CHAPTER II

LITERATURE REVIEW
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Introduction

This study examined the difference exists among teacher occupational stress, job burnout, coping mechanisms, and psychological health among primary and high schools. The purpose of this chapter is to provide a clear understanding of each of these concepts in addition to discussing gaps in the literature. This review of the literature explores empirical studies on occupational stress, job burnout, coping mechanisms, and psychological health that include (a) theories of stress and burnout, (b) factors that lead to teacher stress and burnout, (c) the consequences of teacher stress and burnout, and (d) prevention of teacher stress and burnout. Also included in this review of the literature are studies on coping mechanisms and mental health, which include a discussion of theories of problem-focus and emotion-focus as a coping mechanism.

2.1 Stress Defined

The cause of stress is not from a single source nor is it a single symptom issue. It can be and is often characterized in many subjective and objective ways to provide an explanation for numerous problems at any time (Fimian, 1984). Much of the research on stress and teacher stress in particular has led to numerous definitions (Cartwright & Cooper, 1997; Kelly & Berthelsen, 1995; Kyriacou & Sutcliffe, 1978; Lazarus, 1966; Pithers, 1995; Selye, 1956). Lazarus and Folkman (1984) proposed the most widely
accepted definition of stress as follows: “Psychological stress involves a particular relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her well-being” (p. 19).

Building on their definition, Gaziel (1993) stated that all definitions of teacher stress must be individualized in nature because stress affects each person differently. Not only does the stress of a situation vary from person to person, but it also varies from time to time within a person (Fimian, 1982; Fimian & Santora, 1983). A person is likely to respond differently to stress at various times depending upon his or her emotional state at the time of the situation (Worrall & May, 1989). Over the past several years, studies have alluded to the fact that a person’s personality type plays a significant role in the development of burnout (Bakker, Van Der Zee, Lewig & Dollard, 2006). Boyle, Borg, Falzon, and Baglioni (1995) enlarged the definition of stress by stating that stress affects an individual’s well-being physically, emotionally and psychologically. They defined stress in terms of external (environmental) characteristics, an individual’s emotional or psychological state, or an interaction variable emphasizing the relationship between person and environment.

Definition of occupational stress According to Kyriacou (1987), defines “teacher stress as the experience by a teacher of unpleasant emotions such as tension, frustration, anger and depression resulting from aspects of his work as a teacher.” Kyriacou (1998) hypothesized four major concerns to authenticate any definition of teacher stress. The first issue was whether to use the term teacher stress to refer to the level of demands made on teachers or to refer to the psychological state stimulated in the teacher when attempting to meet such demands. Kyriacou and Sutcliffe (1978a) linked the definition of stress to the model they created in which stress is viewed as a negative emotional experience that is triggered by the teacher’s perception that his work situation
constituted a threat to his self-esteem or well-being. Although Hinton and Rotheiler (1998) raised the same concern as Kyriacou in their definition of teacher stress, they emphasized the importance of both the biological and physiological aspects of stress. Hinton and Rotheiler (1998) differentiated between the measurable biological and physiological reactions that indicate the stress and the strains of teaching itself.

Stress can be a stimulus, response, or transaction (Lazarus, 1999; Lazarus & Folkman, 1984). When defined as a stimulus, stress is an external agent or stressor, the force that creates uneasiness or tension, the teacher’s perception of a principal’s lack of support or the teacher’s increased workload. When this uneasiness or tension occurs, it facilitates the belief that some stimuli or force has acted on an individual and caused him or her to react positively or negatively (Cunningham, 2000). If the stressor supersedes the ability to resist or to cope, a person may experience an emotional breakdown.

When defined as a response, stress refers to what physically happens when people experience stress. Cunningham (2000) referred to stress as the body’s nonspecific response to any demand placed on it, pleasant or not. Lazarus (1995) noted that psychological stress is transactional in that it is how a person perceives a stressful situation. The cognitive focus is on the relationship between the person and the environment, such as thinking about events in one’s life and deciding if one has the personal resources to handle those events. This transactional or interactional orientation focuses on thoughts and awareness that impact the overall individual stress response a person can have in his mind and body. The transactional framework focuses on cognitions and perceptions or appraisals that mediate the response to stressful events.

Selye, the father of stress, identified the three phases or reactions to stress referred to as the “general adaptation syndrome” (GAS as cited by Cunningham, 2000, p. 9). GAS was characterized by three stages:
• **The alarm, or fight or flight stage.** In this stage, the body physically responds to stress. An example would be an increase in breathing, pulse rate and or blood pressure, including diversion of blood to the brain and heart.

• **The resistance stage.** During this stage, the body returns to its original state and repairs any harm created by the alarm stage.

• **The exhaustion stage.** This stage occurs if the body is not allowed to go through the resistance stage and repair itself. Results of prolonged exhaustion may lead to poor work quality, reduced creativity, over-eating, alcohol or drug abuse, impatience, irritability, increased risk of accident, illness, high blood pressure, sleeping disorders and hair loss (Selye, 1974).

Abel and Sewell (1999) support the use of the response definition of stress because they assert a person’s cognitive perception of circumstance depends on the person’s ability to cope with those circumstances.

The second issue raised by Kyriacou (1998) was whether stress should refer to all demands (stressors), both positive and negative, or only to the negative stressors. He questioned whether stress refers to all psychological states both positive and negative or to just the negative ones. Stress can have a negative and positive, an exciting and depressing, and a pleasant and an unpleasant effect on an individual (Cooper, 1983; Selye, 1976). Kyriacou and Sutcliffe (1978a) are from the school of thought that believes that teacher stress should refer to a negative psychological state in relation to the teacher’s job.

The third issue Kyriacou (1998) discussed related to teachers’ psychological responses to situations after making an initial assessment, which includes how they perceive their ability to cope effectively within the situation. Finally, the fourth concern of Kyraciou (1998) related to how teachers balance demands made on them and their ability to cope
with such demands. Kyriacou (2001), Maslach and Leiter (1997) confirmed that stress is also defined in terms of the degree of mismatch between the demands made on an individual and his ability to cope with those demands. According to Kyriacou (1989):

"Teachers are faced daily with many and various demands; if the teacher perceives that meeting certain demands will be difficult or impossible, and that failure to do so will threaten his mental or physical well-being, then the teacher is very likely to experience stress." (p. 28)

### 2.1.1 Models of Stress

Several models have been developed to provide a theoretical foundation for stress and teacher stress (Adams, 2001; Boyle et al., 1995; Fimian, 1984; Kyriacou & Sutcliffe, 1978). In the past decades, models of stress have become more elaborate (Grant & McMahon, 2005).

- **Person environment fit model.** The person environment fit model (PE Fit) indicates that stress occurs due to incongruence between the individual and the environment (Ivancevich, Konopaske, & DeFrank, 2003). Therefore, this model "focuses on the discrepancy between the amount of control available from the environment and the amount of control individuals may need" (Elsass & Veiga, 1997, p. 196). A positive outcome derives from a positive interaction between the individual and his or her environment (Jansen & Kristof-Brown, 2006). This model suggests that individuals who are compatible with their work environment will yield positive outcomes, such as a decrease in stress and an increase in their overall well-being (Kreiner, 2006).
**Effort reward imbalance model.** The effort reward imbalance model (ERI) is another model of occupational stress. The foundation of this model is built upon the principle of social reciprocity (Siegrist, 2005). Social reciprocity is defined as the "mutual cooperative investments based on the norm of return expectancy where efforts are assumed to be equalized by respective rewards" (Siegrist, 2005, p. 1034). The ERI is divided into two components: efforts and rewards. The first component, effort, is divided into two different sources: extrinsic and intrinsic (Rydstedt, Devereux, & Sverke, 2007). The extrinsic source is characterized by "the demand on the job, and an intrinsic source, the motivations of the individual worker in a demanding situation" (Siegrist, 1996, p. 30). The second component of the ERI model is the reward. This component places an emphasis on "the social and economical rewards from work" (Rydstedt et al., p. 264). According to Siegrist (1996), the societal and economical rewards being distributed can be categorized into three domains: money, esteem, and status control. Within this model job strain and emotional distress is caused by a "lack of reciprocity between costs and gains (e.g. high-cost/low-gain conditions)" (Siegrist, 1996, p. 30).

**Transactional model.** Lazarus (1966) developed the transactional model of stress which looked at potential stress. In this model of stress the person-environment relationship is considered. He argued that stress consisted of three processes: (a) primary appraisal, (b) secondary appraisal and (c) coping. Primary appraisal is the process of perceiving a threat to oneself. Secondary appraisal is the process of bringing to mind a potential response to the threat. Thirdly, coping is the execution of that response. Lazarus and Folkman (1984) pointed out that although these processes are described in a linear sequence, they do not take place in an unbroken stream. This entire set of processes may be cyclical; the outcome of one process may implore an earlier process. For example, an
individual may realize that an adequate coping response is available in which he reappraises a threat as less threatening. However, if a coping response is less effective than necessary, an individual may reappraise the level of threat or reappraise an appropriate coping response (Lazarus, 1966; Lazarus & Folkman, 1984).

Lazarus and Smith’s theory of stress emphasized the importance of the concept of appraisal (1990): specifically, appraisal is the process by which an individual senses that something of significance is at risk of being endangered and the individual’s process of coping with the perceived danger (Holroyd & Lazarus, 1986). Therefore, appraisal is the intervention among demands, constraints, and resources of the environment and the personal belief of the individual (Lazarus, 1993).

In their model of stress, Kyriacou and Sutcliffe (1978) depicted a main mitigation to the experience of stress is the appraisal of threat to a teacher’s well-being. Coping mechanisms are activated to minimize the threat and to alleviate the stress-response syndrome when a threat is experienced (Kyriacou & Sutcliffe). Abel and Sewell (1999) further affirmed the concept of appraisal by noting that the experience of stress results from teachers’ perceptions of the demands placed upon them, their lack of ability or struggle to meet those demands (lack of coping resources), and the ensuing threat to the teachers’ emotional or physical well-being.

Lazarus and Folkman (1984) revealed in their model of stress and coping that individual appraisal is constantly changing as situations change and the individual’s coping mechanism also changes from situation to situation. It is a reciprocal process. If coping attempts are successful, and the external threat is diminished or eliminated, the change is likely to be mirrored in ensuing appraisals (Lazarus & Folkman). In this context, the individual emotionally moves from distress toward a positive state of mind (Schwab, 2001).
2.1.2 Teacher Occupational Stress

Because teachers may be exposed to occupational stress, teaching is considered a highly stressful job (Crute, 2004; Wisniewski & Gargiulo, 1997). Teacher stress has its roots in teacher anxiety and job satisfaction (Kyriacou & Sutcliffe, 1978). The first time “teacher stress” appeared in an educational research paper was in 1977 (Kyriacou, 2001). Since then, over the past two decades numerous studies on teacher stress have been conducted worldwide (Chan, 1998; Chang & Goldman, 1990; Chen, Miller, Cooper & Wilson, 1995; Dworkin, Haney, Dworkin & Telschow, 1990; Farber 1984b, 1991; Fimian 1984; Heibert & Farber, 1984; Kyriacou, 1980; Solman & Feld, 1989). Due to the high level of teacher attrition, teacher occupational stress remains an important topic in educational research today (Austin, Shah, & Muncer, 2005; Backhirova, 2005; Gulwaldi, 2006; Mearns & Cain, 2003).

The amount and degree of occupational stress a teacher experiences may be related to his negative self-perception, negative life experiences, low morale, and the struggle to maintain personal values and standards in the classroom (Worrall & May, 1989), while the extent to which a teacher perceives and experiences occupational stress in any school situation likely depends upon the appraisal of demands and the teacher’s coping mechanism to deal with them (Nagra & Arora, 2013; Singh, 2012; Latif & Sultana, 2009). Kyriacou (2001) stated, “the stress experienced by a particular teacher will be unique to him or her, and will depend on the precise complex interaction between his or her personalities, values, skills, and circumstances” (p. 29).

2.1.3 Causes of Teacher Occupational Stress

Kyriacou and Sutcliffe (1978) conducted a survey on 257 teachers in 16 mixed comprehensive schools in England that revealed that the major sources of occupational
stress experienced by the teachers covered a number of different aspects of the teacher’s job. They found the students’ poor attitude toward learning, teachers trying to advocate values and standards in the classrooms, poorly motivated students, and covering lessons for absent teachers were the highest rated sources of teacher occupational stress. According to a literature review conducted by Tang and Yeung (1999), major sources of occupational stress for teachers were identified as follows: (a) misbehavior of students, (b) time and resource constraint, (c) lack of professional recognition, (d) poor relationships with colleagues, (e) curriculum demands, and (f) workload. Of the six sources of occupational stress identified, misbehavior of students and workload were the most common sources of teacher occupational stress. It is important however, to keep in mind that main sources of occupational stress experienced by an individual teacher will be inimitable to him or her and will be contingent upon the specific complex interaction between their personality, values, skills and situations.

➢ **Misbehavior of students.** Teachers’ reports of stress have been consistently linked to students’ misbehavior (Yoon, 2002). Several student challenges have been related to stress. For example, students’ inattentiveness, high levels of internalizing behaviors and misconduct have been correlated with stressful teacher-student relationships (Pianta & Nimetz, 1991). The literature has further documented that disruptive, aggressive, resistant students are particularly taxing to teachers. According to research, teachers’ interactions with these types of students are more grave and punitive, coupled with high conflict and low warmth (Bru, Stephens, & Torsheim, 2002). As a result, many teachers question their ability to reach these students effectively (Coie & Koepppl, 1990; Everaert & Van der Wolf, 2006).
A British study by Brown, Ralph and Bremer (2002) was conducted over a period of two academic years. The study commenced with a data base of 100 teachers resulting from a series of participatory workshops of teachers in the Department of Education at the University of Manchester. Brown et al. (2002) found the lack of student discipline to be the number one anxiety factor, followed by poor pupil motivation and poor pupil attitude.

➢ Work overload. Another major source of occupational stress for teachers is dealing with a heavy workload, including time pressures. Work overload is the term used to describe when many tasks must be performed in a short period of time (Roth, 1994). Work overload can be categorized as quantitative overload or as qualitative overload. Quantitative overload occurs when an individual is given too many tasks to complete in a given time period (Murray-Harvey, Slee, Lawson, Silins, Banfield & Russell, 2000). Teachers are expected to assume a full schedule of classes, create their own lesson plans, and develop teaching techniques and classroom management strategies in a short amount of time (Graziano, 2005).

Qualitative overload occurs when an individual feels unprepared or incapable of meeting demands (Murray-Harvey et al., 2000; Nassar-McMillan, Karvonen, & Young, 2006; Stephens et al., 2005; Williams & Gersch, 2004). Teachers must perform various time-consuming tasks, such as teaching, grading, writing reports, parent conferences, and participation in professional and staff development. As a result, the pressure of not having enough time is highly correlated with teacher occupational stress (Bunting, 2000; Moriarty, Edmonds, Martin, & Blatchford, 2001; Niewiecki, 2006b; Xy, Zhu & Huang, 2005). This results in teachers feeling like they have little time to meet teaching demands (Bunting, 2000; Moriarty, et al., 2001).
➢ **Stressors.** Stressors include "the work-related causes of or inputs to job stress" (Fenlason & Beehr, 1994, p. 157). Stressors can be viewed by individuals as being subjective or objective (Curbow et al., 2000). Examples of occupational stressors include but are not limited to the following: role overload, role conflict, and role ambiguity (Abdel-Halim, 1982; Beehr et al., 2000; Fenlason & Beehr). In the literature, the following stressors are defined as follows:

➢ **Role overload** is defined as "the degree to which job demands exceed personal and workplace resources and the extent to which an employee is able to effectively complete work assignments" (Rahim & Psenicka, 1996, p. 70).

➢ **Role conflict** occurs "when an individual in a particular work role is torn by conflicting job demands or doing things he/she really does not want to do or does not think are part of the job specification" (Cooper & Marshall, 1976, p. 16). Thus, an individual experiencing role conflict is more likely to experience stress and dissatisfaction in his or her work environment, which may lower the performance level and effectiveness of the individual at work (Rizzo, House, & Lirtzman, 1970).

➢ **Role ambiguity** as an occupational stressor is concerned with an individual's role at work. Role ambiguity occurs "when an individual has inadequate information about his [or her] work role, that is, where there is lack of clarity about the work objectives associated with the role" (Cooper & Marshall, p. 16).
2.1.4 Consequences of Teacher Occupational Stress

When an individual chooses to continue to work in a stressful environment under stressful working conditions, several factors may occur (a) increased absenteeism, (b) lower self-esteem, and (c) decrease in work effectiveness (Maslach & Jackson, 1981). Various researchers found that teachers who encountered a significant degree of occupational stress also experienced low levels of job satisfaction and high levels of psychological distress (Finlay-Jones, 1986; Hammen & de Mayo, 1982). Teacher occupational stress presents a major problem in education for a number of reasons. Two of these reasons are pointed out by Kyriacou and Pratt (1985): (a) An experience of unmitigated stress can lead to both poor mental and physical health and (b) teacher occupational stress affects teacher performance in school, impairing the quality of teaching. Occupational Stress affects every aspect of a teacher’s life: relationship with students, colleagues, administrators, family and friends (Kyriacou & Pratt, 1985).

➤ Emotional/physical effects. Occupational Stress may be psychological (emotional) or physical. Emotional effects of stress include depression, decreased commitment to one’s profession, and or a lack of enjoyment of one’s profession. Dunham (1992) reported irritability and depression as dominant emotional responses to teacher occupational Stress. A few research studies examined the relationship between emotional symptoms and occupational stress with findings that confirm the fact that occupational stress can lead to depression and burnout (Belcastro & Gold, 1983; Drewett, 2005). Burnout is a particularly critical consequence of working in institutional settings (Maslach & Jackson, 1981a).
Christina Maslach was one of the first individuals to study job burnout systematically in the helping profession. The study of burnout was expanded. It started out as a concept that was used in dealing with human service workers; but it has since grown to be used in other professions such as educators, clergy, military personnel and business officials. Burnout is a multidimensional concept. Maslach (1982) made the concept operational in three dimensions: (a) emotional exhaustion, (b) depersonalization, and (c) personal accomplishments. In particular, Belcastro and Gold (1983) conducted a study among 359 teachers and examined the extent to which burnout could be associated with the teachers’ somatic complaints and physical illnesses.

For some teachers, problems at work are more strongly associated with health complaints than any other life stressors, more so than any financial problems or family problems (Burke, Greenglass, & Schwarzer, 1996; Dunham, 1994; Jackson & Rothmann 2005). A study by Kyriacou and Sutcliffe (1978) revealed that feeling frustrated, tensed and exhausted are the most common symptoms of teacher occupational stress. A checklist administered to teachers in England and Germany by Dunham (1976) revealed the following occurrences from most to least frequent: (a) fatigue/exhaustion, (b) tension headaches, (c) insomnia, (d) overeating, (e) back pain, (f) ulcers, (g) skin rashes, (h) migraine headaches and (i) loss of appetite. Other studies report negative effects on teachers’ health and list the following symptoms not included on the original checklist: (a) heart palpitations, (b) asthma, (c) decrease in sex drive, (d) muscle aches (in shoulders) (e) acid reflux, (f) shaky hands, and (g) high blood pressure (Dunhan, 1992; Manthei & Gilmore, 1996). More recently, research has suggested that teachers’ use of sick leave due to viral infections, anxiety, depression, and digestive disorders is highly linked to occupational stress (Montgomery & Rupp, 2005; Travers & Cooper, 1996).
Job dissatisfaction. Another issue affected by teacher occupational stress is performance. Kaiser and Polozynski (1982) completed a study of pre-service teachers and reported that teachers who experience high levels of occupational stress experienced a lack of creativity, poor classroom management, and unsuccessful implementation of educational tasks. A number of researchers reported that teachers who encountered a significant degree of occupational stress also experienced low levels of job satisfaction and high levels of psychological distress (Finlay-Jones, 1986; Hammen & de Mayo, 1982).

The poor quality of education students received was due to the low morale and self-efficacy of teachers. Because of occupational stressors, teachers did not have the mental or physical capacity to fulfill their daily responsibilities (Chan, 1998). A decline in both teacher and student performance was demonstrated when teachers experienced high levels of occupational stress. Increased levels of frustration, anxiety, aggression and absenteeism were also found in teachers who experienced high levels of occupational stress (Kaiser & Polozynski, 1982). As noted by Blasé (1986), highly stressed teachers do not work as effectively as less stressed teachers. Travers and Cooper (1998) found prolonged stress often resulted in reduced job satisfaction among British teachers. In their study, Travers and Cooper found that in comparison to workers in other occupations such as doctors, nurses, and tax officials, teacher job satisfaction levels were significantly lower than those of people in other occupations.
2.2 Concept of Job Burnout

2.2.1 Definitions and Descriptions of Job Burnout

Themes throughout the literature frequently connect stress with burnout. Burnout is not merely a sign of stress rather it is a unique type of work-related response to stress that is specific to the helping professions and people-work environments (Farber, 2000; Greenberger & Valletutti, 1980). Although stress and burnout have similar attributes, they are not to be substituted for each other, because stress may lead to burnout; however, burnout does not lead to stress (Lazarus, 1999; Selye, 1976). Stress alone does not cause burnout; unmitigated stress causes burnout. Unmitigated stress is a stressful situation in which a person feels that there is “no way out” (Farber, 1984).

Like stress, the concept of burnout is difficult to define. Freudenberger (1974) originated the term burnout. He defined burnout as a work related stress response that can be observed among human service professionals such as social workers, healthcare workers, or teachers (Freudenberger, 1974). Other researchers have provided definitions of the concept of burnout as well (Demerouti, Bakker, Nachreiner & Schaufeli, 2001; Farber, 1991; Friedman, 1995; Jackson, Schwab, Schuler, 1986; Maslach, 1982; Maslach & Leiter, 1997). Farber (1991) limited burnout to a work-related syndrome that most often occurred as a result of working directly with people in need of assistance. Friedman (1995), on the other hand, defined burnout as a response of a person’s perception of a significant difference between effort (amount of work exerted) and reward (amount of recognition or success realized).

Stress initiated the onset of the progression into the stages of burnout. Friedman (1995) found that this progression had two major components: (a) the development of
stressors and (b) the reactions to stress-induced situations. He also found that these two tracks could intersect. Track one, the cognitive pathway, was demonstrated by a low level of personal and professional accomplishment. Track two, the emotional pathway, was characterized by the initial feeling of overload experienced by an individual.

It is believed that emotional exhaustion is the beginning of this downward spiral. As a result of emotional exhaustion, individuals began to experience an immense sense of depersonalization in terms of their work and people with whom they work (Friedman, 1995). This downward spiral continues until an individual believes that he has lost his ability to effect change and make a difference in his profession (Freidman, 1995). Individuals do not have to experience all three components of burnout to be considered burned out. Currently, Maslach’s theory of burnout and the Job Demands-Resources (JDR) model are the most widely accepted theories.

### 2.2.2 Theories of Burnout

- **Maslach’s theory of burnout**

  According to Jackson et al. (1986), the term burnout refers to a “state of emotional exhaustion caused by excessive psychological and emotional demands made on people helping people” (p. 630). Maslach (1993) defined emotional exhaustion as feelings of being emotionally overextended and depleted of one’s emotional resources: when an individual feels exhausted, drained, and worn out, both emotionally and physically (Jackson et al.).

  The second dimension of burnout, depersonalization, refers to “treating people like objects and is often reflected in the use of objects label rather than personal names.
when referring to clients” (Jackson et al., 1986, p. 631). According to Maslach (1993),
depersonalization occurs when an individual begins to have a negative, callous, or
excessively detached response to other people who are usually the recipients of one’s
service or care. Extreme levels of detachment can lead to inability to work effectively.

The third dimension of the burnout concept is reduced personal accomplishment.
Reduced personal accomplishment refers to a decline in one’s feeling of competence and
successful achievement in one’s work (Maslach, 1993). It is also the tendency to evaluate
oneself negatively with regards to one’s successes at the work place (Jackson et al.,
1986). High levels of burnout may cause individuals to feel useless and ineffective.
According to Jackson et al., these individuals have a hard time beginning new projects
because they perceive that others view their work as being of little value. Therefore, they
feel that putting forth any effort is pointless. Individuals experiencing reduced personal
accomplishments believe they do not make a difference, so they stop trying. Emotional
exhaustion is considered the most prominent reaction to burnout. Individuals begin to
experience an overwhelming sense of depersonalization and distancing regarding their
work and the people with whom they work (Friedman, 1995).

➢ **Job demands-resource (JD-R Model)**

The Job Demands-Resource Model is another theory of burnout. According to
Demerouti et al. (2001), this model suggests that working conditions can be categorized
as job demands or job resources. Job demands are defined by Bakker and Demerouti
(2007) as “those physical, social or organizational aspect of the job that require sustained
physical or mental effort and are therefore associated with certain physiological and
psychological costs” (p. 312). It may include, but is not limited to, lesson planning,
classroom management, and staff meetings. Job resources are “those physical, psychological, social, or organizational aspects of the job that may do any of the following: be functional in achieving work goals; reduce job demands and associated physiological and psychological costs; and stimulate personal growth and development” (Bakkar & Demerouti, p. 312). On the other hand, they may include, but are not limited to supplies, support from colleagues and or administrators and time allotted to complete tasks.

As suggested by the JD-R model, burnout occurs when job demands (work overload, emotional demands by students, physical demands, and work-home interferences) are very high and job resources (social support, quality of the relationship with the supervisor, autonomy, and performance feedbacks) are very low. A significant correlation between job demands and exhaustion, in relation to job burnout, has been documented in the literature (Demerouti et al., 2001; Lee & Ashforth, 1996). When there is an increase in job demands, an individual’s mental and physical resources are drained, which in turn leads to a state of exhaustion (Demerouti et al.). A decrease in job resources weakens motivation and leads to an increase in cynicism and disengagement (Schaufeli & Baker, in press).

The JD-R model suggests that the concept of burnout follows two processes: First, extreme job demands lead to relentless overload in an individual, which in turn leads to exhaustion. Second, when there is a lack of resources, it is difficult to meet the demands of the job, which can lead to behaviors of withdrawal. Eventually, long-term withdrawal can lead to disengagement from work (Demerouti et al., 2001). Thus, it is important to maintain a balance between job demands and job resources, as this can help an individual avoid the development of burnout exhaustion and disengagement.
2.2.3 Teacher Burnout

Research continues to define teacher burnout as a syndrome characterized by physical, mental, and behavioral fatigue (Gulielmi & Tatrow, 1998; Kyriacou, 1987; Sari, 2004). The Maslach Burnout Inventory is a result of Maslach and Jackson’s definition of the concept of burnout established in 1981. Teachers are vulnerable to burnout, which is a severe reaction to stress. It is important to point out that not all teachers who experience stress experience burnout. Teachers who experience burnout are likely high achievers who have desires to go above and beyond and lots of energy, but who feel powerless to achieve their goals, either in helping students or in attaining self-actualization (Freudenberger & Richelson, 1980). Once they are not able to accomplish their goals, their unconscious responses become dangerous to themselves. Ironically, the individual who is unresponsive to his or her job is least likely to burnout. Therefore, burnout often occurs in the most competent, enthusiastic, energetic, and committed teachers (Maslach & Leiter, 1997).

The process of teacher burnout is ongoing and has a snowballing effect (White, 1986). Basically, each individual is predisposed to a set limit of coping energy, that when exhausted, cannot be replenished (White, 1986). The individual, though exhibiting symptoms of burnout, may still be able to perform teacher duties, but has greatly lost his or her dedication and passion for his or her work (White, 1986). Little commitment is a key factor affecting the quality of educational services (Maslach & Jackson, 1986).

2.2.4 Causes of Teacher Burnout

Various factors such as demographic and work setting variables, job demands and resources, and student discipline have been suggested as either predictive of burnout or
directly leading to burnout (Ben-Ari, Krole, & Har-Evan, 2003; Hastings & Bham, 2003; Taris, Peters, Le Blanc, Schaufeli, & Schreurs, 2001). Studies examining a few of these variables are reviewed in this section.

- **Demographics.** Demographic factors such as age and gender have been associated with at least one burnout measure (Cordes & Dougherty, 1993; Maslach, 1993; Schwab & Iwanicki, 1982). In their study of 469 teachers, Schwab and Iwanicki (1982) found that age was linked to emotional exhaustion. Younger teachers scored higher on the scale of emotional exhaustions than older teachers. Results also revealed that men scored significantly higher than women on the depersonalization subscales of the MBI-ES. In addition to the three significant contributing factors to teacher burnout, there are a variety of other sources (Friedman & Farber, 1992) as well as other studies that report similar results (Cordes & Dougherty, 1993; Greenglass & Burke, 1988; Maslach, 1993).

Other demographics are related to teacher burnout as well. For example, teachers who are unmarried and work in suburban and urban secondary schools are predisposed to having higher levels of burnout than those who are married and/or work in rural areas (Anderson & Iwanicki, 1984; Crane & Iwanicki, 1986; DeRobbio & Iwanicki, 1996). In terms of gender, women are more likely to have higher emotional exhaustion levels, while men have higher scores on the Depersonalization and Personal Accomplishment subscales of the MBI (Cordes & Dougherty, 1993; Maslach, 1993).

- **Work setting.** The literature confirms sources of burnout to include organizational, interpersonal, demographic, and personal factors (Maslach & Jackson, 1982; Savicki & Cooley, 1987). Examples of organizational factors reported in these
studies are lack of positive feedback about one’s job performance, lack of autonomy and control in carrying out one’s job, lack of participation in organization decisions, conflicting role demands, role ambiguity, faculty management and supervisions and work pressure (Savicki & Cooley, 1987). A comprehensive theoretical study of teacher burnout by Byrne (1994) identified specific relationships among environmental and personality variables that included aspects of burnout at each grade level. He used a causal model to study elementary, middle, and secondary teachers in Canada. His results revealed that organizational determinants of burnout included role conflict, work overload, classroom climate, decisions making and peer support. Personality variables included self-esteem and locus of control.

➢ Student behavior. Friedman (1995) developed the Pupil Behavior Pattern Scale (PBP) to explore the relationship between student behavior and teacher burnout. In this study, teachers rated their students’ behavior using the PBP. Friedman also measured burnout using an adapted version of the MBI-ES. He concluded that disrespectful student behavior was a direct predictor of burnout as measured by the MBI-ES dimensions of emotional exhaustion and diminished personal accomplishments (Friedman, 1995). His idea was further developed by Hastings and Bham (2003). They examined student behavior in relation to the MBI-ES as well; however, they included the depersonalization dimension of the MBI-ES which Friedman did not make use of in his original study (Friedman).

In Hastings and Bham’s (2003) study, teachers completed a demographic questionnaire, the PBP, and the MBI-ES. The results were similar to Friedman’s (1995) in that student disrespect predicted both teacher emotional exhaustion and depersonalization. Also, low levels of student sociability predicted both teacher
depersonalization and low levels of personal accomplishment in teachers (Hastings & Bham, 2003).

### 2.2.5 Effects of Teacher Burnout

Over a period of time, job burnout, a response to stress, attacks the educator silently and subtly. Burnout in teachers has been associated with reduced professional commitment and a desire to leave the profession (Farber, 1984; Lowenstein, 1991). Common symptoms of job burnout for teachers include dissatisfaction, emotional, physical and mental fatigue, feelings of helplessness and hopelessness; and a lack of enthusiasm about work and/or life in general (Greenberg, 1984).

Burnout, substantiated by emotional exhaustion, depersonalization, and feelings of reduced personal accomplishment often result in absenteeism, illness and early retirement (Dunham, 1976). Many teachers reported that a majority of their physical ailments and personal dysfunction, including physical exhaustion, marital and family problems and insomnia, increased during the school year, resulting in excessive rates of teacher absenteeism (Maslach et al., 1996).

- **Absenteeism.** The effects of burnout are individualized. Wiley (2000) reported that burnout was the result of demands placed on an individual teacher. How a teacher responds to the overwhelming demands placed upon him is an individual matter (Wiley, 2000). Those overwhelming demands often resulted in changes in a teacher’s attendance pattern. These attendance patterns were closely related to individual character and belief (Wiley, 2000). Higher levels of absenteeism were also linked to teachers who had received low performance ratings on their evaluations (Pitkoff, 2003).
In addition to these factors, school leadership contributed to teacher absenteeism. In a study, Bliss and Finneran (1991) found a negative correlation between directive leadership and absences. When the administration was active in implementing policy and providing support, teacher occupational stress and absenteeism was minimized. A study by Dworkin et al. (1990) reported similar findings. Their study further hypothesized that stress-induced absenteeism was lower in schools were the principal was considered supportive. Other studies revealed that burnout often resulted in absenteeism (Schwab, Jackson, & Schuler, 1986; Wiley, 2000). Teacher absenteeism and early retirement have been linked to teacher occupational stress (Ingersoll, 2001). This, in turn, may lead to attrition. Many teachers in several studies have stated their desire to leave the profession due to occupational stress (Ingersoll, 2001; Thompson, McNamara & Hoyle, 1997; Travers & Copper, 1996).

Attrition. Disappointed teachers leaving the profession usually have 2-3 years of teaching experience or are veterans with 30 years of such experience, and who are ready to retire (Tye & O’Brien, 2002). A major concern associated with teacher attrition is a decline in the professional quality of new teachers who replace ones who have chosen to leave the profession. High attrition rates, coupled with high demands for highly qualified teachers, have forced administrators to fill vacancies with individuals who have minimal, if any, educational background and training (Shanker, 1986). It is a reciprocal effect. Due to high turnover rates, there is a shortage of teachers. This in turn leads to large class sizes, which again impacts a teacher’s decision to stay in or leave the teaching profession.

According to Shanker (1986), 50% of the teaching force will retire from their positions due to occupational stress and burnout. Low teacher pay was listed as one of the factors causing teachers to leave the profession (Jehlen, 2001). In his research, Shanker
(1986) found that those who were offered professional assistance through in-service training and mentorship programs constantly struggled with the stress of meeting financial obligations and demands. Even if teachers continued working with the high levels of occupational stress, they did not perform their teacher responsibilities appropriately (Kaiser & Polozynski, 1982). Although the teachers were there physically, they were exhausted mentally.

### 2.2.6 Reducing Teacher Occupational Stress and Burnout

Usually, when people have not filled a job that they have not previously held, when they are hired, they have many questions (Seyfarth, 2005). Many of the questions are general like job duties and expectations, income, opportunities for advancement, fellow workers, and one’s supervisors. Naturally, some of these questions can be answered either in the interview process or in orientation. Unfortunately, some questions are left unanswered. For some teachers entering the field for the first time not having the right answers to their questions may lead to some teachers feeling a little uncomfortable about their assignment. “Too often the information that the new employee learns is usually acquired from other employees, varies in accuracy, and reflects the attitudes of those employees toward the employing organization” (Seyfarth, 2005, p.113).

According to Seyfarth (2005), misinformation can be avoided by providing induction programs for new employees. As a result, employees will be more satisfied and productive. Prior to going into teaching, as students, educators held high expectations for their experience as a teacher. The closer their experiences are to their expectations, the more likely they will feel satisfied. Dissatisfaction comes in to play when these expectations are not met (Seyfarth, 2005). A teacher’s first few years in the classroom are
important because they impact the forming of the teacher’s identity, the ability to acquire skills, decisions about the future and student achievement.

Occupational stress and job burnout must be dealt with in order to keep quality teachers in the field. It is accepted public health doctrine that no disease or disorder has ever been treated out of existence (Albee, 2000; p. 847). It is better to treat burnout before it develops. Therefore, it is critical to identify the roots. In the past, the study of burnout has been researched in terms of its overall concept. However, recent studies have examined each burnout subscale individually. Although, the burnout subscales have shared theorized relationships, the difference among each subscale is shown by the disparity patterns of correlations between each subscale and other variables (Anderfuren, 2005). Therefore, any implementation of burnout prevention and intervention should concentrate on efforts considering each individual burnout subscales.

Much of the research related to reducing stress and burnout has to do with coping mechanisms. According to these researchers, Folkman, Chesney, McKusick, Ironson, Johnson, and Coates (1991), “coping has two major functions: to manage or alter the problem that is causing distress and to regulate emotional responses to the problem” (p. 243).

2.3 Coping

In association with stress, coping has been an important component to measure as it can mitigate a person’s distress in a stressful event (Lazarus & Folkman, 1984). The transactional model of stress and emotion, TMSE, (Lazarus & Folkman, 1984) has been offered as a framework for evaluating the coping process when a stressful event arises. Stressful experiences are considered person-environment transactions, and these
transactions depend on the impact of the external stressor. This process is mediated by both the appraisal of the stressor and the social and cultural resources at one’s disposal (Lazarus & Cohen, 1977; Somhlaba & Wait, 2009; Trouillet, Gana, Lourel, & Fort, 2009).

According to Lazarus and Folkman (1984), when faced with a given event, an individual initiates a process of appraisal regardless of whether the situation is stressful or favorable, depending on the individual and the situation. Then, the individual takes the next step which is a process of secondary appraisal. During this process, the person goes through the cognitive evaluation by examining his or her personal and environmental resources to cope with the stressful event. Therefore, it can be summarized that primary appraisal refers to the evaluations of the characteristics of the event, whereas secondary appraisal refers to assessment of one’s competencies to deal with the stressful situation. While an individual experiences both cognitive processes, each one will generate a theoretical model which then be used to select cognitive and behavioral strategies which are defined as problem-solving coping and emotional-solving coping (Folkman & Lazarus, 1980; Lazarus & Folkman, 1984). When the individual acknowledges the stressful situation as changeable, problem-focused coping is often used and when the situation is beyond his or her competencies to control the situation, emotion-focused coping is used.

For example, when a teacher has a difficulty with a student’s disruptive behavior in the classroom due to a conflict in the teacher-student relationship (e.g., disobedience), the teacher will initially acknowledge the event as stressful, then, he/she will figure out ways to cope with the situation. The teacher may try to talk to the student directly to resolve the issue, or may seek support from colleagues or professionals (e.g., school psychologists or school counselors). If the teacher decides that the situation is
unchangeable or is in beyond his/her competencies to change, then, she/he may choose emotion-focused coping strategies such as exercising, reading, or socializing with others to release the stress. In any ways, coping would play a role of mediating factors between stressors and outcomes (Lazarus, 1966). Modern literature notes that teacher coping occurs at two levels: (a) organizational and (b) individual (Lerner, 1998, 2006; Smith & Thelen, 2003; Thelen & Smith, 2006).

2.3.1 Organizational Levels of Coping

Examples of organization levels of coping are school climate, administrative support and/or demands, policies and mandates. Theorists have hypothesized that schools are capable of constructing healthy organizational climates through shared leadership and democratic participation (Darling-Hammond, 2003; McCarthy & Lambert, 2006). Schools that demonstrate teachers sharing knowledge, expertise, and a common sense of humor about the social-emotional aspects of teaching are less likely to experience burnout (Troman & Woods, 2001). The basis of shared leadership is for the school culture to maintain collaborative and emotionally supportive relationships (Webb, 2006). This has a positive impact on the school climate.

A school climate of acceptance and understanding is chief in affirming teacher student relationships, teacher-teacher relationships, and teachers’ relationship with other professionals in high-coping schools (Troman & Woods, 2001). Emotional support is a well-known attribute of effective teachers as reported by students (Fischman, DiBara, & Gardner, 2006; Murray, 2002; Perry, Donohue, & Weinstein, 2007). Social support among teachers themselves is also very important (Carlyle & Woods, 2003; Jeffrey, 2002). According to Hargreaves (1998), teachers require levels of understanding where
the “emotions being displayed are grounded in experiences that people share in common or in close relationships that have been established over a period of time” (p. 839).

2.3.2 Individual Levels of Coping

Individual levels of coping refer to how a teacher internalizes and processes a situation. A study by Cockburn (1996) revealed that individual levels of coping were closely associated with the science or profession of teaching. In his study teachers reported that they found it helpful when they deeply understood the concept they were teaching about. Rydell and Henricsson (2004) reported working additional hours in and out of the classroom to also be a very common pedagogy-related, individual coping technique. However, individual teacher coping is not limited to teaching methodology. Researchers have applied intra-psychic processes as well. Howatt (2002) suggested that teachers develop an awareness concerning their own stress, recognize what contributes to their stress and learn strategies for coping with the everyday strains of school life.

Whether utilizing an organization level of coping or an individual level of coping, educators must find ways to cope with stress. There are three appropriate responses suggested by Cunningham (2000; p.8):

1. Minimize the forces of the stressors faced;

2. Expand the ability to resist or fortify one’s self so damage is not caused; and

3. be cognizant of early warning signs so that actions can be taken to prevent severe damage.
2.3.3 Teacher Perceived Stress and Coping

- **Coping as Mediator**

  In the past, many researchers have examined the effect of psychological factors (e.g., social competence or social efficacy) as coping mechanisms and analyzed its role as a mediator (Gullotta et al., 1990; Bandura, 1977, 1997; Sherer & Adams, 1983; Gecas, 1989; Mallinckrodt, 2000; Bierman & Welsh, 2000; Steinberg, 1998; Mallinckrodt, 2001). Chan (1998) points out that evidence of stress reactions, including ill-health and psychological distress, are not solely the result of external stressors but are also determined by a host of mediating variables, many of which are generally collected under the umbrella term coping mechanism (Lazarus & Folkman, 1984; Scheier & Carver, 1985).

2.3.4 Coping Strategies for Stress

  Stress is the reaction to a stressor on the emotional, physical and psychological well-being of an individual. When stress is seen as a reaction to the environment, coping can be seen as the process through which the stressor is managed. Coping with stressors can decrease the level of stress and lessen the negative effects of stress (Lazarus, 1966; Lazarus & Folkman, 1984).

  Multiple research studies have shown that the process of coping is varied and multidimensional based on the nature of the stressor (Menaghan, 1983; Murphy, 1974; Pearlin & Schooler, 1978). Coping with stress has been evaluated as a function of personality traits (Byrne, 1964; Goldstein, 1973) or as a process specific to the stressors.
encountered (Cohen & Lazarus, 1973). As a process, Lazarus (1966) defined coping as an individual’s efforts to change the stressor or the meaning of the stressor to the individual, thus lessening the impacts of the stress on the emotional, physical or psychological well-being of the individual.

There are many instruments for breaking down stress coping mechanisms. Several focus on stress as a factor dependent or indicative of personality type. For example, Goldstein (1959) described a method used for coping as a function of personality. This study showed that certain personality traits are more likely to use specific methods for managing stressors. Additional methods for analyzing coping mechanisms (Byrne, 1964; Gleser & Ihilevich, 1969) also use personality profiles as indicators which will predict which method of coping an individual will prefer. A more in-depth study of coping leads to coping strategies emerging as a more complicated procedure which depend on the nature and severity of the stressor encountered (Moos & Tsu, 1977; Murphy, 1974; Pearlin & Schooler, 1978).

Inasmuch as there are different methods for analyzing coping methods, there are also many different methods for identifying the coping mechanisms themselves. Some more prominent coping scales include the study by Roth and Cohen (1986), which described two methods for coping; approach and avoidance.
Table 2.1 shows description of Lazarus and Folkman coping scales.

**Description of Lazarus & Folkman Coping Scales**

<table>
<thead>
<tr>
<th>Coping Scale</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confrontive Coping</td>
<td>describes aggressive efforts to alter the situation and suggests some degree of hostility and risk-taking.</td>
</tr>
<tr>
<td>Distancing</td>
<td>describes cognitive efforts to detach oneself and to minimize the significance of the situation.</td>
</tr>
<tr>
<td>Self-Controlling</td>
<td>describes efforts to regulate one's feelings and actions.</td>
</tr>
<tr>
<td>Seeking Social Support</td>
<td>describes efforts to seek informational support, tangible support, and emotional support.</td>
</tr>
<tr>
<td>Accepting Responsibility</td>
<td>acknowledges one's own role in the problem with a concomitant theme of trying to put things right.</td>
</tr>
<tr>
<td>Escape-Avoidance</td>
<td>describes wishful thinking and behavioral efforts to escape or avoid the problem. Items on this scale contrast with those on the Distancing scale, which suggest detachment.</td>
</tr>
<tr>
<td>Planful Problem Solving</td>
<td>describes deliberate problem-focused efforts to alter the situation, coupled with an analytic approach to solving the problem.</td>
</tr>
<tr>
<td>Positive Reappraisal</td>
<td>describes efforts to create positive meaning by focusing on personal growth. It also has a religious dimension</td>
</tr>
</tbody>
</table>

The Ways of coping questionnaire used in this study focuses on breaking down the coping description of the coping scales mechanisms into eight scales. The scales are described in Table 1 and were originally derived from multiple factor analysis of more than 800 respondents.

Teachers use Lazarus’ coping mechanisms daily to process potential stressors. For example, if a teacher encounters a potential stressor of a student who consistently misbehaves, they can use the coping mechanisms to deal with the potential stressor differently. A teacher using confrontive coping may approach the student and request that they change the behavior, or they may contact the administration to manage the student.
If the teacher utilizes distancing, they would employ strategies to make sure that the rest of the class was not impacted by the student’s behavior. Self-controlling would be the teacher managing their emotions so that they did not get too upset or lose their cool. A teacher seeking social support may ask another teacher or friend what they should do to handle the misbehavior. If a teacher employed the coping mechanism of accepting responsibility, they may believe that the student misbehaving was because they did not keep the student engaged enough, or acknowledge that the student behavior should have been corrected earlier. Escape-Avoidance would involve the teacher processing the potential stressor by ignoring the student misbehavior. If the teacher were to use planful problem solving, they may sit down and make a list of things they can do to correct the behavior, and then follow through with those actions each time the student misbehaves, adjusting the actions based on student’s reactions. Positive reappraisal would involve the teacher looking at the misbehaving student as a way to become a better teacher and better equipped to deal with problematic students in the future, or they may seek guidance from a religious belief or principle or pray about the solution. It is important to note that an individual quite often employs multiple coping strategies for each potential stressor (Folkman & Lazarus, 1988).

2.4 Concepts of Psychological Health

Health consists of closely interwoven and deeply interdependent physical, psychological, and social dimensions (McDowell & Newell, 1996; WHO, 2001). Mental health is one part of the entity of general health, and, furthermore, it emerges as a key determinant of overall health (WHO, 2001). Positive mental health is a value in itself and may be considered a health resource. It includes concepts related to personality traits, like
self-esteem, sense of mastery, sense of coherence and self efficacy. Also health-related quality of life (QOL) may be counted into positive mental health. While positive mental health is important, there is no consensus on how to promote it among people. Negative mental health is usually indicated and evaluated by mental disorders, symptoms, and problems. Mental disorders develop in the interaction of biological, psychological and social factors. The newest reports on the subject add behavioral aspects to the disorders and use the concept 'mental and behavioral disorders’ (WHO, 2001).

“Psychological health has been defined in various ways by scholars from different cultures. Concepts of psychological health include aspects like subjective well-being, perceived self efficacy, autonomy, competence, intergenerational dependence, and self actualization of one's intellectual and emotional potential, among others (WHO, 2001)”. It has been claimed that, from a cross-cultural perspective, it is nearly impossible to define psychological health comprehensively. It is, however, generally agreed that psychological health is a broader concept than lack of mental disorders. Work is often focused on mental disorders rather than psychological health. The disorders are understood as clinically significant conditions with alterations in thinking, mood (emotions) or behavior associated with personal distress and/or impaired functioning. Mental disorders are conditions not within the”normal” range (psychological), but clearly abnormal or pathological phenomena (psychiatric) (WHO, 2001).

Although psychological health is crucial to the overall well-being of individuals, societies and countries, psychological health and mental disorders are often not seen as being as important as physical health (WHO, 2001). Mental and behavioral disorders affect all people (with all ages, genders, all income groups, and both urban and rural environments from all countries and societies).
2.4.1 Measurement of Psychological Health

The variety of measurable psychological health aspects is wide, ranging from very severe disorders to psychological well-being, adjustment, and quality of life issues that may not be identified by a medical diagnosis but a health resource which is normally distributed in the population. Often mental ill-health and disorders are the main concern in health surveys. Their evaluation follows usually the current international psychiatric diagnostic classifications of mental disorders.

Psychological distress is a non-specific syndrome, which may include anxiety, depression, anger, irritability, and other concepts previously classified under neuroses. Depression and anxiety are core components of the distress syndrome. Several syndromes, psychiatric diagnoses, and conditions have been assessed in health surveys.

Depression (affective disorders) is the most commonly evaluated single mental disorder in health surveys; it is almost always included in health surveys containing psychological health aspects. Measurement targets have also included, e.g. psychotic disorders (schizophrenic and other), anxiety disorders, posttraumatic stress disorders, and personality disorders. In studies, also eating disorders, substance use disorders (alcohol, drugs, tobacco), and mental status deviance and psycho geriatric disorders (dementia) have been included in mental disorders. Measurement of the last three groups will not be reviewed here. Nor do we evaluate measurement of functional capacities and limitations. Furthermore, we do not include measurements utilizing single item questions.
There is a wide variety of measurement techniques. There has recently been progress in consolidating the field of health measurement (McDowell & Newell, 1996). From the methodological point of view, there are two main groups of measures on psychological health issues, i.e., psychometric measures and diagnostic measures. Psychometric instruments produce numerical values for different domains whereas diagnostic measures provide the diagnosis per se. Psychometric measures assess also (non-diagnostic) domains with a normal distribution in the population. Nowadays there are good methods, and they are being used more consistently in a growing number of studies. Thus, they also provide genuinely comparative information.

- **Psychometric Measures on Psychological Health and Psychiatric Disorders**

Some validated psychological measures are frequently used in population surveys and as psychiatric screening instruments (Derogatis & DellaPietra, 1994; McDowell & Newell, 1996).
Newell, 1996). Especially the standardized measures with cut-off points may be directly applicable for screening purposes. Contrary to diagnostic measures psychological measures produce numerical data for all respondents. Along the lines of previous work (Derogatis & DellaPietra, 1994; McDowell & Newell, 1996) there are two general psychological health measures such as SCL-90 and GHQ.

**General Health Questionnaire (GHQ)**

The General Health Questionnaire (GHQ) was developed in the late 1970s as a 60-item, multidimensional, self-report screening instrument to detect current, diagnosable psychiatric disorder (Derogatis & DellaPietra, 1994; McDowell & Newell, 1996). It was designed for use in general population surveys, in primary medical care, or among medical outpatients. It was meant to be a “first stage” screening instrument for psychiatric illness (leaving the diagnostics to additional psychiatric interview). GHQ may be used in clinical settings or in surveys to identify potential cases. It has been developed to identify two main areas of problems: “inability to carry out one’s normal ‘healthy’ functions” and “the appearance of new phenomena of a distressing nature”, (McDowell & Newell, 1996). It focuses on breaks in normal functioning and is therefore associated with distress. GHQ is seen to measure the concept of psychological distress and it covers four elements of distress, namely depression, anxiety, social impairment, and hypochondriasis.

GHQ has 60-, 30-, 28-, 20- and 12-item versions. All items of the shorter versions are included into the longer versions; they are comparable for these parts. Items of all versions of GHQ can be found in (McDowell & Newell, 1996). GHQ-28 has produced results comparable to the longer versions (Goldberg, Gater, Sartorius, & al., 1997). GHQ-
28 is an instrument for the detection of non-psychotic mental disorders (Schmitz et al., 1999). Four subscales have been factor analytically derived: somatic symptoms, anxiety and insomnia, social dysfunction, and severe depression (Derogatis & DellaPietra, 1994). GHQ-28 has shown high reliability when used in general population samples with long intervals (Pevalin, 2000) and high validity when administered in several languages and countries (Bhui, Bhugra, & Goldberg, 2000; Goldberg et al., 1997).

GHQ has been validated for use in screening and outcome assessment in numerous populations, including many community samples (Derogatis & DellaPietra, 1994). GHQ is one of the most widely used and thoroughly validated screening instruments for psychiatric disorder internationally (McDowell & Newell, 1996). The validation work has also included comparisons with numerous other scales addressed to psychological morbidity. GHQ may be the most validated and tested of the methods reviewed here.

2.4.2 Theorizing Psychological Health

Medical and Social Models

In Western societies mental distress is almost universally understood as a belief that there is a disturbance in one or more areas of human functioning – thoughts, feelings and behaviors. Nevertheless, explanations for mental distress are a fiercely contested and debated area. Theories about the causes of mental distress vary between, and to some extent within, the various disciplines concerned with the field of psychological health, though most conform to what is termed the medical or disease model. The medical model emerged from the mid-nineteenth century onwards, shifting earlier moral or religious
frameworks of explanation for mental distress towards an illness framework. Psychiatry consolidated itself in the twentieth century through its assimilation with medicine, and the concept of ‘mental illnesses evolved as a generic term embracing a diversity of behaviors and phenomena. The modern day language and practice of psychological health mimics that of the medical sciences in so far as it involves: the observation of human emotions and behavior; the identification of pathological ‘symptoms’; the diagnosis of ‘disorders’ or ‘illnesses’ and the prescription of appropriate treatment for these.

The medical model approach is underpinned by the belief that psychological health diagnosis simply involves the accurate naming of an objective disease process (Bracken and Thomas, 2001). The Diagnostic and Statistical Manual of Mental Disorders (DSM), published by the American Psychiatric Association (2000), is the system used most often by psychiatrists in diagnosing mental disorders. The International Statistical Classification of Diseases and Related Problems (ICD) is a less widely used system published by the World Health Organization (1992). Both systems assume medical concepts and terminology and outline categorical disorders that can be diagnosed by set lists of criteria. The DSM has been revised five times since its inception in 1952. It was initially developed to create a standardized taxonomy that would enhance effective communication between psychiatrists to facilitate psychological health research, diagnosis and treatment. The most recent version of the DSM is the DSM-IV-TR published in 2000.

Ostensibly, through the development of these formal diagnostic and classification systems, the medical model appears to provide practitioners with answers and certainties, but this can be a misleading assumption. Although they are modeled on the scientific paradigm, research has demonstrated that classification and diagnostic systems in the
psychological health field do not necessarily produce objective professional judgments.

The process relies heavily on the interpretation of human emotions and behavior, with diagnosis clearly capable of being influenced by subjective attitudes and beliefs (Double, 2002; Kirk and Kutchins, 1999). Double reminds us that ‘psychiatrists do not want to admit the uncertainty that there is around diagnosis. One only needs to attend a psychiatric case conference to realize that diagnosis is not an exact science. Many different opinions will be expressed’ (2001: 42).

The experience of learning to diagnose ‘mental illness’ is also influenced by the social, cultural and political contexts in which psychiatric training takes place, with a distinctly patriarchal, Western world-view dominating contemporary theory and practice (Fernando, 2002; Loring and Powell, 1988). Similarly psychiatric knowledge itself is constantly under negotiation and changes over time. The contents of the DSM are determined through a process of periodic review and consultation by a panel of ‘expert’ psychiatrists. The number of classified disorders has grown significantly since the first edition (DSM-I) was published in 1952. From an initial list of some 128 disorders, the list had grown to 227 by the time DSM-III was published in 1980 and now stands at 374 in DSM-IV-TR (American Psychiatric Association, 2000). Some disorders have ‘disappeared’ altogether (most notably the de-classification of homosexuality as a mental disorder by a vote of the American Psychiatric Association in 1973 after a concerted campaign by gay activists) while new ones have apparently been ‘discovered’ (for example the introduction of ‘religious or spiritual problem’ in DSM-IV in 1994).

It is this uncertainty that has exposed psychiatry and the medical model in particular, to challenges to its authority. Throughout its history psychiatry has experienced dissent from within and outside the profession from those who contest the validity of the medical model of mental distress. Sociologists and dissident clinicians
have argued that the emotions and behaviors that psychiatrists call ‘symptoms’ and ‘illnesses’ should not be considered pathological medical phenomena but meaningful ‘problems of living’ – manifestations of the social and political forces that shape the lives of human beings (see Foucault, 1967; Laing, 1959; Scheff, 1966; Szasz, 1961). The process by which people are categorized and labeled as ‘mentally ill’ is understood here as essentially social rather than medical – a means of pathologizing emotions and behaviors that society has deemed unacceptable. It is suggested that while the experience of mental distress is real, psychological health problems are not, in fact, entities. It is misleading that the medical model speaks of them as though they are.

Furthermore, critics argue that formal psychiatric classification and diagnostic systems are subject to the limitations of the methods used to create them. ‘Psychiatric diagnosis is not dissimilar to astrology: both systems attempt to tell us something about people and to predict what will happen to them in the future, and both fail miserably’ (Bentall, 2004: 21).

In practice, patients frequently fail to ‘fit’ into a particular category or, conversely, may fall into several. The categorical ‘present or absent’ approach to diagnosis encourages a polarized understanding of psychological health rather than one which recognizes human experience as richly diverse and fluid, and better represented as a continuum. More significant, perhaps, is the criticism that rigid adherence to formal classification and diagnostic systems ‘encourages unthinking practice and an impersonal approach’ (Double, 2001: 43). Diagnosis, when used as a form of measurement, can easily overlook the uniqueness of individuals and important information can be lost that might otherwise help practitioners to fully understand the reason for the person’s mental distress. As Poole acknowledges:
Psychiatric diagnosis is like a map reference. It tells you the general type of psychological terrain the patient is in; it tells you how this patient’s disorder relates to other disorders, physical and mental. It conveys some limited predictive information, and a general indication of the types of intervention that might be helpful. However, just as a map reference cannot tell you the appearance of the landscape, similarly a psychiatric diagnosis does not tell you what the person is like, how s/he will behave and the nature of any risks s/he faces. These matters have to be assessed individually on the basis of knowledge of the person. (2006: 134)

By contrast, the social model of mental distress privileges explanations that focus on independent life events that trigger breakdown (such as isolation, violence, bereavement and loss) and on social forces linked to: class (poverty and unemployment); race and ethnicity (racism); gender and sexuality (sexism and homophobia); age (ageism); and disability (diabolism) that precipitate mental distress, recognizing that mental distress can be linked to issues of powerlessness, inequality and oppression.

In a national survey undertaken by MIND in 1990 mental health service users reported what it felt like to be on the receiving end of services (Rogers et al., 1993). Most saw their difficulties as rooted in the context of their life experiences rather than as symptoms of an illness. The responses of mental health professionals in primary and specialist settings were experienced as far too narrow and failed to engage with the priorities of service users. By contrast, the services that were valued were those that were in harmony with people’s normal living arrangements, as well as services that engaged with issues related to housing, income, employment, isolation, relationships and meaningful occupation. The researchers concluded that mental health service users’ needs are best framed broadly in personal and social rather than medical terms.
Advocates of the social model would argue that the medical model, on its own, is not sufficient to underpin policy and practice in psychological health. The social model expands our understanding of mental distress beyond the narrow approach of just treating symptoms and provides frameworks that may be useful in giving meaning to the experiences of people in mental distress and in enabling and supporting their recovery (Tew, 2003). This does not necessarily imply an anti-psychiatry or anti medication approach. Rather it is a model that refuses to privilege the medical model and pushes for the endorsement of a range of different perspectives on psychological health (Bracken and Smyth, 2006).

### 2.4.3 Recent Research Linking with Psychological Health

A study by Mehra, Gita and Mishra (1991) in “Mental health” as a moderator variable of intrinsic job satisfaction and occupational stress” – explored the relationship between perceived occupational stress (OS) and Job satisfaction (JS) as well as the moderating effort of employee’s mental health on the relationship between the 2 factors. 250 industrial workers completed a Mental Health Inventory and the Occupational Stress Index. Regression analysis suggested that mental health has a moderating effect on the relationship of intrinsic JS and OS.

Srivastava and Urmila (2002) in a study on Relationship of job and life stress to health outcomes Indian managerial personnel examine the relationship between job and life stress ad health outcomes of management personnel. A sample of 200 male managers completed questionnaires covering occupational stress, life stress, psychosomatic health complaints (pathogenic health habits (PHH, PHC) and data on blood pressure were also
collected. Job stress was significantly related to PHC and PHH. As compared to job stress, life stress was found to be stronger than predictor of health outcomes.

Shivastava (1991) in another study of role stress-mental health relationship as moderated by adopted coping strategies examined the effects of guidance and approach modes of coping in relation to organizational stress and mental health, 300 supervisory personnel took the organizational role stress scale, the mental health questionnaire and the projective instrument for coping strategies. The findings suggest that approach coping contributes to immediate perceived stress but in the long run reduces tension and anxiety.

Sharma (2001) in a study on mental health of women in relation to job stress examines the impact of job stress on mental health. The sample comprises of 120 women in the age group of 25-35 years and 50 years above, experiencing low, moderate and high job stress.

There were 40 subjects in each group. The GHQ which measures psychological distress and a mental health inventory were administered to all the subjects individually. Age and the interaction of and job stress had no significant effort on scores of the GHQ and the health inventory. The moderate job stress group was less prone to psychological depression, manifested least symptoms of neurotic disorders and had better mental health as compared to the low or high job stress group.

2.5 Summary

Themes throughout literature frequently connect occupational stress with burnout. Although these two concepts have commonality, they are not interchangeable. However, the presence of occupational stress has a positive correlation with the development of burnout (Lazarus, 1996; Selye, 1976). There is debate about whether burnout can be deemed as a form of stress. In one sense, occupational stress is believed to be a type of
burnout. However, Shirom (1989) indicated that burnout is a result of stressors taking place in the workplace.

Research has confirmed a significant correlation between work setting and burnout. Rupert and Morgan (2005) conducted a study with 571 doctoral psychologists and found that independent practitioners reported a greater sense of self-accomplishment than practitioners working within a group setting. In the study, it was observed that women working in a group setting experienced greater levels of emotional exhaustion, whereas men, in independent practices experienced greater levels of emotional exhaustion. This study also revealed that individuals enduring long working hours, tedious clerical work, and having less control over work duties, reported higher levels of exhaustion.

There appear to be numerous factors that lead to occupational stress and consequently to job burnout. Occupational stress affects some teachers differently. What causes stress for one individual may not cause stress for another. The literature offers several strategies to help reduce occupational stress and job burnout. A large amount of research concerning reducing occupational stress and job burnout has to do with coping mechanisms. According to Folkman et al. (1991), there are two key functions of coping.

The first function is to determine how to handle or modify the problem that is causing distress. The second function is to determine how to control emotional responses to the problem. In conclusion, if occupational stress can lead to job burnout and coping can diffuse stress and coping mechanism can decrease teacher burnout and increase psychological health among teachers.