

Relationship of Stress Vulnerability with General Health among Teachers

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Abstract

Stress Vulnerability Scale (Miller & Smith, 1985) and General Health Questionnaire-28 (Goldberg, 1978, GHQ-28) were administered on 60 college teachers who were attending the Orientation Programme and Refresher Courses at UGC Academic Staff College, A.M.U., Aligarh. The main objective of the study was to examine the relationship between the scores obtained on stress vulnerability scale and the four dimensions of GHQ-28, namely, somatic symptoms, anxiety/insomnia, social dysfunction and severe depression. Results revealed that the significant positive correlation coefficients were found between stress vulnerability and somatic symptoms, and stress vulnerability and severe depression. Negative relationship was found between stress vulnerability and social dysfunction dimension of GHQ.

Keywords : Stress, health, teacher

Introduction

In 1947, the WHO offered the following statement about health: "Health is a state of complete physical, mental, and social well-being, and not merely the absence of disease and infirmity." Others defined as "Health is a positive multi-dimensional state that involves three domains: physical health, psychological health, and social health. A focus on health psychology is on promoting and maintaining good health and preventing, detecting, and treating illness" [7].

Husain and Khan [3] define health in terms of acronym *HEALTH*. Husain and Khan maintain that health is caused by multiple factors and produces multiple effects. From this viewpoint, health becomes

something that one achieves through attention to physical and psychological factors. Based on the six aspects of health, they suggested the definition of health in relation to physical factors, namely, hobbies, exercise and aerobics, psychological factors, namely, lifestyle, thinking and happiness. Health management may be defined as an endeavor to potentiate the physical and psychological factors that lead to attainment health, where psychological factors are influenced by the Physical health-related factors i.e., those individuals who are involved in hobbies, exercise and aerobics will probably have good lifestyle, positive thinking and happiness (i.e., psychological health).

Psychological vulnerability to stress

may be regarded as a particular feature of individuals which respond in an easy manner to psychological stress in a wide range of stress agents ^[4].and appears as an element favoring psychosomatic disease in which an organ vulnerability is associated ^[6]. Meanwhile, any psychosomatic disease generates somato-psychic disorders, which are enhanced by this type of personality with an increased vulnerability (especially in the field of affective-emotional) ^[5]. There are two types of vulnerability: psychological and physical.

The main objective of the study is to examine the relationship between the scores obtained on stress vulnerability scale and the four dimensions of GHQ-28, namely, somatic symptoms, anxiety/insomnia, social dysfunction and severe depression.

Method

Sixty college teachers served as subjects for the present study. They came to attend the Orientation Programme and Refresher Courses at UGC Academic Staff College, A.M.U., Aligarh in July-August, 2012.

The GHQ-28 is a 28- ^[2] item measure of emotional distress in medical settings. The GHQ is used to detect psychiatric disorder in the general population and within community or non-psychiatric clinical settings such as primary care or general medical out-patients. It assesses the respondent's current state and asks if that differs from his or her usual state. It is therefore sensitive to short-term psychiatric disorders but not too long-standing attributes of the respondent. The GHQ is very widely used by researchers in

various fields (occupational health, medicine, psychology) and clinicians who wish to screen individuals for psychiatric disorder.

It is often of more interest to be able to examine a profile of scores rather than a single score, making this version of the GHQ particularly useful. The 28 items of GHQ, through factor analysis, have been divided into four sub-scales. This 'scaled' version of the GHQ has been developed on the basis of the results of principal components analysis. The four sub-scales, each containing seven items, are as follows:

- A – somatic symptoms (items 1-7)
- B – anxiety/insomnia (items 8-14)
- C – social dysfunction (items 15-21)
- D – severe depression (items 22-28)

There are no thresholds for individual sub-scales. Individual sub-scales are used for providing individual diagnostic or profile information. For identifying caseness with GHQ-28, the total of the sub-scales is used.

There are different methods to score the GHQ-28. It can be scored from 0 to 3 for each score with a total possible score on the ranging from 0 to 84. Using this method, a total score of 23/24 is the threshold for the presence of distress. Alternatively the GHQ-28 can be scored with a binary method where *Not at all*, and *No more than usual* score 0, and *Rather more than usual* and *Much more than usual* score 1. Using this method any score above 4 indicates the presence of distress or 'caseness'.

Numerous studies have investigated the reliability and validity of the GHQ-28 in various clinical populations. Test–retest reliability has been reported to be high (0.78 to 0.9) ^[9] and interrater and intrarater reliability have both been shown to be excellent (Cronbach’s 0.9 to 0.95^[11]. High internal consistency has also been reported ^[1]. The GHQ-28 correlates well with the Hospital Depression and Anxiety Scale (HDAS) ^[10] and other measures of depression ^[9].

For the assessment of vulnerability to psychological stress SVS developed by Miller and Smith ^[8] was used. This test measures the individual’s vulnerability to stress that how much a person is prone to physical and psychological stress. It refers to a number of factors that affect one’s vulnerability to stress – among them are eating and sleeping habits, caffeine and alcohol intake, and how people express their emotions. It contains 20 items arranged in a 5 point-Likert type scale. It entails degrees ranging from 1 (always) to 5 (never) respectively and the subject had to rate each item according to how much of the time the statement was true of him/her.

To get the final score, the score was added up and 20 was subtracted from the actual score. A score below 10 indicates excellent resistance to stress. A score 30 indicates some vulnerability to stress; and subject is seriously vulnerable if his/her score is above 50.

The data of the present study was collected by the first investigator through personal contact with the participants. Before administering the instruments, the

purpose of the study was explained to the participants and they were assured that their responses will be kept confidential and will be used for research purpose. After establishing rapport with the participants they were requested to fill the Stress Vulnerability Scale and GHQ-28. The scoring was done according to the prescribed manual. The data were analyzed by means of Pearson Product Moment Correlation. SPSS 16.0 version was used to analyze the data.

Results and Discussion

Results revealed that the significant positive correlation coefficients were found between stress vulnerability and somatic symptoms, and stress vulnerability and severe depression. Negative relationship was found between the scores obtained on stress vulnerability scale and social dysfunction dimension of GHQ-28.

Severe depression that teachers have presented underlines the stress vulnerability and psychological impact and reactions. Positive relationship between severe depression sub-scale of GHQ-28 and stress vulnerability scores indicate that these teachers are characterized by a particular psychological profile that implies the existence of a psychological vulnerability to stress.

Positive relationship between stress vulnerability and somatic symptoms indicate that teachers have limited capacity to cope with stressful events generated by eating and sleeping habits, and how people express their emotions.

Negative relationship was found between the scores obtained on stress vulnerability and social dysfunction dimension of GHQ-28. This finding suggests that vulnerability to stress dominated by the presence of psychological and physical factors which can maximize the appearance of social dysfunction and the feeling of helplessness and hopelessness.

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