

# **“Impact of stress management programme on behavioral outcomes regarding prevention and management of occupational stress among married working women from selected shopping centers of Gwalior.”**

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## **ABSTRACT**

Occupational stress can lead to poor health and even injury. When the demands and pressures placed on individual workers do not match the resources which are available, either from the organization or within the individual, stress can occur and endanger that person's health and well-being". Occupational stress is any discomfort which is felt and perceived at a personal level and triggered by instances, events or situations that are too intense and frequent in nature so as to exceed a person's coping capabilities and resources to handle them adequately. Stress has been defined in different ways over the years. Originally, it was conceived of as pressure from the environment, then as strain within the person. The generally accepted definition today is one of interaction between the situation and the individual. It is the psycho-logical and physical state that results when the resources of the individual are not sufficient to cope with the demands and pressures of the situation. Thus, stress is more likely in some situations than others and in some individuals than others. Stress can undermine the achievement of goals, both for individuals and for organizations.

Occupational stress in case of women results from adverse working conditions, dysfunctional internal and external attitudes that engulf the individual's coping resources and manifests in acute cognitive, emotional, behavioral or physical problems.

## 1. INTRODUCTION

India's work force has changed quite a lot in the last sixty years. Though there are still more men in the work force the percentage of women working have steadily increases from 14.22% in 1971, in 2001, 25.68%. For successful response to the stressor people use different models of adaptation and one of them is coping. Coping is the process by which a person solves problems, makes decisions, and relieves tension created by stress those that are automatic are often termed coping mechanisms. Coping is defined as investment of own conscious efforts to solve the personal and interpersonal problems to resist stress. Two methods of coping include problem-focused, and emotion focused and each is effective in specific circumstances. When choosing an effective coping strategy, one must take into account the changeability of the stressor and individual's reaction to the stressor. Problem-focused coping focuses on the changing or modifying the fundamental cause of the stress. This can be an effective method of coping when it is practical, and the stressors changeable and modifiable. This type of coping focuses on individual's taking control of the specific relationship between them and the stressor. Emotion-focused coping strategies are effective in the management of unchangeable stressors. These coping mechanisms involve a cognitive reappraisal process that includes self-reflection and taking control over one's emotions. The effects of coping skills depend on type of stressors personality and environment. Staff nurses working in emergency and general wads can use different types of coping strategies depending on stressful situations in their working areas.

## 2. NEED FOR THE STUDY

Occupational stress can be defined as the physiological and emotional responses that occur when workers perceive an imbalance between their work demands and their capability and / or resources to meet these demands. Occupational stress is not a disease. Workers' response to stressors may be positive or negative depending on the type of demands placed on them, the amount of control they have over the situation, the amount of support they receive and the individual response of the person. In the vast majority of instances people adjust to stressors and are able to continue to perform their normal work.

Occupational stress is a major health problem for both individual employees and organizations. Stress can lead to burnout, illness, labor turnover, absenteeism, poor morale and reduced efficiency and performance.

## 3. OBJECTIVES

1. To assess the occupational stress among married working women in selected shopping centers.
2. To assess the coping level among married working women in selected shopping centers.
3. To find the correlation between the occupational stress and coping level among married working women in selected shopping centers.

#### 4. HYPOTHESES

- H1: There will be significant relationship between the mean level of occupational stress and mean level of coping among married working women in selected shopping center's at Gwalior.
- H2: There will be significant association between the mean level of occupational stress among married working women and their selected demographic variables.
- H3: There will be significant association between the mean level of coping adopted by married working women for occupational stress and their selected demographic variables.

#### 5. ASSUMPTION

- . Married working women may not have knowledge regarding occupational stress.
- . Stress management programmed on behavioral may improve knowledge of married working women regarding occupational stress

#### 6. REVIEW OF LITERATURE

**Maryam Zarra-Nezhad, Ali Moazami-Goodarzi, Leila Hasannejad and Khadijeh Roushani, (2010)** conducted a study on Occupational Stress and Family Difficulties of Working Women. The purpose of this study was to assess the relationship between occupational stress and family difficulties in working women. A sample of 250 married working women with 2 or more children participated in this study during 2010 in one of the largest city of Iran, Ahvaz. A non-experimental, cross-sectional survey design was conducted using Demographic Information form, The Sources of Work Stress Inventory (SWSI) and Family Adaptability and Cohesion Evaluation Scales-II (FACES-II). The study suggested that there were significant positive relationship between levels of occupational stress and family difficulties in working women. The study concluded that it is important to measure the level of occupational stress in working women and assess relation between occupational stress and family difficulties in order to obtain knowledge for health care providers to provide support to the working women and their families.

**Barnes, Maria Carla, Buck and Rhiannon, (2008)** did a qualitative study to investigate beliefs about common health problems in relation to work. Focus groups (n =16) were undertaken with 79 people aged 17-83 in South Wales, UK, where there is a high prevalence of limiting long-term illnesses in a number of areas. The findings indicated that depression and stress were consistently reported to have a high impact on life and work relative to other common health problems with work being perceived as a primary cause of these complaints.

**Emma Wadsworth (2007)** conducted a descriptive study to determine levels of work stress in three ethnic groups. To determine levels of work stress in three ethnic groups, consider the contribution of racial

discrimination to the groups' profiles of occupational and demographic associations with stress, and assess the association bore clearly among the work stress and well-being. The researcher used a household quota sample design, and 204 black African–Caribbean, 206 Bangladeshi and 216 white (UK born) working people took part in structured interviews. The study revealed that more black African–Caribbean respondents reported high work stress than either Bangladeshi or white respondents. Reported racial discrimination among black African–Caribbean female respondents was strongly associated with perceived work stress. Among the black African–Caribbean respondents, women who reported experiencing racial discrimination at work had higher levels of psychological distress.

**Riley A L, Keith VM's(2007)** study to examine housewives subjective evaluations of their house work and the subjective evaluation of paid employment among three group of married women professionals, sales-clerical and service-blue collar wives. The results indicate professional wives report fewer symptoms than homemakers, sales-clerical and service collar wives. Difference between professionals and homemakers are largely accounted for by professional women's more advantaged economic position. Nonprofessional employed women are more depressed than professionals even their disadvantaged working conditions are controlled. The findings in view of research on the stress of combining full – time employment with home making and argue that balancing these two roles may be more difficult for some employed women than for others.

## 7. METHODOLOGY

Methodology of research organizes all the components of the study in a way that is most likely to lead to valid answers to the problems that have been posted (Burns and Groove, 2002). Research methodology deals with decisions about the methods to be used to address the research questions and careful planning for actual collection and analysis of data. The present study was aimed at assessing the occupational stress and coping strategies adopted by married working women.

## 8. ANALYSIS AND INTERPRETATION

**Section—I: frequency & percentage of distribution of married women's per their Socio-demographic variable**

This section deals with details of analysis about the distribution of samples according to frequency and percentage among the subjects. The details were given in the following table.

Table- 1

Frequency and percentage distribution for socio-demographic data of the samples.

S. No.	Socio demographic	Frequency (f)	Percentage (%)
1.	<b>Age in year</b>		
	18 - 23	09	15.00
	24 - 29	20	33.30
	30 – 35	21	35.00
	Above 35	10	16.70
2.	<b>Religion</b>		
	Hindu	06	10.00
	Sikh	14	23.30
	Muslim	21	35.00
	Christian	10	16.70
	Others	09	15.00
3.	<b>Type of Family</b>		
	Nuclear	29	48.30
	Joint	20	33.30
	Separated	28	13.30
	Extended	30	05.00
4.	<b>Family Support</b>		
	Yes	38	63.30
	No	22	36.70
4a.	<b>Type of Family Support</b>		
	Psychological and Emotional	12	20.00
	Sharing Household activities	14	23.30
	Taking care of children	12	20.00
	Others	22	36.70

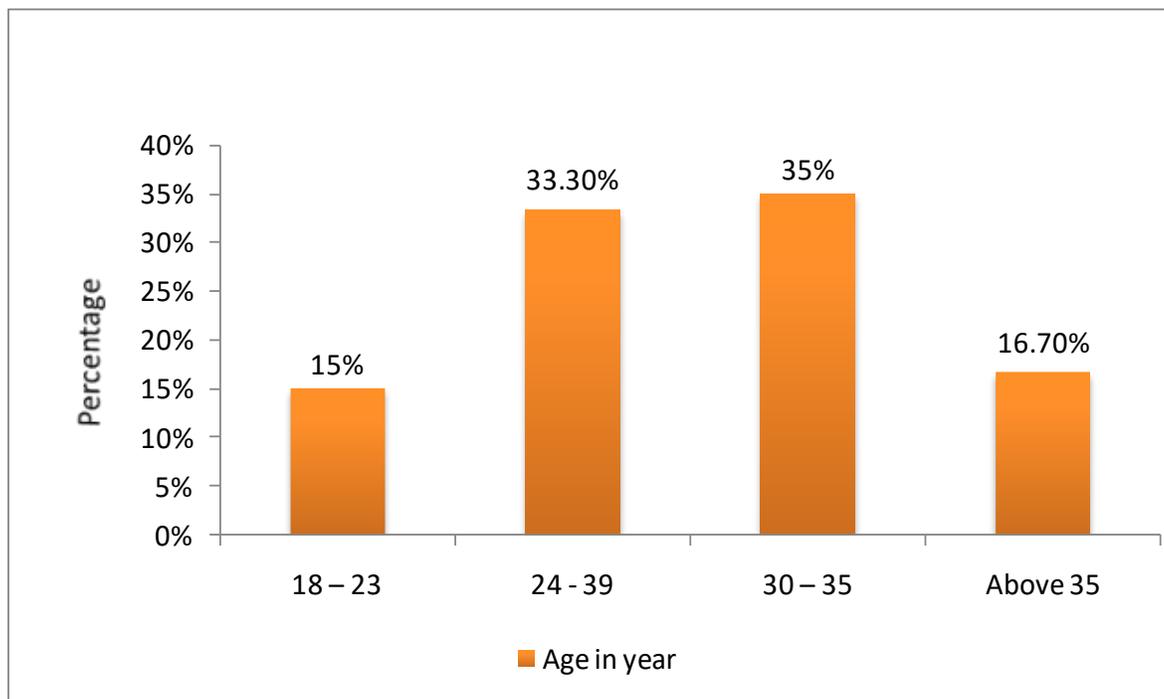


Fig. No. 01

Frequency and percentage distribution for socio-demographic data of Age

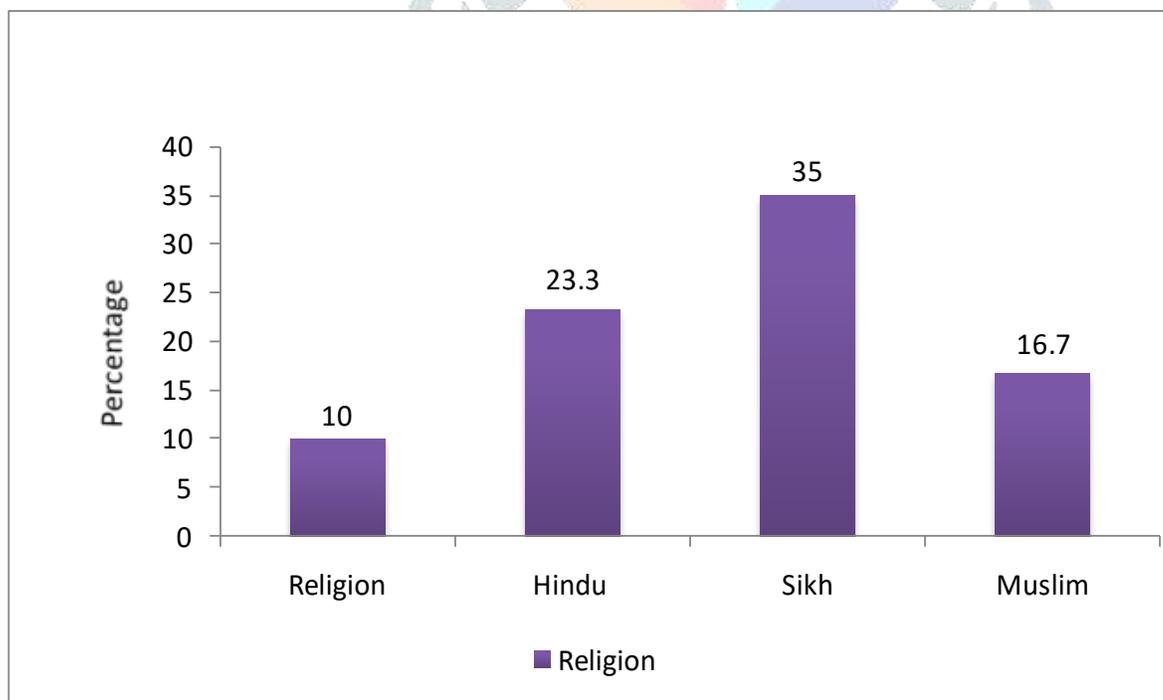


Fig. No. 02

Frequency and percentage distribution for socio-demographic data of Religion

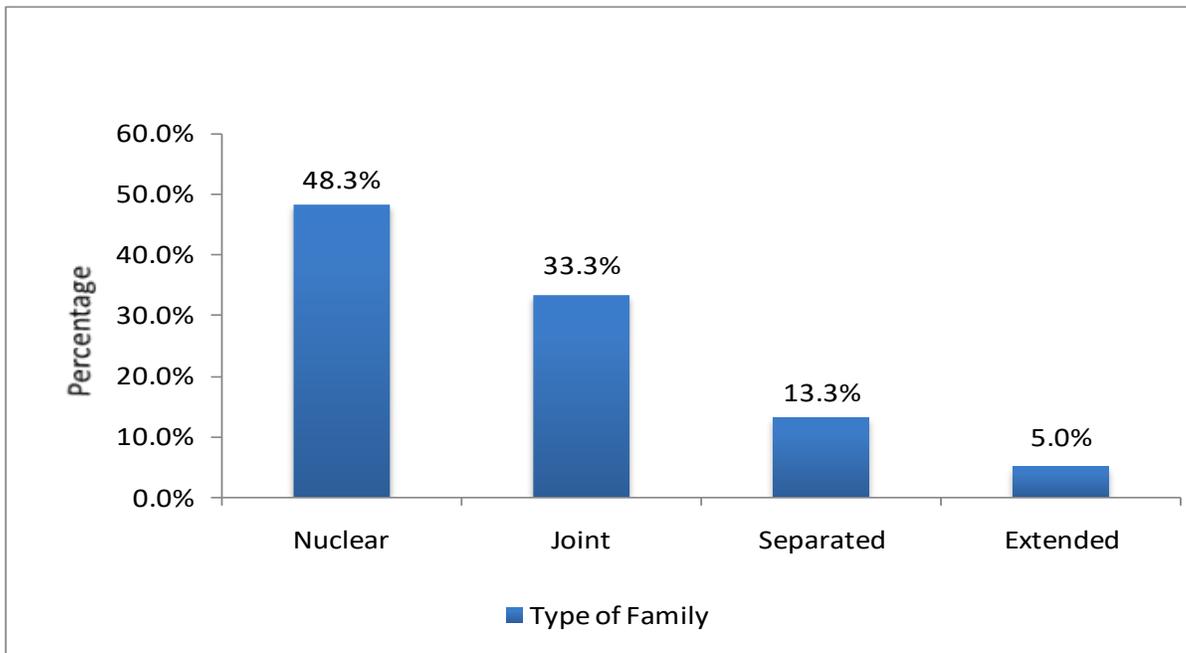


Fig. No. 03

Frequency and percentage distribution for socio-demographic data type of family

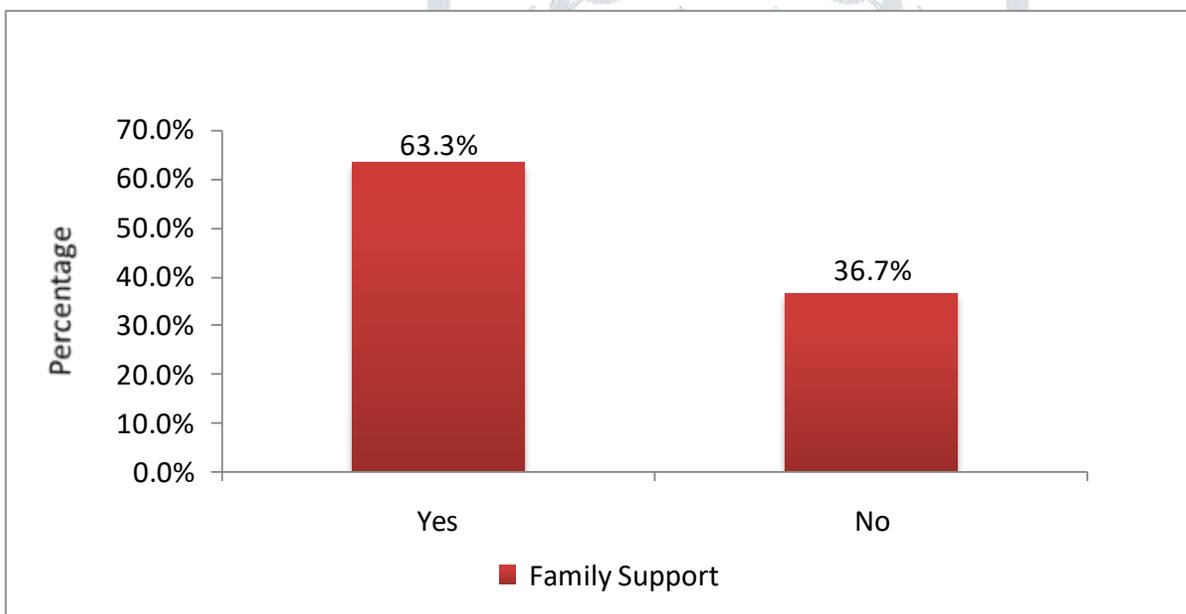


Fig. No. 04

Frequency and percentage distribution for socio-demographic data family of support

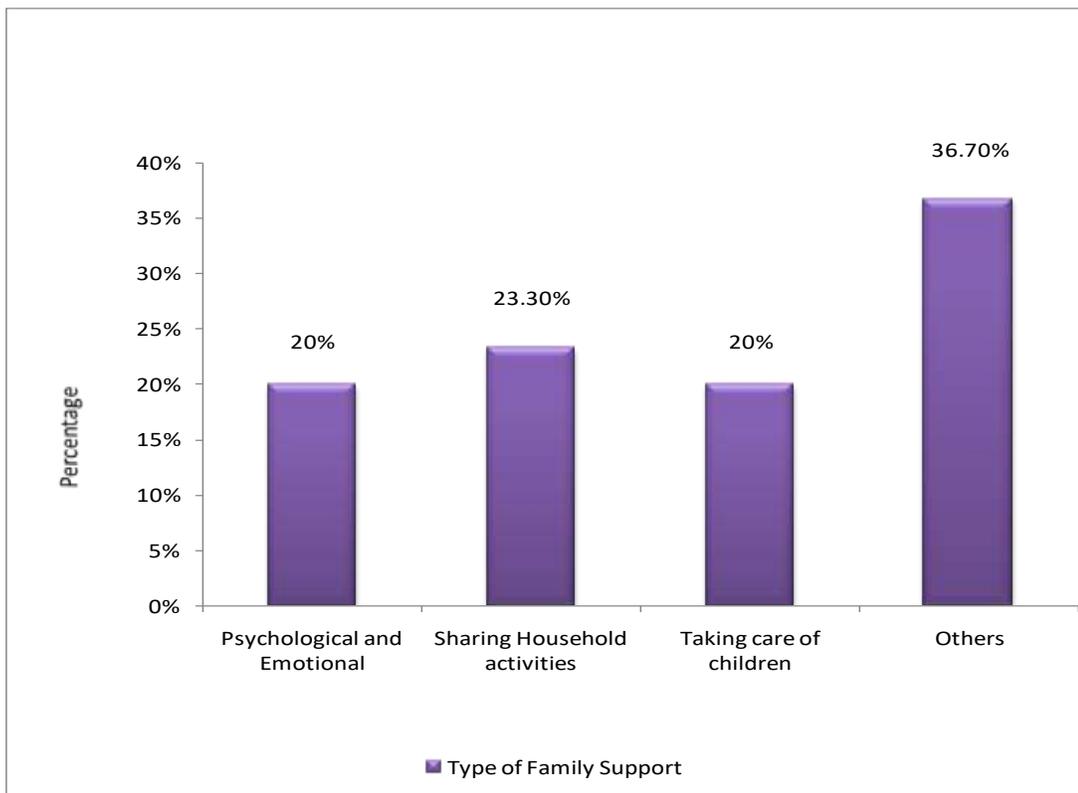


Fig. No. 05

### Frequency and percentage distribution for socio-demographic data type of family support

Table No 1 and figure no. 1,2,3,4, & 5 show indicates the majority of the subjects 21(35%) were between the age group of 30-35 yrs, 21(35%) had higher secondary education, majority 29(48.3%) of them were from nuclear family, 38(63.3%) had family support, 22(36.7%) of subjects got family support other than psychological and emotional support.

### Section—II (a): Analysis of mean level of occupational stress among Married Working Women -6

Table No. 2

### Frequency & Percentage of Occupational stress experienced by married working women

S.No.	Variable	Frequency (f)	Percentage (%)
1	Mild	13	21.7%
2	Moderate	24	40.0%
3	Severe	23	38.3%

The above Table No. 2 and Fig. 6 indicate that 21.7% of subjects had mild occupational stress, 40% of subjects had moderate occupational stress and 38.3% of subjects had severe occupational stress.



Fig No. : 6

### Frequency & Percentage of Occupational stress experienced by married working women

**Section-II (b): Analysis of mean level of coping among Married Working Women** This section deals with details of analysis of level of coping among married working women to overcome their occupational stress. The details were representing in below mention pie diagram.

Table 3

### Frequency & Percentage of Coping level experienced by married working women

S.No.	Variable	Frequency (f)	Percentage (%)
1	Adequate	31	51.70%
2	Inadequate	29	48.30%

Table No. 3 and Figure 7: Pie diagram on mean level of coping adopted by married working women The above figure 4.2 indicates that 48.3 % of subjects had inadequate coping and 51.7% of subjects had adequate coping. The level of coping was found out by using median value; here the median value is 23, (\*Above the median indicates adequate coping and below the median indicates negative coping).

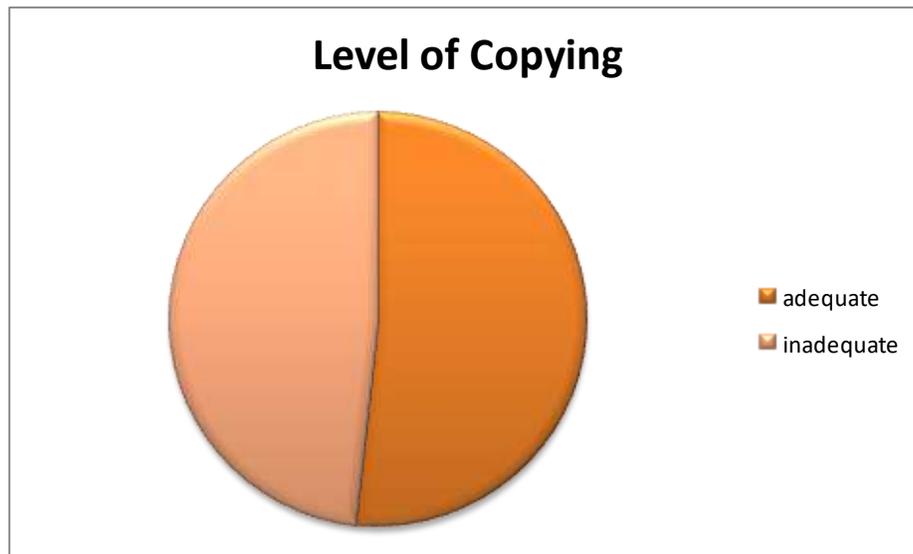


Fig No. : 7

### Frequency & Percentage of coping level experienced by married working women

#### Section-II(c): Correlation between mean level of Occupational Stress and mean level of Coping among married working women

This section deals with details relationship between level of occupations stress and level of coping among married working women. The details were discussed below:

Correlation was found out by using Karl Pearson's formula the  $r'$  value was (-0.471), it indicates that there was significantly negative correlation between married working women's occupations stress and their coping (i.e. stress increases, coping dermises).

Table 4

#### Correlation between mean level of Occupational Stress and mean level of Coping among married working women

S. No.	Variables	r	P
1	Level of occupations stress	-0.471	0.05
2	Level of coping		

The same scores were plotted in the graph after arranging the occupational stress score and its corresponding coping score in descending order. It was represented in the below mentioned graph. The occupational stress cope and coping score were dissect each other, it indicates negative correlation. Both the calculated and graphical figure indicates the same (negative correlation). Hence alternate hypothesis was accepted and statistical hypothesis was rejected. Relation between occupational stress and coping

### Section-III (a): Association between perceived mean level of stress by married Working Women and their Selected Socio-demographic Variables.

This section deals with association between the perceived mean level of stress by married working 3 women and their selected socio-demographic variables such as type of family, duration of traveling time and age of their last child. It was associated by using the chi-square test. The cross tabulation analysis was employed effectively and the results of chi-square analysis were observed.

**Table 5**

**Chi –Square value for mean level of occupational stress perceived by married working women and their type of family.**

**N=60**

S.No.	Socio Demographic variable	df	Chi square value	Table value
1	Type of Family	6	28.855*	12.59

\* - Significant at less than 0.35

Data presented in table 5 reveals that the calculated chi-square value (x22 8.855 is greater than the table value 12.59 which indicates that there is a significant association between perceived level of occupational stress and their type of family of the subjects at 0.05 level and hence statistical hypothesis is rejected and the alternate hypothesis is accepted.

**Table - 6**

**Chi –Square value for mean level of occupational stress perceived by married working women and age of their last child.**

**N=60**

S.No.	Socio Demographic variable	df	Chi square value	Table value
1	Age of their last child	8	21.105*	15.51

\* - Significant at less than 0.05

Data presented in table 6 reveals that the calculated chi-square value (x2) 17.407 is greater than the table value 12.59 which indicates that there is significant association between perceived level of occupational stress and the age of their last child of the subjects at 0.05 level and hence statistical hypothesis is rejected and the alternate hypothesis is accepted.

Table- 7

**Chi –Square value for mean level of occupational stress perceived by married working women and their duration of traveling time.**

N=60

S.No.	Socio Demographic variable	df	Chi square value	Table value
1	Duration of Traveling time	6	13.630*	12.59

\*- Significant at less than 0.05.

Data presented in table 7 reveals that the calculated chi-square value ( $\chi^2$ ) 13.630 is greater than the table value 12.59 which indicates that there is significant association between perceived level of occupational stress and the duration of traveling time of the subjects at 0.05 level and hence statistical hypothesis is rejected and the alternate hypothesis is accepted.

### 9. MAJOR FINDINGS OF THE STUDY

- \* 48.3 % of samples were from nuclear family.
- \* 63.3 % of samples had family support.
- \* 46.7 % of subjects' husbands did not share their household activities.
- \* 33.3% of subjects had residence that was within 5-15 kms from workplace.
- \* 45% of samples spent 10-15 mts for traveling.
- \* 33.3% of samples had their last child between the age of 3-6 yrs.
- \* 33.3 % of subjects used sleeping as their most common method of coping to overcome their occupational stress.
- \* 21.7 % of samples hid mild stress, 40 % of samples had moderate stress and 38.3 % of samples had severe stress.
- \* 51.7% of samples had adequate coping and 48.3% of samples had inadequate coping to overcome their occupational stress.

## 10. CONCLUSION

This study concludes that 40 % of married working women had moderate level of occupational stress and 51.7 % of samples had adequate coping level to overcome their occupational stress. There is a significant association between the mean level of occupational stress and the type of family, the age of their last child, and the duration of traveling time. There is no significant association between the mean level of coping and the age of their last child, and the duration of traveling time. There is negative correlation between occupational stress and coping level among married working women.

## 11. LIMITATIONS OF THE STUDY

1. Follow up to know the usefulness of booklet on methods to overcome occupational stress was not assessed.
2. The same booklet was issued to all samples regardless of level of occupations stress and level of coping.

## 12. REFERENCE

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