



A Questionnaire Based Survey Study On Stress Management Among Top Level Professionals In Chennai City.

M.Jeevitha¹ E.V.S.Nandhinee² R.Sathish^{3*} , R.Madhavan⁴ , S.Mathukumar⁵

^{1,2,3,5} Sri Sairam Siddha Medical College and Research Centre, West Tambaram, Chennai.

⁴ National Institute of Siddha, Chennai.

***Corresponding Author: Dr.R.Sathish MD(s),,**

Reader, Dept. of Sattam Sarntha Maruthuvamum Nanju Maruthuvamum,

Sri Sairam Siddha Medical College and Research Centre,

West Tambaram, Chennai.

E-mail: sathizkannan@gmail.com

Abstract

In today's era of globalization where there is a lot of competition, innovation and change, executives in all organizations cannot avoid tension, stress and anxiety in their day-to-day work. Stress as a negative influence, can result in feelings of disruption, rejection, anger, and depression which in turn can lead to health problems such as headache, upset stomach, rashes, insomnia, ulcers, high blood pressure, heart disease, and stroke. The Major Objectives of Study are to find out stress level among professionals, analyse the responses to stress and to identify methodologies used for coping the stress level.

A well structured questionnaire was used to collect the necessary data and 100 samples from top level professionals were collected. The statistical tools applied are Percentage analysis, Weighted average mean and Anova Test. Likerts five point scale has been used to measure the views of respondents. The views varies from always to rarely and their coping methodology are also significantly differs from each one. Yoga and meditation is an indiginous part of siddha system which creates inner peace and improves immunity. The techniques of yoga comprise of physical postures (asanas), breath expansion and enhancement (pranayama), relaxation and meditation techniques (dhyaan), coupled with philosophy of simple and natural lifestyle management. This paper is a small attempt in ameliorating the effects of stress through yoga and meditation.

Keywords: yoga, stress, compassion, Immunity, Neuroendocrinology

Introduction

The capacity to be compassionate towards others is a key in psychotherapeutic and other clinical work (Gilbert 2005a)¹. At the same time, continuous work with people in mental distress commonly leads to symptoms of psychological distress in clinicians, which may lead to burnout (Figley 2002; Hannigan et al. 2004²).

The Health and Safety Executive (HSE) defines stress as an 'adverse reaction people have to excessive pressures or other types of demand placed on them'. Work-related stress is thus understood to occur when there is a mismatch between the demands of the job and the resources and capabilities of the individual worker to meet those demands. This definition emphasizes the relationship between individuals and

their working environment, and helps to explain why a situation that one person regards as a stimulating challenge causes another to experience a damaging degree of stress.

Meditations are one of the foremost remedial measure to cope up from stress. Meditations are many kinds, some are mantra meditations, visualization meditations, open-focus meditations, breath-based meditations etc. it is highly essential to find the best one that suits for us.

Over the past decades, Western psychology has increasingly become interested in training programmes that are thought to cultivate compassion for self and others, such as programmes based on mindfulness meditation (Gilbert 2005b; Kabat-Zinn 1990³). Although the majority of research on mindfulness-based interventions (MBIs) has been carried out with people with medical or mental health problems (e.g. Baer 2003⁴), there has been growing interest in the use of MBIs to reduce stress and increase self-compassion and self-care in healthcare professionals (e.g. Shapiro and Carlson 2009⁵).

More recently, research has started to explore loving-kindness meditation (LKM), a traditionally Buddhist meditation which is commonly practised in the context of mindfulness (Hofman et al. 2011; Tirsch 2010⁶), and can cultivate an attitude of unconditional love, kindness and compassion for oneself and others (Gilbert 2005b⁷).

A key distinction between loving kindness and compassion is that the latter is specifically directed towards suffering. Finally, while measurement of self-compassion has been well developed by Neff, unfortunately there is a lack of consensus regarding the measurement of compassion for others, with the terms compassion, empathy and sympathy sometimes being used interchangeably (Neff and Pommier 2012⁸).

From a Buddhist psychology perspective, loving-kindness can be cultivated through loving-kindness meditation (LKM), and if loving-kindness is directed towards our own suffering then self-compassion can arise, while if it is directed towards the suffering of others then compassion for them can develop. Drawing on this tradition, there is growing interest in the scientific literature concerning the effects of loving kindness meditation (e.g. Shapiro and Carlson 2009). In an experimental laboratory study, Hutcherson et al. (2008⁹) showed that a brief loving-kindness exercise

increased positive feelings and feelings of connectedness towards strangers. Although the findings further support the notion of LKM as a practice for increasing social connectedness and compassion for others (Salzberg 1995¹⁰), their external validity is perhaps limited due to the artificial laboratory setting.

Results from a neurophysiologic study suggest that LKM is related to an increased empathic response to social stimuli and an increased ability for perspective taking (Lutz et al. 2008¹¹).

Purpose of Study

In this day and age of fast living with more responsibilities and stress related illnesses, we need to find something that will bring a more balanced relaxed rhythm into our lives. Possessing a high level designation with more responsibilities and leading a duplicate life is common and leaving the original one. Most people of today are caught up in the desire for accruing possessions and recognition, whether it is in their jobs or financial status. They have forgotten that life is more than worldly gain, and in doing so constantly seek fulfilment, unfortunately it is based on material achievement. Even though we may achieve our aims in gaining material possessions, we may still find we have a sense of emptiness in our lives. This is because we are not nurturing our emotional and mental needs, we tend to push these needs to the background in the belief that we have to gain some sort of material status.

Based on the above conceptual background and purpose following objectives were framed.

Objectives of Study

This study has been conducted with the following objectives.

1. to find out the major problems of top level Professionals
2. to analyse the response towards their problems
3. to identify the methodologies used for coping the stress level

Methodology

Data Collection

A well structured questionnaire was used to collect the necessary data which served as primary data to answer the research questions and objectives regarding

significance of problems, responses and the coping technologies of top level professionals in Chennai. The data and information belonging to IT, Telecommunication, Engineering and Production professionals.

Statistical Techniques

The statistical tools applied are Percentage analysis; weighted average mean an ANOVA Test were used to analyze the data and information. The statistical views varies from always to rarely and their coping methodology are also significantly differs from each one.

QUESTIONNAIRE

The informations collect are purely for the purpose of research and hence kep confidential.

PART-I

Personal Data

Please put tick () in the appropriate boxes.

- Age
 - 20 to 30 years.
 - 31 to 40 years.
 - 41 to 50 years.
 - Above 50 years.
- Marital Status:
 - Living with husband.
 - Separated/ widowed.
- Family Status:
 - Joint family.
 - Nuclear family.
- Educational Qualification:
 - Under graduate.
 - Post graduate.
 - Professionally qualified.
- Salary per month:
 - Below Rs.15000.
 - Rs.15001 to 20000.
 - Rs.20001 to 25000.
 - Above Rs.25000.
- Nature of Employment.
 - Permanent.
 - Temporary.
- Job Position:
 - Top Level.
 - Middle Level.
 - Lower Level.

Questionnaire

Questionnaire consists of four parts. The first part consists of demographic profile of respondents. The second part consists of 12 statements related to factors causing job stress among the employees. The third part of the questionnaire consists of the 15 statements related to psychological and behavioral pattern of respondents to know the current level of work stress. The fourth part of questionnaire includes techniques for reducing stress to know which method is most preferable by the employees

PART-II

Please indicate your agreement level of the following causes of stress.

- 1.Always
- 2.Very Often
- 3.Sometimes
- 4.Rarely
- 5.Never

Problem Description	1	2	3	4	5
Non Co Operation of employees					
Non co operation and Pressure from boss					
Failure of systems					
No co operation from family (Spouse)					
Problems from children					
Health problem					
Working for long time					
Continuous phone calls					
Skipping social movements					
Unable to cope up with government policies and procedures					
Unable to avail the holidays like others					
Continuous travelling					

PART III

Major Responses for the problem

Particulars	Never	Rarely	Sometimes	Often	Always
Headaches					
Stomach aches					
Backaches					
Breathe rapidly					
High blood pressure					
Diabetic problems					
I light up a cigarette					
I drink alcohol or use mood altering drugs					
I don't sleep properly					
I snap back to get angry with others					
I can't concentrate on what I am doing					
I forget things or I get confused					
I feel depressed, sad and unhappy					
I don't get the sense of accomplishment					
I can't share all my emotionss with my family and friends					

PART IV

Coping Techniques adopted by Top level Professionals

Please indicate the following coping techniques adopted by you for managing the stress.

Coping Techniques	Please tick
Prayers and visit to Temples	
Indulging in sports	
Interrelationship among individuals to build positive relationship	
Doing Yoga and meditation	
Making annual holidays compulsory	
Spending time with pet animals	
Laughing therapy	
Keeping silence in any problem	

Results and Discussion

Step I:

Problems of Top Level Professionals

In order to find out the significance of the problems Likerts Five point scale has been used ranging from 1 to 5 (never to always). Non co operation of employees, Pressure from Boss, Continuous phone calls received obtained the status of Always. Failure of systems, Problems from children, skipping social movements, Unable to avail the holidays like others, Continuous travelling variables got the status of some times. Health problem, working for long time variables got the status of often and non co operation from family (spouse) got the status of Rarely. The results have been presented in the following Table 1.

Step II:

Major Responses for the problem

After the analysis of the significance of the problems the responses to the problems are analysed and weighted mean score has been arrived. The responses are classified into Physical, mentally and emotional. The major variables from all the three are discussed hereunder. In which Headaches, Backaches, I don't sleep properly, I can't share all my feelings with my family and friends are received the status of Always. Stomach aches, Diabetic problems, I snap back to get angry with others, I feel depressed, sad and unhappy are received the status often, Breathe rapidly ,High blood pressure, I don't get the sense of accomplishment are received the sometimes and I

drink alcohol or use mood altering drugs, I light up a cigarette got the status of rarely. The results are presented in the following Table.2

Step III:

The coping methodologies have been discussed with the professionals and F value has been arrived.

The F-value of ANOVA test is 18.968 and it is statistically significant at five per cent level of significance indicating that there is a significant difference in coping techniques adopted by the top level professionals. The results are presented in the following Table.3 and Diag 1.

Conclusion

Though there are many techniques to cope up the stress Yoga and Meditations are preferred by 30% of Top Level Professionals. The techniques of yoga comprise of physical postures (asanas), breath expansion and enhancement (pranayama), relaxation and meditation techniques (dhyaan), coupled with philosophy of simple and natural lifestyle management. It revitalizes and nourishes the mind, body, and spirit over a prolonged period of time, enabling long and healthy lives.

It may be that overall well-being is better served by learning to cultivate equanimity, both as an effective state for responding skill fully to whatever is arising in the present moment, and as a healthy trait that can be strengthened over time and integrated into one's character.

Table No.1 Major Problems of Top Level Professionals

Problem Description	Weighted Mean Score	Status
Non Co Operation of employees	4.75	Always
Non co operation and Pressure from boss	4.62	Always
Failure of systems	2.82	Sometimes
No co operation from family (Spouse)	1.86	Rarely
Problems from children	2.84	Sometimes
Health problem	3.62	Often
Working for long time	3.83	Often
Continuous phone calls	4.52	Always
Skipping social movements	2.60	Sometimes
Unable to cope up with government policies and procedures	3.73	Often
Unable to avail the holidays like others	2.84	Sometimes
Continuous travelling	2.67	Sometimes

*(Source: Primary Data)***Table No.2: Major Responses for the problem**

S.No	Responses to when the problem occurs	Weighted Mean Score	Status
1	Headaches	4.62	Always
2	Stomach aches	3.75	Often
3	Backaches	4.86	Always
4	Breathe rapidly	3.43	Sometimes
5	High blood pressure	2.81	Sometimes
6	Diabetic problems	3.69	Often
7	I light up a cigarette	1.86	Rarely
8	I drink alcohol or use mood altering drugs	1.72	Rarely
9	I don't sleep properly	4.62	Always
10	I snap back to get angry with others	3.84	Often
11	I can't concentrate on what I am doing	2.58	Sometimes
12	I forget things or I get confused	2.60	Sometimes
13	I feel depressed, sad and unhappy	3.74	Often
14	I don't get the sense of accomplishment	2.86	Sometimes
15	I can't share all my emotionss with my family and friends	4.84	Always

(Source: Primary Data)

Table.3: Coping Techniques adopted by Top level Professionals

S.No	Coping Techniques	Number of Professionals	Per cent	F-Value	Sig
1	Prayers and visit to Temples	15	15	18.96	0.03
2	Indulging in sports	14	14		
3	Interrelationshipamong individuals to build positive relationship	14	14		
4	Doing Yoga and meditation	20	20		
5	Making annual holidays compulsory	6	6		
6	Spending time with pet animals	13	13		
7	Laughing therapy	12	12		
8	Keeping silence in any problem	6	6		
	Total	100	100.00		

DIAGRAM NO: 1

Coping Techniques adopted by Top level Professionals



References

1. Gilbert, P. (2005a). Compassion and cruelty: a biopsychosocial approach. In P. Gilbert (Ed.), *Compassion: conceptualisations, research and use in psychotherapy* (pp. 9–74). New York: Routledge.
2. Figley, C. R. (2002). Compassion fatigue: psychotherapists’ chronic lack of self care. *Journal of Clinical Psychology*, 58, 1433–1441.
3. Kabat-Zinn, J. (1990). *Full catastrophe living: using the wisdom of your body and mind to face stress, pain, and illness*. New York: Dell Publishing.
4. Baer, R. A. (2003). Mindfulness training as a clinical intervention: a conceptual and empirical review. *Clinical Psychology: Science and Practice*, 10, 125–143.
5. Shapiro, S. L., & Carlson, L. E. (2009). *The art and science of mindfulness: integrating mindfulness into psychology and the helping professions*. Washington, DC: American Psychological Association.
6. Hofman, S. G., Grossman, P., & Hinton, D. E. (2011). Loving-kindness and compassion meditation: potential for psychological interventions. *Clinical Psychology Review*, 31, 1126–1132.
7. Gilbert, P., & Tirch, D. (2009). Emotional memory, mindfulness and compassion. In F. Didonna (Ed.), *Clinical handbook of mindfulness* (pp. 99–110). New York: Springer.
8. Neff, K. D., & Pommier, E. (2012). The relationship between self compassion and other-focused concern among college undergraduates, community adults, and practicing meditators.
9. Hutcherson, C. A., Seppala, E.M., & Gross, J. J. (2008). Loving-kindness meditation increases social connectedness. *Emotion*, 8, 720–724.
10. Salzberg, S. (1995). *Loving-kindness: the revolutionary art of happiness*. Boston, MA: Shambhala Publications
12. Lutz, A., Brefczynski-Lewis, J., Johnstone, T., & Davidson, R. J. (2008). Regulation of the neural circuitry of emotion by compassion meditation: Effects of meditative expertise. Accessed May 10, 2011
13. Baer, R. A., Smith, G. T., & Allen, K. B. (2004). Assessment of mindfulness by self-reports: the Kentucky inventory of mindfulness skills. *Assessment*, 11, 191–206.
14. Baer, R. A., Smith, G. T., Hopkins, J., Krietemeyer, J., & Toney, L. (2006). Using self-report assessment methods to explore facets of mindfulness. *Assessment*, 13, 27–45.
15. Gilbert, P. (2009). Introducing compassion-focused therapy. *Advances in Psychiatric Treatment*, 15, 199–208.
16. Kabat-Zinn, J. (1994). *Wherever you go, there you are: mindfulness meditation in every day life*. New York: Hyperion

Access this Article in Online	
	Website: www.ijarbs.com
	Subject: Stress Management
Quick Response Code	
DOI: 10.22192/ijarbs.2017.04.05.006	

How to cite this article:

M.Jeevitha, E.V.S.Nandhinee, R.Sathish, R.Madhavan, S.Mathukumar. (2017). A Questionnaire Based Survey Study On Stress Management Among Top Level Professionals In Chennai City. *Int. J. Adv. Res. Biol. Sci.* 4(5): 58-65.

DOI: <http://dx.doi.org/10.22192/ijarbs.2017.04.05.006>