

Available Online

Journal of Education and Social Studies

ISSN: 2789-8075 (Online), 2789-8067 (Print) http://www.scienceimpactpub.com/jess

IMPACT OF RELAXATION TECHNIQUES ON OCCUPATIONAL STRESS AMONG WORKING WOMEN

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ABSTRACT

It has been seen that working women often experience occupational stress. Therefore, there is a need to use relaxation techniques among working women to get rid of occupational stress at the workplace. The present study comprises 90 working women with age range from 18-65 years. Through purposive convenient sampling techniques, data was collected from society, including social, government, and private institutes. This research was based on working women; therefore, non-working women were excluded from this research. Data was collected by using a well-established questionnaire based on the existing literature. Occupational stress was measured by adapting the 11-item questionnaire used for data collection. The quasi-experimental research design was used. The finding shows significant mean differences between the pretest and posttest. It was found that stress management strategies have a significant impact on occupational stress among working women. Government should develop policies and appoint clinical psychologists to mitigate the issue of occupational stress among working women.

Keywords: Occupational stress; Stress management strategies; Working women.

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https://doi.org/10.52223/jess.20223206

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INTRODUCTION

Over the past ten years, nationally and internationally, the study of workplace stress and geographic point health has gained significant attention. With the value of labor in today's society, the amount of time spent at work, and the recent changes to the nature of work, it is not surprising that employment stress appears to be rising (Ducharme et al., 2007). The result of a study on the economy of dynamic international Organizations today functions in cultures that excessively emphasize speed, power, and competitiveness. Restructuring and uncertainty result from economic need and the need to maintain a competitive advantage. For instance, workforces are continuously being reduced, small businesses are merging or being absorbed by larger, more intensely competitive businesses, and change is the only constant. Along with definitional modifications in the law, these changes to the nature of employment have created the conditions for a shocking increase in claims involving chronic stress at work.

In the past, stress defines as it has primarily been linked to the experience of a traumatic and all the events that are harmful to people or other significant incidents. The professions most at risk for these kinds of incidents included law enforcement and corrections officers, medical and paramedical staff, banking personnel, and community care workers. However, the number of complaints has rapidly increased in the past many years. As a result, the modifiable causes of these complaints have shifted from acute stress to chronic illnesses (Moberg and Mench, 2000). Although the consequences of this kind of stress are enormous both monetarily and regarding human suffering, it is difficult to put a number on them because of false records, missed reports of incidences, employee retention, and inaccurate documentation.

Despite the fact that some studies confirm that the stress level of female managers is equal to or higher than that of their male counterparts (Cooper et al., 1982) this group may experience less stress. A lower suicide rate has been among women in male-dominated occupations than in women in female-dominated occupations. Women-dominated jobs, people in male-dominated jobs had minor depression, anxiety, physical symptoms of illness and drug use, and higher job satisfaction (Beaton and Murphy, 2013). Surprisingly, very little research has been done on the effectiveness of stress intervention programs.

Beaton and Murphy (2013) found significant differences between the reviewed studies. The studies differed in the types of methods and formats used for the stress management programs they evaluated and in the types of outcome measures used. The most common reduction methods used in the studies were muscle relaxation, biofeedback, meditation, and cognitive/behavioral training. In some studies, only one method was used; in others, two or more methods were compared; as for the program formats evaluated by the studies, most programs had daily or weekly sessions, while those that used weekly sessions lasted between 5 and 10 weeks. The programs were in contact with their trainers for between 1 and 16 hours. With respect to outcome measures, all 13 studies included some form of subjective assessment, and 10 had one or more physiological measures (Beaton and Murphy, 2013).

Research on workplace stress has been conducted in-depth, and interest in the subject has not diminished. It is now widely acknowledged that sustained or extreme stress can harm a person's mental and physical health (Cooper et al., 2007). Up to five million people in the UK feel stressed about their job and job issues. Around half a million people in the UK suffer job stress to the point that they believe it makes them unwell. Society suffers a yearly loss of £3.7 billion due to stress. Important health repercussions have also been documented. For instance, continuous or extreme stress can lead to poor health and undesirable outcomes like heart disease, back pain, gastrointestinal diseases, etc. (Cooper et al., 2007).

Depression and anxiety they discuss how stress can cause additional behaviors, such as increased smoking, excessive alcohol or caffeine intake, and missing food, all of which can have a negative impact on one's health. Many articles have been written about the stress that various work kinds and job roles endure, describing a variety of diverse jobs that experience stress (Travers and Cooper, 2018). A number of work-related stressors are associated with an increased likelihood that a person will experience negative stress outcomes (DeSantis et al., 2022; Ribeiro et al., 2012). The degree of stress an individual feel at work is probably the result of the interaction of several variables, including the type of work they do (their profession), the presence of work stressors, the level of support they receive, and the coping mechanisms they employ to deal with stress (Levine et al., 2022; Pété et al., 2022).

Many studies have been conducted all over the world on the occupational stress of working women. Still, in Pakistan, few studies have been done on working women's low, moderate, and high stressful occupations on this topic, and their focus mainly on was women population (Saeed et al., 2022). The main reason for conducting this research was to study the impact of coping strategies on women working in different

stressful occupations. Research has been made all over the world, and health professionals and bank workers were included in the study, so it could not be generalized to nurses, teachers, and police departments. Research has been made only restricted culture, so here we examine the impact of this culture. On the basis of the literature review the following objective was formulated; To examine the impact of relaxation techniques as stress management strategies on occupational stress among working women.

METHODODOLOGY

A cross-sectional research design was used to conduct the study. Cross-Sectional studies are based on the observation that takes place in different groups at one time. One-group pretest-posttest design is used to conduct the experiment.

Sample

The present study comprises 90 working women with the age range of 18-65 years. Through purposive convenient sampling techniques, data were collected from society, including social, government, and private institutes. This research is based on working women, so non-working women are excluded from the sample.

Instrument

Data was collected using well-established questionnaires in existing literature (Dar et al., 2018; Monteiro et al., 2014). Adapting the 11-item questionnaire, developed and validated by Gross and Seebab (2014), measured occupational stress. A 5-point Likert scale was used, ranging from not at all (1) to completely (5).

Procedure

An online data-gathering method was used. Participants have assured confidentiality that their results are not disclosed to third parties. For the purpose of establishing credibility, the participants learned about the study's nature, purpose, and goals. They were informed that they might withdraw their information at any time, including after the scale had been completed. Informed consent was taken from the respondents. The researcher offers detailed directions on how to complete the questionnaire. The participants spent 25–30 minutes filling out the questionaire, however, the study was not time-limited. The participants' overall response was encouraging and they showed interest in the study. The participants received thanks from the researcher for their time and willing involvement in the study.

RESULTS AND DISCUSSION

Table 1 reveal that female (n=90, 100%) different professionals participated in the present study. Most of them married (n=45, 50%) and some of unmarried (n=45, 50%). Greater numbers fall between 1st age group of (n=25, 27.8%) followed by 2nd (n=48, 53.3%) and 3rd (n=10, 11.1%) respectively. Most of them in practice for (3-6) years (n=48, 53.3%) and others having more than 12 years (n=7, 7.78%).

The Cronbach's α value for standard stress scale was .74 (>.80) with (M = 32.93, SD = 1.32) which indicate satisfactory internal consistency. The Cronbach's α value for standard stress scale was .85 (>.70) with (M = 32.72, SD = 1.01.) which indicate satisfactory internal consistency.

Table 3 shows the mean comparison of pre and post-stress intervention strategies among working women scales used in the present study. Findings revealed significant mean differences on stress intervention strategies (sessions 1 to 6) with t(88) = 3.07, p<.05. Findings also show pre participants scored higher on stress (M = 32.93, SD = 6.50) than post-test scores (M = 32.73, SD = 5.02), Cohen's d value was .53 (>0.50) indicate moderate effect size. Findings show significant mean differences on stress intervention strategies

(sessions 7 to 12) with t(88) = 3.18, p<.05 and post participants scored less (M = 29.79, SD = 3.18). Cohen's d value was .60 (>.50) indicate moderate effect size.

Table 1. Socio-demographic characteristic of participants.

Characteristics		n	%
Marital Status	Married	45	50%
	Unmarried	45	50%
Age	18-25	20	22.2%
	25-30	10	11.1%
	30-35	40	44.4%
	35-40	20	22.2%
Experience	0-3 years	35	27.8%
	3-6 years	48	53.3%
	6-9	10	11.1%
	12 and more	7	7.8%

Table 2. Psychometric properties for scales.

Scales	M	SD	Range	Cronbach's α	
Pre-test	32.93	1.32	24-27	.74	
Post-test	32.73	1.01	42-43	.85	

Table 3. Mean Comparison of pre and post stress intervention strategies among working women.

Variables	Pre		Post		t(88)	p	Cohen's d
	M	SD	М	SD	,(00)	P	
Sessions (1 to 6)	32.93	6.50	32.73	5.02	3.07	.02	.53
Sessions (7 to 12)	31.86	5.83	31.93	29.79	3.18	.01	.60

*p<.05

The present study aimed to examine the impact of occupational stress among working women with stress. At first, the reliability and normality of the scales were ensured. Occupational stress was measured by adapting the 11-item questionnaire, which was developed and validated. After the reliability measure, the objective was measured. There was an impact of relaxation techniques on occupational stress among working women.

There is an impact of relaxation techniques on occupational stress among working women. Moreover, two key premises for conducting additional regression analysis to evaluate the hypotheses are the normality of the data and the theoretically in-line correlation coefficients in the variables. Therefore, following the resolution of these issues, primary analyses were conducted. In the present study, the objective was tested by using a t-test. There was an impact of relaxation techniques on occupational stress among working women (González-Palau and Medrano, 2022; Magnavita et al., 2022). Working women come into contact with stressful events frequently throughout the day in their personal and social spheres as well as work are a necessary component of the existence of human in their life. It is crucial to

remember that not all stress is harmful, but too much occupational stress is harmful (Adamovic, 2022; Dodanwala et al., 2022).

Two kinds of stress were defined by Selye (1976), namely good or acceptable stress and extremely clever or exciting stress. Good stress is enjoyable, or at least hard, and can have benefits for increasing production and creativity. Life can become stressful without not being this kind of good stimuli. Distress, on the other hand, is evident when a person believes they are unable to control a difficult situation (Molnar et al., 2022). A decrease in productivity and a drop in general health are likely consequences of stress. Although everyone responds to stress in some way, everyone's response to stress is highly different. When faced with a significant distress, some people experience a rapid increase in heartbeat, while others have stiffness event cinching in the belly (Johansson et al., 1996; Weber et al., 2022). Stress is a necessary component of life, and a person cannot avoid it easily because they suffer from different situation in their lives (Rux et al., 2020). People frequently face stressful stimuli every day in their personal and social lives because work is a significant aspect of human life (Handberg et al., 2022; Riedl, 2022).

CONCLUSIONS

The study aimed to check the impact of occupational stress among working women with stress. The stress intervention technique was a significant predictor of depressive symptoms, just like previous literature reported. Stress intervention techniques positively predicted depressive symptoms among healthy working women, and coping strategies moderated the relationship between occupational stress and depressive symptoms. Female participants were found to be a higher scorers on occupational stress than male participants. The overall study sheds light on the importance of mental health problems in health professionals and, more importantly, how strong and effectively used coping strategies moderate the impact of occupational stress on depressive symptoms among working women.

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