



Original Article

The Impact of Group Therapy-Based Training Program on Marital Adjustment and Occupational Stress among Married working Women's

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Abstract

This study examined the effectiveness of a group training program on marital adjustment and occupational stress among married working women. A quasi-experimental design was used with 60 participants divided into an experimental group (n = 30) and a control group (n = 30). The experimental group received the intervention, while the control group did not. Results indicated a significant improvement in marital adjustment and a reduction in occupational stress among participants in the experimental group compared to the control group. No significant pre-intervention differences were found, suggesting that the changes were due to the intervention. Pre-intervention marital adjustment significantly predicted post-intervention outcomes, whereas occupational stress did not. Overall, the findings suggest that group training programs are effective in enhancing marital adjustment and managing occupational stress among married working women.

Keywords: marital adjustment, occupational stress, group training program, married working women

Introduction

Professional stress refers to the physical and psychological strain experienced due to workplace demands such as workload, time pressure, role conflict, and organizational expectations (Beehr & Newman, 1978; National Institute for Occupational Safety and Health [NIOSH], 1999). In today's rapidly changing work environment, stress has become a common phenomenon affecting employees' health, productivity, and overall well-being. For married working women, professional stress is often compounded by additional responsibilities at home, including household management, childcare, and maintaining family relationships. This dual role creates significant role conflict and role overload, which can adversely affect both mental and physical health. In the Indian context, traditional gender roles continue to influence women's lives despite increased participation in the workforce. Women are often expected to prioritize family responsibilities even when they are employed, leading to challenges in balancing work and family demands (Desai, 2012). This imbalance contributes to emotional exhaustion, anxiety, and decreased well-being. Furthermore, societal expectations, limited autonomy over financial decisions, and workplace challenges such as gender discrimination and harassment add to the stress experienced by working women (Nair, 2016; Kumar & Sharma, 2014; Verma, 2019). Marital adjustment is an essential component of family life, involving effective communication, mutual understanding, emotional bonding, and shared responsibilities between partners. High levels of occupational stress can negatively impact marital relationships by reducing communication, increasing irritability, and lowering overall relationship satisfaction. Chronic stress may lead to conflicts, emotional distancing, and reduced cooperation within the family, thereby affecting marital harmony. Various factors contribute to occupational stress, including long working hours, job insecurity, excessive workload, lack of recognition, and interpersonal conflicts at the workplace (NIOSH, 1999). Additionally, life events such as financial difficulties, health problems, and major family changes further exacerbate stress levels. According to the Holmes and Rahe Stress Scale, significant life changes can have a profound impact on an individual's stress response and overall functioning. To address these challenges, group training programs have emerged as effective interventions for stress management and emotional well-being. Such programs provide a supportive environment where participants can share experiences, learn coping strategies, and develop skills such as relaxation, mindfulness, conflict resolution, and emotional regulation.

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Group-based interventions not only enhance self-awareness but also promote social support and collective problem-solving, which are crucial for managing stress effectively. Therefore, understanding the impact of professional stress on married working women and exploring the effectiveness of structured group training programs is essential. This study aims to examine how such interventions can improve marital adjustment and reduce occupational stress, thereby contributing to the overall mental and emotional well-being of married working women.

Literature Review:

Akhtar, Rizar, Adeel, Hussain and Waqar (2022) conducted a study titled “*Relaxation Techniques on Occupational Stress Among Working Women.*” The main objective of the study was to examine the effectiveness of relaxation techniques in reducing occupational stress among working women. A total of 90 working women aged 18–65 years were selected using purposive convenience sampling. The study followed a semi-experimental pre-test and post-test design. The findings revealed a significant reduction in occupational stress levels after the intervention. The researchers concluded that relaxation techniques are effective in managing stress and improving mental health among working women. Shobana, Chacko, Verma, and Mathur (2016) conducted a comparative study on occupational stress among women working in government and private sectors. The sample consisted of 80 working women, equally divided between the two sectors. The study found that working women experience stress due to balancing professional and domestic responsibilities, which impacts their mental and physical health. Differences in stress levels were observed between the two sectors. Further studies also support the effectiveness of psychological interventions. Gholami (2015) reported that cognitive-behavioral group therapy significantly improved marital adjustment and satisfaction among married women. Similarly, Motlagh et al. (2013) found that life skills training positively enhanced mental health and marital adjustment. Asfaw (2022) also highlighted that marital skills training significantly improved marital adjustment. In addition, Kaur and Singh (2018) concluded that group therapy reduced occupational stress and improved marital adjustment and communication. However, Nadar (2018) found no significant relationship between workplace stress and marital adjustment, indicating that findings may vary across contexts. Overall, the literature suggests that structured interventions such as relaxation techniques, life skills training, and group therapy play a significant role in reducing stress and improving marital adjustment and mental health among working women.

Rational Of Study:

Occupational stress is a major concern among married working women, often intensified by difficulties in marital adjustment. The dual burden of managing work and family responsibilities can negatively affect mental health, job performance, and overall well-being. Research suggests that unresolved marital conflicts can further increase occupational stress. The present study aims to evaluate the effectiveness of a group training program in reducing occupational stress by improving marital adjustment. While previous studies have supported group-based interventions, limited research has focused specifically on workplace stress arising from marital issues. Therefore, this study attempts to address this gap by examining the relationship between marital adjustment and occupational stress.

Methodology:

Aim of the study: The prime aim of the study is to examine the effect of a group training program on marital adjustment and occupational stress among married working women.

Objective of the study: (Multivariate Hypothesis):

O1: To examine the significant difference between pre- and post-intervention scores on the combined measures of marital adjustment and occupational stress.

(Univariate Hypotheses):

O2: To investigate the significant difference in marital adjustment scores between pre- and post-intervention.

O3: To assess the significant difference in occupational stress scores between pre- and post-intervention.

O4: To evaluate the significant difference between marital adjustment pre-intervention and occupational stress post-intervention scores.

O5: To analyze the significant difference between occupational stress pre-intervention and marital adjustment post-intervention scores.

O6: To determine the significant difference in marital adjustment pre- and post-intervention scores.

O7: To examine the significant difference in occupational stress pre- and post-intervention scores.

Hypotheses of the study:

Null Hypothesis

Multivariate Hypothesis

H1: There is no significant difference between pre- and post-intervention scores on the combined measures of marital adjustment and occupational stress.

Univariate Hypothesis

H2: There is no significant difference in marital adjustment scores between pre- and post-intervention.

H3: There is no significant difference in occupational stress scores between pre- and post-intervention.

H4: There is no significant difference in marital adjustment pre-intervention and occupational stress post-intervention scores between pre- and post-intervention

H5: There is no significant difference in occupational stress pre-intervention and marital adjustment post-intervention scores between pre- and post-intervention.

H6: There is no significant difference in marital adjustment of pre-intervention and post-intervention scores.

H7: There is no significant difference in occupational stress pre-intervention and post-intervention scores.

Variable of the study:

- **Independent variable:** 1. Group Training program

● **Dependent variable.** 1. Marital adjustment

2. Occupational stress

● **Control variable** 1. Age (21 to 45)

2. Socioeconomic status (middle)

● **Inclusion Criteria:** Participants were eligible for inclusion if they met the following criteria: (a) identified as married women, (b) were between the ages of 21 and 45 years, (c) resided in rural areas, and (d) had at least two children. This selection criterion was intended to focus on the lived experiences of rural married women managing family responsibilities.

● **Exclusion Criteria:** Participants were excluded if they:

(a) were unmarried,

(b) had a history of mental illness that could interfere with participation in the study,

(c) had experienced significant lifestyle changes—such as divorce or other traumatic events—within the past six months. These criteria were applied to reduce confounding variables and ensure the internal consistency of the study sample.

Operational definition of variable:

1. Working Women: Married women aged between 25 to 45 years who are employed and experiencing marital adjustment and occupational stress.

2. Marital Adjustment: The score obtained by participants on the Marital Adjustment Scale. A higher score indicates better marital adjustment among married working women.

3. Occupational Stress: The score obtained by participants on the Occupational Stress Index. A higher score reflects a greater level of workplace-related stress among married working women.

4. Group Training Program: An intervention aimed at improving marital adjustment and reducing occupational stress. It includes mindfulness and relaxation techniques, conflict resolution, problem-solving strategies, stress management, and coping skills training.

Sample:

A total of 105 participants was initially selected from an industry in Ratnagiri city using a purposive sampling method. From this group, married women with high occupational stress and low marital adjustment were identified.

In the final phase, 60 participants were selected and divided equally into an experimental group ($n = 30$) and a control group ($n = 30$). All participants were married female employees aged between 21 and 45 years and belonged to a middle socioeconomic background. The study was ultimately conducted on these two groups.

Psychological tools:

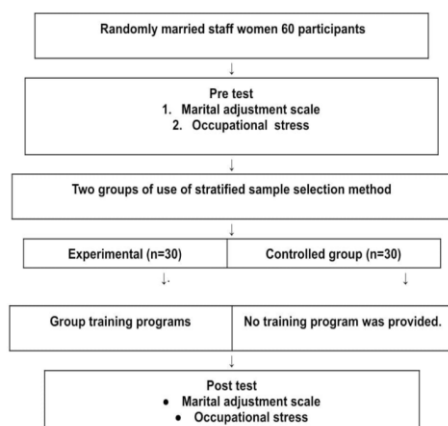
1. **Marital Adjustment Scale (MAS):** Developed by Tiwari, Deora, and Jain, this scale measures marital adjustment across three dimensions: physical, economic-social, and mental-emotional aspects. It consists of 90 items with a 5-point Likert response format (5 to 1). The scale shows acceptable reliability with a split-half coefficient of 0.71.

2. **Occupational Stress Index (OSI):** Developed by Srivastava and Singh, this scale assesses occupational stress through 46 items covering 12 dimensions such as role overload, conflict, and working conditions. It uses a 5-point Likert scale (1 to 5). The tool has high reliability, with coefficients of 0.935 and 0.90, indicating strong internal consistency.

Statistical treatment of the data: The data were analysed using appropriate statistical techniques. The Statistical Package for the Social Sciences (SPSS) was used for data analysis. Suitable statistical methods such as mean, standard deviation, homogeneity tests for normality, and MANOVA were employed for analysing the collected data.

Research Design: The study employed a **quasi-experimental research design** with two groups: an experimental group and a control group. The experimental group received the training program, while the control group did not receive any intervention. The research pattern will be selected and divided into two groups such as the experimental group ($n = 30$) and the controlled group ($n = 30$).

A. Experimental Design



B. Tentative plan and procedure of training program

Sr. No.	Months	Activities	Duration
1.	December 2024	Introduction	30 min.
2.	December 2024 (Last week)	Pre test : marital adjustment Occupational stress	45 min.
3.	January 2025	Group training program: meditation and relaxation techniques	30 min.
4.	January 2025	Conflict resolution and problem solving	30 min.
5.	January 2025	Stress management techniques	30 min.
6.	January 2025	Enhanced coping skills	30 min.
7.	January 2025 (Last week)	Post Test: marital adjustment Occupational stress	45 min.

Procedure for Data Collection: Data were collected from married female employees working in an industry in Ratnagiri city, selected based on inclusion criteria (age 21–45 years, middle socioeconomic status, and willingness to participate). Initially, 105 participants were screened, and 60 were finally selected and divided into experimental (n = 30) and control (n = 30) groups using a purposive sampling method.

A pre-test was conducted in December 2024 using the Marital Adjustment Scale (MAS) and Occupational Stress Index (OSI) to assess baseline levels. The experimental group then participated in a training program in January 2025, which included meditation, relaxation, conflict resolution, stress management, and coping skills training, conducted over four weeks. The control group did not receive any intervention. After the intervention, a post-test was administered to both groups using the same tools to measure changes in marital adjustment and occupational stress.

Result And Discussion:

This study investigated the impact of an intervention program on marital adjustment (MA) and occupational stress (OS) using a pre-post experimental design with a control group. Descriptive statistics for both groups on each measure, pre- and post-intervention, are presented in Table 1. Assessment of normality using the Shapiro-Wilk test is also included.

Descriptives					
	Group	MA_Pre	MA_Post	OS_Pre	OS_Post
N	Control	30	30	30	30
	Experimental	30	30	30	30
Mean	Control	193	156	166	179
	Experimental	192	286	172	96.3
Standard deviation	Control	11.1	10.9	15.1	19.6
	Experimental	13.3	57.5	19.7	15.3
Shapiro-Wilk W	Control	0.899	0.945	0.907	0.959
	Experimental	0.941	0.819	0.954	0.971
Shapiro-Wilk p	Control	0.008	0.121	0.012	0.296
	Experimental	0.094	<.001	0.215	0.566

Table 1: Descriptive Statistics and Normality Tests for Marital Adjustment (MA) and Occupational Stress (OS) by Group

Marital Adjustment (MA): At pre-intervention, both control (M = 193, SD = 11.1) and experimental (M = 192, SD = 13.3) groups had similar MA scores. Post-intervention, the control group's MA decreased (M = 156, SD = 10.9), whereas the experimental group showed a significant increase (M = 286, SD = 57.5). Normality was violated for MA_Pre (control) and MA_Post (experimental).

Occupational Stress (OS): Pre-intervention scores were comparable (control: M = 166, SD = 15.1; experimental: M = 172, SD = 19.7). Post-intervention, OS slightly increased in the control group (M = 179, SD = 19.6) but significantly decreased in the experimental group (M = 96.3, SD = 15.3). Normality was violated for OS_Pre (control).

Normality Tests: Shapiro-Wilk tests indicated non-normal distribution in selected variables, which should be considered in further analysis.

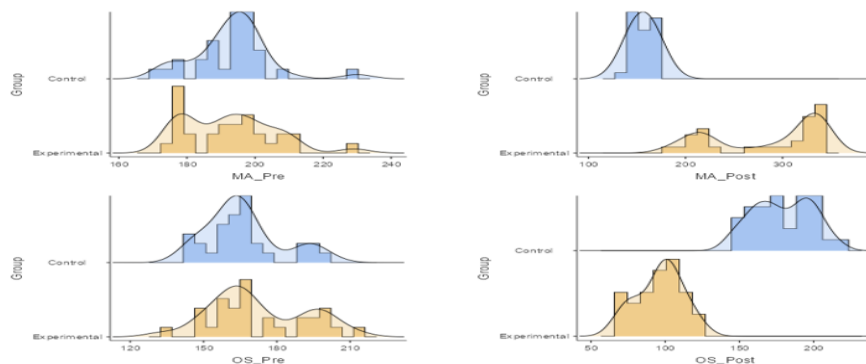


Figure 1: Distribution of scores across control and experimental groups for Marital Adjustment (MA) and Occupational Stress (OS)

This study investigated the effectiveness of an intervention program on marital adjustment (MA) and occupational stress (OS) using a pre-post experimental design. Data was analyzed using multivariate analysis of variance (MANOVA) followed by univariate ANOVAs. Descriptive statistics and tests for assumptions are presented below in Table 2.

1. Multivariate Analysis

Multivariate Tests

		value	F	df1	df2	p
Group	Pillai's Trace	0.9057	264.10	2	55	<.001
	Wilks' Lambda	0.0943	264.10	2	55	<.001
MA_Pre	Pillai's Trace	0.0799	2.39	2	55	0.101
	Wilks' Lambda	0.9201	2.39	2	55	0.101
OS_Pre	Pillai's Trace	0.0476	1.37	2	55	0.261
	Wilks' Lambda	0.9524	1.37	2	55	0.261

Table 2: Multivariate Analysis for Marital Adjustment (MA) and Occupational Stress (OS) by Group

MANOVA revealed a significant main effect of group on post-intervention marital adjustment (MA) and occupational stress (OS), Pillai's Trace = 0.9057, $F(2, 55) = 264.10$, $p < .001$, indicating a strong intervention effect. Wilks' Lambda also confirmed this significance ($\Lambda = 0.0943$, $p < .001$). Thus, the null hypothesis (H_1) was rejected, showing a significant difference between groups after the intervention. No significant group differences were found at pre-intervention for MA ($p = .101$) or OS ($p = .261$), indicating both groups were comparable at baseline.

2. Univariate Analyses

Univariate Tests

	Dependent Variable	Sum of Squares	df	Mean Square	F	p
Group	MA_Post	252201.7	1	252201.7	159.468	<.001
	OS_Post	103418.0	1	103418.0	327.674	<.001
MA_Pre	MA_Post	7068.8	1	7068.8	4.470	0.039
	OS_Post	54.8	1	54.8	0.173	0.679
OS_Pre	MA_Post	3676.3	1	3676.3	2.325	0.133
	OS_Post	221.1	1	221.1	0.701	0.406
Residuals	MA_Post	88565.2	56	1581.5		
	OS_Post	17674.3	56	315.6		

Table 3: Univariate analysis for Marital Adjustment (MA) and Occupational Stress (OS)

Univariate ANOVA Results: Follow-up ANOVAs showed a significant effect of the intervention on post-intervention marital adjustment (MA), $F(1, 56) = 159.468$, $p < .001$, and occupational stress (OS), $F(1, 56) = 327.674$, $p < .001$. This indicates that the intervention significantly improved MA and reduced OS. Hence, H_2 and H_3 were rejected.

Predictive Effects: Pre-intervention MA significantly predicted post-intervention MA ($p = .039$), leading to rejection of H_6 . However, pre-intervention OS did not significantly predict post-intervention OS ($p = .406$), nor did it predict MA outcomes. Thus, H_4 and H_5 were not rejected.

3. Assumptions Testing

TABLE 04

Box's Homogeneity of Covariance Matrices Test

χ^2	df	p
59.6	3	<.001

Homogeneity of Covariance Matrices: Box's M test indicated a violation of the assumption of homogeneity of covariance matrices, $\chi^2(3) = 59.6$, $p < .001$. However, MANOVA is generally considered robust to violations of this assumption, especially with larger sample sizes (Tabachnick & Fidell, 2013).

TABLE 05

Shapiro-Wilk Multivariate Normality Test

W	P
0.946	0.010

Multivariate Normality: The Shapiro-Wilk test revealed a significant violation of the assumption of multivariate normality, $W = 0.946$, $p = .010$. Again, with a sample size of $N = 58$, MANOVA is generally considered robust to moderate departures from normality (Tabachnick & Fidell, 2013).

The results of this study strongly suggest that the intervention program was effective in improving marital adjustment and reducing occupational stress. The significant multivariate and univariate effects demonstrate a clear benefit of the intervention. The fact that there were no significant pre-existing differences between the groups strengthens the conclusion that the observed changes were due to the intervention itself. The predictive effect of pre-intervention MA on post-intervention MA suggests that individuals with higher initial levels of marital adjustment may benefit more from the intervention, or that the intervention builds upon existing strengths. The lack of predictive relationship between pre-intervention OS and post-intervention outcomes may indicate that the intervention had a more targeted effect on marital adjustment, or that the relationship between OS and MA is more complex than initially hypothesized. While assumption violations were present, the robustness of MANOVA to these violations allows for cautious interpretation of the results.

Conclusion:

The findings of the study demonstrate that the group training intervention was highly effective in enhancing marital adjustment and reducing occupational stress among married working women. The experimental group showed significant improvement in marital adjustment and a substantial decrease in occupational stress compared to the control group. Additionally, pre-intervention marital adjustment was found to significantly predict post-intervention marital adjustment, suggesting that individuals with better initial adjustment may benefit more from the intervention. However, occupational stress did not show a significant predictive relationship with post-intervention outcomes, indicating a more complex relationship.

Although some assumptions of MANOVA were violated, the robustness of the test allows for cautious interpretation of the results. Overall, the study concludes that the group training program had a significant and positive impact on both marital adjustment and occupational stress.

Suggestion for Future Research:

1. Future studies should employ longitudinal research designs to assess the long-term effectiveness of interventions.
2. Research should include larger and more diverse samples to improve the generalizability of findings.
3. The use of mixed-method approaches is recommended to gain both quantitative and qualitative insights.
4. Future investigations should examine additional variables such as job satisfaction, mental health, and work-life balance.
5. Comparative studies of different therapeutic interventions (e.g., CBT, mindfulness-based approaches) are warranted.
6. The effectiveness of technology-assisted interventions (e.g., online or digital programs) should be explored.
7. Researchers are encouraged to apply advanced statistical techniques, especially when assumptions are violated.
8. Future research should consider organizational and policy-level factors influencing occupational stress and marital adjustment.

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Conflicts of interest

The authors declare that there are no conflicts of interest regarding the publication of this paper.

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