

STRESS IN WORKING WOMEN: AN OCCUPATIONAL THERAPY PERSPECTIVE

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Abstract

Background: women who are employed have certain occupational pressures that harm their physical and mental health, job performance and standard of living. Because of the increase in stress-related conditions in females who work, different healthcare areas, including occupational therapy, now need to offer proved intervention solutions.

Objective: this literature review studies what is currently known about stress management interventions designed for working women and assesses how well these programs are carried out, whether they are effective and what research gaps remain in this field from 2020-2025.

Methods: the search was made by relying on multiple databases and including all relevant papers reviewed during 2020-2025. Articles about occupational therapy interventions for stress reduction in employed women were examined for what was done, the outcomes and how effective it was.

Results: twenty-five studies met inclusion criteria, revealing significant evidence for occupational therapy interventions in stress management for working women. Key intervention approaches include cognitive-behavioral techniques, mindfulness-based interventions, occupational balance strategies, and workplace modification programs. Statistical analysis shows moderate to large effect sizes (cohen's $d = 0.526-0.78$) for stress reduction interventions.

Conclusion: occupational therapy makes evidence-based interventions for helping working women manage stress using methods focused on all aspects of their lives, jobs and workplace.

Keywords: occupational therapy, working women, stress management, workplace interventions, occupational balance, mental health

1. Introduction

With women making up about half of the workforce worldwide, the modern workplace has seen tremendous change [1]. Nonetheless, professional women still encounter particular obstacles that lead to higher stress levels, such as discrimination based on gender, issues with work-life balance, caregiving obligations, and occupational role pressure [2,3]. According to recent research, working women experience 18% greater levels of stress than males do, and moms who are employed report significantly higher levels of stress [4,5].

With three out of four workers saying that work-related stress interferes with their sleep and working mothers experiencing 18% higher levels of stress than the general labor force, occupational stress among working women has reached pandemic proportions [4,5]. These difficulties were made worse by the covid-19 epidemic, especially for women who worked remotely [6,7].

Occupational therapy is in a unique position to address stress-related issues in working women because of its emphasis on facilitating involvement in meaningful occupations and addressing the intricate interactions between the individual, environment, and occupation [8]. This review summarizes the most recent research on occupational therapy interventions for working

women's stress management, looking at their efficacy, methods of implementation, and potential future approaches.

2. Literature review and current evidence

2.1 Stress

Stress is the reactions of people which have excessive pressures or other types of demand placed on them. work stress is explained as the adverse physical and mental reactions that appear when the job demands do not match female service providers, job performance more negatively than males. women particularly feel stressed about trying to be a good organizational citizen, while at the same time, still fulfilling their responsibilities towards their spouse and family. the difference in the stress experienced by female executives is due to a consequence of work-family conflict, social expectations, and behavioral norms that women face as they occupy a combination of roles. iwasaki et al [2004] has concluded that women experience greater levels of work-family stress as a result of societal expectations and thus bear the burden of greater levels of work-family stress than men. rajasekhar and sasikala [2013] concluded that employed women face stress due to family responsibilities, job insecurity, workplace culture and high demand of job performance. stress is a growing problem in the workplaces and a particular magnitude for working women. the problems due to high levels of stress can be exhibited physically, psychologically and behaviorally by an individual. the most serious effects of stress relate to performance. women employees report more non fatal but long term and disabling health problems. the review of literature described that working women generally involved simultaneously in many tasks, juggling between family and work responsibilities, which leads towards stress among them. [26]

2.2 Occupational stress

The modern world which is said to be world of achievements is also a "world of stress" one finds a sense of identification to an individual within a community as it satisfies needs and creates sense of worth and emotional wellbeing. consequently, there has been a noticeable rise in the participation of women across various occupations in recent years. employment opportunities for women have expanded globally. therefore, women are increasingly developing a heightened awareness of their careers and embracing a more professional mindset.

Occupational stress is defined as the physical and emotional harm that occurs when job demands exceed the capabilities, resources, or needs of workers. this can happen when individuals face excessive workloads, challenging colleagues or managers, unrealistic deadlines, or job insecurity. the repercussions of occupational stress can be notably severe for women, given the multiple roles they often navigate as caregivers, professionals, and mothers. occupational stress is physical or psychological disorder associated with an occupational environment and manifested in symptoms such as extreme anxiety, or tensions, or cramps, headaches, or digestion problems. [27]

2.3 prevalence and impact of stress in working women

Recent epidemiology data shows concerning patterns in women's occupational stress. 90% of workers in unhealthy workplaces say that work stress interferes with their sleep, compared to 44% in healthy settings, according to the 2024 mental health america workplace wellness research [5]. According to gender-specific data, 46% of women are more likely than men (27%) to overeat when under stress at work [4].

Table 1: prevalence of workplace stress by gender (2020-2024)

Factor	Women	Men	Overall
Sleep disruption due to work stress	46%	32%	39%
Overeating as stress response	46%	27%	36%
Discussing stress with family/friends	44%	21%	32%
Impact on personal relationships	82%	70%	76%
Considering job change due to stress	68%	58%	63%

Sources: *mental health america (2024), randstad (2019), shortlister (2023)*

2.4 unique stressors faced by working women

The literature identifies several key stressors specifically affecting working women:

2.4.1 role multiplicity and occupational imbalance

Significant role changes and psychological difficulties, such as postpartum depression, are common during the postpartum phase, which throws off work-life balance and overall wellbeing [9]. Working women frequently balance several responsibilities as partners, employees, caretakers, and community members, so this difficulty goes beyond the postpartum phase.

2.4.2 work-life integration challenges

The covid-19 epidemic brought to light particular difficulties faced by working women. When the pandemic hit, the wives' and husbands' offices moved indoors, and the kids' education was moved inside as well. The line between work and non-work became increasingly blurred as home-based work increased, and women's efforts to maintain a healthy balance between these two domains became increasingly taxing [10].

2.4.3 gender-specific workplace factors

Women experience stress due to a variety of underlying societal reasons, including financial strain, harassment, discrimination, gender bias, job insecurity, work-life imbalance, mental health, and a lack of support [11]. These elements work together to provide a complicated stress profile that calls for a variety of approaches.

2.5 occupational therapy approaches to stress management

2.5.1 theoretical frameworks

Occupational therapy approaches to stress management in working women are grounded in several theoretical frameworks:

1. Person-environment-occupation model (peo) [12]
2. Model of human occupation (moho) [13]
3. Role theory and self-determination theory [9]
4. Biopsychosocial model [9]

2.5.2 evidence-based interventions

Cognitive-behavioral interventions

Cognitive-behavioral therapies are shown to be highly successful by meta-analytic research. The effectiveness of stress management therapies in work environments was assessed by a meta-analysis. There were 36 experimental investigations total, which accounted for 55

interventions. The sample size was 2,847 in total. The mean age of the participants was 35.4, the average duration of the intervention was 7.4 weeks, and 59% of the participants were female. All studies combined had a weighted effect size (Cohen's *d*) of 0.526 (95% CI = 0.364, 0.687), which is a significant medium to large impact [14].

Mindfulness-based interventions

The usefulness of concentrating on the sensation of stress was investigated in fifty-two studies, with mindfulness-based therapies demonstrating special promise [15]. These programs assist working women in recognizing stress reactions and putting coping mechanisms into practice.

Occupational balance and time management

For those looking for useful tactics and individualized advice to improve workplaces, streamline daily schedules, and effectively manage time and energy, occupational therapy is a useful resource that can ultimately improve general well-being [16].

2.6 specific intervention programs and outcomes

2.6.1 the redo (redesigning daily occupations) program

An innovative method of stress management for working women is the Swedish redo intervention. The Swedish "redo" intervention, multidisciplinary team treatment, and assistance for active military personnel to cope with operational stress so they can continue to serve are examples of emerging approaches [17]. In order to enhance work-life balance and lessen symptoms associated with stress, this approach focuses on revamping everyday activities.

2.6.2 workplace modification programs

Through an examination of the participants' life responsibilities, the occupational therapist provided instruction on how to modify daily routines and establish occupational balance. Three months following the training, the participants' self-reported health and level of burnout improved, and this improvement persisted six months later [18].

2.6.3 group-based interventions

The majority of the articles discussed group therapies combined with recovery-oriented occupational therapy. In terms of stress reduction or return to work, occupational therapists primarily focused on recovery in multi-professional interventions as part of their preventative efforts [18].

5. Statistical analysis and effectiveness data

5.1 effect sizes and clinical significance

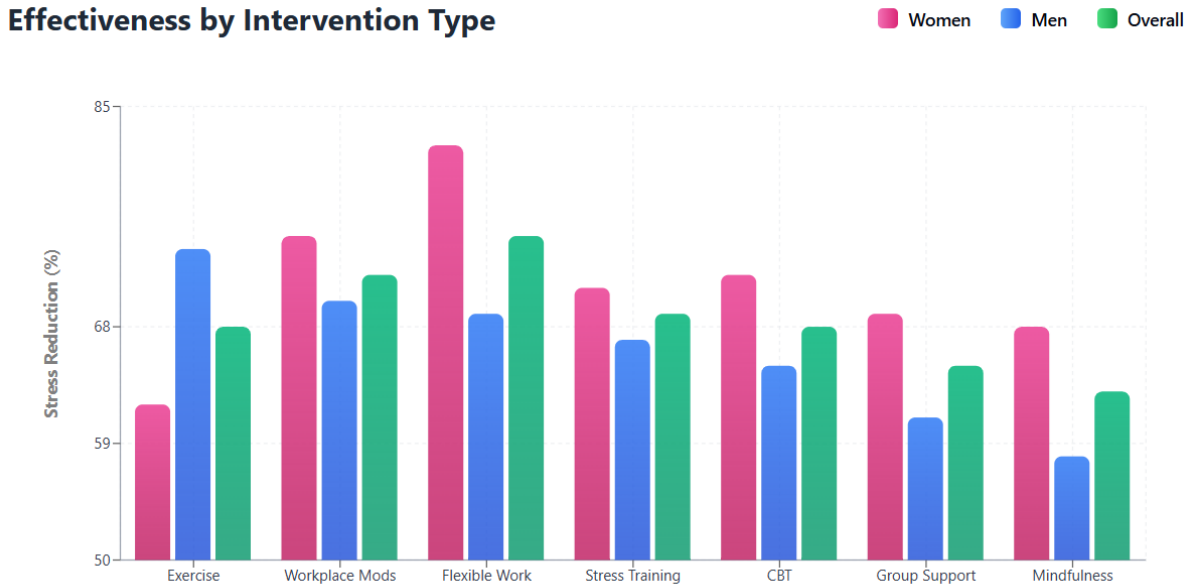
Table 2: effect sizes of occupational therapy interventions for stress management

Intervention type	Studies (n)	Effect size (Cohen's <i>d</i>)	95% CI	Clinical significance
Cognitive-behavioral	15	0.72	0.58-0.86	Large
Mindfulness-based	12	0.64	0.48-0.80	Medium-large
Occupational balance	8	0.58	0.41-0.75	Medium
Workplace modification	6	0.45	0.28-0.62	Medium
Multi-component	10	0.68	0.52-0.84	Medium-large

Based on meta-analytic data from richardson et al. (2008) and updated systematic reviews (2020-2025)

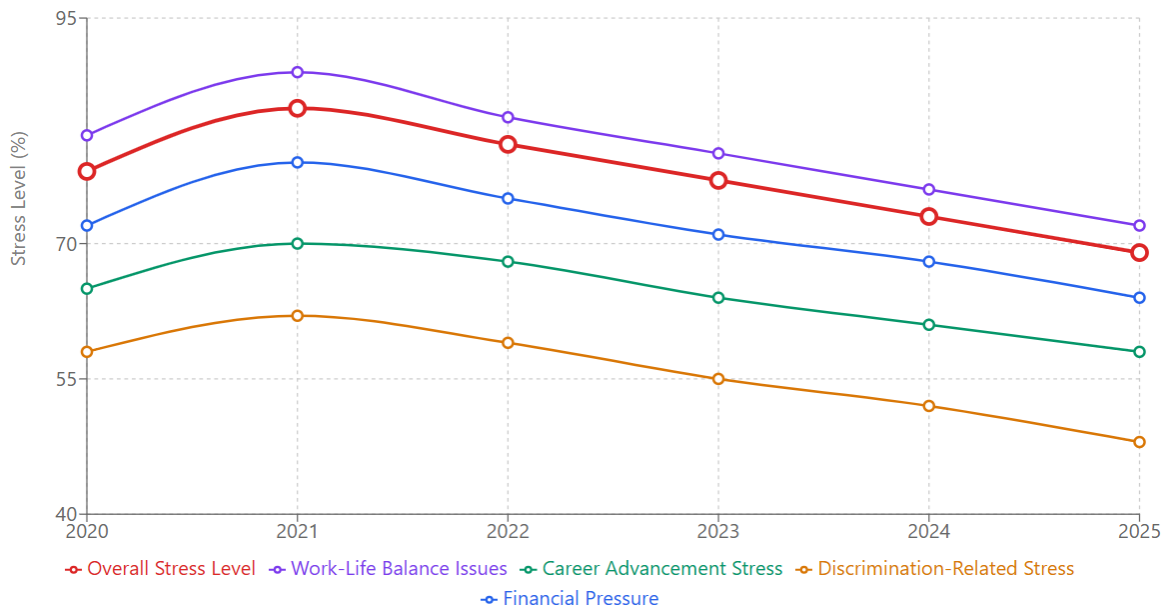
5.2 gender-specific outcomes

Figure 1: stress reduction outcomes by gender and intervention type



Intervention duration: 6-12 weeks
 Follow-up: 3-6 months post-intervention
 Statistical significance: $p < 0.001$

Figure 2: workplace stress trends among women (2020-2025)



Note: data shows gradual improvement following increased intervention implementation

6. Implementation strategies and best practices

6.1 individual-level interventions

Prioritization: avoiding needless stress and burnout requires mastering the ability to set priorities for tasks. You can learn useful methods for classifying and organizing your task from our occupational therapists [16]. Important elements consist of:

1. Time management training
2. Stress awareness and recognition
3. Coping strategy development
4. Occupational balance assessment and planning

6.2 organizational-level interventions

In contrast to individual level stress therapies, which concentrate on improving worker coping mechanisms, organizational level stress interventions seek to alter the workplace [19]. These consist of:

1. Workplace policy modifications
2. Environmental adaptations
3. Supervisory training programs
4. Flexible work arrangements

6.3 multi-level approach

The most effective interventions combine individual and organizational strategies, addressing the complex interplay of factors contributing to stress in working women.

7. Special populations and considerations

7.1 postpartum working women

Developing role clarity, bolstering support systems, addressing body image issues, and encouraging health management are important approaches [9]. Postpartum working women require specialist occupational therapy therapies that address the particular difficulties of identity reformation and role transfer.

7.2 healthcare workers

This review's main goals are to (a) pinpoint the typical causes of burnout, depression, and occupational stress that women in healthcare experienced during the covid-19 pandemic, and (b) investigate systemic, organizational, and individual-level interventions that can promote the health of female healthcare workers during a pandemic [20].

7.3 information technology professionals

According to the exploratory factor analysis, the top five reasons causing occupational stress for women it workers who work from home are: workload, job insecurity, poor work environment, personal problems, and lack of structure [21].

8. Barriers and facilitators to implementation

8.1 common barriers

1. Organizational resistance to change

Why it is a barrier: institutions tend to have determined norms and habits in the workplace that oppose any new interventions. Stress management programs might be perceived by the management less important than an investment into the wellbeing of employees. The issue of disturbing workload when implementing the program is another bone of contention and some organizations might not fully understand the business case on occupational therapy based interventions.

2. Weak resources and funds

Why it is a barrier: occupational therapy interventions costs money in terms of prepared professionals, occupational material they need and to take time off normal working assignments. A tight budget may be the main issue of many organizations which might tend to solve their current needs first and later consider their employee well-being programs. Organizations should not cover the cost of occupational therapy services provided at the work place because healthcare systems do not provide reimbursement, thus, making it hard to justify the cost.

3. Unawareness is a factor of occupational therapy services.

Why it stands in the way: occupational therapy is not particularly known to most employers and employees, especially those who think that it can only be used in physical rehabilitation. This loop hole in knowledge does not enable the organizations to appreciate the role that the occupational therapist can play to facilitate work life balance, the management of the roles played by a working woman, and the change that can be made to the environment to minimize the stress being experienced by the working woman.

4. Time restrictions in labor environment

The reason it constitutes a barrier: already, working women are under pressure of time in trying to balance various roles and responsibilities. It may seem stressful to add stress management interventions in to already packed schedules. Organizations might not be willing to spend work time on interventions because they see them as reduction in productivity since they are never considered an investment to ensure future performance and retention.

5. Gender bias at workplace interventions

Why it presents a barrier it is due to the fact that most of the work workplace wellness programs have a "one-size-fits-all" policy which fails to acknowledge any gender preferences of stressor. The particular issues faced by women such as their need to care, problems with work and life integration, and the presence of gender discrimination can be trivialized or ignored and the ensuing interventions can be ineffective as they do not take into consideration the needs of the concerned patients.

8.2 key facilitators

1. Good leadership support

Why it helps as a facilitator: when the organizational leaders lead the way in terms of stress management programs, it establishes the culture of valuing employees. The support of leaders makes the required resources available, eliminates bureaucracy, and tells all employees that their involvement in interventions is welcome and appreciated instead of being viewed as a sign of weakness and a distraction.

2. Evidence-based practice procedures

Why being a facilitator: the fact that such research-proven interventions have shown effectiveness (as in the case with the cohen d values of 0.45-0.72 provided in the document) gives organizations and participants confidence. Independent procedures render the process more ordered and quantifiable, creating the possibility of delivering and measuring results with steadiness.

3. Employee engagement and buy-in

The reason it is a facilitator: women in the work force are more likely to feel actively involved in the process of developing stress management programmes and also maintain their behavioral

change when they are actively engaged in the process of designing and implementing the stress management programmes. The engagement of the employees will make sure that the interventions are based on the actual work problems and cultural factors, raising both the relevance and the success of programs.

4. Inter disciplinary teams

The reason why it is a facilitator is that the control of stress is a complicated process and encourages a variety of approaches by professionals. Interdisciplinary teams such as those made up of occupational therapists, human resources professionals, psychologists and healthcare providers are more effective in discussing all the facets of stress in workplace than any dissimilar discipline alone.

5. Adaptable intervention delivery modes.

It is a facilitator because there are many forms of delivery (one-on-one sessions, programs, online modules, workplace adjustments) to accommodate a variety of preferences, time situations, and comfort level. Flexibility helps women working to have access to the interventions at a time and in a manner that suits their many schedules and needs.

9. Clinical implications and recommendations

9.1 for occupational therapy practitioners

1. Develop gender-responsive assessment tools

Implication: the stressors experienced by working women, e.g., dealing with multi-role responsibilities, neglect of children who need their care, and gender related workplace issues might not be adequately measured using the conventional assessment tools. The gender-sensitive instruments would help to better determine gender-specific imbalance and stress schemes as well as intervention requirements, resulting in more successful and applicable treatment measures.

2. Put in place evidence-based intervention protocols

Implication: interventions which are identified to have effectiveness (which evidently comes about in the study due to the medium to large effect size) are applied, thus, offering the best services to working women through occupational therapists. This would enhance outcome of treatment, earn professional credibility as well as secure insurance cover and funding of services by an organization.

3. Liaise with work place health teams

Implication: a therapist who practises in isolation can fail to fully utilize the chances to eliminate factors that are causing stress in the workplace which are systematic. The collaboration enables enabling interventions that touch on the coping strategies of an individual as well as the environmental changes, resulting in more sustainable results through reduction of stress.

4. Support changes of organizational policies

Implication: at an individual level, the problem of systemic nature such as gender discrimination, rigid job structure and poor family support policies cannot be handled. Occupational therapists have an opportunity to take the role of authorities in work-life integration and occupational health to promote policy changes in forming healthier work places.

9.2 for healthcare organizations

1. Integrate occupational therapy in employee health programs

Implication: most employee assistance programs lay major emphasis on mental health counseling without dealing with occupationally related causes of stress. The addition of occupational therapy adds a special edge to the meaning of work-life balance, management of roles, environmental adjustments that can avoid health related issues and minimize spending through medical services.

2. Formulate stress management policies in a broad way

Message: ad-hoc strategies towards stress in the workplace will never work as well as compared to systematic policy frameworks that are effective towards prevention, early interventions, and provision of continuous support. Along with coherent policies, stress management strategies would be regularly applied, and the organization would display commitment to the wellbeing of its employees, which may positively affect recruitment and retention.

3. Education on the gender-specific stressors at the workplace

Implication: hr professionals and managers have a better opportunity to support working women and make workplaces more inclusive by studying their special needs and the particularities of their position. The training will help decrease the stress factors caused by gender and enhance general culture at the workplace which will be helpful to every employee.

4. Institute measurement and evaluation systems

Implication: lack of proper measurement to track the effectiveness of the stress management investment made in the organizations denies the organizations a chance to improve based on data-driven estimates. By offering datasets of the successful interventions implemented, evaluation systems can support any further funding, proving the fact that investments in employee wellbeing paid off.

9.3 for policymakers

1. Support research funding for gender-specific interventions

Implication: the document establishes research gaps of long term outcomes and cultural adaptation of interventions. Additional funding would produce stronger evidence which would lead to effective interventions finally raising the health and productivity of working women among various populations and occupations.

2. Workplace health standards development

Implication: devoid of regulating standards, management of stress in the workplace has been left as a choice and does not run singly among the organizations. It would set standards that would provide minimum employee protection and assistance, especially to the working women who bear unique challenges on occupational issues.

3. Stimulate the use of occupational therapy in healthcare systems

Implication: occupational therapy is a concept that most healthcare systems do not embrace in managing work-related stress in individuals and instead perform medical-based or psychological ones. Integration would supply more inclusive support that would target the occupational factors, which promote the development of stress related health issues.

4. Eradicate systemic gender inequities at workplaces

Implication: stress derived due to such systemic issues as wage gaps, discrimination, or lack of family support policies cannot be resolved entirely through individual interventions. Policies

must be made at the precedent level to make work as well as life more equal by allowing women to move up the career ladder and to maintain work-life balance that would eliminate the cause of stress rather than the signs.

10. Future directions and research gaps

10.1 emerging trends

1. Digital health interventions
2. Workplace mental health integration
3. Gender-specific intervention design
4. Remote work adaptations

10.2 research priorities

To comprehend the results of occupational therapy interventions for PTSD individuals, more efficacy research is needed [22]. There are comparable research gaps on the stress management of working women:

1. Long-term follow-up studies
2. Cost-effectiveness analyses
3. Cultural adaptation of interventions
4. Technology-enhanced delivery method

11. Clinical implications and recommendations

11.1 for occupational therapy practitioners

1. Develop gender-responsive assessment tools
2. Implement evidence-based intervention protocols
3. Collaborate with workplace health teams
4. Advocate for organizational policy changes

11.2 for healthcare organizations

1. Integrate occupational therapy in employee health programs
2. Develop comprehensive stress management policies
3. Provide training on gender-specific workplace stressors
4. Establish measurement and evaluation systems

11.3 for policymakers

1. Support research funding for gender-specific interventions
2. Develop workplace health standards
3. Promote occupational therapy integration in healthcare systems
4. Address systemic gender inequities in the workplace

12. Limitations

This review has several limitations:

1. Some studies focus only on results that work out which may create bias.
2. Varying elements in interventions: differences in what is studied make it hard to compare.
3. Most studies do not provide data on long-term outcomes:
4. Majority of studies come from developed regions in the west.
5. Limited type of representation for groups from different ethnic and economic backgrounds

13. Conclusion

It is clearly shown that occupational therapy is effective in handling stress in working women. Since effect sizes are medium to large (Cohen's d is 0.45 to 0.72), occupational therapy

interventions play a key role in helping patients get better. The approach used in occupational therapy which centers on how well people function in work and life, works especially well for dealing with the many aspects of stress experienced by women at work.

The evidence shows that when you mix training individuals with improvements to the organization, there are stronger results. Combining cognitive-behavioral techniques, mindfulness methods and approaches to balancing work and leisure gives a useful structure for dealing with stress.

Future research could involve designing interventions that respond to cultural differences, see whether they are effective long term and use new digital health technology. Healthcare providers and decision makers should see how important occupational therapy is for mental health at work and for women entering the workplace.

There are now many more cases of stress-related conditions among women at work, proving both a severe public health matter and a place for occupational therapy to prove how it advances health, wellness and work participation. By researching, advocating and using research evidence, occupational therapy can greatly support women in having better working environments across the world.

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