



Stressors, Stress Response and Coping Among Rural School Teachers With and Without Hypertension

Dr. Asha H. K.

Assistant Professor, Department of Psychology, L.B.S. Government First Grade College, Bengaluru, Karnataka, India.

ABSTRACT: The aim was to study the difference in stressors experienced, level of stress and coping used between individuals with and without hypertension among rural government school teachers. The sample consisted of both men and women working in rural government schools, married (with at least one child), and aged between 30 to 35 years, with work experience of at least 5 years. A matched group design in terms of age, number of years of experience, gender, socioeconomic status, salary, number of working members working in the family was considered for the study. Over all 30 each of teachers with and without hypertension consuming medication for at least 3 years and below cut off point on General health questionnaire and gave consent to be part of the study were selected for the study. All these individuals were administered Personal Stress Source Inventory, Stress Response Checklist and Coping styles inventory. The results were analysed using t test to study significance of difference in the means of the stressors, stress response and coping used by individual with and without hypertension. The results indicated that there was no significant difference in stressors experienced between the groups, where as there was significant difference in level of stress and coping used. The group with hypertension had significantly higher level of stress response and significantly less use of coping methods indicating that it is the response to stressors and coping methods used that could be related to hypertension than the number of stressors faced by the individual, indirectly indicating that personality and the responses are integral part of disease experienced.

KEY WORDS: Coping, Rural School Teachers and Hypertension, Stressors, Stress Response.

INTRODUCTION

Stress is defined as the nonspecific response of the body to any demand made upon it (Rosenham and Seligman, 1989; Selye H, 1979). The "demand" can be a threat, a challenge or any kind of change, which requires the body to adapt. Stress is understood as a condition or feeling experienced when a person perceives that demands exceed the personal and social resources unable to mobilize. Stress is usually characterized by physiological and psychological responses. Personal and environmental events that cause stress are known as stressors (Lazarus, 1990). Therefore, stress is simply defined as emotional disturbances or changes caused by stressors. There is likely a connection between stress and illness. Theories of the stress-illness link suggest that both acute and chronic stress can cause illness, and several studies found such a link (Schneiderman, Ironson & Siegel, 2005). It is noteworthy that over exposure stress causes physical, emotional and mental health problems (Niemi and Vainiomaki, 1999). Therefore, early detection and intervention may prevent and minimize the exert effects of stress in the future (Aktekin, Karaman, Senol, Erdem, Erengin and Akaydin, 2001; Firth, 1986; Guthrie, Black, Bagalkote, Shaw, Campbell and Creed, 1998; Sherina, Lekhraj and Nadarajan, 2003). Park and Adler (2003) reported that effective and appropriate coping strategies may buffer the impact of newly encountered stressful situations on mental and physical health. According to Folkman (1980) & Lazarus (1984) coping strategies can be grouped into two general types; problem-focused and emotion-focused coping. Problem-focused coping is aimed at problem solving or doing something to alter the source of stress. Emotion-focused coping is aimed at reducing or managing the emotional distress that is associated with the situation. Although most stressors elicit both types of coping, problem-focused coping tends to predominate when people feel that something constructive can be done, whereas emotion-focused coping tends to predominate when people feel that the stressor is something that must be endured (Folkman and Lazarus, 1980; Lazarus and Folkman, 1984). Not specific studies have been done among teacher related to these issues and hence with these issues in background the present study aimed at understanding the stressors experienced, level of stress and coping used among individuals with and without hypertension among rural government school teachers.



AIM

To study the stressors experienced level of stress and coping used among individuals with and without hypertension among rural government school teachers.

OBJECTIVE

To study the difference in stressors experienced, level of stress and coping used between individuals with and without hypertension among rural government school teachers.

HYPOTHESES

- There will be significant difference in stressors experience between rural school teachers with and without hypertension.
- There will be significant difference in level of stress experience between rural school teachers with and without hypertension.
- There will be significant difference in coping between rural school teachers with and without hypertension.

Independent variable:

Rural government school teachers with and without hypertension were considered for the study.

Dependent variables:

Reported stressors experienced, level of stress and coping used as dependent variables.

Sample:

- 30 rural government schools aged between 30 to 35 years with hypertension.
- 30 rural government schools aged between 30 to 35 years without hypertension.

Inclusion criteria:

- Both men and women working in rural government schools aged between 30 to 35 years were considered for the study.
- Married individuals (with at least one child) were considered for the study.
- Individuals with work experience of at least 5 years were considered for the study.
- Individual diagnosed as hypertension consuming medication for at least 3 years were considered for the study.

Exclusion criteria:

- Individuals with major physical and psychological problem were not considered for the study.
- Individuals with major disability were not considered for the study.
- Individuals with above cut off point on General Health Questionnaire were not considered for the study.

RESEARCH DESIGN

A matched group design in terms of age, number of years of experience, gender, socioeconomic status, salary, number of working members working in the family was considered for the study.

Tools:

- General Health Questionnaire (Goldberg & Hillier, 1972)
- Personal Stress Source Inventory (Singh, 2004)
- Stress Response Checklist (Verma, 1997)
- The Coping Checklist (Rao, Subbakrishna and Prabhu 1989)

Procedure:

Over all 30 each of teachers with and without hypertension consuming medication for at least 3 years and below cut off point on General health questionnaire while fulfilling inclusion criteria and who gave consent to be part of the study were selected for the study. All these individuals were administered Personal Stress Source Inventory, Stress Response Checklist and Coping styles inventory, the scales scored and results analysed.

**Analysis of results:**

The results were analysed using t test to study significance of difference in the means of the stressors, stress response and coping used by individual with and without hypertension.

RESULTS AND DISCUSSION

The aim was to study the difference in stressors experienced, level of stress and coping used between individuals with and without hypertension among rural government school teachers. The results were analysed using t test to study significance of difference in the means of the stressors, stress response and coping used by individual with and without hypertension.

Table1: showing the mean, SD & 't' values for the stressors experience between rural school teachers with and without hypertension:

Group	N	Mean	SD	t
With hypertension	30	75.43	18.64	2.03 ^{NS}
Without hypertension	30	81.77	16.13	
NS= Not significant at P>.05 Level				

Table 2: showing the mean, SD & 't' values for the level of stress experience between rural school teachers with and without hypertension:

Group	N	Mean	SD	t
With hypertension	30	97.37	24.66	2.34*
Without hypertension	30	110.13	16.88	
**P <.05				

Table 3: showing the mean, SD & 't' values for the coping between rural school teachers with and without hypertension:

Group	N	Mean	SD	t
With hypertension	30	25.78	8.32	3.68**
Without hypertension	30	32.63	6.49	
** P<.01				

The results showed that there was no significant difference in stressors experienced between rural government schools with and without hypertension. But there was significant difference in level of stress experienced between rural government school teachers with and without hypertension. The group with hypertension had significantly higher level of stress response than the other group. There was also significant difference in coping used between rural government school teachers with and without hypertension. The group with hypertension had significantly less use of coping methods than the other group. The results indicates that it is the response to stressors and coping methods used that could be related to hypertension than the number of stressors faced by the individual, indirectly indicating that personality and the responses are integral part of disease experienced.

CONCLUSIONS

The results indicated that:

- There was no significant difference in stressors experienced between school teachers with and without hypertension.
- There was significant difference in level of stress experienced between school teachers with and without hypertension..
- There was significant difference in coping used between school teachers with and without hypertension..
- The group with hypertension had significantly higher level of stress response than the other group.
- The group with hypertension had significantly less use of coping methods than the other group.
- The results indicates that it is the response to stressors and coping methods used that could be related to hypertension than the number of stressors faced by the individual, indirectly indicating that personality and the responses are integral part of disease experienced.



REFERENCES

1. Aktekin M, Karaman T, Senol YY, Erdem S, Erengin H and Akaydin M. Anxiety, depression and stressful life events among medical students: a prospective study in Antalya, Turkey. *Med Educ*, 2001; 35 (1): 12-7.
2. Firth J. Levels and sources of stress in medical students. *Br Med J (Clin Res Ed)*, 1986; 292 (6529): 1177-80.
3. Folkman S and Lazarus RS. An analysis of coping in a middleaged community sample. *Journal of Health and Social Behavior*, 1980; 21; 219-239.
4. Guthrie E, Black D, Bagalkote H, Shaw C, Campbell M and Creed F. Psychological stress and burnout in medical students: a five-year prospective longitudinal study. *J R Soc Med*, 1998; 91 (5): 237-43.
5. Lazarus RS and Folkman S. *Stress, appraisal, and coping*. New York: Springer, 1984.
6. Lazarus RS. Theory-Based Stress Measurement, *Psychology Inquiry*, 1990; 1 (1): 3-13.
7. Niemi PM and Vainiomaki PT. Medical students' academic distress, coping and achievement strategies during the pre-clinical years, *Teaching & Learning in Medicine*, 1999; 11 (3): 125-134.
8. Park CL and Adler NE. Coping styles as a predictor of health and well-being across the first year of medical school, *Health Psychology*, 2003; 22 (6): 627-631.
9. Rosenham DL, and Seligman ME. *Abnormal psychology*. 2nd ed. New York: Norton, 1989.
10. Selye H. *Stress without distress*. New York: Harper & Row, 1974.
11. Sherina MS, Lekhraj R and Nadarajan K. Prevalence of emotional disorder among medical students in a Malaysian university, *Asia Pacific Family Medicine*, 2003; 2: 213-217.