

## **Relationship Between Stress, Health Status and Emotional Competence of Primary School Teachers and Housewives**

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**Abstract:** An ex-post-facto study on stress, health status and emotional competence of 105 married female primary school teachers with at least 5 years of teaching experience was conducted in Dharwad city during 2008-09. 50 housewives belonging to the same age and income ranges were selected as the comparison group. Stress Index Questionnaire developed by Ivancevich and Matteson [1] was used to assess the stress levels, emotional competence was assessed using EC- Scale developed by Bharadwaj and Sharma [2] and health status by Post Graduate Institute of Medical Education and Research (P.G.I) Health Questionnaire N-2 developed by Wig and Verma [3]. The results revealed that majority of the teachers and housewives indicated average to competent level of emotional competence (88-89.5%), high stress levels (66-74.3%) and mildly affected health status (88.6-92.0%). Negative and significant relationship was observed between emotional competence with stress and health status of teachers and housewives. Hence, increase in the emotional competence reduced the stress levels and health problems (neurosis) significantly among primary school teachers as well as housewives.

**Key words:** Stress • Health Status • Neuroticism • Components of Emotional Competence

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### **INTRODUCTION**

The employment of women whether by choice or necessity has a deep impact on basic institution of family and marital relations. The increase in the activities of women at work may not only result in paucity of time of association with family members but also mark a change in the behavioral characteristics of women. Therefore the working woman is needed to have more competence to carry out her job effectively as a wife, a daughter-in-law, mother and also a good worker on the professional front. Recognition of women's dual roles, respect for working women in the society, husband's positive attitude towards employed women are some of the factors which help for smooth running of familial functions and cordial marital relations between husband and wife.

Teaching is a profession in which majority of women are employed and it is a demanding job. The effectiveness of the educational system largely depends on active, resourceful and competent teachers. The teachers carryout this role of moulding the life of children effectively, but at the same time face stress as they are dealing with young children who are difficult to handle. The sources of stress for the school teachers are heavy workload, delayed salaries, duties other than teaching, lack of co-operation from head and colleagues, political interference, students' misbehavior and negative community attitude [4]. Thus stress has been found to have long lasting impact on the physical, mental and emotional

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health of primary school teachers. In order to safeguard the health from harmful effects of stress, the teachers have to develop certain qualities which act as buffer and ensure well-being. Teachers who understand and improve their emotional competence skills are able to simultaneously develop professional and personal strength by improving the areas of weakness.

On the second front, the housewives also face stressors in their day-to-day life which affects health and emotions. Both working and non-working women should have greater skills of emotional competence and stress management in order to have a sound health. Looking after the daily household tasks efficiently with less problems and setbacks is a skill that every woman should be endowed with, whether working or non-working in order to have a happy family life. The emotional competence, stress and health status are independent but they have a long lasting impact on the individual's life. Very few studies deal with the interrelation between stress, health status and emotional competence of working and non-working women. Hence the present study is an attempt to focus on "Relationship between stress, health status and emotional competence of primary school teachers and housewives" with the following objectives:

- To study the emotional competence and stress of female primary school teachers and housewives.
- To assess the health status of teachers and housewives.
- To identify the relationship between stress, health status and emotional competence of teachers and housewives.

## **MATERIALS AND METHODS**

Out of 50 Government primary schools in Dharwad city, 105 female teachers were randomly selected from 18 primary schools. The married teachers more than 25 years of age and at least 5 years of teaching experience were considered for the study. 50 housewives belonging to the same age and income ranges as that of the school teachers were selected as the comparison group.

Stress Index Questionnaire developed by Ivancevich and Matteson [1] was used to assess the stress levels of the housewives and teachers. It consists of 20 statements. It is a 2 point scale with alternatives 'yes' or 'no'. A score of 1 has to be given for responses 'yes' and 0 for 'no'. The total stress score ranged from 0 to 20. Based on the total stress score, the respondents were classified into low, average and high stress levels.

Post Graduate Institute of Medical Education and Research (P.G.I) Health Questionnaire N-2 developed by Wig and Verma [3] was used to assess the health status of teachers and housewives. The health questionnaire assessed the health problems related to eyes, head, stomach, back, heart, sleep along with mental health issues like getting pessimistic ideas, sinking sensation, panic attacks and so-on. It is a 2 point scale with two alternatives 'yes' or 'no' for 60 items. For Neuroticism (N) score, the items are from 1-50 and total score ranges from 0-50. For lie scale, the items are from 51-60 and the total score ranges from 0-10. The respondents scoring less than 5 on the lie scale will be selected for the study. Based on the neuroticism score, the respondents were categorized into mildly, moderately and severely affected health status. Higher neuroticism score indicates more health problems.

Emotional Competence (EC-Scale) developed by Bharadwaj and Sharma [2] was used to assess the emotional competence of primary school teachers and housewives. This scale consists of 30 statements divided into five components with 6 items in each component. It is a five point scale having five alternatives to each and scoring of 1,2,3,4 and 5 from upper to lower end. The components of emotional competence are adequate depth of feeling (ADF), adequate expression and control of emotions (AEC), ability to function with emotions (AFE), ability to cope with problems emotions (ACPE) and encouragement of positive emotions (EPE). The total score of each component ranges from 6-30 and total emotional competence score ranges from 30-150. The raw score of all the components are converted into 'Z' scores with the help of the 'Z' table. Based on the 'Z' scores the components as well as the overall emotional competence can be classified as highly incompetent, incompetent, average, competent and highly competent.

The teachers and the housewives were contacted personally and requested to spare some time for filling the questionnaires individually.

## **RESULTS AND DISCUSSION**

The results of emotional competence of the teachers and housewives in each of the five components as well as overall emotional competence are presented in Table 1. It is interesting to note that regarding the first component of emotional competence *viz.*, adequate depth of feeling (ADF), only one per cent of the teachers fell in highly incompetent and highly competent levels, whereas 46.7 per cent had average ADF, followed by 44.8 per cent and 6.7 per cent belonged to competent and incompetent levels respectively. Similarly, 54.0 per cent of the housewives had average ADF, followed by 32.0 per cent and 14.0 per cent with competent and incompetent levels respectively. None of the housewives belonged to highly incompetent and highly competent levels with respect to ADF. There was no significant association between adequate depth of feeling of teachers and housewives as the chi square value (4.698) was not significant.

With respect to the second component of emotional competence, adequate expression and control of emotions (AEC), 77.1 per cent of teachers and 66.0 per cent of housewives showed average levels. Only 20 per cent of housewives showed incompetent level of expression and control of emotions, followed by 14 per cent and 6 per cent in competent and highly competent levels respectively, but none of them were highly incompetent. It is highlighted from the results that 9.5 per cent of teachers fell in incompetent and competent levels of expression and control of emotions and only 3.8 per cent in highly incompetent level, but none of them showed highly competent level in the second component of emotional competence. The chi square value 13.094 indicated highly significant association between teachers and housewives regarding adequate expression and control of emotions.

In case of ability to function with emotions (AFE), more than three-fourth of the respondents, both teachers (77.1%) and housewives (78.0%) expressed average ability. Whereas 16.2 per cent of teachers showed competent level followed by 4.8 per cent and 1.9 per cent incompetent and highly competent ability. On the other hand, 10 per cent of housewives were incompetent, followed by 6.0 per cent showing competent and highly competent levels in their ability to function with emotions respectively. None of the respondents were highly incompetent in the third component of emotional competence. There was no significant association between teachers and housewives on ability to function with emotions as the chi square value was 5.931, which was not significant.

With regard to the fourth component of emotional competence, ability to cope with problem emotions (ACPE), 1-2 per cent of teachers and 2-6 per cent of housewives showed highly incompetent and highly competent levels. Whereas 59 per cent of teachers had average ability to cope with problem emotions, followed by 35.2 per cent and 2.9 per cent indicated competent and incompetent levels, respectively. In case of housewives, 68 per cent expressed average level, followed by 22 per cent and 2 per cent with competent and incompetent levels with respect to the ability to cope with problem emotions. The chi square 5.797 indicated no significant association between teachers and housewives on ability to cope with problem emotions.

None of the respondents were highly competent in case of encouragement of positive emotions (EPE) and only one per cent of the teachers fell in highly incompetent level. 70-70.5 per cent of teachers and housewives showed average level towards EPE. Among teachers, only 15.2 per cent and 13.3 per cent expressed competent and incompetent levels in the encouragement of positive emotions, respectively. Similarly, 22 per cent and 8 per cent indicated competent and incompetent levels among housewives. The chi square value 2.196 indicated no significant association between teachers and housewives on encouragement of positive emotions.

None of the respondents indicated highly incompetent level of overall emotional competence and only 3.8 and 6.0 per cent of teachers and housewives showed highly competent levels. In case of housewives, 58 per cent depicted average, followed by 30 per cent and 6 per cent belonged to competent and incompetent levels respectively. It was interesting to note that half of the teachers (50.5%) were competent, whereas 39 per cent and 6.7 per cent expressed average and incompetent levels towards overall emotional competence, respectively. Significant association was not found between teachers and housewives on overall emotional competence as indicated by the chi square value 6.314. The housewives showed more percentage of incompetence level in all the five components of emotional competence compared to the

Table 1: Emotional competence of the teachers and housewives

Sl No.	Components of emotional competence	Teachers (N=105)				Housewives (N=50)					Chi square	
		Highly incompetent		Average	Highly competent		Highly incompetent		Average	Highly competent		
		incompetent	Incompetent		Competent	competent	incompetent	Incompetent		Competent		competent
1	ADF	01 (1.0)	07 (6.7)	49 (46.7)	47 (44.8)	01 (1.0)	-	07 (14.0)	27 (54.0)	16 (32.0)	-	4.698
2	AEC	04 (3.8)	10 (9.5)	81 (77.1)	10 (9.5)	-	-	10 (20.0)	30 (60.0)	07 (14.0)	03 (6.0)	13.094**
3	AFE	-	05 (4.8)	81 (77.1)	17 (16.2)	02 (1.9)	-	05 (10.0)	39 (78.0)	03 (6.0)	03 (6.0)	5.931
4	ACPE	02 (1.9)	03 (2.9)	62 (59.0)	37 (35.2)	01 (1.0)	01 (2.0)	01 (2.0)	34 (68.0)	11 (22.0)	03 (6.0)	5.797
5	EPE	01 (1.0)	14 (13.3)	74 (70.5)	16 (15.2)	-	-	04 (8.0)	35 (70.0)	11 (22.0)	-	2.196
	Emotional competence	-	07 (6.7)	41 (39.0)	53 (50.5)	04 (3.8)	-	03 (6.0)	29 (58.0)	15 (30.0)	03 (6.0)	6.314

Figures in parenthesis indicate percentages

- ADF - Adequate depth of feeling
- AEC - Adequate expression and control of emotions
- AFE - Ability to function with emotions
- ACPE - Ability to cope with problem emotions
- EPE - Encouragement of positive emotions

teachers. This may be due to educational and economic empowerment of teachers and more participation in the society as compared to the less educated housewives who deal with their own household tasks. The knowledge of teachers help them to develop the ability to cope with problems, have adequate depth, expression and control of emotions, ability to function with and encourage positive emotions and in turn help them to develop better emotional competence. Similar findings were reported by Ramganes and Johnson [5] that the teacher educators in Pondicherry and Karaikal regions had average emotional quotient.

The stress of the teachers and housewives assessed using 20 statements as for the stress index questionnaire is given in Table 2. It is interesting to note that 78 per cent of teachers and 66 per cent of housewives showed high stress levels, 20.0 per cent of teachers expressed average and only 5.7 per cent had low stress levels. Similarly, among housewives 30 per cent indicated average and only 4.0 per cent showed low stress levels. The chi square value 1.976 indicated that the association between teachers and housewives on stress was not significant. The findings also indicated that between teachers and housewives, the teachers showed higher percentage of stress than housewives because of multiple stressors faced by them at school and home. Nalini Devi [6] pointed out that majority of the working women (72.0%) expressed physical and mental exhaustion due to problems at home and work place, since they have to perform dual roles single handedly. Singh and Singh [7] reported that social dysfunction was moderate in 80 per cent of middle aged female school teachers which proved the presence of psychological stress in large number of subjects. Misra [8] pointed out that employed women reported more hassles than housewives.

The health status of the teachers and housewives was identified on the basis of neuroticism score. The results of the Table 3 pointed out that none of the respondents' health status was severely affected indicating no pronounced physical and mental health problems. Majority of the teachers (88.6%) and housewives (92.0%) perceived few health problems and fell in mildly affected category of health status. On the other hand, 11.4 per cent teachers and 8.0 per cent of housewives showed moderately affected health status, indicating more physical and mental health problems compared to the previous group. The health status of teachers and housewives was not significantly associated as indicated by the chi square value 0.430. Both teachers and housewives indicated least number of physical and mental health problems. Rastogi and Kashyap [9] reported that teachers had most sound mental health than the clerks and nurses. Thakar and Misra [10] observed that employed women showed better well-being in terms of mental health compared to the unemployed counterparts.

The correlation coefficient between health status with emotional competence and stress of respondents is depicted in Table 4. In case of emotional competence, correlation coefficient between five components of emotional competence viz., adequate depth of feeling (ADF), adequate expression and control of emotions (AEC), ability to function with emotions

Table 2: Stress of the teachers and housewives

Sl. No	Stress categories	Score range	Respondents		Chi square
			Teachers (N=105)	Housewives (N=50)	
1	Low	0-2	06 (5.7)	02 (4.0)	1.976
2	Average	3-5	21 (20.0)	15 (30.0)	
3	High	6 and above	78 (74.3)	33 (66.0)	

Figures in parenthesis indicate percentages

Table 3: Health status of the teachers and housewives

Sl. No	Health status categories	Score range	Respondents		Chi square
			Teachers (N=105)	Housewives (N=50)	
1	Mildly affected	0-17	93 (88.6)	46 (92.0)	0.430
2	Moderately affected	18-34	12 (11.4)	04 (8.0)	
3	Severely affected	>35	-	-	

Figures in parenthesis indicate percentages

Table 4: Correlation coefficient between health status with stress and emotional competence of teachers and housewives

Sl. No	Particulars	Health status	
		Teachers	Housewives
I	Emotional competence		
	Adequate depth of feeling (ADF)	-0.247*	-0.395**
	Adequate expression an control of emotions (AEC)	-0.318*	-0.241
	Ability to function with emotions (AFE)	-0.272**	-0.364**
	Ability to cope with problem emotions (ACPE)	-0.319**	-0.290*
	Encouragement of positive emotions (EPE)	-0.09	-0.257
	Overall emotional competence	-0.319**	-0.414**
II	Stress	0.134	0.663**

\* - Significant at 0.05 level

\*\* - Significant at 0.01 level

(AFE), ability to cope with problem emotions (ACPE), encouragement of positive emotions (EPE) and health status of the teachers was -0.247, -0.318, -0.272, -0.319 and -0.091 respectively. There was significant negative correlation between health status and 4 components of emotional competence (ADF, AEC, AFE and ACPE) except EPE. On the other hand, coefficient of correlation between health status and 5 components of emotional competence (ADF, AEC, AFE, ACPE and EPE) of housewives was -0.395, -0.241, -0.364, -0.290 and -0.257 respectively, indicating significant negative relationship between health status and three components (ADF, AFE and ACPE) except AEC and EPE. The coefficient of correlation between overall emotional competence and health status of teachers (-0.319) and housewives (-0.414) was negative and highly significant. Thus, the results pointed out that as the emotional competence of teachers and housewives increases, their health problems will be reduced and vice versa. Similar findings were given by Thakar and Misra [10] who made an observation that resources generated by employment *viz.*, income and status are adequate to cope with stress and enhance well-being of women. Varma and Dhawan [11] reported that psychosocial competence was significantly related to general well being, positive effect and family group support of Indian women.

Coefficient of correlation between health status and stress of housewives was 0.663, indicating positive and highly significant relationship, whereas, correlation coefficient between health status and stress of teachers was 0.134, depicting positive but not significant relationship. This indicated that with the increase in stress of housewives, the health problems also increased significantly. On the other hand, the stress of the teachers increased the health problems though not to a

Table 5: Influence of emotional competence and stress on health status of teachers and housewives

Sl. No.	Particulars	Health status			
		Teachers		Housewives	
		R <sup>2</sup>	F value	R <sup>2</sup>	F value
1	Emotional competence	0.102	11.683**	0.171	9.911**
2	Stress	0.044	4.702**	0.440	37.675**

\*\* - Significant at 0.01 level

noticeable level. Ojha and Rani [12] reported that significant negative correlations were found between the life stress and positive mental health among both working and non-working women of Varanasi city. Thakar and Misra [10] reported that employed women experienced more hassles and received lesser support than their unemployed counterparts, but they enjoyed better well-being compared to the unemployed women.

The influence of emotional competence and stress on health status of teachers and housewives is depicted in Table 5. With respect to emotional competence, the R<sup>2</sup> value of teachers and housewives was 0.102 and 0.171 respectively, which indicated that 10.2 per cent and 17.1 per cent of the variance in health status of teachers and housewives was explained by the emotional competence. It was interesting to note that, the health status of teachers and housewives was also significantly predicted by stress. The R<sup>2</sup> value of teachers and housewives was 0.044 and 0.440 respectively, which pointed out clearly that 4.4 per cent and 44.0 per cent of the variance in the health status of teachers and housewives was explained by the stress. It was highlighted that the influence of stress found 10 times more on health status of housewives than the teachers.

On the whole, majority of the teachers and housewives indicated average to competent level of emotional competence (88-89.5%), high stress levels (66-74.3%) and mildly affected health status (88.6-92.0%). There was positive and highly significant relationship between stress and health status of housewives, indicating increase in the stress level among the housewives deteriorated health status. The health status of teachers and housewives was negatively and significantly related with the components as well as overall emotional competence. This indicated that increase in the emotional competence of both teachers and housewives reduced the health problems (neurosis) significantly. It was noteworthy that influence of stress on health status of housewives was 10 times more than that of the teachers, indicating increase in the stress level among housewives deteriorated health status. Therefore, there is a need to reduce the stress among housewives. In general, stress management programme and encouragement of emotional competence is required to improve the health of women.

#### REFERENCES

1. Ivancevich, J. and M. Matteson, 1980. Stress Index Questionnaire. In *Stress and work - A managerial perspective*, Eds., I.L. Glenview, Scotto Foresman, pp: 118-120.
2. Bharadwaj, R. and H.C. Sharma, 1995. *Manual for the Scale of Emotional Competencies*. Mapan Bal Nivas, Agra.
3. Wig, N.N. and S.K. Verma, 1978. Post Graduate Institute of Medical Education and Research. Agra Psychological Research Cell, Tiwari Kothi, Agra, India.
4. Gmelch, W.H., 1983. *Thriving on stress for success*. Carvis Press Inc, California, pp: 37-48.
5. Ramganeshe, E. and N. Johnson, 2008. EQ of teacher educators: A survey. *Edutracks*, 7(9): 34-37.
6. Nalini Devi, G., 2000. The dual role of married women in the changing scenario of Indian society. *Journal of Community Guidance and Res.*, 17(3): 325-333.
7. Singh, M. and G. Singh, 2006. Assessment of mental health status of middle-aged female school teachers of Varanasi city. *International Journal of Health*, 5(1): 89-96.

8. Misra, G., 1999. Psychological perspectives of stress and health. Department of Psychology, University of Delhi, pp: 118-223.
9. Rastogi, R. and K. Kashyap, 2001. A study of occupational stress and mental health among married working women. *Journal of Community Guidance and Res.*, 18(2): 189-196.
10. Thakar, G. and G. Misra, 1999. Daily hassles, well being and social support: experiences of employed women in India. *Psychological Studies*, 44(3): 69-76.
11. Varma, R. and N. Dhawan, 2006. Psycho-social factors and mental health of contemporary Indian women. *Psychological Studies*, 51(2-3): 171-177.
12. Ojha, S. and U. Rani, 2004. A comparative study of the level of life stress and various dimension of mental health among working and non-working Indian women. *Community Guidance and Res.*, 21(3): 297-303.