

**EFFECTIVENESS OF VIDEO ASSISTED TEACHING PROGRAMME
ON PROGRESSIVE MUSCLE RELAXATION TECHNIQUE TO
REDUCE STRESS AMONG COTTON MILL WORKERS
IN SELECTED INDUSTRIES AT DINDIGUL.**

**A DISSERTATION SUBMITTED TO,
THE TAMILNADU DR. M.G.R. MEDICAL UNIVERSITY, CHENNAI
IN PARTIAL FULFILLMENT OF THE REQUIREMENT FOR THE
DEGREE OF MASTER OF SCIENCE IN NURSING**

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**Certified Bonafide Project Work
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CHAPTER - I

INTRODUCTION

What a Job should not look like
Out I want to know what a health
Promoting Job does look like

- Gunn Johnson

BACKGROUND OF THE STUDY

Mental health as a continuum. Thus, an individual's mental health may have many different possible values. Mental wellness is generally viewed as a positive attribute, such that a person can reach enhanced levels of mental health, even if they do not have any diagnosable mental illness. The definition of mental health highlights emotional well being, the capacity to live a full and creative life and the flexibility to deal with life's inevitable challenges.

Mental Health as "A state of emotional and psychological well-being in which an individual is able to use his or her cognitive and emotional capabilities, function in society, and meet the ordinary demands of everyday life."

Merriam,W., (1989)

Stress is the body's reaction to a change that requires a physical, mental or emotional adjustment or response.

Angela Morrow,R., (2009)

The seven leading causes of stress, which represented as, 23 percent of respondents due to finances, 21 percent of those responding due to work, family, Personal concerns that are only indirectly created by others are another. Most people find that personal health is a leading cause of stress; probably the most wrenching cause of stress is the death of a loved one or close friend

Thomas,T., (2006)

According to **U.S National Institute of Occupational Safety & Health., (2009)** Job stress as the harmful physical and emotional response that occurs when the requirements of job do not match the capabilities, resources or need of the works. Stress also occurs when the situation has high demands and the work has little or no control over it.

According to **National Institute for Occupational Safety and Health (2009)** Job conditions that may lead to stress (i) The design of tasks: Heavy workload, infrequent rest breaks, long works hours and shift work; hectic and routine tasks that have little inherent meaning, do not utilize workers' skills, and provide little sense of control. (ii)

Management style: Lack of participation by workers in decision-making, poor communication in the organization and lack of family-friendly policies. (iii) Interpersonal relationships: Poor social environment and lack of support or help from co-workers or supervisors.(iv)Work roles: Conflicting or uncertain job expectations, too much responsibility, too many "hats" to wear.(v) Career concerns: Job insecurity and lack of opportunity for growth, advancement, or promotion; rapid changes for which workers are unprepared.(vi) Environmental conditions: Unpleasant or dangerous physical conditions such as crowding, noise, air pollution, or ergonomic problems.

According to **Northwestern National Life Insurance Company report (2009)** 40% of respondents said their jobs were very stressful, 34% said they didn't have enough time to get their work done, 69% said stress reduced their personal productivity, 33% of respondents said at the time of responding they had some stress-related physical or mental condition,72% said they experienced three or more stress-related physical or mental conditions simultaneously somewhat or very often, 34% said they expected to burn out on the job.

According to **European report (2005)** the highest stress levels are observed among middle aged workers, and the lowest among older and

younger workers. It is also true, however, that physical violence is most often reported by workers from the 25-39 age group, and harassment and unwanted sexual attention by the youngest group ("24 or less"). It is also worth mentioning that between 2000 and 2005, stress prevalence in the 40-54 age group decreased by 9 percentage points, from 32% in 2000 to 23% in 2005. However, anxiety and irritability indices remained almost at the same level for this age group. Sleeping problems, anxiety, and irritability increased slightly in the 25-39 and +55 age groups. The overall fatigue indicator has dropped in all age categories.

According to **European report (2005)** stress is a little more prevalent among men (23%) compared to women (20%). Stress indicators, with the exception of anxiety, were slightly more prevalent among men. Women are more at risk of harassment than men, but the prevalence of physical violence is similar for both genders.

Srihari Dutta,S et.al., (2007) estimated the prevalence rate for psychiatric morbidity of one month in India was 51.7% substance use, depression, anxiety and sleep disorders were common at a significant proportion of industrial employees had psychiatric morbidity due to Job stress.

There are potentially many ways that job stress can affect the risk of ill health. The stress first influence is the biophysiological stress reactions that can exacerbates the effects of physical strain and limit the ability of the body's defense and repair systems to deal with micro trauma, the second influence is the effects of stress on the behaviour of the individual that may increase exposures or decrease the motivation to seek help. The third is the general sensitization of the individual psychologically and physiologically by exposure to job stress; this may lead to greater perceived pain and poorer overall health and vital capacity.

Michael, J., (1996)

Excess stress can manifest itself in a variety of emotional, behavioral, and even physical symptoms, and the symptoms of stress vary enormously among different individuals. Common somatic (physical) symptoms often reported by those experiencing excess stress include sleep disturbances, muscle tension, headache, gastrointestinal disturbances, and fatigue. Emotional and behavioral symptoms that can accompany excess stress include nervousness, anxiety, changes in eating habits including overeating, loss of enthusiasm or energy, and mood changes. Of course, none of these signs or symptoms means for

certain that there is an elevated stress level since all of these symptoms can be caused by other medical and/or psychological conditions.

Folkman, S., (2008)

According to **statistical report of Canada (2009)** the annual cost to Canadian companies due to stress-related disorders is \$12 billion. Absenteeism due to stress has increased by over 300% since 1995.

Once the cause is known appropriate control strategies can be put into place, other techniques have been useful in reducing stress; include physical exercise, recreational activities, and relaxation techniques.

NEED FOR THE STUDY:

In modern times, life runs on a fast lane everyone in the world is forced into stressful situation. Its employees who are more vulnerable to this situation stress are known to be the back bone of all psychiatric disorders.

According to **Regus Business Tracker global economic indicator survey (2009)** over three lakh respondents in 11,000 companies across 13 countries which concentrated on their experience at the workplace during the tough times. It was found that the most significant increase in stress occurred in China, with about 86% of employees reporting a rise in stress. The least rise, 47%, was reported in The Netherlands.

According to **Roper Starch world wide survey report (2009)** 30,000 people between the ages of 13 and 65 in 30 countries showed women who work full time and has children under the age of 13 report the greatest stress world wide, nearly one in four mother who work full time and have children under 13 feel stress almost every day, globally 23% of women executives and professionals and 19% of this male peers say the full 'super stressed'.

Gallup Poll, (2000) estimated that 80% of workers feel stress on the job, nearly half say they need help in learning how to manage stress and 42% say their 10 workers need such help 14% felt like screaming or shouting because of job stress, 10% are concerned about an individual at work, they fear would become violent, 9% are aware of an assault or violent act in their workplace and 18% had experienced some sort of threat or verbal intimidation in the past year.

Dawn Aufuso,D., (2009) estimated that 64% of American workers describe themselves as either struggling or suffering due to economic stress.

According to **National institute for occupational safety and health (2009)** job burn out experienced by 25% to 40% of US workers is blamed on stress, depression only one types of stress reaction, is

predicted to be the leading occupational disease of the 21st century, nearly 50% higher for workers who report stress.

Around 1 in 6 considers their work to be very or extremely stressful; stress is the second most commonly reported reason for work related ill health in UK.

Swinton,L., (2008)

According to **Labour force survey report (2009)** around 16.7% of all working individuals thought their job was very or extremely stressful. The annual incidence of work-related mental health problems estimated was approximately 5,126 new cases per year, 230 000 people, who worked in the last 12 months, first became aware of work-related stress (incidence), depression or anxiety in an annual incidence rate of 760 cases per 100 000 workers. , depression or anxiety accounted for an estimated 11.4 million lost working days in Britain .

Workers view job stress as more prevalent than work related injury, the cost of work time lost to stress in Canada at 30 billion for annum, job related stress has been identified as world wide epidemic.

WHO (2005)

About 37% of full-time workers felt stress at work as a result of too many demands or hours, compared with 20% of part-time workers. 34% of working Canadians cited too many demands or hours as the most common source of workplace stress.

Cara Williams, (2003)

According to **Aventis Healthcare Survey report (2002)** 1% of Canadian employees experience a great deal of stress at work. 25% of these employees have been physically ill from workplace stress.

The prevalence of work related stress in Sweden, estimated that 10% of group reported high perceived stress owing to individual demands and commitment, 20% reported low influence at work and 33% reported work interference with leisure time.

Holmgren,K et.al., (2009)

According to **Fourth European Risk Observatory Report (2005)** Stress at work is common throughout Europe. Survey of Working Conditions, carried out in 2005 in all Member States, stress was experienced by an average 22% of working Europeans. In 2002, the

annual economic cost of work-related stress in the EU15 was estimated at EUR 20,000 million.

Occupational stress among Australian workers, perceived stressors and revealed that 33% employees are suffered by job stress.

Kendall, T et.al., (2008)

Taiwan – Survey results estimated that Overall, 7.6% of men and 6.5% of women reported often or always feeling very stressed at work. Higher levels of perceived job stress were found among subjects who were younger, with higher education level, working in a larger firm, working for longer hours per week, and who were administrators or managers

Yawen Cheng, (2001)

Occupational stress and work-related unintentional injuries among Iranian car manufacturing workers. The prevalence of job stress was 21.3%. The main occupational stressors were time pressure (78.5%), mode of payment and evaluation (56.4%), and interaction with people and machines (41.3%).

Soori, M et.al.,(2008)

An epidemiological survey of job stress and health in four occupational populations in Fuzhou city of China. The relative risks of high job stress level for peptic ulcer, depression, anxiousness, bad temper, sleep disturbances, fatigue, having a poor appetite and backache, adjusted for age, sex and smoking, are 1.86, 6.55, 14.16, 7.09, 2.05, 1.75, 2.52 and 1.70 ($p < 0.05$), respectively. Results may suggest that the intellectuals in China have suffered a high risk of high level of job stress, and this stress has impacted on their bodily and mental health.

Jun Tian, (2004)

Survey on work-related stress in India. It is estimated that Approximately 12,000 employees from 400 companies were interviewed. The workers experienced a slightly lower increase with 57% reporting a 'higher' or 'much higher' growth over the past two years

Deepa Suryanarayan, (2009)

India's industry body association (2007) had revealed that the menace of stress and mental fatigue has intensified in recent times at the top and middle position sectors comprising construction, shopping banks, government hospitals, trading homes, electronic and print

media, courier companies, small scale industries, retail and card franchise company. Employees of small scale industries in India have to work 15 - 16 hours, adversely altering their mental health and leading to depression and stress.

Progressive Muscle Relaxation (PMR) is a tension-reducing technique that involves the systematic tension and relaxing of specific muscle groups.

One stress management technique which may be effectively implemented on the job for clerical workers is progressive muscle relaxation. In primary prevention, nursing intervention strives to reduce the effects of harmful stress by identifying and assessing stressors and then implementing measures to strengthen lines of defense.

Vaughn,M et.al.,(1989)

The investigator during her service period in mental health centre observed many clients were attending the psychiatric clinic with a referral letter from the employers stating the adjustmental problems.

Therefore nurses in the industrial setting have the primary responsibility of integrating mental health care along with community and general health care this integration is accepted as the most important step for extending mental health care to the individuals in the community.

STATEMENT OF THE PROBLEM:

A study to assess the effectiveness of video assisted teaching programme on progressive muscle relaxation technique to reduce stress among cotton mill workers in selected industries at Dindigul.

OBJECTIVES:

1. To assess the pretest level of stress scores among cotton mill workers.
2. To assess the posttest level of stress scores among cotton mill workers.
3. To compare the pre test and post test stress scores of cotton mill workers.
4. To find the association between post test stress scores of cotton mill workers with their selected demographic variables.

OPERATIONAL DEFINITIONS:

Effectiveness:

It producing the intend result.

In this study effectiveness refers to determine the extent to which the teaching programme has brought intended result in terms of significant difference in pre and post test stress scores which is measured by statistical measurements.

Video Assisted Teaching Programme:

It's a process of showing set of pictures and information using laptop/television.

In this study video assisted teaching programme refers to showing pictures and demonstrating the progressive muscle relaxation techniques for a period of 30 minutes by using Laptop for a group of cotton mill workers.

Stress:

Stress is prolonged unpleasant emotional state such as harmful physical and emotional state such as fear or anger.

In this study the stress refers to harmful physical and emotional responses that occur when the requirements of job do not match the

capabilities, resources or needs of workers which will be measured by Job stress inventory given by Arbor Employee Assistance, Omaha.

Progressive muscle relaxation techniques:

One method of reducing muscle tension through a technique called Progressive Muscle relaxation in which muscles are relaxed part by part.

In this study Progressive Muscle Relaxation (PMR) is a tension-reducing technique that involves the systematic tension and relaxing of specific muscle groups, helps to maintain positive attitude to make feel better emotionally, improve behavioural skills and enhance feelings of control on Job stress.

Cotton Mill Workers:

People who are working in the cotton mill industries.

HYPOTHESES:

H₁ - The Mean post test stress score is significantly lower than the mean pre test stress score among cotton mill workers.

H₂ - There is a significant association between post test stress scores of the cotton mill workers with their selected demographic variables.

ASSUMPTIONS:

- Cotton mill workers may have stress towards their Job.
- Progressive muscle relaxation technique is helpful in reducing Job related stress.

DELIMITATIONS:

- The data collection period is limited to 4 weeks only.
- The sample of the study is restricted to 60.

PROJECTED OUTCOME:

The study will provide data regarding level of stress among cotton mill workers. The findings of this study will help to practice progressive muscle relaxation techniques regularly and improve their psychological well being among cotton mill workers which in turn will help to reduce the occurrence of mental health problems.

CONCEPTUAL FRAME WORK

MODIFIED ROY'S ADAPTATION MODEL:-

Roy (1984) stated that the recipient of nursing care may be the person, a family, a group, a community, or a society. Each is considered by the nurse as a holistic adaptive system. According to **Roy** "a person is bio-psycho-social being, in constant interaction with a changing environment". The person as living system is whole made up of parts or subsystems that function as unity for some purpose".

The idea of an adaptive system combines the concepts of system and adaptation as follows.

SYSTEM:

In her model Roy conceptualizes the person as a holistic perspective. Individual aspects of parts act together to form a unified being. Additionally, on living systems, persons are in constant interaction with their environment. Between the system and the environment occurs an exchange of information, matter and energy. Characteristics of a system include input, control process and feed back.

In this study, the system is cotton mill workers and the environment is work setting. Both will have constant interaction with each other.

INPUT:

The adaptive system has input of stimuli and adaptation level, out put as behavioral responses that serve as feed back, control process known as coping mechanisms.

Focal stimuli: The internal or external stimulus most immediately confronting the person, the object or event that attracts one's attention "a degree of change that precipitates adaptive behavior, stimulus most immediately confronting the person, the one to which he must make an adaptive response, stressor.

Contextual stimuli: All other stimuli of the person's internal and external world that can be identified as having a positive or negative influence on the situation.

Residual stimuli: Internal (or) external factors having an indeterminate effect on the person's behavior that effect has not (or) cannot be validated. Environmental factors within (or) outside the person whose effects in the current situation are unclear, possible yet

uncertain, influencing stimuli, includes beliefs, attitudes, experience (or) trails, knowledge level, strengths and / or limitations.

Demographic variables of the cotton mill workers such as age, sex, education, years of experience, type of placement. (internal factors) and religion, marital status, area of residence, type of family, income (external factor) precipitates the coping mechanism of the cotton mill workers reflected either as adaptive or maladaptive responses. Because of internal and external factors interaction, most of the cotton mill workers will have stress and reduced coping abilities. Stress levels were assessed by modified job stress assessment rating scale.

CONTROL PROCESS/COPING MECHANISMS:

Roy had used the term coping mechanism to describe control processes of the person as an adaptive system, which are called the "Regulator" and "Cognator".

Regulator subsystem

A regulator subsystem is a coping mechanism which responds automatically through neural chemical endocrine processes. In this study the researcher was not measured the Regulator subsystem.

Cognator subsystem:

A cognator subsystem is a coping mechanism which responds through complex perception and information processing through learning, judgment and emotion.

The maladaptive pattern of stress response alters both regulator and cognator subsystem. The changes in regulator subsystem can be noted as palpitation, shallow breathing, sweating, poor appetite, poor sleep pattern. The changes in cognator subsystem can be noted as reduced concentration, poor memory, irritability etc.

There is imbalance of regulator and cognator subsystem because of mal adaptive stress response. It is balanced by practicing progressive muscle relaxation technique.

Video assisted teaching programme on progressive muscle relaxation techniques was given to the group of cotton mill workers by using laptop for 30 minutes. Progressive muscle relaxation technique is the coping mechanisms which help to reduce the level of stress among cotton mill workers.

EFFECTORS/ADAPTIVE MODES:

Although cognator and regulator processes are essential to the adaptive responses of the person, these processes are not directly

observable. The adaptive modes are the physiological self concept, role function and interdependence modes. By observing the person's behavior in relation to the adaptive modes, the nurse can identify adaptive or ineffective responses in relation to health & illness.

The four adaptive modes for assessment are as follows.

Physiological mode:

The physiological mode represents physical response to environmental stimuli and properly involves the regulator subsystem. The basic need of this mode is physiologic integrity comprised of the needs associated with oxygenation, nutrition, elimination, activity and rest and protection. The complex processes of this mode are associated with all senses, fluids and electrolytes, neurological function and endocrine functions.

The adaptive responses in physiological mode is normal heart beat, normal breathing pattern, maintaining normal sleep and appetite, in role function mode increased social interaction.

Role function mode:

It involves behaviour based on a person's position in society. It is dependent on how a person interacts with others in a given situation.

The adaptive responses in role function mode is increased concentration, able to make decisions independently, job responsibilities, reduced level of anxiety, increased family, job satisfaction.

Self concept mode

The self concept mode relates to the basic need of psychic integrity. It is focused on the psychological and spiritual aspects of the person.

The adaptive response in self concept mode is increased self esteem, and decreased feeling of inadequacy.

Interdependent mode

Interdependent mode is where affectional needs are met.

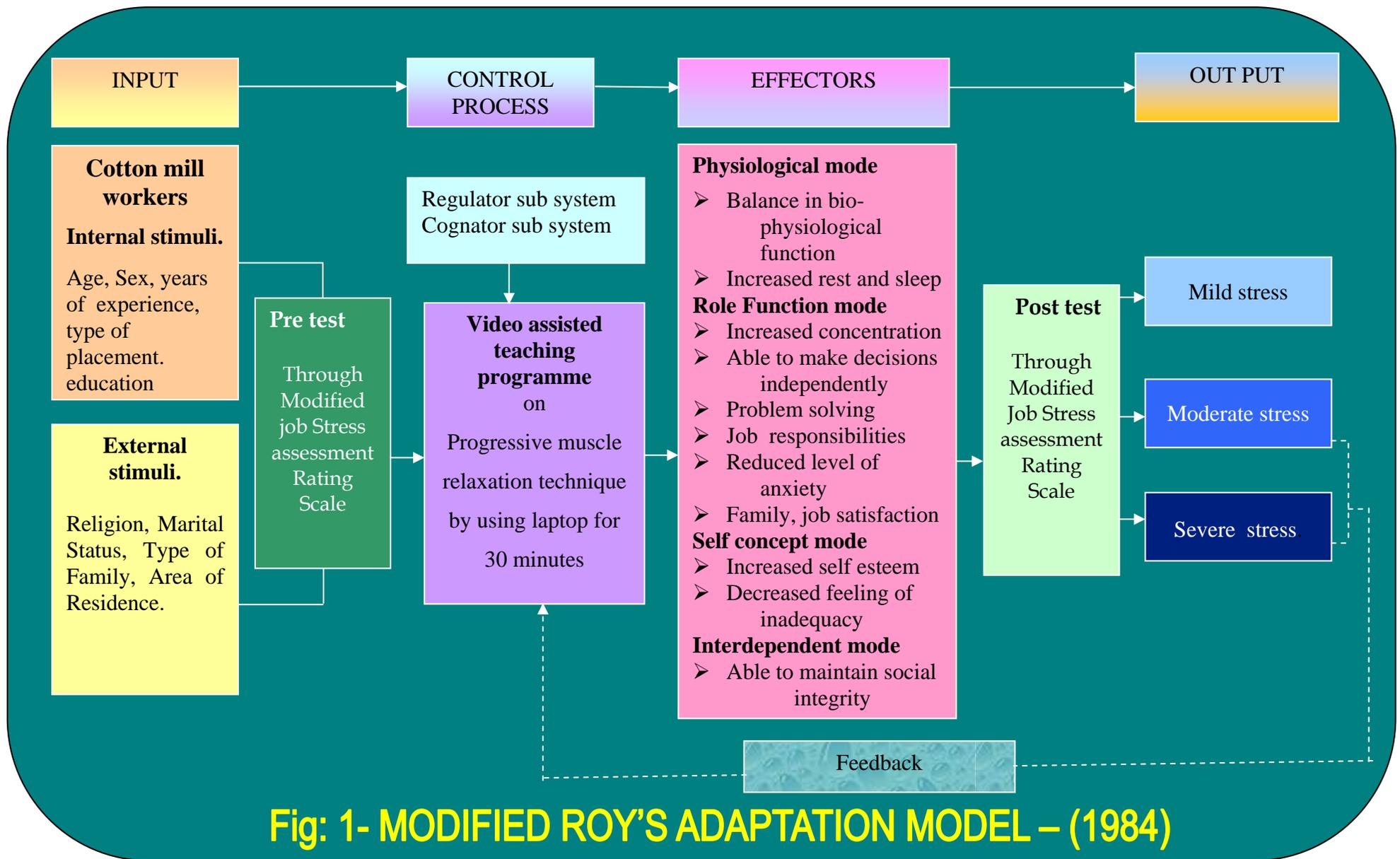
The adaptive response in interdependent mode is to maintain social integrity.

OUT PUT AND FEED BACK:

Adaptive responses are those, which promote the integrity of the person.

Practicing progressive muscle relaxation technique may increase the coping mechanisms which reflect in reduction of stress that is assessed through modified job stress assessment rating scale. Cotton

mill workers with moderate and severe level of stress will gain knowledge and able to practice progressive muscle relaxation technique to reduce the level of stress under the guidance of researcher and it is followed regularly by the workers. Those who are exhibiting low level of stress also encouraged and motivated to practice progressive muscle relaxation technique continuously.



CHAPTER-II

REVIEW OF LITERATURE

Review of literature consists of

- Part I- Overview of stress
- Part II- Studies related to job stress
- Part III- Studies Related to Effectiveness Of Progressive Muscle Relaxation Technique on stress

PART I- OVERVIEW OF STRESS:-

It is an essential component of work while studying in any field of knowledge. It helps the investigator to gain information on what has been done previously and gain deeper insight into the research problem. The more developed, the network linking of a research topics and existing knowledge are generally developed by through review of prior researcher on a topic and by a framework for the topic on the basis of what is studied.

Stress is simply a fact of nature forces from the outside world affecting the individual. The individual responds to stress in ways that affect the individual as well as their environment. Hence, all living creatures are in a constant interchange with their surroundings (the ecosystem), both physically and behaviorally.

In general, stress is related to both external and internal factors.

- (i) External factors include the physical environment, including job, relationships with others, home, and all the situations, challenges, difficulties, and expectations you're confronted with on a daily basis.
- (ii) Internal factors determine body's ability to respond to, and deal with, the external stress-inducing factors. Internal factors which influence your ability to handle stress include your nutritional status, overall health and fitness levels, emotional well-being, and the amount of sleep and rest you get.

Job stress is defined as “a situation in which some characteristics of the work situation are thought to cause poor psychological or physical health, or to cause risk factors making poor health more likely.”

Beehr, (1995)

Occupational stress is a major hazard for many workers. Increased workloads downsizing, overtime hostile work environment and shifts are few causes of stressful working condition. Occupational stress can affect health when the structures of work place exceed ability

the employee's ability to have some control on situations or cope in their ways. Workers are overburdened with workload that remains high regard for of their efforts. The workload is the 'STRESSORS' employee feels anxious and their heart rate speeds up because they cannot, control their workload that is 'STRESS' Increased blood pressure insomnia, or chronic head ache that is 'STRAIN'.

Stress results from an imbalance between various elements of the work system. This imbalance produces a 'load' on the human responses mechanisms that can produce adverse reaction, both psychological and physiological. The human response mechanisms, which include behaviour, psychological reaction and cognition act to bring control over the environmental factors that are creating imbalance. These efforts coupled with an inability to achieve balance, produce overloading of the response mechanisms that leads mental and physical fatigue. Prolonged exposure to fatigue leads to strain and disease.

Carayon Sainfort,(1989)

STAGES OF STRESS:

Stress is how the body reacts to a stressor, real or imagined, a stimulus that causes stress. Acute stressors affect an organism in the short term; chronic stressors over the longer term.

Han`s Selye labeled this universal response to stressors the general adaptation syndrome or GAS into 3 stages

(i) Alarm is the first stage. When the threat or stressor is identified or realized, the body's stress response is a state of alarm. During this stage adrenaline will be produced in order to bring about the fight-or-flight response. There is also some activation of the HPA axis, producing cortisol.

(ii) Resistance is the second stage. If the stressor persists, it becomes necessary to attempt some means of coping with the stress. Although the body begins to try to adapt to the strains or demands of the environment, the body cannot keep this up indefinitely, so its resources are gradually depleted.

(iii) Exhaustion is the third and final stage in the GAS model. At this point, all of the body's resources are eventually depleted and the body is unable to maintain normal function. At this point the initial

autonomic nervous system symptoms may reappear (sweating, raised heart rate etc.). If stage three is extended, long term damage may result as the capacity of glands, especially the adrenal gland, and the immune system is exhausted and function is impaired resulting in decompensation.

Mary,C.Townsend, (2006)

MANIFESTATION OF STRESS:-

Physiological changes:

- a. acute increased heart rate
- b. increased respiration
- c. pupils of eye widens
- d. chronic release of corticosteroids
- e. physiological collapse

Changes in thought:

- a. poor concentration
- b. memory loss
- c. intensive negative thoughts
- d. irritability

Changes in behaviour:

- a. Increased Smoking
- b. Increased Alcohol Consumption
- c. Changes In Diet
- d. Decreased Ability To Cope
- e. Social Withdrawal
- f. Aggressiveness
- g. Impatience
- h. Hyperactivity
- i. Absenteeism

It is also known that people under stress have a greater tendency to engage in unhealthy behaviors, such as excessive use or abuse of alcohol, and drugs, cigarette smoking, and making poor nutritional choices, than their less-stressed counterparts. These unhealthy behaviors can further increase the severity of symptoms related to stress, often leading to a "vicious cycle" of symptoms and unhealthy behaviors.

STRESS MANAGEMENT TECHNIQUES:-

If your methods of coping with stress aren't contributing to your greater emotional and physical health, it's time to find healthier ones. There are many healthy ways to manage and cope with stress, but they all require change. You can either change the situation or change your reaction. When deciding which option to choose, it's helpful to think of the four as: avoid, alter, adapt, or accept.

Strategy #1: Avoid unnecessary stress

Not all stress can be avoided, and it's not healthy to avoid a situation that needs to be addressed.

- Learn how to say "no" - Know your limits and stick to them.
Whether in your personal or professional life, refuse to accept added responsibilities when you're close to reaching them
- Avoid people who stress you out
- Take control of your environment
- Avoid hot-button topics
- Pare down your to-do list - Analyze your schedule, responsibilities, and daily tasks.

Strategy #2: Alter the situation:

If you can't avoid a stressful situation, try to alter it. Figure out what you can do to change things so the problem doesn't present itself in the future. Often, this involves changing the way you communicate and operate in your daily life.

- Express your feelings instead of bottling them up.
- Be willing to compromise
- Be more assertive
- Manage your time better

Strategy #3: Adapt to the stressor:

If you can't change the stressor, change yourself. You can adapt to stressful situations and regain your sense of control by changing your expectations and attitude.

- Reframe problems. Try to view stressful situations from a more positive perspective
- Look at the big picture. Take perspective of the stressful situation. Ask yourself how important it will be in the long run.
- Adjust your standards. Perfectionism is a major source of avoidable stress. Stop setting yourself up for failure by

demanding perfection. Set reasonable standards for yourself and others, and learn to be okay with “good enough.

- Focus on the positive.

Strategy #4: Accept the things you can't change:

Some sources of stress are unavoidable. You can't prevent or change stressors such as the death of a loved one, a serious illness, or a national recession. In such cases, the best way to cope with stress is to accept things as they are. Acceptance may be difficult, but in the long run, it's easier than railing against a situation you can't change.

- Don't try to control the uncontrollable.
- Look for the upside. As the saying goes, “What doesn't kill us makes us stronger.” When facing major challenges, try to look at them as opportunities for personal growth
- Share your feelings
- Learn to forgive.

Strategy #5: Make time for fun and relaxation:

- Set aside relaxation time.
- Connect with others. Spend time with positive people who enhance your life.

- Do something you enjoy every day.
- Keep your sense of humor.

Strategy #6: Adopt a healthy lifestyle:

- Exercise regularly. Physical activity plays a key role in reducing and preventing the effects of stress. Make time for at least 30 minutes of exercise, three times per week. Nothing beats aerobic exercise for releasing pent-up stress and tension.
- Eat a healthy diet.
- Reduce caffeine and sugar.
- Avoid alcohol, cigarettes, and drugs.
- Get enough sleep. Adequate sleep fuels your mind, as well as your body.

Fortinash,(2000)

PART II: STUDIES RELATED TO JOB STRESS:-

STUDIES RELATED TO INCIDENCE, PREVALENCE OF JOB STRESS:

Job stress is something we all face as workers and we all handle it differently. There is no getting around it but not at all stress is bad, and learning how to deal with and manage stress is critical to our maximizing our job performance staying safe on the job, and maintaining on physical and mental health.

Elizabeth scott,(2008) the percentage of American who are extremely stressed at work range between 29-40%.Over half of respondents are so stressed at work that they feel close to or consumed by burnout much.

Orietta Gurrea, (2008) stated that 17% of working women suffering depression could attribute their condition to job stress, compared with 13% of working men with depression in Australia.

American “Integra Survey” (2000) reported that 65% of workers said that workplace stress had caused difficulties and more than 10% described the major effects, 12% had called in sick because of job stress.

Salleh,et.al., (2008) conducted a study on how detrimental is job stress in Malaysian furniture industry and the study results revealed that 35.85% of the respondents feel they are stressful at work.

Madhan Mohan, (2008) prevalence of job strain among Indian foundry shop floor workers were experiencing high job strain, hazardous working conditions, limited decision making authority appeal to be main contributing factors for the higher levels of strain.

Noronha,et.al., (2001) revealed that more than 1/3 of workers had yet not recovered from their economic, social and job related problems.

Sripathy.M and Bhate, et.al., (1990) carried out a retrospective study in Kudremuch field employees in Karnataka and observed the prevalence of psychiatric morbidity among it workers. The Results revealed that the mental morbidity in that industry is not very high, that is 125/1590. Depressive Neurosis is found to be the major psychiatric problem.12% of cases presented as a psychogenic headache, 11% of case had anxiety neurosis, 85% of cases had schizophrenia and other 8% of cases were having manic depressive illness.

Soma sundaram,et.al.,(1979) reported that out of 99 industrial workers referred for psychiatric opinion in a period of 7 month. 40 had Neurosis; they were compared with a control group for social factor. The study indicated that younger age group, single workers, lower income groups, and person coming from large families were more prone to the development of neurosis.

STUDIES RELATED TO SOURCES OF JOB STRESS:

Randall, (2009) According to one theory differences in individual characteristic such as personality and coping style, are best at predicting what stress one person but no another, the theory proposes that certain working conditions are inherently stress as fear of job loss, excessive workload, demands, lack of control or clear directions, poor or dangerous physical working conditions, flexible work hours and conflicting job experiences.

Zielke.M et.al., (2009) Changing demands made by the workplace may be associated with psychomental and socioemotional stresses. Underlying reasons involve work organization and specific work content, as also social relationships at the workplace, the remuneration situation, and the risks related to the occupational biography of the individual. Changes in the workplace-related risks

necessitate further investigations into the work and performance process relevant to the individual case.

Spector paul, et.al.,(2008) Interpretation of observed relation between job stressors and job strain in cross sectional survey revealed that relations between job stressors and job strains, however, work is most cases not affected significantly when prior strains and negative affectivity were controlled for the results suggested that "negative affectivity" measures are subject to occasions factors only on the job. Evidence found that some background factors affected.

Vanroelenc,et.al.,(2009) reported that the occupational stressors contribute five dimensions immaterial demands, physical demands, control over work environment, social relationship at work and employment uncertainty are all significantly related with a least one of the health outcomes-with immaterial demands having the strongest effects.

Akizumi Tsutsumi, (2008) large-scale prospective cohort study on psychosocial job characteristics and depression and the related outcomes in Japanese workers Among Multiple worksites (metal, automobile, electric, other manufacturing and electric power industries). A total of 15438 employed men without history of

psychiatry diseases were followed from 1997 to 2003. Depression cases with sickness absence of ≥ 30 days were registered by the occupational physician. Job characteristics were measured by NIOSH Generic Job Stress Questionnaire. Results showed that men with low job control had significantly higher 95% for depression (RR 2.6; CI 1.2-5.6), role ambiguous and role conflicts were also associated with depression (2.1; 0.9-4.7, and 2.6; 1.2-5.8, respectively). The data suggest that psychosocial job characteristics, in particular low job control, predict depression and the related outcomes.

Chen, W.Q et.al., (2009) to explore the influence of occupational stress on mental health in off-shore oil production. A cross-sectional survey was conducted among 561 Chinese off-shore oil workers. After controlling for age, educational level, marital status and years of off-shore work, poor mental health was found to have a significant positive association with seven of the nine identified sources of occupational stress. They were: conflict between job and family/social life, poor development of career and achievement at work, safety problems at work, management problems and poor relationship with others at work, poor physical environment of the work place, uncomfortable ergonomic factors at work, and poor organizational structure at work. All of these occupational stress sources together explained 19.9% of the

total variance. The results confirmed that occupational stress was a major risk factor for poor mental health among Chinese off-shore oil workers. Reducing or eliminating occupational stressors at work would benefit workers' mental health.

Vijay rao, (2000) conducted study at nuclear level complex Hyderabad to assess the shift workers problem. Effect on personal as well as social life was assessed and clearly demonstration that in there is no significant adverse effects observed in the group as well as shift work.

Gonz ileum, et.al., (2007) conducted a study on contribution of mental workload to job stress in industrial workers of the 95 worker participants, 26.3% presented high level of job stress and 17.9% of the workers were found to present high levels of mental workload. The result showed that working hours, mental demand, temporal demand, and frustration when faced with a given task may be considered risk factors for job stress.

Harada,H et.al.,(2005) conducted a study on three shift system increases job related stress in Japanese workers. The logistics regression analysis revealed that the odd ratios for having one or more stressor items in an unfavorable condition were significantly higher for shift

workers compared to day workers. Study revealed that the 3 shift system of employment increases work related stress, and that job control is low among shift workers.

Dori,B.Reissman, (1999) conducted a study to measure psychological distress and stress inducing work demands after 6 months of rumor about up coming corporate downsizing event. Higher stress levels were seen among older, more educated workers, who had longer company tenure, and role boundary problems, noxious physical environments, and company tenure were retained in the final multivariable model predicting distress level.

Agarwal, et.al.,(1998) evaluated the occupational stress among employees in the technical field. Results shown that the technical and field staff including inspectors experienced a higher level of occupational stress. When as depot management staff expressed at least amount of occupational stress, lack of staff trainings shortage of original space parts, lack of feeling of in policy making are the mediation of occupational stress.

STUDIES RELATED TO IMPACT OF JOB STRESS:

Holmes, (2001) assessed work related stress, the paper reviews the concept of work related stress showing how it's deleterious impact on the work force thus affecting both individual and organizational effectiveness.

Nuttman shwartz, et.al.,(2009)The present study of 134 Israeli women aged 30-45 years aimed to examine how recurrent job loss affected individual women's perceptions of the event and the extent to which it generated emotional stress and psychiatric symptoms. Most of the women perceived job loss as a challenging event and their assessments of job loss had a stronger impact on the development of mental health consequences than did the number of times they had actually been laid off. The more the women perceived job loss as threatening, the more they reported emotional stress and psychiatric symptoms. Conversely, the more they perceived job loss as challenging, the lower their levels of emotional stress. Never-married women were laid-off more, and they reported more mental health symptoms following recurrent job loss than did married women. The findings suggest that perception of job loss as a threatening event might cause mental health problems as results of lay-off.

Inoue.A et.al.,(2009) the study is to investigate the prospective associations of job strain, role stressors, and job security with long term sick leave due to depressive disorder. Results shows that During 5.14 years of follow up on average, 47 incident cases of sick leave of 30 days or more to depression disorders were observed, High job control at baseline was associated with a adjusting for demographic variables, depression symptoms, and neuroticism at baseline, high role ambiguity was associated with the higher risk. Job control and role ambiguity may be important predictors of long term sick leave due to depressive disorder among male employees, independent of depressive symptoms and neuroticism.

Clays E. and De Bacquer, D., (2009) the aim of this study was to explore the prospective relation between job stress and symptoms of depression within a cohort study. Altogether 2821 workers were involved in the longitudinal Belstress study (Belgian) there were two measurements with a mean follow-up time of 6.6 years. Results found that within a population free of high depression scores at baseline, job stress increased the risk of developing high levels of depression symptoms after a mean follow-up time of 6.6 years. Independent associations were found for low decision latitude, high job strain, and isolated strain among women, but not among men. Repeated high job

strain was associated with a more elevated risk of developing high levels of depression symptoms among both the women and the men.

Park,S.G et.al., (2009) study was conducted to investigate the association between depressive symptoms and job stress. Job stress scales reveals the effect for males is job demand, inadequate social support, and lack of rewards, were associated with depressive symptoms, where as for females organizational injustice was associated with depressive symptoms. Results indicate that job stress may play a significant role in increasing the risk of depressive symptoms.

Akizumi Tsutsumi, (2008) large-scale prospective cohort study on psychosocial job characteristics and depression and the related outcomes in Japanese workers Among Multiple worksites (metal, automobile, electric, other manufacturing and electric power industries). A total of 15438 employed men without history of psychiatry diseases were followed from 1997 to2003. Depression cases with sickness absence of ≥ 30 days were registered by the occupational physician. Job characteristics were measured by NIOSH Generic Job Stress Questionnaire. Results shows that men with low job control had significantly higher 95% for depression (RR 2.6; CI 1.2-5.6),role ambiguous and role conflicts were also associated with depression (2.1; 0.9-4.7, and 2.6; 1.2-5.8,respectively). The data suggest that

psychosocial job characteristics, in particular low job control, predict depression and the related outcomes.

Takashi Amagase, et.al.,(2005) conducted study on 22 cases of work related suicide. Results indicated that 27 had experienced personnel changes, such as promotion or transfer, low social support was recognized in 18, high psychological demand in 18, low decision latitude in 17, and long working hours in 19 cases. The subjects had depressive episodes by the ICD-10 criteria and showed that long working hour, heavy workloads, and low social support may cause depression, which can lead to suicide.

Gupta, et.al., (2000) 400 workers were randomly selected in an industry of Jaipur who were administered General health questionnaire and who scored above a pre defined cut off point were administered interpersonal inventory scale and were diagnosed according to ICD-10 found that 14.25% of workers found to be suffering from psychiatric disorders Diagnosis break up showed that 8.25% had dysthymic disorder, 3% Generalized Anxiety disorder, 1 - 25% were having major depression and 0.5% mood disorders. The frequent alcohol users were 40% some factor associated with high mental morbidity including low literacy status, parental deprivations, disturbed interpersonal relationship in the family and perceived job stress.

Ota and Masue, A et.al., (2009) study conducted on psychosocial job characteristics and insomnia among Japanese workers. Results suggests that who were insomniacs at the baseline low social support and effort reward imbalance at the baseline had a significantly relationship to insomnia at the follow up.

De Lange, A.H et.al., (2009) This prospective four-wave study examined (i) the causal direction of the longitudinal relations among job demands, job control, sleep quality and fatigue; and (ii) the effects of stability and change in demand-control history on the development of sleep quality and fatigue. Based on results of a four-wave complete panel study among 1163 Dutch employees, we found significant effects of job demands and job control on sleep quality and fatigue across a 1-year time lag, supporting the strain hypothesis.. Furthermore, our results revealed that cumulative exposure to a high-strain work environment (characterized by high job demands and low job control) was associated with elevated levels of sleep-related complaints. Cumulative exposure to a low-strain work environment (i.e. low job demands and high job control) was associated with the highest sleep quality and lowest level of fatigue. Our results revealed further that changes in exposure history were related to changes in reported sleep quality and fatigue across time. As expected, a transition from a non-

high-strain towards a high-strain job was associated with a significant increase in sleep-related complaints.

Akinori Nakata,(2007)A study to examine the association of job stress with sleep-related breathing disturbance (SBD), a cross-sectional sample of 1940 males aged 17–83 (mean 45) years in 292 small and medium-sized enterprises in Japan were surveyed by means of a self-administered questionnaire. Risk of SBD through job stress was estimated using logistic regression with odds ratios and 95% confidence intervals as measures of association. Prevalence of study-defined SBD was 6.7%. Participants who perceived the lowest level of social support from supervisors, and highest levels of job future ambiguity, interpersonal conflict at the workplace, job dissatisfaction, variance in workload, and quantitative workload had significantly increased risk of SBD after adjusting for potential confounders. High depressive symptoms, as measured scores of 16 or higher, were also significantly associated with increased SDB. Results also indicate that job stress should be considered when evaluating SBD in occupational and clinical settings.

Nakata.A et.al.,(2008) study on perceived psychological job stress and sleep bruxism among male, female workers. Results indicated that overall 30.9% of males and 20.2% females reported sleep bruxism. In male workers with low social support from superiors, or from colleagues, and high depressive symptoms had a significantly increased risk of sleep bruxism, no significant association was found in females.

Nishitani.N et.al., (2009) study conducted on eating behaviour related to obesity and job strain in male Japanese workers. Results stated that obesity was associated with eating behaviours such as eating to safety, eating fast and substitution eating from irritability. These eating behaviours were related to high job demands of quantitative workload. The eating behaviours were also correlated with psychological stress responses to fatigue, tension, anxiety, and depression, which were associative with quantitative workload. Increased workplace stress from job strain may affect the workers through eating behaviours to eat a lot that contribute to obesity.

Peretti watel, et.al., (2009) study on working condition, job dissatisfaction and smoking behaviours among workers. Result suggest that subjects who reported strong dissatisfaction toward unhealthy working conditions also reported more frequently current smoking,

tobacco dependence, potential alcohol dependence and perceived stress. After adjusting for demographic confounders, perceived working conditions and job dissatisfaction remained with smoking and tobacco dependence.

Andrew Steptoe, et.al.,(2008) The effects of workload in psychological well being, cortisol, smoking and alcohol consumption were examined, results suggests that salivary cortisol was universally associated with job strain and did not vary across sessions, females but not male smokers consumed more cigarette's during periods of long working hours, and self reported smoking and nicotine concentration were greater among smokers with higher nicotine dependency scores. Men but not women with poor social supports consumed more alcohol as work hours lengthened. These data indicate that health behaviours are affected only to a limited extent by variation in workload.

Melvin Chagas Silva, et.al.,(2003) The study to describe the prevalence and associations of hazardous drinking in a male industrial worker population in India. A total of 984 subjects from a randomly selected sample of 1013 workers from four industries in Goa, India, were recruited. Interviews included the 10-item Alcohol Use Disorders Identification Test as an indicator of hazardous drinking and the 12-item General Health Questionnaire as a measure of common mental

disorders. Results found that the prevalence of hazardous drinking, defined as an AUDIT score of more than 8 was 21%. There was a significant association with CMD. Hazardous drinking was significantly associated with severe health problems, such as head injuries and hospitalization, whereas CMD was found to be a confounder in its association with adverse economic outcomes. Hazardous drinking is common among male industrial workers in Goa. Interventions in the workplace must target both drinking problems and CMDs, since they often co-exist and are associated with different types of adverse outcomes.

Ames, G.M et.al., (2000) An empirical study to find the relationship of drinking and hangovers to workplace problems. Analysis indicates that overall drinking, heavy drinking outside of work, drinking at or just before work and coming to work hangover were related to the overall number of work problems experienced by respondents as well as to specific problems such as conflicts with supervisors and falling asleep on the job. Work-related drinking and hangovers may have important implications for the productivity, safety and quality of working life. Characteristics of the work environment, along with personal demographic factors, influence work-related drinking.

Tsutsumi, A et.al.,(2009) conducted a study on “occupational stress and risk of stroke”. Results revealed that more than 2-fold increase in the risk of total stroke among men with strain (combination of high job demand and low job control) compared with counterpart men with low strain results shows that no significant differences were found for any stroke incidence among women’s, occupational stress related to job strain was associated with incident strokes among men.

Krisztina, et.al.,(2008) A nation wide representative survey on work related stress factors and menstrual pain among women’s aged 18-55yrs. Results found that 15.5% of women reported to experience menstrual pain that limits their daily activities. Low job control, low co-worker support and low job security were found to be associated with a higher risk for menstrual pain even after controlling for the effect of age, educational attainment, parity status, smoking, body mass index and treatment for gynecological problems.

Block, J.P et.al., (2009) the associations of psychosocial stress with weight gain may have important implications for clinical practice and workplace and public health interventions. To determine whether multiple domains of psychosocial stress were associated with weight gain from 1995 to 2004, the authors analyzed a nationally representative

longitudinal cohort of 1,355 men and women in the United States. Change in body mass index was assessed for multiple domains of psychosocial stress related to work, personal relationships, life constraints, and finances, controlling for other factors associated with weight gain. Among men with high baseline body mass index, weight gain was associated with increasing levels of psychosocial stress related to job-related demands, lack of skill discretion, lack of decision authority, and difficulty paying bills. Among women with high baseline body mass index, weight gain was associated with job-related demands for interaction with baseline body mass index), perceived constraints in life strain in relations with family ,and difficulty paying bills .Interventions to address psychosocial stress may limit weight gain among overweight and obese men and women.

Bunker, S.J et.al.,(2003) stated that the increased risk contributed by these psychological factors (job demands and strains, dissatisfaction) is of similar order to the more conventional coronary heart disease risk factors such as smoking, dyslipidemia and hypertension. The identified psychological risk factors should be taken into account during the individual risk assessment and management.

California Utility Company (2001) reported that men between the ages of 40 and 60 who reported high job stress, had a 36% chance of having signs of Atherosclerosis in their carotid arteries. Only 21% who reported low job stress had signs of Atherosclerosis.

Chen, W et.al.,(2005) study on impact of occupational stress and other psychosocial factors on musculoskeletal pain among Chinese workers. The prevalence of musculoskeletal pain over the previous 12 months varied between 7.5% for elbow pain and 32% for low back pain; 56% workers had at least one complaint. Significant associations were found between various psychosocial factors and musculoskeletal pain in different body regions after adjusting for potential confounding factors. Occupational stressors, in particular stress from safety, physical environment, and ergonomics, were important predictors of musculoskeletal pain, as was coping by eating behaviour.

PART III- STUDIES RELATED TO EFFECTIVENESS OF PROGRESSIVE MUSCLE RELAXATION TECHNIQUE ON STRESS:-

Mark Bobella, (2004) had stated that exercise is an excellent method for reducing stress, especially in short term. Exercises are the first step of mental health with a regular routine which relieves stress, promotes self esteem and coping, in enhancing immune function.

De macro sinata, (2000) had conducted a study to assess the relaxation training as a holistic nursing intervention. Relaxation technique can be employed by nurses to reduce the negative effects of stress, illness and surgery while promoting healing and self efficacy. Holistic nursing approach supports an innovative model of caring for nursing practice.

Dr.Gurumurthy, (2004) had stated that exercise promotes well being and overall quality of one's life. Exercise reduces the blood pressure and helps to overcome the stress and fatigue. It promotes clarity of thought, creativity and problem solving skills.

Coach Yip,(2009)stated that the progressive muscle relaxation techniques offer a good foundation or pathway where individual can use it to initiate the body relaxation, then transferring this relaxation state into Taichi practice where it can further be used to achieve both mind and body relaxation and lastly to habituate it into daily activities.

Agee,JD et.al.,(2009) this study sought to compare a five-week mindfulness meditation (MM) course to a five-week course that taught progressive muscle relaxation (PMR). Forty-three adults from the community were randomly assigned to either MM (n = 19) or PMR (n = 24). Mindfulness meditation participants practiced meditation

significantly more often than PMR participants practiced relaxation during the intervention period. Although there were no differences between groups on any of the primary outcome measures, across both treatment conditions there were statistically significant reductions from pretreatment to post treatment in general psychological distress.

Bradley, B.W et.al., (2009) Forty-eight male subjects with no previous meditative experience engaged in either progressive relaxation (PR), a meditative treatment designed to induce the relaxation response (RR), or a no-treatment control experience (C) during four sessions on consecutive days. Negative expectations regarding the effectiveness of each technique for reducing physiological responses to stress were induced for half of the subjects in each treatment condition, and positive expectations were induced for the other half. Subjects viewed a stressful film following practice of their technique during the first and fourth sessions. Heart rate and electro dermal responding were recorded continuously during practice of the techniques and during the stressful film throughout the first and fourth sessions. Results indicated lowered heart rate levels prior to the film for subjects in the PR-positive expectancy condition and during the film for subjects in the RR-positive expectancy condition. It is suggested that subjects' expectancies concerning meditation may affect cardiovascular responding during

stress, although meditative treatments in general do not appear to reduce stress responding as effectively as previously suggested.

Archana khanna, et.al.,(2007) a study to compare the effectiveness of GSR biofeedback training and progressive muscle relaxation training in reducing blood pressure and respiratory rate among highly stressed individuals, Amritsar, India. Out of the 120 females, only those whose anxiety scores were greater than 40 and percentile greater than 70 were selected for the study. Ultimately, 30 highly stressed females with high anxiety scores, who were free from any ailments and not undergoing any kind of medication treatment were chosen for the study. Of these subjects, 20 were randomly assigned to one of the two training groups: GSR biofeedback training and PMR training. The remaining 10 subjects were taken as control. The training was provided for 20 min daily for 10 consecutive days only group 1 showed significant reduction in post training values of respiratory rate on day 10 as compared to day 1. Statistically significant differences were observed on intercrop comparison between GSR biofeedback and control group ($t = 2.79$) and between PMR and control group ($t = 3.19$). Present study has shown PMR training to result in significant decrease in blood pressure whereas GSR biofeedback training showed a decrease in respiratory rate. Both techniques are

simple and easy to use. These can be well adopted by people who face stressful work conditions.

Yoon Bok Hann, et.al.,(2007) assess the effectiveness of the thermal biofeedback training combined with the progressive muscle relaxation then treatment of patients with essential hypertension, blood pressure decline was measured on the treatment group who had thermal biofeedback and progressive muscle relaxation training, and on the control group who had only the progressive muscle relaxation training. A significant decline of the systolic and diastolic pressure was observed in the treatment group.

Prabhu,K., (2006) A study to assess the effectiveness of progressive muscle relaxation on stress and coping among single old age men in Chevayur. Results suggested that in post intervention, among 60 samples 25(41.5%) had less stress and adequate coping, 35(58.3%) had moderate stress, none of them had increased stress and inadequate coping. The data implies that the effectiveness of progressive muscle relaxation in single old age men was highly significant.

Laura,A et.al., (2005) study on the impact of abbreviated progressive muscle relaxation on salivary cortisol and salivary

immunoglobulin A (sIgA). Members of age- and gender-matched undergraduate student pairs were randomly assigned to an experimental or control group. Forty-one experimental subjects were led through Abbreviated Progressive Relaxation Training (APRT) during a 1-h laboratory session; 14 control subjects merely sat quietly in the laboratory for an equal amount of time. All subjects provided pre- and post-intervention saliva samples and self-report data on state anxiety, perceived stress, and relaxation levels. Heart rate was also monitored immediately before and after APRT or quiet sitting. Results indicated that a brief relaxation exercise led to experimental subjects having significantly lower levels of post-intervention salivary cortisol and significantly higher levels of post-intervention sIgA concentration and secretion rate than control subjects. The data suggest that relaxation training may play a role in immunoenhancement.

Ghoncheh, S et.al.,(2004) This study compared the psychological effects of progressive muscle relaxation (PMR) and yoga stretching (hatha) exercises. Forty participants were randomly divided into two groups and taught PMR or yoga stretching exercises. Both groups practiced once a week for five weeks and were given the Smith Relaxation States Inventory before and after each session. PMR displayed higher levels of relaxation states (R-States) Physical

Relaxation and Disengagement at Week 4 and higher levels of Mental Quiet and Joy as a post training aftereffect at Week 5. Results suggest the value of supplementing traditional somatic conceptualizations of relaxation with the psychological approach embodied in ABC relaxation theory.

Malcolm, R.J et.al.,(2003) The purpose of this study was to determine whether a relaxation intervention (Abbreviated Progressive Muscle Relaxation Therapy, APRT) that has been shown to significantly reduce stress levels in normal, healthy adults would also benefit an night eating syndrome sample. A total of 20 adults with NES were randomly assigned to either a relaxation training (APRT) or a Control (quietly sitting for the same amount of time) group, and all subjects attended two laboratory sessions 1 week apart. Pre- and post session indices of stress, anxiety, relaxation, and salivary cortisol were obtained, as well as Day 1 and Day 8 indices of mood. Food diaries and hunger ratings were also obtained. The results indicated that 20 min of a muscle relaxation exercise significantly reduced stress, anxiety, and salivary cortisol immediately post session. After practicing these exercises daily for a week, subjects exhibited lowered stress, anxiety, fatigue, anger, and depression on Day 8. APRT was also associated with significantly higher a.m. and lower p.m. ratings of hunger, and a trend of both more

breakfast and less night-time eating. These data support the role of stress and anxiety in NES and suggest that practicing relaxation may be an important component of treatment for this condition.

Pawlow, et.al.,(2002) study conducted on abbreviated progressive muscle relaxation on salivary control. Result suggests that subjects in the experimental group had significantly lower heart rate, state anxiety, perceived stress and salivary control, than control subjects, reported higher levels of relaxation.

Matsumoto,M et.al.,(2001) This study compared the psychological effects of Progressive Muscle Relaxation (PMR) and breathing exercises. Forty-two students were divided randomly into two groups and taught PMR or breathing exercises. Both groups practiced for five weeks and were given the Smith Relaxation States Inventory before and after each session. PMR practitioners displayed greater increments in relaxation states (R-States) Physical Relaxation and Disengagement, while breathing practitioners displayed higher levels of R-State Strength and Awareness. Slight differences emerged at Weeks 1 and 2; major differences emerged at Weeks 4 and 5. A delayed and potentially reinforcing aftereffect emerged for PMR only after five weeks of training--increased levels of Mental Quiet and Joy.

Van Der Klink, (2001) this quantitative meta-analysis sought to determine the effectiveness of occupational stress-reducing interventions and the populations for which such interventions are most beneficial. Four intervention types were distinguished: cognitive-behavioral interventions, relaxation techniques, multimodal programs Biofeedback was the least frequent technique used in work settings and also seemed to be the least effective technique. Meditation produced the most consistent results across outcome measures but was used in only six studies. In general, studies using a combination of techniques (e.g., muscle relaxation plus cognitive-behavioral skills) seemed to be more effective across outcome measures than single techniques.

Scheufele, (2000) had conducted a study on the effect of the progressive muscle relaxation on measurement of attention, relaxation and stress response. With 67 male volunteers, were exposed to stress manipulation condition and then to a progressive muscle relaxation, music, attention control and silence. Results reveal that all four groups showed a reduction in physiological arousal following their relaxation or control condition, as well as decreased heart rate. However progressive muscle relaxation resulted in the greatest effects on behavioural and self report measures of relaxation.

Youngshin Kim, (2008) study was to investigate the effects of two music therapy approaches, improvisation-assisted desensitization, and music-assisted progressive muscle relaxation and imagery on ameliorating the symptoms of music performance anxiety (MPA) among student pianists. Thirty female college pianists were randomly assigned to one of two conditions: All participants received 6 weekly music therapy sessions according to their assigned group. Two lab performances were provided; one before and one after the 6 music therapy sessions, as the performance stimuli for MPA. Participants' finger temperatures were also measured. When results of the music-assisted PMR and imagery condition were compared from pretest to posttest, statistically significant differences occurred in 6 out of the 7 measures—MPA, tension, comfort, STAI, MPAQ, and finger temperature, indicating that the music-assisted PMR and imagery treatment was very successful in reducing MPA. For the improvisation-assisted desensitization condition, the statistically significant decreases in tension and STAI, with increases in finger temperature indicated that this approach was effective in managing MPA to some extent.

William Rhenen, et.al., (2003) conducted a study on the effect of a cognitive and physical stress reducing programme on psychological complaints. One programme was a cognition focused programme, the

other was a newly developed intervention in which physical exercise and relaxation were combined. From a working population engaged in a periodic health check up, employees above a minimum stress level were randomly selected. Results found that both intervention revealed a positive impact on psychological complaints, burn out and fatigue, both at short term and at 6 month follow up. Clinical significance of the effects indicated that 50% of the employees with psychological complaints who participated in the physical intervention and 60% of the employees in the cognitive intervention improved and returned to functioning within normal range both in short term and in the long term at 6 months. The data indicate that intervention were equally effective on psychological complaints, burn out and fatigue.

CHAPTER – III

METHODOLOGY

This Chapter of Research Methodology is a way to systematically solve the research problems. It includes the step of process and strategic for valid reliable data for the study. It includes the research approaches, research design, sampling and selection, research settings and data analysis.

RESEARCH APPROACH:

An evaluative approach was used for the study to determine the effectiveness video assisted teaching programme on progressive muscle relaxation technique to reduce stress among cotton mill workers.

RESEARCH DESIGN:

Quasi experimental; one group pre test and post test design.
Which is represented below,

Groups	Pretest	Intervention	Post test
I	O ₁	X	O ₂

The symbols used:

- O₁ - Collection of demographic data. Pretest assessment of level of stress among cotton mill workers.
- X - Video assisted teaching programme on progressive muscle relaxation technique.
- O₂ - Post test done to assess the level of stress among cotton mill workers

RESEARCH SETTINGS:

The study was conducted in Vishnuram Textiles Limited located in kalikkampatty, Dindigul District, approximately 5 Km from Dindigul and totally 200 employee's are working in this Industry. It consists of 5 departments such as Blow room, winding, spinning, guarding, and cone Winding. The duty hours are divided into 3 shifts with 8hours, timings 6am-2 pm, 2 pm-10 pm, 10 pm-6 am, on the whole 50 persons per shift, 15 persons are working per shift in each department.

POPULATION:

The population of the study was the cotton mill workers who are working in selected industries.

SAMPLE:-

Sample constitutes of workers who were working in Vishnuram textiles, Dindigul.

CRITERIA FOR SAMPLE SELECTION:**Inclusion Criteria:**

- Workers who are aged between 20 –40 Years.
- Both male and female workers.
- Workers who are available during data collection period.

Exclusion Criteria:

- Workers who are on Leave.
- Workers who are not willing to participate.

SAMPLE SIZE:

The sample size comprised of 60 members who are working in the cotton mill.

SAMPLING TECHNIQUE:

Stratified random sampling technique was used in this study. There are five departments. Each department is considered as one stratum. From each department, four subjects were selected in the morning shift, four subjects in the afternoon shift by using lottery method.

INSTRUMENTS AND SCORING PROCEDURE:-

a) Description of the Instrument

Part I:

It consists of Demographic Variables such as age, sex educational status, Marital status, monthly income, religion, area of residence, type of family, years of experience, type of placement.

Part II:

Through structured interview schedule modified job stress inventory was used to assess the level of Stress by Arbor Employee Assistance, Omaha. It consists of rating scale, which has 5 responses such as never, occasionally, some what often, frequently, and almost always.

b) Scoring Procedure and Interpretation:

Five point rating scale was used to assess the level of stress among cotton mill workers. It consists of 65 questions. Total score is 260.

0 = Never

1 = Occasionally

2 = somewhat often

3 = Frequently

4 =Almost always

LEVEL OF STRESS	SCORES	PERCENTAGE
mild	Below 86	0-33%
moderate	87-172	34-66%
severe	173-260	67-100%

VALIDITY AND RELIABILITY:

Validity:

The validity of tool was established in consultation with experts, psychiatrists, community medicine, psychiatric nursing experts. The tool was modified according to the suggestions and recommendations of the experts and finalized.

Reliability:

The reliability of the tool was established by the test retest method the Karl Pearson co-efficient formula was used to find out the stability of the tool and found to be reliable ($r=0.91$).The split half method, the Spearman's Browns Prophecy Formula was used to find out the internal consistency of the tool and found to be reliable ($R=0.90$).

PILOT STUDY:

Pilot study was conducted for a period of two weeks in Dharani textiles at Vadamadurai. The investigator obtained written permission from the manager prior to the study. The researcher introduced about the study to the workers and established rapport with them and demographic variables were collected. 10 workers were selected by using stratified random sampling technique that satisfies the inclusion criteria. The level of stress was assessed by using structured interview schedule using rating scale. Immediately after pretest video assisted teaching programme on progressive muscle relaxation technique was given in the form of group teaching in a common place by using laptop for 30 minutes. The effectiveness was assessed on 15th day by using same interview schedule.

The mean value of post test level of stress (46.8) was lower than the mean value (118.5) of the pretest respectively. It showed that video assisted teaching programme on progressive muscle relaxation technique was effective. After the pilot study it was found to be feasible and practicable to conduct the main study.

DATA COLLECTION PROCEDURE:-

The study was conducted at Vishnuram Textiles, Kalikkampatty in rural area of Dindigul. Before conducting the study, written permission was obtained from Manager. The data was collected in the month of August. The verbal consent was obtained from the participant. The cotton mill workers were selected as subjects using stratified random sampling technique. There are five departments (blow room, winding, spinning, guarding, cone winding,). In first week the investigator collected the data from 8 workers per day; 4 workers in the morning and 4 workers in the afternoon shift in one department. Pre test was conducted in the time period of 20 mts for each sample. After pretest, on the same day video assisted teaching programme on progressive muscle relaxation technique was given to a group of four cotton mill workers for 30minutes. In the second week, 4 workers were selected in the morning shift, the pre test and intervention was given. Intervention was given at 2.00-2.30 P.M for morning shift; 4.30-5.00 P.M for afternoon shift. Post test was conducted on the 15th day. The time period for data collection was 8-5 pm. The data were analyzed using statistical measurements.

PLAN FOR DATA ANALYSIS:

Descriptive and inferential statistics were used for data analysis.

Data analysis	Method	Purpose
Descriptive Statistics	Frequency, Percentage, Mean, Standard Deviation.	To describe the demographic variables of common mill workers To assess the level of pre test and post test stress scores
Inferential Statistics	Paired 't' test Chi square test	To evaluate the effectiveness of video assisted teaching programme between pre test and post test stress scores To find the association between post test stress scores with their selected demographic Variables.

PROTECTION OF HUMAN SUBJECTS:

The study was performed after getting approval from the Dissertation Committee. The written permission was obtained from the General Manager of Vishnuram textiles, Dindigul. The oral consent was obtained by the researcher from the subjects before data collection. Assurance was given to them that confidentiality will be maintained.

CHAPTER IV

DATA ANALYSIS AND INTERPRETATION

This chapter deal with the analysis and interpretation of the data collected to assess the effectiveness of video assisted teaching programme on progressive muscle relaxation technique to reduce stress among cotton will workers.

The Analysis of data collected from 60 cotton mill workers to assess the effectiveness of video assisted teaching programme on progressive muscle relaxation technique to reduce stress.

The Data has been tabulated and organized as follows.

SECTION - A: Description of the sample according to their Demographic variables.

SECTION - B: Comparison of pre and post test stress scores among Cotton mill workers.

SECTION -C: Association between post test stress scores among Cotton mill workers with their selected Demographic variables.

SECTION -A

Table -1: Frequency and Percentage distribution of cotton mill workers according to their demographic variables.

n=60

S.No	Demographic Variables	Frequency	Percentage %
1.	Age (in years)		
	a. 20-25	13	22
	b. 25-30	4	6
	c. 30-35	15	25
	d. >35	28	47
2.	Sex		
	a. Male	32	53
	b. Female	28	47
3.	Educational Status		
	a. No formal education	7	12
	b. Primary education	38	63
	c. Secondary education	13	22
	d. Graduate	2	3
4.	Marital Status		
	a. Married	51	85
	b. Unmarried	7	12
	c. Widow	2	3
5.	Monthly Income		
	a. < Rs. 1,500	4	6
	b. Rs.1,500 – 3,000	24	40
	c. Rs.3,000 – 4,500	7	12
	d. > Rs.4,500	25	42

6.	Religion :- a. Hindu b. Christian	47 13	78 22
7.	Area Of Residence a. Urban b. Rural	7 53	12 88
8.	Type Of family a. Nuclear b. Joint	43 17	72 28
9.	Years Of Experience a. <1 Yr b. 1-5 yrs c. 5-10 yrs d. >10 yrs	11 13 8 28	18 22 13 47
10.	Type Of Placement a. Temporary b. Permanent	34 26	57 43

Table 1 showed the distribution of demographic variables age, sex, educational status, marital status, monthly income, religion, area of residence, type of family, years of experience and type of placement.

Distribution of cotton mill workers according to their age group depicts that the highest percentage 47%(28) of workers were in the age group of > 35 years, where as 25% (15) were in the age group of 30-35 yrs and 20%(13) were in the age group of 20-25 yrs. Only 6 % (4) of

workers in the age group of 25-30 yrs. It shows that most of the workers were above > 35 yrs of age. (Fig: 2).

The highest percentage 53 %(32) of workers were male and 47 %(28) of workers were female. (Fig:3).

The highest percentage 63%(38) of workers had primary education, 22%(13) of workers had secondary education and 12%(7) of workers had no formal education. Only 3%(2) of workers were graduate. It shows that most of the workers had primary education. (Fig:4).

The majority 85%(51) of workers were married, where as 12%(7) were unmarried. Only 3%(2) were widowers. It shows that most of the workers were married. (Fig: 5).

The highest percentage 42%(25) of workers belongs to income group of >4500, where as 40%(24) were belongs to income group of Rs. 1500-3000, however 12%(7) were belongs to the income group of 3000-4500 and only 6%(4) of them belongs to income group < 1500. It shows that most of the workers were belongs to the income group above 4500. (Fig:6).

The majority 78%(47)of workers were Hindu, where as 22%(13) of them were Christian. It shows that the most of the workers were belongs to Hindu Religion. (Fig: 7).

The majority 88%(53) of workers were from rural area, where as 12%(7) of workers were from urban area. It shows that the most of the workers were from rural area because the cotton mill is located in rural area. (Fig: 8).

The highest percentage 72%(43) of workers belong to nuclear family, 28%(17) belong to joint family. It shows that, three fourth of the workers belong to nuclear family. It may be due to that, now days the joint family system is changing in to nuclear family in India. (Fig: 9).

The highest percentage 47%(28) of workers had > 10yrs of experience, where as 22%(13) of workers had 1 -5 yrs of experience. However 18%(11) of workers had <1yr of experience and 13%(8) had 5- 10yrs of experience. It shows that, around half of the workers had >10yrs of experience. (Fig: 10).

The highest percentage 57%(34) of workers were temporary employees and 46 %(26) were permanent employee. (Fig: 11).

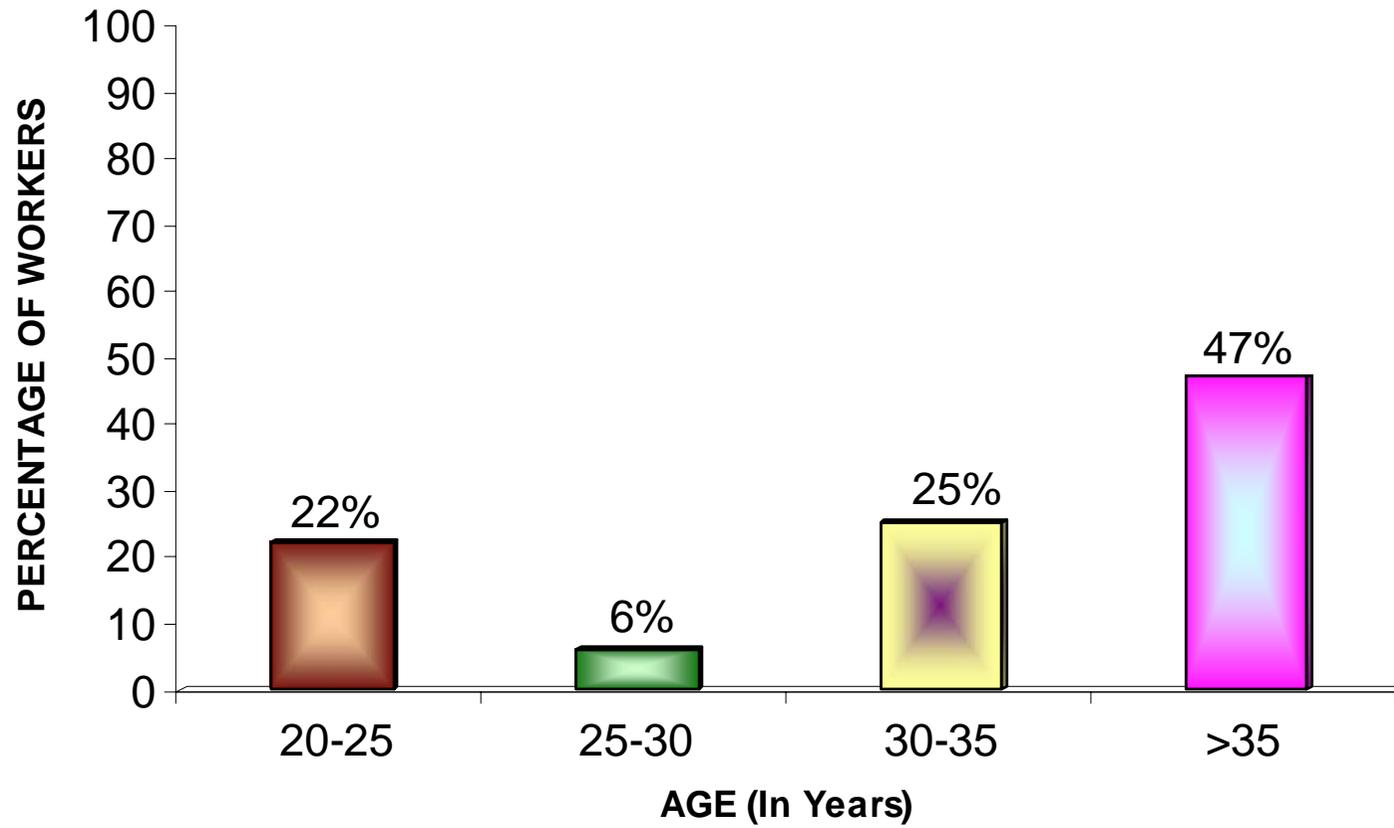


Fig: 2 Percentage distribution of cotton mill workers according to their age

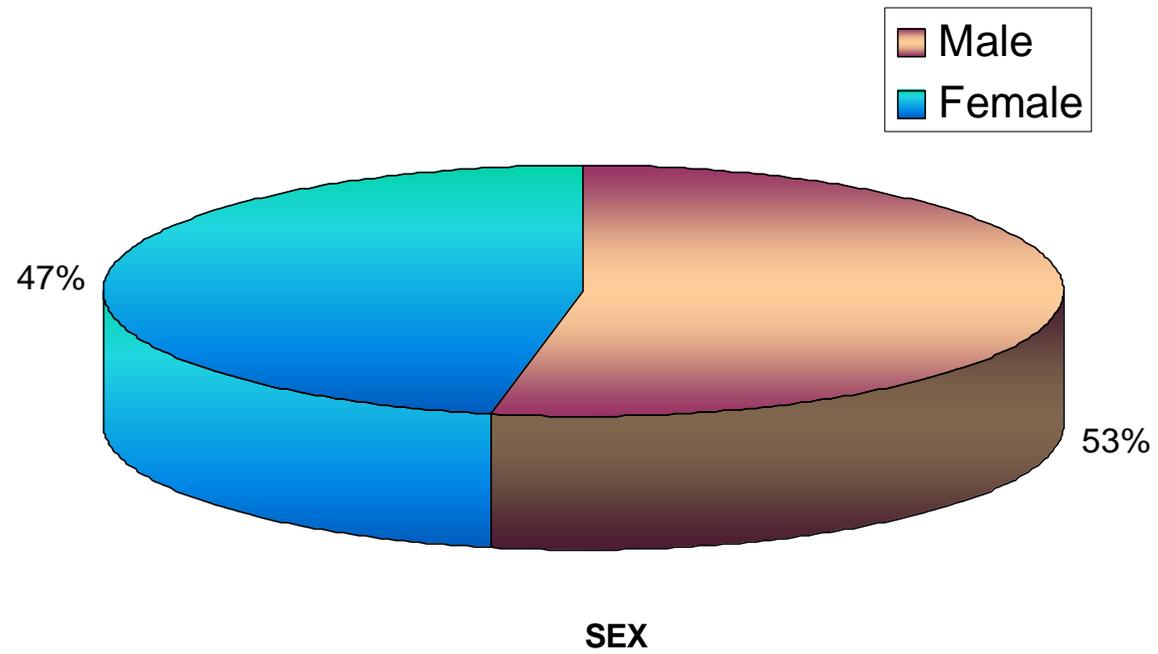


Fig: 3 Percentage distributions of cotton mill workers according to their sex

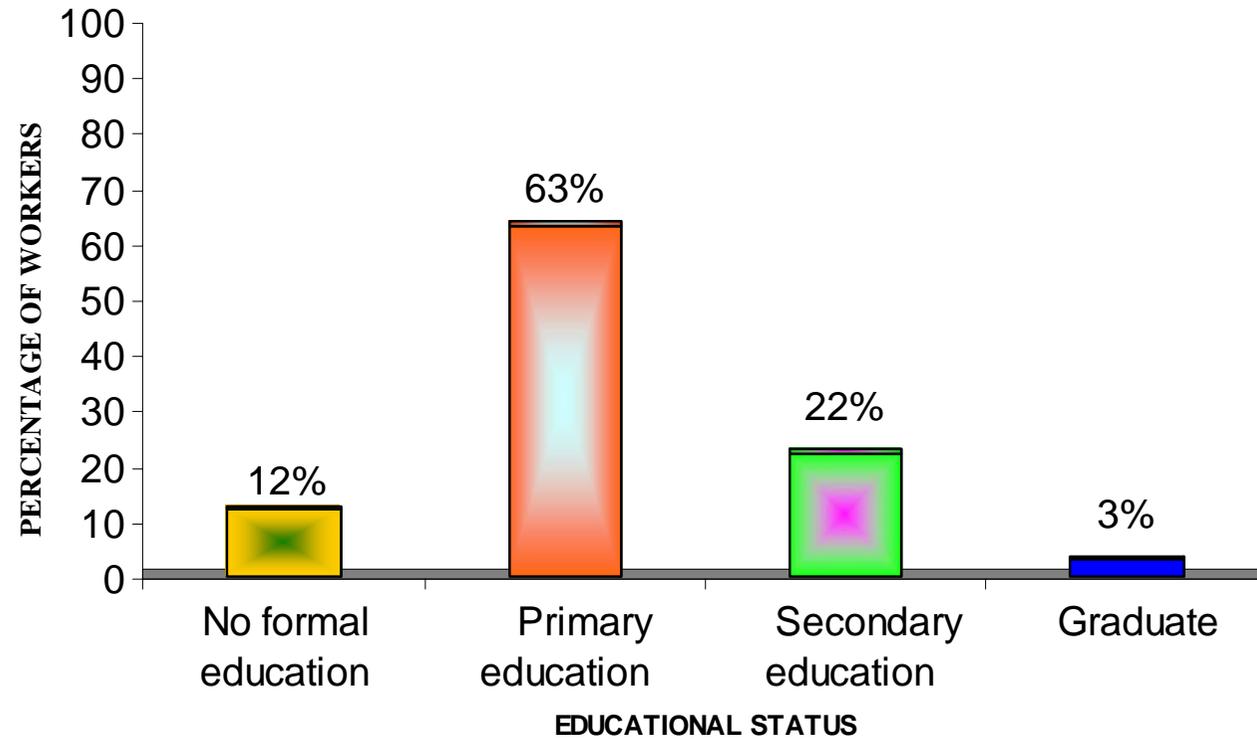


Fig: 4 Percentage distribution of cotton mill workers according to their Educational Status

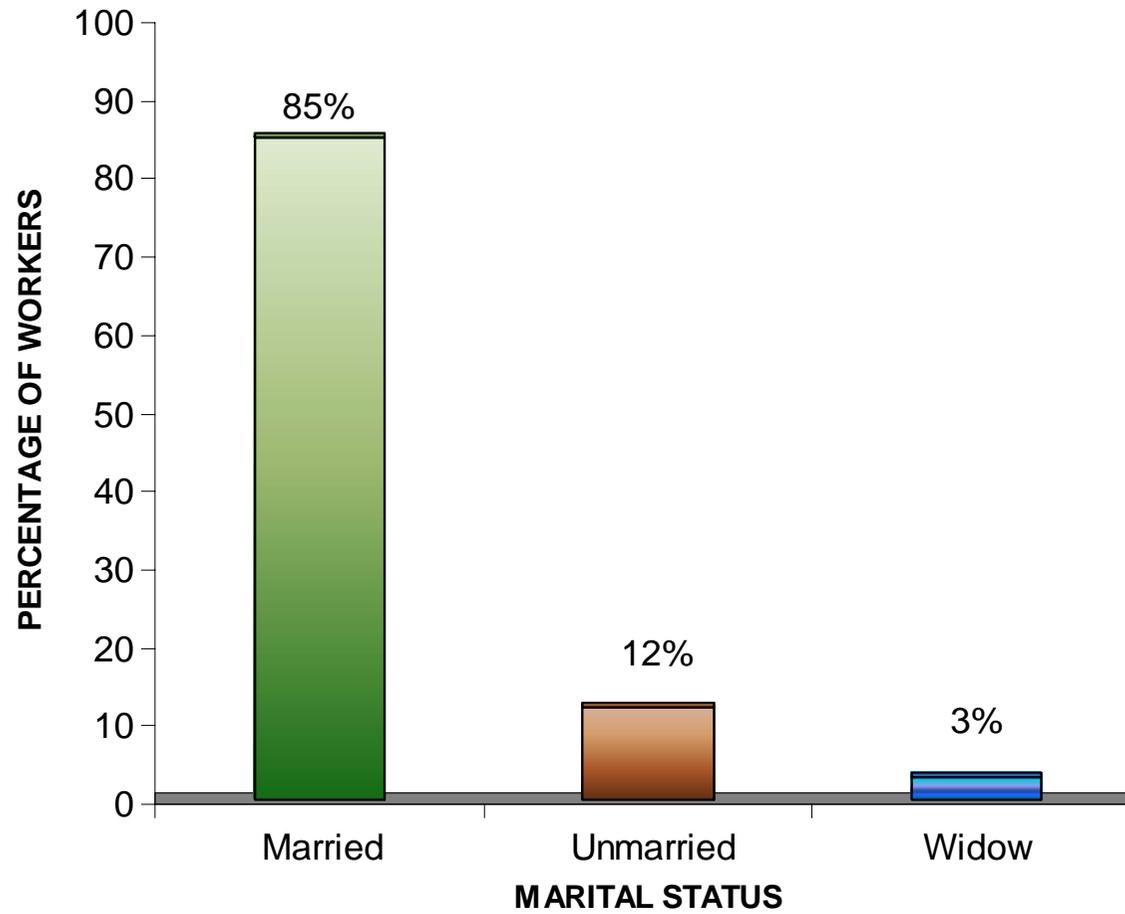


Fig: 5 Percentage distribution of cotton mill workers according to their Marital Status

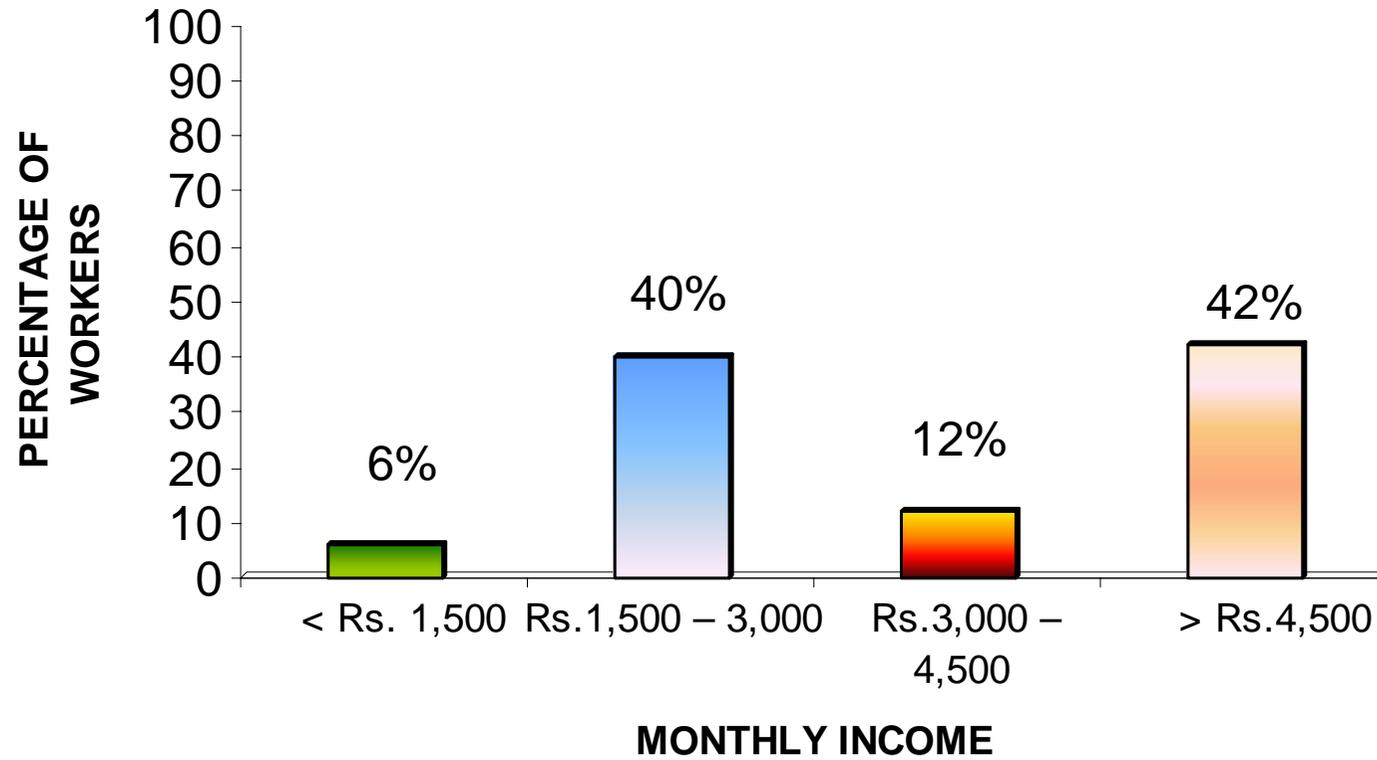


Fig : 6 Percentage distribution of cotton mill workers according to their Monthly Income

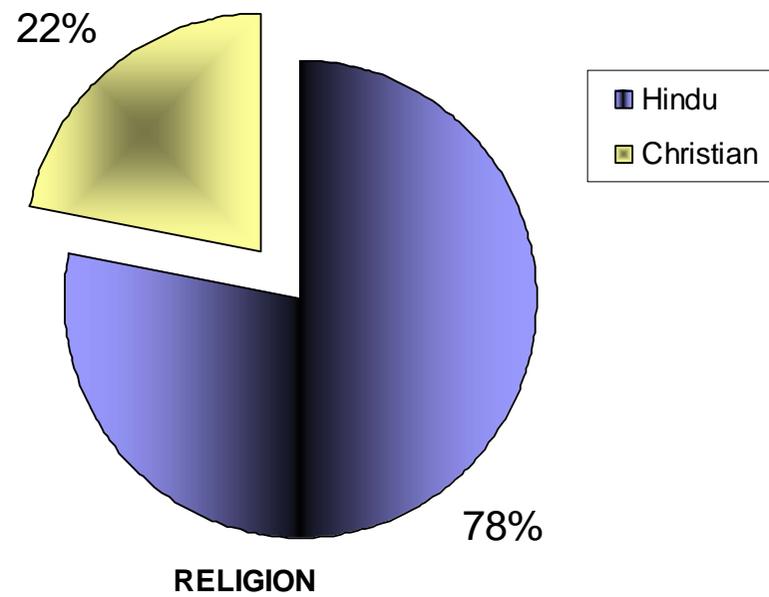


Fig: 7 Percentage distribution of cotton mill workers according to their Religion

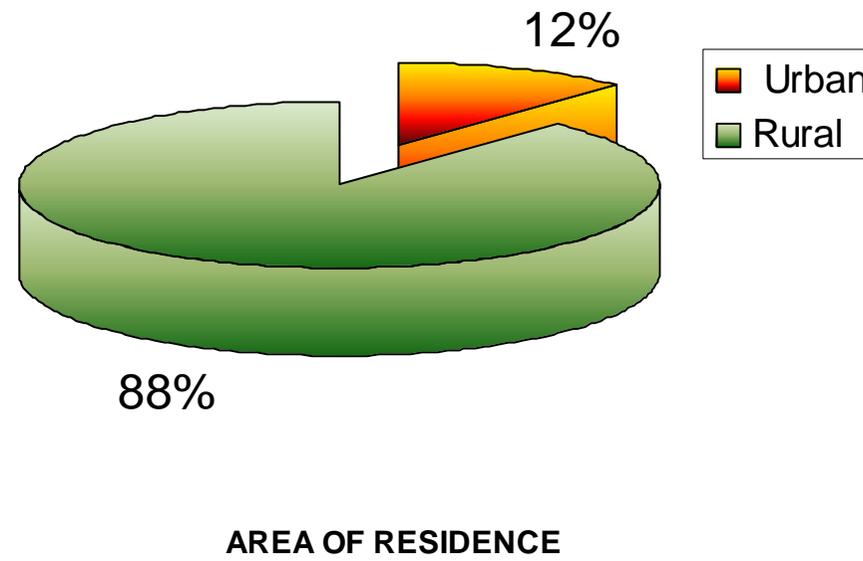


Fig:8 Percentage distribution of cotton mill workers according to their Area of Residence

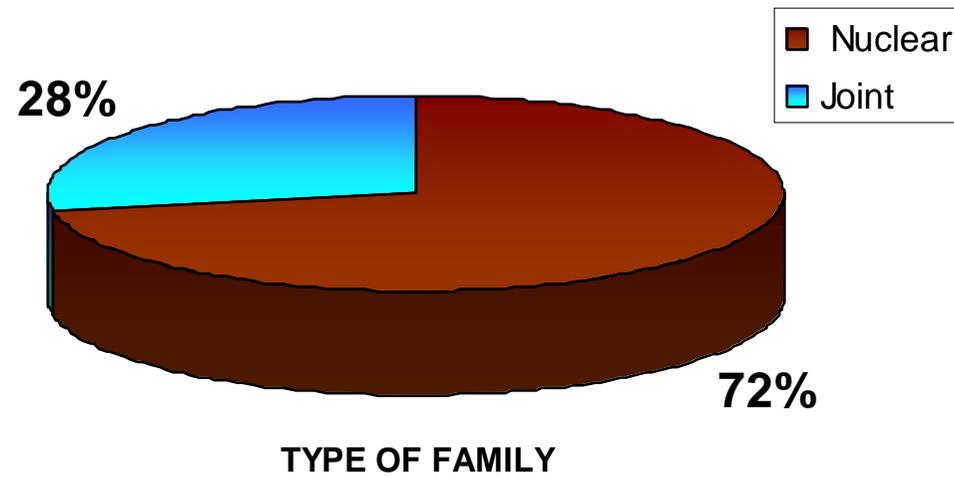


Fig.:9 Percentage distribution of cotton mill workers according to their Type of family

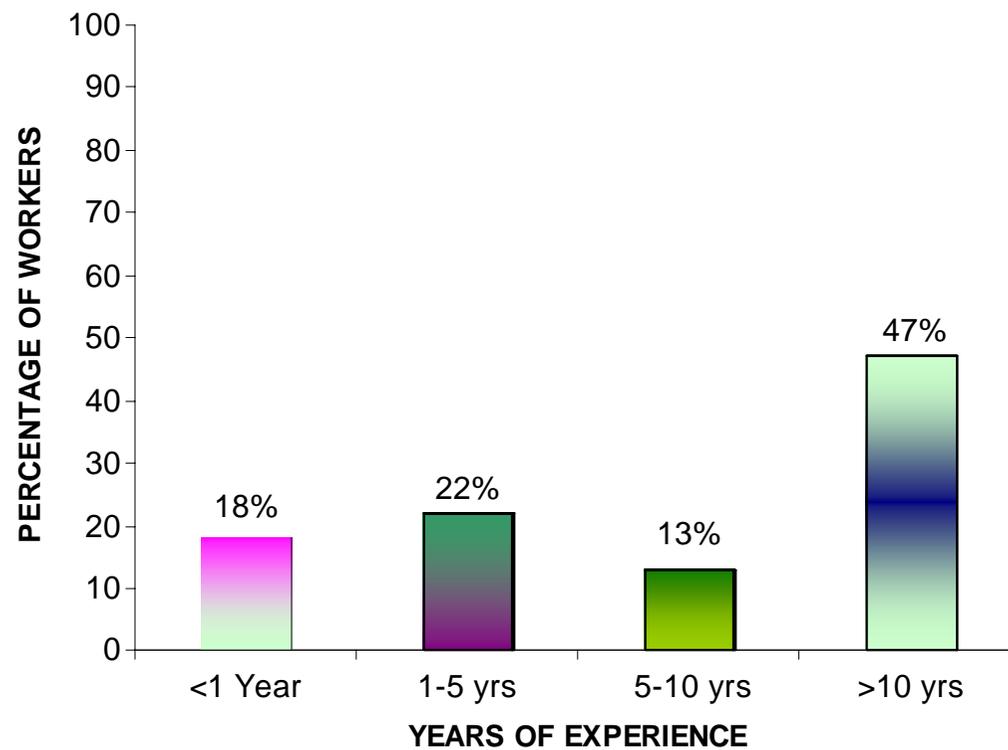


Fig : 10 Percentage distribution of cotton mill workers according to their Years of experience

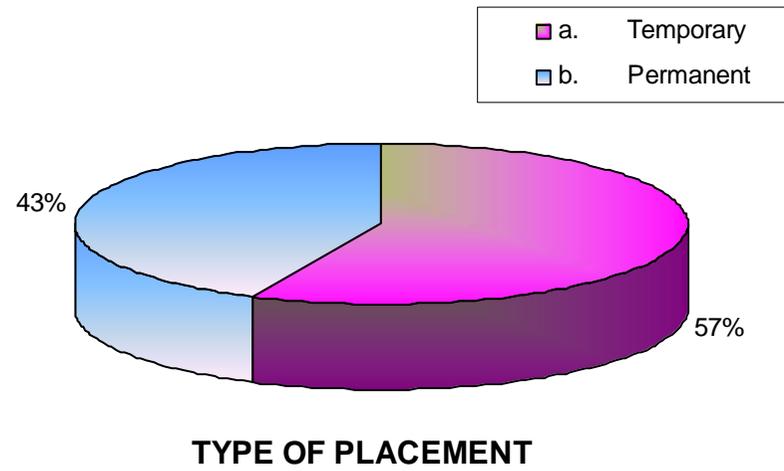


Fig : 11 Percentage distribution of cotton mill workers according to their Type of Placement

SECTION-B

Table-2

Comparison of pre and post test stress scores of cotton mill workers.

n=60

Level of stress	Pre test		Post test	
	Frequency	Percentage (%)	Frequency	Percentage (%)
Mild	2	3	53	88
Moderate	57	95	7	12
Severe	1	2	-	-
Total	60	100	60	100

Table 2 showed the Comparison of pre test and post test stress scores of cotton mill workers.

Among 60 workers, almost all the workers 95%(57) had moderate level of stress and 3%(2) of workers had mild stress. Only 2 %(1) of workers had severe stress, where as none of them had found without stress in pretest.

In post test the majority 88 %(53) of workers had mild stress, and only 12%(7) of workers had moderate stress.

It revealed that the most of the workers had mild stress after teaching progressive muscle relaxation technique.

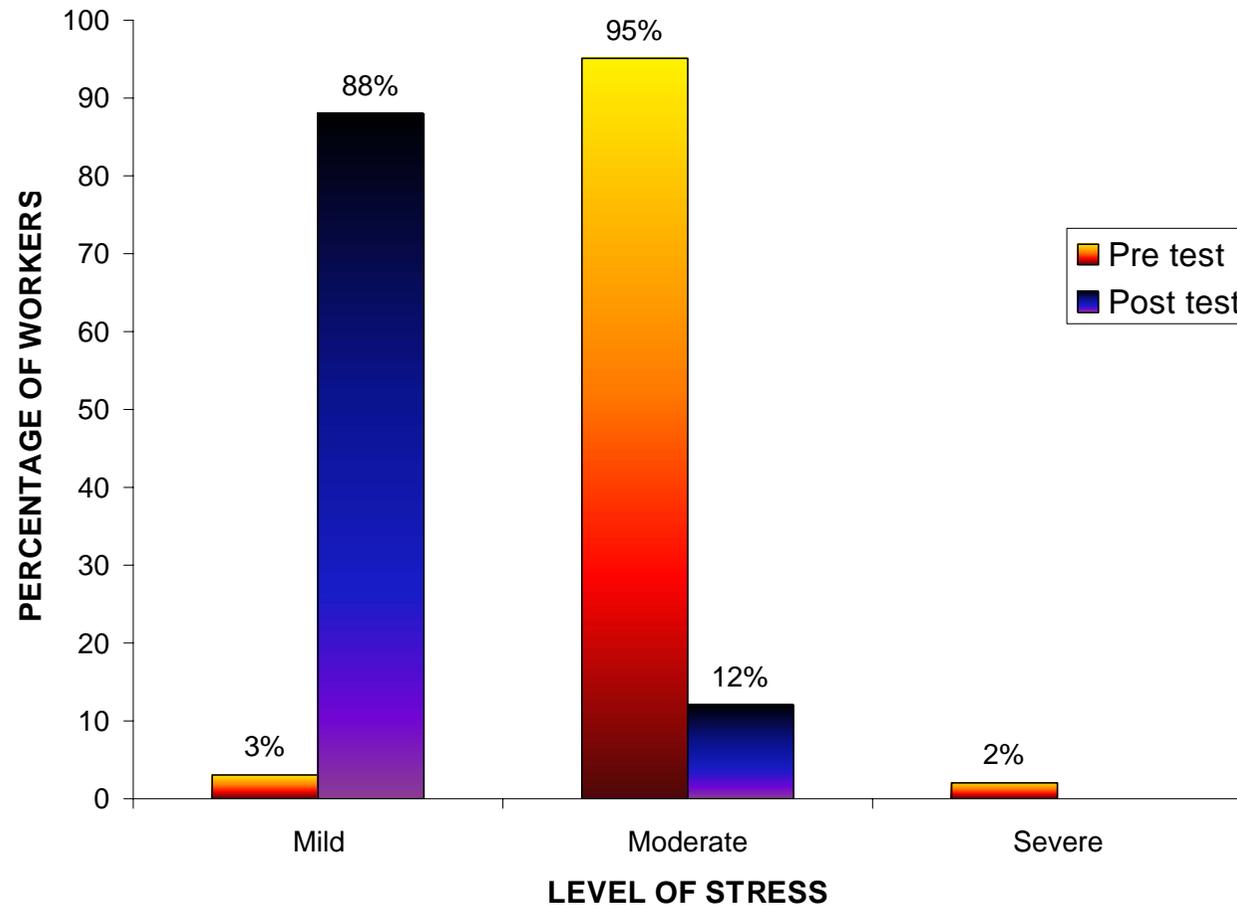


Fig:12 Comparison of pre test and post test stress scores of cotton mill workers

Table -3

Comparison of mean, standard deviation and 't' test value of pre and post test stress scores among cotton mill workers.

n= 60

S.NO	Variable	Mean	Standard Deviation	't' Value	Table Value
1	Pre test	112.95	24	19.01	1.671
2	Post test	63.7	22.3		

df=59

P<0.05

The table 3 showed that mean scores of pre test and post test stress scores of the cotton mill workers were 112.95 (SD+ 24) and 63.7 (SD+ 22.3) respectively.

The post test stress scores were lower than pretest stress scores. The 't' value is 19.01 which was significant at 0.05 level.

The hypothesis stated as the mean post test stress score is significantly lower than the mean pre test stress score, is accepted by the above findings.

SECTION - C

Association between post test stress scores among cotton mill workers with their selected demographic variables.

Table - 4

Association between post test stress scores among cotton mill workers with their selected demographic variables.

n= 60

Demographic Variables		Level of stress						χ^2	Table Value	Inference
		Mild		Moderate		Severe				
		No	%	No	%	No	%			
1	Age									
1.1	20 -25 yrs	12	20	1	2	-	-	0.353	3.841	(NS)
1.2	25 -30yrs	3	5	1	2	-	-			
1.3	30 -35yrs	14	23	1	2	-	-			
1.4	35 -40yrs	26	43	2	3	-	-			
2	Sex									
2.1	Male	32	54	-	-	-	-	6.4	3.841	(S)
2.2	Female	23	38	5	8	-	-			

3	Educational status									
3.1	No Formal education	5	8	2	3	-	-			
3.2	Primary Education	35	59	3	5	-	-	1.814	3.841	(NS)
3.3	Secondary education	13	22	-	-	-	-			
3.4	Graduate	2	3	-	-	-	-			
4	Marital Status									
4.1	Married	46	77	5	8	-	-			
4.2	Unmarried	7	12	-	-	-	-	0.1764	3.841	(NS)
4.3	Divorced	2	3	-	-	-	-			
5	Monthly Income									
5.1	Rs 1500	4	6	-	-	-	-			
5.2	Rs.1500-3000	19	32	5	8	-	-	12.145	3.841	(S)
5.3	Rs3000-4500	7	12	-	-	-	-			
5.4	Rs>4500	25	42	-	-	-	-			
6	Religion									
6.1	Hindu	42	70	5	8	-	-	1.508	3.841	(NS)
6.2	Christian	13	22	-	-	-	-			
7.	Area Of residence									
7.1	Town	5	9	2	3	-	-	4.276	3.841	(S)
7.2	Village	50	83	3	5	-	-			

8.	Type Of family									
8.1	Nuclear Family	41	69	2	3	-	-	2.754	3.841	(NS)
8.2	Joint Family	14	23	3	5	-	-			
9.	Years Of experience									
9.1	< 1 Year	9	15	2	3	-	-	0.908	3.841	(NS)
9.2	1-5 Yrs	12	20	1	2	-	-			
9.3	5-10 Yrs	6	10	2	3	-	-			
9.4	> 10 Yrs	28	47	-	-	-	-			
10.	Type Of placement									
10.1	Temporary	30	50	4	6	-	-	1.266	3.841	(NS)
10.2	Permanent	25	42	1	2	-	-			

df =1

S: Significant

NS: Not Significant

p<0.05

It was found that there was an association between sex (6.4), monthly income (12.145), and area of residence (4.276). Other demographic variables (Age, education, marital status, Religion, type of family , years of experience, type of placement had no association with stress scores among cotton mill workers.

CHAPTER-V

DISCUSSION

This chapter presents the interpretation of the statistical findings.

The aim of the study was to assess the effectiveness of video assisted teaching programme on progressive muscle relaxation technique to reduce stress among cotton mill workers in selected industries at Dindigul. The sample of 60 workers who met the inclusion criteria were selected for the study by using stratified random sampling method. After the pretest video assisted teaching programme was given. Post test was given after 15 days of intervention.

Description of sample characteristics:

Among 60 workers, 47 %(28) of workers were in the age group of 35-40years, and only 6 %(4) of workers in the age group of 25-30 yrs. The study findings consistent with the report of the state of working Victoria-project, Melbourne (2005), stated that more than two thirds (68 percentage) of the Victoria workforce are aged under 45 years.

Most of the workers 53 % (32) of workers were male, and 47 % (28) of workers were female. This finding is not supported with the report of “the state of working Victoria project” Melbourne (2005) stated that 22 percent of male aged over 50 years.

Majority 63 % (38) of workers had primary education, only 3 % (2) of workers were graduate. This finding is more or less similar with the report of 9th five year plan; India 52 % of workforce was below the primary level of education.

Majority 85 % (51) of workers were married, Only 3 % (2) were widowers. This finding is consistent with the study conducted by Geevarghese, M. Kerala, (2004) of the total sample workers 95.94 % are married.

Highest percentage 42 % (25) of workers belongs to income group Rs. > 4500, only 6 % (4) of them belongs to income group < 1500. This findings are more or less similar with the study conducted by Geevarghese, M. Kerala (2004) the majority (53.68 %) of B- sector workers have average income above Rs. 35000.

Majority 78 % (47) of workers were Hindu religion, and only 22 % (13) of them were Christian. The finding is contradicted with the study conducted by Geevarghese, M. Kerala (2004) reported that 40.31% of the workers belongs to forward community Hindus.

Majority 88 % (53) of workers from rural areas, and only 12 % (7) of workers were from urban area .The finding is more or less similar to `the state of working Victoria project`, Melbourne (2005) rural workers aged between 30 and 49 have a higher number of workers than urban area workers.

The highest percentage 72 % (43) of workers belong to nuclear family, and 28 % (17) of the workers belong to joint family. The finding is not supported by the study conducted by Geevarghese, M. Kerala, (2004) 55.56 % of C- sector workers belong to small family size.

The highest percentage 47 % (28) of workers had > 10 years of experience, and 13 % (8) had 5- 10yrs of experience.

Majority 57 % (34) of workers were temporary employees, and 46 % (26) were permanent employee.

These findings are discussed under the following headings.

1. Assess the pre test level of stress scores among cotton mill workers
2. Assess the post test level of stress scores among cotton mill workers
3. Compare the pre test and post test stress scores among cotton mill workers
4. Find the association between post test stress scores among cotton mill workers with their selected demographic variables.

First Objective: Assess the pre test level of stress scores among cotton mill workers.

Pre test stress scores among 60 cotton mill workers were assessed; almost 95 % (57) of the workers had moderate level of stress. It revealed that there was a need for video assisted teaching programme for workers on progressive muscle relaxation technique.

The finding is more or less similar to the study conducted by Hemalatha, J., (2006) assessed the level of stress among workers in selected metropolitan transport corporation at Chennai. 60 samples were selected by simple random sampling technique. The results estimated that over all level

of stress was 16.6% (10) had mild stress, 83.3% (50) of workers had moderate level of stress and none of them had severe level of stress.

Second Objective: Assess the post test level of stress scores among cotton mill workers:

The assessment of post test stress scores among 60 workers, Majority 88 % (53) of workers had mild stress. After being exposed to Video assisted teaching programme on progressive muscle relaxation technique the level of stress scores had been markedly decreased.

The study is consistent with the study conducted by Prabhu, K., (2006) on effectiveness of Jacobson's progressive muscle relaxation technique on stress and coping among single old age men in Chevveyur town. The samples were selected by simple random sampling technique. Among 60 single old age men 25(41.7%) of them had mild stress and adequate coping, 35(58.3%) had moderate level of stress and moderate coping, none of them had severe stress and inadequate coping. The data implies that the effectiveness of progressive muscle relaxation technique in single old age men is statistically significant.

Third Objective: Compare the pre test and post test stress scores among cotton mill workers:

The assessment of level of stress scores of cotton mill workers after being exposed to Video Assisted Teaching programme on progressive muscle relaxation technique showed that level of stress had been markedly decreased as evidenced by the post test analysis. It revealed that level of stress among cotton mill workers in post test mean score of 63.7 (SD \pm 22.3) which was lower compared to the mean score of 112.95 (SD \pm 24) in the pre test at $p < 0.05$ level of significance.

It can be interpreted that H1 mean post test stress score was significantly lower than mean pre test stress score, which is accepted.

Fourth Objective: Find the association between post test level of stress scores among cotton mill workers with their selected demographic variables.

It revealed that there was a significant association between sex ($\chi^2 = 6.4$), monthly income ($\chi^2 = 12.145$), and area of residence ($\chi^2 = 4.276$), with the post test stress scores of workers. Other demographic variables age ($\chi^2 = 0.353$), educational status ($\chi^2 = 0.1764$), religion ($\chi^2 = 1.508$), type of family ($\chi^2 = 2.754$), years of experience

($\chi^2 = 0.908$), type of placement ($\chi^2 = 1.266$) had no association with stress.

The finding is consistent with the study conducted by Steinkopff.T.,(2000) Turkey, to determine the separate effects of social class, income, education, and area of residence on psychological distress. Results found that psychological distress was significantly associated with class status, after adjusting for income, educational status, area of residence and other potential confounders (age, sex, and marital status). The findings support the view that the recent widening of inequalities among social classes in Turkey places a substantial threat to health.

The study shows that Video Assisted Teaching programme on Progressive Muscle relaxation technique was highly effective in reducing stress among cotton mill workers.

CHAPTER VI

SUMMARY, CONCLUSION, IMPLICATION, RECOMMENDATIONS AND LIMITATION

This chapter deals with

- Summary of the study
- Conclusion
- Implications for nursing
- Recommendations
- Limitation

SUMMARY OF THE STUDY:

The study was done to assess the effectiveness of video assisted teaching programme on progressive muscle relaxation technique to reduce stress among cotton mill workers.

An evaluative approach, Quasi experimental, one group pre test post test design was used. The study was conducted in Vishnuram textiles, Kalikkampatti, Dindigul (Dt). The conceptual frame work based on the Roy's Adaptation model (1964). The sample of 60 who met

the inclusion criteria were selected by using stratified random sampling method

The instrument used for data collection to assess the level of stress among cotton mill workers, it consists of two parts, Demographic Variables, Rating Scale.

Pilot study was conducted in the month of July and found to be feasible to conduct the main study.

The study was conducted at Vishnuram textiles, Kalikkampatty, Dindigul. Workers were included in the study and confidentiality was assured. The investigator gave brief introduction and pre test was conducted for 20 mts and video assisted teaching programme was conducted for 30 mts. Post test was done on 15th day. The data collected were analyzed by using descriptive and inferential statistics. There was a decreased level of stress among cotton mill workers in post test.

The finding showed that video Assisted teaching programme on progressive muscle Relaxation technique was highly effective in reducing the stress among cotton mill workers.

The major findings are summarized as follows:-

- Highest percentages of the workers (47%) were in the age group of > 35 years.
- Most of the workers (53 %) were male.
- Highest percentage of the workers (63%) had primary education.
- Majority of the workers (85%) were married.
- Highest percentage of the workers (42%) belong to income group of >4500.
- Majority of the workers (78%) were Hindu.
- Most of the workers (88%) from rural area.
- Most of the workers (72%) belong to nuclear family.
- Most of the workers (47%) had > 10yrs of experience.
- Highest percentages of the workers (57%) were temporary employees.
- Prior to implementation of Video assisted teaching programme 2%(1) of workers had severe stress and 95%(57) had moderate level of stress and 3%(2) of workers had mild stress. Whereas after implementation of video assisted teaching programme 88 % (53) of workers had mild stress, and only 12 %(7) of workers had moderate stress.

- The mean post test stress score (63.7) was significantly lower than mean pre test stress score (112.95). The `t` value (19.01) which was significant at 0.05 level.
- Significant association was found between post test stress scores, sex ($\chi^2=6.4$), monthly income ($\chi^2=12.145$) and area of residence ($\chi^2=4.276$) with the post test stress scores of cotton mill workers.

CONCLUSION:-

Based on the findings of the study the following conclusions were drawn.

Prior to implementation of Video assisted teaching programme 95 %(57) of workers had moderate level of stress where as after implementation of video assisted teaching programme, 88 %(53) of workers had mild stress.

The existing levels of stress among workers were moderate. After implementing video assisted teaching programme there was a significant decrease in the level of stress as evidenced by the`t` value of (19.01) among cotton mill workers.

It is evident that the progressive muscle relaxation technique significantly decreased the stress level, will help the workers to improve their psychological well being which in turn will reduce the occurrence of mental health problem in their life.

IMPLICATIONS FOR NURSING:-

Nursing Service:

- The progressive muscle relaxation technique can be used to improve psychological well being among workers by that the psychiatric morbidity and mortality rates of the workers will be reduced.
- Nurses practicing in the health care setting should be equipped with the knowledge on various muscle relaxation techniques.
- Nursing service department can have a group of adequately trained nurses for demonstrating relaxation exercises to the various levels of workers.
- Nursing personnel working in the occupational health department, community, should be given in service education to update and improve their knowledge regarding progressive muscle relaxation technique.
- Health promotion is a vital function of the nurse and nurse can use this video assisted teaching programme on three levels of prevention. (i.e. Primary, secondary, and tertiary)

Nursing Education:-

- Students can utilize the video assisted teaching programme to give health education to industrial workers.
- Teacher can utilize the video assisted teaching programme to teach nursing students in classroom and clinical settings.
- CD ROM can be used in hospital setup.
- The video assisted teaching programme can be utilized by the nurses to educate the cotton mill workers in the small scale and large scale industries.

Nursing Administration:-

- Nurse administrators can utilize the video assisted teaching programme while conducting in service education programme for directing and motivating staff towards progressive muscle relaxation technique.
- Nurse administrators have more responsibility as supervisors on creating awareness among workers regarding muscle relaxation technique by facilitating free distribution of booklets, handouts, charts, regularly to workers in all the level of organization.
- Periodical performance appraisal in nursing service personnel on all aspects of psychiatric nursing care will in turn promote psychological well being.

- Administration of hospital, nursing and psychiatric department can use the present video assisted teaching programme as a model for preparing other teaching material such as compact disc.

Nursing Research:-

- This study can be effectively utilized by the emerging researchers.
- This study can be baseline for further studies to build upon.

RECOMMENDATIONS:-

- This similar study can be conducted in the hospital set up.
- Comparative study can be conducted in small and large scale industries.
- A comparative study can be conducted between progressive muscle relaxation and other stress management techniques.
- This similar study can be replicated on large sample there by findings can be generalized for a large population.

LIMITATION:-

- It was time consuming for the investigator as it took 30-40 mts to interview the sample.

BIBLIOGRAPHY

BOOK REFERENCE:-

1. Barbara Johnson,T.,(1997). **"Psychiatric Mental Health Nursing"**, (4th Ed.). Philadelphia: Lippincott, 234-126.
2. Basavanthappa,B.T., (2007). **"Psychiatric mental health nursing"**, (1st ed.). Newdelhi: Jaypee brothers, 57-58.
3. Bhatia,M.S.,(2000).**"Essentials of Psychiatry"**, (3rded.).New Delhi: CBS publishers, 231-235.
4. Bimla Kapoor, (1994).**"Psychiatric Nursing"**, (1sted.). New Delhi: Kumar Publishing House, 25-26.
5. Douglas,A et.al.,(1990). **"Emergency psychiatry"**,(1sted.). Newdelhi: Jaypee brothers, 248-251.
6. Elizabeth, M., (1998). **"Foundations of Psychiatric mental health nursing"**, (3rd ed.). Philadelphia: W.B Saunders, 113-116.
7. Fortinash,T., et.al., (2000). **"Psychiatric Mental Health Nursing"**, (2nd ed.). Missouri: Mosby, 138-139.
8. Gail.W.stuart, (2005). **"Principles and Practice of Psychiatric Nursing"**. (8th ed.). Philadelphia: Mosby publishers, 301-303.
9. Jacob Alphonsa,V., (1998). **"Handbook of Psychiatric Nursing"**, (1st ed.). New Delhi: Vikas publishing house, 267-272.

10. Keltner, W., (2003). "**Psychiatric Nursing**", (4th ed.). Philadelphia: Mosby publishers, 75-77.
11. Lalitha, K., (2008). "**Mental health and psychiatric nursing**", (1st ed.). Bangalore: VMG book house, 101-105.
12. Mary Ann Boyd, T., (2008). "**Psychiatric nursing**", (4th ed.). Philadelphia: lippincott Williams, wilkins, 56-59.
13. Mary, C., (2006). "**Psychiatric mental health nursing**", (5th ed.). Philadelphia: P C Davis Company, 148-149.
14. Micheal Gelder, S et.al., (1997). "**Oxford Text Book of Psychiatric Nursing**", (3rded.). Philadelphia: Oxford university press, 216-219.
15. Morrison, W., (1997). "**Foundation of Mental Health Nursing**", (1st ed.). Missouri: st. Louis Mosby, 233-241.
16. Niraj Ahuja, (2006). "**A short text book of psychiatry**", (6thed.). Newdelhi: jaypee brothers, 54-55.
17. Noreen cavan, F., (2006). "**Psychiatric mental health nursing**", (3rd ed.). Australia: Thomas Delmar learning, 120-123.
18. Nvyas Niraj Ahuja, J., (1999). "**Text Book of Post Graduate Psychiatry**", (2nded.). New Delhi: Jaypee brother's medical publishers, 237-240.
19. Polit, F., (2008), "**Nursing Research**", (8thed.).New Delhi: Wolters Kilewer, 345-346.

20. Rawlin's, R.P et.al., (1993). **"Mental Health Psychiatric Nursing"**, (5th ed.). Philadelphia: Mosby year book, 43-47.
21. Dr. Sousa, T., (1984). **"Psychiatry in India"**, (1sted.) .Bombay: Bhalan Book depot, 158-159.
22. Sundar Rao, P.S., (1999), **"An introduction to Bio statistics"**, (3rd ed.). New Delhi: Prentice hall, 153-156.
23. Tarman, S et.al., (1997). **"Text Book of Psychiatry"**, (1sted.). Philadelphia: W.B. Saunders Company, 93-96.
24. Wanda, K., (2006). **"Psychiatric mental health nursing"**, (6th ed.). Philadelphia: Lippincott Williams, wilkins, 253-255.

JOURNAL REFERENCE:-

25. Agee, J.D., (2009). "Comparing mindfulness skills and progressive muscle relaxation", **Journal of clinical psychology**, 5 (2), 104-109.
26. Andrew Steptoe, et.al., (2008). "A longitudinal study of work load and variations in psychological wellbeing cortisol, smoking, and alcohol consumption", **Annals of behavioral science**, 20 (2), 84 -91.
27. Archana Khana, T., (2007). "Efficacy of Two Relaxation Technique in Reducing Pulse Rate among Highly Stressed Females", **Calicut medical journal**, 5(2), 3-6.

28. De Berry, S., (1981). "An evaluation of progressive muscle relaxation on stress relation symptoms in geriatric population", 14 (4), 255-269.
29. Etivia Luz Gonazalez,S., (2007). "Contribution of mental workload to Job stress in Industrial workers", 28 (4), 355-361.
30. Krisztina, D., (2008). "Work related stress factors and menstrual pain", **Journal of Psychosomatic obstetrics & gynaecology**, 29 (2), 133-138.
31. Leon Grunberg, et.al.,(1998). "Work stress and problem alcohol behaviour", **Journal of organizational behaviour**, 19(5), 487 - 502.
32. Madhan Mohan, et.al., (2008). "Prevalence of job strain among Indian Foundry shop floor workers", **A Journal of Prevention Assessment and Rehabilitation**, 13(3), 195-196.
33. Malik, M et.al., (2005). "Stress in executives", **Indian Journal of Psychiatry**, 45 (15), 167-172.
34. Malcolm, R.J., (2003). Effects of relaxation training on stress, mood, hunger and eating patterns", **International journal of obesity**, 27 (8), 970-978.
35. Matsumoto, M., (2001). "Progressive muscle relaxation, breathing exercises, and ABC relaxation theory", **Journal of clinical psychology**, 57 (12), 1551-1557.

36. Murphy, L.R., (1996). "Stress management in work settings", **American Journal of Health promotion**, 1 (2), 112-135.
37. Nakata, A et.al., (2008). "Perceived psychosocial job stress and sleep bruxism among male and female workers", **Journal of applied research and technology**, 36 (3), 201-209.
38. Nishitani, N et.al., (2006). "Relationship of obesity to job stress, eating behaviour in male Japanese workers", **Journal of obesity**, 30 (3), 528-533.
39. Noronha, H., et.al., (2001). "Workers displacements: sources of support and coping", **Indian Journal of Labour economics**, 44 (4), 283-187.
40. Park, S.G., (2009). "Job stress and depressive symptoms among Korean employees", **Journal of occupational health**, 82(3), 397-405.
41. Pawlow, L.A et.al., (2009). "Biological psychology the impact of abbreviated progressive muscle Relaxation on salivary cortisol", 60 (1), 1-16.
42. pawlow, L.A., (2005). "The impact of progressive muscle Relaxation on salivary cortisol and salivary immunoglobulin A", **Applied psychophysiology biofeedback**, 30 (4), 375-387.
43. Peretti watel, et.al., (2009). "Working conditions, Job dissatisfactions and smoking behavior among French workers

- and manual workers”, **Journal of occupational and environmental medicine**, 5.1 (2), 343 -350.
44. Raija kalimo, et.al., (2000). “Job stress and sleep disorders”, **Journal of stress medicine**, 16 (2), 65-75.
45. Salleh, T et.al., (2008). “How detrimental is Job stress and sleep disorders”, **Journal of stress medicine**, 16(2), 65-75.
46. Scheufele, P.M., (2000). “Effects of progressive relaxation and classical music on measurements of attention, Relaxation and stress response”, **Journal of Behavioral Medicine**, 23 (2), 207-208.
47. Srihari Dutta, et.al., (2007). “Prevalence of psychiatric morbidity and risk factors associated with it in an industrial populations”, **Indian journal Of Psychiatry**, 49 (2), 103-108.
48. Steinkopf, T., (2000). “Social class, income, education, area of residence and psychological distress”, **Journal of social psychiatry and psychiatric epidemiology**, 35 (2), 94 -101.
49. Takashi, A., (2005). “Characteristics of work related suicide”, **Journal of occupational health**, 47 (2), 157-164.
50. Vaughn, M., (1989). “The effect of progressive muscle Relaxation on stress among clerical workers”, 37 (8), 302-306.
51. Vijay Rao, J., (2000). “A study on shift workers problems”, **Indian Association of occupational health**, 3(6). 235-243.

52. Webb, M.S., (2000). "A progressive muscle relaxation intervention at the work site for African women", **Journal of national black nurses association**, 11 (2), 1-6.
53. Willem Rhenen, (2005). "The effect of cognitive and physical stress reducing programme on psychological complaints", **International archives of occupational and environmental health**, 78 (2), 139-148.
54. Yoon Bok, H et.al., (2007). "The effects of thermal Bio feed back and progressive muscle Relaxation training in reducing Blood pressure", **Journal of Nursing Scholarship**, 25 (3), 204 - 207.

UNPUBLISHED THESIS:-

55. Hemalatha, J., (2006). "Assess the level of stress among workers in selected metropolitan transport at Chennai".
56. Prabhu, K., (2006). "Effectiveness of progressive muscle relaxation technique on stress and coping among single old age men in chevayur town".

NET REFERENCE:-

57. <http://www.Ncbi.nlm.nih.gov/pubmed>.
58. [html:file:///D:/Job stress causes depression. mht](html:file:///D:/Job%20stress%20causes%20depression.mht).
59. <http://www.google.com/hostednews/ap/article>
60. <http://www.dnaindia.com/mumbai/report>.

APPENDIX – F

VIDEO ASSISTED TEACHING PROGRAMME ON PROGRESSIVE MUSCLE RELAXATION TECHNIQUE

Topic	:	Progressive Muscle Relaxation Techniques
Subjects	:	Cotton mill workers
Number of Subjects	:	60
Place	:	Textiles
Duration	:	30 mts
Medium of instruction	:	Tamil
Teaching Aids	:	Laptop
Method of Teaching	:	Demonstration, Lecture

CENTRAL OBJECTIVES:

The Cotton Mill workers will be able to acquire knowledge regarding progressive muscle relaxation techniques and develop desirable attitude and Skill in apply in their personal life situation.

SPECIFIC OBJECTIVES:

At the end of the teaching workers will be able to

- define the terms
- explain the benefits
- enlist the principles
- describe the mechanism of action
- enumerate the guidelines
- discuss the steps
- enumerate the techniques
- paraphrase the procedure
- discuss the instructions
- describe the limitations and special considerations

Specific Objectives	Content	A.V. Aids	Teacher Learner activity
define the terms	<p>Introduction: One method of reducing muscle tension in through a technique called Progressive Muscle relaxation. Relaxation based on this method has been used for many years. Many people have found it helpful in reducing muscle tension that has resulted from prolonged periods of anxiety. In progressive muscle relaxation exercise, you turn up particulars muscles and then relax them, and then you practice this technique consistently.</p> <p>Definition: Progressive Muscle Relaxation (PMR) is a tension-reducing technique that involves the systematic tension and relaxing of specific muscle groups. Starting with the muscles in the face, the participant completely tenses all muscles and holds the tension for several seconds (usually to the count of ten), completely relaxes for the same period of time, then repeats the process with the next set of muscles (the neck, the shoulders, etc.) until every area of the body has been</p>		Lecture cum discussion

Specific Objective	Content	A.V. Aids	Teacher Learner Activity
<p>explain the benefits</p>	<p>Relaxed. With practice, the participant learns to completely relax the body within seconds and keep from storing up tension and stress in the body, a practice known as Deep Muscle Relaxation.</p> <p>BENEFITS</p> <ul style="list-style-type: none"> • A decrease in generalized anxiety. • A decrease in anticipatory anxiety related to phobias. • Reduction in the frequency and duration of panic attacks. • Improved ability to face phobic situations through graded exposure. • Improved concentration. • An increased sense of control over mood. • Increased self-esteem. • Increased spontaneity and creativity. 		<p>Lecture cum discussion</p>

Specific Objectives	Content	A.V. Aids	Teacher Learner Activity
enlist the principles	<p>There are no contraindications for progressive muscle relaxation unless the muscle groups to be tensed and relaxed have been injured. If you take tranquilizers, you may find that regular practice of progressive muscle relaxation will enable you to lower your dosage.</p> <p>The regular practice of progressive muscle relaxation can go a long way toward helping you to better manage your anxiety, face your fears, overcome panic, and feel better all around.</p> <p>SCIENTIFIC PRINCIPLES:</p> <p>Relaxation techniques are thought to provide 3 main changes for the person in incorporating these practices into a daily routine.</p> <ul style="list-style-type: none"> ➤ Refocusing of attention, which may involve refreshing thoughts. ➤ Increased body awareness. ➤ Reintegration of the body and mind through practices such as conscious breathing and meditations. 		Lecture cum discussion

Specific Objectives	Content	A.V. Aids	Teacher Learner activity
<p>describe the mechanism of action</p> <p>enumerate the guidelines</p>	<p>MECHANISM OF ACTION</p> <p>Relaxation technique work by eliciting the relaxation response as described in this historical background section (sultanolf and zalaqutte 2000).</p> <p>The relaxation response is characterized by decreased heart rate, respiratory rate, oxygen consumption, and muscle tension, as well as increased alpha wave activity as measured by EEG.</p> <p>GUIDELINES FOR PRACTICING PROGRESSIVE MUSCLE RELAXATION</p> <p>The following guidelines will help you make the most use of progressive muscle relaxation. They are also applicable to any form of deep relaxation you undertake to practice regularly, including self-hypnosis, guided visualization, and meditation</p>		<p>Lecture cum discussion</p>

Specific Objectives	Content	A.V. Aids	Teacher Learner activity
	<ol style="list-style-type: none"> 1. Practice at least 20 minutes per day. 20-minute periods are preferable. Once a day is mandatory for obtaining generalization effects. (You may want to begin your practice with 30-minute periods. As you gain skin in relaxation technique, you will find that the amount of time you need to experience the relaxation response will decrease.) 2. Find a quiet location to practice where you won't be distracted. Don't permit the phone to ring while you're practicing. Use a fan or air conditioner to blot out background noise if necessary. 3. Practice at regular times. On awakening, before retiring, or before meals are generally the best times. A consistent daily relaxation routine will increase the likelihood of generalization effects. 4. Practice on an empty stomach. Food digestion after meals will tend to disrupt deep relaxation. 5. Assume a comfortable position. Your entire body, including your head, should be supported. Lying down on a sofa or bed or sitting in a 		

Specific Objectives	Content	A.V. Aids	Teacher Learner activity
	<p>Reclining chair are two ways of supporting your body most completely.(When lying down, you may want to place a pillow beneath your knees for further support.) Sitting up is preferable to lying down if you are feeling tired and sleepy. It's advantageous to experience the full depth of the relaxation response consciously without going to sleep.</p> <p>6. Loosen any tight clothing and take off shoes, watch, glasses, contact lenses, jewelry, and so on.</p> <p>7. Make a decision not to worry about anything. Give yourself permission to put aside the concerns of the day. Allow taking care of yourself and having peace of mind to take precedence over any of your worries. (Success with relaxation depends on giving peace of mind high priority in your overall scheme of values.)</p> <p>Assume a passive, detached attitude. This is probably the most important</p>		

Specific Objectives	Content	A.V. Aids	Teacher Learner activity
discuss the steps	<p>Element. You want to adopt a "let it happen" attitude and be free of any worry about how well you are performing the technique. Do not try to relax. Do not try to control your body. Do not judge your performance. The point is to let go.</p> <p>STEPS</p> <p>The few important steps involved in learning how to use progressive muscle relaxation.</p> <p>i Differentiating between muscle groups.</p> <p>For those of use who don't think about our muscles very often, when we try to tense up our hand and forearm, we may end up tensing our whole arm, learning this technique involves learning to tense and relax specific parts of the body.</p>		Lecture cum discussion

Specific Objectives	Content	A.V. Aids	Teacher Learner activity
	<p>ii. Distinguish between tense and relaxed muscle.</p> <p>If you have panic disorder, agoraphobia or other types of anxiety disorder, you may experience frequent, muscle tension. In fact chronic muscle tension may be so automatic that it seems normal, and you may forgotten what it feels like when your muscles completely relaxed.</p> <p>By employing the progressive muscle relaxation technique you will be able to quickly discover the distinctions between relaxation and tension of various muscle groups.</p> <p>iii. Allowing yourself to relax and let go of the tension.</p> <p>iv. Practice, practice and more practice.</p> <p>TECHNIQUE:</p> <p>Progressive muscle relaxation, involves tensing and relaxing, the</p>		

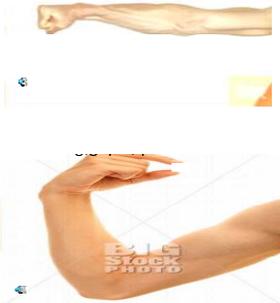
Specific Objectives	Content	A.V. Aids	Teacher Learner activity
<p>enumerate the techniques</p>	<p>Succession 16 difficult muscle groups of the body.</p> <ul style="list-style-type: none"> ➤ The idea is to tense each muscle group hard (not so hard, that you strain) for about 10 sec and then to let 50 of it suddenly. ➤ You then give yourself 15 - 20 sec to relax, noticing how the muscle group feels when relaxed in contrast to how it felt when tensed before going on to the next group of muscles. ➤ You might also say to yourself ``I am relaxing` `letting go` let the tension flow away'' or any other relaxing phrase during each relaxation period between successive muscle groups. ➤ Through out the exercise maintain you focus on your muscles. ➤ When your attention wanders, bring it back to the particular group you are working on. <p>○ Make sure you are a in setting that is quiet and comfortable, observe</p>		<p>Lecture cum discussion</p>

Specific Objectives	Content	A.V. Aids	Teacher Learner activity
	<p>The guidelines for practicing relaxation that was previously described.</p> <ul style="list-style-type: none"> ○ When you turn a particular muscle group does so vigorously without straining for 7 - 10 sec. You may want to want one thousand one. One thousand two and so on as a way of making off sounds. ○ Concentrate on what is happening, feel the build up of tension in each particular muscle group. ○ It is often helpful to visualize the particular muscle group being formed. ○ When you relax the muscles, do so abruptly, and then relax, enjoying the sudden feeling of timeliness. ○ Allow the other relaxation to develop for at least 15 - 20 sounds before going on to the next group of muscles. ○ Allow all the muscles in your body to remain relaxed, as for as possible, while working on a particular muscle group. 		

Specific Objectives	Content	A.V. Aids	Teacher Learner activity
<p>paraphrase the procedure</p>	<ul style="list-style-type: none"> ○ Tense and relax each muscle group once, but if a particular areas feel especially tight you can tense and relax it two or three times, waiting about 20 seconds between each cycle. <p>TENSION - RELAXATION PROCEDURE:</p> <p>Step i : Tension</p> <p>The process of applying tension to a muscle is essentially the same regardless of which muscle group you are using.</p> <p>First focus your mind on the muscle group eg. Your right hand. Then inhale and simply squeeze the muscle as hard as you can for about 8 seconds, in the example, this would involve working a tight fist with your hand.</p> <p>Note:</p> <p>Beginners usually make the mistake of allowing muscles other than the</p>		<p>Lecture cum discussion</p>

Specific Objectives	Content	A.V. Aids	Teacher Learner activity
	<p>Intended group to tense as well, in the eg. this would be tensing muscle in your right arm and shoulders, not just in your right hand with practice you will learn to make very fine discrimination among muscle for the moment just do the best you can.</p> <ul style="list-style-type: none"> ➤ It is important to really feel the tension, done properly the tension procedure will relax the muscle to start to shake, and you will feel some pain. ➤ Be careful not to hurt yourself, as compared to feeling mild pain, contracting the muscles in you feel and your back, especially, can cause serious problems if not done carefully. ie Gently but deliberately. <p>Step. ii (releasing the tension)</p> <p>This is the best part because it is actually pleasurable.</p>		

Specific Objectives	Content	A.V. Aids	Teacher Learner activity
	<ul style="list-style-type: none"> ➤ After the 8 seconds, just quickly and suddenly let go, let all the tightness and pain flow out of the muscles as you simultaneously exhale. ➤ This would be imagining tightness and pain flowing out of your hand though your fingertips, as you exhale. Feel the muscle relax and become loose and limp tension following away like water out of a faucet ➤ Focus on and notice the difference between tension and relaxation. <p>Note:</p> <p>The point here is to really focus on the change that occurs as the tension is let go. Do this very deliberately because you are trying to learn to make some very subtle distinctions between muscular tension and muscular relaxation.</p> <p>Stay relaxed about 15 seconds and the repeat the tension relaxation cycle. You will probably notice more sensations the sound time.</p>		

Specific Objectives	Content	A.V. Aids	Teacher Learner activity
discuss the instructions	<p>INSTRUCTIONS</p> <p>Once you are comfortably supported in a quiet place, follow the detailed instructions below:</p> <ol style="list-style-type: none"> 1. To begin, take three deep abdominal breaths, exhaling slowly each time. As you exhale, imagine that tension throughout your body begins to flow away. 2. Clench your fists. Hold for 7-10 seconds and then release for 15-20 seconds. Use these same time intervals for all other muscle groups. 3. Tighten your biceps by drawing your forearms up toward your shoulders and "making a muscle" with both arms. Hold... and then relax. 		Lecture cum discussion

Specific Objectives	Content	A.V. Aids	Teacher Learner activity
	<p>4. Tense the muscles in your forehead by raising your eyebrows as far as you can. Hold ... and then relax. Imagine your forehead muscles becoming smooth and limp as they relax.</p> <p>5. Tense the muscles around your eyes by clenching your eyelids tightly shut. Hold... and then relax. Imagine sensations of deep relaxation spreading all around them.</p> <p>6. Tighten your jaws by opening your mouth so widely that you stretch the muscles around the hinges of your jaw. Hold ... and then relax. Let your lips part and allow your jaw to hang loose.</p> <p>7. Tighten the muscles in the back of your neck by pulling your head way back, as if you were going to touch your head to your back (be gentle</p>	   	

Specific Objectives	Content	A.V. Aids	Teacher Learner activity
	<p>With this muscle group to avoid injury). Focus only on tensing the muscles in your neck. Hold ... and then relax. Since this area is often especially tight, it's good to do the tense-relax cycle twice.</p> <p>Take a few deep breaths and tune in to the weight of your head sinking into whatever surface it is resting on.</p> <p>9. Tighten your shoulders by raising them up as ff you were going to touch your ears. Hold ... and then relax.</p> <p>10. Tighten the muscles around your shoulder blades by pushing your shoulder blades back as if you were going to touch them together. Hold the tension in your shoulder blades ... and then relax. Since this area is often especially tense, you might repeat the tense-relax sequence twice.</p>	 <p>The A.V. Aids column contains three vertically stacked images. The top image shows a man with curly hair in a meditative pose, sitting cross-legged with his hands on his knees. The middle image shows a woman with long dark hair wearing a red jacket, looking forward. The bottom image shows a woman with blonde hair in a ponytail, wearing a black top, shown in profile from the side.</p>	

Specific Objectives	Content	A.V. Aids	Teacher Learner activity
	<p>11. Tighten the muscles of your chest by taking in a deep breath. Hold for up to 10 seconds ... and then release slowly. Imagine any excess tension in your chest flowing away with the exhalation.</p> <p>12. Tighten your stomach muscles by sucking your stomach in. Hold ... and then release. Imagine a wave of relaxation spreading through your abdomen.</p> <p>13. Tighten your lower back by arching it up. (You should omit this exercise if you have lower back pain.) Hold ... and then relax.</p> <p>14. Tighten your buttocks by pulling them together. Hold ... and then relax. Imagine the muscles in your hips going loose and limp.</p> <p>15. Squeeze the muscles in your thighs all the way down to your knees. You will probably have to tighten your hips along with your thighs, since the thigh muscles attach at the pelvis. Hold ... and then relax. Feel your thigh muscles smoothing out and relaxing completely.</p>		

Specific Objectives	Content	A.V. Aids	Teacher Learner activity
describe the limitations and special considerations	<p>16. Tighten your calf muscles by-pulling your toes toward you (flex carefully to avoid cramps). Hold ... and then relax.</p> <p>17. Tighten your feet by curling your toes downward. Hold ... and then relax</p> <p>18. Mentally scan your body for any residual tension. If a particular area remains tense, repeat one or two tense-relax cycles for that group of muscles.</p> <p>19. Now imagine a wave of relaxation slowly spreading throughout your body, starting at your head and gradually penetrating every muscle group all the way down to your eyes.</p> <p>20. The entire progressive muscle relaxation sequence should take you 20 - 30 mts the first time with practice you may decrease the time needed to 15 - 20 sec.</p> <p>DIFFICULTIES WITH RELAXATION:</p> <p>i. Fear of losing control</p> <ul style="list-style-type: none"> ➤ Sometimes people feel like they may lose control perhaps because they never used relaxation techniques before and don't know 		Lecture cum discussion

Specific Objectives	Content	A.V. Aids	Teacher Learner activity
	<p>What to expect or perhaps it so different to what they are used to that they are not sure what will happen.</p> <ul style="list-style-type: none"> ➤ Remind yourself that we are in control four minds, body and feelings and that relaxation can be stopped at any time. <p>II .Unusual bodily sensations:</p> <p>Some people feel tingling or hot and / or cold sensation, jumping muscles of heaviness in the limbs.</p> <ul style="list-style-type: none"> ➤ These are normal sensations which are experienced as we loosen up and become more aware of different muscles in the body. <p>iii. Limited success in the beginning:</p> <p>Relaxation is skill like any other, the more practices the easier it gets, so try to preserve with your relaxation sessions.</p>		

Specific Objectives	Content	A.V. Aids	Teacher Learner activity
	<p>iv. A wandering mind:</p> <p>When an individual practicing relaxation exercise, they may have difficulty concentrating or focusing on what they are supposed to be doing this may be frustrating. If your mind starts to wander, just allow the thought to pass away and then bring your attention back to the relaxation exercise.</p> <p>Special Considerations</p> <ul style="list-style-type: none"> • If you experience feelings of emotional distress while using progressive muscle relaxation, stop and talk to your doctor. • If your muscles are sore or if you have an injury to any body part that you want to target with PMR, talk to your doctor before using this technique. • If you experience any intense muscle pain while performing this exercise, stop immediately and call your doctor. 		

Specific Objectives	Content	A.V. Aids	Teacher Learner activity
	<p>Note that this advice does not replace psychological or medical advice from a licensed medical professional</p> <p>CONCLUSION:</p> <p>Progressive muscle relaxation is a systematic technique for achieving a deep state of relaxation fearing to train your body to respond differently take stime. It might ful strange at first but proacticing is the key to getting your body and to relaxing so practice theus techniques in your daily like to get relieve from strus related problems.</p>		

N[f;fg;]dpd; ,af;Fjir jsh;T gapw;rp

இயக்குதசை தளர்வு பயிற்சி என்பது பல்வேறு வகையான தசைகளை இறுக்கமாக்கி பின்பு தளர்வு செய்வதன் மூலம் தசைகளை வலிமை மிக்கதாக மாற்றுவதாகும். இந்த முறையில் ஒவ்வொரு தசையையும் அதாவது தலை முதல் கால் வரை உள்ள தசைகளை தனித்தனியாக பிரித்து, 8 முதல் 10 நொடிகளுக்கு இறுக்கமாக்கி பின்பு தளர்வுச் செய்வதாகும். இதன் மூலம் தசைகளை வலிமை மிக்கதாக மாற்றுவதுடன் மனக்கவலைகளை நீக்கி மனதை இலகுவாக மாற்றுகிறது.

பயன்கள்:

- கோபத்தை கட்டுபடுத்துதல்
- மனப்பதட்டத்தை குறைத்தல்
- பயம் போன்ற உணர்ச்சிகளை தன்கட்டுப்பாட்டுக்குள் வைத்தல்
- கவன குறைவை நீக்கி கவனத்தை அதிகரித்தல்
- சுயமரியாதை அதிகரிப்பு
- தன்னம்பிக்கை
- புதிய சிந்தனைகள் பிறக்க வழிவகுத்தல்
- பல்வேறு வகையான மருந்துகள் உட்கொள்தலை தவிர்த்தல்

தயாராகும் வழிமுறைகள்:

1. ஒரு நாளைக்கு குறைந்தது 20 நிமிடங்களாவது இந்த பயிற்சியை செய்ய வேண்டும். ஒரு நாளைக்கு ஒன்று அல்லது இரண்டு முறையாவது செய்யலாம். உடல் தளர்வதைப் பொறுத்து நேரத்தை குறைக்கவோ அதிகரிக்கவோ செய்யலாம்.

2. பயிற்சியின் போது தளர்வான உடை அணிந்து, காலணிகள் கண் கண்ணாடிகள் மற்றும் நகைகள் அணிவதை தவிர்க்கவும்.
3. பயிற்சி செய்யும் சூழல் அமைதியானதாகவும் பிற குறிக்ீடுகள் (அலைபேசி) இல்லாமல் பார்த்துக் கொள்ள வேண்டும்
4. பயிற்சியை காலையில் எழுந்தவுடனோ உறங்க போகும் முன்போ அல்லது சாப்பிடுவதற்கு முன்போ செய்ய வேண்டும்.
5. வெறும் வயிற்றுடன் செய்வதால் அஜீரண கோளாறுகளை தவிர்க்கலாம்.
6. வசதியாக நன்கு அமர்ந்த நிலையில் செய்ய வேண்டும். படுத்துக் கொண்டோ வசதியாக நாற்காலியில் அமர்ந்து கொண்டோ செய்யலாம்.
7. எந்த விதமான சிந்தனைகள் மற்றும் மனக்கவலை தரும் எண்ணங்களை தவிர்த்து நல்ல அமைதியான மனநிலையில் செய்ய வேண்டும்.
8. ஒவ்வொரு பயிற்சியின் போது உடலின் இறுக்கங்களோடு மனதில் உள்ள கவலைகள் விடுபடுகிறது என்று எண்ண வேண்டும்.
9. ஒரு பயிற்சியிலிருந்து அடுத்த பயிற்சிக்கான இடைவெளி குறைந்தது 15 -20 விநாடிகளாவது இருக்க வேண்டும்

அறிவியல் ரீதியான பயன்பாடு:

- மனதை புத்துணர்வு பெறச் செய்தல்
- தியான மற்றும் மூச்சுப் பயிற்சி மூலம் உடலையும், மனதையும் ஒருமுகப்படுத்துகிறது.
- உடல் பற்றிய விழிப்புணர்வை ஏற்படுத்துதல்

செய்யும் முறைகள்:

நன்கு சமமான மற்றும் வசதியான நிலையில் அமர்ந்து கொண்டு மூச்சை அடிவயிற்றிலிருந்து நன்கு இழுத்து பின் மெதுவாக வெளியே விடவும். மூச்சை

வெளியே விடும் போது உடலில் மற்றும் மனதில் உள்ள இறுக்கங்கள் குறைகின்றன என்று நினைக்க வேண்டும்.

கைப் பயிற்சி :-

கைகளை நன்கு நேராக நீட்டி விரல்களை 7 முதல் 20 விநாடிகளுக்கு மூடி பின்பு 15 முதல் 20 நொடிகளுக்கு மெதுவாக தளர்த்தவும்.

மேற்கையின் முன்புற தசை பயிற்சி :-

மேற்கையின் முன்புற தசையை நன்றாக இறுக்கி பின் மெதுவாக தளர்த்தவும். இதே போல் இரண்டு கைகளுக்கும் செய்ய வேண்டும்.

முன் தலைப் பயிற்சி :-

இரண்டு புருவங்களையும் மேல்நோக்கி உயர்த்தி முன் தலை நெற்றியை சுருக்கவும். இதை செய்யும் போது தசைகளுடன் சேர்ந்து மனமும் தளர்கிறது என்று எண்ண வேண்டும்.

கண் பயிற்சி :-

இரண்டு கண்களின் இமைகளையும் ஒன்றாக சேர்த்து சில விநாடிகளுக்கு இறுக்கவும். பின் மெதுவாக திறக்கவும். திறக்கும் பொழுது கண் தசைகளுடன் மனமும் தளர்கிறது என்று எண்ண வேண்டும்.

வாய் பயிற்சி:

வாயை கூடுமான வரையில் நன்கு விரிய திறக்கவும். பின் உதடுகளைக் சேர்த்து இறுக்கி, பின் மெதுவாக தளர்த்தவும்.

நாக்குப் பயிற்சி:

வாயை கூடுமானவரையில் நன்கு திறந்து நாக்கை முடிந்த வரையில் வெளியே நீட்டவும். பின் மெதுவாக தளர்த்தவும்.

கழுத்துப் பயிற்சி:

கழுத்துப் பகுதியை பின்புறமாக சாய்த்து பின்முதுகை தொடுமாறு செய்யவும். கழுத்துவலி ஏற்பட வாய்ப்புள்ளது அதனால் இந்த பயிற்சியை மிகுந்த கவனத்துடன் செய்ய வேண்டும்.

நெஞ்சுப் பயிற்சி:

நெஞ்சுப் பகுதியிலிருந்து மூக்கின் வழியாக மூச்சை நன்றாக உள்ளே இழுத்து பின் வாய் வழியாக மெதுவாக வெளியே விடவும்.

புஜப்பயிற்சி:

இரண்டு கைகளின் புஜங்களையும் மேல் நோக்கி உயர்த்தி காதுகளை தொடுமாறு செய்து பின் சிறிது விநாடிகளுக்கு பிறகு மெதுவாக தளர்த்தவும்.

தோள்பட்டை பயிற்சி:

இரண்டு தோள்பட்டைகளையும் பின்நோக்கி தொடுமாறு செய்து பின்பு மெதுவாக தளர்த்தவும்.

வயிற்றுத் தசைப் பயிற்சி:

வயிற்றுத் தசைகளை நன்றாக உள்நோக்கி இழுத்துப் பிடித்து பின்பு சில விநாடிகளுக்கு பிறகு மெதுவாக தளர்த்தவும். இதைச் செய்யும் பொழுது வயிற்றுத் தசைகள் இலகுவாகுவதுடன் மனதில் உள்ள இறுக்கங்கள் குறையும்.

முதுகுப் பயிற்சி:

பின் முதுகுப் பகுதியை முடிந்த அளவு முன்புறம் நோக்கி வளைக்கவும் சில விநாடிகளுக்குப் பிறகு நேராக்கவும். முதுகு வலி உள்ளவர்கள் இதை செய்ய வேண்டாம்.

புட்டப் பயிற்சி:

சில விநாடிகளுக்கு இரண்டு புட்டங்களையும் நன்றாக அழுத்தி பின்பு நன்றாக இறுக்கவும் பின் மெதுவாக தளர்த்தவும்.

தொடைப் பயிற்சி:

இரண்டு கால்களின் தொடைப்பகுதியை இடுப்பு தசைகளுடன் சேர்ந்து நன்றாக இறுக்கவும். பின்பு மெதுவாக தளர்த்தவும். பயிற்சியின் போது தொடை மற்றும் இடுப்பு தசைகள் தளர்வதை உணரலாம்.

ஆடு தசைப் பயிற்சி:

ஒவ்வொரு காலின் கணுக்கால் பகுதியை மேல்நோக்கி நன்றாக இறுக்கவும். பின்பு மெதுவாக தளர்த்தவும். இதன் மூலம் ஆடுகால் தசைகள் நன்கு இலகுவாகும்.

பாதப் பயிற்சி:

காலின் முன்பாதங்களை பின்புறம் நோக்கி வளைத்து சில விநாடிகளுக்கு பிறகு மெதுவாக நேராக்கவும்.

ஒவ்வொரு பயிற்சியின் போதும் மனதுடன் சேர்ந்து உடலும் நன்கு தளர்கிறது என்று எண்ண வேண்டும். அதனால் மனம் மிகுந்த இலகுவாகி புத்துணர்ச்சியை கொடுக்கும்.

பயிற்சி முடிந்த பின் ஒவ்வொரு தசையையும் தனித்தனியாக பிரித்து உணரவும். பிரித்துணரும் போது ஏதேனும் இறுக்கம் உள்ளதைப் போல் உணர்ந்தால் அந்தப் பகுதிக்குரிய பயிற்சியை திரும்ப செய்ய வேண்டும்.

பின்குறிப்பு:

- பயிற்சியின் போது மன இறுக்கம் அதிகமாவதைப் போல உணர்ந்தால் நிறுத்தி விட்டு மருத்துவரை அணுக வேண்டும்.
- தசை வலி உள்ளதைப் போல் உணர்ந்தால் பயிற்சி தற்காலிகமாக நிறுத்தி வைக்கவும்.
- முதுகுவலி உள்ளவர்கள் இந்தப் பயிற்சியை செய்யக்கூடாது.

மேற்கண்ட பயிற்சிகளை தினமும் 20 விநாடிகளுக்கு செய்வதன் மூலம் மனதையும், உடலையும் மிகுந்த ஆரோக்கியமாகவும், மகிழ்ச்சியாகவும் வைத்துக் கொள்ளலாம். இயக்குத் தசை தளர்வு பயிற்சி மனம் சார்ந்த பிரச்சனைகளை நீக்கி நல்ல அமைதியான வாழ்விற்கு வழிவகுக்கிறது.

APPENDIX - G

Structured interview schedule for assessing the level of stress among cotton mill workers.

PART - I

DEMOGRAPHIC DATA

Instructions to the respondent:

Dear participants, I would like to ask you some personal questions. Please give necessary information. All the information provided will be kept confidential.

1. Age (yeas)

a) 20 - 25 Yrs

b) 25 - 30 Yrs

c) 30 - 35 Yrs

d) >35Yrs

2. Sex

a) Male

b) Female

3. Educational Status

a)No formal education

b) Primary Education

c) Secondary Education

d) Graduate

4. Marital Status

a) Married

b) Un Married

c) Widow

5. Monthly Income
- a) <Rs.1, 500
 - b) Rs. 1,500 – 3,000
 - c) Rs. 3,000 – 4,500
 - d) > Rs. 4,500
6. Religion
- a) Hindu
 - b) Christian
 - c) Muslim
7. Area of Residence
- a) Urban
 - b) Rural
8. Type of family
- a) Nuclear family
 - d) Joint family
9. Years of Experience
- a) < 1 Year
 - b) 1-5 years
 - c) 5-10 years
 - d) >10 years
10. Type of placement
- a) Temporary
 - b) Permanent

PART-II

MODIFIED JOB STRESS INVENTORY

It deals with statements regarding stress among workers.
Please listen the following statements carefully and state the response
that suits you.

S. No.	Contents	Never 0	Occasionally 1	Somewhat often 2	Frequently 3	Almost always 4
1.	I feel little enthusiasm for doing my job.					
2.	I feel tired even with adequate sleep					
3.	I feel frustrated in carrying out my responsibilities at work.					
4.	I am moody, irritable, or impatient over small inconveniences.					
5.	I want to withdraw from the constant demands on my time and energy.					
6.	I feel negative, futile, or depressed about my job.					
7.	My decision making ability seems less than usual.					
8.	I think that I am not as efficient as I should be					
9.	The quality of my work is less than it should be.					
10.	I feel physically, emotionally or spiritually depleted.					
11.	My resistance to illness is lowered.					
12.	My interest in sex is lowered.					
13.	I am eating more or less, drinking more coffee, tea or sodas, smoking more cigarettes, or using more alcohol or drugs in order to cope with my job.					

14.	I am feeling emotionally callous about the problems and needs of others.					
15.	My communication with my boss, co workers, friends, or family seems strained.					
16.	I am forgetful.					
17.	I am having difficulty concentrating.					
18.	I am easily bored.					
19.	I feel a sense of dissatisfaction, of something wrong or missing.					
20.	When I ask myself why I get up and go to work, the only answer that occurs is "my paycheck."					
Lack of control						
21.	I lack the authority to carry out certain responsibilities.					
22.	I feel trapped in a situation without any real options.					
23.	I am unable to influence decisions that affect me.					
24.	There are a lot of requirements that get in the way of my doing certain tasks.					
25.	I can't solve the problems assigned to me.					
Information Gap						
26.	I am unsure about the responsibilities of my job.					
27.	I don't have enough information to carry out certain tasks.					
28.	I am under qualified for certain tasks I'm expected to do.					
29.	Others I work with are not clear about what I do.					
30.	I don't understand the criteria used to evaluate my performance.					

Cause and Effect						
31.	There is no relationship between how I perform and how I am rated.					
32.	I sense that popularity and politics are more important than performance.					
33.	I don't know what my supervisor thinks of my performance.					
34.	I don't know what I am doing right and what I am doing wrong.					
35.	I can't solve the problem If I give suggestions, my supervisor does not include them.					
Conflict						
36.	I am expected to satisfy conflicting needs.					
37.	I disagree with co-workers					
38.	I disagree with my supervisor					
39.	I am caught in the middle.					
40.	I can't get what I need to get the job done.					
Alienation						
41.	I feel pessimistic about opportunities for advancement or growth in my job.					
42.	My supervisor or boss is critical.					
43.	I feel unaccepted by the people I work with.					
44.	My good work is not noticed or appreciated.					
45.	My progress on the job seems less than it could be.					
Over load						
46.	I experience little meaning in my work.					
47.	I feel supported by my co-workers or boss.					
48.	My values seem at odds with those of management.					
49.	The organization seems insensitive to my individuality.					

50.	I find I cannot be myself at work because I feel different from my co-workers.					
Under load						
51.	I have too little to do					
52.	I feel overqualified for the work I actually do					
53.	My work is not challenging.					
54.	Most of my work is very routine.					
55.	I miss contact with people in my job.					
Environment						
56.	I find my work environment unpleasant.					
57.	I lack the privacy I need to concentrate on my work.					
58.	Some aspects of my environment seem hazardous.					
59.	I have too much or too little contact with people.					
60.	I have to deal with many little hassles.					
Value conflict						
61.	I must do things that are against my better judgement.					
62.	I must make compromises in my values.					
63.	My family and friends do not respect what I do.					
64.	I observe my co-workers doing this that I don't approve of.					
65.	The organization that I work for pressures employees to do things that are unethical or unsafe.					
	Grand total					

Score

Mild stress : < 86
Moderate stress : 87 - 172
Severe stress : 173 - 260

வரையறுக்கப்பட்ட நேர்காணல் அட்டவணை

நேர்காணல் அட்டவணை:-

தோழிலாளர்களின் மன அழுத்தத்தை அறிவதற்கான நேர்காணல்

பகுதி- அ

நேர்முகத் தேர்வாளர்களுக்கான அறிவுரைகள்:-

நேர்முகத்தேர்வாளர் கீழே கொடுக்கப்பட்டுள்ள வினாக்களை நேர்முகத்தேர்வில் பங்கு பெறுவோரிடம் கேட்கவேண்டும். அவ்வினாவிற்கு கீழே சில பதில்கள் கொடுக்கப்பட்டுள்ளன. நேர்முகத் தேர்வாளர்கள் கேள்வி மற்றும் பதில்களை பங்கேற்பாளர்கள் புரிந்துகொள்ளும் வரை திரும்பத் திரும்ப கூற வேண்டும். பிறகு பங்கு பெறுவோர் கூடிய விடையை(✓) என்று குறியிட வேண்டும்.

பங்கு பெறுவோர்க்கான அறிவுரைகள்:-

அன்பானவர்களே உங்களது சுய குறிப்புகள் பற்றிய தகவல்கள் எனக்கு தேவைப்படுகின்றன. நீங்கள் கொடுக்கும் தகவல்கள் இரகசியமாக வைக்கப்படும்.

பகுதி :அ
சுய விபரங்கள்

1. வயது (வருடங்கள்)

அ) 20 - 25

ஆ) 25 - 30

இ) 30 - 35

ஈ) >35

2. பாலினம்

அ) ஆண்

ஆ) பெண்

3. கல்வித் தகுதி

அ) படிப்பறிவின்மை

ஆ) ஆரம்ப கல்வி

இ) மேல் நிலைகல்வி

ஈ) பட்ட மேற்படிப்பு

4. திருமண தகுதி

அ) திருமணமானவர்

ஆ) திருமணம் ஆகாதவர்

இ) விவாகரத்தானவர்

ஈ) விதவை

5. மாத வருமானம்

அ) குறைந்தபட்சம் ரூ.1,500

ஆ) ரூ.1,500 - ரூ.3,000

இ) ரூ.3,000 - ரூ.4,500

ஈ) அதிகபட்சம் ரூ.4,500

6. மதம்

அ) இந்து

ஆ) கிறிஸ்துவம்

இ) முஸ்லீம்

7. வசிக்கும் இடம்

அ) நகரம்

ஆ) கிராமம்

8. குடும்ப வகை

அ) தனிக் குடும்பம்

ஆ) கூட்டுக் குடும்பம்

9. பணி அனுபவம்

அ) குறைந்த பட்சம் 1 ஆண்டு

ஆ) 1 - 5 ஆண்டுகள்

இ) 5 - 10 ஆண்டுகள்

ஈ) அதிகபட்சம் 10 ஆண்டுகள்

10. பணி விபரம்

அ) தற்காலிகப் பணி

ஆ) நிரந்தரப் பணி

பகுதி - ஆ

வேலையினால் ஏற்படும் மன அழுத்தத்தை கண்டறியும் அளவுகோல்.

வ. எண்	பகுதி	எப்பொழுதும் இல்லை	எப்பொழுதாவது ஒருதடவை	ஒரளவிற்கு	அடிக்கடி	கிட்டத்தட்ட எப்பொழுதும்
1.	நான் எனது வேலையைச் செய்வதில் ஆர்வம் கொள்வதில்லை.					
2.	போதுமான அளவு தூங்கினாலும் எனக்கு களைப்பாக இருக்கிறது.					
3.	வேலையின் போதும் எனது பொறுப்புகளைச் செய்யும் போதும் நான் மனமுடைந்து போகிறேன்.					
4.	சிறு அசௌகரியங்களுக்கு கூட நான் எரிச்சலடைகிறேன். பொறுமையிழக்கிறேன்.					
5.	எனது நேரத்தையும், சக்தியையும் செலவு செய்யக் கூடியவைகளிலிருந்து விடுபட விரும்புகிறேன்.					
6.	எனது வேலையால் நான் எதிர்மறையான பயனற்ற மற்றும் மிக்க மன வருத்தமாக உணர்கிறேன்.					
7.	எனது முடிவெடுக்கும் திறமை வழக்கமானதை விட குறைவாக உள்ளதாக உணர்கிறேன்.					
8.	நான் எவ்வளவு திறமையாக இருக்க வேண்டுமோ அவ்வளவு திறமை உடையவனாக இல்லை என எண்ணுகின்றேன்.					
9.	எனது வேலையின் தரம் எவ்வளவு இருக்க வேண்டுமோ அவ்வளவு தரம் வாய்ந்ததாக இல்லை.					
10.	நான் உடலாலும், உணர்வாலும், ஆன்மீகத்தாலும் வெறுமையானதைப்போல் உணர்கிறேன்.					
11.	உடல் நலக் குறைவிற்கான எதிர்ப்பு சக்தி குறைந்துள்ளது.					

12.	பாலியல் உறவுகளில் எனக்குள்ள விருப்பம் குறைந்துள்ளது.					
13.	எனது வேலையைச்செய்யும் பொருட்டு நான் அதிகமாகவோ அல்லது குறைவாகவோ சாப்பிடுகிறேன். காபி, டீ, சோடா, சிகரெட், மது பானம், போதை மருந்துகளை அதிகமாக உபயோகிக்கின்றேன்.					
14.	மற்றவர்களின் பிரச்சனைகளிலும், தேவைகளிலும் எவ்வித இரக்க உணர்ச்சிகளைக் காட்டுவதில்லை.					
15.	மேலதிகாரிகள், உடன் ஊழியர்கள், நண்பர்கள் மற்றும் குடும்பத்தினருடனே உள்ள தொடர்பு கடினமானதாக உள்ளது.					
16.	ஞாபகமறதி உள்ளதாக உணர்கிறேன்.					
17.	மனதை ஒரு நிலைப்படுத்துவது கடினமாக உள்ளது.					
18.	விரைவில் சலிப்படைந்த நிலைக்கு ஆளாகிறேன்.					
19.	ஏதோ தவறு நடந்ததைப் போல அல்லது எதையோ தவறவிட்டதைப்போல் ஒரு திருப்தியற்ற நிலையை உணர்கிறேன்.					
20.	ஏன் எழுந்து வேலைக்குச் செல்கிறேன் என்றால் அதற்கு ஒரே காரணம் எனது சம்பளம்.					
நிர்வாகித்தல் :-						
21.	ஒரு சில பொறுப்புகளை செய்து முடிப்பதில் அதிகாரக் குறைவு இருப்பதாக உணர்கிறேன்.					
22.	உண்மை விருப்பத்திற்கு அப்பாற்பட்டு சூழ்நிலைகளால் கட்டிப்போடப்பட்டுள்ளதாக உணர்கிறேன்.					
23.	என்னைப் பாதிக்கும் முடிவுகளை கட்டுப் படுத்த முடியவில்லை.					

24.	சில கடினமான வேலைகளைச் செய்வதில் எனக்கு நிறையத் தேவைகளிருக்கின்றன.					
25.	எனக்கு அளிக்கப்பட்டுள்ள வேலை சார்ந்த பிரச்சனைகளைத் தீர்க்க முடியவில்லை.					
கருத்துப்பரிமாற்ற இடைவெளி :-						
26.	எனது வேலையின் பொறுப்புக்களில் நான் உறுதியிழந்திருக்கிறேன்.					
27.	சில வேலைகளைச் செய்து முடிக்க எனக்கு போதிய விவரங்களை அறிவிக்கப்படவில்லை.					
28.	என்னிடம் எதிர்பார்க்கும் தகுதிகளை விட நான் தகுதி குறைந்தவனாக கருதுகிறேன்.					
29.	நான் என்ன செய்கிறேன் என்பதை என்னுடன் வேலை செய்பவர்களுக்கு தெளிவாகத் தெரியாது.					
30.	எனது செயல்பாடுகளை மதிப்பீடு செய்ய என்ன வழிமுறைகள் என்பதை என்னால் புரிந்து கொள்ளமுடியவில்லை.					
காரணமும் விளைவும் :-						
31.	நான் எவ்வாறு செயல்படுகிறேன் என்பதற்க்கும், நான் எவ்வாறு மதிப்பிடப்படுகிறேன் என்பதற்க்கும் எந்தத் தொடர்பும் இல்லை.					
32.	செயல்பாடுகளை விட புகழும் அரசியலுமே மிகவும் முக்கியம் என்பதாக உணர்கிறேன்.					
33.	எனது மேற்பார்வையாளர் எனது செயல்பாடுகளைப் பற்றி என்ன நினைக்கிறார் என்று எனக்குத் தெரியாது.					
34.	நான் எதை சரியாகச் செய்கிறேன், எதை தவறாகச் செய்கிறேன் என்பது எனக்குத் தெரியாது.					
35.	நான் எனது கருத்துக்களைக் கூறினால் மேற்பார்வையாளர் அதை எடுத்துக்கொள்வதில்லை.					

சச்சரவு :-						
36.	மாறுபட்ட தேவைகளைப் பூர்த்தி செய்ய நான் எதிர் பார்க்கப்படுகிறேன்.					
37.	உடன் வேலை செய்பவர்களுடன் ஒத்துப் போவதில்லை.					
38.	எனது மேற்பார்வையாளரிடம் ஒத்துப் போவதில்லை.					
39.	இடையூறுகளில் மாட்டிக் கொள்கிறேன்.					
40.	எனது வேலையை முடிக்க தேவையான சக்தியை நான் பெறமுடிவதில்லை.					
அயலப்படுதல் :-						
41.	எனது வேலையில் நல்ல வாய்ப்புகளையும் முன்னேற்றத்தையும் பற்றி மோசமாக உணர்கிறேன்.					
42.	மேற்பார்வையாளரும் உரிமையாளரும் என்னை மோசமாகவே எண்ணுகிறார்கள்.					
43.	என்னுடன் வேலை செய்பவர்களால் நான் ஏற்றுக் கொள்ளப்படவில்லை என உணர்கிறேன்.					
44.	எனது நல்ல வேலைகள் எல்லாம் கவனிக்கப்படவோ, பாராட்டப்படவோ இல்லை என உணர்கிறேன்.					
45.	எனது வேலையில் எவ்வளவு முன்னேற்றம் இருக்க வேண்டுமோ அதைவிட குறைவாகவே உள்ளதாக உணர்கிறேன்.					
அதிகச்சமை :-						
46.	எனது வேலையில் குறைந்த அர்த்தம் உள்ளது போல் உணர்கிறேன்.					
47.	எனது உரிமையாளரோ அல்லது உடன் வேலை செய்பவர்களோ எவ்வித ஆதரவும் தருவதில்லை என எண்ணுகின்றேன்.					

48.	எனது கருத்துக்கள் நிர்வாகத்தில் எடுபடுவதில்லை.					
49.	எனது தனித்தன்மைக்கு நிறுவனம் எவ்வித மதிப்பும் தருவதில்லை.					
50.	எனது வேலையில் நான் நானாக இருக்க முடியவில்லை ஏனெனில் எனது சக ஊழியர்களிடமிருந்து நான் வேறுபட்டு இருக்கிறேன்.					
சுமைகுறைவு :-						
51.	எனது வேலை மிகவும் குறைவாக உள்ளது.					
52.	நான் செய்யும் வேலைக்குத் தேவையான தகுதியை விட அதிகத் தகுதி இருப்பதாக உணர்கிறேன்.					
53.	எனது வேலை எனக்கு சவலாக இல்லை.					
54.	பெரும்பாலான வேலைகள் வழக்கமானவையே.					
55.	என்னுடன் வேலையில் இருப்பவர்களின் தொடர்பை தவற விடுகிறேன்.					
சூழ்நிலை :-						
56.	எனது வேலைச் சூழ்நிலை மகிழ்ச்சியற்றதாக உணர்கிறேன்.					
57.	எனக்கு தனிமை குறைகிறது. எனது மனதை வேலையில் ஒருமுகப்படுத்த வேண்டும்.					
58.	எனது வேலையின் சில பகுதிகள் அபாயகரமாகதாக உள்ளது போல் தெரிகிறது.					
59.	மக்களுடனான தொடர்பு மிகவும் அதிகமாகவோ அல்லது மிகவும் குறைவாகவோ உள்ளது.					
60.	சிறிய இடர்களை சமாளிக்க வேண்டியுள்ளது.					
மதிப்பீடுகளில் சச்சரவு :-						
61.	எனது தீர்மானத்திற்கு எதிரான செயல்களை செய்ய வேண்டிய கட்டாயம் உள்ளது.					

62.	மதிப்பு வரையறைகளில் நான் என்னையே சமதானம் செய்து கொள்ள வேண்டியுள்ளது.					
63.	எனது குடும்பத்தினரும் நண்பர்களும் நான் செய்வதை மதிப்பதில்லை.					
64.	என்னால் ஏற்றுக் கொள்ள முடியாததை எனது சக ஊழியர்கள் செய்வதை கவனித்துக் கொண்டிருக்கின்றேன்.					
65.	உலக நீதி கோட்பாடுகளுக்கு எதிரானவைகளை பாதுகாப்பற்றவைகளையும் வேலையிலிருப்பவர்களை செய்யுமாறு நிறுவனம் கட்டாயப்படுத்துகிறது.					

மதிப்பு:

- குறைந்த அளவு மன அழுத்தம் : 0-86
மிதமான அளவு மன அழுத்தம் : 87-172
அதிகமான அளவு மன அழுத்தம் : 173-260