

Effect of cognitive behavior therapy on women experiencing stress at workplace

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ABSTRACT

Stress is a personal experience; vary with each individual, more so between gender, women are more prone to experience stress than men at workplace. The aim of the present study was to examine the effect of cognitive behavior therapy on working women who are experiencing different stress level at their workplace. A pre-test was conducted to assess women's stress level at their working place. Cognitive behavior therapy was applied for four weeks continuous and then post-test was conducted. It was found that cognitive behavior therapy showed a positive impact on working women's stress level. It was concluded that cognitive behavior therapy is a useful and important technique for reducing the experience of stress in working women at their workplace.

Key Words : Stress, Working women, workplace, Cognitive behavior therapy {CBT}

INTRODUCTION

Workplace stress is stress that is caused due to circumstances at work. Just as stress caused by any other event or happening workplace stress affects a healthy body negatively unless the condition is not nipped in the bud and addressed immediately. Workplace stress also needs to be seen from a larger a perspective since the proportion of people reporting workplace stress has increased dramatically over the years, causing susceptibility to various chronic illness and in certain cases death too.

In general, women are more likely than men to experience physical symptoms of stress, such as fatigue, irritability, headaches and depression. Women are also more likely than men to cope with job stress with unhealthy behaviors, such as poor eating habits. Heavy workload, conflicting or uncertain job responsibilities and job insecurity are stressors across organizations and that the risk for job stress can be reduced through smart, strategic action."

Stressed workers tend to be fatigued, prone to mistakes and injuries, and are more likely to be absent. Stress, very simply, is a built-in condition. Humans are hard-wired to have a physical and psychological "stress" reaction when facing a perceived threat, whether it is real or not. Stressed workers have an elevated risk of mental health problems, ranging from anxiety and substance abuse, and perhaps, the most significant, depression. In fact, stress

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and clinical depression—the two often go hand-in-hand—trail family crisis as the second and third most significant problems in the workplace (APA, 2008; KCHOD).

Job stress is commonly defined as the harmful physical and emotional responses that occur when the demands of the job exceed the capabilities, needs or resources of the worker. Studies show that employees who feel they have little control over their work in one way or another report higher stress levels (NIOSH, 1999; Swanson, 2000).

According to the APA, the top stressors for people in the workplace, in order of importance, are (2008):

- Low salaries (43 %)
- Heavy workloads (43 %)
- Lack of opportunity for growth and advancement (43 %)
- Unrealistic job expectations (40 %)
- Job security (34 %)

The various reasons for workplace stress are fairly different from those that generally emanate from familiar or social environment. In most cases, workplace stress occurs due to a mismatch between the demand of the job and the capabilities of an individual. These capabilities need not only be mental or intellectual in nature but can also be physical or emotional as well. Many times initial stresses at work are neglected as normal accuracy. This is also the case because a certain amount of stress helps in better performance and sometimes many people claim that they work better under stress. However, a continued condition of stress can take its toll in many ways.

Cognitive behavior therapy is a psychotherapeutic approach that aims to solve problems concerning dysfunctional emotions, behaviors and cognitive through a goal-oriented, systematic procedure. Cognitive behavior therapy was primarily developed through a merging of behavior therapy with cognitive therapy. While rooted in rather different theories, many researchers found common ground in focusing on the “here and now”, and on alleviating symptoms. Many Cognitive behavior therapy treatment programs for specific disorders have been evaluated for efficacy and effectiveness; the health care trend of evidence-based treatment, where specific treatment for symptom-based diagnoses are recommended, have favored Cognitive behavior therapy over other approaches such as psychodynamic treatment.

There is no standard cognitive behavior therapy protocol: cognitive behavior therapy as conducted in research and clinical practice varies in number of sessions and specific techniques. Techniques often used for stress include relaxation training, setting and working toward behavioral goals, behavior activation, and guidance in activity pacing, problem solving training, and cognitive restructuring. Cognitive behavior therapy typically includes between sessions activity to practice and apply new skills.

Cognitive behavior therapy is one of only a few “evidence-based” psychotherapies, with proven results in helping people change. CBT encourages people to accept reality for what it is rather than wishing for what “should” be. Participants learn to stay calm in the face of adversity, which allows them to solve problems and make decisions based on reason rather than emotion. CBT asks people to question their beliefs, thoughts, feelings, and behaviors rather than accept them as “natural.” In CBT, one of the primary questions a person learns to ask is, “what will happen if I do (think, feel) something different?” CBT recognizes the

importance of a good relationship between the therapist and the consumer. This relationship, sometimes called “rapport,” builds an atmosphere of safety and trust.

De Vente *et al.* (2008) found no differences in symptoms or absenteeism between CBT-based stress management training (SMT), whether group or individually delivered, for work-related stress complaints compared to TAU. However, as the authors acknowledge, individuals in the SMT group were not urged to resume work as soon as possible, instead only encouraged to at least partly resume work if their symptoms reduced to acceptable levels based on their own judgment.

Cognitive behavior therapy is time limited, solution focused and based in the present. Past experiences are only elicited in order to gain information that highlights why and how past events have led to the individual’s current way of thinking and behaving. CBT aims to help individuals achieve goals and devise action plans to improve psychological issues or performance and do so by taking into account the need for self-awareness of moods and emotions. In this sense, Cognitive behavior therapy helps people become more emotionally intelligent, working on the principle that understanding one’s own emotions, motivations and ways of being, as well as those of others, increases effectiveness in all that one does.

Cognitive behavior therapy is ‘psycho-educative’ in nature, which means that the goal is to help the individual develop the necessary skills so that the individual is able to become their own therapist or coach in the future. As the client becomes aware of his or her own thinking style, its strengths and limitations, new ways of thinking and alternative ways of behaving, the individual becomes more adaptable. By using this newly acquired knowledge, the individual develops more effective and satisfying ways of dealing with challenges. In CBT a client may be seen for anything between six and 20 sessions usually but not necessarily weekly.

Cognitive behavior therapy combines cognitive and behavioral therapies and has strong empirical support for treating mood and anxiety disorders (Chambless and Ollendick, 2001; DeRubeis and Crits-Christoph, 1998). The basic premise of CBT is that emotions are difficult to change directly, so CBT targets emotions by changing thoughts and behaviors that are contributing to the distressing emotions.

Intervention program:

The cognitive behavior therapy program, described by Burell (1996) was used in this study. Each session in the cognitive behavior therapy program was divided into five sessions: relaxations, discussion on home assignments, psycho-education, management technique and introduction of new home assignments. For relaxation the principles of applied relaxation was used. The homework assignments had four parts: registration task, daily drill, case study and relaxation training. The psycho-education section consisted of stress related topics. Each session was followed by a meeting in which researcher evaluated the concept of sessions.

In the present study, a highly useful method for stress reduction at workplace, Cognitive behavior therapy was used on working women who were experiencing stress at their workplace. It was hypothesized that Cognitive behavior therapy has positive effect on stress reduction of working women.

Objective:

The main objective of the present study was to examine the effect of cognitive behavior therapy on working women who are experiencing different stress level at their workplace.

METHODOLOGY

Sample:

In the present study, samples of 50 working women (age range-30 to 50 years) were selected from various departments from Faizabad district of Uttar Pradesh.

Tools:

Demographic information schedule:

This schedule was prepared by the researcher for collecting the demographic information such as age, workplace, category of work, duration of work, background etc.

Bisht Battery of Stress Scales (BSSS):

Bisht Battery of Stress Scales was used to measure the stress level of working women only two sub test- physical stress (60 items) and family stress (83 items) were selected. This scale is a reliable stress tool for stress level in working women.

Cognitive behavior therapy :

Cognitive behavior therapy was applied in the study. The therapy includes eight sessions. All sessions were included in this study.

Procedure:

In this study participant on contacted on telephone, demographic information's were obtained from them. In the pre-test condition there stress level was assess after that sessions of CBT were conducted on all participants in the morning for the one month periods. After one month, in the post-test condition there stress level was again assessed.

Statistical analysis:

SPSS, version 16 was used for the statistical analysis. Mean scores on the outcome measures at pre-and posttest for both groups were analyzed by means of two way repeated measures ANOVA.

RESULTS AND DISCUSSION

The changes in score on the various variables following the intervention program are summarized in Table 1:

Table 1 indicates that cognitive behavior therapy showed a significant positive effect on working women. The mean values of family and physical stress conditions were higher on pre-test when cognitive therapy was not introduced. The mean values in the post-test were lower due to implementation of cognitive therapy. It shows that cognitive therapy reduced the stress level of working women in post condition.

Table 1 : Means and SD of various variables at pre and post treatment				
Cognitive behavior therapy				
Stress sub test	Pre-test		Post-test	
	Mean	SD	Mean	SD
Family	75.67	6.21	61.23	5.25
Physical	58.59	4.36	48.35	3.95

The results of the present study demonstrated that cognitive therapy showed a positive effect on stress reduction of working women who were suffering from stress at their workplaces during working hours. In this study cognitive behavior therapy resulted in a significant reduction status in scores on all most all stress related subject. Thus the objective of the present study was fulfilled the cognitive behavior therapy had larger effect on all working women who were suffering from workplace stress at their working place.

The cognitive behavior therapy is a mental relaxation. It affected the mental status of the subject and reduced the stress level. For this argument can be presented for the benefit of this therapy. It was seen that during the period of intervention program, time pressure and workload in working women increased considerably due to stress related problems.

One short coming of the present study is probably the lack of follow-up data to assess long term change. With only one post treatment assessment, no conclusion could be drawn about the process of change. Despite the methodological short coming of the study, the consistent pattern in the outcome variables indicates that cognitive behavior therapy is most effective and promising stress reduction technique. Further advanced studies are needed to replicate the results and methodological issues need to be resolved. In the light of recent development in cognitive behavior therapy, there is a need to generate more effective data on the effect of the study variables. It can be concluded that cognitive behavior therapy may be very effective therapy for reducing stress level of working women at their workplace.

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