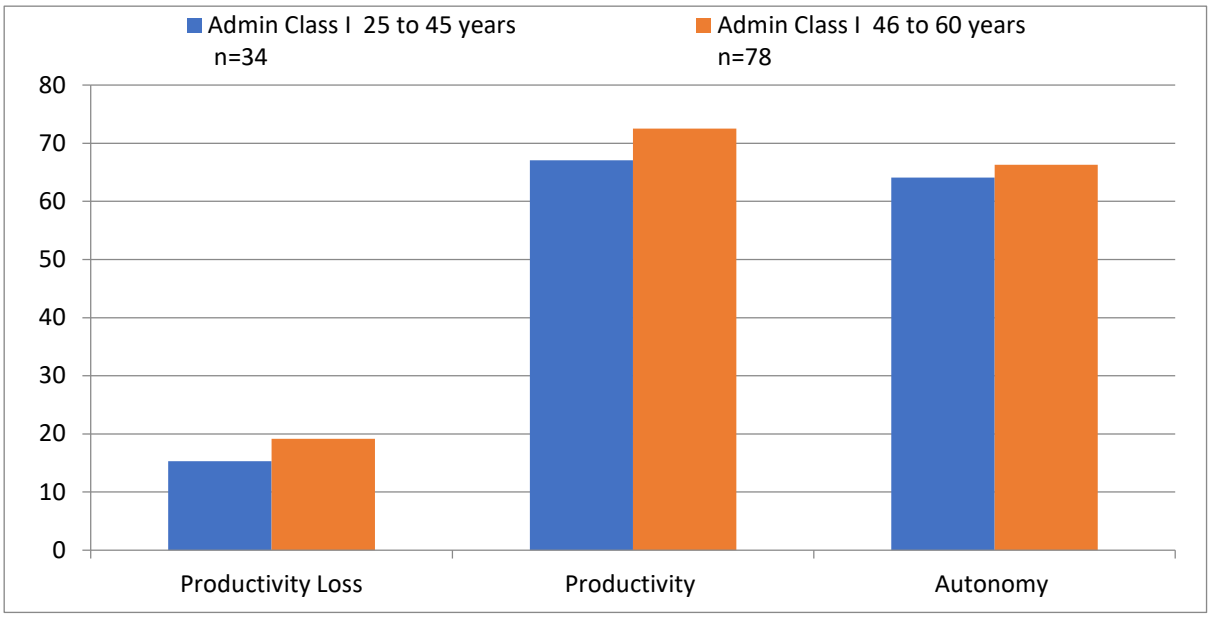
*Moderate range - Work Productivity loss = 9 to 16, Productivity 12 to 16 and Autonomy 14 to 17

Results indicate a significant difference in the age group of 25 to 45 years (M=15.31, SD= 4.54) and in the age group of 46 to 60 years (M=19.13, SD=3.66), *t (110)* = -4.711, *p* = 0.000on productivity loss. It shows significantly higher productivity loss among older age group of class I administrative officers.

Results indicate no significant difference in the age group of class I administrative officers, age group 25 to 45 years (M=13.41, SD= 3.23) and in the age group of 46 to 60 years (M=14.51, SD=3.58), *t (110)* = -1.536, *p* = 0.127 on productivity.

Results indicate no significant difference in the age group of class I administrative officers, age group 25 to 45 years (M=12.64, SD= 2.90) and the age group 46 to 60 years (M=12.82, SD=3.14), *t (110)* = -0.274, *p* = 0.784 on autonomy.

Graph 4.17 - Age level wise comparison of Class I women administrative officers on work performance



Age wise comparison of class I administrative officers' shows moderate productivity loss for young age group of below 45. In comparison older class I administrative officers report high productivity loss which is significantly higher than their young colleagues. The result suggests that older class I administrative officers felt that there were more emotional, interpersonal and output demands at their work place.

Young class I administrative officers reported low productivity and older class I administrative officers reported just moderate productivity with no significant difference among them. All class I administrative officers reported low autonomy irrespective of age group.

Table 4.18 - Age wise comparison of Class II women administrative officers on work performance

Age groups	25 to 45	46 to 60		
	n = 24	n = 65		
Dependent Variables	**Mean(SD)**	**Mean(SD)**	***t***	***p***
Productivity loss	17.16(3.62)	19.09(3.49)	-2.29	0.024
Productivity	14.58(3.67)	15.46(2.650)	-1.241	0.218
Autonomy	13.45(3.09)	14.29(3.26)	-1.085	0.281

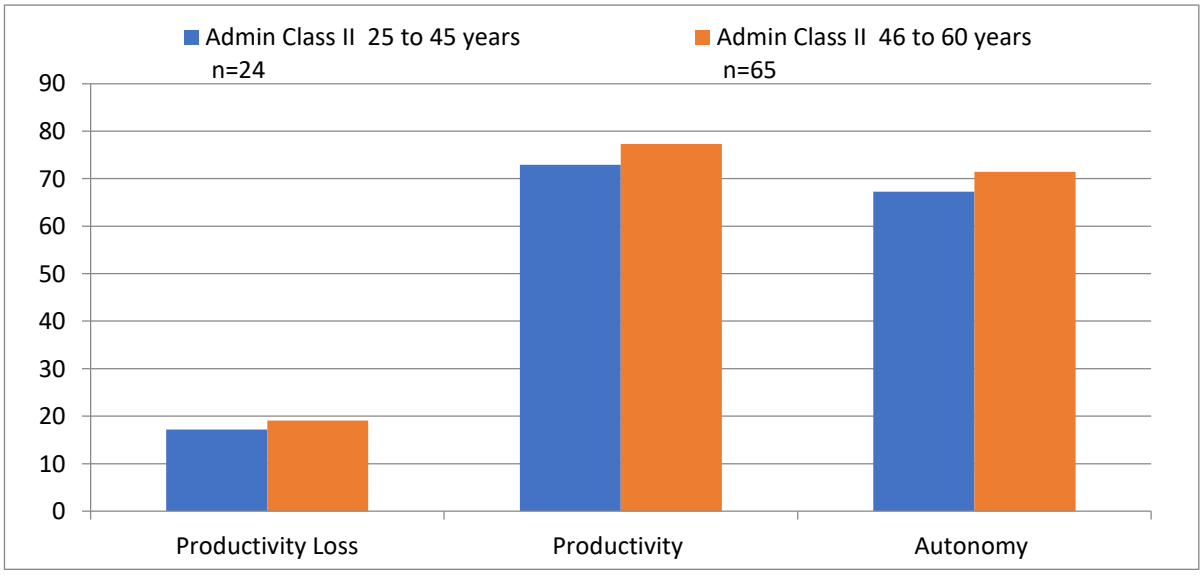
*Moderate range - Work Productivity loss = 9 to 16, Productivity 12 to 16 and Autonomy 14 to 17

Results indicate a significant difference in the age group of 25 to 45 years (M=17.16, SD= 3.62) and in the age group of 46 to 60 years (M=19.09, SD=3.49), *t (87)* = -2.29, *p* = 0.024 on productivity loss.

Results indicate no significant difference in the age group of 25 to 45 years (M=14.58, SD= 3.67) and in the age group of 46 to 60 years (M=15.46, SD=2.65), *t (87)* = -1.241, *p* = 0.218 on productivity.

Results did not indicate a significant difference in the age group of 25 to 45 years (M=13.45, SD= 3.09) and in the age group of 46 to 60 years (M=14.29, SD=3.26), *t (87)* = -1.085, *p* = 0.281on autonomy.

Graph 4.18 - Age wise comparison of Class II women administrative officers on work performance



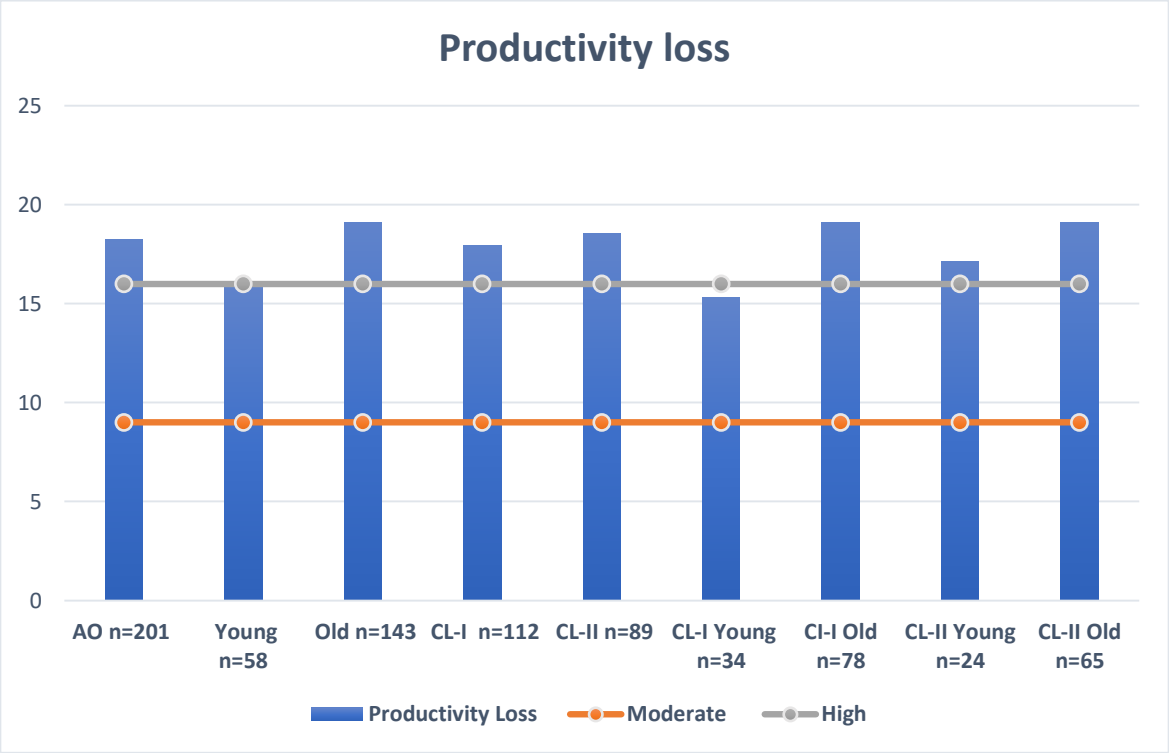
The comparison class two officers show that both the age groups reported high productivity loss, where older age group shows significantly higher productivity loss.

Class two officers from both the age groups report moderate productivity. Young class two officers report moderate level of autonomy that is significantly higher than older age group.

Overall picture shows moderate work performance by all administrative officers, where older officers are perceiving slightly better picture.

Summary 2: Work Performance of all groups of women administrative officers

Summary Graph 2.1 Productivity loss of all groups of women administrative officers.

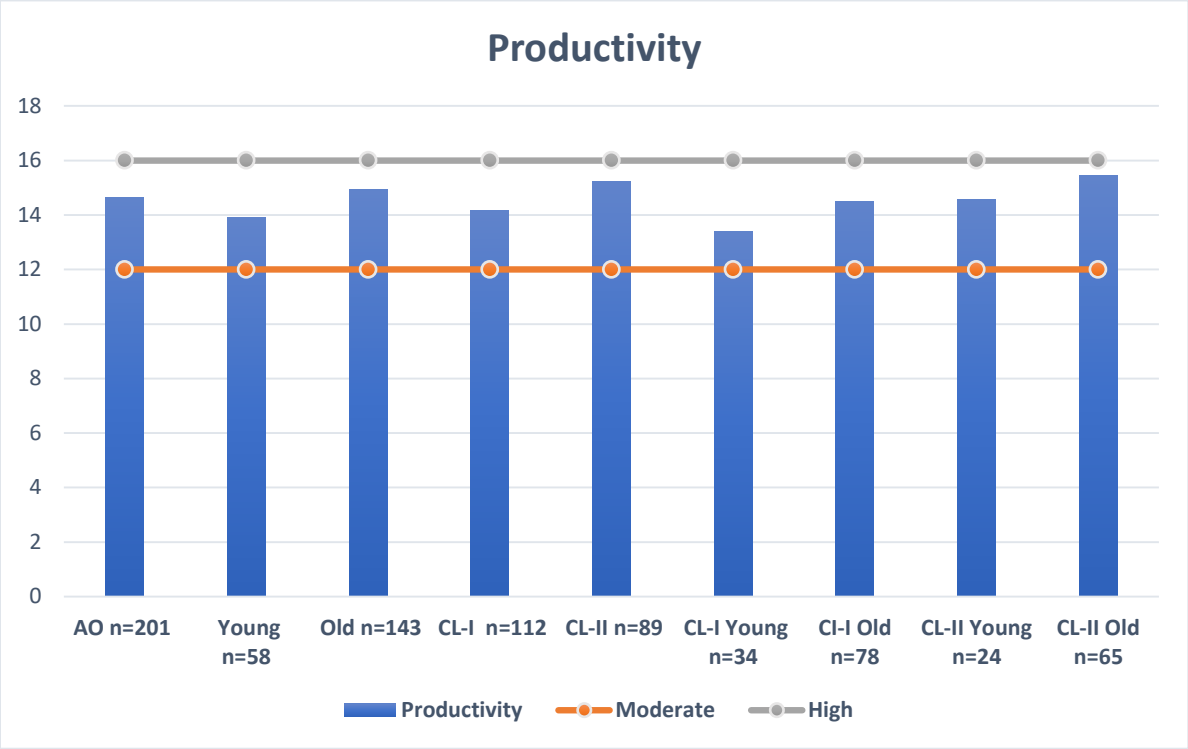


High productivity loss reported by all groups of administrative officers except for the young class I officers who report moderate productivity loss.

Significantly *high productivity loss for older administrative officers* is explained through the exceptional demands mentioned during interview and discussion like, creating jumbo covid centers, to make functional makeshift medical facilities overnight, financial management of state funded resources for the affected vulnerable section of society, arrangements of basic essentials

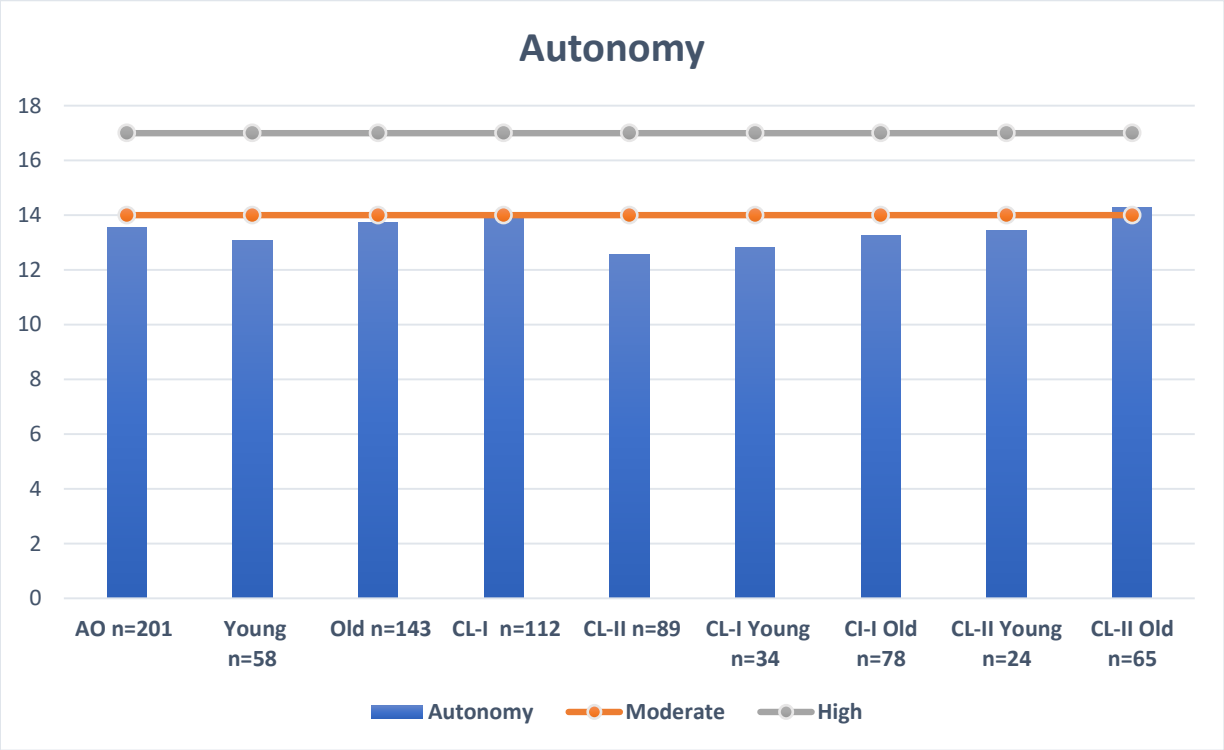
like food, shelter and medical care for migrants and vulnerable sections of society paired with longer working hours

Summary Graph 2.2 Productivity of all groups of women administrative officers.



Higher productivity reported by older officers and class II officers' may be the possible result of gained sense of satisfaction from fulfilling the demands that caused the productivity loss.

Summary Graph 2.3 Autonomy of all groups of women administrative officers.



Moderate level of autonomy by all class I, ***older class II administrative officers*** imply higher self-efficacy, self-sufficiency and self-governing capacity experienced while handling their duties responsibly during the crisis. All other groups of administrative officers reported low level of autonomy.

Being an administrative officer (Gupta et al., 2017) demands high competency and strong decision-making capacity. Moderate productivity and low autonomy reported by administrative officers in this study indicates lack of opportunity to display both these abilities. More fostering and stimulating workplace environment could enhance both productivity and autonomy leading to better work performance.

3: Study of women police officers n=153

Table 4.19: Age wise comparison of police officers on work performance

Age Groups	25 to 45	46 to 60		
	n = 136	n = 17		
Dependent Variables	**Mean(SD)**	**Mean(SD)**	***t***	***p***
Productivity loss	16.11(4.28)	15.31(5.64)	0.695	0.488
Productivity	15.45(3.98)	16.39(2.92)	-0.947	0.345
Autonomy	13.13(3.63)	15.00(3.60)	-1.999	0.047

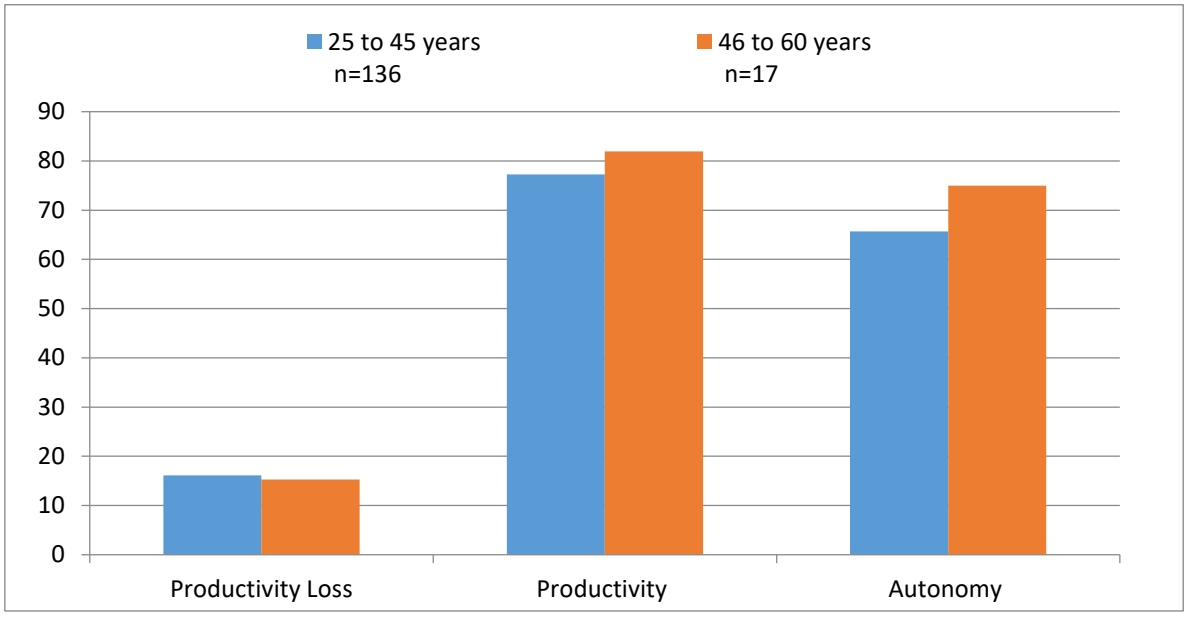
*Moderate range for Work Productivity loss = 9 to 16 Productivity 12 to 16, Productivity 12 to 16 and Autonomy 14 to 17

Results indicate no significant difference in the age group of 25 to 45 years (M=16.11, SD= 4.28) and in the age group of 46 to 60 years (M=15.31, SD=5.64), $t\ (151) = 0.695$, $p = 0.488$on productivity loss.

Results indicate no significant difference in the age group of 25 to 45 years (M=15.45, SD= 3.98) and in the age group of 46 to 60 years (M=16.39, SD=2.92), $t\ (151) = -0.947$, $p = 0.345$ on productivity.

Results indicate a significant difference in the age group of 25 to 45 years (M=13.13, SD= 3.63) and in the age group of 46 to 60 years (M=15.00, SD=3.60), $t\ (151) = -1.999$, $p = 0.047$ on autonomy.

Graph 4.19 –Age wise comparison of women police officers on work performance



Women police officers from both the age groups show moderate productivity loss and productivity. Moderate productivity loss is rarely reported by any other group included in this study.

Women police officers from younger age group reported lower autonomy. Whereas women police officers from older age group display moderate level of autonomy that is also significantly higher than younger age group.

Clear age differences in favour of older police officers indicate facilitating effect of experiential learning and maturity.

Table 4.20 - Grade level wise comparison of women police officers on work performance

Grade levels	Class I	Class II		
	n = 23	n = 130		
Dependent Variables	**Mean(SD)**	**Mean(SD)**	***t***	***p***
Productivity loss	16.67(3.22)	15.91(4.62)	0.758	0.45
Productivity	16.41(3.62)	15.40(3.92)	1.15	0.252
Autonomy	14.26(3.30)	13.17(3.71)	1.31	0.192

*Moderate range for Work Productivity loss = 9 to 16, Productivity 12 to 16 and Autonomy 14 to 17

Results indicate no significant difference in Class I (M=16.67, SD= 3.22) and in Class II (M=15.91, SD=4.62), $t\ (151) = 0.758$, $p = 0.45$ on productivity loss.

Results indicate no significant difference in Class I (M=16.41, SD= 3.62) and in Class II (M=15.40, SD=3.92), $t\ (151) = 1.15$, $p = 0.252$ on productivity.

Results indicate no significant difference in Class I (M=14.26, SD= 3.30) and in Class II (M=13.17, SD=3.71), $t\ (151) = 1.31$, $p = 0.192$ on autonomy.

Graph 4.20 – Grade level wise comparison of women police officers on work performance

Grade level wise comparison of women police officers shows moderate productivity loss for class II and high productivity loss for class I however there is no significant difference between these two.

Both class I and class II police officers report moderate productivity level. Class I police officers have reported moderate level of autonomy whereas Class II police officers have reported low level of autonomy though this is not a significant difference.

Grade-level difference among police officers suggests that class I officers perceiving more satisfactory picture of their own performance, though these differences are not statistically significant.

Table 4.21- Age wise comparison of Class I women police officers on work performance

Age groups	**25 to 45**	**46 to 60**		
	n = 14	**n = 9**		
Dependent Variables	**Mean(SD)**	**Mean(SD)**	***t***	***p***
Productivity loss	16.53(2.67)	16.88(4.10)	-0.251	0.805
Productivity	15.98(4.25)	17.08(2.42)	0.704	0.489
Autonomy	13.35(3.67)	15.66(2.12)	-1.704	0.103

*Moderate range for Work Productivity loss = 9 to 16, Productivity 12 to 16 and Autonomy 14 to 17

Results indicate no significant difference in the age group of 25 to 45 years (M=16.53, SD= 2.67) and in the age group of 46 to 60 years (M=16.88, SD=4.10), *t (21)* = -0.251, *p* = 0.805 on productivity loss.

Results indicate no significant difference in the age group of 25 to 45 years (M=15.98, SD= 4.25) and in the age group of 46 to 60 years (M=17.08, SD=2.42), *t (21)* = -1.704, *p* = 0.489 on productivity.

Results indicate no significant difference in the age group of 25 to 45 years (M=13.35, SD=3.67) and in the age group of 46 to 60 years (M=15.66, SD=2.12), *t (21)* = -0.274, *p* = 0.103 on autonomy.

Graph 4.21 – Age wise comparison of Class I women police officers on work performance

Age wise comparison of class I women police officers shows high productivity loss for both the age groups with no significant difference between these two.

Age wise comparison of class I women police officers shows moderate level of productivity for younger age group and high level of productivity for older age group.

Age wise comparison of class I women police officers shows low autonomy for younger age group and high autonomy for older age group. Suggesting the perception of optimum functional freedom along with lesser systemic restrictions on part of these experienced class I officers.

The results on productivity and autonomy together suggests that maturity and experience at the higher position in addition to feeling of optimum functional freedom has helped these class I officers to reach higher level of productivity in spite of high productivity loss.

Table 4.22- Age wise comparison of Class II women police officers on work performance

Age groups	**25 to 45**	**46 to 60**		
	n = 122	**n = 8**		
Dependent Variables	**Mean(SD)**	**Mean(SD)**	***t***	***p***
Productivity loss	16.06(4.43)	13.55(6.85)	1.496	0.137
Productivity	15.38(3.96)	15.62(3.40)	-0.164	0.87
Autonomy	13.10(3.64)	14.25(4.83)	-0.842	0.401

*Moderate range for Work Productivity loss = 9 to 16, Productivity 12 to 16, Productivity 12 to 16 and Autonomy 14 to 17

Results indicate no significant difference in the age group of 25 to 45 years (M=16.06, SD= 4.43) and in the age group of 46 to 60 years (M=13.55, SD=6.85), $t\ (128)$ =1.496, p = 0.137 on productivity loss.

Results indicate no significant difference in the age group of 25 to 45 years (M=15.38, SD=3.96) and in the age group of 46 to 60 years (M=15.62, SD=3.40), $t\ (128)$ = -0.164, p = 0.87 on productivity.

Results indicate no significant difference in the age group of 25 to 45 years (M=13.10, SD=3.64) and in the age group of 46 to 60 years (M=14.25, SD=4.83), $t\ (128)$ = -0.842, p = 0.401 on autonomy.

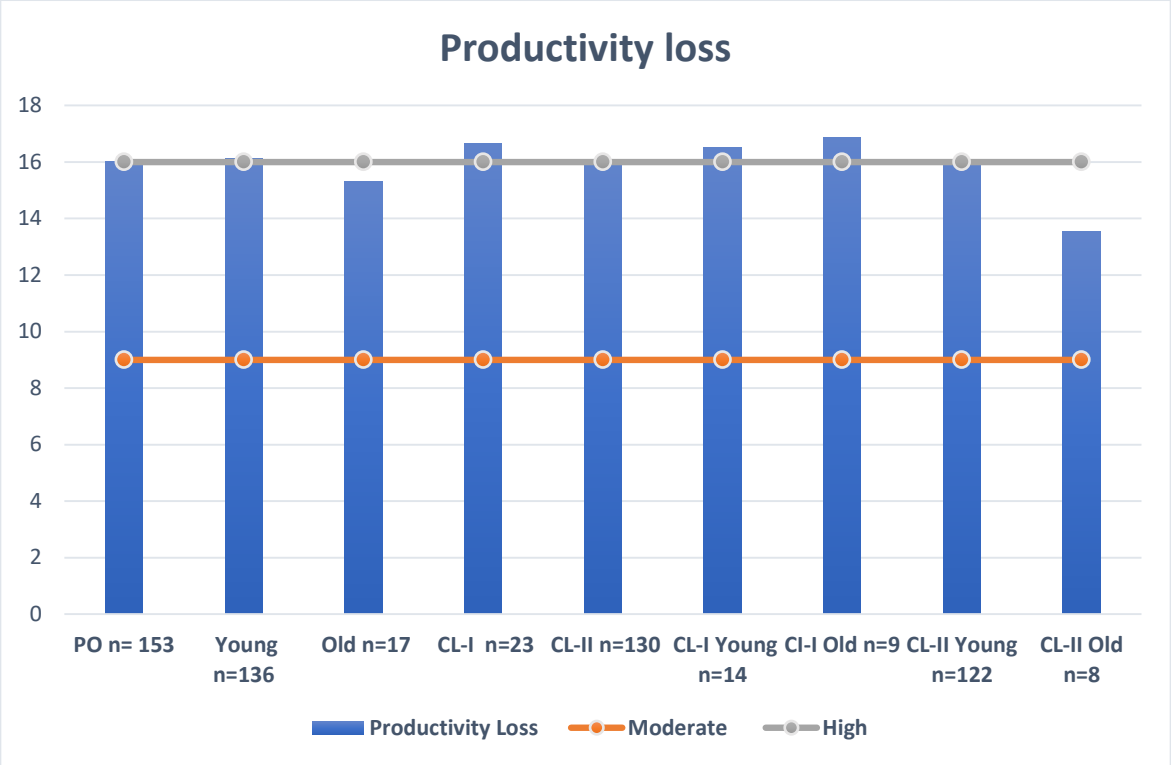
Graph 4.22 – Age wise comparison of Class II women police officers on work performance

Age wise comparison of class II women police officers shows that officers from younger age group reported high productivity loss whereas officers from older age group reported moderate productivity loss. Indicating that maturity and experience obtained from age helped these officers to fulfil the emotional, interpersonal and output demands at the work place.

All class II women police officers irrespective of age reported moderate level of productivity. Age wise comparison of class II women police officers shows that officers from younger age group reported low autonomy whereas officers from older age group reported moderate autonomy. Probably this autonomy i.e.; perceived functional freedom was instrumental in reducing the productivity loss for these officers.

Summary 3: Work Performance of all groups of women police officers

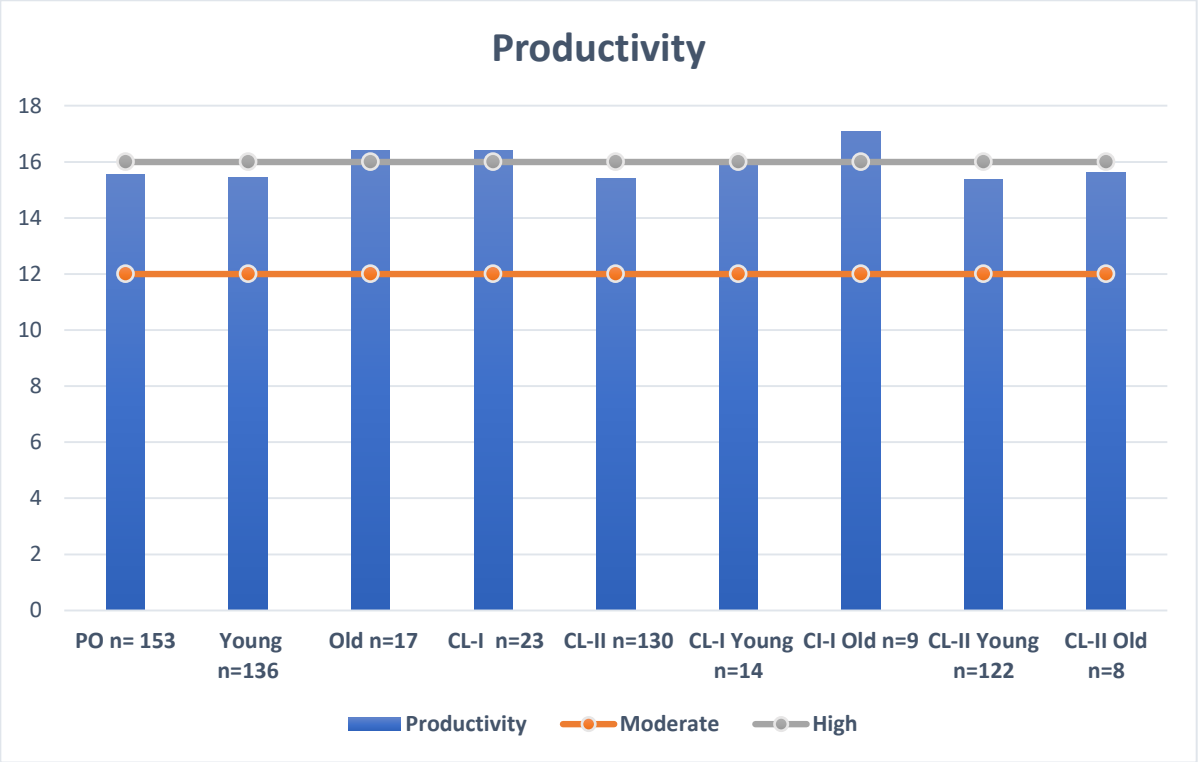
Summary Graph 3.1 Productivity loss of all groups of women police officers.



During personal interviews police officers narrated problems of having limited workforce, death management and performing the last rites, hindrances in the form of political interference, inaccurate news circulating on social media. This led to fatigue and burn-out and high productivity loss in most of the groups of police officers except all older police officers and older class II police officers.

The moderate productivity loss for these two groups of police officers may be the possible side effect of sample size imbalance (young officers N=136, older officers N=17) and (young class II officers N= 122, older class II officers N=8).

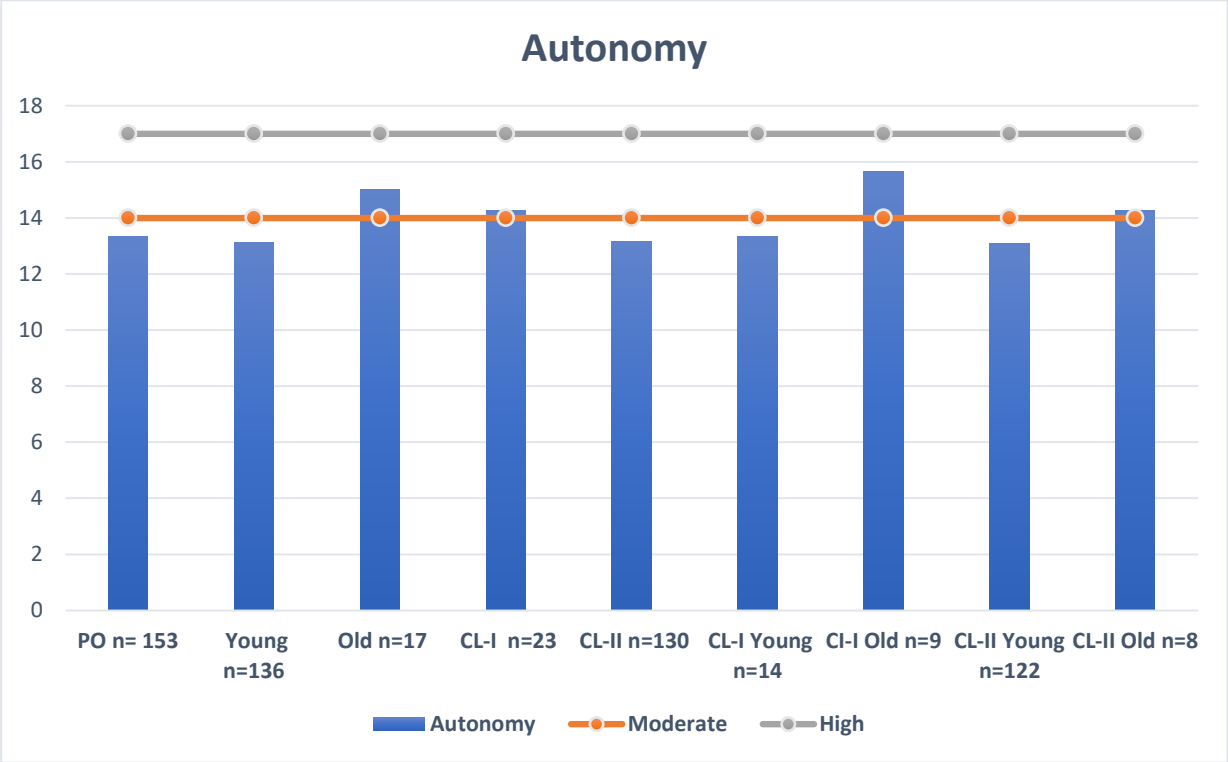
Summary Graph 3.2 Productivity of all groups of women police officers.



All groups of police officers reported moderate level of productivity. Law enforcement remained the core work for police officers even during pandemic so they could maintain average productivity, Sense of pride to serve the needy countrymen also helped.

The two groups of older police officers and class I police officers, reported comparatively higher productivity reaching beyond moderate level.

Summary Graph 3.3 Autonomy of all groups of women police officers.



Significantly higher autonomy for class I police officers and older police officers could be attributed to seniority, maturity and increased experience. These two groups have reported moderate autonomy, whereas all other groups report low autonomy.

Lot of researches have focussed on reasons and effects of stress especially among police. However, studies on positive side of work performance i.e.; productivity and autonomy are very rare.

4.3.2 Mental Health challenges

Depression and anxiety are well known mental health hazards. Both of them have clinical connotation. Apart from depression and anxiety there are some common problems that interfere with an individual's personal, social, and occupational functioning. These mental health problems are psychosomatic disorders, relationship problems, difficulties faced during social interactions, thought distortions, and emotional disturbances. All these can hinder effective functioning of the individual so these are grouped under the title of Mental Health Challenges.

Findings on the Mental Health challenges of all three studies of women officers;1. Study of all women officers (N=354), 2. Study of Women administrative officers (N=201), 3. Study of Women police officers (N=153) are stated and discussed on the following pages.

1 : Study of all women officers N =354

Table 4.23: Mental Health Challenges of women officers

Dependent Variables	Mean (SD)	Grades
Depression	10.03 (6.15)	Moderate
Anxiety	8.44 (5.15)	Low
Mental Health Problems	7.9 (4.44)	Low

Table 4.24: Profession wise Comparison of women officers on Mental Health Challenges

Services	**Admin**	**Police**		
	n =201	**n = 153**		
Dependent Variables	**Mean(SD)**	**Mean(SD)**	***t***	***p***
Depression	8.88(6.20)	11.55 (5.78)	0.654	0.514
Anxiety	7.49 (5.10)	9.68 (4.98)	-0.224	0.823
Mental Health Problems	8.52 (4.36)	7.08 (4.44)	-5.091	0.00

*Moderate range - Depression and Anxiety 9 to 16, Mental Health Problems 9 to 14

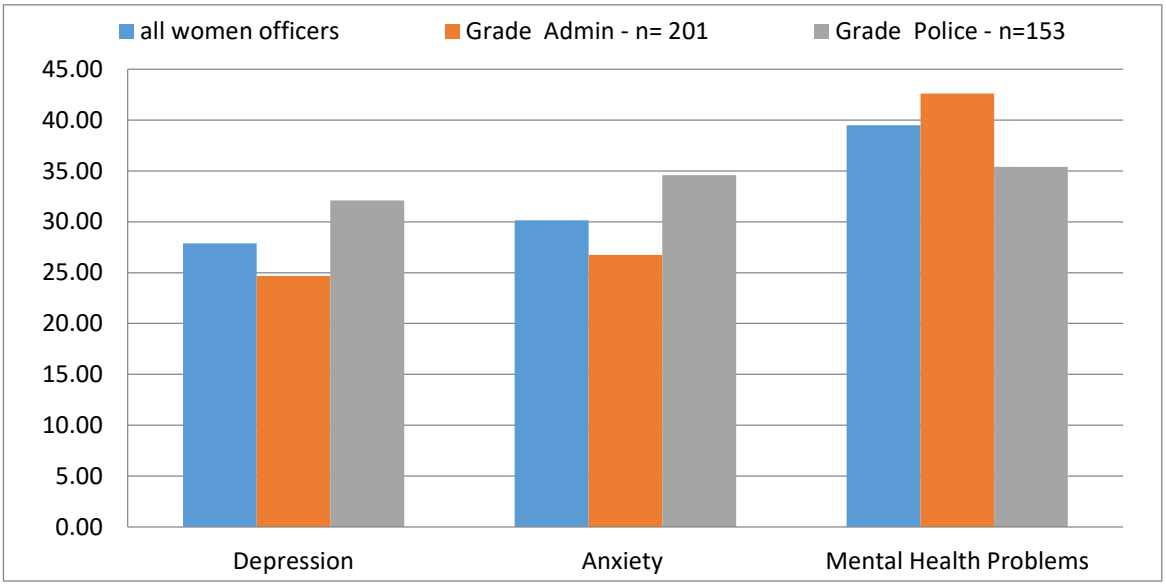
Results did not indicate significant difference between mean scores, for administrative

officers (M =8.88, SD= 6.20) (n=201), and Police Officers (M =11.55, SD= 7.78) (n=153) on Depression *t* (352) = .654, *p*=.0.514. Thus there is no significance difference on Depression between Administrative and Police Officers.

Results did not indicate significant difference between mean score for administrative officers (M=7.49, SD= 5.10) (n=201), and Police Officers (M =9.68, SD= 4.98) (n=153). To compare the means *t* (352) = .-.0.224, *p*= 0.823 There is no significance difference on Anxiety between Administrative and Police Officers.

Results indicate significant difference between mean score for administrative officers (M= 8.52, SD= 4.36) (n=201), and Police Officers (M =7.08, SD= 4.44) (n=153). To compare the means *t* (352) =.-.5.091, *p*= 0.00. There is highly significant difference between Women Administrative officers and Police officers on Mental Health Problems.

Graph 4.24 - Profession wise Comparison of women officers on Mental Health Challenges



Depression and anxiety are major health challenges. This study has highlighted the existence of moderate levels of 'Depression' and low levels of 'Anxiety' among all women officers during the pandemic. Inaccurate news circulating on social media, citizen complacency in the second wave, High positivity rate, loss of many lives in line of duty were mentioned by women officers during interviews additional burden and emotional disturbances from due to these may be the cause of depression.

Moderate level of 'Depression' and low level of 'Anxiety' is observed among women administrative officers as well. Women Police officers have shown moderate levels of 'Depression' and moderate level of anxiety as well which is significantly higher as compared to administrative officers. The result indicates that women administrative officers could handle the anxiety provoking situations in a better manner as compared to women police officers.

Low mental health problems are reported by both women administrative and police officers. However, scores of administrative officers on mental health problems are significantly higher as compared to police officers. The result indicates that administrative officers faced lot more difficulties during social interactions, and experienced more thought and emotional disturbances. This was reflected in the interviews of administrative officers when they talked about non-cooperation from colleagues, citizens and relatives of the patients and making tough decisions, lack of human resources and political interference. In another study (Newiss et al.,2021) talked about all these factors made frontline officers to feel less safe in their role during the pandemic and increased anxiety. In our study officers talked about these problems but showed resilience and laid off their anxiety.

These are further explored in phase II by selecting the sample of the high and low scorers from phase I. This was done to see whether high scorers on mental health report low stress and better well-being as compared to low scorers on mental health. Results are stated and discussed below with the help of graphs.

Table 4.25: Age wise Comparison of women officers on Mental Health Challenges

Age Groups	**25 to 45**	**46 to 60**		
	n = 194	**n = 160**		
Dependent Variables	**Mean(SD)**	**Mean(SD)**	***t***	***p***
Depression	10.30(5.80)	9.70(6.56)	0.926	0.355
Anxiety	8.84(5.06)	7.94(5.23)	1.641	0.102
Mental Health Problems	7.15(4.17)	8.79(4.61)	-3.5	0.001

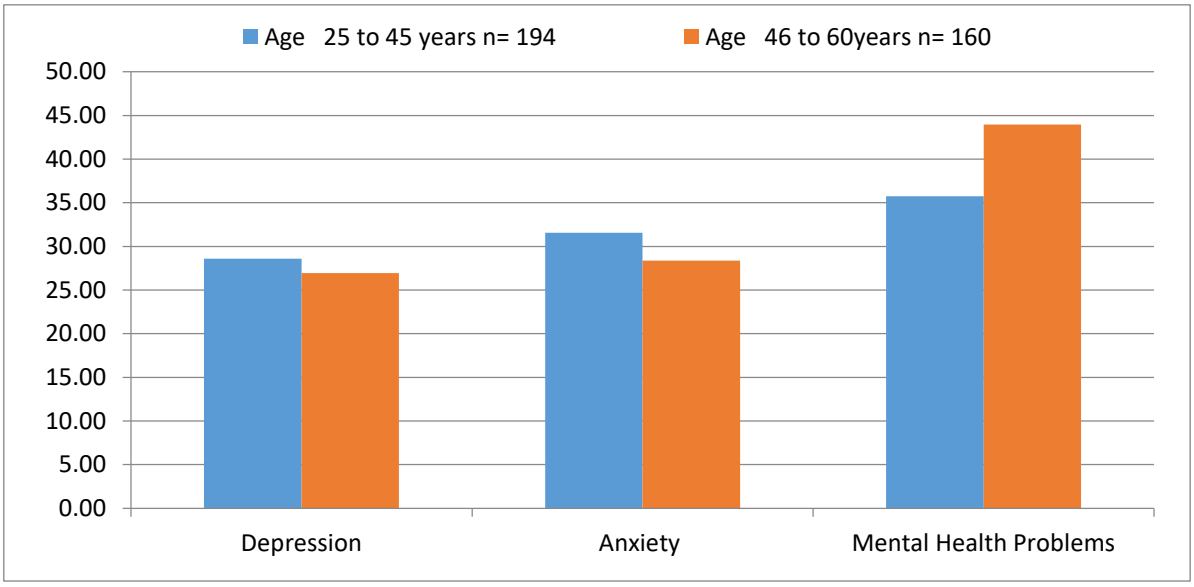
*Moderate range - Depression and Anxiety 9 to 16, Mental Health Problems 10 to 14

Results did not indicate significant difference between mean scores, age group 25 to 45 (M =10.30, SD= 5.80) (n=194), and age group 46 to 60 (M =9.70, SD= 6.56) (n=160). To compare the means t (352) = 0.926, p= 0.355 There is no significance difference on Depression between two age groups.

Results did not indicate significant difference between mean scores, age group 25 to 45 (M =8.84, SD= 5.06) (n=194), and age group 46 to 60 (M =7.94, SD= 5.23) (n=160). To compare the means t (352) = 1.641, p= 0.102 There is no significance difference on Anxiety between two age groups.

Results indicate significant difference between two age groups, mean scores, age group 25 to 45 (M =7.15, SD= 4.17) (n=194), and age group 46 to 60 (M =8.79, SD= 4.61) (n=160). To compare the means t (352) = -3.5, p= 0.00. There is highly significant difference on Mental Health Problems between two age groups.

Graph 4.25 - Age wise Comparison of women officers on Mental Health Challenges



This comparison again reiterates existence of moderate levels of 'Depression' among officers from both age groups. In case of 'Anxiety' women officers from younger age group reported moderate level of anxiety and women officers from older age group reported low level of anxiety indicating the benefits of maturity and learning acquired through age. Though no statistically significant difference is detected between the two means.

Both the age groups report low mental health problems as well. Older age group is reporting

significantly more mental health problems as compared to younger age group suggesting presence of more emotional, psychosomatic and interactional problems for officers from older age group

Table 4.26: Grade-level-wise Comparison of women officers on Mental Health Challenges

Grade levels	Class I	Class II		
	n = 135	n = 219		
Dependent Variables	**Mean(SD)**	**Mean(SD)**	***t***	***p***
Depression	8.91(6.45)	10.72(5.87)	-2.718	0.007
Anxiety	7.33(5.22)	9.11(5.00)	-3.205	0.001
Mental Health Problems	8.10(4.19)	7.76(4.60)	0.704	0.482

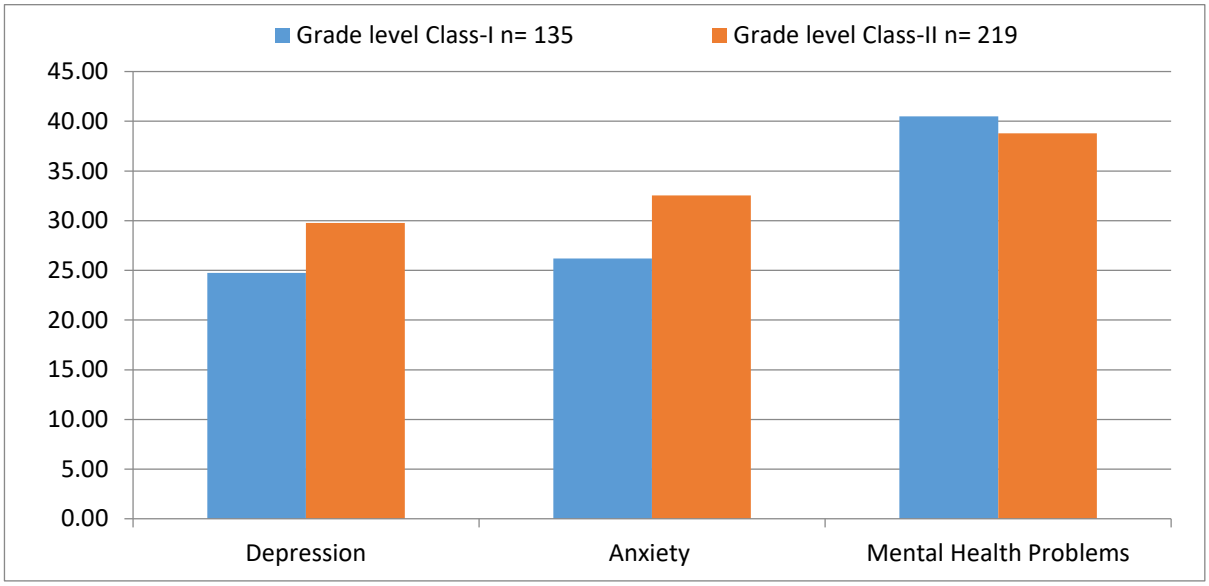
*Moderate range - Depression and Anxiety 9 to 16, Mental Health Problems 9 to 14

Results indicate significant difference between two grade levels, mean scores of Class I (M =8.91, SD= 6.45) (n=135), and mean score of Class II (M =10.72, SD= 5.87) (n=219). To compare the means t (352) = -2.718, p= 0.00. There is highly significant difference on Depression between two grades, Class I and Class II.

Results indicate significant difference between two grade levels, mean scores of Class I (M =7.33, SD= 5.22) (n=135), and mean score of Class II (M =9.11, SD= 5.00) (n=219). To compare the means t (352) = -3.205, p= 0.001. There is highly significant difference on Anxiety between two grades, Class I and Class II.

Results indicate did not significant difference between two grade levels, mean scores of Class I (M =8.10, SD= 4.19) (n=135), and mean score of Class II (M =7.76, SD= 4.60) (n=219). To compare the means t (352) = 0.704, p= 0.482. There is no significant difference on Mental Health Problems between two grades, Class I and Class II.

Graph 4.26 - Grade-level-wise Comparison of women officers on Mental Health Challenges



Significantly lower depression is observed among class I officers as compared to class II officers,

Low level of anxiety is reported by class I officers. However, significantly higher and moderate level of anxiety is reported by Class II officers. This moderate level of anxiety has helped class II officers to boost their productivity.

Both class I and Class II officers report low mental health problems.Overall results signify advantageous position enjoyed by class I officers in the area of Mental Health Challenges. They imply the benefits from learning and exposure received due to higher position.

Table 4.27: Age wise Comparison of Class I women officers on Mental Health Challenges

Age	**25 to 45**	**46 to 60**		
	n = 48	**n = 87**		
Dependent Variables	Mean(SD)	Mean(SD)	***t***	***p***
Depression	7.77(5.36)	9.54(6.93)	-1.532	0.128
Anxiety	6.66(4.88)	7.70(5.38)	-1.103	0.272
Mental Health Problems	7.71(4.07)	8.32(4.25)	-0.808	0.42

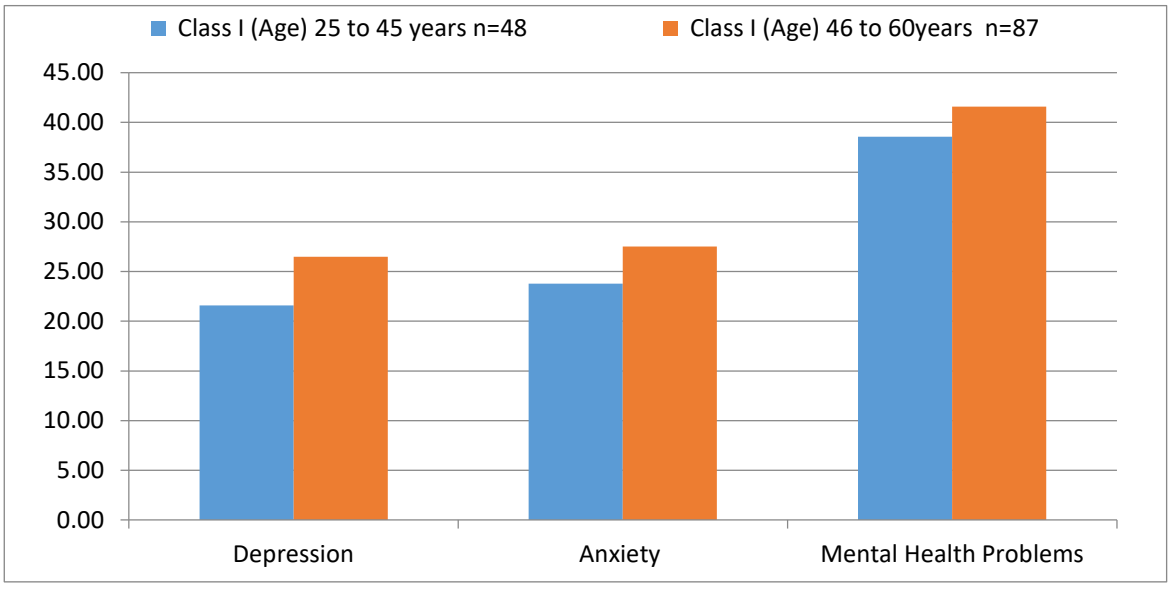
*Moderate range - Depression and Anxiety 9 to 16, Mental Health Problems 9 to 14

Results did not indicate significant difference between two age groups of Class I women officers, age group 25 to 45 (M =7.77, SD= 5.36) (n=48), and age group 46 to 60 (M =9.54, SD= 6.93) (n=87) on Depression t (133) = -1.532, p= 0.128. Thus there is no significant difference on Depression between two age groups of all Class I Women officers.

Results did not indicate significant difference between two age group on Class I Grade, mean scores of age group 25 to 45 (M =6.66, SD= 4.88) (n=48), and age group 46 to 60 (M =7.70, SD= 5.38) (n=87). To compare the means t (133) = -1.103, p= 0.272. There is no significant difference on Anxiety between two age groups of all Class I Women officers.

Results did not indicate significant difference between two age group on Class I Grade, mean scores of age group 25 to 45 (M =7.71, SD= 4.07) (n=48), and mean score of age group 46 to 60 (M =8.32, SD= 4.25) (n=87). To compare the means t (133) = -0.808, p= 0.42. There is no significant difference on Mental Health Problems between two age groups of all Class I Women officers.

Graph 4.27 - Age wise Comparison of Class I women officers on Mental Health Challenges.



Young class I officers reported low depression and older class I officers reported moderate depression.

Class I officers from both the age groups reported low anxiety and mental health problems. Overall class I officers seem to perceive less mental health challenges.

Table 4.28: Age wise of Class II women officers Comparison on Mental Health Challenges

Age	25 to 45	46 to 60		
	n = 146	n = 73		
Dependent Variables	**Mean(SD)**	**Mean(SD)**	***t***	***p***
Depression	11.14(5.71)	9.89(6.12)	1.493	0.137
Anxiety	9.56(4.93)	8.23(5.07)	1.861	0.64
Mental Health Problems	6.97(4.20)	9.35(4.96)	-3.709	0.00

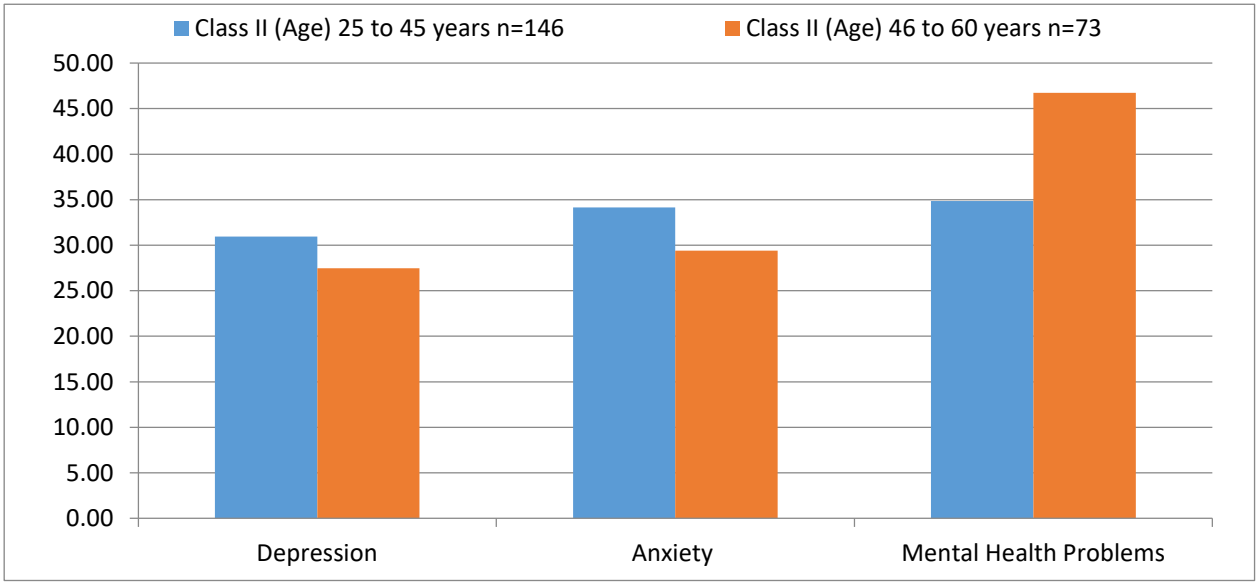
*Moderate range - Depression and Anxiety 9 to 16, Mental Health Problems 9 to 14

Results did not indicate significant difference between Class II age group 25 to 45 (M =11.14, SD= 5.17), and age group 46 to 60 (M =9.89, SD= 6.12) on Depression t (217) = 1.493, p= 0.137. Thus there is no significant difference on Depression between two age groups of Class II Women officers.

Results did not indicate significant difference between two age group on Class II Grade, mean scores of age group 25 to 45 (M =9.56, SD= 4.93) (n=146), and mean score of age group 46 to 60 (M =8.23, SD= 5.07) (n=73). To compare the means t (217) = 1.861, p= 0.64. There is no significant difference on Anxiety between two age groups of all Class II Women officers.

Results indicate significant difference between two age group on Class II Grade, mean scores of age group 25 to 45 (M =6.97, SD= 4.20) (n=146), and mean score of age group 46 to 60 (M =9.35, SD= 4.96) (n=73). To compare the means t (217) = -3.709, p= 0.00. There is highly significant difference on Mental Health Problems between two age groups of all Class II Women officers.

Graph 4.28 - Age wise Comparison of Class II women officers on Mental Health Challenges.



Moderate depression is reported by class II officers from both the age groups.

Younger class II officers showed moderate anxiety, and older class II officers reported low anxiety though no statistically significant difference was observed in means.

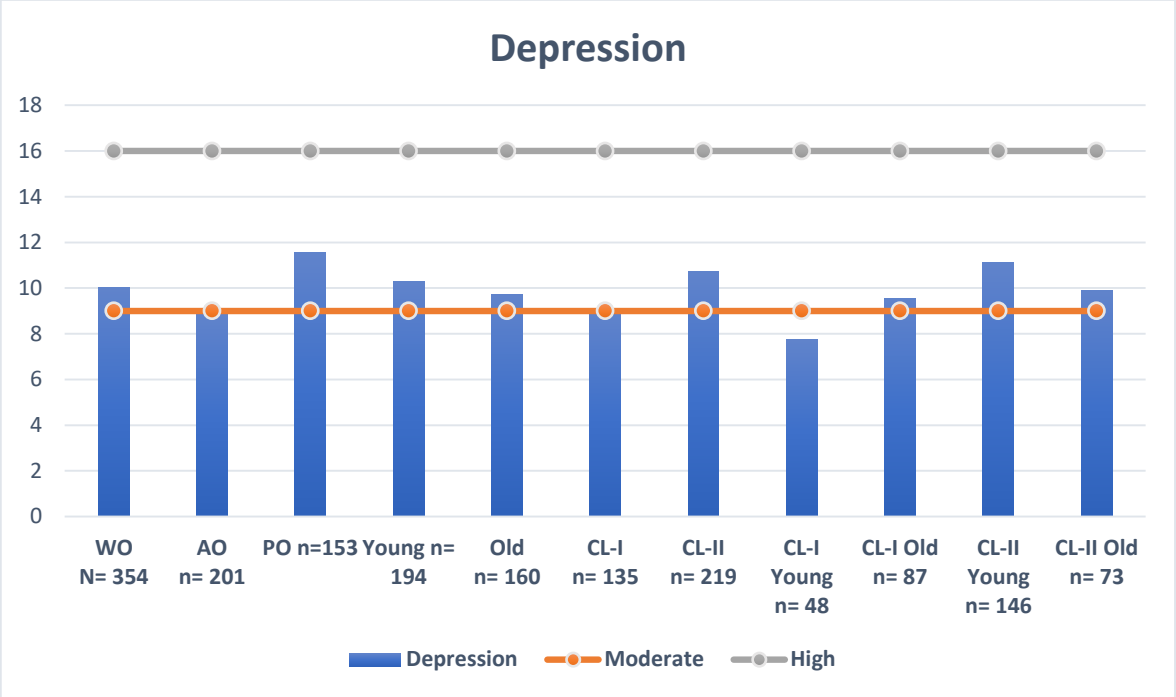
Low mental health problems are reported by class II officers from both the age groups. However older class II officers faced significantly higher mental health problems.

Overall mixed picture is seen in age wise comparison of class II officers. Class II officers from both the age group seem to face moderate level of mental health challenges

Summary 1: Mental Health Challenges of all groups of women officers

Women officers reported less mental health challenges including moderate depression, low anxiety and other mental health problems.

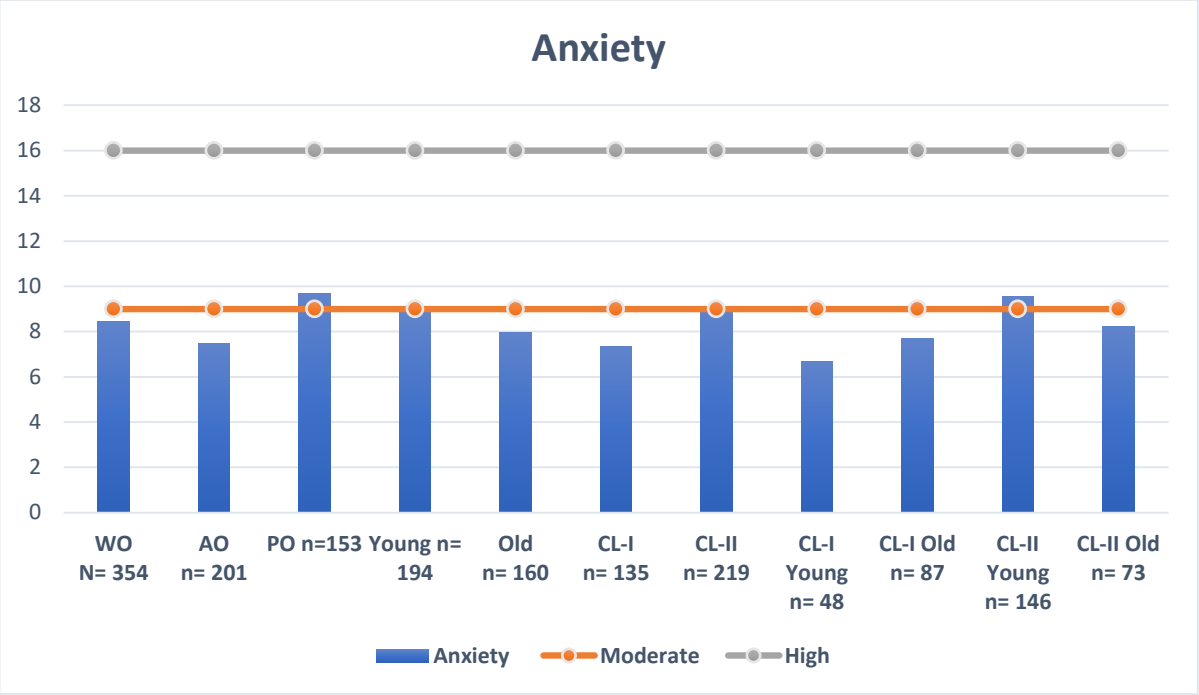
Summary Graph 1.1 Depression of all groups of women officers.



All groups of women officers showed moderate depression except younger Class I officers, who showed low level of depression. Depression may be the result of additional burden and emotional disturbances from lack of manpower, death management and performing last rites for Covid patients, inaccurate news circulating on social media.

Comparatively higher depression among police can be due to citizen complacency in the second wave, high positivity rate, loss of many lives in line of duty as reported by officers during interview. From the other two groups reporting higher depression namely class II officers and young class II officers include major chunk of police officers.

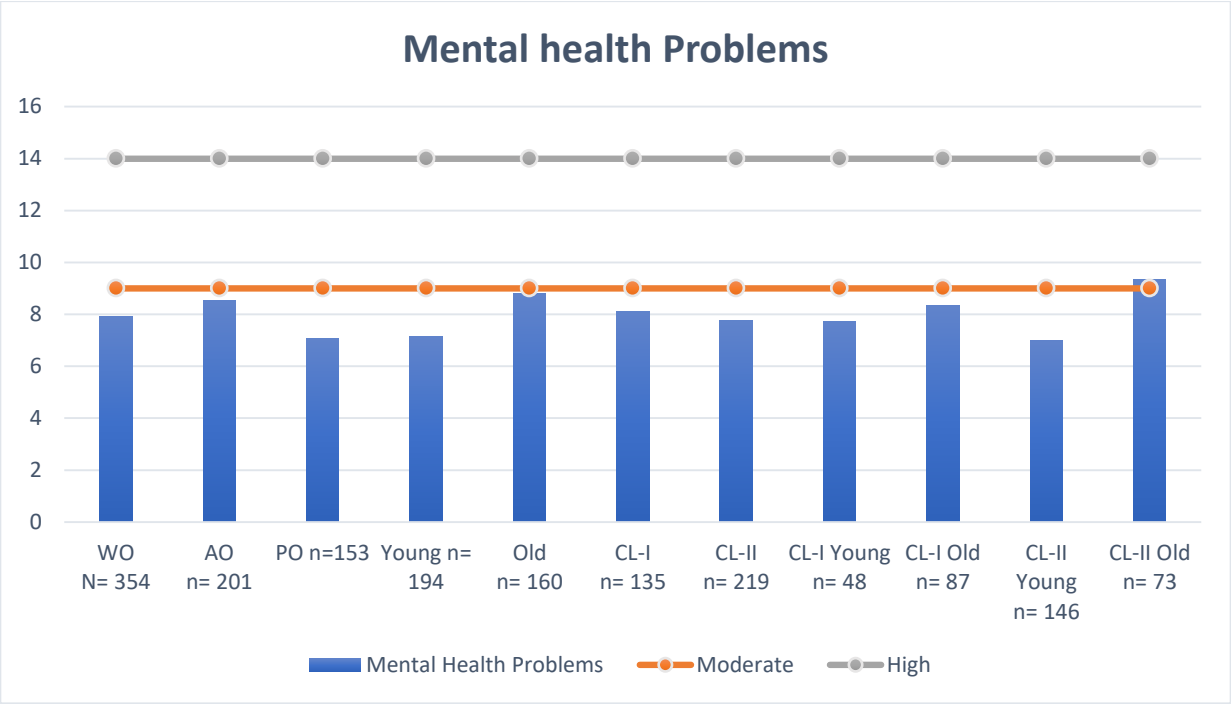
Summary Graph 1.2 Anxiety of all groups of women officers.



All groups of women officers reported low level of anxiety except class II officers especially younger class II officers show moderate anxiety. Officers spoke about a conscious strategy to get rid of the anxiety. They said that in the times of uncertainty during Covid they treated every day as possibly their last and did their best.

Here too police officers and young class II officers show comparatively higher anxiety that reaches moderate level.

Summary Graph 1.3 Mental Health Problems of all groups of women officers.



All groups of women officers reported less mental health problems except old and class II officers. This suggests that older officers felt the pressure of emotional, interactional and timeline demands at workplace. Here police officers are not reporting these kinds of pressures.

The differences in the results of women administrative and police officers on mental health challenges point to possible systemic differences in these two professions. Police are reporting moderate depression and anxiety and low mental health problems. Administrative officers are recording low depression, anxiety and mental health problems. But mental health problems reported by administrative officers are comparatively higher than police officers.

4.3.2.1 Psychological well-being and Stress

In order to probe further into the mental health conditions and psychological well-being of women officers two extreme groups (High + Low scorers) were studied further using two questionnaires and invited for FGD. Findings are stated and discussed below.

Table 4.29: Comparison of extreme groups on Psychological Well-being (High n=20 + Low n=17 scorers)

	High scorers	Low Scorers		
Dependent Variables	**Mean(SD)**	**Mean(SD)**	***t***	***p***
Self-Acceptance	38.5(3.940)	36.35(5.291)	1.413	0.318
Autonomy	32.4(2.703)	30.47(5.778)	1.334	0.045
Positive relation with others	34.95(5.010)	33.82(6.317)	0.605	0.349
Environmental Mastery	29.95(3.692)	28.35(3.920)	1.275	0.557
Personal Growth	36.8(2.505)	34.64(5.255)	1.630	0.059
Purpose in life	34.1(4.855)	33.52(4.705)	0.361	0.777

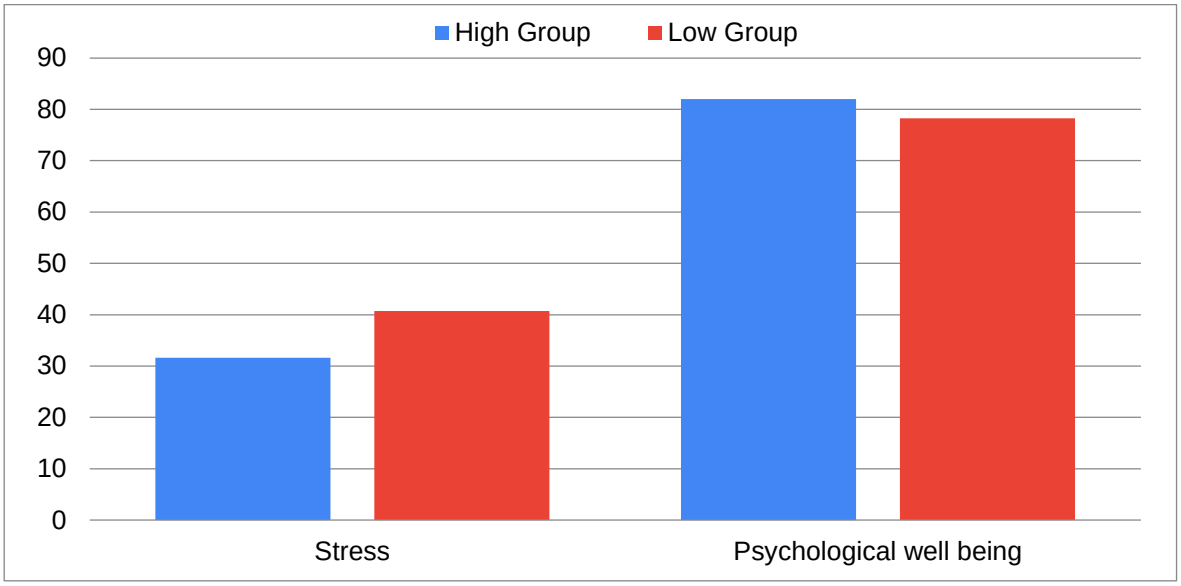
As can be seen in the table 4.29 scores of high scorer group are always higher on all aspects of well-being though differences are not statistically significant. Scores on autonomy are statistically significant in favor of high scorers (M =32.4, SD= 2.70), and low scorers(M =30.47, SD= 5.78) on Autonomy t (35) = 1.334, p= 0.045.

Table 4.30 Comparison of extreme groups on Perceived Stress (High n=20 +Low n= 17scorers)

	High scorers	Low Scorers		
Dependent Variables	**Mean(SD)**	**Mean(SD)**	***t***	***p***
Perceived Stress	12.65(6.277)	16.29(7.218)	-1.643	0.603

As can be seen in the table 4.30 scores of high scorer group are lower on stress though differences are not statistically significant high scorers (M =12.65, SD= 6.28), and low scorers(M =16.29, SD= 7.22) on perceived stress t (35) = 1.643, p= 0.603.

Graph 4.30.1 Psychological Well-being and Perceived Stress of extreme groups (High n= 20 + Low n=17 scorers)



Officers (low scorers group) facing more mental health challenges, lowered work performance and weaker coping mechanism reported higher level of stress and lower psychological wellbeing as compared to high scorer group i.e. officers facing less mental health challenges, better work performance and stronger coping mechanism. Scores on all aspects of well-being namely, Self-Acceptance, Autonomy, Positive relation with others, Environmental Mastery, Personal Growth, and Purpose in life are also in the same direction. Scores on one of the aspects of well-being namely autonomy showed significant difference suggesting better psychological well-being, lesser stress and less mental health challenges facilitate the feeling of self-sufficiency and independent decision-making capacity.

The toll on well-being appeared to be most acute for frontline officers and those with caring responsibilities (Newiss et al.,2021). During FGD women officers talked about sacrifices they had to make while striking a balance with duality of roles at work and home fronts. They also mentioned about the guilt for not being available to ailing elderly and young children at home due to workplace responsibilities. Thus, caring responsibilities could have negatively affected the psychological wellbeing.

2: Study of women administrative officers n=201

Table 4.31: Age-wise Comparison of Women administrative officers on Mental Health Challenges.

Age Groups	25 to 45	46 to 60		
	n = 58	n = 143		
Dependent Variables	**Mean(SD)**	**Mean(SD)**	***t***	***p***
Depression	6.93(5.14)	9.67(6.34)	-2.89	0.004
Anxiety	6.46(5.00)	7.90(5.09)	-1.83	0.069
Mental Health Problems	8.42(3.78)	8.55(4.58)	-0.19	0.85

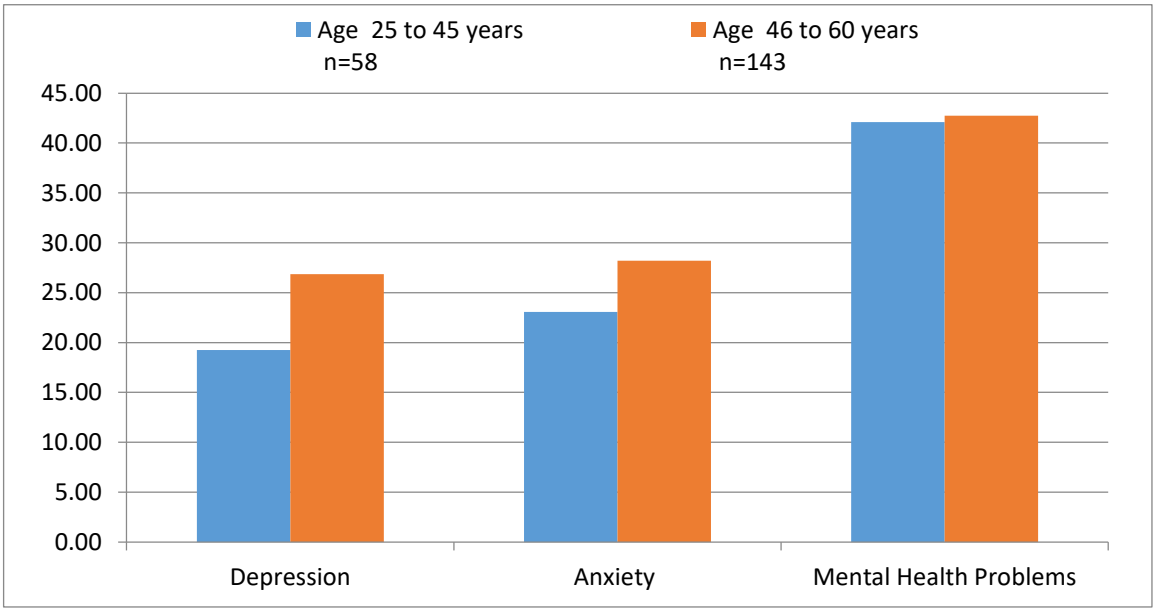
*Moderate range - Depression and Anxiety 9 to 16, Mental Health Problems 9 to 14

Results indicate significant difference between two age group mean scores of age group 25 to 45 (M =6.93, SD= 5.14) (n=58), and 46 to 60 (M =9.67, SD= 6.34) (n=143). To compare the means *t* (199) = -2.89, *p*= 0.00. There is highly significant difference on Depression between two age groups of all Women Administrative officers.

Results did not indicate significant difference between two age group on Class II Grade, mean scores of age group 25 to 45 (M =6.46, SD= 5.00) (n=58), and 46 to 60 (M =7.90, SD= 5.90) (n=143). To compare the means *t* (199) = -1.83, *p*= 0.069. There is no significant difference on Anxiety between two age groups of all Women Administrative officers.

Results did not indicate significant difference between two age group on Class II Grade, mean scores of age group 25 to 45 (M =8.42, SD= 3.78) (n=58), and 46 to 60 (M =8.55, SD= 4.58) (n=143). To compare the means *t* (199) = -0.19, *p*= 0.85. There is no significant difference on Mental Health Problems between two age groups of all Women Administrative officers.

Graph 4.31 - Age-wise Comparison of Women administrative officers on Mental Health Challenges



Low depression reported by younger women administrative officers and in comparison, significantly higher moderate level of depression is reported by older women administrative officers.

Low anxiety is observed among administrative officers irrespective of their age group.

Low mental health problems are observed among administrative officers irrespective of their age group.

Overall young administrative officers are perceiving less mental health challenges. Older administrative officers are reporting moderate level of depression. This could be the possible result of observing day-to-day problems like securing daily essentials, and disturbed life conditions of the citizens during lockdown that the officers described during interviews.

Table 4.32: Grade level-wise Comparison of Women administrative officers

Grade levels	Class I	Class II		
	n = 112	n = 89		
Dependent Variables	**Mean(SD)**	**Mean(SD)**	***t***	***P***
Depression	8.54(6.38)	9.30(5.97)	-0.861	-0.39
Anxiety	7.13(5.19)	7.94(4.96)	-1.119	0.264
Mental Health Problems	8.30(4.10)	8.78(4.66)	-0.78	0.436

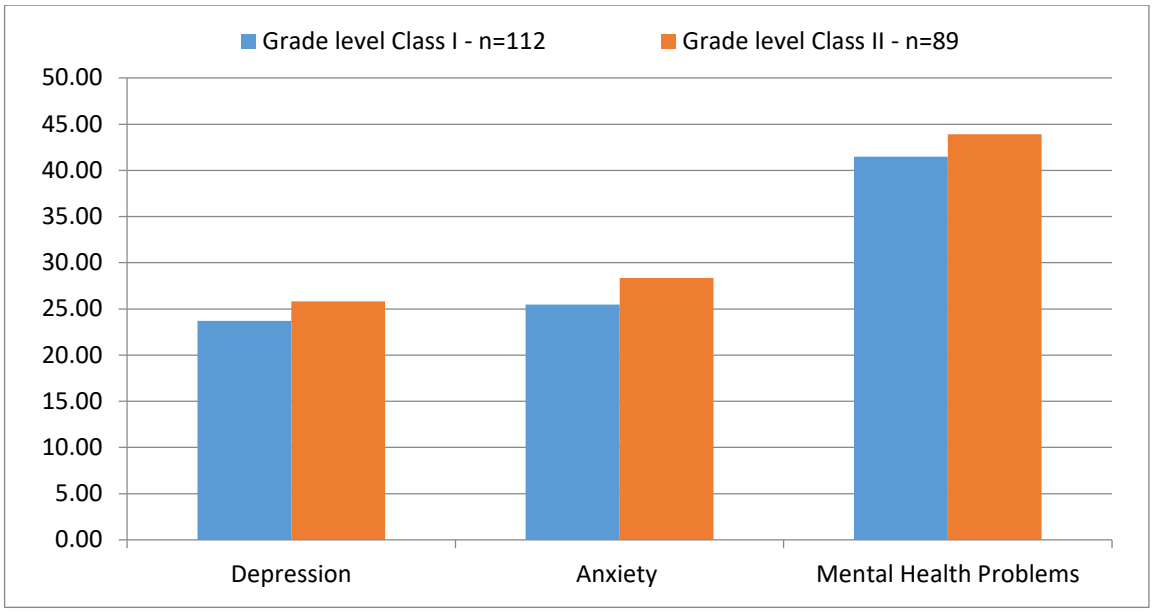
*Moderate range - Depression and Anxiety 9 to 16, Mental Health Problems 9 to 14

Results did not indicate significant difference between two grades of all Women Administrative officers, Class I and Class II Grades, mean scores of Class I (M =8.54, SD= 6.38) (n=112), and mean score of Class II (M =9.30, SD= 5.97) (n=89). To compare the means *t* (199) = -0.861, *p*= -0.39. There is no significant difference on Depression between two age groups and Class I, Class II grade level wise of all Women Administrative officers.

Results did not indicate significant difference between two grades of all Women Administrative officers, Class I and Class II Grades, mean scores of Class I (M =7.13, SD= 5.19) (n=112), and mean score of Class II (M =7.94, SD= 9.96) (n=89). To compare the means *t* (199) = -1.119, *p= 0.264*. There is no significant difference on Anxiety between two age groups and Class I, Class II grade level wise of all Women Administrative officers.

Results did not indicate significant difference between two grades of all Women Administrative officers, Class I and Class II Grades, mean scores of Class I (M =8.30, SD= 4.10) (n=112), and mean score of Class II (M =8.78, SD= 4.66) (n=89). To compare the means *t* (199) = -0.78, *p= 0.436*. There is no significant difference on Mental Health Problems between two age groups and Class I, Class II grade level wise of all Women Administrative officers.

Graph 4.32 - Grade level-wise Comparison of Women administrative officers



Moderate depression is observed among administrative officers irrespective of their grade level.

Low anxiety is observed among administrative officers irrespective of their grade level.

Low mental health problems are observed among administrative officers irrespective of their grade level.

No age wise differences are observed among women administrative officers.

Table 4.33: Age wise Comparison of Class I Women administrative officers on Mental Health Challenges

Age groups	**25 to 45**	**46 to 60**		
	n = 34	**n = 78**		
Dependent Variables	**Mean(SD)**	**Mean(SD)**	***t***	***P***
Depression	7.29(5.94)	9.08(6.52)	-1.374	0.172
Anxiety	6.58(5.430)	7.37(5.09)	-0.733	0.465
Mental Health Problems	8.99(4.99)	8.37(5.25)	0.583	0.561

*Moderate range - Depression and Anxiety 9 to 16, Mental Health Problems 9 to 14

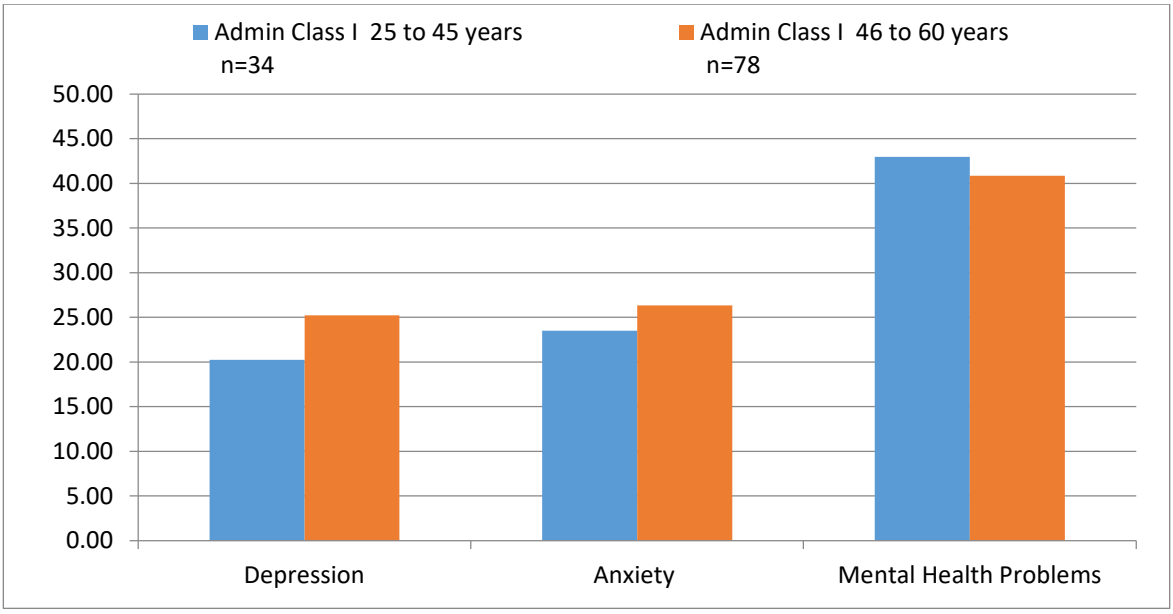
Results did not indicate significant difference between two age group on all Class I Women

Administrative officers, mean scores of age group 25 to 45 (M =7.29, SD= 5.94) (n=34), and mean score of age group 46 to 60 (M =9.08, SD= 6.52) (n=78). To compare the means *t* (110) = -1.374, *p= 0.172*. There is no significant different on Depression between two age groups of all Class I Women Administrative officers.

Results did not indicate significant difference between two age group on all Class I Women Administrative officers, mean scores of age group 25 to 45 (M =6.58, SD= 5.430) (n=34), and mean score of age group 46 to 60 (M =7.37, SD= 5.09) (n=78). To compare the means *t* (110) = -0.733, *p= 0.465*. There is no significant different on Anxiety between two age groups of all Class I Women Administrative officers.

Results did not indicate significant difference between two age group on all Class I Women Administrative officers, mean scores of age group 25 to 45 (M =8.99, SD= 4.99) (n=34), and mean score of age group 46 to 60 (M =8.37, SD= 5.25) (n=78). To compare the means *t* (110) = 0.583, *p= 0.561*. There is no significant different on Mental Health Problems between two age groups of all Class I Women Administrative officers.

Graph 4.33 - Age wise Comparison of Class I Women administrative officers on Mental Health Challenges



Low depression reported by younger class I women administrative officers and in comparison, moderate level of depression is reported by older class I women administrative officers. The difference between the two mean scores is not statistically significant.

Low anxiety is observed among class I administrative officers irrespective of their age

group. Low mental health problems are observed among class I administrative officers irrespective of their age group.

Overall, less mental health challenges are perceived by young class I women officers. Older class I women officers report moderate level of depression.

Table 4.34: Age wise Comparison of Class II Women administrative officers on Mental Health Challenges

Grade*Age for Class II	**25 to 45**	**46 to 60**		
	n = 24	**n = 65**		
Dependent Variables	**Mean (SD)**	**Mean (SD)**	***t***	***p***
Depression	6.41(4.62)	10.36(6.09)	-2.883	0.005
Anxiety	6.29(4.42)	8.55(5.04)	-1.936	0.056
Mental Health Problems	8.19(3.78)	9.00(4.96)	-0.731	0.467

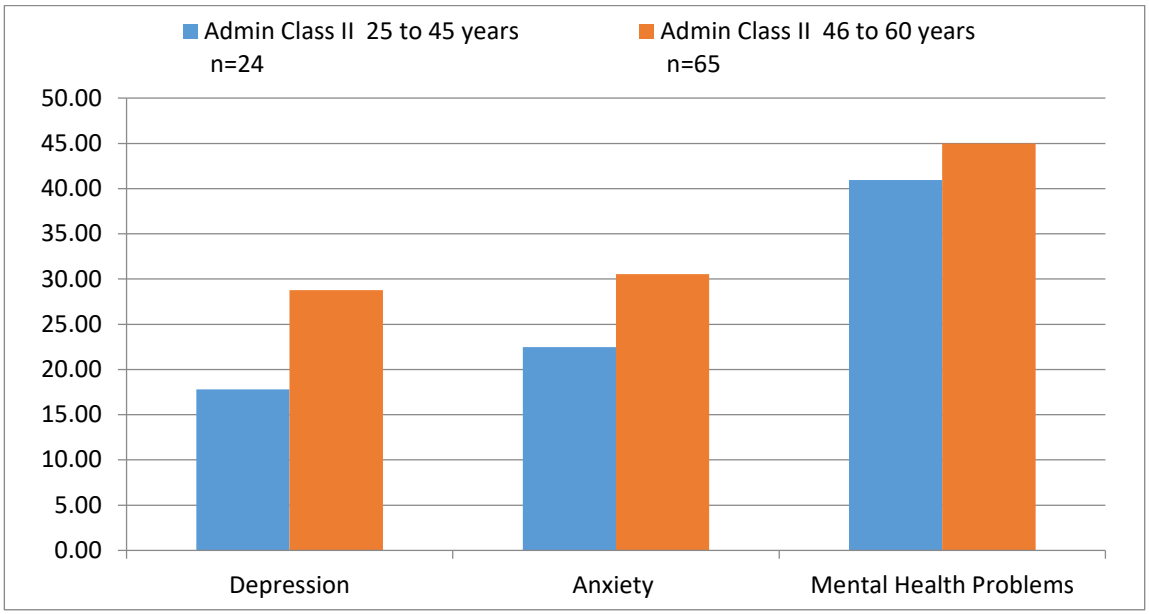
*Moderate range - Depression and Anxiety 9 to 16, Mental Health Problems 9 to 14

Results indicate significant difference between two age group on all Class II Women Administrative officers, mean scores of age group 25 to 45 (M =6.41, SD= 4.62) (n=24), and mean score of age group 46 to 60 (M =10.36, SD= 6.09) (n=65). To compare the means *t* (87) = -2.883, *p= 0.005* There is significant different on Depression between two age groups of all Class II Women Administrative officers.

Results did not indicate significant difference between two age group on all Class II Women Administrative officers, mean scores of age group 25 to 45 (M =6.29, SD= 4.42) (n=24), and mean score of age group 46 to 60 (M =8.55, SD= 5.04) (n=65). To compare the means *t* (87) = -1.936, *p= 0.056.* There is no significant different on Anxiety between two age groups of all Class II Women Administrative officers.

Results did not indicate significant difference between two age group on all Class II Women Administrative officers, mean scores of age group 25 to 45 (M =8.197, SD= 3.78) (n=24), and mean score of age group 46 to 60 (M =9.00, SD= 4.96) (n=65). To compare the means *t* (87) = -0.731, *p= 0.467* There is no significant different on Mental Health Problems between two age groups of all Class II Women Administrative officers.

Graph 4.34 - Age wise Comparison of Class II Women administrative officers on Mental Health Challenges



Low depression is reported by younger class II women administrative officers and in comparison, significantly higher moderate level of depression is reported by older class II women administrative officers.

Low anxiety is reported by younger class II women administrative officers and in comparison, moderate level of anxiety is reported by older class II women administrative officers though the difference is not significant.

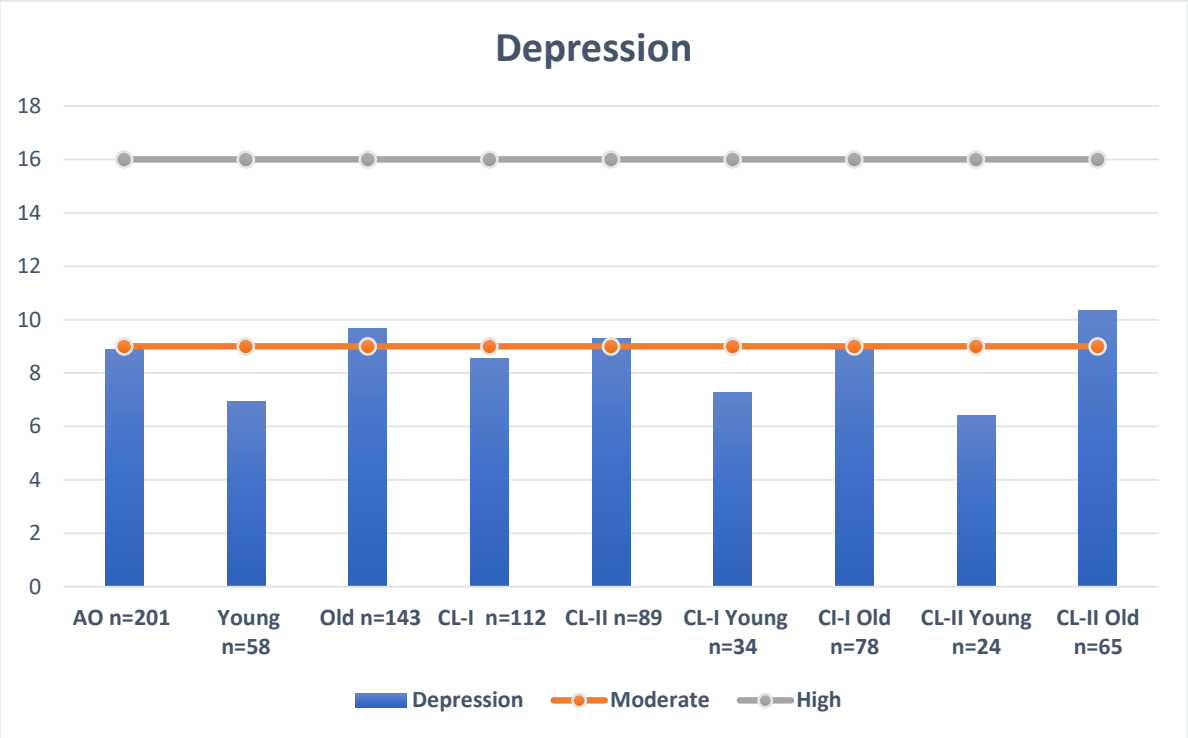
Low mental health problems are reported by younger class II women administrative officers and in comparison, moderate level of mental health problems are reported by older class II women administrative officers.

These results indicate less mental health challenges are perceived by younger class II women administrative officers. Older class II women administrative officers reported moderate level of depression as well as anxiety.

Summary 2: Mental Health Challenges of all groups of women administrative officers

All groups of women administrative officers seem to be facing less mental health challenges.

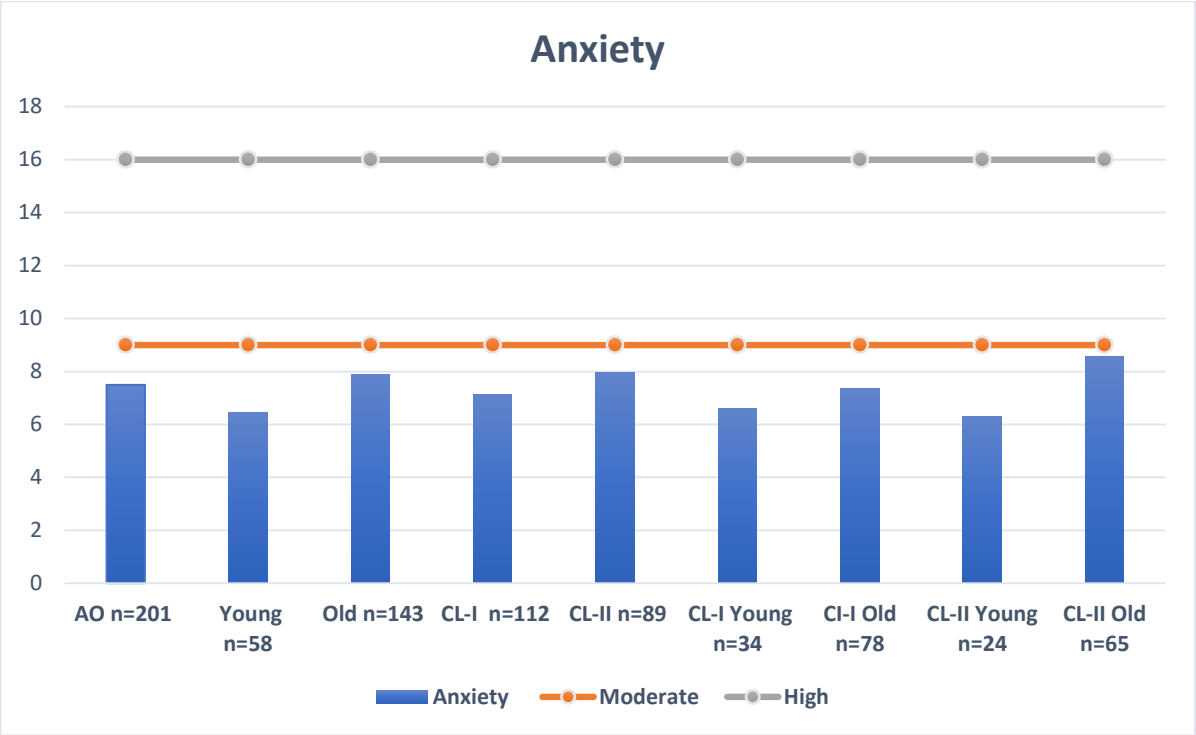
Summary Graph 2.1 Depression of all groups of women administrative officers.



Moderate depression is observed among older and class II administrative officers. All other groups reported low depression. Data from interview and FGD Uncertainty of pandemic made them ***depressed*** in the beginning. They saw lot of day-to-day problems of citizens such as procuring medicinal and housing facilities, railway or bus tickets. They were burdened with the additional tasks of helping the citizens.

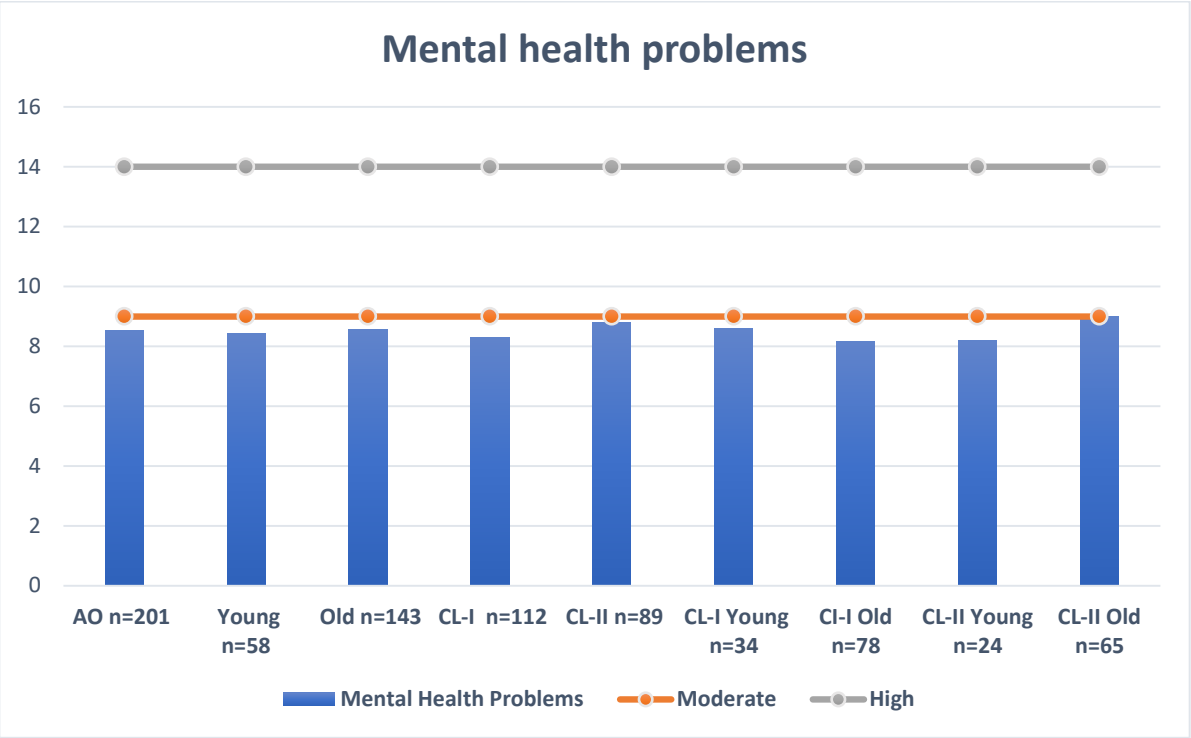
Slowly they controlled the situation and used as an opportunity to let off their ***anxiety*** and gain satisfaction from the small positive results of their work.

Summary Graph 2.2 Anxiety of all groups of women administrative officers.



All groups of women administrative officers reported low anxiety except older class II officers showing moderate level of anxiety. This was explained by the officers during FGD. They mentioned the interpersonal difficulties in covid times due to non-cooperation from colleagues, citizens and relatives of the patients especially during the medical emergencies. However, they slowly gained control over the pandemic situation and used it as an opportunity to let off their ***anxiety.***

Summary Graph 2.3 Mental Health Problems of all groups of women administrative officers.



All groups of administrative officers have reported low mental health problems. This shows the resilience, hard work and effective handling of the situation on part of administrative officers. Overall administrative officers have recorded low level of mental health challenges.

3 : Study of women police officers n=153

Table 4.35 - Age-wise Comparison of women police officers on Mental Health Challenges

Age Groups	**25 to 45**	**46 to 60**		
	n = 136	**n = 17**		
Dependent Variables	**Mean(SD)**	**Mean(SD)**	***t***	***p***
Depression	11.75(5.36)	9.94(8.41)	1.219	0.225
Anxiety	9.86(4.75)	8.23(6.49)	1.27	0.206
Mental Health Problems	6.61(4.22)	10.79(4.45)	-3.818	**0.00**

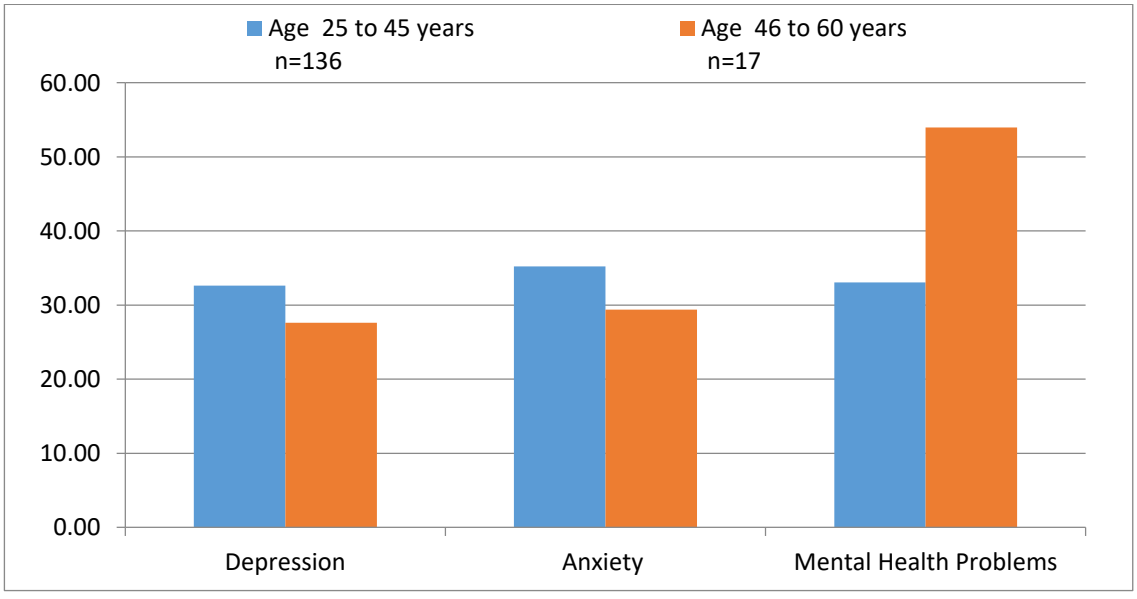
*Moderate range - Depression and Anxiety 9 to 16, Mental Health Problems 9 to 14

Results did not indicate significant difference between two age group on Women Police officers, mean scores of age group 25 to 45 (M =11.75, SD= 5.36) (n=136), and mean score of age group 46 to 60 (M =9.94, SD= 8.41) (n=17). To compare the means *t* (151) = 1.219, *p*= 0.225. There is no significant difference on Depression between two age groups of all Women Police officers.

Results did not indicate significant difference between two age group on Women Police officers, mean scores of age group 25 to 45 (M =9.86, SD= 4.75) (n=136), and mean score of age group 46 to 60 (M =8.23, SD= 6.49) (n=17). To compare the means *t* (151) = 1.27, *p*= 0.206. There is no significant difference on Anxiety between two age groups of all Women Police officers.

Results indicate highly significant difference between two age group on Women Police officers, mean scores of age group 25 to 45 (M =6.61, SD= 4.22) (n=136), and mean score of age group 46 to 60 (M =10.79, SD= 4.45) (n=17). To compare the means *t* (151) = -3.818, *p*= 0.00. There is highly significant difference on Mental Health Problems between two age groups of all Women Police officers.

Graph 4.35 - Age-wise Comparison Mental Health Challenges of women police officers



Moderate depression is reported by all police officers irrespective of age. Moderate level of anxiety is reported by young police officers in comparison older police officers report mild anxiety.

Low mental health problems are reported by young police officers, in comparison older police officers report moderate level of mental health problems that are significantly more as compared to younger age group.

Overall, police officers from both age groups perceive moderate level of mental health challenges. Earlier researches have mentioned about the concern about being infected and further carrying the infection to the family members as a potential source of fear and anxiety among police personnel. (Khadse et al.,2020). This was mentioned by many police officers in

Table 4.36 - Grade-level-wise Comparison of women Police officers on Mental Health Challenges

Grade levels	**Class I**	**Class II**		
	n = 23	**n = 130**		
Dependent Variables	**Mean(SD)**	**Mean(SD)**	***t***	***p***
Depression	10.69(6.64)	11.70(5.62)	-0.768	0.444
Anxiety	8.30(5.36)	9.92(4.89)	-1.441	0.152
Mental Health Problems	7.15(4.55)	7.06(4.43)	0.088	0.93

*Moderate range - Depression and Anxiety 9 to 16, Mental Health Problems 10 to 14

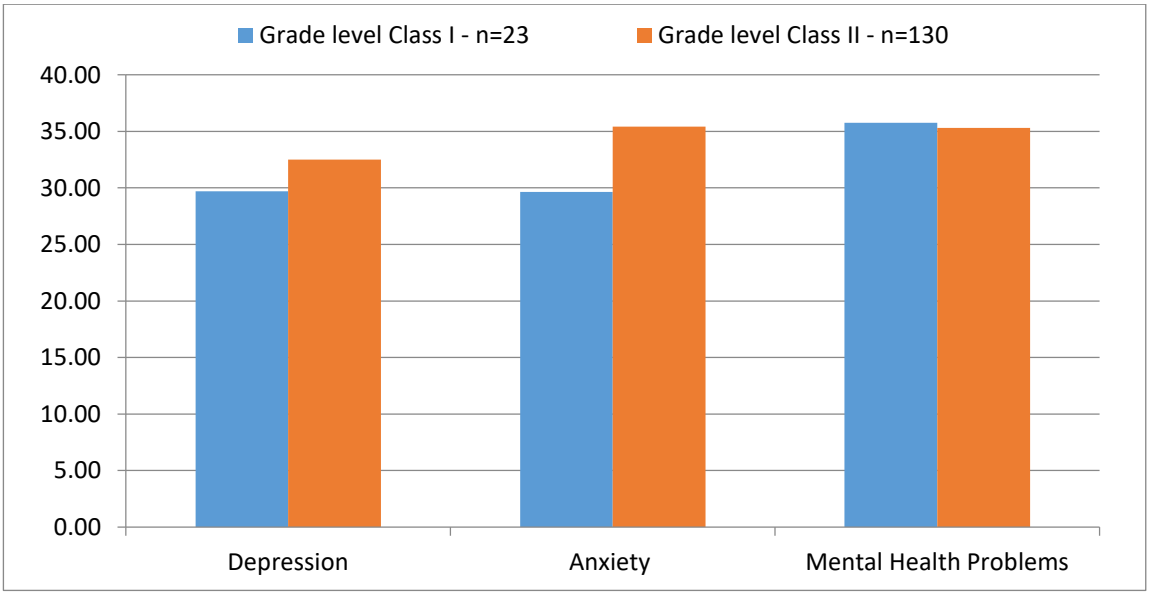
Results did not indicate significant difference between two Grades of all Women Police officers, Class I and Class II Grades, mean scores Class I (M =10.69, SD= 6.64) (n=23), and mean score of Class II (M =11.70, SD= 5.62) (n=130). To compare the means t (151) = -0.768, p= *0.444*. There is no significant difference on Depression between Class I, Class II grade level wise of all Women Police officers.

Results did not indicate significant difference between two Grades of all Women Police officers, Class I and Class II Grades, mean scores Class I (M =8.30, SD= 5.36) (n=23), and mean score of Class II (M =9.92, SD= 4.89) (n=130). To compare the means t (151) = -1.441, p= *0.152*. There is no significant difference on Anxiety between Class I, Class II grade level wise of all Women Police officers.

Results did not indicate significant difference between two Grades of all Women Police

officers , Class I and Class II Grades, mean scores Class I (M =7.15, SD= 4.55) (n=23), and mean score of Class II (M =7.06, SD= 4.43) (n=130). To compare the means *t* (151) = 0.088, *p= 0.93*. There is no significant difference on Mental Health Problems between Class I, Class II grade level wise of all Women Police officers.

Graph 4.36 - Grade-level-wise Comparison on Mental Health Challenges of women Police officers



Both class I and class II women police officers reported moderate level of depression. Class I women police officers reported low anxiety and class II women police officers reported moderate anxiety.

Both class I and class II women police officers reported low mental health problems. Overall moderate level of mental health challenges is perceived by class II police officers. Class I police officers reported moderate level of depression.

Table 4.37 - Age wise Comparison of Class I Women police officer on Mental Health Challenges

Grade*Age for Class I	25 to 45	46 to 60		
	n = 14	n = 9		
Dependent Variables	**Mean(SD)**	**Mean(SD)**	***t***	***p***
Depression	8.92(3.47)	13.44(9.38)	-1.651	0.114
Anxiety	6.85(3.34)	10.55(7.17)	-1.67	0.108
Mental Health Problems	5.58(3.99)	9.67(4.46)	-2.246	**0.036**

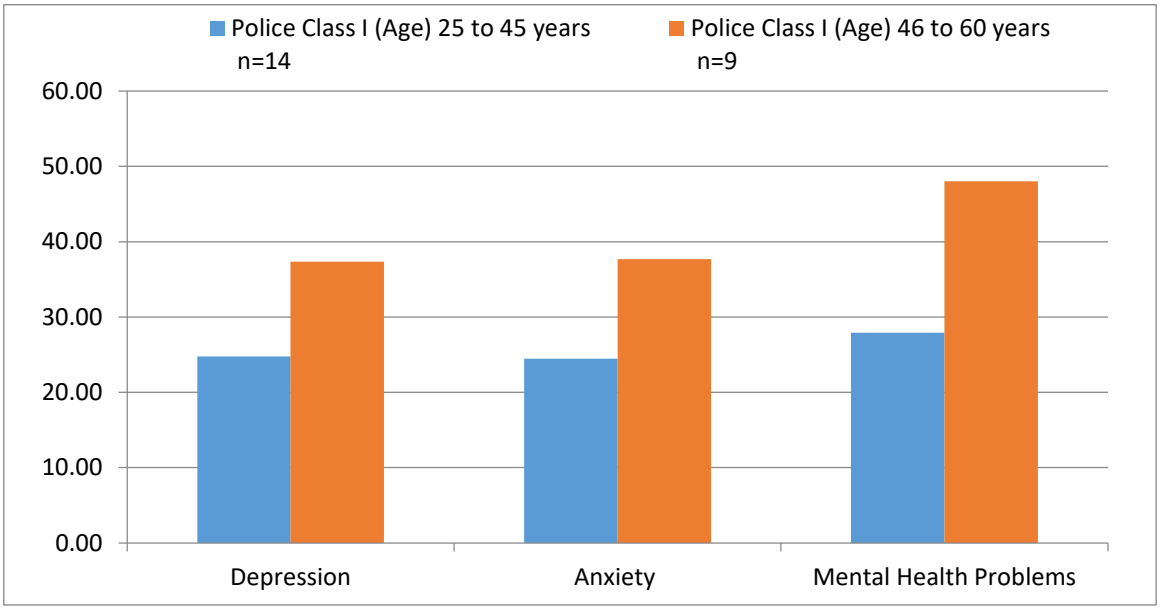
*Moderate range - Depression and Anxiety 9 to 16, Mental Health Problems 9 to 14

Results did not indicate significant difference between two age group on all Class I Women Police officers, mean scores of age group 25 to 45 (M =8.92, SD= 3.47) (n=14), and mean score of age group 46 to 60 (M =13.44, SD= 9.38) (n=9). To compare the means t (21) = -1.651, p= *0.114.* There is no significant different on Depression between two age groups of all Class I Women Police officers.

Results did not indicate significant difference between two age group on all Class I Women Police officers, mean scores of age group 25 to 45 (M =6.85, SD= 3.34) (n=14), and mean score of age group 46 to 60 (M =10.55, SD= 7.17) (n=9). To compare the means t (21) = -1.67, p= *0.108.* There is no significant different on Anxiety between two age groups of all Class I Women Police officers.

Results indicate significant difference between two age group on all Class I Women Police officers, mean scores of age group 25 to 45 (M =5.58, SD= 3.99) (n=14), and mean score of age group 46 to 60 (M =9.67, SD= 4.46) (n=9). To compare the means t (21) = -2.246, p= *0.036.* There is significant different on Mental Health Problems between two age groups of all Class I Women Police officers.

Graph 4.37 - Age wise Comparison of class I Women police officer on Mental Health Challenges



Class I women police officers showed moderate level of depression irrespective of their age. Younger class I women police officers showed low anxiety and older class I women police officers showed moderate anxiety.

Younger class I women police officers showed low mental health problems and in contrast older class I women police officers showed moderate mental health problems that are significantly more than younger officers.

Overall, older class I police officers are perceiving moderate level of mental health challenges that need immediate attention. Younger class I officers reported moderate depression.

Table 4.38 - Age wise Comparison of Class II Police officers on Mental Health Challenges

Age	**25 to 45**	**46 to 60**		
	n = 122	**n = 8**		
Dependent Variables	**Mean(SD)**	**Mean(SD)**	***t***	***p***
Depression	12.07(5.46)	6(5.26)	3.053	**0.003**
Anxiety	10.20(4.78)	5.62(4.77)	2.62	**0.001**
Mental Health Problems	6.73(4.25)	12.13(4.32)	-3.477	**0.001**

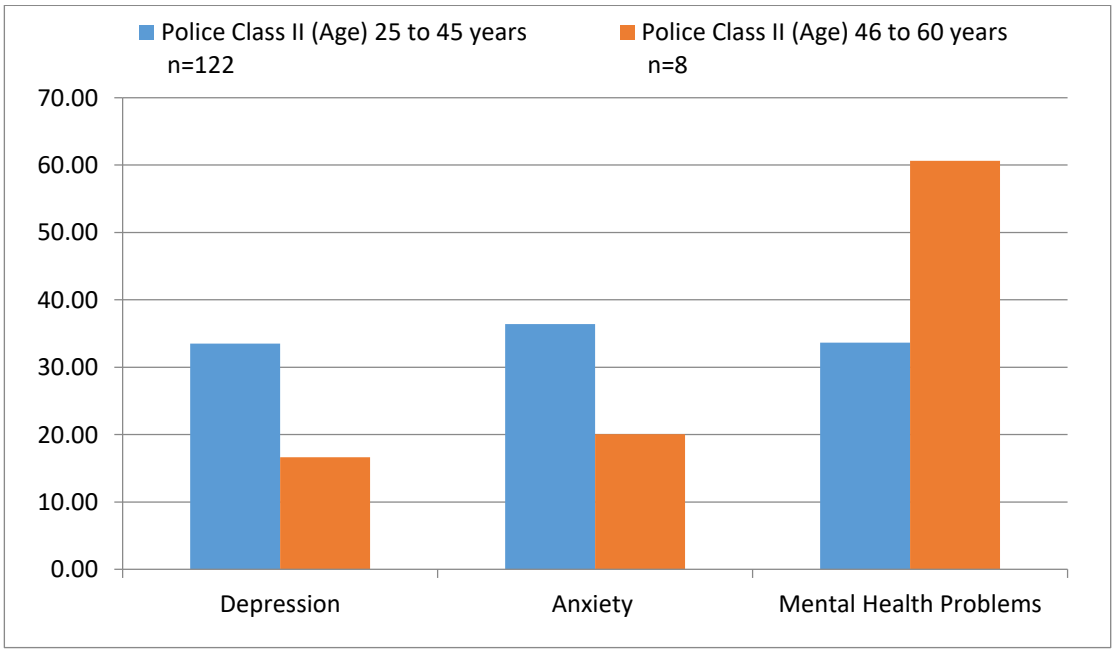
*Moderate range - Depression and Anxiety 9 to 16, Mental Health Problems 10 to 14

Results indicate significant difference between two age group on all Class II Women Police officers, mean scores of age group 25 to 45 (M =12.07, SD= 5.46) (n=122), and mean score of age group 46 to 60 (M =6, SD= 5.26) (n=8). To compare the means *t* (128) = 3.053, *p= 0.005* There is significant different on Depression between two age groups of all Class II Women Police officers.

Results indicate significant difference between two age group on all Class II Women Police officers, mean scores of age group 25 to 45 (M =10.20, SD= 4.78) (n=122), and mean score of age group 46 to 60 (M =5.62, SD= 4.77) (n=8). To compare the means *t* (128) = 2.62, *p= 0.001* There is significant different on Anxiety between two age groups of all Class II Women Police officers.

Results indicate significant difference between two age group on all Class II Women Police officers, mean scores of age group 25 to 45 (M =6.73, SD= 4.25) (n=122), and mean score of age group 46 to 60 (M =12.13, SD= 4.32) (n=8). To compare the means *t* (128) = -3.477, *p= 0.001* There is significant different on Mental Health Problems between two age groups of all Class II Women Police officers.

Graph 4.38 - Age wise Comparison of Class II Police officers on Mental Health Challenges



Younger class II police officers reported moderate depression and older class II police officers reported low level of depression that was significantly less as compared to younger group.

Younger class II police officers reported moderate anxiety and older class II police officers

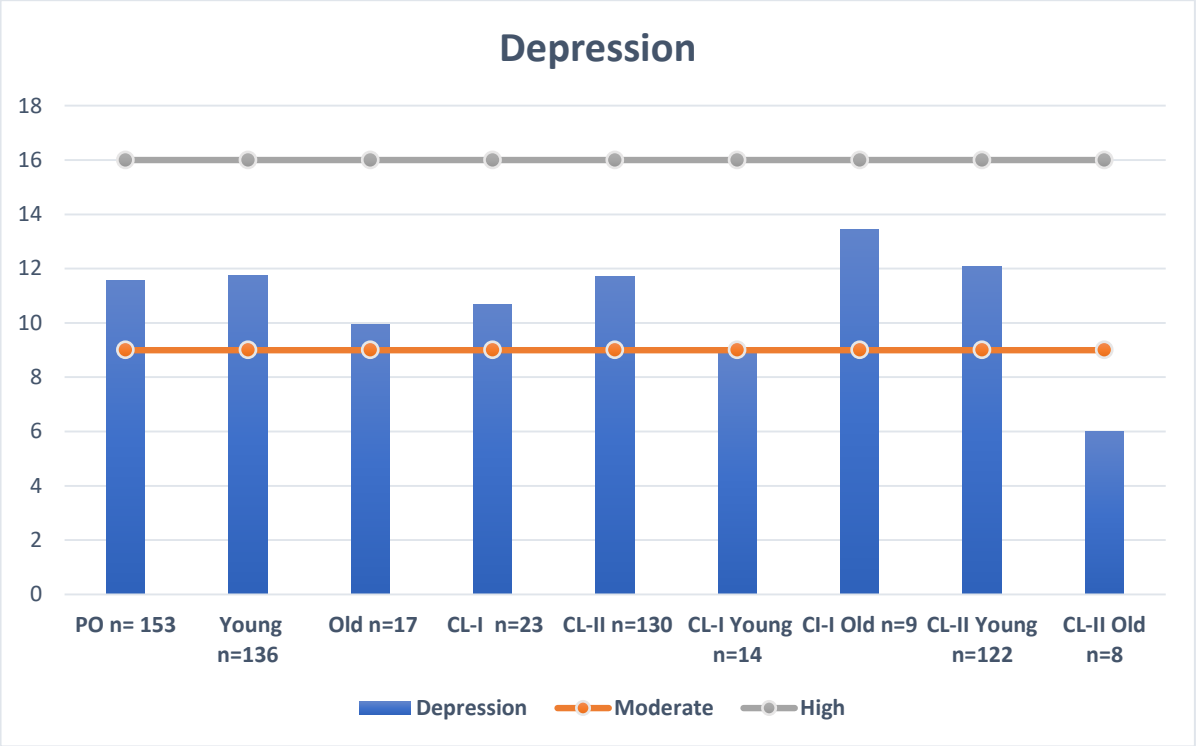
reported low level of anxiety that was significantly less as compared to younger group.

Younger class II police officers reported low mental health problems and older class II police officers reported moderate mental health problems that were significantly high as compared to younger group.

Overall, younger class II police officers are perceiving moderate mental health challenges that need to be addressed. Here we must note older class II officers are very few in number so this significant difference can be a side effect of this sample size imbalance (age ≤45 years n=122, ≥46 years n=8).

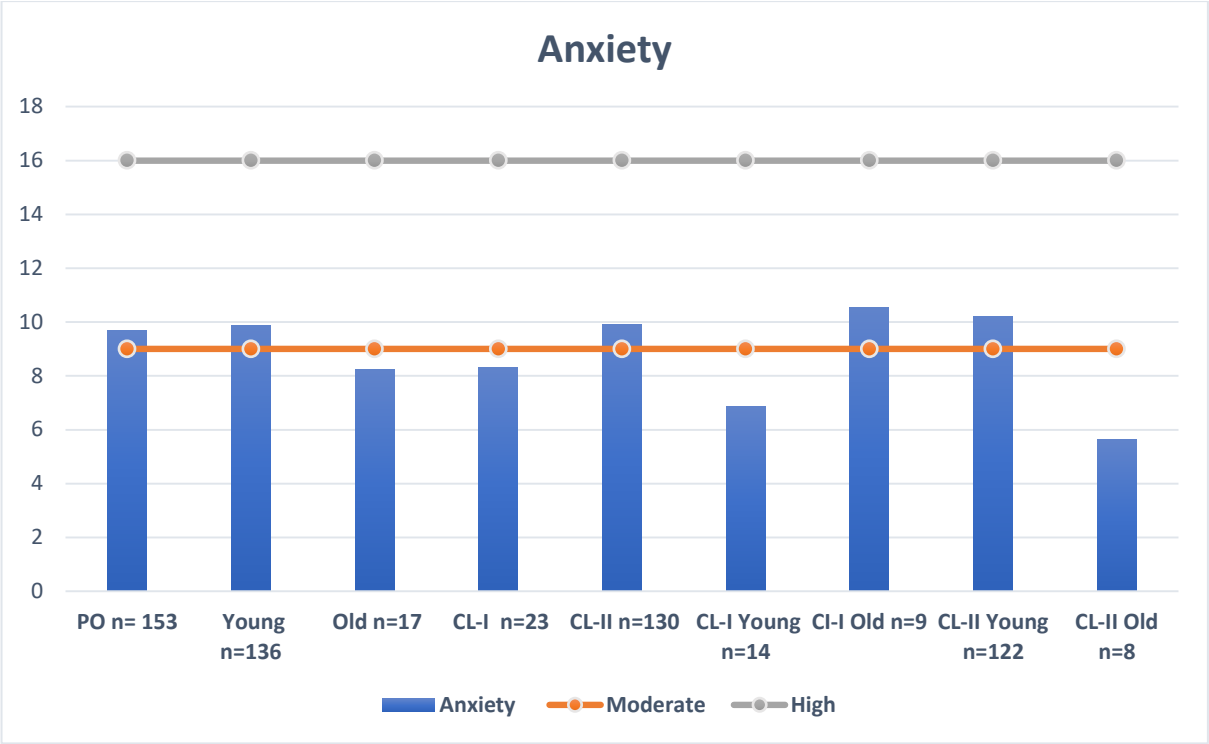
Summary 3 Mental Health Challenges of all groups of women police officers

Summary Graph 3.1 Depression of all groups of women police officers.



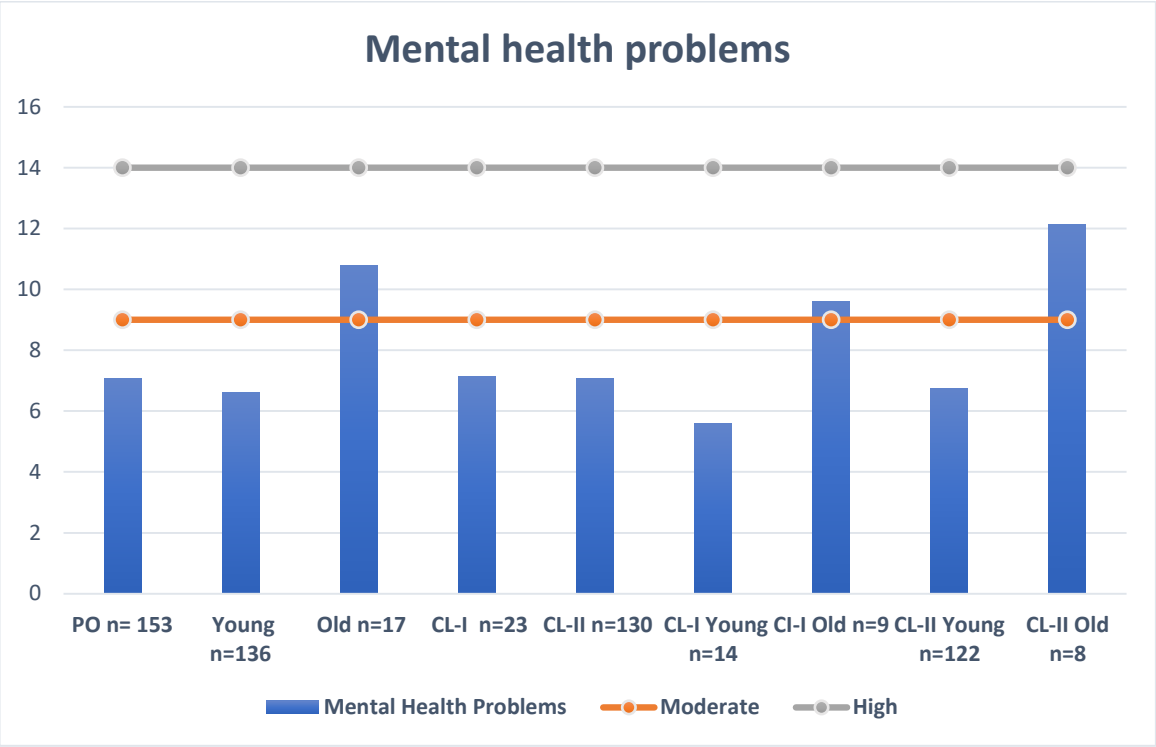
All groups of police officers show moderate depression except older class II police officers. Older class II police officers reported significantly low depression. This could be due to very small sample size (N=8) of this group.

Summary Graph 3.2 Anxiety of all groups of women police officers



Increased levels of anxiety in younger age group (25yr-45yr) and class II officers in particular can be attributed to the guilt of not attending to aged parents, in-laws or infant children and toddlers at home and worry about educational needs of growing children shared during interviews.

Summary Graph 3.3 Mental Health Problems of all groups of women Police officers.



Exceptionally high mental health problems among older police officers in general and older class II police officers in particular are indicative of preexisting social and interactional challenges, emotional disturbances and psychosomatic problems that may have exacerbated during pandemic. This needs further attention and immediate intervention.

Overall mental health challenges observed among police force during covid and even before it (Khadse et al.,2020), do corroborate with our findings. Moderate magnitude of these challenges reported in our study indicates the efforts and resilience on part of women police officers.

Enhancing mental health among women in the police force is vital for their well-being and effectiveness. Systemic support through specialized mental health and crisis intervention training would be a welcome step.,

4.3.3 Coping mechanism

Two dependent variables namely positive ways of coping and negative ways of coping are covered under coping mechanism. Two types of behaviours namely, problem-focused actions and seeking social support are together referred to as positive ways of coping and three types of behaviours namely self-blaming, wishful thinking, avoidance are together referred to as negative ways of coping. If positive ways of coping are practiced consciously, they are useful in developing our coping skills. Negative ways of coping may be useful for short term anxiety reduction however they are less likely to contribute to long term problem resolution.

Findings on the Coping Mechanism; of all three studies of women officers 1. Study of all women officers (N=354), 2. Study of Women administrative officers (N=201), 3. Study of Women police officers (N=153) are stated and discussed on the following pages.

1: Study of all women officers N =354

Table 4.39 - Coping Mechanism of women officers

Ways of coping	Mean	Standard Deviation	Grade
*Positive ways of coping	27.70	7.76	Moderate
*Negative ways of coping	9.41	3.86	Moderate

Table 4.40. - Profession wise comparison on Coping Mechanism of all women officers

Professions	Admin	Police		
	n = 201	n = 153		
Dependent Variables	**Mean (SD)**	**Mean (SD)**	***t***	***p***
Positive ways of coping	25.91 (7.36)	30.04 (7.69)	4.158	**0.000**
Negative ways of coping	7.49 (5.10)	10.54 (3.65)	0.989	0.323

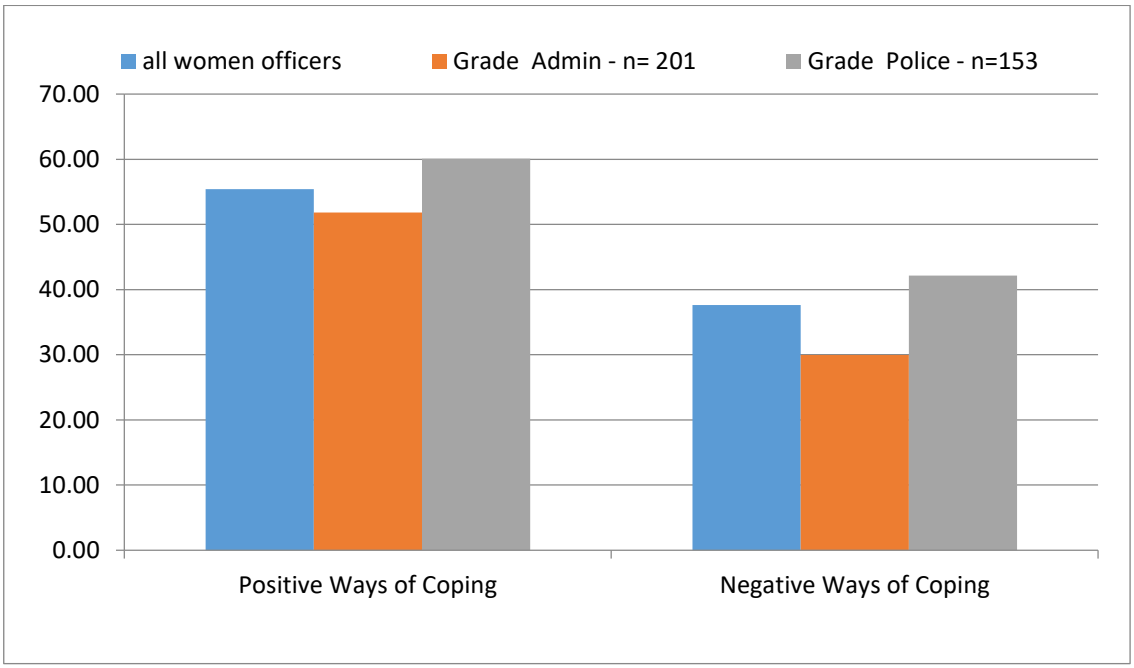
*

Moderate range on Positive ways of coping 18 to 35, Negative ways of coping 4 to 10

Results indicate a significant difference among administrative officers (M=25.91, SD= 7.36) and police officers (M=30.04, SD=7.69), $t(352) = 4.158$, $p = 0.00$ on use of Positive Ways of Coping.

Results indicate no significant difference among admin officers (M=7.49, SD= 5.10) and police officers (M=10.54, SD=3.65), $t(352) = 0.989$, $p = 0.323$ on use of Positive Ways of Coping.

Graph 4.40 – Profession wise comparison of women officers on Coping Mechanism



All women officers were using both positive and negative ways of coping moderately. Though both women administrative and police officers reported moderate use of positive ways of coping police officers were using them significantly more frequently. Moderate use of negative ways of coping was stated with no significant difference.

The results underline the need for training in proper coping strategies for women police officers that few researches have stated (Xavier, 2019; Bano & Talib, 2017). This study throws light on similar such training for administrative officers in India that is rarely identified by now. During focussed group discussions officers described how they focussed on problem-oriented solutions while maintaining firmness and self-restraint for coping with stressful situations. Many officers mentioned that sacrifice, blame and low self-priority were culturally imbibed habitual

behaviours that proved to be stressors. This explains how negative ways of coping were being used unknowingly. So, both awareness about nature and effects of both positive and negative ways of coping is essential for building strong coping mechanism among women officers.

Table 4.41-Age wise comparison of Women Officers on Coping Mechanism

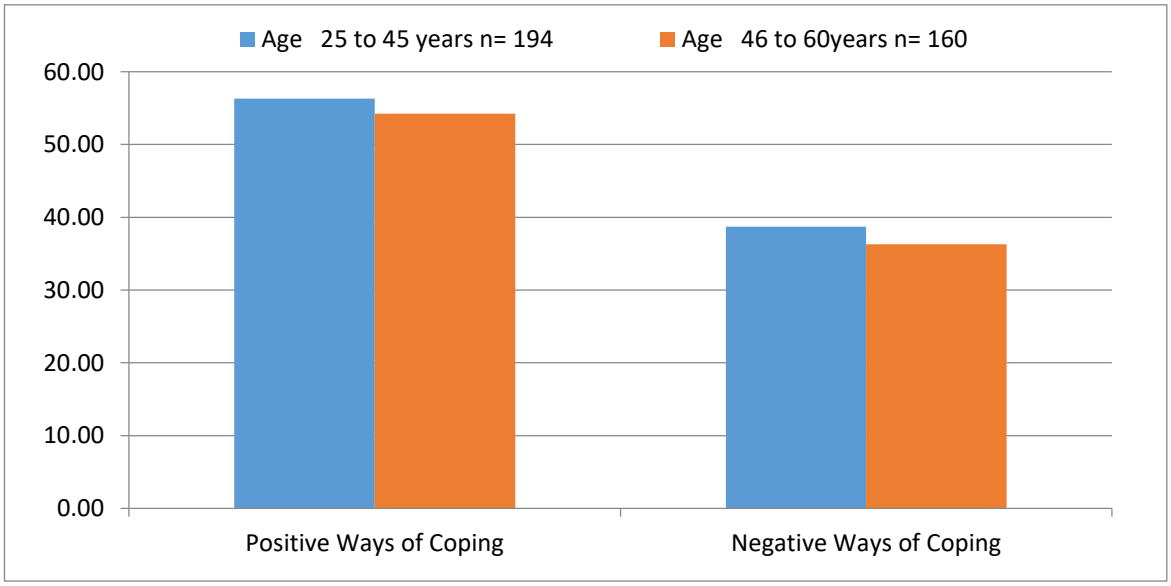
Age Groups	25 to 45	46 to 60		
	n = 194	n = 160		
Dependent Variables	**Mean(SD)**	**Mean(SD)**	***t***	***p***
Positive ways of coping	28.16(7.98)	27.13(7.47)	1.248	0.213
Negative ways of coping	9.68(3.70)	9.07(4.02)	1.471	0.142

* Moderate range on Positive ways of coping 18 to 35, Negative ways of coping 4 to 10

Results indicate no significant difference in age group of 25 to 45 years (M=28.16, SD= 7.98) and age group of 46 to 60 years (M=27.13, SD=7.47), $t\ (352) = 1.248$, $p = 0.213$ on use of Positive Ways of Coping.

Results indicate no significant difference in age group of 25 to 45 years (M=9.68, SD= 3.70) and age group of 46 to 60 years (M=9.07, SD=4.02), $t\ (352) = 1.471$, $p = 0.142$ on use of Negative Ways of Coping.

Graph 4.41 - Age group wise Comparison of Women Officers on Coping Mechanism



This result showing no age wise difference in moderate use of both positive as well as negative ways of coping strongly emphasizes the need for acquainting the women officers with nature and use of various positive and negative ways of coping and plan for their training on effective use of positive ways and controlling the use of negative ways of coping.

Table 4.42 - Grade level wise Comparison of Women Officers on Coping Mechanism

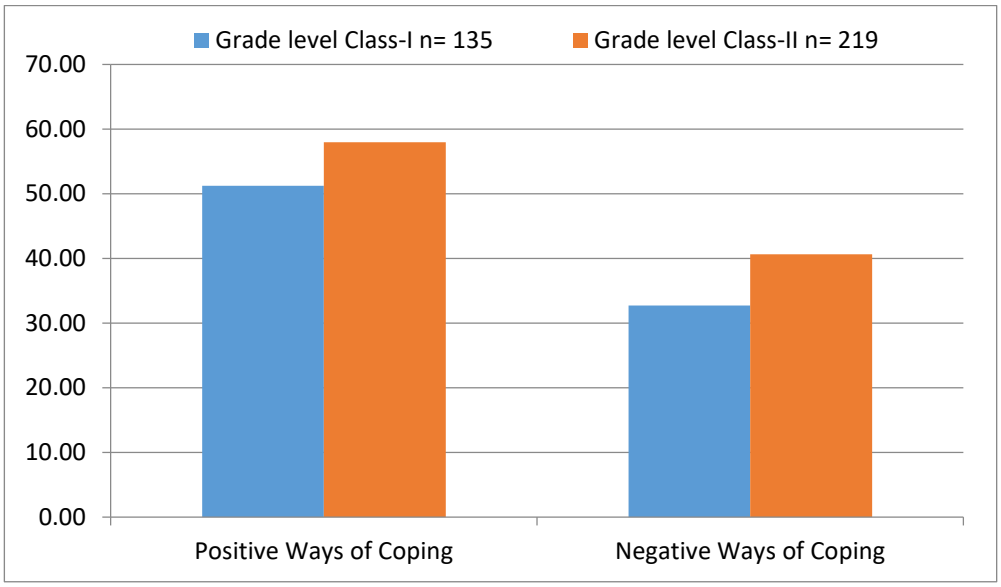
Grade levels	**Class I**	**Class II**		
	n = 135	**n = 219**		
Dependent Variables	**Mean (SD)**	**Mean (SD)**	***t***	***p***
Positive ways of coping	25.61(7.42)	28.98(7.71)	-4.039	**0.000**
Negative ways of coping	8.18 (3.78)	10.16(3.72)	-4.814	**0.000**

* Moderate range on Positive ways of coping 18 to 35, Negative ways of coping 4 to 10

Results indicate a significant difference among Class I (M= 25.61, SD=7.42) and Class II (M= 28.98, SD=7.71) women officers, *t (352)* = -4.039, *p*= 0.00 on use of Positive Ways of Coping.

Results indicate a significant difference among Class I (M= 8.18, SD=3.78) and Class II (M= 10.16, SD=3.72) women officers, *t (352)* = -4.814, *p*= 0.00 on use of Negative Ways of Coping.

Graph 4.42 - Grade level wise comparison of Women Officers on Coping Mechanism



Both class I as well as class II officers reported moderate use of both positive as well as negative ways of coping. The significant difference between the two groups suggests that probably class II officers were trying too hard to cope with the challenging situations but lack insight into proper strategies.

Table 4.43 –Age wise comparison of Class I Officers on Coping Mechanism

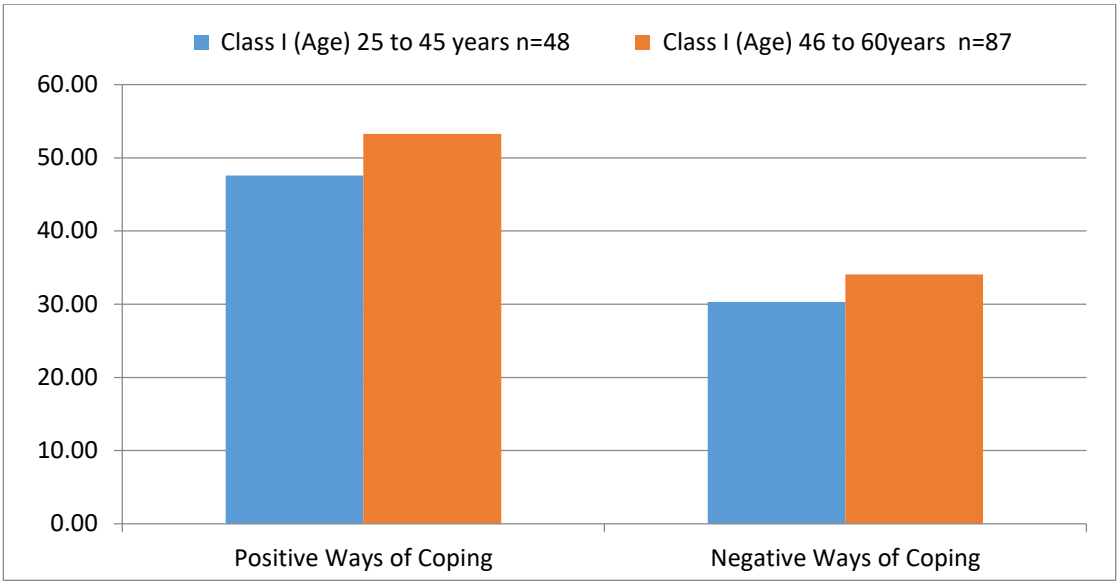
Age groups	**25 to 45**	**46 to 60**		
	n = 48	**n = 87**		
Dependent Variables	**Mean(SD)**	**Mean(SD)**	***t***	***p***
Positive ways of coping	23.78(7.34)	26.63(7.31)	-2.16	**0.032**
Negative ways of coping	7.57(3.18)	8.52(4.05)	-1.397	0.165

* Moderate range on Positive ways of coping 18 to 35, Negative ways of coping 4 to 10

Results indicate a significant difference in age group of 25 to 45 years (M=23.78, SD= 7.34) and age group of 46 to 60 years (M=26.63, SD=7.31), $t(133) = -2.16$, $p = 0.032$ on use of Positive Ways of Coping.

Results indicate no significant difference in age group of 25 to 45 years (M=7.57, SD= 3.18) and age group of 46 to 60 years (M=8.52, SD=4.05), $t(133) = -1.397$, $p = 0.165$ on use of Negative Ways of Coping.

Graph 4.43 – Age wise comparison of Class I Officers on Coping Mechanism



Class I officers from both the age groups reported moderate use of both positive as well as negative ways of coping. Significant difference in favour of older age group suggests that more frequent use of positive ways of coping at this responsible position is facilitated due to maturity and experience.

Table 4.44 –Age wise comparison of Class II Officers on Coping Mechanism

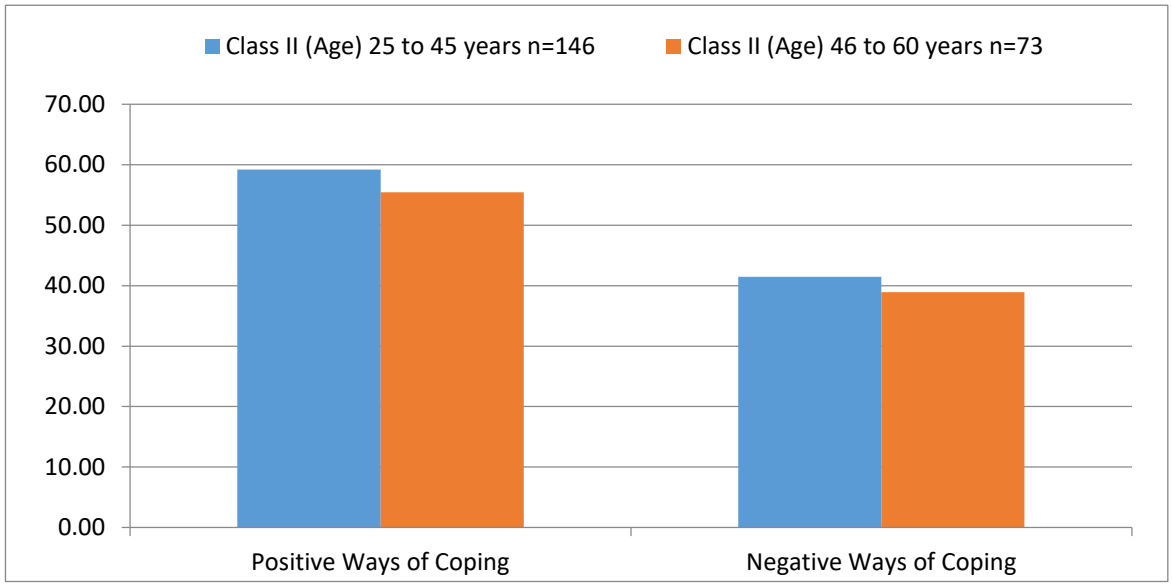
Age groups	**25 to 45**	**46 to 60**		
	n = 146	**n = 73**		
Dependent Variables	**Mean (SD)**	**Mean (SD)**	***t***	***p***
Positive ways of coping	29.60(7.67)	27.72(7.68)	1.71	0.089
Negative ways of coping	10.37(3.61)	9.73(3.98)	1.2	0.231

* Moderate range on Positive ways of coping 18 to 35, Negative ways of coping 4 to 10

Results indicate no significant difference in age group of 25 to 45 years (M=29.60, SD= 7.67) and age group of 46 to 60 years (M=27.72, SD=7.68), $t(217) = 1.71$, $p = 0.089$ on use of Positive Ways of Coping.

Results indicate no significant difference in age group of 25 to 45 years (M=10.37, SD= 3.61) and age group of 46 to 60 years (M=9.73, SD=3.98), $t(217) = 1.2$, $p = 0.231$ on use of Negative Ways of Coping.

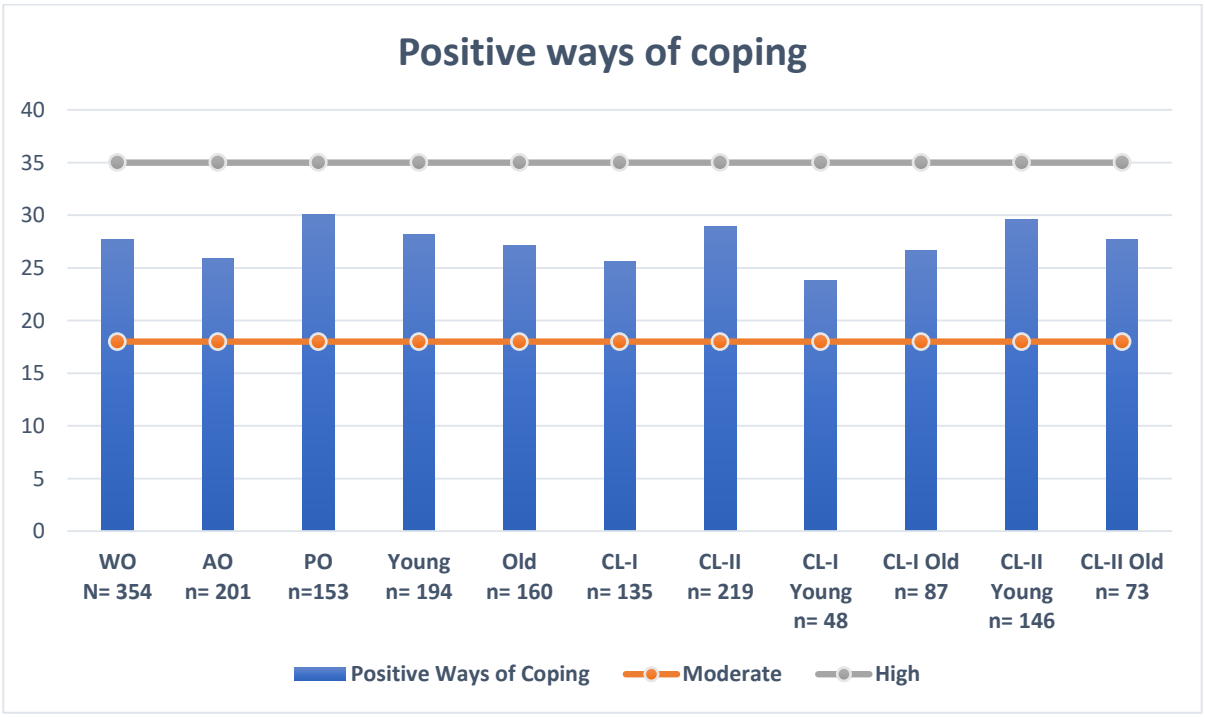
Graph 4.44 – Age wise comparison of Class II Officers on Coping Mechanism



Class II officers from both the age groups reported moderate use of positive and high use of negative ways of coping. This result highlights the ignorance about the nature and effects of negative ways of coping.

Summary 3 : Coping Mechanism of all groups of women officers

Summary Graph 1.1 Positive ways of coping of all groups of women officers

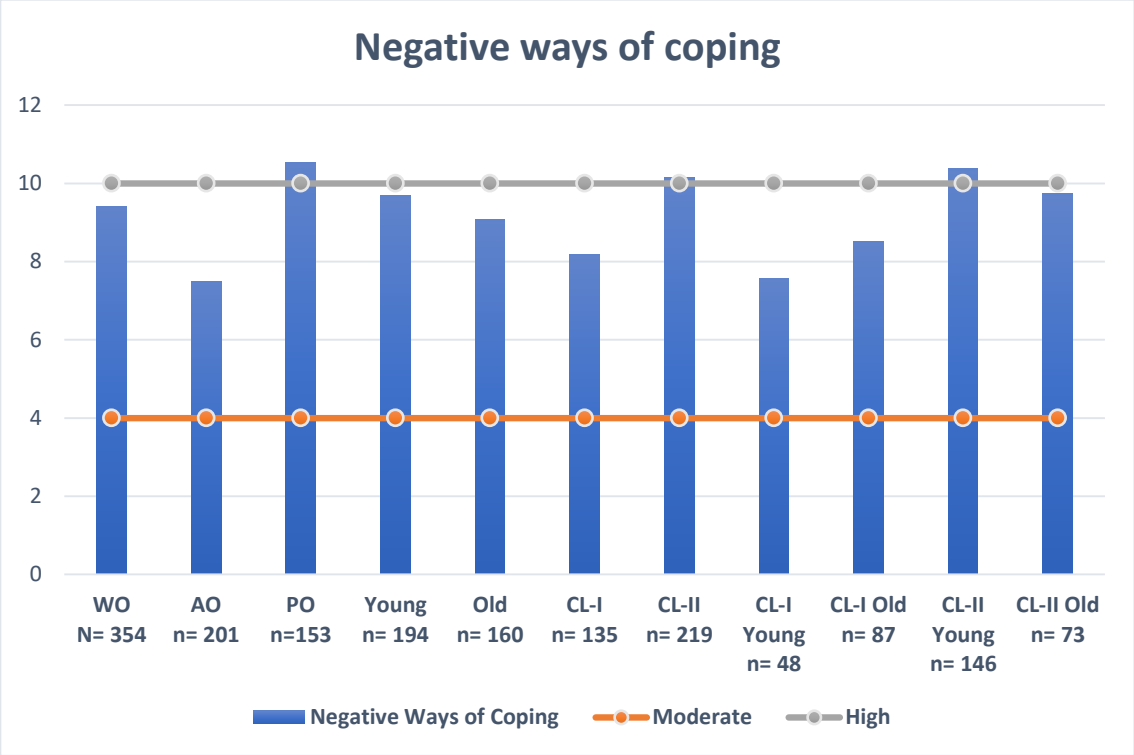


This study throws light on the rarely touched topic of coping mechanism. Moderate usage of

positive ways of coping highlights the need for training. Results show, highest use of positive ways by police officers. Coping strategies entailed focusing on problem-oriented solutions maintaining firmness and self-restraint as expressed in FGD.

The role of age and experience will be probed in further separate study of police and administrative officers

Summary Graph 1.2 Negative ways of coping of all groups of women officers



Moderate or high use of negative ways of coping suggests lack of knowledge and insight. High usage of both positive and negative ways of coping on part of police officers suggests hard efforts to cope with the difficult situation.

2 : Study of women administrative officers n=201

Table 4.45- Age wise comparison of Administrative officers on Coping Mechanism

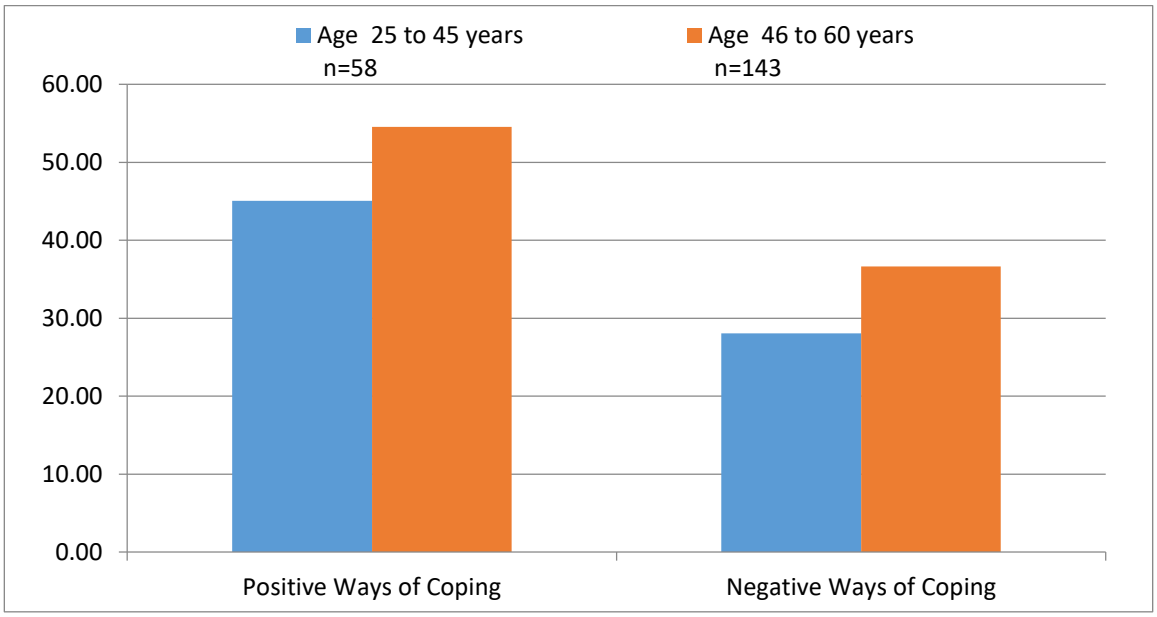
Age Groups	25 to 45	46 to 60		
	n = 58	n = 143		
Dependent Variables	**Mean(SD)**	**Mean(SD)**	***t***	***p***
Positive ways of coping	22.53(5.62)	27.28(7.55)	-4.323	**0.000**
Negative ways of coping	7.02(2.66)	9.16(4.01)	-3.728	**0.000**

* Moderate range on Positive ways of coping 18 to 35, Negative ways of coping 4 to 10

Results indicate a significant difference in age group of 25 to 45 years (M=22.53, SD=5.62) and age group of 46 to 60 years (M=27.28, SD=7.55), *t(199)* = -4.323, *p* = 0.00 on use of Positive Ways of Coping.

Results indicate a significant difference in age group of 25 to 45 years (M=7.02, SD=2.66) and age group of 46 to 60 years (M=9.16, SD=4.01), *t(199)* = -3.728, *p* = 0.00 on use of Negative Ways of Coping.

Graph 4.45 – Age wise comparison of Administrative officers on Coping Mechanism



Administrative officers from both the age groups reported moderate use of both positive as

well as negative ways of coping. Significantly more use of positive ways by older administrative officers shows the benefits of maturation and learning owing to age. Similar difference in negative ways of coping displays probable ignorance about long term effects of their use.

Table 4.46- Grade-level wise Comparison of Administrative officers on Coping Mechanism

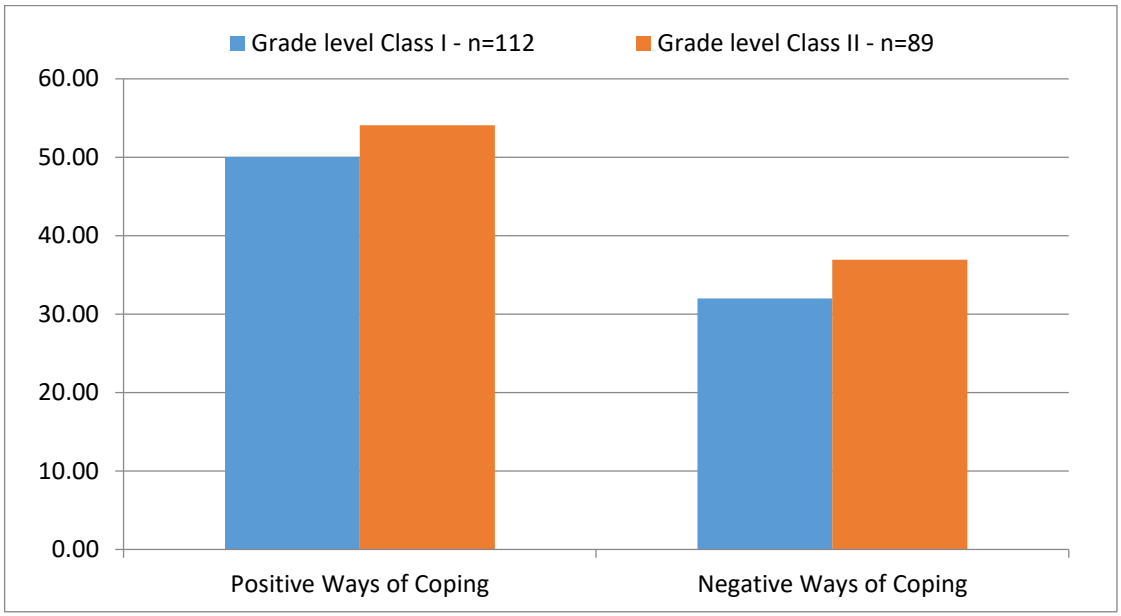
Grade levels	**Class I**	**Class II**		
	n = 112	**n = 89**		
Dependent Variables	**Mean (SD)**	**Mean (SD)**	***t***	***p***
Positive ways of coping	25.01(7.36)	27.04(7.24)	-1.953	**0.052**
Negative ways of coping	8.00(3.79)	9.23(3.70)	-2.304	**0.022**

* Moderate range on Positive ways of coping 18 to 35, Negative ways of coping 4 to 10

Results indicate a significant difference among Class I (M= 25.01, SD=7.36) and Class II (M= 27.04, SD=7.24) women officers, *t(199)* = -1.953, *p*= 0.052 on use of Positive Ways of Coping.

Results indicate a significant difference among Class I (M= 8.00, SD=3.79) and Class II (M=9.23, SD=3.70) women officers, *t(199)* = -2.304, *p*= 0.022 on use of Negative Ways of Coping.

Graph 4.46 – Grade level wise Comparison of Administrative officers on Coping Mechanism



Both class I and class II administrative officers reported moderate use of both positive as well as negative ways of coping. Significantly more frequent use of both positive as well as negative coping ways by class II officers indicate both hard efforts on their part and need for training and knowledge about the way coping mechanism works.

Table 4.47– Age wise comparison of Class I women administrative officers on Coping Mechanism

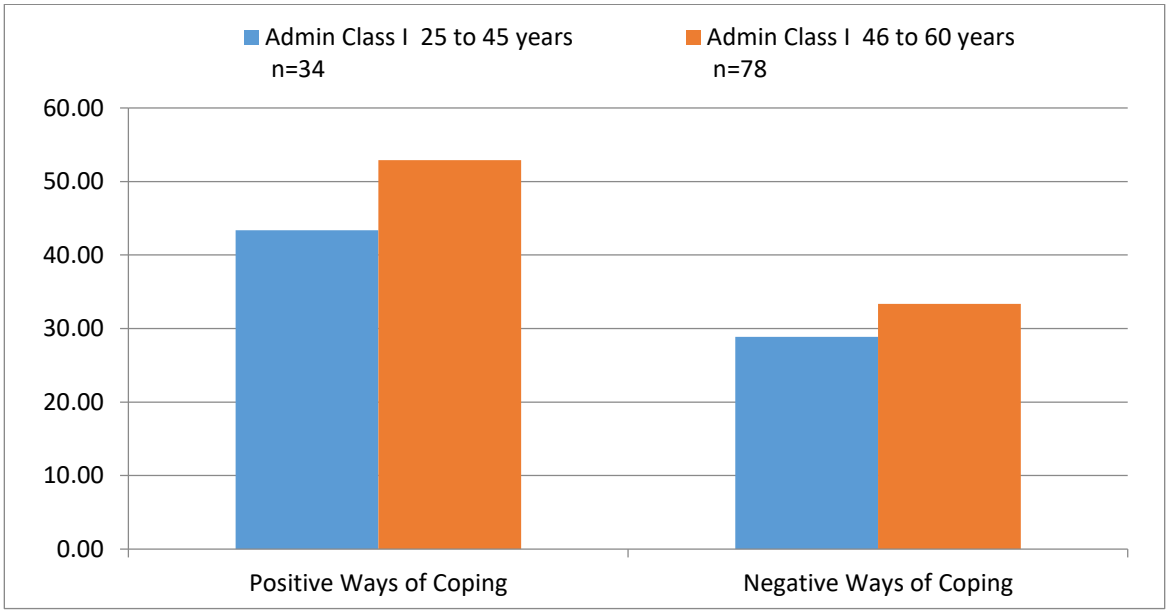
Age groups	**25 to 45**	**46 to 60**		
	n = 34	**n = 78**		
Dependent Variables	**Mean (SD)**	**Mean (SD)**	***t***	***p***
Positive ways of coping	21.69(6.20)	26.46(7.39)	-3.293	**0.001**
Negative ways of coping	7.22(3.17)	8.34(4.00)	-1.445	0.151

* Moderate range on Positive ways of coping 18 to 35, Negative ways of coping 4 to 10

Results indicate a significant difference in age group of 25 to 45 years (M=21.69, SD=6.20) and age group of 46 to 60 years (M=26.46, SD=7.39), $t(110) = -3.293$, $p = 0.001$on use of Positive Ways of Coping.

Results indicate no significant difference in age group of 25 to 45 years (M=7.22, SD=3.17) and age group of 46 to 60 years (M=8.34, SD=4.00), $t(110) = -1.445$, $p = 0.151$ on use of Negative Ways of Coping.

Graph 4.47 – Age wise comparison of Class I women administrative officers on Coping Mechanism



Class 1 officers from the older age group of (46+), owing to their experience and maturity were able to employ more positive ways of coping as compared to young (25 to 45) officers. (Mind Search) as reflected in the results of administrative officers.

However, it has not helped in reducing the use of negative coping strategies. That indicates the need for knowledge and skills about both positive and negative coping strategies. Results are indicative of a lack of awareness one's coping mechanism among women. Training and psycho-social support can help reduce the use of negative coping ways which have unknowingly been employed and resulted in distress. It would also increase the preparedness of administrative officers especially under stressful and precarious situations such as those faced during Covid pandemic.

Table 4.48 – Age wise comparison for Class II women administrative officers on Coping Mechanism

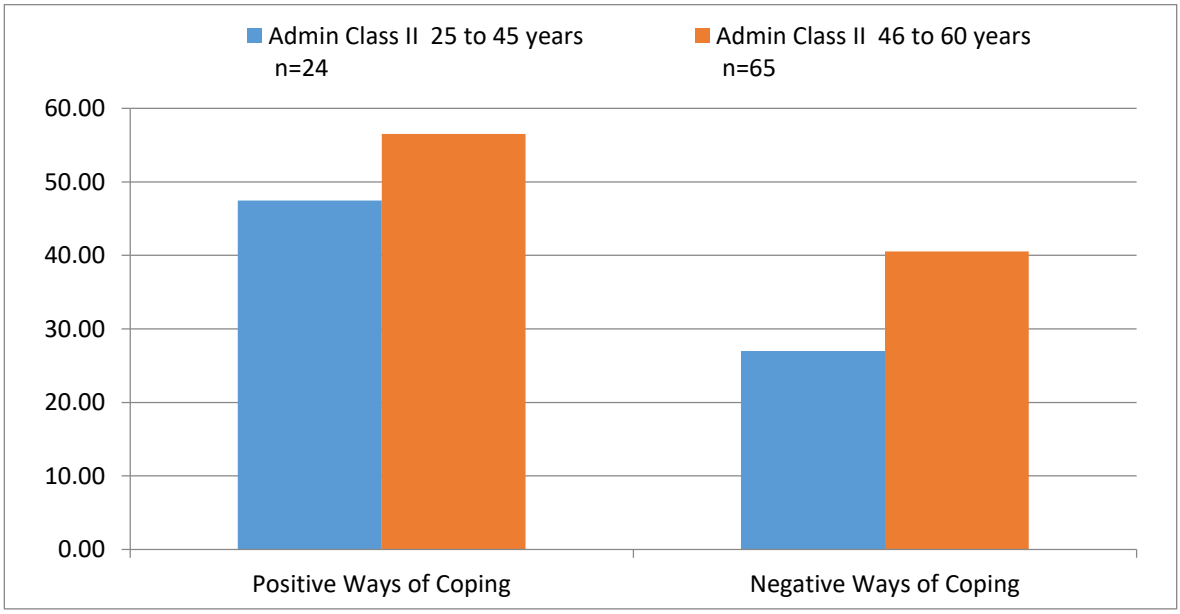
Age groups	25 to 45	46 to 60		
	n = 24	n = 65		
Dependent Variables	**Mean (SD)**	**Mean (SD)**	***t***	***p***
Positive ways of coping	23.73(4.56)	28.26(6.68)	-2.713	**0.008**
Negative ways of coping	6.75(1.73)	10.14(3.83)	-4.177	**0.000**

* Moderate range on Positive ways of coping 18 to 35, Negative ways of coping 4 to 10

Results indicate a significant difference in age group of 25 to 45 years (M=23.73, SD=4.56) and age group of 46 to 60 years (M=28.26, SD=6.68), *t(87)* = -2.713, *p* = 0.008 on use of Positive Ways of Coping.

Results indicate a significant difference in age group of 25 to 45 years (M=6.75, SD=1.73) and age group of 46 to 60 years (M=10.14, SD=3.83), *t(87)* = -4.177, *p* = 0.000on use of Negative Ways of Coping.

Graph 4.48 – Age wise comparison for Class II women administrative officers on Coping Mechanism



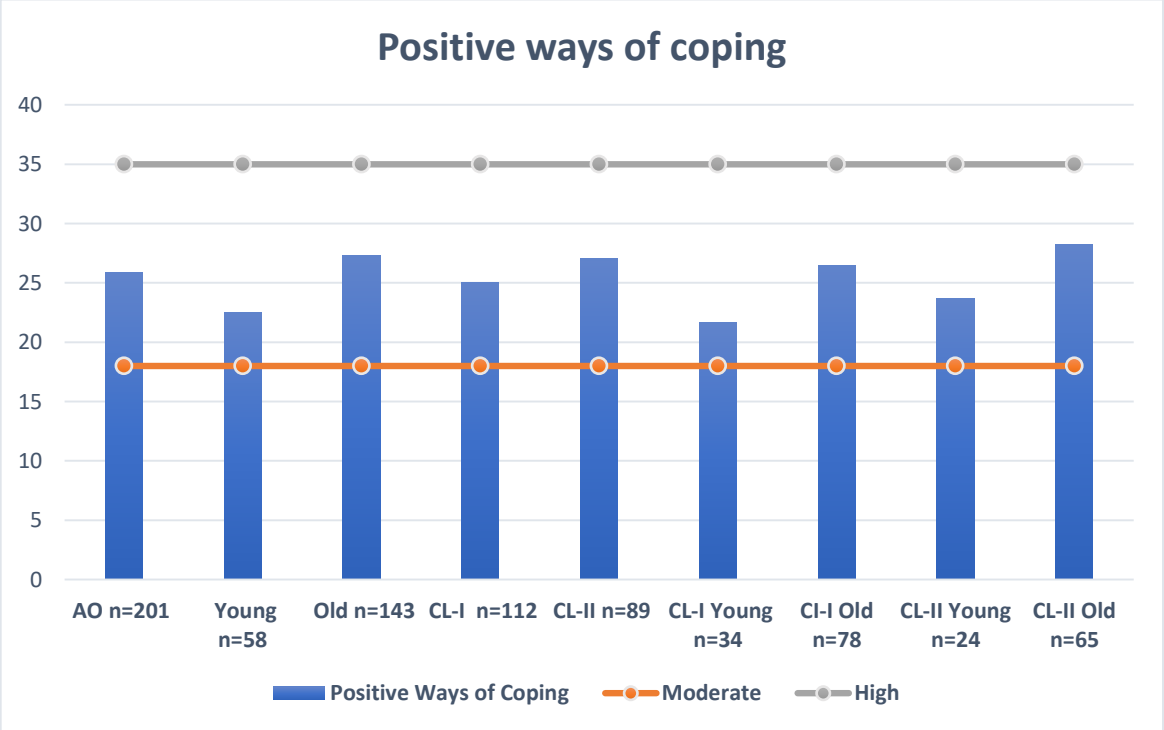
Vast experience and maturity that comes along with age has helped Class II administrative

officers for more frequent use of positive ways of coping. This finding corroborates with earlier finding regarding use of positive coping strategies (Patterson, 2000) which in turn can lead to higher productivity.

Significantly more frequent use of negative ways of coping underlines the need for awareness and knowledge about the nature of negative ways of coping and effects of their long-term use.

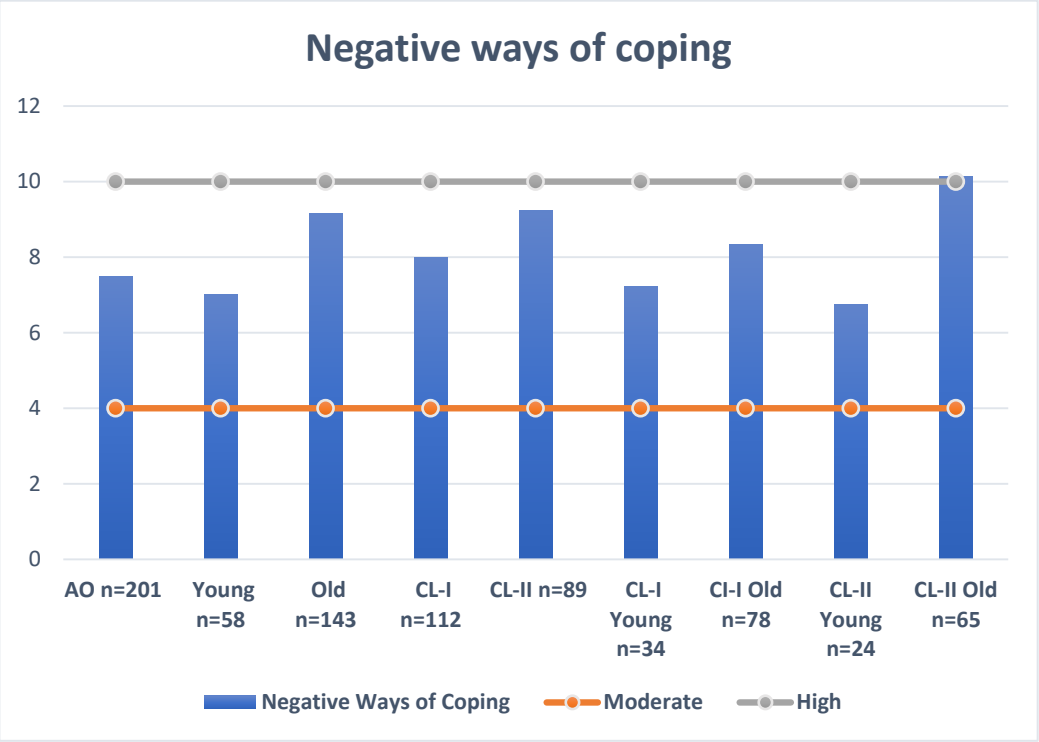
Summary 4.3.3: Coping Mechanism of all groups of women administrative officers

Summary Graph 2.1 Positive ways of coping of all groups of women administrative officers



Results indicate lack of awareness one's coping mechanism among women officers. Class 1 officers from older age group of (46+), owing to their experience and maturity were able to employ more positive ways of coping as compared to young (25 to 45) officers.

Summary Graph 2.2 Negative ways of coping of all groups of women administrative officers



Class II officers employed negative ways of coping like self-blaming, avoidance significantly more as compared to class I officers, maturity by age did not help them. Need for psycho-education and training in coping mechanism is underlined. Experience as class I officer possibly gave a little insight but it did not stop them from using negative ways of coping. Age-wise maturity has not helped in understanding the nature and effects of negative ways of coping.

3 : Study of women Police officers N=153

Table 4.49- Age wise comparison of women Police officers on Coping Mechanism

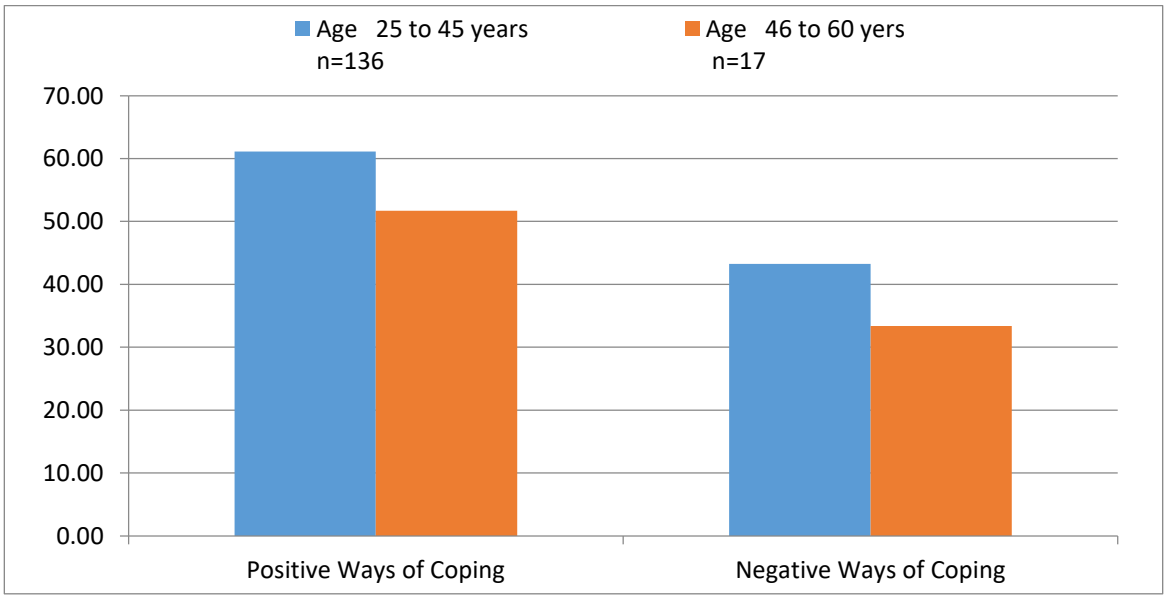
Age Groups	25 to 45	46 to 60		
	n = 136	*n* = 17		
Dependent Variables	**Mean (SD)**	**Mean (SD)**	***t***	***p***
Positive ways of coping	30.56(7.64)	25.84(6.91)	2.425	**0.016**
Negative ways of coping	10.81(3.51)	8.35(4.16)	2.66	**0.009**

* Moderate range on Positive ways of coping 18 to 35, Negative ways of coping 4 to 10

Results indicate a significant difference in age group of 25 to 45 years (M=30.56, SD=7.64) and age group of 46 to 60 years (M=25.84, SD=6.91), $t(151) = 2.425$, $p = 0.016$ on use of Positive Ways of Coping.

Results indicate a significant difference in age group of 25 to 45 years (M=10.81, SD=3.51) and age group of 46 to 60 years (M=8.35, SD=4.16), $t(151) = 2.66$, $p = 0.009$ on use of Negative Ways of Coping.

Graph 4.49 – Age wise comparison of women Police officers on Coping Mechanism



Women police officers from younger age group are found to be using both positive as well as negative ways of coping significantly more frequently. This appears to be inconsistent with earlier results of age-wise comparison, where maturation and learning appeared to have facilitated the better use of positive coping ways. However, imbalance in sample size may have caused it age >45 n=136 and age <46 n=17.

Table 4.50 – Grade level wise Comparison of Women Police officers on Coping Mechanism

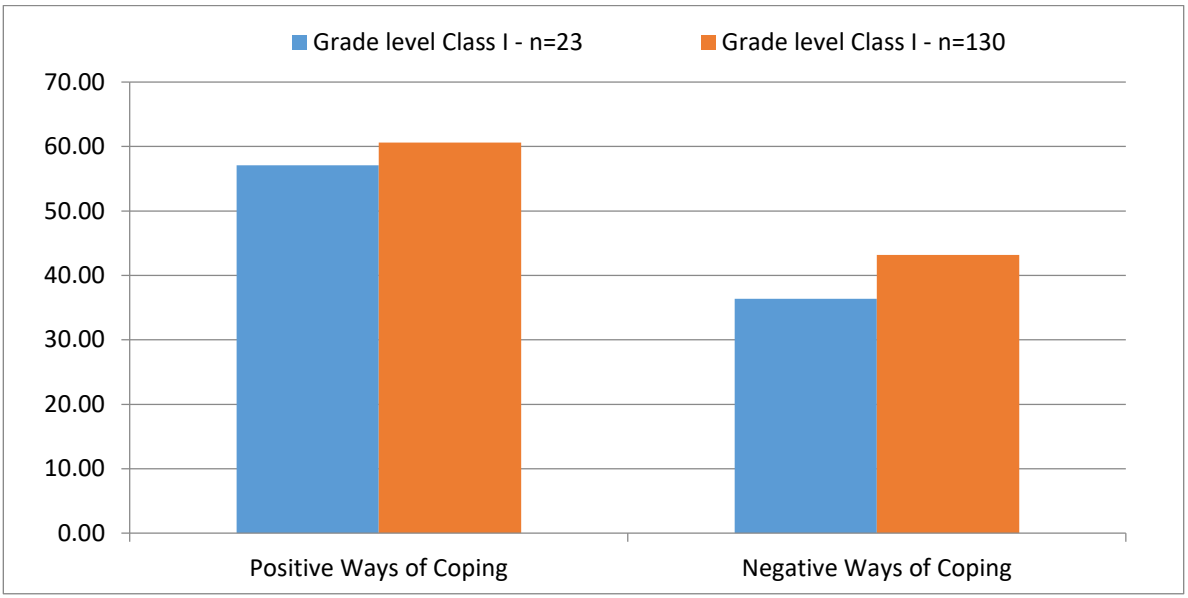
Grade levels	**Class I**	**Class II**		
	***n* = 23**	***n* = 130**		
Dependent Variables	**Mean (SD)**	**Mean (SD)**	***t***	***p***
Positive ways of coping	28.55(7.17)	30.30(7.77)	-1.009	0.314
Negative ways of coping	9.09(3.66)	10.79(3.60)	-2.081	**0.039**

* Moderate range on Positive ways of coping 18 to 35, Negative ways of coping 4 to 10

Results indicate no significant difference between Class I (M= 28.55, SD=7.17) and Class II (M=30.30, SD=7.77) women officers, *t (151)* = -1.009, *p*= 0.314 on use of Positive Ways of Coping.

Results indicate a significant difference between Class I (M=9.09, SD=3.66) and Class II (M= 10.79, SD=3.60) women officers, *t (151)* = -2.081, *p*= 0.039 on use of Negative Ways of Coping.

Graph 4.50 – Grade level wise Comparison of Women Police officers on Coping Mechanism



Women police officers irrespective of grade level have reported moderate use of positive as well as negative ways of coping. However, class I police officers are using negative ways of coping significantly less as compared to class II officers suggesting beneficial effect of exposure and learning at higher position. It also indicates lack of insight and awareness about nature and use of positive and negative ways of coping

Table 4.51 - Age wise Comparison of Class I Women Police officers on Coping Mechanism

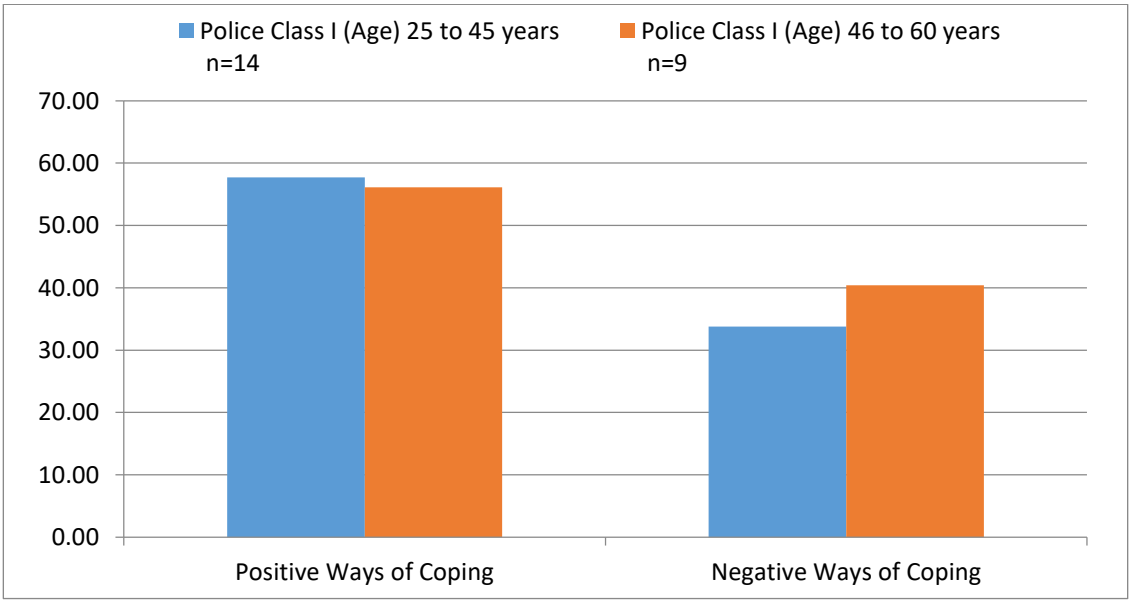
Grade*Age for Class I	**25 to 45**	**46 to 60**		
	***n* = 14**	***n* = 9**		
Dependent Variables	**Mean(SD)**	**Mean(SD)**	***t***	***p***
Positive ways of coping	28.85(7.62)	28.07(6.82)	0.248	0.807
Negative ways of coping	8.44(2.15)	10.10(4.34)	-1.064	0.299

* Moderate range on Positive ways of coping 18 to 35, Negative ways of coping 4 to 10

Results indicate no significant difference in age group of 25 to 45 years (M=28.85, SD=7.62) and age group of 46 to 60 years (M=28.07, SD=6.82), *t(21)* = 2.248, *p* = 0.807on use of Positive Ways of Coping.

Results indicate no significant difference in age group of 25 to 45 years (M=8.44, SD=2.15) and age group of 46 to 60 years (M=10.10, SD=4.34), *t(21)* = -1.064, *p* = 0.299 on use of Negative Ways of Coping.

Graph 4.51 - Age wise Comparison of Class I Women Police Officers on Coping Mechanism



All women class I police officers irrespective of age have reported moderate use of positive as well as negative ways of coping. No age wise differences are seen among class I police officers.

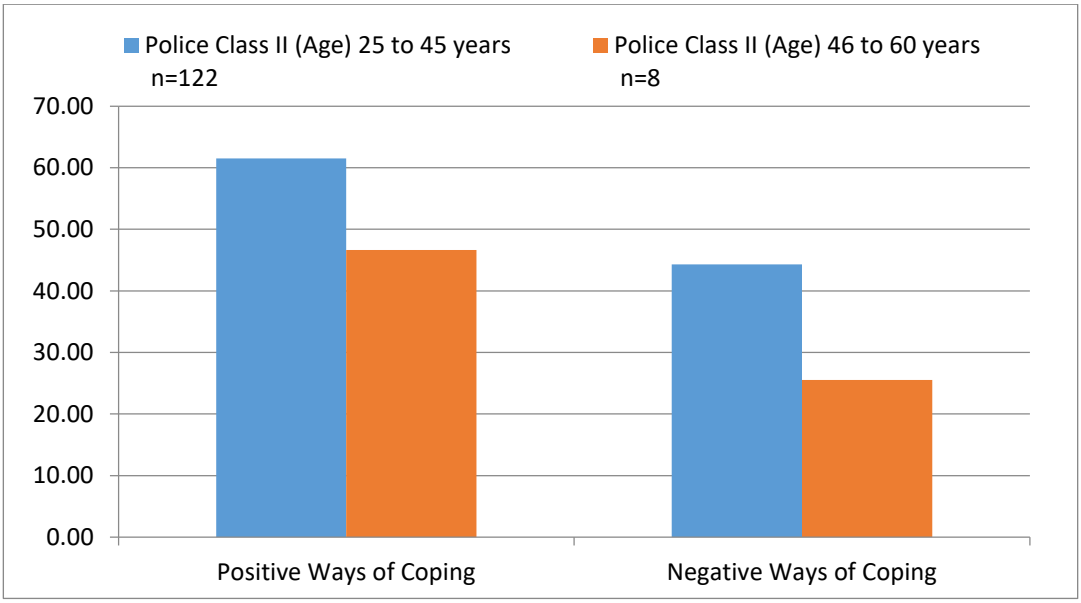
Table 4.52- Age wise Comparison of Class II Women Police officers on Coping Mechanism.

Age groups	**25 to 45**	**46 to 60**		
	***n* = 122**	***n* = 8**		
Dependent Variables	**Mean (SD)**	**Mean (SD)**	***t***	***p***
Positive ways of coping	30.76(7.65)	23.33(6.50)	2.681	**0.008**
Negative ways of coping	11.08(3.45)	6.38(3.11)	3.74	**0.00**

* Moderate range on Positive ways of coping 18 to 35, Negative ways of coping 4 to 10 Results indicate a significant difference in age group of 25 to 45 years (M=30.76, SD=7.65) and age group of 46 to 60 years (M=23.33, SD=6.50), *t(128)* = 2.681, *p* = 0.008on use of Positive Ways of Coping.

Results indicate a significant difference in age group of 25 to 45 years (M=11.08, SD=3.45) and age group of 46 to 60 years (M=6.38, SD=3.11), *t(128)* = 3.74, *p* = 0.000 on use of Negative Ways of Coping.

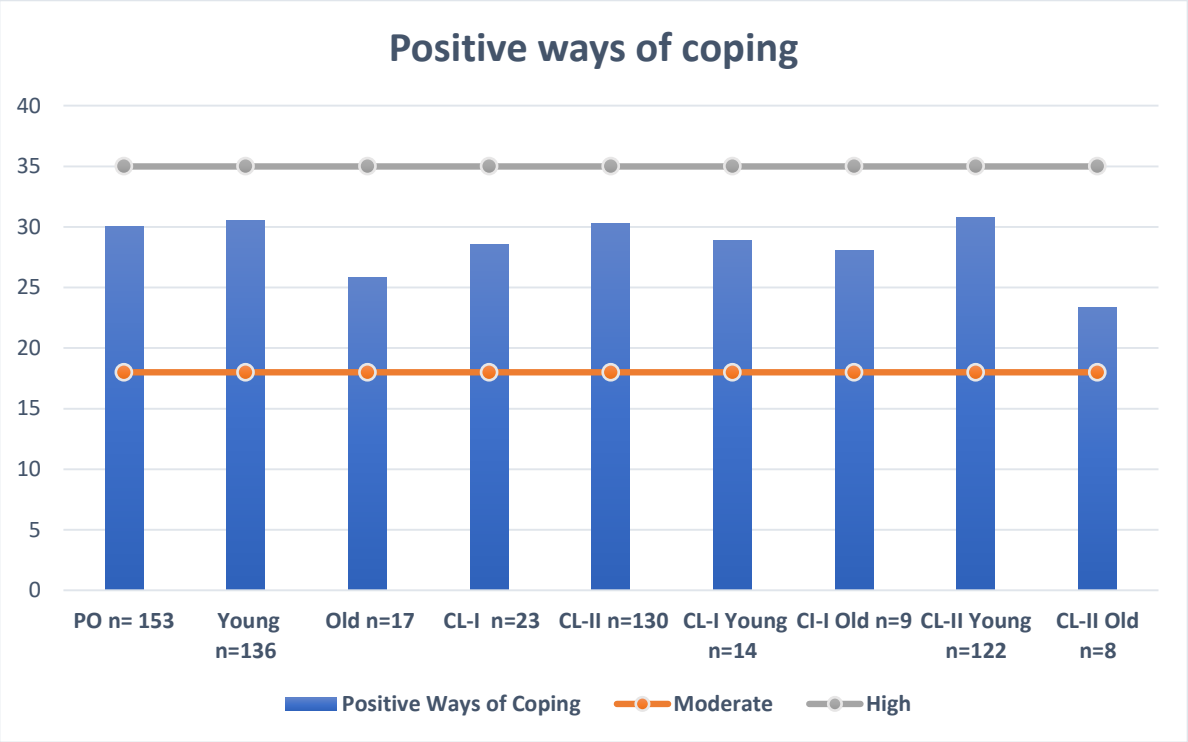
Graph 4.52 – Age wise Comparison of Class II Women Police officers on Coping Mechanism



Class II police officers from younger age group of below 45 is reporting significantly more use of positive ways of coping. This apparently inconsistent finding seems to result from sample size imbalance (for age group>45 n=122, for age group<46 n=8). This is coupled by significantly more use of negative ways of coping.

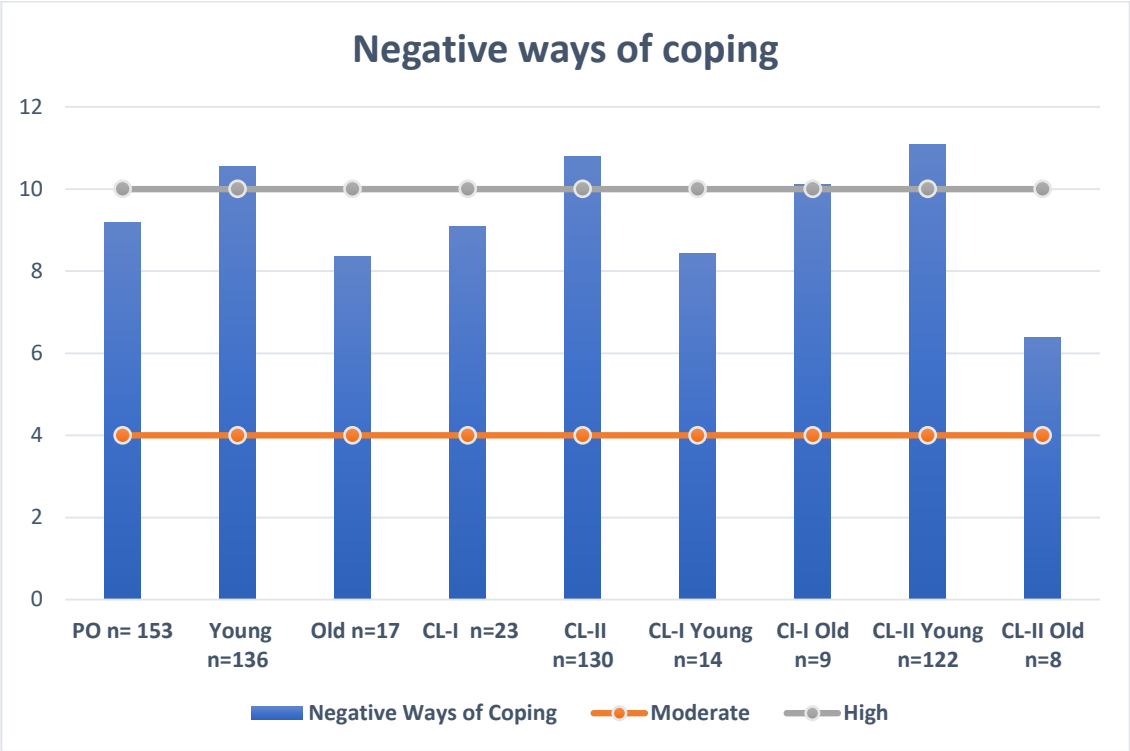
Summary 4.3.3: Coping Mechanism of all groups of women police officers

Summary Graph 3.1Positive ways of coping of all groups of women police officers



Observed age and grade related significant differences high light the role of maturity and learning in the development of coping mechanism.

Summary Graph 3.2 Negative ways of coping of all groups of women Police officers



Significantly higher use of negative ways suggests lack of mature insight of long-term distress resulting from negative ways. Significantly higher use of negative ways by younger class II indicates role of experiential learning on part of older officers. A coping challenge frequently encountered by women at the workplace was mentioned in the focused group discussions was gender inequality. This needs attention.

4.3.4: REBT based intervention program

Step I – Quantitative findings

(Video clips Online): Data obtained from Google Forms were analysed. Six questions were asked mainly about how many videos they watched, participant's ratings of the REBT workshop, whether they found the workshop applicable to daily life, which was their favourite part of the workshop and lastly- whether the participants would like a more in depth understanding of REBT. 39 participants have so far sent back filled Google Forms. In all 69.2% respondents rated the workshop as 'Excellent', 87.2% respondents found REBT concepts discussed in the sessions as applicable to real life and challenging situations at their respective workplaces. Learning the 'ABC' construct in REBT was most enjoyable and memorable for the majority of the respondents. Total 76.9% respondents reported that they would like to gain a deeper understanding of REBT and have shown willingness to participate in the intensive training on the same.

Step II – Qualitative findings and discussion

The interactive training started with a short welcome and introduction of the expert trainers by the principal investigator. The experts initiated the discussion with the concept of stress its symptoms and causes. The discussion continued by inviting examples from the participles. A mind map was generated based on the sharing regarding causes, consequences and attributions.

Participants responded genuinely and openly. Participants gave many examples of observable physical, emotional and behavioural symptoms and causes in the form of stressful situations at workplace and home. Then experts picked up the examples of stressful situations and explained that the seen effects on behaviour are considered to be connected to the event directly. Here the experts introduced the first concept of A-B-C in rational emotive behaviour thinking (REBT). Lot of trigger exercises and role plays were used to make them aware of the A-B-C equation.

During this discussion also participants shared the relevant experiences. Now the experts picked up the experiences and motivated the participants to identify the A and C from that event. Then they turned to what was the possible B and how it differs from person to person. Also, how these different Bs could alter the C every time. There was a lot of involvement and collective learning was reflected through the interactions.

During the discussion many officers found out the possible options as B that could have prevented the emotional disturbance that day experienced during the events. Thus, all the

important concepts of REBT were introduced on day one.

Day two started with a small recapitulation of day one and then there was a series of role plays on part of experts. Here one of them initialized the event with same A however the other one came up with different C"s. Then participants were asked to identify B in each case and its effectiveness for appropriate result.

While discussing on thinking errors participants narrated their own thinking errors and how they got troubled due to them. Participants shared many examples of how they tried to get rid of their emotional disturbances when they were upset but many times it was only of imited use. Then the discussion on 'relating these examples to the concepts of REBT' gave an insight into how their working more on their own irrational beliefs and thinking errors would help in future.

Following representative excerpts from the participants feedbacks reflect above summary very clearly.

'I was a little curious to hear the name of the workshop "Quest for happiness" it said something different, besides this was only for women officers. So, I joined the workshop with curiosity.'

'In fact, many of us are on the threshold of forty...we think we know everything. While many people say good things, some are very antagonistic. Why are these people like that? There is a conflict in the mind. Many times, mind gets puzzled, the thought does not leave my mind. With these questions, I joined thinking that I may get some answers from this workshop.'

'Actually, with very simple examples sir and madam touched the subject... kept us talking... and explained the session in a very different way.'

'We came to know that we think about it a lot on issues that are simple...same for all (like a dog sitting on the road), we can decide what to do, goal is more important than problem and if we have determined the goal, we should remove the obstacles and diversions in the way.'

'We can always say to the problems as*"मार दिया जाय या छोड दिया जाय बोल तेरे साथ क्या सलूख किया जाय"* and just leave them.

'Various examples, some thought-provoking scenes from the movie are used in very nice way in these sessions.'

'It will be useful if you can leave the demand track and stay on expectations track, you will get everything.'

‘I am deeply influenced by this workshop. Both, Anagha Madam and Deepak Sir, conducted the discussion very well. I would like to attend any future workshops of this genre. Thank you very much.’

Similar responses were shared by other participants as well.

Chapter 5. Conclusions and Recommendations

1. Work Performance

Women officers put in hard efforts to enhance their work performance despite demanding work situation and limited autonomy.

5.1. Productivity Loss

Productivity loss refers to the challenges concerning time management, mental and interpersonal demands at workplace. Almost all groups of women officers reported high productivity loss indicating the presence of many challenges and demands at workplace.

It appears that an increasing burden of responsibilities at the work front along age is leading to increase in work productivity loss among older age groups.

5.2. Productivity

The Mind Search tool revealed that all groups of officers reported a moderate level of productivity indicating perceived self-efficacy, satisfaction regarding own achievements and growth-oriented behaviour. This intriguing finding points to the efforts and motivation to maintain productivity on the part of women officers during difficult Covid times. This needs to be strengthened with a more supportive, favourable and conducive ecosystem. Such an enhancement of the systemic environment will further enhance productivity and motivation.

5.3. Autonomy

Overall low autonomy is reported by most groups of women officers. Both the groups of administrative and police officers just touch moderate levels of autonomy indicating a lack of freedom and decision making. Systemic restrictions imposed on them made them feel a low sense of control at work and decision-making.

This result indicates the need for creative restructuring of the systems so that it appears as a useful work structure where autonomy can be achieved.

Possible benefits of seniority, experience and age are reflected in significantly more Autonomy reported by class I officers and older officers'.

- **Only for administration**

Significantly higher productivity loss is observed among administrative officers due to unforeseen

new demands of situation and interpersonal challenges during covid situations.

- **Only for Police**

Older police officers could gain from maturity and experience and achieve better work performance as reflected through moderate productivity loss, moderate autonomy and productivity touching high level.

2. Mental Health Challenges

Even in the challenging circumstances women officers showed resilience and reported less mental health challenges. However, lack of proper knowledge regarding mental health and absence of mental health facilities is evident.

5.4. Depression,

This study has highlighted that 'Depression' appears to be the major mental health challenge that needs immediate attention. It also appears that maturity and learning with age is not helping on the contrary it may escalate with increasing age.

5.5. Anxiety

Almost all groups of women officers reported low levels of 'Anxiety' during the pandemic. This result implies that the women officers demonstrated resilience and courage in overcoming the challenges in the wake of the pandemic. They capitalized on their strengths, families and support systems to combat the same.

5.6. Mental health problems

Most of the groups of women officers reported low level of mental health problems suggesting less interactional challenges, emotional disturbances and psychosomatic problems.

- O**nly for administration**

Low depression is observed among young women administrative officers which suggests that timely systemic intervention can be a good preventive measure.

Less mental health challenges are reported by women administrative officers.

- **Only for Police**

All groups of police officers show moderate depression and anxiety.

Women police officers reported many more mental health challenges as compared to women administrative officers, which needs focussed attention and systemic restructuring.

Exceptionally more mental health problems among older police officers in general and older class II police officers' in particular need to be attended. This result is indicative of social and interactional challenges, emotional disturbances and psychosomatic problems among police officers.

3. Coping Mechanism

Effective use of coping mechanisms seems to be a function of maturity and insightful learning.

5.7. Positive Ways of Coping

Results reveal lack of knowledge and awareness regarding nature and use of positive ways of coping among women officers.

Significant difference in favour of women class I officers suggest the benefits of exposure and experience at higher position while using of positive ways of coping.

Age wise comparison suggests that maturity by age could not help.

Thus, the need for knowledge and skills in this area is emphasized.

5.8. Negative Ways of Coping

Results expose absence of awareness regarding the nature and effects of negative ways of coping among women officers. Even experience as class I officer possibly gave a little insight but it did not stop them from using negative ways of coping.

Need for psychoeducation and training in coping mechanism is underlined.

Only for administration

- Results indicate that Class 1 administrative officers especially from older age group of (46+), owing to their experience and maturity were able to employ more positive ways of coping as compared to young (25 to 45) officers. However, they were still using them only moderately suggesting the lack of insight into the enhanced use of positive coping strategies.

Only for Police

- Observed age and grade related significant differences among police officers high light the role of maturity and learning in the development of coping mechanism.
- Significantly higher use of both positive and negative ways suggests lack of mature insight of long-term distress resulting from negative ways.

- Significantly lower use of negative ways by older class II indicates role of experiential learning.
- A coping challenge frequently encountered by women police officers at the workplace was mentioned in the focused group discussions was gender inequality. This needs attention.

Limitations

- The sample was from only thirteen districts of two divisions of Maharashtra state. Representation from other divisions of Maharashtra state and other states of India could provide a holistic and clearer profile of the mental health status of the women officers in police and administrative services.
- The number of women police officers was less in Aurangabad (N=37) division as compared to the Pune division (N=116). This is a result of fewer recruitments of women police in all ranks resulting in an imbalance in the number of female recruits in different geographical areas. Such was not the case with administrative departments.
- Due to the above-mentioned reason, age-wise the sample was not evenly distributed for the two services, police (N=7 >45yrs) and administration (N=136 >45yrs), especially in the 45 yrs and above age group.
- The training module comprising four sections was administered in online mode due to the availability and time constraints of women officers. However, the Research team would have preferred to conduct the session in Offline mode to facilitate the impact. The continuation of that same will be in person- to person (Offline) mode even after the formal closure of this research project.
- Despite these limitations, the study has assessed very important factors related to the mental health of female police and administrative officers.

Recommendations

6.1 Action points

- For the dual purpose of future preparedness of the departments in similar unprecedented situations like Covid -19, and building upon experiential and maturational learning of older officers, findings from this and similar previous studies *can be interwoven with the current leadership and experience sharing workshops* and brainstormed upon by all stakeholders.
    - Productivity loss has emerged to be a significant variable in our study that needs focussed attention. Indian studies using WLQ are very rare.

    - Fostering a diverse and inclusive workplace, creating peer support networks, developing leadership opportunities, offering flexible work arrangements, enforcing anti-harassment policies, and collecting data to inform targeted policies will help in enhancing work performance.
- Perceiving the systemic structure as confining and rigid has been a longstanding and enduring problem, especially for the police department, this has been highlighted by participants in the present study too. A few action points particularly helpful for enhancing the perception of 'Autonomy' can be -
- Introduction of a *reward system governed by middle-level officers* for acknowledging the success of subordinates and peers can provide a sense of self-reliance and control for them.
- Encouragement *of empathetic leadership, transparency and creative problem-solving within* predefined boundaries in the department may be integrated into the system.
- For building a *culture of trust and responsibility* within the hierarchy it would be useful to identify and incentivise existing instances of supportive environment both in administrative and police departments.
- While pointing towards existing gender discrimination, both mental health professionals, as well as women officers stated that separating men and women workforce for training or any other purpose will prove detrimental to the overall functioning of the departments. The need of the hour is to sensitize male counterparts along with their female colleagues about being more cooperative and collaborative with their female peers. A three-day gender sensitization course is organized for Police Inspectors and Assistant Police Inspector at the Maharashtra Police Academy at Nashik, which appears insufficient and needs to be more intensive to be impactful and show results on the field (womenpoliceindia.org).
- Training workshops for learning about feminine and masculine attributes, their application

at workplace and life in general can be useful for empathetic understanding. Further, men can try adopting feminine attributes like demonstrating a more caring approach, and women can demonstrate masculine traits of firmness and assertiveness while performing their duty.

- Results received from this study call for designing easily *accessible mental health facilities* like regular check-ups, awareness workshops, treatment and counselling (in person / remote), telemedicine facilities, toll-free helplines especially for police and administrative personnel and their families.
- *Psycho education and training about the concept of mental health and its application in daily life is the need of the hour.*
- Special attention needs to be provided to signs of depression. Awareness regarding symptoms of depression and ways to get rid of them is essential. Such a mental health enhancement initiative for this valuable workforce is possible with the support from experienced psychiatrists who had expressed readiness during the online discussion as a part of preparation of FGDs during this project.
- To address the moderate levels of depression and anxiety among the women officers, there is a dire need to draft policies for the *availability of funds* and encourage collaborative *mental health initiatives* among renowned organizations (providing mental health services) and the police and administrative departments.
- Formation of *support groups* can help alleviate the stigma associated with availing of mental health services and bring about mental health awareness. During the study, several senior psychiatrists and counsellors expressed their willingness to render services for such support groups and contribute to the noble cause.
- Well-designed Rational Emotive Thinking based interventions may be included in the regular in-service training of women officers.
- Providing *support for child care to young mothers and fathers* would positively impact the personal and professional well-being of all officers including women.
- Results reveal that there is a need for training programs focusing on the types and nature of coping strategies for strengthening the use of positive coping strategies and reducing the use of negative coping strategies. This will further help in reducing mental health problems and enhancing well-being.

- **Specially for Administration**
- In service training and experience sharing by senior officers regarding variety work

demands, resilience required other strategies for increasing productivity and efficiency.

Specially for Police

- Addressing trauma, implementing wellness initiatives, promoting mental health awareness, conducting regular well-being check-ins, appointing mental health liaisons, providing cultural competency training could lead to better well-being. By taking these steps, police organizations can establish a supportive environment that prioritizes women officers' mental health, contributing to their success and job satisfaction.

- Creation of infrastructure like toilets and changing rooms at workplace is a 'crying need' (Borwankar, 2022)
- Providing support for child care to young mothers and fathers would positively impact personal and professional well-being of all officers including women.

6.2 Concluding remarks

- The obtained local data on women officers of Maharashtra state provides a clear picture of their work performance, mental health challenges and the coping mechanism. Results indicate that tremendous scope for improvement in related areas that could potentially enhance their well-being and work productivity. For instance, through regular team meetings, with immediate discussion and interpretation of results, support and intervention programs can be designed. Policymakers can introduce reforms, incentives or support initiatives aiming at the mental health enhancement of officers. Government and NGOs can partner to promote desirable programs, state governments can allot funds for additional facilities.
- The results reveal that despite the risk and enormous challenges, women officers remained steadfast and motivated to deliver their mandated responsibilities. They serve as important role models in society. It is imperative to cultivate an environment where women's leadership can thrive and enjoy personal and professional well-being. Their journeys need a special mention and ought to be documented and acknowledged.
- The study also highlights the lack of awareness regarding aspects of one's own mental health among the women officers and the dire need for them to prioritize their own mental health and well-being over anything else.
- This study throws light on the neglected topic of coping mechanism among women officers. And identifies the requirement of training in coping skills. Also, knowledge and awareness regarding important aspects of work life like, productivity, autonomy, gender

complementarity etc. also needs to be arranged for.

- These findings will help synchronously introduce critical reforms and systemic changes so that the Indian women's leadership can better position itself for future challenges. Also, government organizations can align their actions, strategies and processes with the information and knowledge generated from this study.
- A special mention is required to the readiness to contribute to the cause of enhancement of mental health of this valuable workforce by mental health professionals like psychiatrists, counselors from all over Maharashtra during the online meetings as part of preparation for FGD of this study.

6.3 Possible future research directions

- Future studies can include gender as an additional variable along with age for the study of other relevant determinants of mental health.
- Participants from other states of India can be included in the study.
- Preparing a training module in identified areas like coping, work productivity and studying its impact on officers in a pre-post design study will be an important area of further work.
- Results revealed that the current sample shows moderate levels of depression which could predispose women officers to other harmful physical and mental conditions. Using current data, and applying the science of analytics some prescriptive and predictive models could be developed to minimize future manifestations of current mental health conditions.

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Appendices

Appendix -I

Tool 1 - Work Limitations Questionnaire

Instructions

Health problems can make it difficult for working people to perform certain parts of their jobs. We are interested in learning about how your health may have affected you at work during the Covid-19 pandemic.

(1) The questions will ask you to think about your physical health or emotional problems. These refer to any ongoing or permanent medical conditions you may have and the effects of any treatments you are taking for these. Emotional problems may include feeling depressed or anxious.

(2) Most of the questions are multiple-choice. They ask you to answer by placing a mark in a box.

Appendix - II

Tool 2 - JPIP Mind Search

Help sought for Mental Health: Yes/No

Instructions -

Read all the statements carefully. Record your responses with reference to your experiences in last 2 months. Encircle the number for each item on 'Frequency' as well as 'Intensity' on five point rating scales given below.

A. Frequency means 'how many times' you experienced it?

B. Intensity means 'extent to which' you experienced it?

Rating scale

. **Frequency** **B. Intensity**

0 1 2 3 4 **0 1 2 3 4**

Never Rarely Occasionally Many times Always **No Mild Moderate Severe Profound**

For e.g.

Frequency	**Items**	**Intensity**
Possibility 1: Person 'X' never had headache (**Frequency 0**). Hence no question of **intensity (0)**. So the response is:		
0 1 2 3 4	**My head is aching.**	**0 1 2 3 4**
Possibility 2: Person 'Y' occasionally (**Frequency 2**) had headache. But the **intensity** of headache was profound (4). So the response is:		
0 1 2 3 4	**My head is aching.**	**0 1 2 3 4**

Note that the responses on frequency and intensity of each statement will differ for every individual. Record your responses frankly and sincerely. Do not think too much about any statement.

**Please turn the page to solve the test…*

Appendix -III

Tool 3 - Ways of Coping Questionnaire

To respond to the statements in this questionnaire, you must think about specific stressful situations. Take a few moments and think about some stressful situations that you have experienced during the Covid-19 pandemic. By "stressful" we mean a situation that was difficult or troubling for you, either because you felt distressed about what happened, or because you had to use considerable effort to deal with the situation. The situation may have involved your family, your job, your friends, or something else important to you. You can describe one such stressful situation you have experienced below or you can talk about it.

Instruction: You can choose one option for each question and make a tick mark in front of the given space

No	Sentences	Not	Some what	Quite a Bit	Always
1	Accepted the next best thing to what I wanted.				
2	Came up with a couple of different solutions to the problem.				
3	Tried not to burn my bridges behind me, but left things open somewhat.				
4	Just took things one step at a time.				
5	Wished I was a stronger person, more optimistic and forceful.				
6	Changed something about myself so I could deal with the				

	situation better.				
7	Talked to someone who could do something about the problem.				
8	Changed or grew as a person in a good way.				
9	Talked to someone to find out about the situation.				
10	Bargained or compromised to get something positive from the situation.				
11	Criticize or lectured yourself.				
12	Got professional help and did what they recommended.				
13	Daydreamed or imagined a better time or place than the one I was in.				
14	Concentrate on something good that could come out of the whole thing.				
15	Thought about fantastic or unreal things (like perfect revenge or finding a million dollars) that made me feel better.				
16	Got mad at the people or things that caused the problem.				
17	Blamed yourself.				
18	Came out of the experience better than when I went in				
19	Wished I could change the way that I felt.				
20	Accepted sympathy and understanding from someone.				

Appendix - IV

Tool 4 - Patient Health Questionnaire (PHQ - 9)

Instruction: You have already thought about how you dealt with the stressful situations in the earlier questionnaire. Here, you need to think about how you felt during that period. And indicate how often have you been bothered by any of the following during that period?

-There are 9 questions.

-You can complete it in about 5-7 minutes.

	Sentences	**Not at all**	**Some days**	**More than half the days**	**Nearly every day**
1	Little interest or pleasure in doing things?				
2	Feeling down, depressed, or hopeless?				
3	Trouble falling or staying asleep, or sleeping too much?				
4	Feeling tired or having little energy?				
5	Poor appetite or overeating?				
6	Feeling bad about yourself - or that you are a failure or have let yourself or your family down?				
7	Trouble concentrating on things, such as reading the newspaper or watching				

	television?				
8	Moving or speaking so slowly that other people could have noticed? Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual?				
9	Thoughts that you would be better off dead, or of hurting yourself in some way?				

Appendix -V

Tool 5 - Generalized Anxiety Disorder Assessment (GAD - 7)

Name…… Test Date……..

Over the last 2 weeks, how often have you been bothered by any of the following problems?

-There are 7 questions.

-You can complete it in about 5-7 minutes.

	Sentences	**Not at all**	**Some days**	**More than half the days**	**Nearly every day**
1	Feeling nervous, anxious or on edge?				
2	Not being able to stop or control worrying?				
3	Worrying too much about different things?				
4	Trouble relaxing?				
5	Being so restless that it is hard to sit still?				
6	Becoming easily annoyed or irritable?				
7	Feeling afraid as if something awful might happen?				

Appendix - VI

Tool 6 - Perceived Stress Scale

The questions in this scale ask you about your feelings and thoughts during the last month. In each case, you will be asked to indicate by circling how often you felt or thought a certain way.

Name _____ Date _____

Age _____ Gender (Circle): M F Other _____

0 = Never 1 = Almost Never 2 = Sometimes 3 = Fairly Often 4 = Very Often

Sr.no	Sentences	0	1	2	3	4
1	In the last month, how often have you been upset because of something that happened unexpectedly?					
2	In the last month, how often have you felt that you were unable to control the important things in your life?					
3	In the last month, how often have you felt nervous and “stressed”?					
4	In the last month, how often have you felt confident about your ability to handle your personal problems?					
5	In the last month, how often have you felt that things were going your way?					
6	In the last month, how often have you found that you could not cope with all the things that you had to do?					
7	In the last month, how often have you been able to control					

	irritations in your life?					
8	In the last month, how often have you felt that you were on top of things?					
9	In the last month, how often have you been angered because of things that were outside of your control?					
10	In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?					

Appendix -VII

Tool 7 - Ryff's Psychological Well-Being Scales (PWB)

Please indicate your degree of agreement (using a score ranging from 1-6) to the following sentences.

	Sentences	Strongly agree					Strongly disagree
		1	2	3	4	5	6
1	I am not afraid to voice my opinions, even when they are in opposition to the opinions of most people.						
2	In general, I feel I am in charge of the situation in which I live.						
3	I am not interested in activities that will expand my horizons.						
4	Most people see me as loving and affectionate.						
5	I live life one day at a time and don't really think about the future.						
6	When I look at the story of my life, I am pleased with how things have turned out.						
7	My decisions are not usually influenced by what everyone else is doing.						
8	The demands of everyday life often get me down.						
9	I think it is important to have new experiences that						

	challenge how you think about yourself and the world.						
10	Maintaining close relationships has been difficult and frustrating for me.						
11	I have a sense of direction and purpose in life.						
12	In general, I feel confident and positive about myself.						
13	I tend to worry about what other people think of me.						
14	I do not fit very well with the people and the community around me.						
15	When I think about it, I haven't really improved much as a person over the years.						
16	I often feel lonely because I have few close friends with whom to share my concerns.						
17	My daily activities often seem trivial and unimportant to me.						
18	I feel like many of the people I know have gotten more out of life than I have.						
19	I tend to be influenced by people with strong opinions.						
20	I am quite good at managing the many responsibilities of my daily life.						
21	I have the sense that I have developed a lot as a person over time.						

Appendix - VIII

List of Field Investigators

Field Investigator coordinator - Ms. Shubhangi Patwardhan

Field Investigator Team

1. Dr. Pranita Jagtap.
2. Dr. Anuradha Ohal.
3. Ms. Prerna Karulkar.
4. Ms. Sonia Virani.
5. Ms. Shraddha Shinde.
6. Ms. Isha Kanhere.
7. Ms. Kanchan Pande.
8. Ms. Rupali Marathe.
9. Ms. Kshama Datar.
10. Ms. Dipti Joshi.
11. Ms. Aarti Mahamuni.
12. Ms. Suwarta Mohgaonkar.
13. Ms. Pritam Abhang.
14. Ms. Swapnila Sethiya.
15. Ms. Madhuri Patil.
16. Ms. Manjiri Mhaskar.
17. Ms. Ashwini Aursang.
18. Ms. Ashwini Deshpande.
19. Ms. Kiran Naiknaware.
20. Ms. Sayali Deshmukh.

Appendix - IX

List of visited places during data collection

No	Place	Description of the place
1	Pune	**Pune corporation** Civil hospital Collector Office Commissioner office urban and rural
2	Satara	Collector Office Police station
3	Sangali	Police station
4	Solapur	Civil hospital
5	Kolhapur	Police station
6	Aurangabad	Civil hospital Collector Office Commissioner office urban and rural
7	Beed	Police station Collector Office
8	Latur	Collector Office Police station
9	Usmanabad	Police station
10	Ambejogai	Collector Office Civil hospital

Appendix –X

List of zoom recording links: For phase II **Focused Group Discussion**

7 May Mental Health worker Meeting
https://drive.google.com/file/d/1S5olAw5gOA_1oMY0953VFwq0WqoK3Z6X/view?usp=share_link

12 May Women Administrative and Police officers focus group discussion zoom meeting recording
https://drive.google.com/file/d/1cdGTZoNMDLeVuWtXVO2a-lF3DlG7q5VF/view?usp=share_link

16 May Women Administrative and Police officers focus group discussion zoom meeting recording
https://drive.google.com/file/d/1eJOxx1-i745UB6pnL_NCDybFOTculCQ5/view?usp=share_link

21 May Women Administrative and Police officers focus group discussion zoom meeting recording
https://drive.google.com/file/d/1yCP_imhZEv9R1m-RRjQMcDauB8gd0IAF/view?usp=share_link

Please note: *This is confidential data of women police and administrative officers. So needs to be handled with care. Confidentiality should be respected in all regards*

Appendix -XI

List of zoom recording links: For phase III

Rational Emotive Behaviour Therapy based interventions Intervention - 1

Awareness of own thinking Part 1 (विचारभान कार्यशाळा भाग 1)

https://drive.google.com/file/d/16jLL7iFG6j5qMVLSg_cywEMz0S7YbkTT/view?usp=sharing

Awareness of own thinking Part 2 (विचारभान कार्यशाळा भाग 2)

https://drive.google.com/file/d/1SGwZxZt8XarCaJmWPpdgELcEwB9hbCRO/view?usp=sharing

Awareness of own thinking Part 3 (विचारभान कार्यशाळा भाग 3) https://drive.google.com/file/d/1-aqpYFC9CBrzZBnu0DF-4MQos5LDI6q2/view?usp=sharing

Awareness of own thinking Part 4 (विचारभान कार्यशाळा भाग 4)

https://drive.google.com/file/d/15nWY86p1A85UYnI-RzsqQgPIYck-IVgD/view?usp=sharing

Intervention - 2

Day 1: Quest for Happiness (आनंदाची शोधयात्रा)

https://drive.google.com/file/d/1pocPbe_VzOOsqFfH7R5vLzQ422e7qaIO/view?usp=drivesdk

Day 2: Quest for Happiness (आनंदाची शोधयात्रा)

https://drive.google.com/file/d/15MFUZlhLkY1LLn9TDVOyq8km89AfjQAX/view?usp=drivesdk

Appendix –XII

Photos

Phase I

Meet with Police officer during in person data collection process from Aurangabad division.

Meet with Administrative officer during in person data collection process from Beed, Aurangabad division.

Research officer Conducting online focus group discussion

Test administrator: administer the test to Administrative officer during in person data collection

Meet with Police officer during in person data collection process from Aurangabad division.

Meet with Administrative officer during in data collection process in Pune.

Phase II

Expert counselor Dr. Sujala Watve speaking at expert's FGD for preparation of officers' FGDs.

Expert Psychiatrist Dr. Devvrut Harshe speaking at expert's FGD for preparation of officers' FGDs.

Police officer speaking as a participant in officers' FGD

Administrative officer speaking as a participant in officers' FGD

Prerana Katte (ACP)

Sharing their experience about covid 19

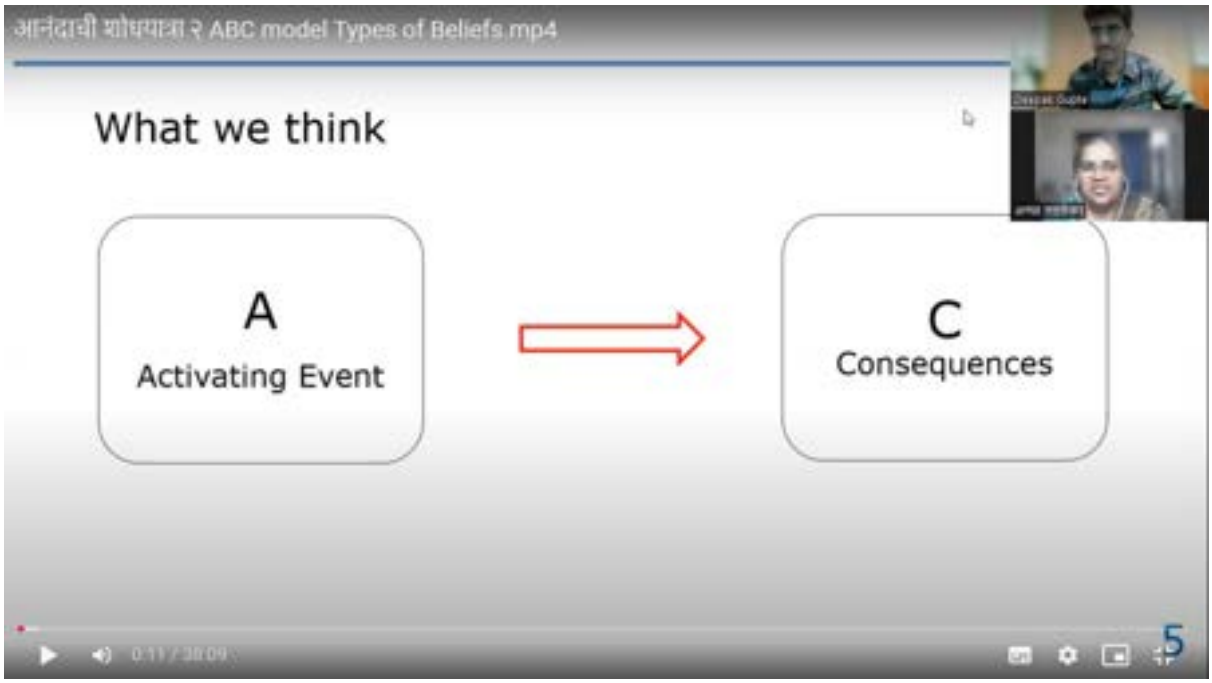
Anjali Dhanorkar (collector – Aurangabad division)

Sharing their experience about covid 19

Principal Investigator, interacting with officers during focus group discussion.

Phase III

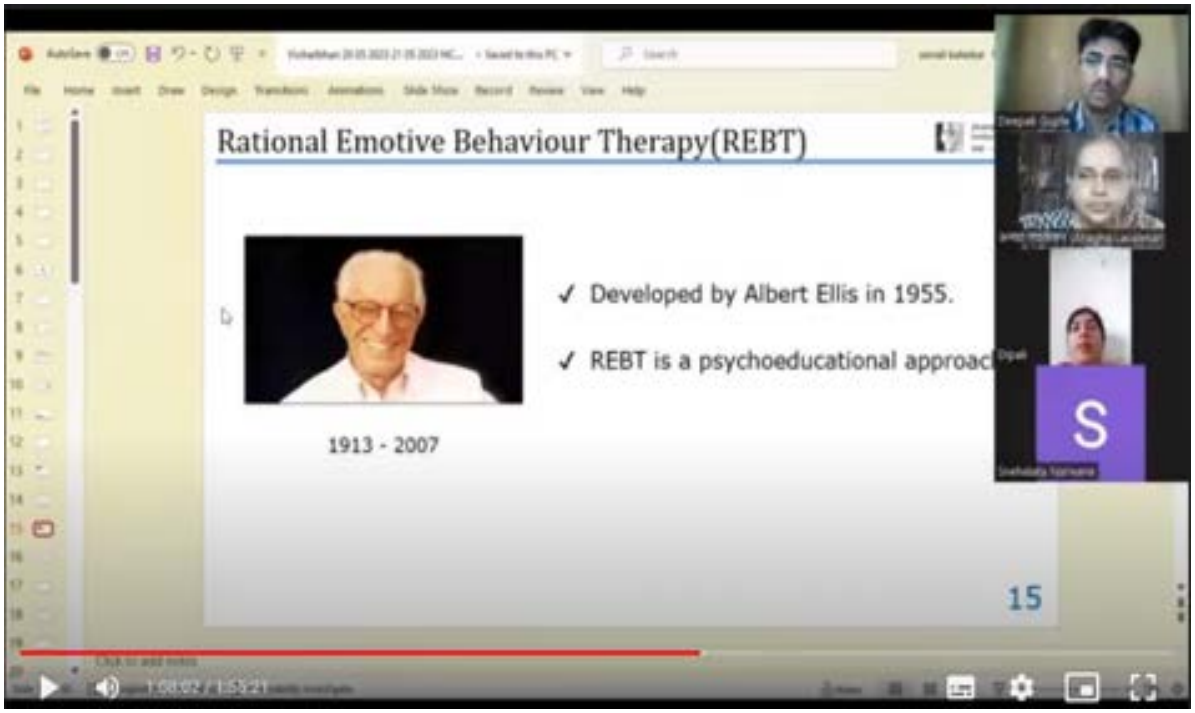
Principal Investigator: Introducing of Experts during REBT based intervention



Online intervention program conducted for officers. Also videos were shared with all the officers. (Video link is provided in the annexure)

Online Intervention 'A Quest for Happiness' based on REBT

Expert presenting the role play during online REBT based training 'A Quest for Happiness'



Presentation during online REBT based training ‘A Quest for Happiness’

An administrative officer sharing her experience training ‘A Quest for Happiness during online session REBT based