Summary and Conclusion

Women are the nerve centre of the family life and all the activities of the family are centered around her. Today, women are in a state of transition caught between the illusory safety of traditional role on one hand and the challenge to realize their potential outside on the other hand. Women have a lot of balancing to do between home and workplace and balancing between social and personal requirements especially during the expanding stage. Expanding families begin with the arrival of the first child and continues until the youngest child reaches adulthood and leaves the home. During this period major changes take place. Married working mothers not only take care of their children but also maintain satisfying relationship with their mate and other family members.

Women have risen well above defined role of a housewife and have gradually evolved into the dual and more self-fulfilling role of a working women and a housewife. The professional activities held by women are referred as white collar job. In many countries white collar women is a person who performs professional, managerial and administrative work in an office. White collar work is performed in an office cubicle in an administrative setting. It is commonly understood that white collar work requires mental effort rather than physical effort. Contrary to this woman managers face a dual burden of work and family which creates a lot of stress, strain and role conflict.

Life today is becoming increasingly complex and tension ridden which becomes a great source for stress. Globally, 23 percent of women executives and professionals, say they feel “super stressed”. Stress has become a universal phenomenon. Work, family and home are not separate and these issues are to be balanced. Women experience work-related stress, particularly when tensed and distressed and feel the inability to cope up with both family and work. Identifying the causes for stress is the first step in learning to deal with stress. Excessive stress can cause problems for physical and psychological
wellbeing which results in behavioral change. The signs and symptoms of stress vary from person to person; but all have the potential to harm one's health, emotional well-being and relationships with others. Emotional Symptoms result in increased fear of failure, feeling of anger, jealousy, feeling overwhelmed, desire to cry, inability to relax, sense of loneliness and isolation. Physical and psychological characteristics, such as physical fitness or a high level of optimism, act as precursors or buffer in the development of stress reactions and mental health problems.

Life and stress are interwoven with each other however, in small quantities, stress is considered good. It can motivate and help to be more productive. To reduce and cope with the workplace stress, stress management techniques can be adopted. Thus, a stress coping strategy is important because prevention is always better than cure.

The present study examined the key reasons for stress and outlines some of the factors that can control stress by comparing a city in a developed and a developing country respectively. Even in United States women managers have not achieved equity with their male peers in terms of their ability to pursue career and have a family. Experiences of stress vary in severity based on the lifestyle, working pattern, place of work, work relationship, family relationship and overall physical and mental health.

In this context several literatures have proved that developed countries have far more designed interventions in terms of relaxation and relative therapies. Although research has been conducted in developing countries, there are still not enough in-depth studies to fully analyze both cultural differences and behaviors which vary from one country to another. Along with existing difficulties in controlling other more well-known occupational risks, there is lack of awareness of work-related stress, and shortage of resources to deal with it. Cultural aspects may need some attention when dealing with work-related stress in developing countries.

The study of stress among white collar working women is very important because it has an adverse impact on the productivity of the organization and
also healthy family life. Year after year, findings from the stress in American survey have reinforced this relation. This study on “Stress Management of White Collar Women in Expanding Families” will give valuable information towards the many causes behind women’s depression and stress during marital adjustment.

Hence, with this background the present research work was undertaken with the following objectives.

**Objective**

1. Estimate the prevalence of stress among the selected samples.
2. Determine the physical and psychological well being of the selected samples.
3. Identify the stress coping technique followed by the selected samples.
4. Promote awareness to manage stress among the selected samples.

**Research Hypothesis:**

A research hypothesis is the statement created by research when they speculate upon the outcome of the research or experiment.

**H1:** Intervention Programme on stress management improved health of the selected samples.

**H2:** Intervention Programme on stress management improved stress level of the selected samples.

**H3:** Intervention Programme on stress management improved stress coping methods adopted by the selected samples.

The scope of the study is to recognize and identify the factors causing stress. An attempt is made to bring out the modern coping techniques followed by the white collar women to overcome stress and improve health and performance of work, to face challenges in future.

**5.1 Research Design**

The design of the study was descriptive, comprising of quantitative and qualitative data collection and compilation. Survey method was chosen as the
most appropriate method for the collection of primary data pertaining to the study. Accordingly, a survey was conducted to gather information on the socio-economic background of the selected samples, household details, household activities, work environment, stress encountered, health problems faced both at work place and at home and methods adopted to cope up with stress.

**Phase 1**

**Survey to Assess the Prevalence of Stress among the Selected Samples**

The survey was conducted among the general companies and IT sectors located in and around Chennai and Chicago city. It was an attempt by the investigator to compare a developing city (Chennai, India) with a developed city (Chicago, USA) which would help to identify and resolve certain facts related to the study. A recent survey conducted by Global Research from Nielson between February and April, 2011 covering 6,500 women from 21 developed and developing countries including U.S and India, mentioned that Indian women across the world are the most stressed. The biggest stress felt among the women were between 25 – 55 years, married, in the expanding stage. Therefore, Chennai in India and Chicago in US were identified as the targeted area and selected as the ideal choice as the study area to collect the information for the study. The researcher made an attempt to visit Chicago for the purpose of identifying the samples. The study is focused and targeted at women holding responsibilities as white collar job in establishments and at the same time taking care of their families.

Purposive sampling technique was the method used for the selection of the samples (white collar women). Questionnaire was the tool used for the collection of data. The NSAD stress questionnaire developed by the International Stress Management Association (ISMA, 2012) was used to assess the stress levels of the samples. The stress inventory, a tool developed and standardized by Sue Firth, 2010 was adopted to measure the frequency of stress experienced by the selected samples.
Among 1000 samples selected a total of 961 have responded. Hence, for the survey, 482 from Chennai and 479 from Chicago constituted a total of 961 white collar women samples selected for the study. Secondly, from 275 highly stressed white collar women 55 samples was selected for the intervention program. Out of 55 samples ten white collar women, each 5 from IT and NON-IT sectors were selected for the case study.

**Phase 2**

**Assessing the Stress Levels of the Selected Samples**

Based on the response received, from phase I, 57 per cent of the samples in Chennai and 34 per cent in Chicago were highly stressed. The comparison of the highly stressed samples of Chicago and Chennai indicated that more number of samples with high levels of stress were from Chennai, India (57 percent) compared to Chicago, USA (34 percent). After careful scrutiny among the samples surveyed in Chennai (482), 20 percent (55 samples) were selected for the Intervention Programme.

Dr. Rishi Tewari, an expert in the field of creative visualization and Trance therapy was invited to conduct the Intervention Programme. Dr. Rishi Tewari M.B.B.S, D.P.H, M.Sc., (Occupational Health and Industrial Medicine) FICA (USA), MRSH (LONDON), Former Director of Health Services, Tanzania, is an expert who conducts the Stress Management Programs regularly for stress relief in India and abroad. He offers services to various countries through Global Stress Management and Research Centre that is presently based at Chennai.

The psycho physiological assessment suggested by Dr. Rishi Tewari for the intervention programme included monitoring and recording of pulse rate, blood pressure and mental state before and after the programme. The pulse rate and blood pressure were monitored and recorded for the selected samples with the help of Omron instrument. The blood pressure was monitored with the same instrument. Attention level was monitored by the instrument, Encephalography (EEG) detection tool. The instrument, electro encephalograph monitors the intensity of the “attention level” of an individual.
Stress management program was developed to help individuals cope more effectively with stress and to remediate problems associated with stressful situations. During the program each individual was assisted to make some changes in internal reactions and behaviors toward particularly stressful situations. The intervention program included activities on yoga, relaxation, progressive muscle relaxation, stretching exercise, deep breathing exercises, meditation and mental imagery and transitional therapy. The programme was planned to create awareness on the need to participate in the intervention program and also to expose the samples to the aspects that is included in the intervention programme. The one day intervention program was planned for the selected 20 percent (55 samples) who were highly stressed samples. The investigator along with the professionally qualified trainer executed the intervention program for the selected samples. The details of the Intervention Programme are presented under Results and Discussion.

Phase 3
Case Study

The researcher attempted to collect qualitative data using case study. Among the samples selected for the Intervention programme, ten samples (white collar women) were identified as ‘typical cases’, from the information gathered through the questionnaires and psychophysical assessment. Five each from IT and Non-IT represented the samples for the case study. The impact of the intervention program was recorded after a period of one month for duration of three months. The outcome recorded in the case study is presented in chapter IV Results and Discussion.

5.3 Results and Discussion

Phase 1
Findings of the Survey

The findings of the research study are summarized below:

5.3.1 Family Profile of the Selected Samples.

The data regarding the personal information of the selected samples from Chennai and Chicago represents age, education, occupation, income, type of
family and number of children. In general, 80 percent of the samples fall between the age group between 35 - 44 years. Out of 482 samples (white collar women) in Chennai 42.7 percent were post-graduates. With regard to the educational qualification among the samples in Chicago majority of 48 percent were graduates. It is clear from the table that in Chennai 25.6 per cent of the samples held the post as a Team Leader and 29 per cent of the selected samples in Chicago had been placed as Manager. Majority of monthly income of the samples in Chennai, India ranged between Rs. 30,000 /- and Rs. 80,000/- while in Chicago, U.S.A it was between $8000 - $10,000. The data indicates that the majority of 65.2 per cent and 86.5 per cent were from nuclear family at Chennai and Chicago respectively. A majority of 97.7 percent of the samples in Chennai had child up to two.

5.3.2 Details of the dwelling.

Among the selected samples majority of the families in Chennai reside in apartments (37.1 percent) and in individual house (33.6 percent). Majority of the samples (53.3 percent) in Chennai were residing in rented house whereas 63.8 percent resides in their own house in Chicago. A majority of 42.4 percent of the selected samples in Chennai lived in house which had two bed room facilities with attached bathroom and had living cum dining which is common in Chennai. In Chicago 38.1 per cent of the samples (white collar women) stayed in houses which was large enough having an area which ranged between 901-1200 sq.ft. Staying in houses with enough space to live, basic facilities and comfort exhibits the status of the families and the individual adding prestige to the status.

5.3.3 Employment Particulars of the Selected Samples.

Majority of seventy percent mentioned that necessity was the main reason for taking up employment. Having a passion for the profession and to live a luxurious life was mentioned by 49 percent respectively. Occupation is a main determinant of social status in terms of prestige.

A majority of 61.6 percent in Chennai and 34.2 percent in Chicago travelled a distance of 36 to 50 km to and fro every day. When discussing about the travel time to work spot in Chennai and Chicago on an average the time
ranged between 100 to 150 minutes which is almost equivalent to 1½ to 2½ hrs and more, spent for travelling every day. In Chicago, 60 percent of the selected samples travelled by train and in Chennai twenty five percent travelled by office vehicle. People in Chicago preferred train due to its speed to avoid delay in traffic and parking expenditure.

Forty four percent of the samples from Chennai work from home and 52.6 per cent of the respondents in Chicago work from home due to the flexibility in the organization set up. Majority of white collar women in Chennai work for 8 hrs to 10 hrs whereas in Chicago the selected samples (64.3 percent) work below 8 hrs. Most of the Chennai respondents (34.2 percent) work above 10 hrs. Working late hours, often until midnight, as well as working at weekends, is inevitable in IT sectors.

Majority of the respondents (88.5 percent) spend 2-4 hrs for office work at home. It was surprising to know that 11.5 percent spend more than four hours for office work at home. This may be due to onsite call during night time. This is the practice of the work norm of the selected samples in Chennai. In Chicago only 8.8 percent work at home after working hours spend less than 2 hours. This indicates that time schedule and manage themselves to accomplish task in given time. The table clearly indicates that Indian women spend more time for office work compared to their counter parts in Chicago. Long working hours which is more than sixty hours per week tend to result in stress.

Majority of the respondents (66 percent) from Chennai and 40.9 percent from Chicago often faced pressure due to over “work demand” in office. On an average 45 percent of the samples both from Chennai and Chicago reported that sometimes work politics, lack of support of the superiors, job insecurity, lack of clarity of responsibilities and poor communication created discomfort leading to work pressure and stress at workspot. Inability to pay attention to home and family members had put young mothers in difficult and unable to take decisions.

Comfortable work table, sufficient lighting, printer and Xerox machine, LCD monitor, comfortable chair, air condition, lift facilities were reported by the samples from Chicago.
A majority of 80 percent of Chennai and Chicago respondents reported that they were provided salary as per industry standards by their organization. It is clear from the table that the respondents of Chennai had less organizational benefits compared to respondents of Chicago.

5.3.4 Household activities performed by the Selected Samples.

Majority of the women performed cooking activities daily in Chennai (82 percent) compared to Chicago (48 percent) samples. The samples from Chennai expressed that taking care of their children was the prime responsibility as a mother whereas in Chicago care taker is there to help them. The washing and ironing (38 percent) of their home was done daily by the selected samples in Chennai while it is weekly at Chicago. The washing and ironing in western countries is done weekly because they have a separate laundering area for a group of people where they used to wash their clothes during weekends. They identified cooking, cleaning and childcare as most stressful job at home.

Majority of the women (82 per cent) in Chennai use grinder and where it is not been used by Chicago. It is also evident from the table that toaster was a frequently used device by samples (31.5 percent) residing at Chicago. The food habits of Chennai compared to respondents of Chicago was poor.

It can be inferred from the above table that the samples (62.2 percent) in Chennai have irregular eating habit due to their unbalanced work time and therefore are often tempted to consume oily (56.8 per cent) and junk foods (54.4 per cent) in the form of snacks. The sample from Chicago seems to have healthy eating habits to keep them fit with reduced stress.

5.3.5 Stress faced by Selected Samples.

Level of Stress: It could be clearly seen from the table that 57.1 percent of the samples in Chennai (white collar women) had high level of stress compared to the samples in Chicago (34 per cent) on work related multiple roles played by women. Thirty two per cent in Chennai and 47 per cent in Chicago had medium level of stress. Eleven per cent and 19 percent of the respondents from Chennai and Chicago respectively had lower level of stress. Overall, it’s clear from the
table that the samples from Chennai faced high level of stress compared to samples in Chicago.

**Frequency of Stress:** The results showed that 63.9 per cent and 38 per cent of the samples (white collar women) from Chennai and Chicago expressed that they always faced stress both at home and at work place. Twenty seven per cent and 54.9 per cent of the samples faced stress sometimes in their life. However, it is consoling to note that on an average 8 percent of the samples from Chennai and Chicago faced stress rarely.

Statistically significant difference was observed between the stress level and the age group of the selected samples in Chennai at P<0.01 level ($\chi^2 = 71.59$). Nearly 25 percent of the white collar women in the age group of 35 – 44 yrs were highly stressed.

Statistically significant association was observed between the level of stress and the different age group of the selected samples in Chicago at p<0.01 level ($\chi^2 = 69.18$). Almost 23.4 percent of the white collar women who belonged to the age group 25 – 34 yrs were faced medium level stress and 15.9 percent and 7.3 percent of the respondents were at the age group of 35 – 44 yrs were in high and low level stress respectively.

**5.3.6 Health condition faced by the Selected Samples.**

Majority of the samples in Chennai often (78.9 percent) reported backache. Nearly half of the respondents often experienced psychological problems based on stressful job resulting in poor memory (54.5 percent), poor concentration (54.3 percent), insomnia (53.6 percent) and tense feeling (52.5 percent).

Half of the respondents in Chicago suffer headache often followed by neck pain (46.3 percent) and bowel disorder (41.1 percent). It was observed that white collar women at Chicago often felt tense (28.8 percent), Insomnia (28.6 percent), guilt feelings (26.3 percent) and Depressed (25.7 percent).

Nearly half the samples in Chennai have diabetes (52.5 percent). This may lead to complications like obesity, chronic illness, low self-esteem and even
depression. Forty nine percent of the respondents are suffering from Ulcer is due to irregular eating habit. Work pressure could lead to high blood pressure among 42.3 percent of the respondents.

Similarly, in Chicago nearly fifty percent of the respondents suffer from Ulcer (50.7 percent), diabetes (39.9 percent) and high blood pressure (31.9 percent). The comparison of the Health status indicates that samples both from Chennai and Chicago have almost similar risk factors.

It can be observed from the table that there existed a significant difference at 1 percent level in the psychological problem among the samples based on place of work. White collar women at Chennai reported 28.10 (mean value) when compared to Chicago samples (white collar women) 25.77 (mean value). Work load pressure and deadline of the projects could be the reason for psychological problems. From the mean values, it can be found that white collar women in Chennai had more physical and psychological problem compared to Chicago respondents.

5.3.7 Stress coping techniques followed by the Selected Samples.

The data enumerated that 68 per cent of the samples in Chicago and 22 percent of the respondents in Chennai adopted the stress coping techniques. It is generally accepted that matching the type of stress with an appropriate coping strategy would be most effective and thus, beneficial to health, while use of inappropriate coping strategy would be less effective and detrimental to health.

The methods commonly adopted by the selected samples from Chennai to cope with stress were many. Listening to music daily was mentioned by 75.3 percent. Walking (50.4 percent) and reading (42.5) were practiced daily to relax and be active. Walking (43.2 per cent) was the most predominant method practiced daily by the respondents of Chicago followed by 32.8 percent who gave time to their pets daily.

5.3.8 Family support of the Selected Samples.

There was a significant difference between the two groups on the children support at 1 percent level. 5 percent significant level was seen among the women for their spouse support. It’s quite to note that there was no
significant difference among self co-operation at both the places. In families it is observed that majority of work were shared by spouse followed by children. This may be due to dual role of women cant able to support themselves in all the activities and get satisfied.

5.3.9 Overall Satisfaction Gained by the Selected Samples.

Majority of the respondents from Chennai were fully satisfied with their family (65.6 percent) followed by spouse cooperation (65.4 percent). Whereas in Chicago, respondents were fully satisfied with their work facilities (79.7 percent) and work load (72.2 percent).

5.3.10 Correlation between Health and Stress of the Selected Samples

Correlation between stress and physical and psychological problem showed significant negative correlation. Correlation between frequency of stress and physical and psychological problem showed significant positive correlation.

5.3.11 Multiple regression analysis on level of stress as per personal details, household activities, health problem, family support and stress coping techniques at Chennai

Predictors such as Age, Designation, cleaning activities, self-care, frequency of stress, spouse support, self-support and stress coping were found to be the significant factors contributing to stress level. From the R square value it is evident that 20 percent ($R^2 = 0.209$) of the total variance of level of stress has been explained by the above mentioned personal details, household activities, health problem, family support and stress coping techniques.

5.3.12 Multiple regression analysis on level of stress as per personal details, household activities, health problem, family support and stress coping techniques at Chicago

Predictors such as Designation, cooking activities, washing, childcare, frequency of stress and family support were found to be the significant factors contributing to stress level. From the R square value it is evident that 35 percent ($R^2 = 0.354$) of the total variance of level of stress has been explained by the above mentioned personal details, household activities, health problem, family support and stress coping techniques.
5.4 Phase 2 Impact of the Intervention Programme

Based on the outcome of the survey results, it was found necessary to organize an intervention program for the selected samples, who had high levels of stress. Hence, the intervention programme was conducted for 20 percent from the Phase I highly stressed 57 percent of the samples in Chennai. The intervention program organized for the selected samples are presented and discussed under the following heading.

5.4.1 Level of Stress Before and After the Intervention Program.

From the above table it is clear that out of 55 highly stressed samples (white collar women), fifty one percent belonged to moderate stress level followed by 34.54 per cent of the respondents who had low level of stress and only 14.54 per cent remained with high level stress after the intervention programme. It was encouraging to note that the knowledge gained through the interventional programme, has helped the samples to reduce their level of stress.

However in order to find whether the intervention had an impact on the stress level score and the mean scores of the respondents before and after intervention vary significantly, the following hypothesis was framed. The Hypothesis proved that the intervention programme on stress management improved the stress level of the selected samples. Hence the Hypothesis 2 is accepted.

5.4.2 Health problems experienced and reported before and after the intervention program

The above table depicts that among the selected 55 samples, a majority of (58.2 per cent) reported that strain in eyes was a problem often experienced, which ultimately lead to headache (49.1 per cent), resulting in poor vision, weakness and inability to perform activities both at home and work spot. After the intervention programme an improvement was reported with regard to gradual decrease in eye strain, shoulder pain and head ache among 40 percent of the samples respectively.
Summary and Conclusion

More than 50 percent of the selected samples reported that anger, poor concentration and negative thinking as the problems experienced by them. After the intervention program the realisation towards the importance of health among the selected samples (white collar women) has increased.

The respondents were more cautious about time rather than health. Hence it is inferred from the study that the intervention program had a positive impact on the necessity for gaining knowledge on health.

Before intervention, the mean for physical health problem was found to be 45.15 for the selected samples. After the intervention the mean value decreased to 23.71. After the intervention programme the samples have realized the importance of the stress coping technique in order to improve their physical health. It is inferred from the table that the intervention programme has exhibited improvement among the selected samples by practicing the stress coping techniques to solve the problems, hoping to lead a meaningful stress reduced life both at home and workspot.

Before intervention, the mean score for psychological problem was found to be 25.96 for the selected sample. While after the intervention the mean value decreased to 19.69. After intervention the selected samples were aware of health issues, knowledge on managing capacity of stress increased. The self confidence and self esteem increased at the same time poor memory, anger and loss of confidence were decreased. The Hypothesis proved that the intervention programme on stress management improved the health of the selected samples. Hence the Hypothesis 1 is accepted.

5.4.3 Household activities performed before and after the intervention programme

Majority of the respondents stated that cleaning (94.55 percent) is the major task makes whole day tired. After attending the program this was decreased to about 84.55 percent doing the task in a well planned way. However, cooking, childcare also made changes in their lifestyle by having paid help and labour saving equipment and enhanced their health.
5.4.4 Methods adopted to reduce stress before and after the intervention programme

It was encouraging to note that 92.7 per cent practiced to develop self confidence to cope up with work. Above 80 per cent expressed developing good habits and manners, controls anger, develops positive thinking, consulting and interacting with co-workers were the other methods adopted to reduce stress and improve their abilities to manage work and cope up with stress at home and work spot.

It was observed that improving self-confidence (61.8 per cent), prioritizing activities (61.8 per cent) and developing good manners and habit (58.2 per cent), were the methods adopted by the selected samples before the intervention programme to reduce stress. Since awareness is present, it is essential to identify the cause for stress on continuous basis and practice these simple methods to reduce stress.

Before intervention, the mean score for stress coping was found to be 28.53 for the selected samples. After intervention the same has increased to 31.07. The Hypothesis proved that the intervention programme on stress management improved the stress coping techniques of the selected samples. Hence the Hypothesis 3 is accepted.

From the above table, it is revealed that the stress coping scores of the selected samples such as practicing yoga, meditation, swimming, reading, cycling, walking, napping etc., vary significantly after the intervention programme. Before intervention the white collar women were not conscious of the fact that the coping techniques prevent health problem. After the intervention programme the stress coping score of the sample have increased. It is inferred from the study that intervention programme have a positive impact of stress coping on solving health problems.

5.4.4 Health assessment report of the selected samples

The details of the selected highly stressed samples, regarding the physical parameters such as Pulse rate, Blood pressure and Attention level which were recorded before and after the Intervention Programme is presented below.
5.4.4 Evaluation of the Intervention Programme

The analysis showed that a majority of respondents (63.64 per cent) had high pulse rate before the intervention program. Gradually the pulse rate reduced for 13 percent after the intervention program to normal pulse rate. Similarly 14.55 per cent had low pulse rate before the program and the condition improved with 4 percent.

It is evident from the above table that the blood pressure for the selected samples (white collar women) was high for 16.36 percent before the intervention program which slowly improved to normal level for 10.91 percent after the intervention program. Nearly 50 percent of the respondents reported that they had normal blood pressure, while the percentage to normal level was 66 percent after the intervention program.

Low level attention of the respondents increased from 65.45 percent to 30.91 percent before and after the intervention program respectively. Whereas high level of attention among respondents enhanced from 34.55 percent to 69.09 percent before and after intervention program respectively.

5.4.5 Effectiveness of the method used for the Intervention Programme

a) Knowledge of Stress Coping Technique reported by the selected samples

Cent percent of knowledge on relaxation and meditation were existed by the selected samples before and after the intervention programme. Whereas, positive thinking (67.37 percent), massage (29.1 percent) and visualization (23.6 percent) were gradually increased after the intervention programme.

b) Stress Coping Technique Practiced before and after the Intervention Programme

Majority of the samples expressed that after attending the intervention program they were adopting stress coping techniques such as proper yoga (83.6 per cent), deep breathing (70.9 per cent) and 63.6 per cent followed physical exercise and relaxation respectively.
c) **Awareness on the benefits of the Stress Coping Technique**

The selected samples though aware of the benefits of exercise, did not practice regularly as they expressed that they did not find time for regular exercise. The need to practice deep breathing to reduce stress and keep the mind calm was experienced by the samples. It was obvious that the awareness on the benefits of yoga was realized by all the selected samples after the intervention program. Most people are not aware of the impact of effect of thinking positively. The samples were urged to consider ‘think positive’ term as useful and effective. The selected samples were overwhelmed by understanding the benefits of relaxation. They expressed that relaxation could be practiced by them inorder to reduce stress encountered everyday. It was encouraging and obvious to see the response of the selected samples towards the benefit of the meditation. The samples have realized the multifarious benefits of practicing meditation and have expressed the possibility to practice any time and in any possible situation. In addition massage to the whole body of a normal person can relieve psychological stress and improve the blood circulation. Visualization is an activity, which every individual performs according to a routine programme or schedule. All expectations and desires have an effect based on mental visualization. The selected samples were impressed by the benefits of the effect of visualization to combat stress to face challenges in life.

5.4.6 **Feed back of the programme reported by the selected samples**

Cent percent of the respondents were fully satisfied and understood the perception of the intervention program. Demonstrations help to raise listener’s interest and reinforce memory retention because they provide connections between facts and real-world applications of those facts. Trance session is the most important and special method adopted by the instructor in which participants (85.45 percent) subconscious mind opened and he inculcated all the positive thoughts in mind, so that our body reacts to the thoughts unknowingly in all the activities. This leads them to do their work with high self esteem. Among all, the respondents were very much interested in learning new concept about trance session.
Summary and Conclusion

It could be clearly seen, that the majority of the respondents above 70 percent much benefitted from the intervention program in various fields in that nearly ninety percent learnt to make right decision at right time, whereas 85.45 percent respondents able to handle stressful situations.

5.5 Case Study

An analysis of the ten white collar women in Chennai, were identified as typical cases five each from IT and Non – IT sectors were selected from the surveyed sample for the case study. Willingness and co-operation were taken into consideration. In depth interview was conducted with the selected samples by the researcher. The case study method was used to recognize and develop deeper understanding about intricate relationship between important elements in day to day life.

All of them were experiencing a time constrain. It is observed that those from IT field were coming late to home and also doing work at home after 8 hrs of office work whereas Non-IT women employees comes to home and do household tasks. They assigns the work to others yet, the responsibility of checking lies in her hands. Pending work piles up resulting in sleeplessness at night. Over load and no rest drains their energy. This lead them uncomfortable feeling, making them to feel sick and weak. Though employed with a higher designation, feels lack in leadership quality. Superiors don’t treat properly and coping with subordinate at work spot has affected health. Generally in job they face problem and struggles to handle situations since they are very soft by nature.

Each has different perspective views in life. The coping technique has made a difference to feel lighter and has decided to live a life to keep everyone happy. After attending the intervention programme, their confidence increased, leadership quality enhanced and able to tackle the problems in an effective way. After massaging forehead, some gets sound sleep. Deep breathing exercise has helped her to concentrate on job without anxiety. They recognized having paid help and spending quality time with kids has made them to lead a happy life.
They started to have positive thoughts in life to take care of themselves and kids. Now feels comfortable and says they can able to handle situations both at home and at work place. Some of their attention level increased and pulse rate came to normal. Respondents with lots of energy perform work both at home and office. They practices the exercise taught to them to relive all the aches and pains and feels relief from stress and strain. Now she leads happy family life.

Respondents spent time for practicing yoga and exercise for 30 minutes. Some has high blood pressure, high pulse rate and low attention level before the program and it was quite interesting to note that after 3 months with continuous practice of stress coping techniques their health status improved. This made them confidence in continuing the practices throughout their life to lead a happy environment.

**Conclusion**

Women who perform multifaceted role in the community have the predominant role in the economic growth of our nation. The main findings of the study showed that majority of the respondents were highly stressed in Chennai, India than Chicago, USA due to personal and organizational sources playing dual role to manage work both at home and works spot are the major factor that causes stress among the white collar women. Not all stress is bad for people, a certain amount stimulates creativity and success. But, excessive exposure to stress can be detrimental to health and occasionally fatal.

Each individual should make an effort to take control and eliminate the factors that can be stressful and harmful in their lives and get the balance between a work and non-work lifestyle correct. Identifying stressors and adopting to stress coping technique can reduce stress considerably. It is also important for the organizational set up to promote family support systems for career women with family commitments. This would help not only the employees but also the managers to improve the productivity ratio. Safeguarding the mental health of employees is the basis for a peaceful nation. A woman’s peace paves peacefulness in the family, in turn to the community and ultimately to the nation.
Summary and Conclusion

Recommendations

- Intervention programme as stress management training and counseling support need to be extended to all the employees.
- Management training should emphasise the importance of treating every staff and individual with respect.
- In terms of work schedule flexibility should be introduced offering flexi time and avoiding long working hours.
- Leave facilities for both the parents should be made available.
- Quality and well set child day care centers should be within the premises for mothers to nurse their children.
- Sensitising programmes, serials and movies on sharing of household activities should be given priority.

Further Studies

The areas for future studies are:

- Work life balance of employed couples.
- Role of men towards family welfare.
- Cross national studies on working women with different types of career.
- Study on stress among urban and rural women.
- Working women’s stress with government employee and private employee.
- Primary prevention programs can be targeted to the youngsters in school life itself.
- Stress faced by the three generations.