

A STUDY ON KNOWLEDGE, PERCEPTION, AND
READINESS IN ACCEPTANCE OF THE AYURVEDA
APPROACH TO STRESS MANAGEMENT AMONG
EDUCATION PROFESSIONALS.

BY

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KAVITHAASHRI KUMARI A/P SELVARAJA
SNEHA RAMESH

A research project submitted in partial fulfillment of the requirement
for the degree of

BACHELOR OF BUSINESS ADMINISTRATION (HONS)
HEALTHCARE MANAGEMENT

UNIVERSITI TUNKU ABDUL RAHMAN

FACULTY OF BUSINESS AND FINANCE
DEPARTMENT OF BUSINESS ADMINISTRATION

MAY 2024

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HM(HONS)

MAY 2024

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DECLARATION

We affirm that;

- (1) This undergraduate Final Year Project (FYP) represents our efforts and we have appropriately acknowledged all sources of information whether they are, in print, personal form.
- (2) None of the content in this FYP has been used to support any application for another degree or qualification at this university or any other educational institution.
- (3) Each member of the group has made a contribution, to the completion of the FYP.
- (4) The word count for this research report is 15411

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DEDICATION

We would like to express our gratitude to the UTAR for providing us with the means to conduct this research.

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Finally, we pledge to work together, encourage each other, support each other, and tolerate each other if disagreements arise during this research project.

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LIST OF ABBREVIATIONS

DV	Dependent Variable
IV	Independent Variable
UTAR	Universiti Tunku Abdul Rahman
SPSS	Statistical Package Social Science

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ABSTRACT

A Study On Knowledge, Perception, And Readiness In Acceptance Of The Ayurveda Approach To Stress Management Among Education Professionals.

This study delves into the intricate interplay of knowledge, perception, and readiness concerning the acceptance of the Ayurveda approach to stress management among education professionals. In our modern society, stress has become a ubiquitous challenge, particularly affecting professionals in the education sector. Despite the prevalence of stress, there is a growing interest in alternative approaches like Ayurveda, known for its holistic and natural methods. Our research aims to uncover the factors that contribute significantly to the acceptance or rejection of Ayurveda as a viable stress management strategy among education professionals.

Through a comprehensive survey and analysis of data from a diverse sample of education professionals, we seek to identify correlations between variables such as knowledge about Ayurveda, individual perceptions, and readiness to adopt Ayurveda practices. By employing statistical techniques and regression analysis, we intend to quantify the impact of these factors on the overall acceptance of the Ayurveda approach to stress management. This study not only adds to the existing body of knowledge in stress management but also provides valuable insights for educators, policymakers, and healthcare professionals interested in promoting holistic well-being in educational settings.

Our findings are expected to shed light on the key determinants that influence the adoption of Ayurveda-based strategies for stress management among education professionals. This research contributes to bridging the gap between traditional healing practices and contemporary stress management approaches, fostering a more integrated and holistic approach to well-being in educational contexts. The implications of this study extend beyond academia, potentially informing strategies for promoting mental health and resilience among education professionals, thereby enhancing their overall job satisfaction and effectiveness.

CHAPTER 1: INTRODUCTION

1.0 Introduction

1.1 Background of Study

Ayurveda medicine or approach is popular among the Indian community worldwide, and India is where it originated. The word "Ayurveda" is made up of two Sanskrit words: "Ayus," which means "life," and "Veda," which means "knowledge" or "science." So, "Ayurveda" means "Science of Life" when taken as a whole (Katoch et al., 2017). According to Ayurveda, it is believed that achieving a healthy body is impossible without also having a healthy mind. The interrelationship of body, mind, and soul is widely recognized as the fundamental basis of human existence. These three pillars, namely the physical, mental, and spiritual aspects, form a complex structure of connection that shapes our lives.

In Ayurveda, the treatment of physical diseases and the treatment of mental illnesses are two separate specialized areas. Therefore, more comprehensive therapy strategies incorporating pharmaceutical and non-pharmacological approaches are required to manage stress effectively (Deshmukh & Ahir, 2022). Hence, According to Digitalcommons@uri et al., the non-pharmacology techniques that can be used to manage stress and mental well-being include Yoga, meditation, and deep breathing exercises.

According to Shetty (2023), the *NCISM* Institute of India has taken a novel and innovative approach to training the principals of Ayurveda, Siddha, and Unani Colleges. This administrative training is offered to them to make them ready to handle higher responsibilities and stress associated with them. One of the main goals of NCISM is to strengthen the ability of principals to manage stress and time. As per Krishna et al. (2023), work-related pressure and lack of motivation are the major reasons for stress among university faculties. Workplace stress negatively affects the physical and mental health of university faculties.

A survey conducted by Rajasthan’s researchers shows a high prevalence of stress among male and female faculties across various grade levels in urban and regional areas (Krishna et al., 2023). This indicates the prevalence of stress among professors or lecturers that requires treatment to reduce burnout. According to Sharma & Kumar (2023), Yoga involves an intricate balance between breath control (ranayama), and physical postures (Asana). These fundamental principles of Yoga in Ayurveda is a holistic approach that ensures effective stress management. University faculties managing stress rely highly on the Ayurveda benefits of yoga, breathing control, and meditation for their overall well-being (Sharma & Kumar, 2023).

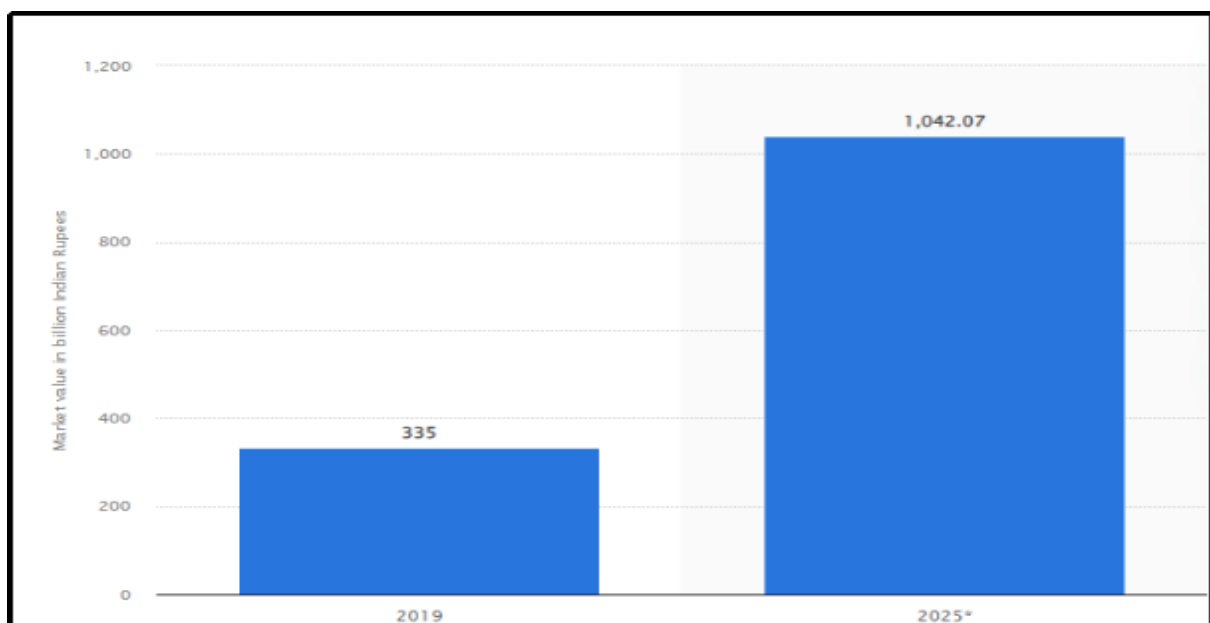


Figure 1.1 Ayurveda Market Value in India

As shown in Figure 1.1, the Indian Ayurveda Market was valued at **335 billion Indian Rupee** in 2019 and is projected to grow by **1,042.07 billion INR** by 2025 (Minhas, 2023). This indicates the growing usage of Ayurveda practices in the country, contributing to its nourishment. According to Geetanjali & Sharma (2023), the integration of evidence-based techniques and Ayurveda can ensure a comprehensive approach to improving mental health. Ayurveda, meditation, and yoga are some of the few holistic approaches that are unique in stress management in the teacher-student relationship-building setting (Sathiyaseelan & Balasundaram, 2024). This indicates the effective use of various Ayurveda practices by lecturers, or teachers to reduce the stressful situations in student-teacher relationship building.

According to Sharma et al. (2023), Yoga as an ancient scientific art of India has the potential to relax the mind to deal with occupational stress. Hence, tertiary educational professionals or lecturers in India apply this ancient approach to manage their occupational stress. As opined by Wills et al. (2023), stress-wise praxis is informed by Ayurveda that helps educators and learners to become stress-wise rather than stressed-out. This indicates the effectiveness of Ayurveda practices in stress management by educators or lecturers.

Lecturers must shape students until they graduate from university, so they carry extensive responsibility when providing or teaching them. They also face pressure from the education facility's management and other factors such as students' grades, technological advancement, and stress from peers. The environment can also cause education professionals to experience stress daily. Furthermore, they must deal with family and maintain a healthy work-life balance. Still, most educational professionals will work extra hours at home, such as marking test papers, preparing enough resources to teach in class, or making worksheets, which causes burnout and, in some cases, increases the likelihood of family challenges. The study aims to discover the acceptance of Ayurveda in stress management among education professionals in terms of knowledge, perception, readiness, and the Ayurveda approach to combating stress.

KEYWORDS: Lecturer, Ayurveda, stress, educational professionals

1.2 Problem Statement

The current educational sector sets high expectations for educational professionals, especially in Malaysia (Farzana et al., 2022). Lecturers are responsible for teaching and learning, research, publication, consulting, and community involvement. These jobs have sporadic burdens, and an excessive load might generate stress in lecturers (Isa, 2020). Stress is a psychological phenomenon that arises from internal or external conflicts an individual encounters. Organizational stress occurs when there is a misalignment between the tasks required and the employees' capabilities, resources, and requirements. Employees who experience stress within a business will likely exhibit altered behavior, harming their health and the firm's overall productivity (Oboreh et al., 2016).

The word "stress" could not be taken out of any sector because it has become such a common problem for workers in this decade. Employees all over the world are worried about the rising level of stress at work.(Sauter & Murphy, 2004).Stress will affect a person's body differently based on how the person responds to the stress. According to Kwee Ling Tai, Yee Guan Ng, and Poh Ying Lim (2019), Stress responses can happen right away (short-term reactions), or they can take longer (long-term reactions) to show up. In terms of how the body reacts, stress affects the heart system. For example, individuals in high-strain jobs (i.e., professions with high demands and low job control) have higher blood pressure than individuals in different professions.

As we know, the COVID-19 pandemic impacted various sectors, which include the tourism, financial, and educational sectors. Regarding the impact of the COVID-19 pandemic on education, it has been observed that lecturer have encountered heightened levels of stress.

Therefore, the primary aim of this study is to investigate the level of knowledge, perception, and readiness of education professionals about the Indian Ayurveda method:

1. Knowledge

Particularly in the last few decades, scientific research has advanced significantly. Ayurveda concentrated on separating active components from medicinal plants to create drugs (*The Quest for Evidence-Based Ayurveda: Lessons Learned on JSTOR*, 2023). Still, it is moving toward a scientific understanding of the basic bodily concepts and procedures that Ayurveda describes. An individual's knowledge of behavior can be one of the predictors of attitude toward behavior and intention to behave. In addition, Ng et al. (2022) state that Understanding traditional, complementary medicine with knowledge facilitates access to significant and helpful information. Individuals with sufficient knowledge can identify the correct way to treat health problems such as stress, which do not need modern medicine and long waiting hours to treat even at home.

2. Perception

Belief and perception are mental states or factors that affect how you see the world around you. Perception is how you use sensory information to notice or interpret something (Baskaran et al., 2021). Empirisk Studie et al. stated that the interview with nurses to discover Ayurveda medicine's perception highlighted differences in benefits, difficulty, and challenges in their perception, impacting their clinical work. Therefore, our research also wants to identify educational professionals' perceptions of Ayurveda on stress management.

3. Readiness

Readiness is also known as the willingness to accept something. Readiness should be had in someone who can adopt the Ayurveda approach to manage their stress and where we can find that they are ready or willing to accept this approach rather than compile them. Additionally, the study intends to assess the extent of acceptance among education professionals about using this approach for stress management.

1.3 Research Questions

1.3.1 General Question

What are the knowledge, perception, and readiness in Acceptance of the Ayurveda approach to stress management among education professionals?

1.3.2 Specific Research Question

SRQ1: Is there a significant impact of knowledge in Acceptance of the Ayurveda approach to stress management among education professionals?

SRQ2: Is there an important impact of perception in Acceptance of the Ayurveda approach to stress management among education professionals?

SRQ3: Is there a main impact of readiness in Acceptance of the Ayurveda approach to stress management among education professionals?

1.4 Research Objectives

1.4.1 General Objectives

To Investigate the knowledge, perception, and Readiness in Acceptance of the Ayurveda approach to stress management among education professionals.

1.4.2 Specific General Objectives

SO1: To examine the knowledge on acceptance of the Ayurveda approach to stress management among educational professionals.

SO2: To investigate the significant perception of the Ayurveda approach to stress management among educational professionals.

SO3: To study the readiness in Acceptance of the Ayurveda approach to stress management among education professionals.

1.5 Hypothesis of Study

H1: **Knowledge** has a significant Impact on the Acceptance of the Ayurveda Approach to Stress Management Among Education Professionals.

H2: **Perception** has a significant impact on Acceptance of the Ayurveda Approach to Stress Management Among Education Professionals.

H3: **Readiness** Has Significant Impact on Acceptance of the Ayurveda Approach to Stress Management Among Education Professionals.

1.6 Significance of study

This research is of great importance in the fields of education and overall. The research that we conduct is helpful in the education field, especially for educational professionals and their well-being. This study explores the educational professionals' acceptance of Ayurveda approaches to manage their stress. This research is done because the stress level among educational professionals is currently high compared to those days due to the innovations of studies and teaching methods and changes in syllabus and expectations of students, children, parents, and institution management.

1.6.1 Theoretical significance

Everyone will experience stress at some point in their lives, which can be acute and chronic. It can sometimes inspire someone to act, but it can also be the reason for physical or emotional issues for a person. According to the Theory of preventive stress management, the stress response model indicates that Positive outcomes include increased alertness and improved performance. In contrast, negative ones have behavioral, psychological, and physical problems. (M. Blake Hargrove et al., 2011).

A study by Othman & Vevehkanandar Sivasubramaniam found that teachers in the Klang Valley area exhibited a significant stress level, with a prevalence rate of 32%. Seven percent showed signs of extreme stress. Even though the severity is less than other mental problems, it can cause different consequences among educational professionals if there are no ways or methods taken to overcome it before it becomes severe.

1.6.2 Practical significance

Most researchers only focus on the causes and consequences of the stress. Still, they also need to focus more on providing a solution or insight into managing stress healthily using an Ayurveda approach for Educational professionals because they frequently experience high-stress levels due to difficulty managing their jobs and home responsibilities (Agyapong et al., 2022). Because Malaysians are increasingly turning to traditional supplementary medicine for their health and well-being, further research on the implications of this trend is necessary. This research aimed to evaluate whether or not educational professionals accept the Ayurveda approach to stress management. This research hoped that the findings of this study would fill in some of the practical gaps regarding perception, knowledge, and readiness among educational professionals and can understand the targeted population easily, which will help to provide more ideas for future research regarding the Ayurveda approach.

1.7 Chapter Layout

Chapter 1

The first chapter serves as an introduction and provides a summary of the research to make clear what is being discussed. This chapter contains an informative research background, a significant problem statement, general research objectives, research questions, and the research hypothesis to be evaluated.

Chapter 2

The literature is thoroughly reviewed in Chapter 2. Fundamental theories, a review of the literature, a suggested conceptual framework, and the formulation of hypotheses are all included in this chapter.

Chapter 3

The research methodology is covered in Chapter 3. The two subtopics in this chapter that will be studied first are research design and data-gathering techniques. The sample design will then be made clear, along with the target population's analysis, the sampling frame and locations, the sampling elements, the sampling technique, and the sample size.

1.8 Chapter Summary

Educational professionals are essential in the academic industry, which continually strives to deliver quality education. Consequently, effective stress management is necessary for them to continue leading a healthy life. This study aims to fill the void by determining whether or not education educational professionals have the knowledge, perception, and readiness to accept an Ayurveda approach. As a result, the chapter on the literature review will consist of extra research in addition to a comprehensive overview of these four components.

CHAPTER 2: LITERATURE REVIEW

2.0 Introduction

Chapter two will focus on doing a comprehensive assessment of the existing literature as well as identifying and defining the dependent and independent variables that will be examined in this study. This paper aims to provide a comprehensive analysis of the impact of each independent variable on the dependent variable. In order to provide a more comprehensive explanation, a conceptual framework is constructed for this study, incorporating the variables and hypotheses.

2.1 Underlying Theory

The Diffusion of Innovations idea, put forth by Everett Rogers, must be taken into consideration while talking about an underlying theory pertaining to the acceptability of the Ayurveda approach to stress management among education professionals.

2.1.1 Theory of the Diffusion of Innovations

A sociological theory called the Diffusion of Innovations describes how novel concepts, things, or behaviour spread within a social system. The idea describes the variables influencing an innovation's adoption by distinct groups of adopters within a population.

2.1.2 Relationship between the Topic and the Diffusion of Innovations Theory

In the context of the study on how well-liked Ayurveda is among educators for reducing stress, According to the theory, innovators typically adopt new innovations first. In this instance, innovators may be early adopters in the field of education who have already embraced Ayurveda as a method of stress management. To comprehend the elements that led them to adopt this strategy, it is possible to examine their knowledge and experiences.

Early Adopters: People who adopt a new idea soon after its creators are called early adopters. These might be educators who are receptive to experimenting with Ayurveda stress management but may still be hesitant (Rodriguez-Jiménez et al., 2022). Understanding what persuades individuals to consider this strategy can offer insightful information.

Early Majority: The early majority represents a larger portion of the population. Once they notice that their peers or co-workers are benefiting from innovations, these people adopt them. Success stories and endorsements from pioneers and early adopters may have an impact on education professionals' acceptance of this group.

The late majority only embraces innovations after they become standard practice or when they are under intense pressure to do so (Zhao et al., 2022). When Ayurveda is generally accepted within their professional circles, late most education professionals may start to take it into consideration for stress management. Laggards are those who adopt innovations last. They are frequently hesitant to change and might only think about using Ayurveda for stress management if it is well-established and more conventional methods have failed to reduce stress.

2.1.3 Consequences for the Study

The Diffusion of Innovations theory can direct the study by assisting researchers in determining which of these groups education professionals fall under and what factors affect their adoption choices.

Finding Adopter Categories: Researchers can group educators into various adopter categories to discover their present views on using Ayurveda to reduce stress.

Finding Influential Factors: By speaking with and surveying participants from each group, researchers can determine what influences people's willingness to adopt Ayurveda. This may take into account things like knowledge, peer pressure, individual experiences, and opinions about how beneficial Ayurveda is. Interventions can be promoted to promote Ayurveda as a stress management strategy by knowing which type of adopters education professionals fall into. For instance, knowledge sharing and advocacy may be advantageous for innovators and early adopters, whereas the early and late majorities may require more social proof and proof of efficacy (Benhabib et al., 2022).

In summary, by grouping education professionals into several adopter categories and looking at the factors influencing their adoption decisions, the Diffusion of Innovations theory may be used to investigate the uptake of Ayurveda for stress management. This method can guide focused campaigns to spread awareness of Ayurveda among this particular group of people.

2.2 Review of Variables

2.2.1 Dependent Variable: Acceptance of Ayurveda Approach to Stress Management among Education Professionals

"Acceptance of Ayurveda Approach to Stress Management Among Education Professionals" is the dependent variable in our study. The degree to which education professionals are open to incorporating Ayurveda techniques into their stress-reduction routines is indicated by this variable. Acceptance can refer to a variety of actions, such as experimenting with Ayurveda treatments, getting Ayurveda counsel, or applying Ayurveda principles to everyday life. Understanding the degree to which this particular population is prepared to accept Ayurveda as a method of stress management depends heavily on this characteristic.

2.2.2 Independent Variable 1: Knowledge

The quantity of information and awareness that educators have regarding Ayurveda and its potential advantages for stress management is referred to as knowledge. Acceptance is fundamentally influenced by knowledge. Ayurveda is more likely to be considered as a practical choice for stress management by education professionals who have a deeper understanding of the system (Turin et al., 2023). The basis for making well-informed decisions is knowledge, which also affects how people view Ayurveda.

2.2.3 Independent Variable 2: Perception

Education experts' perceptions of Ayurveda in terms of stress management are defined as perceptions. Along with how well it matches their own values and views, it also contains their opinions on the efficacy of Ayurveda techniques and their possible advantages. Acceptance is significantly influenced by perception (Wasson et al., 2020). Education professionals are more inclined to adopt and incorporate Ayurveda into their lives if they believe it to be a practical and culturally acceptable method of stress management. Negative impressions, on the other hand, can impede acceptance.

2.2.4 Independent Variable 3: Readiness

Education professionals' readiness to actively engage in Ayurveda stress management techniques is defined as their level of readiness or willingness. It includes things like a willingness to devote time, energy, and money to studying and practicing Ayurveda. The chance of adoption can be significantly predicted by readiness. Education professionals are more likely to adopt Ayurveda as a realistic strategy if they are prepared and willing to make the required modifications in their stress management habits.

In conclusion, the dependent variable in the study, "Acceptance of Ayurveda Approach to stress management among education professionals," is influenced by a number of independent variables, including Knowledge, Perception, and Readiness. The attitudes and actions of education professionals about the use of Ayurveda for stress management are influenced by these independent variables taken together. Knowing how these elements interact will help us develop effective promotional tactics for Ayurveda methods within this particular community.

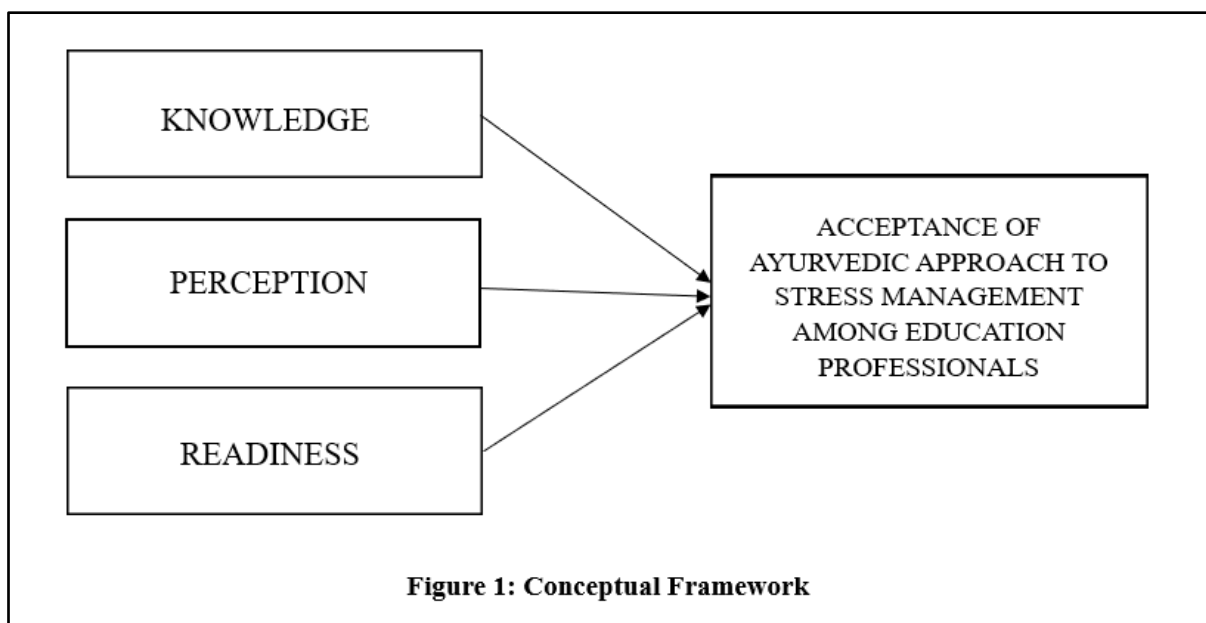
2.3 Conceptual Framework

Understanding how different factors interact to influence the adoption of this alternative stress management strategy requires an understanding of the interactions between the variables in the study on the acceptance of the Ayurveda approach to stress management among education professionals. The dependent variable, "Acceptance of Ayurveda Approach to Stress Management Among Education Professionals," lies at the heart of this study. The aim of this variable, which serves as the study's main outcome, is to study how much Ayurveda is being embraced by educators as a stress-reduction strategy.

The independent variables Knowledge, Perception, and Readiness surround the dependent variable. These independent variables each have a unique but connected function in influencing how well-liked Ayurveda is among educators. First off, this framework is built on "Knowledge." The link between understanding and acceptance is clear; educators who have a better understanding of Ayurveda are more likely to have favourable opinions of its efficacy in treating stress (Chaturvedi et al., 2021). People's impressions of the advantages of Ayurveda treatments are shaped by knowledge, which enables them to make well-informed judgments.

As we continue down the framework, we come upon "Perception." This element mediates the connection between acceptance and knowledge. Ayurveda's adoption among educators is strongly influenced by how they view it, including its efficacy, cultural fit, and suitability for their needs in terms of stress management (Nesari, 2022). Positive impressions can boost acceptance chances, whilst unfavourable perceptions can discourage people from considering Ayurveda.

Last but not least, "Readiness" also plays a significant role. It has something to do with acceptance as well as perception. Ayurveda techniques are more likely to be included into stress management routines by those who are eager and willing to do so. Perceived advantages, perceived barriers, and an individual's general willingness to devote time and energy to learning about Ayurveda are all elements that affect readiness.



In conclusion, the interactions between the study's variables weave a complicated web that explains why education professionals support Ayurveda stress management. The basis is knowledge, and the mediators of perception, and readiness either help or hinder acceptance. The study intends to shed light on approaches for promoting Ayurveda within this particular group of people in order to help education professionals manage their stress in an appropriate manner.

2.4 Hypotheses Development

(H0): There is no correlation between the knowledge, perception, readiness, and acceptance of the Ayurveda method of stress management among educators.

According to the research's null hypothesis (H0), there is no statistically significant correlation between the dependent variable (acceptance of the Ayurveda method to stress management) and the independent variables (knowledge, perception, and readiness). In essence, it asserts that these factors have no statistically significant impact on whether Ayurveda is accepted for stress management in the culture in question. H0 is the most important point of reference for testing hypotheses. Real evidence is examined to support or refute this null hypothesis by researchers (Patwardhan, 2012). If the data are consistent with H0, it is possible that there is no statistically significant relationship between the examined parameters and acceptance. If the data, on the other hand, contradict H0, then suggests that there is a real, statistically significant connection between these characteristics and how well Ayurveda is accepted. H0 is crucial for determining the statistical significance of research findings and drawing inferences on variables that may or may not have an impact on acceptance in the study's context.

(H1): Ayurveda stress management techniques are more readily accepted by educators who are more familiar with them.

According to H1, instructors who are more knowledgeable about Ayurveda are more inclined to use it to reduce stress. According to this hypothesis, there is a direct correlation between understanding Ayurveda and embracing it as a stress-reduction strategy in this particular demographic. If instructors are more informed about the principles, practices, and potential advantages of Ayurveda, they are more likely to be receptive to utilizing it to reduce stress, according to H1. This is accurate if data from the real world supports H1. They might be more inclined to apply Ayurveda practices in their daily life as they get greater knowledge of their advantages and applications (Kumar et al., 2022). On the other hand, if H1 is not supported, it suggests that other factors, rather than knowledge, may be more significantly related to educators' adoption of this strategy.

(H2): If educators believe Ayurveda is a useful method for reducing stress, they are more likely to accept it.

This hypothesis contends that perception, particularly a belief in the efficacy of Ayurveda, is a key factor in deciding whether or not educators are willing to incorporate Ayurveda into their stress-reduction techniques. Practically speaking, if H2 is confirmed by empirical data, it suggests that a person's readiness to accept Ayurveda is influenced by their opinion of its efficacy in reducing stress (Tommy et al., 2022). Education professionals are more inclined to investigate and incorporate Ayurveda practices into their daily routines if they truly believe that Ayurveda can help them manage stress. This optimistic perception acts as a motivator because it matches their expectations and beliefs with the possible advantages of Ayurveda. In contrast, if H2 is not supported, it shows that the perception of Ayurveda's efficacy may not have a big impact on how well-liked this strategy is among educators. Other elements, such as information, knowledge, or readiness, may shape their acceptance of Ayurveda for stress management in this situation.

2.5 Conclusion

In this chapter, the dependent variables, independent factors, and review of the relevant literature were discussed. A conceptual framework was constructed to determine how each independent variable influences the variable that is being studied, which is known as the dependent variable. The independent variable and the dependent variable were used to develop hypotheses for this chapter.

CHAPTER 3 METHODOLOGY

3.0 Introduction

An introductory overview of the research methodology will explore the basic methodological framework underpinning our research in the third chapter of this study. We review the study design, data collection methods, data analysis methods, and ethical issues that influenced our investigation in the following sections. We welcome readers to join us in exploring the methodological complexities of this study to improve their understanding of how our study unfolded.

3.1 Research Design

The basic component of any scientific research is the research design, which is the outline that guides the entire research process. It serves as the methodological framework that researchers use to generate research questions, acquire and analyze data, and make relevant findings. (Creswell, 2021).

In this study, quantitative research methods will be used instead of qualitative research methods to obtain a larger sample size of target respondents and incorporate multiple types of measurement and evaluation (Sekaran, 2018).

The causal research design technique was applied in this study. Causal research, also known as causal-comparative research, seeks to establish cause-and-effect correlations between two or more variables. The goal of causal research is to find out which factors cause what and which factors have an effect. The second goal is to establish a link between cause and effect (Lorraine, 2021). We were able to recognize the relationship between four independent variables (knowledge, perception, readiness) and dependent variables (acceptance of the Ayurveda approach) in stress management among educational professionals.

A good research design ensures that the information collected will be relevant and useful to conduct marketing our Final Year Project more effectively and efficiently.

3.2 Data Collection Methods

The collection of data is the procedure of gathering and evaluating information on relevant aspects in a systematic and planned manner to answer research inquiries, investigate hypotheses, and evaluate findings. In this study, data from primary and secondary sources will be used. The primary data collection used in this study is the questionnaire. Secondary data will be obtained through website articles, published research, news, and reports (Sekaran,2023).

3.2.1 Primary Data

Primary data is a shred of evidence that has not yet been published and it an information from personal experience that is not edited by someone (Sekaran,2023). Primary data collection procedures are used to obtain unique data specific to the research question under discussion. Primary data collection techniques can be used to moderate the level of accuracy of the data, gather information on variables not addressed by existing sources, and ensure that the data is relevant to the research question (Mazhar et al., 2021).

3.2.1.1 Survey

The primary data collection is used in this research study to gain information and data from educational professionals. We collect data on respondents using survey methods, by distributing the survey questionnaires via social media platforms. We designed the survey by taking sample questions from various journal articles that are relevant to our research and modifying them to our current research topic. The initial data set was acquired after we sent it to respondents via the Google Form approach.

3.2.2 Secondary Data

Ability to review initial information on choice of variables, instrument development, and discussion of results and provide direction for further investigation. Secondary data may be any data obtained by other researchers, or any primary data collected by previous research for research behavior or other purposes (Hox and Boeijie, 2021). Most of the research for this study utilized secondary sources such as journal articles, Internet articles, news, reports, and published surveys to collect data.

3.3 Sampling Design

3.3.1 Target Population

The number of respondents to be recruited for data collecting. There will always be a group of individuals who are interested in the study or share some other feature, and this group is referred to as the population to be studied (McLeod, 2014). The goal of this study is to conduct a study on the knowledge, perception, and readiness of education professionals to accept the Ayurveda approach to stress management. Consequently, the population will be made up of educational professionals who work at the University.

3.3.2 Sampling Frame and Sampling Location

A sampling frame is a list of all targets in the population being sampled. Our study specifically concentrated on Malaysia as the primary sampling location. This choice was made because our target population comprised education professionals employed at specific universities.

3.3.3 Sampling Elements

In this research, a selected portion of the population will be selected and examined using a specific sampling approach. The study's sampling population or intended respondents are educational professionals from certain universities. The researchers will distribute the surveys (Google Forms) via email and invite respondents to fill out the form.

3.3.4 Sampling Techniques

The sampling technique used in this study is random sampling under probability sampling. This study used a random sampling technique because the target group of respondents was large and it was impossible to identify every individual. Using a random sampling technique, everyone has an equal chance of being selected as a respondent (Jha, 2021).

3.3.5 Sampling Size

The phrase "sample size" refers to the number of respondents chosen from a large population for the objectives of the research. When concluding a group, it can be referred to as a population. It might be either known or unknown. We calculated the sample size for our study using the Infinite population sampling formula. The theoretical concept of the population under examination is so enormous that enumerating or measuring each individual or element in that population is practically impossible.

Infinite population sampling formula:

$$SS = [Z^2 p (1-p)] / C^2$$

Calculation:

$$SS = (0.37)^2 \times 0.50 \times (1 - 0.50) / (0.01)^2$$

$$= 342.25$$

Finite population sampling formula:

$$SS / [1 + \{(SS-1) / Pop\}]$$

$$= 342.25 / [1 + \{342.25 - 1\} / 305]$$

$$= 342.25 / 2.119$$

$$= 161.51$$

$$= 162$$

Represents:

SS = sample size

Z = Given Z value

P = Percentage of population

C = Confidence Level

Pop = Population

By this, the researchers will distribute the questionnaires to 162 respondents to collect accurate data from our research study.

3.4 Research Instrument

Research instruments are critical elements of the investigation process because they allow researchers to collect and analyze data consistently to answer research inquiries or test hypotheses. According to this, in this research, we used a questionnaire method to collect the data regarding our research study. The use of the questionnaire method in our study is mainly for collecting the appropriate data among the educational professionals who are willing to adopt the Ayurveda methods or practices in their routine lives.

3.4.1 Questionnaire Design

In this study, the questionnaire is divided into eight sections. The first page of the questionnaire was accompanied by a cover page containing the researcher's identity and contact details and a guarantee of confidentiality to encourage respondents to complete the questionnaire.

Section A uses the nominal scale and ordinal scales to collect demographic information such as gender, age, ethnic group, educational level, years of teaching experience, and any other experience with Ayurveda for stress management. Section A's goal is to collect information on the target respondent's personal histories. A nominal scale was used to answer questions about the gender, while an ordinal scale was used to answer questions about age and educational level, and an interval scale was used to determine how the respondents believe traditional approaches like Ayurveda can effectively manage their stress.

Section B to Section D, on the other hand, is focused on four independent variables (knowledge, perception, and readiness) and Section E is the research's dependent variable, and it is the acceptance of the Ayurveda approach.

3.4.2 Pilot Test

In research, a pilot test is a small-scale trial or initial investigation that is undertaken before the primary research project to assess and improve the research methodologies, processes, and data-gathering tools. A pilot test's primary goal is to detect and correct any potential problems, defects, or difficulties with the research design, as well as to guarantee that the study's procedures are successful and viable.

During this period, we will be delivering 30 sets of surveys to educational experts on August 20, 2023. The survey data will be thoroughly analyzed using SPSS 26.0 software to determine its reliability. The results of this pilot study will serve as the cornerstone of our research efforts, ensuring their accuracy.

VARIABLES	NO. OF ITEMS	CRONBACH'S ALPHA	LEVEL OF RELIABILITY
Acceptance	6	0.722	Good Reliability
Knowledge	6	0.860	Very Good Reliability
Perception	6	0.699	Good Reliability
Readiness	6	0.910	Very Good Reliability.

Table 3.4.2: Reliability test of Pilot Study

In this study, six items were used to measure each of the following variables: acceptance, knowledge, perception, and readiness. The various constructs were intended to be represented in various ways by these objects. Our scale showed a CRONBACH'S Alpha of 0.722 for the **first dependent variable, Acceptance**, showing good reliability based on the degree of acceptance of the Ayurveda approach to stress management among educational professionals. This suggests that the acceptance measurement items consistently assess the intended concepts, providing a reliable basis for interpretation and analysis.

Likewise, the knowledge which is the **first independent variable**, evaluated the participant's comprehension of the Ayurveda method, and produced a CRONBACH'S alpha of 0.860, indicating very good reliability. This fact shows that participants' knowledge levels on the topic matter are reliably measured by the Knowledge questions, providing confidence in the outcomes obtained from these measurements

Moving on to the **second independent variable perception**, we got CRONBACH'S alpha of 0.699, indicating good reliability, which measures respondents' opinions about the usefulness and applicability of Ayurveda in stress management. This fact suggests that the perception scale's items are reliable in respondents' perceptions, strengthening the analysis.

Finally, for the **third independent variable readiness**, there was a very good level of reliability that demonstrated by the preparedness variable, which measured respondents to use the Ayurveda method for overcoming stress management. The CRONBACH'S alpha value was 0.910 which is a high degree of dependability suggesting that the readiness-testing questions accurately reflect the respondents; preparation levels, which strengthens the validity of our results.

In conclusion, the reliability of the scales we used in our study to measure readiness, acceptance knowledge, and perception ranged from good reliability to very good reliability, as shown by the CRONBACH'S alpha values. By ensuring that the data obtained appropriately reflects the intended constructs, our findings are strengthened in terms of validity and credibility.

3.5 Construct Instrument

3.5.1 Scale of Measurement

3.5.1.1 Nominal scale

Nominal scales allow researchers to divide people into many groups or categories. Variables are classified using only nominal scales or qualitative names on the scale. These categories and labels have no structure or order, and they provide no numerical information.

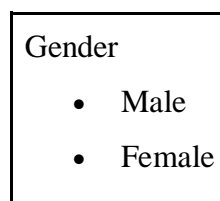


Figure: 3.5.1.1 Nominal Scale

3.5.1.2 Ordinal Scale

The ordinal scale components into specified groups and assigns a classification or ranking to these groupings. These are still qualitative identifiers, like nominal scales, but they are grouped hierarchically.

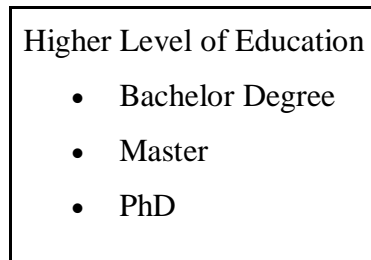


Figure 3.5.1.2 Ordinal Scale

3.5.1.3 Interval Scale

In addition to classifying people and determining rankings within those categories, interval scales can also measure the extent to which preferences vary between people. Although interval scales can record information about changes in the quantity of a concept, they include both nominal and ordinal attributes.

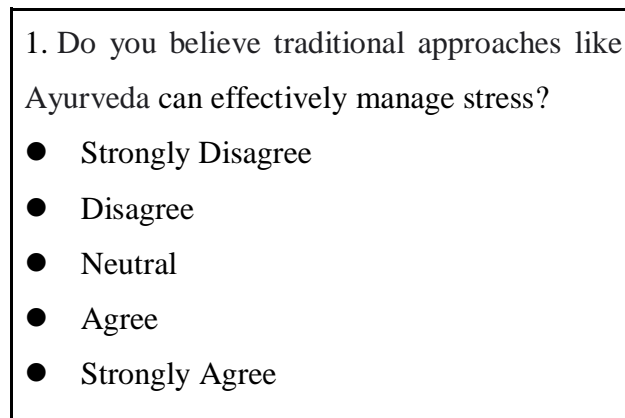


Figure 3.5.1.3 Interval Scale

3.6 Proposed Data Analysis

3.6.1 Descriptive Analysis

According to Kelleher and Tierney (2021), descriptive analysis involves summarizing, organizing, and visualizing data to gain insights into patterns, trends, and correlations. Descriptive analysis is a method of characterizing, examining, and evaluating data using statistical tools. Data for the descriptive analysis will be collected using Part A of the questionnaire, focusing on demographic characteristics. In this study investigation, a pie chart was used to display the overview of demographic data, which included useful information such as the proportion and frequency of respondents.

3.6.2 Reliability Analysis

The process of assessing the accuracy of commonly used scale measures and identifying the relationships between variables is known as reliability analysis. Because an accurate answer is required, it is critical to have dependable data while answering research questions. In this study investigation, the reliability of every dimension is assessed using Cronbach's alpha test, resulting in a consistent survey outcome.

It is believed that the greater the coefficient α value closer to 1, the higher the reliability, and the minimum coefficient α rate for acceptable reliability is 0.6; any value less than 0.6 will not provide satisfactory reliability (Bonett and Wright, 2021).

Coefficient alpha value	Strength of Association
0.80 to 0.95	Very Good Reliability
0.70 to 0.80	Good Reliability
0.60 to 0.70	Fair Reliability
< 0.60	Poor Reliability

Table 3.6.3 Coefficient Alpha Ranges

3.6.3 Inferential Analysis

The inferential analysis used data from a sample to conclude the overall population of the file. Then, it makes assumptions based on a population sample. Several approaches use inferential analysis, such as Pearson Correlation Coefficient and Multiple Regression Analysis. To examine the impact of the independent variables, multiple regression analysis is used. Many regression analysis aids in determining the linear relationship between independent factors and dependent variables.

3.7 Multiple Linear Regression Analysis

Multiple linear regression analysis is a statistical technique that studies the linear relationship between three independent variables and a dependent variable. It is a useful method for determining the nature, magnitude, and trend of the relationship between the dependent and independent variables, as well as forecasting or estimating the dependent variable based on the independent variables. If the F-statistic p-value is less than 0.1, the model may clarify the dependent variable considerably (Pallant, 2023). The Coefficients table is then used to investigate the impact of every independent variable on the dependent variable. If the p-value is less than or equal to 0.1, the independent variable and the dependent variable are substantially associated.

CHAPTER 4 : RESEARCH RESULTS

4.0 Introduction

This chapter analyzes the results of 162 questionnaires using SPSS (Statistical Package for the Social Sciences). This SPSS system will be used to analyze data received from educational professionals and evaluate it against the hypotheses established in Chapter 1. The analysis will be divided into four parts which are descriptive analysis, scale measurement, inferential analysis, and conclusion.

4.1 Descriptive Analysis

4.1.1 Respondent of Demographic Profile

4.1.1.1 Gender

Gender					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	62	38.3	38.3	38.3
	Female	100	61.7	61.7	100.0
	Total	162	100.0	100.0	

Table 4.1.1.1: Gender

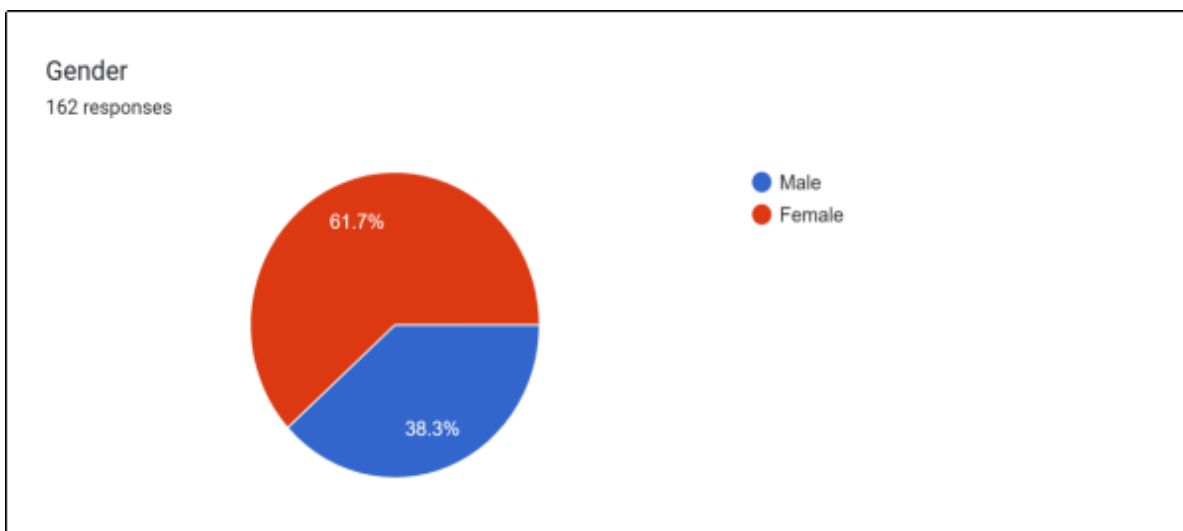


Figure 4.1.1.1: Distribution of Gender

Figure 4.1.1.1, the gender distribution of a sample of 162 respondents was examined. The survey results show that there are 62 samples in total, of which 38.3% are male. On the other hand, women constituted the majority of the 100 respondents, at 61.7%. The sample's composition is clearly shown by this gender split, which shows that women are slightly more represented than men. Analyzing gender distribution patterns is aided by these insights, which may also be used to inform various studies and decision-making processes in an organizational or scientific setting.

4.1.1.2 Age

		Age			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	20 to 30 years old	40	24.7	24.7	24.7
	31 to 40 years old	61	37.7	37.7	62.4
	41 to 50 years old	41	25.3	25.3	87.7
	51 and above	20	12.3	13.0	100.0
	Total	162	100.0	100.0	

Table 4.1.1.2: Age

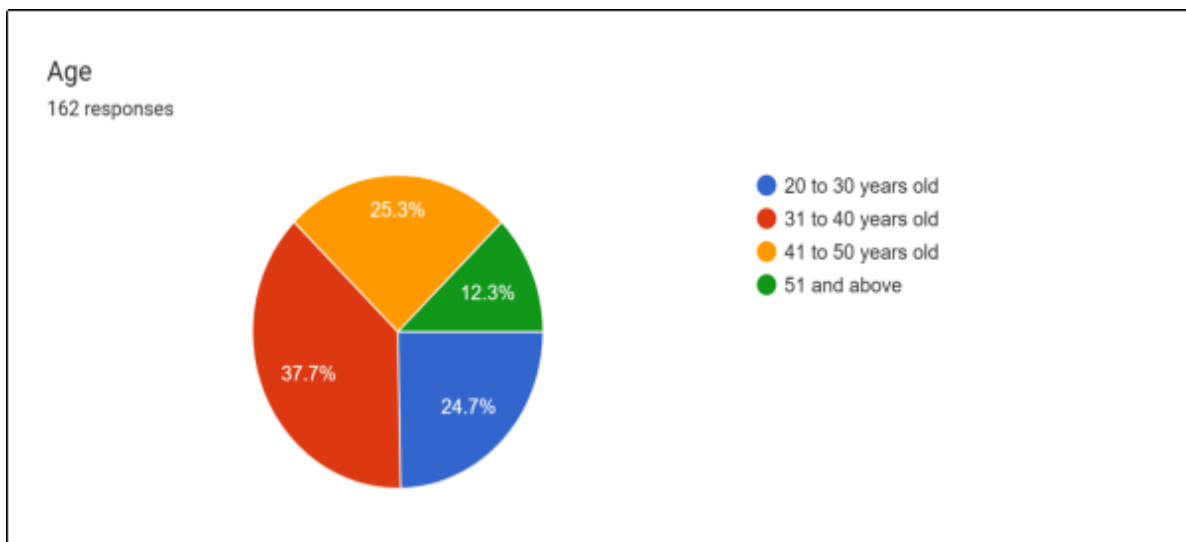


Figure 4.1.12: Distribution of Age

The sample's respondents are distributed over a range of age groups, exhibiting a heterogeneous age distribution. The 20 to 30-year-olds make up the majority of responses (24.7%), which is indicative of a great deal of younger participants. Subsequently, (37.7%) of participants are between the ages of 31 and 40, suggesting a notable presence of adults in their thirties. The age group of 41 to 50 years old accounts for (25.3%) of the sample, indicating a significant number of participants in their middle years. Last but not least, (12.3%) of respondents fall into the 51 and above category, representing a smaller but no less significant proportion of the participant population. This age distribution gives a thorough understanding of the study cohort's demographics by highlighting the range of ages in the sample population.

4.1.1.3 Ethnic Group

Ethnic Group					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Malay	36	22.3	22.3	24.7
	Chinese	60	37	37	59.3
	Indian	66	40.7	40.7	100.0
	Total	162	100.0	100.0	

Table 4.1.1.3: Ethnic Group

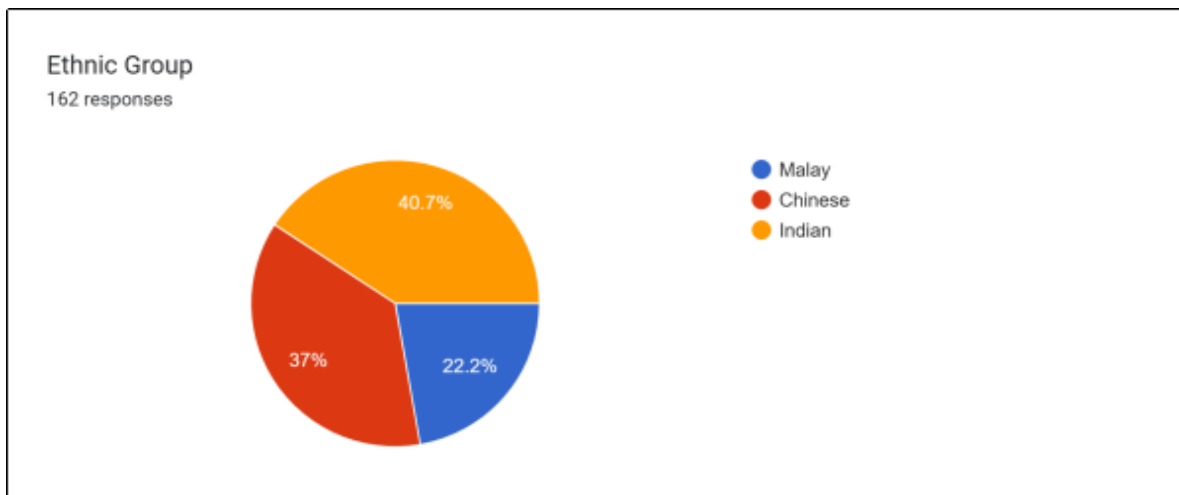


Figure 4.1.1.3: Ethnic Group

Based on the data collected, the ethnic composition of the sample population is as follows. Indians were the largest ethnic group among respondents, accounting for (40.7%). People of Chinese ethnicity, who comprise (37%) of the sample, are next in line. The remaining (22.3%) is made up of the Malay ethnic group. These numbers show that a wide range of ethnic backgrounds are represented in the population polled; Indians are by far the most represented group, followed by Chinese and Malays.

4.1.1.4 Education Background

Education Background					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Bachelor Degree	23	14.2	14.2	14.2
	Masters	99	61.1	61.1	75.3
	Phd	40	24.7	24.7	100.0
	Total	162	100.0	100.0	

Table 4.1.1.4: Education Background

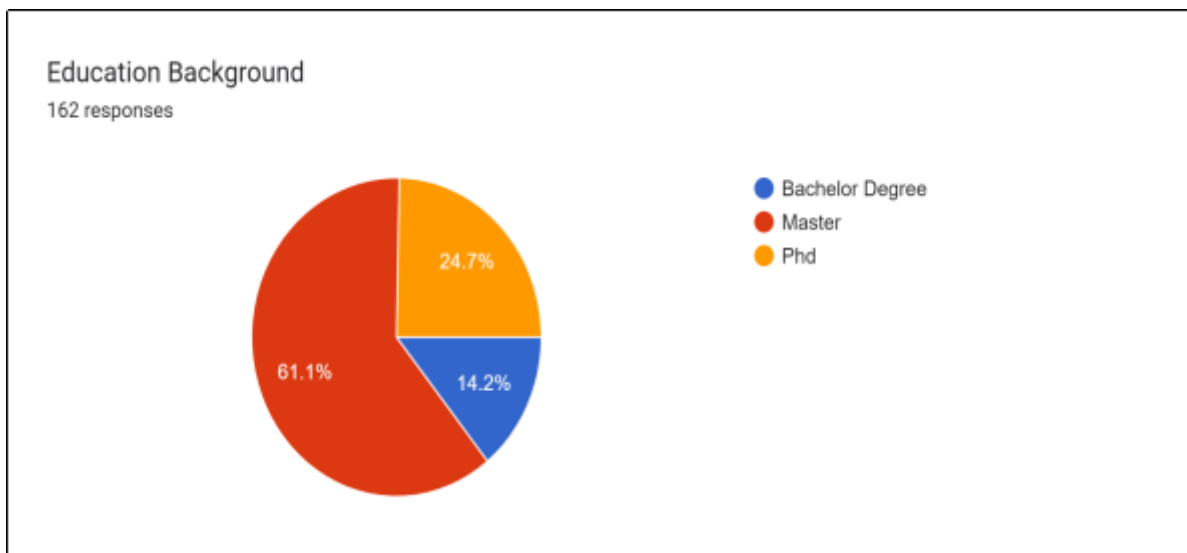


Figure 4.1.1.4: Distribution of Education Background

Bachelor’s Master’s and PhD were the three primary categories used to group educational backgrounds in the dataset. 23 people (14.2%) with a bachelor’s degree, 99 people (61.1%) with a master’s degree, and 40 people (24.7%) with a PhD were among the 162 respondents in total. Since a significant proportion of the respondents had higher educational qualifications, these educational attainment levels indicate that the sample population was diverse and well-educated.

4.1.1.5 Years of Teaching Experience

Years of Teaching Experience					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0-5years	46	28.4	28.4	28.4
	6-10 years	61	37.7	37.7	66.1
	11-15 years	38	23.5	23.5	89.7
	16 years above	17	10.5	10.5	100.0
	Total	162	100.0	100.0	

Table 4.1.1.5: Years of Teaching Experience

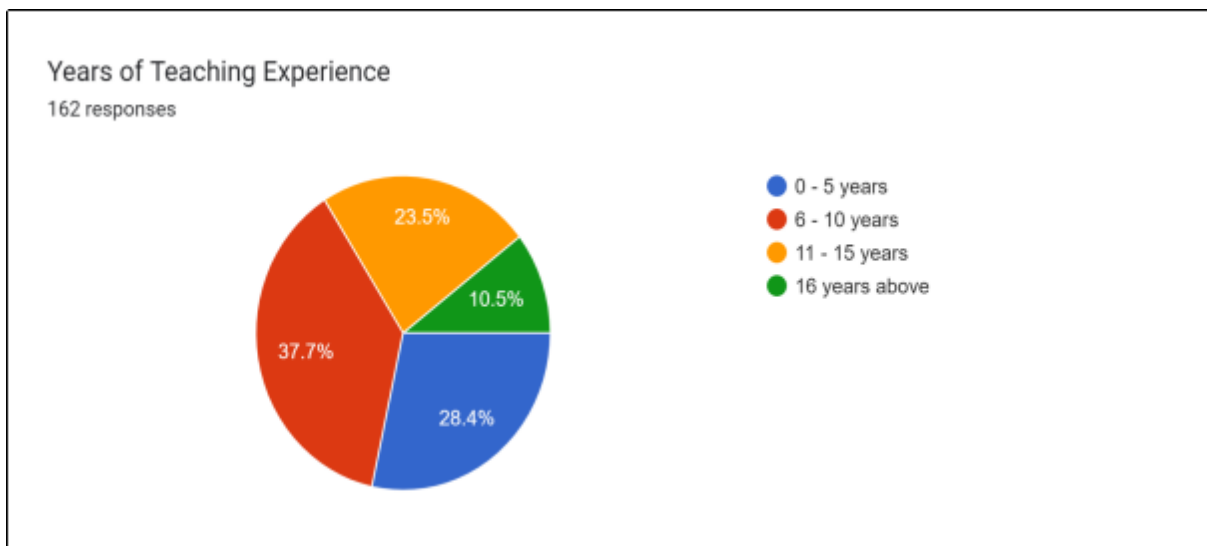


Figure 4.1.1.5: Distribution of Teaching Experience

A substantial percentage of respondents, or (28.4) of the sample as a whole, had between 0- 5 years of teaching experience, according to an analysis of data. The largest group is respondents with 6 - 10 years old of teaching experience, accounting for (37.7%). Given that (23.5%) of educational professionals were aged between 11 - 15 years old, this distribution suggests that a significant proportion of respondents had moderate experience. The percentage of respondents with at least 16 years and above was lower, at (10.5%). Educational professionals' experience levels vary widely, as this distribution shows, with a noticeable concentration in the mid-range of 6 - 10 years of teaching experience.

4.2 Reliability Analysis

VARIABLES	NO. OF ITEMS	CRONBACH' S ALPHA	Level of Reliability
Acceptance	6	0.680	Acceptable
Knowledge	6	0.758	Very Good
Perception	6	0.677	Acceptable
Readiness	6	0.854	Very Good

Table 4.2.1: Reliability Test

This reliability test for the variables Acceptance, Knowledge, Perception, and Readiness determined the internal consistency of the variables' components. This assessment is critical for establishing the reliability and stability of the measurements derived from these variables.

The CRONBACH'S Alpha coefficient for the Acceptance variable, which consists of six items, was calculated to be 0.680, indicating acceptable reliability. This fact suggests that the Acceptance variable's items are moderately consistent in measuring the target concept.

The knowledge variable, which had six items, has a CRONBACH'S Alpha of 0.758, indicating a very high level of reliability. This fact indicates that the items have a high degree of internal consistency, meaning that they successfully measure the knowledge constructs under consideration.

The Perception variable demonstrated acceptable reliability, with a CRONBACH'S Alpha of 0.677. This fact means that the items in this variable are relatively consistent in measuring the perceptual construct being investigated.

Finally, the Readiness variable has a high level of reliability, with a CRONBACH'S Alpha of 0.854. This high degree of internal consistency between items suggests that they successfully measure the readiness under consideration.

4.3 Inferential Analysis

4.3.1 Pearson Correlation Coefficient

Pearson Correlation Coefficient measures the direction, intensity, and significance of variance correlations between variables assessed at a ratio or interval level.

Coefficient range	Strength
0.91 to 1.00	Very strong
0.71 to 0.90	High
0.41 to 0.70	Moderate
0.21 to 0.40	Small but definite relationship
0.00 to 0.20	Slight, almost negligible

Table 4.3.1: Pearson Correlation Coefficient

a.) Correlation between Knowledge and Acceptance

Correlations		Acceptance	Knowledge
Acceptance	Pearson Correlation	1	.634**
	Sig. (2-tailed)		<0.01
	N	162	162
Knowledge	Pearson Correlation	.634**	1
	Sig. (2-tailed)	<0.01	
	N	162	162
**.Correlation is significant at the 0.01 level (2-tailed)			
Source: Generated from SPSS Statistic			

Table 4.3.2: Correlation between Knowledge and Acceptance

The Pearson correlation value is .634** Between Acceptance and Knowledge indicates the moderate **POSITIVE linear relationship** between the two variables. This suggests that when knowledge grows, acceptance also grows and vice versa, however, the strength of this relationship is moderate. A significance level of <0.01 indicates a statistically significant correlation, indicating that the observed coefficients are unlikely to have occurred by chance.

b.) Correlation between Perception and Acceptance

Correlations		Acceptance	Perception
Acceptance	Pearson Correlation	1	.664**
	Sig. (2-tailed)		<0.01
	N	162	162
Perception	Pearson Correlation	.664**	1
	Sig. (2-tailed)	<0.01	
	N	162	162
** . Correlation is significant at the 0.01 level(2-tailed)			
Source: Generated from SPSS Statistic			

Table 4.3.3: Correlation between Perception and Acceptance

The Pearson correlation coefficient between acceptance and perception is 664**, indicating a moderately significant **POSITIVE relationship** between the variables. This correlation coefficient value of 0.664 is between the range of 0.41 to 0.70. The correlation coefficient is statistically significant, with a significance level of <0.01 (2-tailed), indicating that it is unlikely to have occurred by chance. Furthermore, the sample size of 162 maximizes the dependability of this correlation, offering greater confidence in the findings' applicability to a larger population.

c.) Correlation between Readiness and Acceptance

Correlations		Acceptance	Readiness
Acceptance	Pearson Correlation	1	.784**
	Sig. (2-tailed)		<0.01
	N	162	162
Readiness	Pearson Correlation	.784**	1
	Sig. (2-tailed)	<0.01	
	N	162	162
**. Correlation is significant at the 0.01 level (2-tailed).			
Source: Generated from SPSS Statistic			

Table 4.3.4: Correlation between Readiness and Acceptance

The Pearson correlation value between acceptance and readiness was 0.784 indicating a **STRONG POSITIVE relationship** between the two variables. This suggests that as one variable (acceptance) increases, the other variable (readiness) also increases. This association is statistically significant with a significance level of <0.01 (2-tailed), indicating that it did not occur by chance. Consequently, the dataset shows a robust and statistically significant positive association between Acceptance and Readiness.

4.4 Multiple Linear Regression

Model	R	R Square	Adjusted of Square	Std. Error of Estimated
1	.739 ^a	.541	.531	.12239
a. Predictors: (Constant), Knowledge, Perception, Readiness				
b. Dependent Variable: Acceptance				
Source: Generated from SPSS Statistic				

Table 4.4: Model Summary

Model Regression analysis was used to investigate the associations between the dependent variable (acceptance) and the predictors (knowledge, perception, and readiness) in the model. The results showed that the R-value was 0.739, showing a fairly significant positive correlation, indicating that the combined effects of knowledge, perception, and readiness can explain approximately 54.1% of the differences in acceptance.

The adjusted R-squared value, which takes into account the number of predictors in the model, was 0.531. This corrected result, which takes into account the complexity of the model, shows the percentage of the dependent variable's variance that can be accounted for by the independent variables.

This average difference between the actual Acceptance ratings and the regression model's projected scores is shown by the standard error of the estimate, which is at 12239. Since the model can predict Acceptance ratings with some degree of accuracy based on knowledge, perception, and readiness scores, a lower standard error suggests that the model fits the data better.

4.5 ANOVA

		ANOVA ^a				
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	2.557	3	.639	42.648	.000 ^b
	Residual	2.099	139	.015		
	Total	4.656	144			

a. Dependent Variable: Acceptance
b. Predictors: (Constant)-Knowledge, Perception, Readiness
Source: Generated from SPSS Statistic

Table 4.5: ANOVA

The table shows that the regression model is significant with a large F value of 42.648 and a corresponding p-value of 0.000. This suggests that at least one predictor variable contributes an important role in determining the difference in acceptance scores. The regression model explained a large amount of the variation in the data, with a regression sum of squares of 2.557 and a total sum of squares of 4.656.

4.6 Coefficients

Coefficients						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	.424	.149		2.848	.005
	Knowledge	.188	.060	.193	3.148	.002
	Perception	.169	.046	.226	3.663	.000
	Readiness	.331	.041	.582	7.977	.000

a. Dependent Variable: Acceptance

Source: Generated from SPSS Statistic

Table 4.6: Coefficients

The variables in the presented coefficients are knowledge, perception, and readiness. Each variable's contribution to the regression equation can be evaluated using its standardized coefficients (Beta values), with higher values indicating stronger contributions.

Highest Contribution

The variable with the largest standardized coefficient (Beta) (the contribution from highest to lowest) is preparedness (Beta = 0.582). This suggests that among the three criteria studied (readiness, perception, and knowledge), readiness has the greatest impact on acceptance. Put practically, this issue means that educators' adoption of the Ayurveda approach to stress management is heavily influenced by their readiness, which may include their willingness, preparedness, or receptiveness to it.

Lowest Contribution

Moving on to the variable with the lowest contribution, we examine Knowledge (Beta = 0.193), which has the smallest standardized coefficient of the three independent variables. Knowledge, while still important, has less impact on acceptance than readiness and perception. This fact implies that although familiarity with Ayurveda and its methods for managing stress contributes to acceptability, educators' acceptance of this approach is more heavily influenced by other variables such as readiness and perception.

Knowledge = 0.002, Perception = 0.000, and Readiness = 0.000 are the significance levels for each of the three independent variables (Knowledge, Perception, and Readiness) in terms of statistical significance. These associations are demonstrated by the associated t-values and p-values. This fact emphasizes how crucial it is to take all of these variables into account when figuring out how well educators will adopt the Ayurveda approach to stress management.

The regression equation representing the relationship between the independent variable and the dependent variable (acceptance) is as follows:

$$\text{Acceptance: } 0.424 + (0.188 \times \text{knowledge}) + (0.169 \times \text{Perception}) + (0.331 \times \text{Readiness})$$

4.7 Conclusion

This chapter's use of SPSS Statistics revealed a significant relationship between independent and dependent variables, potentially impacting the acceptance of the AYURVEDA approach to stress management among educational professionals. There are some suggestions for prospective researchers that will be discussed at the end of Chapter 5 to improve the way research is conducted.

CHAPTER 5: DISCUSSION AND CONCLUSION

5.1 Discussion of major findings

The overall objective of the study was to investigate the knowledge and acceptance of Ayurveda in order to manage stress especially in the educational professionals. It is noticed from the role as well as impact of the Ayurveda in stress management was also in concern to be examined. However, it can be considered from the above chapters that researchers were quite successful in recognizing the impact as well as role of Ayurveda along with the investigation about the knowledge of participants about the use of Ayurveda. As per the first objective the research was mainly focused on the impact of knowledge on the acceptance of Ayurveda in stress management. From the major findings in the survey result it is clear that some participants have proper knowledge as well as good understanding about Ayurveda however, there is also a gap of knowledge about the impact of Ayurveda. Considering the findings it can be said that the researchers have succeeded in figuring out the percentage of people not having knowledge about the impact of Ayurveda leading to the first objective being met in a proper manner. As per the views of Krishna, Dinesh & Nazeema (2020), people need to be made aware about the importance and impact of Ayurveda so that they can be more knowledgeable. However, the following research seems to be good in conveying those needed knowledge about the impact of Ayurveda in stress management leading to make it relevant in the future.

Considering the above discussion, it can be inferred that there is a significant relationship between the knowledge as well as acceptance of Ayurveda in order to manage stress. As per the Pearson correlation value that is 0.634, it is obvious that there is strong positive relationship between the knowledge and acceptance. In the views of Gamage (2022), Ayurveda is only accepted by the people who know its impact or who use it for their treatment for anything. The research tells something like that, as there is clear indication about the relationship between the use and knowledge of Ayurveda. Thus, the first hypothesis is also relevant for the research.

Another part that has been highlighted in the results is belief as well as perception. It can be considered from the results that people who believe or perceive in Ayurveda may accept it in an effective manner. Thus, it can be said from the result that the second objective of the following research has been met successfully. Thus, it can be considered that there is a relevance for the second hypothesis in the study.

The second objective was asking about the impact of perception on the acceptance of the Ayurveda approach for managing stress. It can be said from the results of positive correlation value of 0.664, that people have negative perceptions about the use of Ayurveda for stress management. In the views of Naik et al.

(2021), people need to be communicated with the importance as well as effectiveness of the Ayurveda treatment in order to manage stress so that they can gather belief about the traditional medicines such as Ayurveda. From the research findings it is obvious that people having use of Ayurveda medicines are aware of using those further. On the contrary, those who have not used Ayurveda do not believe in these medicines. Thus they need to be educated so that they can get rid of their stress in an effective manner. It can be said that the third research hypothesis is that there is an essential relationship between perception as well as acceptance of the Ayurveda approach to stress management.

The third objective was about the relationship between the readiness and acceptance of Ayurveda in the treatment of stress management. In the views of Sharma (2021), there are different ways such as yoga as well as types of therapies to manage stress like music therapy in recent days. From the findings indicates a significant promising correlations value of 0.784, that educators may be open to alternative approaches for stress management. Thus, having resistance to try a new method can make people reluctant about the acceptance of Ayurveda. As per the views of Pratibha, Mukesh & VinodKumar (2023), continuous assessment about the knowledge gain of Ayurveda treatment for the stress management can be beneficial to make people aware about the Ayurveda treatment. Considering the discussion it can be said that the third objective of the research have been met in an effective manner. Thus, the third hypothesis is also relevant for the following research. Most importantly the results from the table of model summary proves that only 54.1% variance has been explained in the tests. However, lastly it can be said that in spite of meeting all the objectives, the research could be more reliable by making the data ore diversified.

Based on the above discussions, educational professionals consider Ayurveda as a cure for stress management. As stated by Bhide (2023), Ayurveda highlights the relationship between a good diet and psyche. These two factors increase the mental strength of individuals. The majority of participants in the study were middle-aged women from the Indian community. India has a long-term association with Ayurveda and yoga (Umesh et al., 2021). The participants were associated with the teaching profession for a long time. Stress can result from both occupational and personal factors. Based on this proper utilization of Ayurveda is necessary.

Narayana and Durg (2020) stated that it is necessary to understand the proper use of Ayurveda solutions for optimal results. The results from the current study also highlighted readiness as an important factor for acceptance of Ayurveda. Ayurveda remedies have been an important part of ancient medicine in India as Sorathiya and Deole (2024) stated, Ayurveda therapies including, yuktivyapashraya, daivavyapashraya and sattvavajaya, ritucharya, dinacharya, are proven to reduce stress related diseases. Despite such profound understanding, limited knowledge on the utilization of Ayurveda remedies significantly reduces its acceptance. Thus, readiness for Ayurveda treatment is directly dependent upon its acceptance.

The discussions highlighted a positive relation between perception and knowledge to acceptance of Ayurveda medicines. From the perspective of readiness, knowledge and understanding on the utility of Ayurveda treatment is necessary. As stated by Tubaki et al. (2021), knowledge of proper utilization of Ayurveda remedies can prevent depression disorder. Most importantly, the low side effects of Ayurveda remedies are ideal for their diverse use in mainstream therapies. However, the lack of knowledge on the proper use of these remedies ultimately reduces its acceptance. As a result, the readiness for use of Ayurveda medicines and therapies for mental stress management is reduced. This further implies the positive relation between knowledge, readiness and acceptance of Ayurveda remedies among educators.

Perceptions of the usefulness of Ayurveda Remedies are dependent upon knowledge of the subject. As stated by Upesh et al. (2024), young to middle aged females face stress situations due to various aspects of daily lifestyle. Perceived usefulness of Ayurveda remedies and treatments can moderate their stress level considerably. In this scenario, knowledge will play an important role (Rodríguez-Jiménez et al., 2022). Enhanced knowledge of remedies Such as yoga and Ayurveda medications can increase its acceptance among young women. This in turn can increase readiness regarding Ayurveda therapies among these individuals. Thus perception is directly related to acceptance and readiness for Ayurveda remedies among young women.

5.2. Implication of the study

Practical implication: The study can encourage the arranging of educational programs such as workshops in order to improve knowledge of people. It can be helpful in conveying evidence based research such as case studies about the impact or results of Ayurveda treatment for the stress management. It can play a pivotal role in ensuring policy changes as well as guidelines in the workplace so that they can be concerned about the stress management through the Ayurveda treatment. On the other hand, the following research can also play a role in encouraging collaboration between the traditional healthcare as well as educational institutions to provide holistic well-being resources for the professionals. It can also offer training courses so that people can gather more knowledge on the Ayurveda treatment.

Academic implication: The above study can be useful in adding an alternative way to manage stress so that people can get rid of using organic medicine all the time. It will add knowledge about the impact or importance of using Ayurveda treatment, along with the influencing factors of accepting Ayurveda treatment. The above study can also have a contribution to the development as well as refinement of the theoretical frameworks associated with healthcare decision making.

5.3. Limitation of the study

The major limitation of the study is associated with the use of primary methods only for the data collection procedure. For example, from the responses of the primary research a limited information can be gathered as close ended questions have been asked. On the contrary, using a secondary data collection method along with the primary data collection method can make the research more reliable. It can be said that researchers can get opportunities to tally primary responses or results with the information from the secondary sources. It can also be helpful in making the information more reliable as well as useful in the future. On the other hand, researchers have been noticed to use limited secondary sources in the literature review. The main reason for this is the lack of funds, such as researchers failing to access some relevant articles because of the requirement of access amount. Thus, it can be considered that not having access to enough articles in the literature review is another limitation of the study.

5.4. Recommendation for future research

Following are the recommendation for the enhancement of the research outcome in the future:

Diversify the recruitment: The researcher can include a diverse range of educational professionals so that the responses can be diversified. On the contrary researchers need to be concerned about approaching a longitudinal study so that they can track changes in the amount of knowledge about the impact of Ayurveda treatment on the stress management. It can be helpful in providing insights to the sustainability of attitudes as well as behaviors.

Mixed method approach: The researchers need to be concerned with approaching mixed method such as using primary and secondary both for the data collection. It can be considered that using mixed methods can be beneficial for the researchers to tally the responses with the previous study. On the contrary, using mixed methods also helps in making the research reach by getting concepts from the previous literature.

Collaboration with others: Researchers can ensure the process of interview as well with the doctors or experts of Ayurveda treatments. Descriptive answers from them can be helpful in making the knowledge more clear. Thus, it can be recommended that researchers can use primary qualitative such as the interview method as well in the future in order to ensure an improved research on the concerned topic.

Considering the above recommendation it can be justified that use of both the primary and secondary method of data collection for this following research topic could be helpful. On the contrary, having concern in diversify the recruitment of participation also need to be in concern in order to make the research more effective in the future.

5.5 Conclusion

In conclusion, Through the findings, we can gain a deeper understanding of the acceptability of the Ayurveda approach in alleviating stress among education professionals. It also explores why they choose Ayurveda over other modern treatments and their overall acceptance of this approach. Furthermore, the results of our study provide valuable insights that can be applied in future research regarding integrating Ayurveda as a stress management tool for educators. Moreover, it proves advantageous to the traditional medicine industry in Malaysia. Given the increasing stress levels among educational professionals caused by technological changes and the education system, our research will be centred on professional educators. Throughout our investigation, we collected data from 161 experts in the field of education.

The study also has a few limitations, but we offer valuable insight into the acceptance of Ayurveda among educational professionals. Our challenges include a lack of extensive research and difficulty obtaining responses by implementing the factors identified in this study and following the recommendations provided. Traditional and complementary medicine must explore ways to enhance treatment and develop methods to reduce stress, as this can benefit many professionals, including those in the education field.

This study emphasizes the significance of acceptance in Ayurveda, focusing on factors such as perception, knowledge, and readiness to develop effective strategies in the expanding field of Ayurveda medicine.

REFERENCES

- Agyapong, B., Obuobi-Donkor, G., Burbach, L., & Wei, Y. (2022). Stress, Burnout, Anxiety and Depression among Teachers: A Scoping Review. *International Journal of Environmental Research and Public Health*, 19(17), 10706–10706. <https://doi.org/10.3390/ijerph191710706>
- Anand Kumar Chaudhary, & Singh, N. (2011). Contribution of world health organization in the global acceptance of ayurveda. *Journal of Ayurveda and Integrative Medicine*, 2(4), 179–179. <https://doi.org/10.4103/0975-9476.90769>
- Ayurveda. (2019,December 2).Hopkins-medicine.org. <https://www.hopkinsmedicine.org/health/wellness-and-prevention/ayurveda#:~:text=Ayurveda%20treatment%20starts%20with%20an,primary%20basis%20of%20ayurvedic%20medicine.>
- Baskaran, S., Kesavan Nallaluthan, & Velan Kunjuraman. (2021, June 29). *Perception and Readiness towards Indian Ayurvedic Medicine Acceptance to Combat COVID-19 Outbreak: A...* ResearchGate; Ayurveda Sahiti Prabha. https://www.researchgate.net/publication/352985898_Perception_and_Readiness_towards_Indian_Ayurvedic_Medicine_Acceptance_to_Combat_COVID-19_Outbreak_A_Multigroup_Analysis_in_PLS_Path_Modelling

Benhabib, J., Perla, J., & Tonetti, C. (2021). Reconciling models of diffusion and innovation: A theory of the productivity distribution and technology frontier. *Econometrica*, 89(5), 2261-2301.
<https://onlinelibrary.wiley.com/doi/abs/10.3982/ECTA15020>

Besser, A., Lotem, S., & Zeigler-Hill, V. (2022). Psychological Stress and Vocal Symptoms Among University Professors in Israel: Implications of the Shift to Online Synchronous Teaching During the COVID-19 Pandemic. *Journal of Voice*, 36(2), 291.e9–291.e16.
<https://doi.org/10.1016/j.jvoice.2020.05.028>

Best. (2020, January 21). *Ayurveda and Digestion*. Jiva.com; Jiva Ayurveda - Best Ayurvedic Treatment.
[https://www.jiva.com/blog/ayurveda-and-digestion#:~:text=The%20concept%20of%20the%20digestive,%2C%20and%20wastes%20\(malas\).](https://www.jiva.com/blog/ayurveda-and-digestion#:~:text=The%20concept%20of%20the%20digestive,%2C%20and%20wastes%20(malas).)

Cambridge Dictionary. (2023, August 30). *influence*. @CambridgeWords.
<https://dictionary.cambridge.org/dictionary/english/influence>

Chaturvedi, S., Kumar, N., Tillu, G., & Patwardhan, B. (2021). Research, biomedicine and Ayurveda: From evidence-based medicine to evidence-informed healthcare. *Indian J Med Ethics*, 6, 301-5.

Deshmukh, T., & Ahir, J. (2022, July 5). *AYURVEDIC APPROACH IN THE MANAGEMENT OF STRESS AND ANXIETY IN CHILDREN: A REVIEW*. ResearchGate; unknown. https://www.researchgate.net/publication/361950277_AYURVEDIC_APPROACH_IN_THE_MANAGEMENT_OF_STRESS_AND_ANXIETY_IN_CHILDREN_A_REVIEW

Digitalcommons@uri, D., Senior, H., Projects, & O'connell, M. (2019). *Non-pharmacological Approaches to Stress Reduction and the Non-pharmacological Approaches to Stress Reduction and the Treatment of Migraines Treatment of Migraines*. <https://digitalcommons.uri.edu/cgi/viewcontent.cgi?article=1714&context=srhonorsprog>

Empirisk Studie, E., Hansson, E., & Stensson, J. (2022). *Recently educated nurses' perceptions of Ayurvedic medicine and its impact on everyday clinical work in Kerala, India. Nyutbildade sjuksköterskors uppfattningar om Ayurvedisk medicin och dess inverkan på det dagliga kliniska arbetet i Kerala, Indien*. <http://www.diva-portal.org/smash/get/diva2:1668083/FULLTEXT01.pdf>

Farzana, N., Fadzil, M., Syarah, P., Samad, N., Farhana, A., Nawawi, M., Zafirah, N., Pandi, M., & Puteh, F. (2022). Towards a High Standards of Excellence in Malaysia's Higher Education Institutions: Obstacles and Enablers. *Journal of Administrative Science*, 19, 162–192. https://jas.uitm.edu.my/images/2022_DEC/9.pdf

- Gebisa Guyasa Kabito, Sintayehu Daba Wami, Daniel Haile Chercos, & Tesfaye Hambisa Mekonnen. (2020). Work-related Stress and Associated Factors among Academic Staffs at the University of Gondar, Northwest Ethiopia: An Institutionbased Cross-sectional Study. *Ethiopian Journal of Health Sciences*, 30(2). <https://doi.org/10.4314/ejhs.v30i2.10>
- Isa, K. (2020). Prevalence Causes of Stress and Coping Strategies Among Malaysian University Lecturers. *International Journal of Higher Education*, 9(5), 312. <https://doi.org/10.5430/ijhe.v9n5p312>
- Jafar, M. F., Sulaiman, N., & Dahlan, N. A. (2022). PREDICTIVE FACTORS OF TEACHER STRESS DURING THE COVID-19 PANDEMIC. *International Journal of Education, Psychology and Counseling*, 7(46), 347–363. <https://doi.org/10.35631/ijepc.746027>
- Katoch, D. C., Sharma, J., Banerjee, S., Biswas, R., Das, B., Goswami, D., Harwansh, R. K., Chandra Kant Katiyar, & Mukherjee, P. K. (2017). Government policies and initiatives for development of Ayurveda. *Journal of Ethnopharmacology*, 197, 25–31. <https://doi.org/10.1016/j.jep.2016.08.018>
- Kumar, A., Arya, V., Mishra, S., & Gautam, A. K. (2022). Acharya Balkrishna: Dhanwantari of Modern Era, Father of Evidence-Based Ayurveda Revolution with a Multifaceted Research Perspective. *Medicinal Plants-International Journal of Phytomedicines and Related Industries*, 14(3),345-354. <https://www.indianjournals.com/ijor.aspx?target=ijor:mpijpri&volume=14&issue=3&article=001>

- Kwee Ling Tai, Yee Guan Ng, & Poh Ying Lim. (2019). Systematic review on the prevalence of illness and stress and their associated risk factors among educators in Malaysia. *PLOS ONE*, 14(5), e0217430–e0217430. <https://doi.org/10.1371/journal.pone.0217430>
- M. Blake Hargrove, James Campbell Quick, Nelson, D. L., & James Campbell Quick. (2011). The theory of preventive stress management: a 33-year review and evaluation. *Stress and Health*, 27(3), 182–193. <https://doi.org/10.1002/smi.1417>
- Madhu, K., Dhakad, Garg, G., Pareek, G., Kumar, J., Dinesh, S., Sharma, K., & Scholar, P. (2023). STRESS MANAGEMENT/MENTAL HEALTH IN HEALTHY LIFE IN KEEPING WITH AYURVEDA World Journal of Pharmaceutical Research. *Certified Journal | Dhakad et Al. World Journal of Pharmaceutical Research*, 12. <https://doi.org/10.20959/wjpr20234-27324>
- Nesari, T. M. (2022). Digital clinical record management system for creating evidence-based Ayurveda practices. *Journal of Ayurveda Case Reports*, 5(2), 49-52. https://journals.lww.com/jacr/Fulltext/2022/05020/Digital_clinical_record_management_system_for.1.aspx
- Oboreh, J. C., Echo, O., & Okeke, M. N. (2016). Effects of Stress on Employee Productivity. *International Journal of Accounting Research*, 2(11), 38–49. <https://doi.org/10.12816/0028138>

Othman, Z., & Vevehkanandar Sivasubramaniam. (2019, April). *Depression, Anxiety, and Stress among Secondary School Teachers in Klang, Malaysia*. ResearchGate; unknown.
https://www.researchgate.net/publication/331430927_Depression_Anxiety_and_Stress_among_Secondary_School_Teachers_in_Klang_Malaysia

Patel, S. (2019). *Psychosocial Effects of a Holistic Ayurvedic Approach to Well-being in Health and Wellness Courses - Sheila Patel, Stephen Klagholz, Christine T Peterson, Lizabeth Weiss, Deepak Chopra, Paul J Mills, 2019*. Global Advances in Health and Medicine.
<https://journals.sagepub.com/doi/full/10.1177/2164956119843814>

Patwardhan, B (2012), The quest for evidence-based Ayurveda: lessons learned , Vol. 102, No. 10, pp. 1406-1417 (12 pages) Current Science Association. <https://www.jstor.org/stable/24107798>

Priyanka Undre, Ukey, S., Belge, A., Sneha Borkar, & Undre, P. (2022). ROLE OF RASAYAN AND PANCHAKARMA IN STRESS MANAGEMENT -A REVIEW ARTICLE. *Certified Journal | Undre et Al. World Journal of Pharmaceutical Research*

Rodríguez-Jiménez, R. M., Carmona, M., García-Merino, S., Díaz-Rivas, B., & Thuissard-Vasallo, I. J. (2022). Stress, subjective wellbeing and self-knowledge in higher education teachers: A pilot study through bodyfulness approaches. *Plos one*, 17(12),e0278372.
<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0278372>

Sauter, S. L., & Murphy, L. R. (2004). Work organization interventions: state of knowledge and future directions. *Sozial- Und Präventivmedizin/Social and Preventive Medicine*, 49(2), 79–86.
<https://doi.org/10.1007/s00038-004-3085-z>

Sorathiya, P., & Deole, Y. S. (2024). *Stress management through Ayurveda*.

The quest for evidence-based Ayurveda: lessons learned on JSTOR. (2023). Jstor.org.
<https://www.jstor.org/stable/24107798>

Tommy, Man Fung Lo, Ben, & Hilary. (2022). Predictors of the intention to use traditional Chinese medicine (TCM) using extended theory of planned behavior: a cross-sectional study among TCM users in Hong Kong. *BMC Complementary Medicine and Therapies*, 22(1).
<https://doi.org/10.1186/s12906-022-03598-x>

Tubaki, B. R., Chandake, S., & Sarhyal, A. (2021). Ayurveda management of Major Depressive Disorder: A case study. *Journal of Ayurveda and Integrative Medicine*, 12(2), 378–383.

Turin, T. C., Kazi, M., Rumana, N., Lasker, M. A. A., & Chowdhury, N. (2023). Employing diffusion of innovation theory for ‘not missing the mass’ in community-engaged research. *BMJ open*, 13(8), e069680. <https://bmjopen.bmj.com/content/13/8/e069680.abstract>

Umesh, C., Ramakrishna, K. K., Jasti, N., Bhargav, H., & Varambally, S. (2021). Role of Ayurveda and Yoga-Based lifestyle in the COVID-19 Pandemic – A Narrative Review. *Journal of Ayurveda and Integrative Medicine*.

Unnikrishnan Payyappallimana, & Padma Venkatasubramanian. (2016). Exploring Ayurveda Knowledge on Food and Health for Providing Innovative Solutions to Contemporary Healthcare. *Frontiers in Public Health*, 4. <https://doi.org/10.3389/fpubh.2016.00057>

Upesh, M., Likhar, Bansode, R., Prachi, D., & Likhar, U. (2024). An Observational Study of Stress Level in Young Adult Female Population And Its Resolution Given In Ayurveda. *International Journal of Creative Research Thoughts*, 12, 2320–2882.

Wasson, R. S., Luberto, C. M., Murthi, M., McDonald, S. B., Pallerla, H., Novak, B. K., & Cotton, S. (2020). Feasibility and acceptability of a community-based modified mindfulness-based stress reduction program for the under-and unemployed. *Global Advances in Health and Medicine*, 9, 2164956120973636. <https://journals.sagepub.com/doi/abs/10.1177/2164956120973636>

Wills, A., Deva, A., & Saccareccia, N. (2023). *From Stressed Out to Stress Wise: How You and Your Students Can Navigate Challenges and Nurture Vitality*. ASCD.

World Journal of Pharmaceutical Research SJIF Impact Factor 8, 11(2), 870–880. <https://doi.org/10.20959/wjpr20222-22967>

Yu, S., Chao, Z., & Xiaodong, L. (2020). Traditional Indian Medicine, Part I About Traditional Indian Medicine. *Journal of Traditional Chinese Medical Sciences*, 8(1).

Yusoff, S., Hassan, S., Norhayati, W., & Othman, W. (2019). Traditional and Complementary Treatments among Malay, Chinese and Indian Chronic Diseases: A Systematic Review. *Malaysian Journal of Medicine and Health Sciences*, 15(SUPP1), 2636–9346.
[https://medic.upm.edu.my/upload/dokumen/2019042916050626_0053\(Final\)26.pdf](https://medic.upm.edu.my/upload/dokumen/2019042916050626_0053(Final)26.pdf)

Zulkipli, A. F., Islam, T., Mohd Taib, N. A., Dahlui, M., Bhoo-Pathy, N., Al-Sadat, N., Abdul Majid, H., & Hussain, S. (2017). Use of Complementary and Alternative Medicine Among Newly Diagnosed Breast Cancer Patients in Malaysia: An Early Report From the MyBCC Study. *Integrative Cancer Therapies*, 17(2), 312–321. <https://doi.org/10.1177/1534735417745>

APPENDICES

Appendix 1.1: Questionnaire



UNIVERSITI TUNKU ABDUL RAHMAN (UTAR KAMPAR)

FACULTY OF BUSINESS AND FINANCE(FBF)

BACHELOR OF BUSINESS ADMINISTRATION (HONS)

FINAL YEAR PROJECT

A Study on Knowledge, Perception, and Readiness in
Acceptance of the Ayurveda Approach to Stress Management among Education
Professionals

Greetings to respected educational professionals,

We are final-year undergraduate students of Bachelor of Business Administration(Hons) Healthcare Management from University Tunku Abdul Rahman (UTAR), and currently, we are surveying on a Study on Knowledge, Influence, Perception, and Readiness in Acceptance of the Ayurveda Approach to Stress Management among Education Professionals for our Final Year Project(FYP).

Your cooperation in answering this questionnaire is vital to us as it will significantly assist us in completing our study and achieving its objectives. All of the information obtained regarding this study will be kept **STRICTLY CONFIDENTIAL**. Your response will be solely used for academic purposes and not identified in any data or report.

This questionnaire will take 10-15 minutes to complete. We truly appreciate your participation and cooperation in answering these questions. If you have any inquiries, please get in touch with any of our group members. Thank you.

Warm regards,

Name	Student ID Number
Kavithaashri Kumari a/p Selvaraj	22ABB00466
Abhilashini a/p Prabakaran	22ABB00422
Sneha Ramesh	20ABB01168

Please be informed that by the Personal Data Protection Act 2010 ("PDPA"), which came into force on 15 November 2013, University Tunku Abdul Rahman ("UTAR") is now bound to take notice and require consent for collection, recording, storage, usage, and retention of personal information.

Please be informed that by Personal Data Protection Act 2010 ("PDPA") which came into force on 15 November 2013, University Tunku Abdul Rahman ("UTAR") is hereby bound to take notice and require consent for collection, recording, storage, usage, and retention of personal information.

1. Personal data refers to any information which may directly or indirectly identify a person which could include sensitive personal data and expression of opinion. Among others, it includes:

- a) Name
- b) Identity card
- c) Place of Birth
- d) Address
- e) Education History
- f) Employment History
- g) Medical History
- h) Blood type
- i) Race
- j) Religion
- k) Photo
- l) Personal Information and Associated Research Data

2. The purposes for which your personal data may be used are inclusive but not limited to:

- a) For assessment of any application to UTAR
- b) For processing any benefits and services
- c) For communication purposes
- d) For advertorial and news
- e) For general administration and record purposes
- f) For enhancing the value of education
- g) For educational and related purposes consequential to UTAR
- h) For replying any response to any complaints and inquiries
- i) For our corporate governance
- j) To conduct research/ collaboration

3. Your data may be transferred and/or disclosed to a third party and/or UTAR collaborative partners including but not limited to the respective and appointed outsourcing agents to fulfill our obligations to you in respect of the purposes and all such other purposes that are related to the purposes and also in providing integrated services, maintaining and storing records. Your data may be shared when required by laws and when disclosure is necessary to comply with applicable laws.

4. Any personal information retained by UTAR shall be destroyed and/or deleted by our retention policy applicable to us in the event such information is no longer required.

5. UTAR is committed to ensuring the confidentiality, protection, security, and accuracy of your personal information made available to us and it has been our ongoing strict policy to ensure that your personal information is accurate, complete, not misleading, and updated. UTAR would also ensure that your data shall not be used for political and commercial purposes.

Consent:

6. By submitting or providing your data to UTAR, you have consented and agreed for your data to be used by the terms and conditions in the Notice and our relevant policy.

7. If you do not consent or subsequently withdraw your consent to the processing and disclosure of your data, UTAR will not be able to fulfill our obligations or to contact you or assist you in respect of the purposes and/or for any other purposes related to the purpose

Acknowledgment of Notice

I have been notified by you and that I hereby understood, consented and agreed per UTAR above notice.

I disagree, my personal data will not be processed.

Section A: Demographic Information

Instruction: Please choose the appropriate response by place a tick “√” for each of the items given below.

1. Gender
 Male
 Female

2. Age
 20 to 30 years old
 31 to 40 years old
 41 to 50 years old
 51 and above

3. Ethnic Group
 Malay
 Chinese
 Indian
 Others

4. Education Background
 Bachelor Degree
 Masters
 Phd

5. Years of teaching experience
 0-5 years
 6-10 years
 11-15 years
 16 years above

6. Any prior experience using Ayurveda ? If yes, please specify.

Section B : Knowledge / Exposure to Ayurveda (IV 1)

(Adapted from, 1. Patel S, Klagholz S, Peterson CT, Weiss L, Chopra D, Mills PJ.

Psychosocial Effects of a Holistic Ayurvedic Approach to Well-being in Health and Wellness Courses. Global Advances in Health and Medicine. 2019;8.doi:10.1177/2164956119843814)

No.	Questions					
		1	2	3	4	5
1.	Please rate your level of knowledge about Ayurveda on a scale of 1 to 5, with one being “very limited knowledge” and five being “very knowledgeable.					

2.	Are you familiar with the concept of Ayurveda approaches like restoring balance within the body, mind, and spirit to promote overall health and well-being?	YES		No	

3.	Are you open to learning more about Ayurveda and its potential benefits for stress management?	Yes		No	

4.	Do you know how Ayurveda, a traditional system of medicine that originated in India, offers holistic approaches that can be corporate into managing stress?	Yes		No	

5.	In Ayurveda, Ginger is the most an essential herb that commonly used to support stress management?	Yes		No	

6.	According to you, what are the advantages of using Ayurveda approaches to manage stress?	Able to decrease stress and anxiety	Able to obtain improved emotional and mental well-being	Able to enhance the quality of sleep	All of them above

Section C: Perception / perceived effectiveness (IV2)

(Adapted from,Smith, J. A. (2023). Exploring the Efficacy of Ayurveda Principles in Stress Management: A Perceptual Study. Journal of Holistic Health, 10(2), 45-58)

No.	Question		
		YES	No
1.	Do you believe Ayurveda practices can improve physical and mental well-being?		

No.	Question		
		YES	No
2.)	Are you aware of any Ayurveda such as herbs or remedies commonly recommended for stress relief?		

No.	Question				
		Very Ineffective	Ineffective	Neutral	Very effective
3.	In your opinion, how effective do you think Ayurveda practices are in managing stress?				

No.	Question				
		Yoga	Meditation	Dietary Changes	Herbal Remedies
4.	Which specific Ayurveda practices do you believe have the most impact on reducing stress?				

No.	Question				
		Daily	Weekly	Monthly	Never
5..	How often do you engage in Ayurveda practices for stress management?				

No.	Question			
		YES	No	Never use before
6.	Have you noticed any positive changes such as breathing control in your stress levels since incorporating Ayurveda practices?			

Section D: Readiness of Ayurveda approach (IV3)

(Adapted from, *A Study on Users Readiness Towards Ayurvedic Medicine with Special Reference to Kanniyakumari District.* (2023). Shanlaxjournals. in.

<https://www.shanlaxjournals.in/journals/index.php/economics/article/view/1476/1964>)

No.	Question		
		YES	No
1.).	I am among the first in my circle of friends to acquire new Ayurveda approach or services when it appears.		

No.	Question		
		YES	No
2.).	Are you open to exploring holistic and natural approaches, such as Ayurveda, for managing your stress?		

No.	Question		
		YES	No
3.).	Are you willing to make changes to your lifestyle, including diet and daily routine, to manage stress using Ayurveda?		

No.	Question		
		YES	No
4.).	Ayurveda emphasizes personalized approaches. Are you open to consulting with Ayurveda practitioner for personalized recommendations?		

No.	Question		
		YES	No
5).	Are you willing to incorporate Ayurveda practices into your current stress management routine?		

No.	Question		
		YES	No
6).	Are you willing to invest time and effort into learning about Ayurveda principles and practices?		

Section E: Acceptance of Ayurveda Approach (DV)

(Adapted from EBSCO. (2023). Ebsco.com.

<https://research.ebsco.com/c/qdh7q6/viewer/pdf/ghb3eeyj6f>)

No.	Question					
1.	On a scale of 1 to 5, please indicate your level of acceptance of Ayurveda approaches for managing stress, with one being "Not Acceptable" and five being "Highly Acceptable"	1	2	3	4	5

No.	Question		
		YES	No
2..	Are you open to incorporating alternative or traditional healing practices like Ayurveda into your stress management routine?		

No.	Question		
		YES	No
3.	Would you consider getting Ayurveda medication or approach if they were readily available?		

No.	Question		
		YES	No
4.	Would you recommend that your colleague get the Ayurveda approach if it were readily available and showed the required efficacy?		

No.	Question		
		YES	No
5..	Do you intend to get an Ayurveda approach for your stress management?		

No.	Question		
		YES	No
6.	Do you believe traditional approaches like Ayurveda can effectively manage stress?		

Thank you for your participation!

We highly appreciate your cooperation in our Final Year Project. We wish you all the best in the future

Appendix 1.2- PILOT TEST RELIABILITY

VARIABLES	NO. OF ITEMS	CRONBACH'S ALPHA	LEVEL OF RELIABILITY
Acceptance	6	0.722	Good Reliability
Knowledge	6	0.860	Very Good Reliability
Perception	6	0.699	Good Reliability
Readiness	6	0.910	Very Good Reliability.

Appendix 1.3- Case Processing Summary

Case Processing Summary

	Included		Excluded		Total	
	N	Percent	N	Percent	N	Percent
	Acceptance * Knowledge	162	100.0%	0	0.0%	162
Acceptance * Perception	162	100.0%	0	0.0%	162	100.0%
Acceptance * Readiness	162	99.3%	1	0.7%	162	100.0%

Appendix 1.4- Actual Study Reliability

VARIABLES	NO. OF ITEMS	CRONBACH'S ALPHA	Level of Reliability
Acceptance	6	0.680	Acceptable
Knowledge	6	0.758	Very Good
Perception	6	0.677	Acceptable

Readiness	6	0.854	Very Good
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Appendix 1.5- Inferential Analysis

Correlations		Acceptance	Knowledge
Acceptance	Pearson Correlation	1	.634**
	Sig. (2-tailed)		<0.01
	N	162	162
Knowledge	Pearson Correlation	.634**	1
	Sig. (2-tailed)	<0.01	
	N	162	162

**Correlation is significant at the 0.01 level (2-tailed)
Source: Generated from SPSS Statistic

Correlations		Acceptance	Perception
Acceptance	Pearson Correlation	1	.664**
	Sig. (2-tailed)		<0.01
	N	162	162

Perception	Pearson Correlation	.664**	1
	Sig. (2-tailed)	<0.01	
	N	162	162
<p>** . Correlation is significant at the 0.01 level(2-tailed)</p> <p>Source: Generated from SPSS Statistic</p>			

Correlations			
		Acceptance	Readiness
Acceptance	Pearson Correlation	1	.784**
	Sig. (2-tailed)		<0.01
	N	162	162
Readiness	Pearson Correlation	.784**	1
	Sig. (2-tailed)	<0.01	
	N	162	162

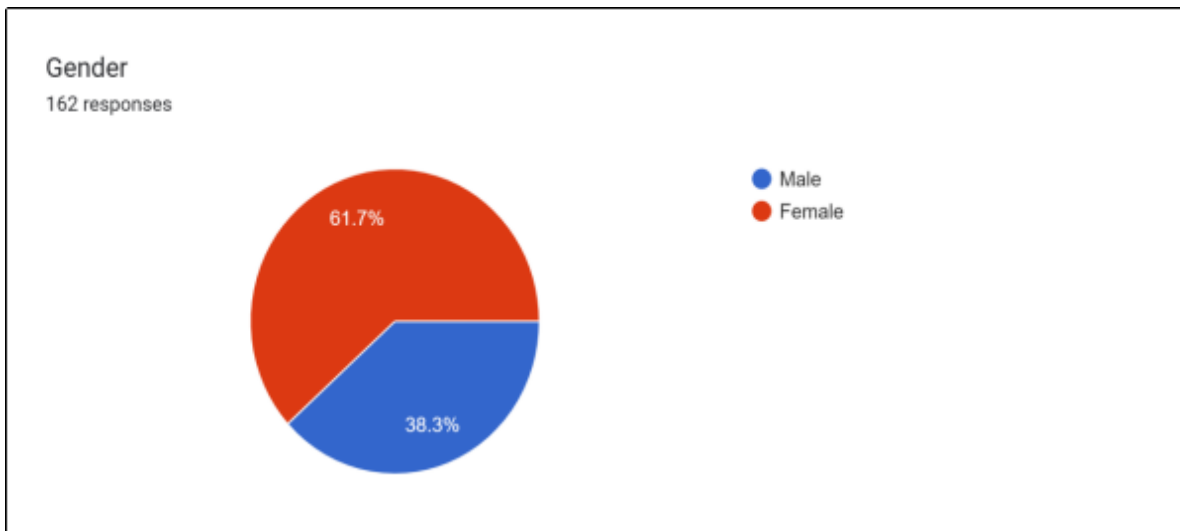
** . Correlation is significant at the 0.01 level (2-tailed).

Source: Generated from SPSS Statistic

Appendix 1.6- Respondent Demographic Profile

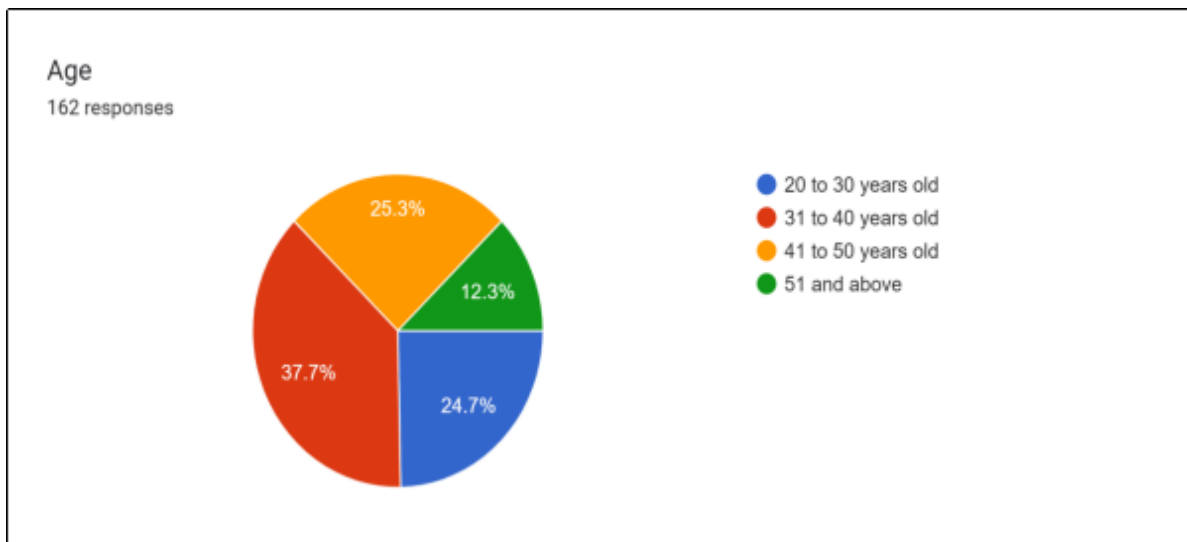
Gender

Gender					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	62	38.3	38.3	38.3
	Female	100	61.7	61.7	100.0
	Total	162	100.0	100.0	



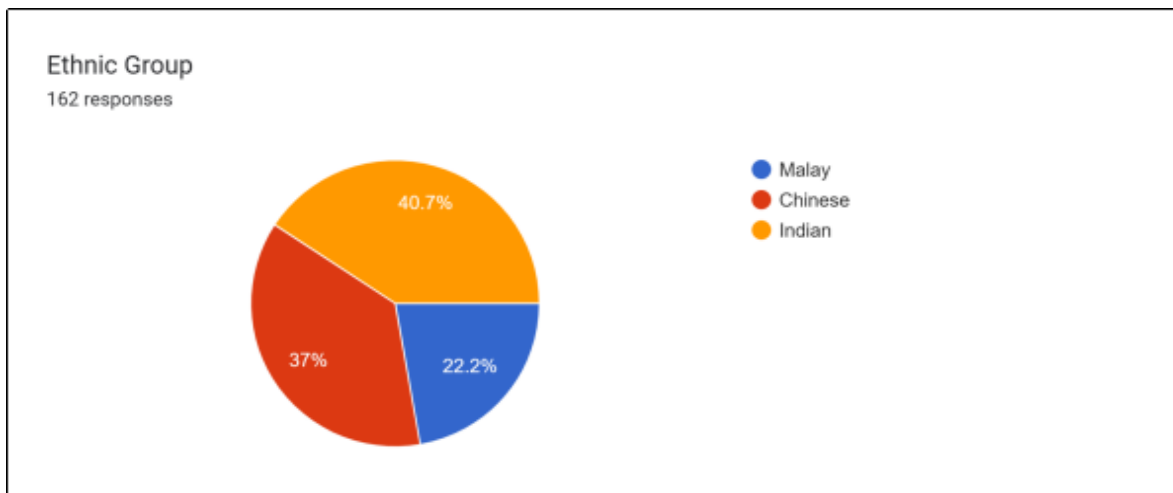
Age

		Age			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	20 to 30 years old	40	24.7	24.7	24.7
	31 to 40 years old	61	37.7	37.7	62.4
	41 to 50 years old	41	25.3	25.3	87.7
	51 and above	20	12.3	13.0	100.0
	Total	162	100.0	100.0	



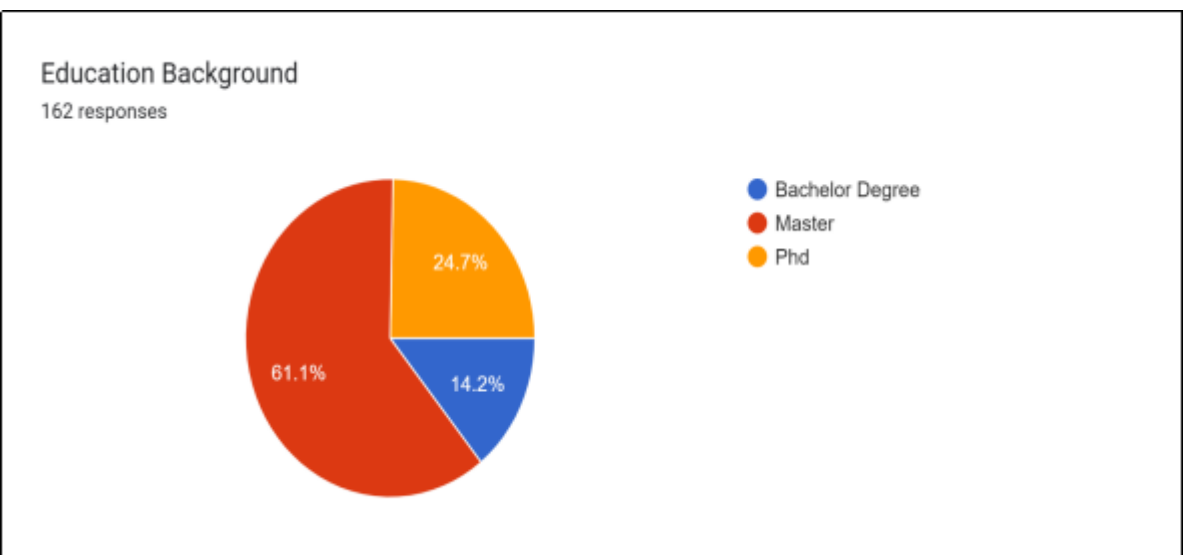
Ethnic Group

		Ethnic Group			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Malay	36	22.3	22.3	24.7
	Chinese	60	37	37	59.3
	Indian	66	40.7	40.7	100.0
	Total	162	100.0	100.0	



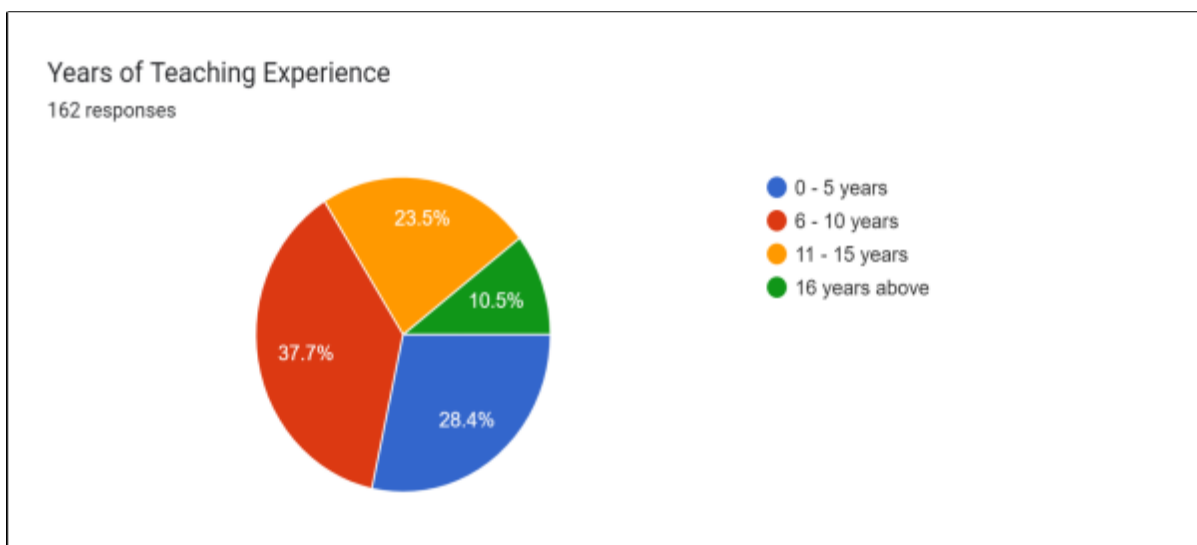
Education Background

Education Background					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Bachelor Degree	23	14.2	14.2	14.2
	Masters	99	61.1	61.1	75.3
	Phd	40	24.7	24.7	100.0
	Total	162	100.0	100.0	



Years of Teaching Experience

Years of Teaching Experience					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0-5years	46	28.4	28.4	28.4
	6-10 years	61	37.7	37.7	66.1
	11-15 years	38	23.5	23.5	89.7
	16 years above	17	10.5	10.5	100.0
	Total	162	100.0	100.0	



Appendix 1.7- Multiple Linear Regression

Model Summary^b

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	R Square Change	Change Statistics			Sig. F Change	Durbin-Watson
						F Change	df1	df2		
1	.7391 ^a	.541	.531	.12239	.549	42.648	4	140	.000	1.837

a. Predictors: (Constant), Knowledge, Perception, Readiness

b. Dependent Variable: Acceptance

Appendix 1.8- ANOVA

ANOVA^a

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	2.557	3	.639	42.648	.000 ^b
	Residual	2.099	139	.015		
	Total	4.656	144			

a. Dependent Variable: Acceptance

b. Predictors: (Constant), Knowledge, Perception, Readiness

Appendix 1.9- Coefficient

Coefficients^a

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	.424	.149		2.848	.005
	Knowledge	.188	.060	.193	3.148	.002
	Perception	.169	.046	.226	3.663	.000
	Readiness	.331	.041	.582	7.977	.000

a. Dependent Variable: Acceptance

