SUMMARY AND CONCLUSIONS

CHAPTER V

SUMMARY AND CONCLUSIONS

We live in a Stressful age. Stress is a fact of life. It’s all around us: at work, in our environment, and in our personal lives. One fast-paced society, where change is constant and we rush from one place to another, has negative effects on our health and wellness. Of all these Stressors, job Stress is considered to be the main source of Stress these days. (Sharma et al., 1996).

Job Stress has also been called “The 20th century disease”. Stress results into various physical as well as psychological diseases such as diabetes, cancer, acidity, ulcer, migraine, headaches and hypertension. Even AIDS is also many a times connected with Stress. As a result of all these, man falls prey to numerous drugs. These drugs usually have their own side effects which makes the situation more complex. Most of these drugs develop the tolerance level in humans. As a result, a higher dosage is required. Because Stress arises from so many different factors and conditions, it’s probably impossible to eliminate it completely. But by exploring the way we live our lives and modifying our lifestyle, we can lessen the effects of Stress and learn to channel Stress in a positive manner. (Brand, 1999)

Teachers shape the destiny of the nation in the class room. They develop societies, indicate the path of progress to the nation and sustain the human aspects of existence. They nurture and cultivate humanistic ethical and moral values among pupils. Education being the survival need of the human beings, the role of the teachers has become crucial. In view of the technological progress and new grounds broken by scientific discoveries, the role of teachers is assuming new dimension. The future of the nation depends on the quality of the human capital.
shaped by them in schools. Teaching is more a mission than a profession. They have to carry torch of knowledge to all with a missionary zeal.

Fifty percent of human resource comprises of women. The working woman has to perform multiple roles, like role of mother and looking after various household activities, apart from her routine occupational work. When there is no way out for escaping from such multiple burdens, they end up facing stress. (Sharma, 1999).

There are various techniques to reduce stress, like - breathing techniques, muscular relaxation, biofeedback, autogenic training, yoga, meditation and mental imagery. The teacher can choose the techniques of their choice to become more effective, productive, efficient and of sound health in other words to reduce their stress level.

Hence this study was taken up by the investigator with a view to help women teachers reduce their stress level and make them effective individuals.

5.1. STATEMENT OF THE PROBLEM

The study sets to explore the effect of relaxation techniques on job stress, anxiety, blood pressure, hypertension and heart-rate in employed women teachers. The problem may be stated as “The Effect of Relaxation Techniques on Job Stress in relation to Blood Pressure, Hypertension and Heart-rate in women teachers”.

5.2. OBJECTIVES

5.2.1. GENERAL OBJECTIVE

To study the effect of relaxation techniques on job stress in relation to blood pressure, hypertension and heart-rate in women teachers.
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5.2.2. SPECIFIC OBJECTIVES

1. To study the difference between High stressed and Low stressed teachers in response to Relaxation Techniques.

2. a) To study the Stress level of women teachers.
   b) To study the Anxiety level of employed women teachers.
   c) To study the Blood Pressure level of the women teachers.
   d) To study the Hypertension among women teachers.
   e) To study the Heart-rate in women teachers.

3. To study the effect of Relaxation Techniques on Stress, Anxiety, Blood Pressure, Hypertension and Heart-rate among employed women teachers.

5.3. HYPOTHESES

1. High stressed women teachers will show better response to Relaxation Techniques employed than the Low stressed teachers.

2. There will be a significant difference in Pre-test and Post-test scores and values on variables of Stress, Anxiety, Blood Pressure and Heart-rate of teachers in the Experimental group.

3. There will be a significant impact of the Relaxation techniques on the Stress, Anxiety, Blood Pressure, Hypertension and Heart-rate among employed women teachers.

5.4. DELIMITATION OF THE STUDY

The present study has been delimited with regard to the following aspects:

1. It is confined to the employed women teachers only.

2. The study is delimited to the teachers of 10th and 12th classes.

3. Only 144 teachers constitute the sample.

4. The sample was drawn from Chandigarh and its surrounding areas.

5. Study is confined only to the variables of Job Stress, Anxiety, Blood Pressure and Heart-rate.
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5.5. SAMPLE

The sample was selected by following a two stage randomization and stratification of the parent population of high and higher secondary school teachers of Chandigarh. In the first stage of stratification all 124 schools of Chandigarh were sub-grouped according to the kind of management i.e. government or private. There were 79 private schools and 45 government schools. The investigators selected only 1/3rd schools as true representative from each of the sub-groups by the method of draw of lots. Of these 42 schools (27 private and 15 government) only 30 schools (15 private and 15 government) showed interest in participation in research work. Pilot population of 300 teachers was drawn from these 30 schools. In the second stage of stratification, schools were classified based on the type of school i.e. whether they were high or higher secondary schools.

At the end of two stage stratification there were four groups of schools formed based on type of management and type of school namely :-

1. Government High School
2. Government Higher Secondary School
3. Private High School
4. Private Higher Secondary School

The teachers, 300 in number were administered test on Stress i.e. the "Faculty Stress Index" to measure their initial level of Stress. The above test was also used as a screening test to identify teachers who formed sample. From each of the sub-groups 30 high scoring teachers were selected. These 30 teachers were grouped into Experimental and Control groups. Experimental and Control group teachers were matched on the basis of their FSI i.e. Faculty Stress Index scores.

Hence at the end, there were eight sub-groups formed viz.

1. Government High Experimental group
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2. Government High Control group
3. Private High Experimental group
4. Private High Control group
5. Government Higher Secondary Experimental group
6. Government Higher Secondary Control group
7. Private Higher Secondary Experimental group
8. Private Higher Secondary Control group.

The investigator could come in contact with 114 teachers only as 6 of the teachers had left their school. The sample teachers were drawn from 20 different schools of Chandigarh. Sample teachers comprised of 59 Control group teachers and 55 Experimental group teachers.

5.6. TOOLS AND TECHNIQUES

In this study the following tools and techniques were used by the investigator to collect data:

1. Faculty Stress Index (FSI) by Ganetich, Lorrich and Wake; 1986.
2. IPAT Anxiety Scale by Samuel and Cartel; 1976.
3. Sphygmomanometer.
4. Stethoscope
5. Relaxation Techniques.

5.7. DESIGN OF THE STUDY

The present study, "The Effect of Relaxation Techniques on Job Stress in Relation to Blood Pressure, Hypertension and Heart-rate in Women Teachers," can be described as Experimental Randomized Controlled Trials Concurrent Parallel study design (Park, 2000). It is designed to explore the effectiveness of relaxation techniques in reducing job stress, Anxiety, Blood Pressure and Heart-rate level of employed women teachers.
SUMMARY AND CONCLUSIONS

5.8. PROCEDURE

The sample which comprised of 114 teachers were screened out on the basis of their scores on FSI questionnaire. These 114 teachers were administered test on Anxiety to measure their initial level of Anxiety. Anxiety test was administered as a measure of Stress levels of teachers. Sample comprised of 59 Control group and 55 Experimental group teachers. The Experimental group was given treatment for two months. Experimental group were administered various relaxation techniques in the sequence as shown in Table 5.1.

The subjects in both groups were visited weekly by the investigator to note any change in the Blood Pressure and Heart-rate level of the teachers concerned. At the end of two months the tests on Stress and Anxiety Post-test were again administered to the teachers to observe any change or reduction in Stress level in the employed women teachers.

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Name of Exercise</th>
<th>Time Duration (in min.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Physical Exercises</td>
<td>10-15</td>
</tr>
<tr>
<td></td>
<td>(Warm-ups, stretch-ups, tilts, press-ups)</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Breathing Exercises</td>
<td>5-10</td>
</tr>
<tr>
<td></td>
<td>(Single-nostril breathing, Alternate nostril-breathing and Breath holding)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Relaxation Exercises</td>
<td>10-15</td>
</tr>
<tr>
<td></td>
<td>(Autogenic Training)</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Mental Exercises</td>
<td>5-10</td>
</tr>
<tr>
<td></td>
<td>(Meditation and Mental Imagery)</td>
<td></td>
</tr>
</tbody>
</table>

Total 30-50 min

Table 5.1. Shows various group of exercises, with their time duration used by investigator on Experimental group.
SUMMARY AND CONCLUSIONS

Epitome of the research process is:

Phase I:
Tests were administered to measure the subjects initial level of Stress and Anxiety. They formed the Pre-test. The tests are:

1. Faculty Stress Index by Gmelch, Loevrich and Wilke, 1986
2. IPAT Anxiety Scale by Samuel and Cattel, 1976.

Phase II:
Relaxation Techniques:
These were meant only for the Experimental group. Relaxation techniques basically consisted of four major components, viz:
1. Physical Exercises:
   Various Warm-ups, Stretch-ups, Twists, Tilts and Press-ups formed part of this group of exercises. They require 10-15 minutes to complete.
2. Breathing Exercises:
   Single-nostril breathing, Alternate nostril-breathing and Breath-holding formed breathing exercises. They took 5-10 minutes to complete.
3. Relaxation Exercises:
   Autogenic training, which lasted for 10-15 minutes.
4. Mental Exercises:
   Meditation and Mental Imagery composed this group of exercises and took 10-15 minutes to complete.

Hence the whole relaxation regime took 30 to 50 minutes to complete.

Phase III:
After an interval of two months, test on Stress and Anxiety were again administered (Post-test) on both groups to discern any change in the Stress and Anxiety levels of the teachers.

Schematic representation of the Experimental study is given in Fig. 5.4.
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Pilot population of 300 women teachers from 30 different schools, were administered test on Stress.

Selected sample population of 114 teachers from 20 different schools and administered test on Anxiety.

RANDOMIZE

Experimental group of 55 teachers

Exposed to specific relaxation technique

Observed for two months

Control group of 59 teachers

Unexposed to specific relaxation technique

Observed for two months

Administered test on Stress and Anxiety (Post-test)

Compared Outcomes

Fig. 5.1. Schematic representation of the Experimental study.
SUMMARY AND CONCLUSIONS

5.5 STATISTICAL TECHNIQUES EMPLOYED

According to the nature and complexity of the study, to test the various hypotheses based on objectives of the study, different statistical techniques were used:

1. Descriptive statistics like mean, percentage and standard deviation. Mean and percentage to measure the central tendency and standard deviation to measure variability.

2. Inferential statistics like t-test and paired t-test. t-test to measure the difference between two groups and paired t-test to measure the difference between the pairs of scores.

3. Histogram (Bar Graph) and Line Graph for graphical representation of data.


CONCLUSIONS BASED ON LOW STRESSED AND HIGH STRESSED GROUPS (EMPLOYED WOMEN TEACHERS)

1. Significant difference on Stress Pre-test in the Experimental low stressed and Experimental high stressed group existed. The t-value was significant at 0.01 level which indicates that teachers in high group were more stressed than teachers in low group. Significant difference between low and high stressed groups was obtained on Stress scores Post-test. The t-value was significant at 0.01 level which suggests that the relaxation technique reduced the stress level of both groups but the reduction was more profound in case of high stressed group than low stressed group. The teachers in the high stressed group showed better response to relaxation techniques. They however were not able to reach the levels attained by low stressed group teachers in the given time interval on Stress Post-test.
2. There existed insignificant difference between Experimental low stressed and high stressed groups in respect of Anxiety Pre-test and Anxiety Post-test scores. The t-values obtained were also insignificant which suggests that teachers in both groups did not show difference on their Anxiety level.

3. In respect of Systolic pressure Pre-test and Systolic pressure Post-test values for low and high stressed groups, no significant differences were obtained. The calculated t-values were further insignificant. Hence the two groups remained equal on their systolic pressure level at the end of relaxation therapy programme.

4. On diastolic pressure Pre-test value the Experimental high stressed group had lower values of diastolic pressure compared to Experimental low stressed group. The attained t-value was significant at 0.01 level which indicates that teachers in high stressed group had more normal diastolic pressure value as compared to low stressed group. However on diastolic pressure Post-test no significant differences between the two groups were obtained. The t-value was insignificant, asserting that the two groups became equal on their mean diastolic pressure level after undergoing relaxation therapy programme. Hence the low stressed group showed better response to relaxation therapy in reducing their diastolic pressure level.

5. There existed significant differences between low stressed and high stressed group in respect of Heart-rate Pre-test and Heart-rate Post-test values. The t-values for both pre and post Heart-rate were significant at 0.01 level. Which signifies that teachers in high stressed group had more normal Heart-rates than those of low stressed groups.

The hypothesis that “High stressed women teachers will show better response to relaxation techniques employed than the low stressed teachers” is accepted.
SUMMARY AND CONCLUSIONS

II. CONCLUSIONS BASED ON PRE-TEST AND POST-TEST SCORES AND VALUES OF EXPERIMENTAL GROUP TEACHERS

1. Experimental group revealed that relaxation techniques helped them to reduce their Stress, Anxiety, Blood Pressure and Heart-rate levels significantly. The level of significance for all scores and values was 0.01 level.

2. Experimental group showed decrease in post Stress scores. The difference in pre and post Stress scores was significant at 0.01 level.

3. The reduction in Anxiety scores was found to be significant at 0.01 level for experimental group.

4. The pre and post systolic pressure values for experimental group pointed that decrease in systolic pressure was significant at 0.01 level. The decrease in diastolic pressure values for Experimental group was significant at 0.01 level.

5. The decrease in Heart-rate values for Experimental group was significant at 0.01 level.

6. The different sub-groups of Experimental group viz. Experimental Government 10th and Experimental Government 12th, Experimental Private 10th, and Experimental Private 12th also depicted the similar trend i.e. in all variables - Stress, Anxiety, systolic pressure, diastolic pressure and Heart-rate the decrease in scores and values was significant at 0.01 level.

The hypothesis that “There will be a significant difference in Pre-test and Post-test scores and values on variables of Stress, Anxiety, Blood Pressure and Heart-rate of teachers in the Experimental group” is accepted.

III. CONCLUSIONS BASED ON CONTROL AND EXPERIMENTAL GROUPS (EMPLOYED WOMEN TEACHERS)

1. Before commencing the relaxation therapy in Experimental group, both Control and Experimental groups were equal on their Pre-test Stress level.
SUMMARY AND CONCLUSIONS

Computed t-value was also insignificant. Significant differences between post Stress scores of Control and Experimental groups were obtained. Obtained t-value is significant at 0.01 level, which asserts that relaxation therapy had powerful impact in reducing the Stress level of Experimental group teachers significantly.

2. Experimental group reported higher level of Anxiety than the Control group at Pre-test stage. Which is verified by t-value, significant at 0.05 level. However on Post-test Anxiety test teachers in Experimental group reported significantly reduced Anxiety level, compared to teachers in Control group. The obtained t-value is also significant at 0.01 level.

3. On mean systolic pressure t-value was significant at 0.01 level, indicating that relaxation techniques had positive effect in reducing the systolic pressure of teachers in Experimental group. Significant difference between Experimental and Control group on mean diastolic pressure were procured. The computed t-value was also significant at 0.01 level, reflecting the positive effect of relaxation techniques in reducing mean diastolic pressure level of teachers in Experimental group.

4. Significant difference between Experimental and Control group persisted on mean Heart-rate values. t-value was also significant at 0.05 level. Hence relaxation techniques was effective in reducing the Heart-rate of teachers in Experimental group significantly.

Above results suggest that relaxation therapy was able to reduce the Stress, Anxiety, Blood Pressure and Heart-rate levels of teachers in Experimental group significantly.

The hypothesis that “There will be a significant impact of the relaxation techniques on the Stress, Anxiety, Blood Pressure, hypertension and Heart-rate in employed women teachers” is accepted.
IV. CONCLUSIONS BASED ON CONTROL GOVERNMENT 10TH AND EXPERIMENTAL GOVERNMENT 10TH GROUPS

1. There existed no significant difference between Control Government 10th and Experimental Government 10th on Stress Pre-test i.e. both groups were equal on their level of Stress. The calculated t-value was also insignificant. Significant differences on Stress Post-test scores of Control Government 10th and Experimental Government 10th groups were observed. The obtained t-value was significant at 0.01 level. Thus asserting that relaxation therapy had a powerful impact in reducing the Stress level of Experimental Government 10th teachers significantly.

2. No significant difference between Control Government 10th and Experimental Government 10th on Anxiety Pre-test and Anxiety Post-test scores were obtained. The calculated values of 't' scores were insignificant for both Anxiety Pre-test and Anxiety Post-test scores, which suggests that both groups were equal in their Anxiety level.

3. Significant difference on mean systolic pressure between Control Government 10th and Experimental Government 10th were obtained. The procured t-value was significant at 0.01 level, indicating that Experimental group had lower level of mean systolic pressure. Significant difference between Control Government 10th and Experimental Government 10th on mean diastolic pressure values were found. The calculated t-value was significant at 0.05 level, confirming that Experimental group teachers had lower level of mean diastolic pressure as compared to Control group teachers.

4. Mean Heart-rate values of Control Government 10th and Experimental Government 10th revealed significant difference. Obtained t-value was significant at 0.05 level, which indicate that teachers in Experimental group had lower levels of Heart-rates as compared to those in Control group.

The above stated results suggest that relaxation techniques were able to reduce the Stress, Blood Pressure and Heart-rate levels of teachers in Experimental Government 10th group significantly. However, the therapy
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could not reduce the Anxiety level of Experimental Government 10th teachers significantly.

The hypothesis that – “There will be a significant impact of the relaxation techniques on the Stress, Anxiety, Blood Pressure, hypertension and Heart-rate in employed women teachers” is accepted.

V. CONCLUSIONS BASED ON CONTROL GOVERNMENT 12th AND EXPERIMENTAL GOVERNMENT 12th GROUPS

1. There existed no significant difference between Control Government 12th and Experimental Government 12th on Stress Pre-test scores. The calculated t-value was insignificant which mean that two groups were equal on their level of Stress. Significant difference between Control Government 12th and Experimental Government 12th on Stress Post-test scores was observed. Computed t-value was significant at 0.01 level indicating that teachers in Experimental group had lower Stress level.

2. Insignificant difference between Control Government 12th and Experimental Government 12th groups on Anxiety Pre-test scores were observed. The obtained t-value was insignificant. Hence teachers in both groups were equally anxious. Significant difference on Anxiety Post-test scores between Control Government 12th and Experimental Government 12th groups was revealed. The t-value was significant at 0.01 level confirming that teachers in Experimental group had reduced Anxiety level.

3. There existed no significant differences between Control Government 12th and Experimental Government 12th on mean systolic pressure and mean diastolic pressure values. The calculated t-values were insignificant. Hence the two groups were at par on their levels of Blood Pressure.

4. In between Control Government 12th and Experimental Government 12th on mean Heart-rate value significant difference was earned. The t-value was significant at 0.05 level, which implies that teachers in Experimental group had lower Heart-rate than those of Control Group.
SUMMARY AND CONCLUSIONS

Above stated findings highlight that relaxation techniques helped Experimental Government 12\textsuperscript{th} teachers to reduce their Stress, Anxiety and Heart-rate levels significantly but not so in their systolic and diastolic pressure levels i.e. their Blood Pressure levels.

The hypothesis that – “There will be a significant impact of the relaxation techniques on the Stress, Anxiety, Blood Pressure, Hypertension and Heart-rate in employed women teachers” is accepted

VI. CONCLUSIONS BASED ON CONTROL PRIVATE 10\textsuperscript{th} AND EXPERIMENTAL PRIVATE 10\textsuperscript{th} GROUPS

1 There prevailed no significant difference between Control Private 10\textsuperscript{th} and Experimental Private 10\textsuperscript{th} on Stress Pre-test scores. The t-value was insignificant which indicated that teachers in both groups were equally Stressed or Stress level of both groups was equal. However, significant difference on Stress Post-test scores between Control Private 10\textsuperscript{th} and Experimental Private 10\textsuperscript{th} groups was revealed. The t-value was significant at 0.01 level, which asserts that teachers in Experimental group had lower levels of Stress as compared to the ones in Control group.

2 Significant difference between Control Private 10\textsuperscript{th} and Experimental Private 10\textsuperscript{th} groups on Anxiety Pre-test scores existed. The obtained t-value was significant at 0.05 level which states that teachers in Experimental group were more anxious than those of Control group at pre-therapy stage. Between Control Private 10\textsuperscript{th} and Experimental Private 10\textsuperscript{th} groups no significant difference on Anxiety Post-test scores was observed. The t-value was insignificant, which asserts that teachers in both groups had equal levels of Anxiety or they were equally anxious.

3 There existed no significant difference between Control Private 10\textsuperscript{th} and Experimental Private 10\textsuperscript{th} on mean systolic pressure, mean diastolic pressure and mean Heart-rate levels. The calculated t-values were all insignificant in respect of mean systolic pressure, mean diastolic pressure and mean Heart-rate. Hence, both groups were more or less equal on their
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mean systolic pressure, mean diastolic pressure and mean Heart-rate levels.

Findings stated above indicate that relaxation techniques helped Experimental Private 10th group teachers only to reduce their Stress level significantly, however, not so their Anxiety, Blood Pressure and Heart-rate levels.

The hypothesis that “There will be a significant impact of relaxation techniques on the Stress, Anxiety, Blood Pressure, hypertension and Heart-rate in employed women teachers” is partially accepted.

VII. CONCLUSIONS BASED ON CONTROL PRIVATE 12th AND EXPERIMENTAL PRIVATE 12th GROUPS

1. There was present no significant difference between Control Private 12th and Experimental Private 12th groups on Stress Pre-test scores. The t-value obtained was insignificant which meant that both groups were equal on their Stress level at pre-therapy stage. Significant difference between Control Private 12th and Experimental Private 12th groups on Stress Post-test scores was observed. The level of significance was 0.01, which signifies that teachers in Experimental group were less Stressed as compared to those in Control group.

2. There prevailed no significant difference between Control Private 12th and Experimental Private 12th on Anxiety Pre-test scores. The t-value attained was insignificant which indicates that teachers in both groups were equally anxious or both groups were equal on their Anxiety level. However, significant difference between Control Private 12th and Experimental Private 12th on Anxiety Post-test scores were obtained. The level of significance was 0.05, which asserts that teachers in Experimental group were less anxious as compared to ones in Control group. The Anxiety level of Experimental group teachers decreased.

3. In respect to mean systolic pressure, mean diastolic pressure and mean Heart-rate values no significant difference between Control Private 12th and Experimental Private 12th teachers existed. The calculated value of ‘t’
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for mean systolic pressure, mean diastolic pressure and mean Heart-rate levels were all insignificant, which mean that teachers in both groups were more or less equal on their Blood Pressure and Heart-rate levels.

Above quoted results suggest that relaxation techniques helped the teachers of Experimental Private 12th group to reduce their Stress and Anxiety levels significantly while not so their Blood Pressure and Heart-rate levels.

The hypothesis that “There will be a significant impact of relaxation techniques on the Stress, Anxiety, Blood Pressure, hypertension and Heart-rate in employed women teachers” is partially accepted.

VIII. CONCLUSIONS BASED ON THE MAXIMUM AND MINIMUM EFFECT SHOWN BY DIFFERENT EXPERIMENTAL SUB-GROUPS TO RELAXATION THERAPY

1. Maximum effect of relaxation therapy on Stress was shown by Experimental Government 10th group with mean difference between Pre-test and Post-test of 50.94. While Experimental Private 12th teachers showed minimum decrease with mean difference of 34.08.

2. Maximum decrease in Anxiety level was stated by Experimental Government 12th teachers with mean difference of 6.47. And minimum decrease in Anxiety level was reported by Experimental Private 10th teachers with mean difference of 3.67.

3. Higher decrease in systolic pressure level was reported by Experimental Private 10th with mean difference of 10.17. And lower level of decrease was shown by Experimental Government 10th group with mean difference of 8.73.

4. Experimental Government 10th group reported higher reduction in diastolic pressure level with mean difference of 5.34. And Experimental Private 10th group had lower reduction in diastolic pressure level with mean difference of 4.83.
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5. Maximum decrease in Heart-rate level was highlighted by Experimental Private 10th group teachers with mean difference of 5.33. While minimum decrease was purported by Experimental Government 10th teachers with mean difference of 2.74.

IX. CONCLUSIONS BASED ON STRESS, ANXIETY, SYSTOLIC PRESSURE, DIASTOLIC PRESSURE AND HEART-RATE LEVELS OF EMPLOYED WOMEN TEACHERS

1. The Stress level of the sample teachers before commencing the relaxation schedule in Experimental teachers was as follows – 3.5% teachers rated themselves as ‘not Stressful’, 21.1% teachers indicated ‘Mildly Stressful’, 56.14% which formed the bulk of sample rated themselves ‘Moderately Stressful’, 13.16% teachers reported to being ‘very Stressful’ while 6.14% teachers rated themselves ‘Extremely Stressful’.

2. In Experimental group at pre-therapy stage 3.64% teachers reported of being ‘not Stressful’, 12.73% teachers rated themselves ‘Mildly Stressful’, majority of teachers i.e. 63.64% stated of being ‘Moderately Stressful’, 14.55% indicated being ‘very Stressful’ and 5.45% teachers rated themselves as ‘Extremely Stressful’.

3. In Control group the Stress level of teachers at pre-therapy stage was 3.4% teachers reported ‘not Stressful’, 28.8% teachers stated of being ‘Mildly Stressful’, 49.2% which comprised of majority teachers rated themselves ‘Moderately Stressful’, 11.86% indicated being ‘very Stressful’ and 6.78% reported of being ‘Extremely Stressful’. Thus indicates that teachers comprising Experimental group relatively had higher Stress index as compared to ones in Control group.

4. The Stress level of the sample teachers after the Experimental teachers had undergone relaxation therapy was as follows – 15.75% teachers reported of being ‘not Stressful’, 27.19% teachers indicated of being ‘Mildly Stressful’, 37.72% teachers opined of being ‘Moderately Stressful’, 17.54% stated of being ‘very Stressful’ and only 1.75% rated themselves as ‘Extremely Stressful’. Thus after undergoing relaxation therapy, the Stress level of teachers showed radical decrease with more percentage of
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teachers claiming to be 'not Stressful' and 'Mildly Stressed'. The size of teachers reporting 'Moderate' level of Stress also decreased. However there was a slight increase in teachers reporting 'very Stressful' which may be due to shift in teachers reporting 'Extremely Stressful' to 'very Stressful'. Accordingly there was negligible percent i.e. just 1.75% teachers claimed of being 'Extremely Stressful'.

5. At post-therapy stage the Stress level of teachers in Experimental group was as follows: 29.1% teachers rated themselves 'not Stressful', majority teachers i.e. 40% claimed themselves to be 'Mildly Stressful', 30.9% reported of being 'Moderately Stressful'. There were nil (0)% teachers in 'very Stressful' and 'Extremely Stressful' Stress level. Therefore after undergoing relaxation therapy the Stress level of Experimental group teachers declined as is indicated by great increase in percent of teachers approximately 70% teachers claiming either of being 'not Stressful' or 'Mildly Stressful', while approximately 30% reporting of being 'Moderately Stressful'.

6. In Control group at post-therapy stage the Stress level of teachers was as follows: 3.39% teachers stated of being 'not Stressful', 15.25% teachers indicated of being 'Mildly Stressful', majority teachers of 54.07% claimed to be 'Moderately Stressful', 33.9% teachers reported of being 'very Stressful' and 23.9% claimed of being 'Extremely Stressful'. Which demonstrated that as compared to pre-therapy Stress level the Stress level of Control group teachers had increased. There were more percentage of teachers in 'very Stressful' level and less percent of teachers in 'Mildly Stressful' and 'Moderately Stressful' level in Post-test as compared to Pre-test in Control group. Hence the teachers who were not subjected to any relaxation therapy their level of Stress increased with time while those who had advantage of undergoing therapy their Stress level declined rapidly.

7. Anxiety level of the sample before commencing the relaxation therapy in Experimental group is as follows: There were negligible number of teachers in 'optimal' level it was only 1.75% teachers, 13.16% teachers reported 'normal' level, 50.88% teachers stated themselves as having 'High-normal' level of Anxiety which formed the majority number of
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teachers. 34.21% rated their Anxiety level ‘Severe’. Accordingly about half the number of teachers reported on being with ‘High-normal’ level of Anxiety. And more than one-third teachers rated their Anxiety level ‘Severe’ and that they needed immediate help. Thus more than 2/3rd of sample teachers were highly anxious.

8. Anxiety level of Experimental group teachers prior to relaxation therapy is as follows: There were 3.64% teachers with ‘optimal’ level of Anxiety. 5.45% teachers reported ‘normal’ level of Anxiety. ‘High-normal’ and ‘Severe’ levels of Anxiety was reported by 49.09% and 41.82% teachers respectively. Which meant that 90% of teachers in Experimental group were highly anxious and that for more than 40% cases their Anxiety was getting morbid and that they needed immediate professional help.

9. Anxiety level of Control group teachers at pre-therapy stage is summarized as follows: 20.34% teachers reported ‘optimal’ level of Anxiety. 52.54% stated ‘normal’ level of Anxiety and 27.12% rated themselves with ‘High-normal’ level of Anxiety. There was none of the teacher with ‘Severe’ Anxiety in Control group. Anxiety levels of Experimental and Control groups teachers at pre-therapy stage reflected that teachers in Experimental group were more anxious than the teachers in Control group. Where on one hand there were more than 40% of teachers with ‘Severe’ Anxiety level in Experimental group at the same time on the other hand there were none or 0% teachers with Severe Anxiety level in Control group.

10. Anxiety level of sample teachers at post-therapy stage was as follows: There were 2.63% teachers with ‘optimal’ level of Anxiety. 19.29% teachers had ‘normal’ level. 43.80% teachers reported ‘High-normal’ level and 34.21% teachers stated of their having ‘Severe’ level of Anxiety. As compared to pre-therapy stage teachers demonstrated an increase in percent of teachers with ‘optimal’ and ‘normal’ level of Anxiety at post-therapy stage, with simultaneous decrease in number of teachers with ‘High-normal’ Anxiety level. However, the percentage of teachers reporting Severe form of Anxiety remained same i.e. 34.21%. Hence relaxation techniques were effective in reducing the Anxiety level of sample.
SUMMARY AND CONCLUSIONS

At post-therapy stage the Anxiety level of teachers in the Experimental group was: 45.45% teachers reported 'optimal' level of Anxiety, 25.45% teachers stated 'normal' level, 49.09% rated themselves with 'High-normal' level of Anxiety and 20% teachers reported 'Severe' level of Anxiety. Compared to pre-therapy stage Experimental group teachers demonstrated an increase in percentage of teachers with 'optimal' and 'normal' level of Anxiety at post-therapy stage, with simultaneous decrease in percentage of teachers with 'Severe' Anxiety level. There was more than 50% decrease in number of teachers reporting 'Severe' Anxiety level. Initially 'Severe' Anxiety level was stated by 41.82% teachers but latter it was reported by only 20% teachers. However, there was no change in the percentage of teachers having 'High-normal' level of Anxiety both at pre and post-therapy stage. The percentage of teachers who rated themselves with 'High-normal' level of Anxiety was 49.09%, nearly fifty percent of Experimental group reported 'High-normal' Anxiety level.

At post-therapy stage Anxiety level of Control group teachers was as follows: 13.56% teachers reported 'optimal' level of Anxiety, 38.98% stated 'normal' level while 50.98% claimed 'High-normal' Anxiety level. Comparison between pre and post anxiety levels of Control group teachers revealed that teachers who were not subjected to relaxation therapy their level of Anxiety increased under due course of time. More percentage of teachers reported 'High-normal' Anxiety level at same time the percentage of teachers indicating 'optimal' and 'normal' Anxiety level decreased. At post-therapy stage more or less equal percentage of teachers reported 'High-normal' Anxiety level both in Experimental and Control group.

Mean Systolic Blood Pressure level of the sample teachers was as follows: 56.14% teachers had 'optimal' level of systolic pressure, 28.07% claimed 'normal' level, 10.51% teachers ad 'High-normal' level, 5.51% teachers rated themselves as having 'mild-hypertension' and very small percent i.e 1.75% reported of having 'Moderate-hypertension'. Major percent i.e nearly 85% of teachers had more or less normal Systolic Blood Pressure with small percent i.e approx 5% of teachers having systolic hypertension.
SUMMARY AND CONCLUSIONS

14. Distribution of Systolic Blood Pressure level of Experimental group teachers was as follows: 67.27% teachers had ‘optimal’ level of Systolic Blood Pressure, 21.82% teachers had ‘normal’ level, and 10.91% teachers claimed ‘High-normal’ level of systolic pressure. There was no case of systolic hypertension in Experimental group. So in Experimental group there were approximately 89% teachers with more or less normal systolic pressure and only a small portion i.e. around 11% teachers with ‘High-normal’ Systolic Blood Pressure.

15. Mean systolic pressure distribution for Control group teachers was as follows: 45.76% had ‘optimal’ level, 33.90% teachers had ‘normal’ range of systolic pressure, 10.17% reported ‘High-normal’ range. 6.78% teachers stated of having ‘mild-hypertension’. 3.39% teachers reported ‘Moderate-hypertension’. However, there was none with ‘Severe hypertension’. Systolic Pressure distribution of Control group teachers indicated that as compared to Experimental group teachers they had more elevated Systolic Blood Pressure recordings. Where on one hand there was no hypertensive case reported in Experimental group, simultaneously on the other hand there were nearly 10% teachers who reported systolic hypertension.

16. The post-therapy systolic pressure measurement for Experimental group was as follows: 90.91% teachers had ‘optimal’ level of systolic pressure, 7.27 teachers reported ‘normal’ level and there was just 1.82% teachers who had ‘High-normal’ level of Systolic Blood Pressure. Thus indicating that teachers in Experimental group after undergoing relaxation therapy had more ‘optimal’ level of systolic pressure. And that nearly 98% teachers reported normal values of systolic pressure.

17. Mean Diastolic Blood Pressure level of the sample teachers was as follows: 62.3% teachers had ‘optimal’ diastolic pressure level, 21.02% reported ‘normal’ level, 7.02% had ‘High-normal’ level, 6.14% teachers had ‘mild-hypertension’ and 2.63% teachers reported ‘Moderate-hypertension’. However there was no case with ‘Severe-hypertension’ in the sample. Majority teachers i.e. 62.3% teachers had ‘optimal’ level of Diastolic Blood Pressure level. Major percentage of teachers i.e. approx 91% teachers had more or less normal values of Diastolic Blood Pressure at same time approx 9% teachers had diastolic hypertension.
SUMMARY AND CONCLUSIONS

Diastolic Blood Pressure level distribution among Experimental group teachers was as follows: 74.55% teachers had ‘optimal’ level of Diastolic Blood Pressure, 16.36% teachers reported ‘normal’ level, 5.45% had ‘High-normal’ level of diastolic pressure while small percentage i.e. 3.6% teachers had ‘mild-hypertension’. There was none teachers with Moderate or Severe-hypertension.

In Control group the Diastolic Blood Pressure level distribution was as follows: 17.7% teachers had ‘optimal’ level of Diastolic Blood Pressure, 27.1% teachers reported ‘normal’ level, 8.5% teachers had ‘High-normal’ level, 8.5% teachers reported ‘mild-hypertension’ and 5.1% teachers had ‘Moderate hypertension’. However none of the teachers reported ‘Severe-hypertension’ As compared to Experimental group where majority teachers nearly 97% had more or less ‘normal’ diastolic pressure, there in Control group only 54% approx. had more or less ‘normal’ values of diastolic pressure. Where in Experimental group only 3.6% teachers had diastolic hypertension there were 13.6% with diastolic hypertension in Control group. Hence teachers in Control group had more elevated values of Diastolic Blood Pressure than in Experimental group.

Post-therapy Diastolic Blood Pressure levels of Experimental group teachers was as follows: 89.1% teachers had ‘optimal’ level, 9.1% teachers had ‘normal’ level while a very small percentage i.e. 1.8% teachers had ‘High-normal’ Diastolic Blood Pressure level. Thus after undergoing relaxation therapy majority teachers had ‘optimal’ level of diastolic pressure, or cent percent teachers had more or less normal diastolic pressure with no case with diastolic hypertension. As compared to pre-therapy stage where there were 3.6% teachers with diastolic hypertension, however there was none teachers with diastolic hypertension at post-therapy stage. Hence relaxation techniques were very effective in reducing the Diastolic Blood Pressure of Experimental group teachers.

Heart-rate level of sample teachers at pre-therapy stage was as follows: 99.12% teachers reported normal Heart-rate and a very small portion i.e 0.88% reported ‘Tachycardia’. However, there was no case with ‘Bradycardia’ at pre-therapy stage. So almost all teachers had normal Heart-rate.
SUMMARY AND CONCLUSIONS

22. In Experimental group all 100% teachers had 'normal' Heart-rate at pre-therapy stage while in Control group 98.3% had 'normal' Heart-rate and a small percentage 1.7% had 'Tachycardia'. However, in Control group maximum percent teachers reported normal Heart-rate but there were still a few case with elevated Heart-rate, which was not the case in Experimental group where all the teachers had normal Heart-rate.

23. Post-Therapy Heart-rate levels of Experimental group teachers was as follows: 3.64% teachers had 'Bradycardia' and majority i.e 96.36% had 'normal' Heart-rate. Compared to pre-therapy stage where all teachers had normal Heart-rate there at post-therapy stage small percentage i.e 3.64% teachers had slow Heart-rate which was due to more relaxed state the teachers had achieved.

24. The rate of hypertension in women teachers in Chandigarh was 12.28%.

5.11. EDUCATIONAL IMPLICATIONS

The results of the present study are significant for counsellors, psychologists, sociologists, policy makers, educators, administrators, principals, school directors and teachers, all those who are involved in planning and development of teaching strategies and educational curriculum. The study has demonstrated the effectiveness of relaxation techniques. Its impact was substantial and the usage of relaxation techniques is comprehensive for various purposes. In brief it is helpful to society in general.

5.12. SUGGESTIONS FOR FURTHER RESEARCH

1. Studies similar to the present study may be taken up on sample drawn from colleges, universities and may even be extended to students.

2. Cross cultural / trans cultural studies of similar type may be carried out.

3. Variables other than those included in the present study like well-being, memory, intelligence etc. may be taken up in order to examine the effect of relaxation techniques on these variables.