

Spatial Analysis of Socio-Demographic Characteristics and Stress Management among Female Teachers in Public Schools in Rivers State: An Intervention Study

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Abstract

This study focused on the spatial analysis of socio-demographic characteristics and stress management among female teachers in public secondary schools in Rivers State. The research design employed for the study was a pretest-posttest control group design. The population for the study consisted of 3,461 female secondary school teachers in Rivers State with a sample size of 376 selected using the multi-stage sampling procedure. The instrument for data collection was a structured questionnaire with a reliability coefficient of 0.87. Data were analyzed using mean, standard deviation (SD) and analysis of covariance (ANCOVA) set at 0.05 alpha level. The result of the study showed that, the intervention had a significant effect [$F(1,198)=0.16$, $P < 0.027$] on stress management strategies among female civil servants (teachers), The result of the ANCOVA showed that the intervention had no significant effect [$F(7,138)=0.31$, $P < 0.78$] on the stress management strategies among female civil servants (teachers) based on age. The intervention had no significant effect [$F(5,138)=0.04$, $P < 0.61$] on the stress management strategies among female civil servants (teachers) based on their years of work experience. Also, the intervention had no significant effect [$F(5,138)=0.03$, $P < 0.75$] on the stress management strategies among female civil servants (teachers) based on marital status. It was concluded that socio-demographic characteristics are key variables to consider when designing occupational health intervention for teachers on stress management. It was recommended among others that, the Government should make the teachers comfortable in their working place by building more offices for teachers in the public schools. This will make them to be more relaxed, focused and do their work better with minimal stress.

Keywords: characteristics, female teachers, management, public schools, stress

Introduction

The importance of stress management cannot be over-emphasized due to the enormous effects stress poses on the sufferer. Stress can be managed through different strategies. The Australian Psychological Society (2013) noted that stress covers a broad range of non-trauma-focused cognitive, behavioural and physiological techniques aimed at reducing levels of arousal and modifying lifestyle factors that contribute to an individual's level of stress and the core components of stress management may include: a) physical strategies such as relaxation, controlled breathing (to counter hyperventilation), aerobic exercise, sleep hygiene and diet; b) cognitive strategies such as adaptive coping self-statements for use when confronting feared or avoided situations, distraction techniques and thought stopping; and c) behavioural strategies such as structuring daily routines, increasing enjoyable activities and

utilizing social support. Considering the current fiscal challenges and scenario which affects the mental health of people, stress management becomes paramount particularly among teachers who are the key players in both the education and training of the younger one who are the leaders of tomorrow.

Yet, poor stress management continues to be pronounced among them, which necessitates occupational health intervention such as health education to foster the adoption of such strategies to ease their stress. The foregoing can be concretized by the report of Nwokeoma et al. (2019) who showed from their study that, occupational health coaching programme had a significant effect on work-related stress management among staffs. Dutta cited in Aftab and Khatsoon (2015) posited that, teachers stress becomes challenging and potentially harmful when the challenges teachers face outpaces their perceived ability to cope, or when they notice that important needs are not met. This scenario can even be exacerbated with discrepancies in some socio-demographic features such as marital status, years of work experience, and age.

Age has been found to be related to several health issues including stress and its management. The result of the study of Ali and Praveena (2013) showed that teachers with higher age groups had higher stress or burn out scores. Age in itself also has a link with an individual's ability to cope with stressful activities including teaching. It is a known fact that the younger population is more energetic and at such can withstand stressful activities than the older ones. This is because the older population is believed to have weaker immunity to both internal and external factors which are helpful in coping with stress. In the words of Shin et al. (2017), occupational stress is associated with medical illnesses more among the older adults which have been identified as significant risk factors for both suicidal behavior and suicidal ideation, especially among older adult depressed individuals (which could be linked to the high demands for occupational excellence especially in the teaching profession). Thus, the foregoing necessitates the perusal or consideration of the age-factor in stress management.

Another factor to be considered in dealing with stress and its management among teachers is their years of experience; which may be in line with the saying that goes thus: 'experience is the best teacher'. Teachers who have had higher years of experience must have, by their personal effort and experiences developed several ways they manage their stress even though they might be faced with more occupational stress due to the increased responsibility entrusted to them due to their exposure to higher professional experiences. Such strategies may not be formal but, to some extent, it helps them cope with the job stress while continuing their occupational duties. On the other hand, those who have not spent much years in the profession might in a bit to prove their professional efficiency and effective be stressed out even without knowing how to manage the job stress.

Aftab and Kahttoon (2012) revealed that, teachers with an experience of 6-10 years face occupational stress the most and 0-5 years the least. Contrarily, Siddiqui (2012) revealed that public school teachers experienced significantly more stress on most of the dimensions of stress in comparison to other teachers. This might not be disputed given the fact that, the junior colleagues are new in the system and at such may not have been able to cope optimally with the occupational stress hence, the higher level of stress reported among them.

Teaching is recognized as a highly stressful profession (Hartney, 2008) yet, even when evidence based professional development approaches including teachers training is put in place, as shown by Harris (2011), such training does not typically include stress management and, as a result, teachers often feel poorly prepared to respond appropriately to the stressors of the job (Kerr et al., 2011). Consequently, Steinhardt et al. (2011) posited that teachers' ability to manage professional stress impacts their teaching effectiveness and can

lead to burnout, which in turn, impairs teacher effectiveness. This is even worse for the female folks who are daily confronted with stress from domestic chores combined with their professional duty of teaching, making stress management of utmost importance for them to maintain a balance both in their mental, emotional and physical health while functioning effectively and efficiently both at home and work. Thus, interventions aimed at helping female teachers to cope and manage occupational stress appropriately and adequately becomes imperative hence, this study on the effects of occupational health intervention on stress management among female civil servants (teaching staffs) in Rivers State.

Given the disproportionate ratio of students to teachers in public schools in Rivers State, many are over laddened with excessive workload with the resultant stress. This is even worsened in the public schools where many teachers are assigned to one office leading to lack of privacy, harsh/unconducive working conditions, which all contributes to the occupational stress confronting the teachers. Occupational stress is associated with a number of health problems including high blood pressure, fever, headache cardiovascular disease, diabetes, anxiety, depression and irritable bowel syndrome among others. This is even worsened for the female teacher who has to face a double burden of occupational stress due to her domestic chores. In Rivers State, which is a patriarchal society as in many African regions, it is believed that the female, no matter how highly placed must take the sole responsibility for domestic duties and care of the children, thus, the female teacher becomes mostly exposed to stress which must be managed adequately if she must be alive or remain healthy to actively discharge her occupational duties with the required professional resourcefulness and competence.

Observation has shown that female workers are more preoccupied with so many activities in their work place, struggling to get everything done, with a minimal attention for stress management. Personal observation also revealed the case of a female public secondary school teacher in Rivers State, who slumped in the staff room when she was trying to meet up with the deadline to submit scores for students. This was because she was already stressed up computing scores of a large number of students, she taught from morning till night without paying attention or engaging herself in any stress management activity throughout the day. This is the case of several female teachers because, they felt they have to finish all the work at once so, on getting home, they can concentrate on their domestic chores hence, some felt the time they would have used to engage themselves in some stress management activities would have gotten some things done for them yet, the negative effect of poor stress management is still evident in their health both physical and psychological health. Thus, it was thought that one useful instrument use to encourage behaviour change is health education. Therefore, this study was aimed at investigating the occupational health intervention on stress management among female civil servants (teachers) in Rivers State. The study provided answers to the following research questions:

1. What is the effect of occupational health intervention on stress management strategies among female civil servants (teachers) in Rivers State?
2. What is the effect of occupational health intervention on stress management strategies among female civil servants (teachers) in Rivers State based on age of the respondents?
3. What is the effect of occupational health intervention on stress management strategies among female civil servants (teachers) in Rivers State based on the years of work experience?
4. What is the effect of occupational health intervention on stress management strategies among female civil servants (teachers) in Rivers State based on the marital status of the respondents?

Hypotheses

1. Occupational health intervention had no significant effect on stress management among female civil servants (teachers) in Rivers State.
2. Occupational health intervention had no significant effect on stress management among female civil servants (teachers) in Rivers State based on age.
3. Occupational health intervention had no significant effect on stress management among female civil servants (teachers) in Rivers State based on the years of work experience.
4. Occupational health intervention had no significant effect on stress management among female civil servants (teachers) in Rivers State based on marital status.

METHODOLOGY

The research design employed for the study was a pretest-posttest control group design. The pretest-posttest control group design is a design in which observations are made before and after some intervention not under the researcher's control. The aim of using this design was to compare the scores of the respondents who were exposed to treatment (i.e., occupational health intervention) on management of stress in intervention groups with their counterparts (control group) that were not given any treatment to examine the effect of occupational health education intervention on the management of stress. This design was successfully used by Nwokeoma et al. (2019) on the impact of occupational health coaching on work-related stress management among staff. The population for the study consisted of 3,403 female secondary school teachers in public schools in Rivers State. The sample size for this study was three hundred and seventy-six, that is, 188 for intervention and 188 for control group.

A multi-stage sampling procedure was used for the study. First, stratified random sampling technique was used for the existing three geopolitical zones to get three strata with each geopolitical zone forming a stratum. Thereafter, simple random sampling technique was used to select two Local Government Areas in each of the geopolitical zones. At the third stage, the simple random sampling technique was used to select four secondary schools each from the list of secondary schools in the selected Local Government Areas. The fourth stage involved the use of proportionate random sampling for the selection of teachers in the selected schools for the study. At the fifth stage, the cluster sampling was used to group the selected teachers into control group and intervention group. The instrument for data collection was a structured test with a reliability coefficient of 0.87. The retrieved copies of the test were coded and analyzed with the aid of SPSS using mean, standard deviation (SD), and One-Way Analysis of Covariance.

RESULTS

The results of the study are presented below:

Table 1: Mean and standard deviation on effect of occupational health intervention on stress management strategies among female civil servants (teachers) in Rivers State

Group	N	Mean	S.D.	Mean difference	Eta-value	Decision
Control	188	2.99	0.27	0.39	0.01	Small effect
Intervention	188	3.38	0.31			

Table 1 showed the mean and standard deviation on effect of occupational health intervention on stress management strategies among female civil servants (teachers) in Rivers State. The

result revealed that, the respondents in the intervention group had a mean score of 3.88 ± 0.31 while respondents in control group had a mean score of 2.99 ± 0.27 with a mean difference of 0.39 at the post test. The eta square statistics of 0.01 indicate a small effect of occupational health intervention on stress management strategies among female civil servants (teachers) in Rivers State.

Table 2: Mean and standard deviation on effect of occupational health intervention on for stress management strategies among female civil servants (teachers) in Rivers State based on age

Age	Intervention		Control		Eta-value	Decision
	M	S.D	M	S.D		
<30yrs	3.43	0.00	0	0	0.01	Small effect
30-39yrs	3.09	0.26	2.88	0.32		
40-49yrs	3.23	0.32	3.04	0.26		
50-59yrs	2.87	0.02	3.06	0.17		

Table 2 showed the mean and standard deviation on stress management strategies among female civil servants (teachers) in Rivers State based on age of the respondents. The result showed that respondents in the intervention group with age <30 years and 40-49 years had mean scores of 3.43 ± 0.00 and 3.23 ± 0.32 respectively, while respondents in the control group within the age of 50-59 and 40-49 years had a mean score of 3.06 ± 0.17 and 3.04 ± 0.26 respectively. The eta square statistics of 0.01 indicating a small effect of occupational health intervention on for stress management strategies among female civil servants (teachers) in Rivers State based on age.

Table 3: Mean and standard deviation on effect of occupational health intervention on for stress management strategies among female civil servants (teachers) in Rivers State based on years of work experience

Years of work experience	Intervention		Control		Eta-value	Decision
	M	S.D	M	S.D		
<5 years	3.23	0.38	3.11	0.00	0.01	Small effect
5-10 years	3.19	0.28	2.98	0.30		
>10 years	2.95	0.12	3.05	0.18		

Table 3 showed the mean and standard deviation on stress management strategies among female civil servants (teachers) in Rivers State based on years of work experience of the respondents. The result showed that respondents in the intervention group with <5years of work experience and 5-10 years of work experience had mean scores of 3.23 ± 0.38 and 3.19 ± 0.28 respectively, while respondents in the control group with <5 years of work

experience and >10 years of work experience had a mean score of 3.11 ± 0.00 and 3.05 ± 0.18 respectively. The eta square statistics of 0.01 indicating a small effect of occupational health intervention on for stress management strategies among female civil servants (teachers) in Rivers State based on years of work experience.

Table 4: Mean and standard deviation on effect of occupational health intervention on for stress management strategies among female civil servants (teachers) in Rivers State based on marital status

Marital status	Intervention		Control		Eta-value	Decision
	M	S.D	M	S.D		
Married	3.15	0.29	3.02	0.25	0.02	Small effect
Single	3.17	0.27	2.95	0.37		
Divorced	0	0.0	0	0.0		
Cohabiting	0	0.0	0	0.0		
Widowed	2.86	0.00	2.74	0.00		

Table 4 showed the mean and standard deviation on stress management strategies among female civil servants (teachers) in Rivers State based on the marital status of the respondents. The result showed that respondents in the intervention group with single and married status had mean scores of 3.17 ± 0.27 and 3.15 ± 0.29 respectively, while respondents in the control group with married and single status had a mean score of 3.02 ± 0.25 and 2.95 ± 0.37 respectively. The eta square statistics of 0.02 indicating a small effect of occupational health intervention on for stress management strategies among female civil servants (teachers) in Rivers State based on marital status.

Table 5: Analysis of Covariate (ANCOVA) on effect of occupational health intervention on for stress management strategies among female civil servants (teachers) in Rivers State

Source	Type III sum of squares	Df	Mean square	F	P-value	Partial eta square
Corrected model	.160 ^a	1	.160	1.194	.027	.006
Intercept	16.309	1	16.309	121.447	.000	.381
Stress management pretest	.160	1	.160	1.194	.027	.016
Error	26.455	197	.134			
Total	2026.937	199				
Corrected Total	26.616	198				

P<0.05 = Significant

Table 5 showed the analysis of covariate (ANCOVA) which was conducted to ascertain the effect of occupational health intervention on for stress management strategies among female civil servants (teachers) in Rivers State. The result of the ANCOVA showed that the intervention had a significant effect [$F(1,198)=0.16$, $P < 0.05$] on stress management strategies among female civil servants (teachers). However, only 1.6% ($\omega^2 = 0.016$) of the variance in the post test prevention strategy could be explained by the intervention. Therefore, the null hypothesis which stated occupational health intervention had no significant effect on stress management among female civil servants (teachers) in Rivers State was rejected.

Table 6: Analysis of Covariate (ANCOVA) on effect of occupational health intervention on stress management among female civil servants (teachers) in Rivers State based on age

Source	Type III sum of squares	Df	Mean square	F	P-value	Partial eta square
Corrected model	1.214 ^a	7	.173	2.042	.054	.098
Intercept	1.018	1	1.018	11.988	.001	.084
Age	.104	3	.035	.410	.746	.009
Stress management pretest	.009	1	.009	.110	.741	.001
Age*stress management pretest	.094	3	.031	.370	.775	.008
Error	11.122	131	.085			
Total	1277.444	139				
Corrected Total	12.336	138				

P<0.05= Significant

Table 6 showed the analysis of covariate (ANCOVA) which was conducted to ascertain the effect of occupational health intervention on stress management among female civil servants (teachers) in Rivers State based on age. The result of the ANCOVA showed that the intervention had no significant effect [$F(7,138)=0.31$, $P < 0.78$] on the stress management strategies among female civil servants (teachers) based on age. However, only 0.8% ($\omega^2 = 0.008$) of the variance in the post test prevention strategy could be explained by the age of the respondents. Therefore, the null hypothesis which stated that Occupational health intervention had no significant effect on stress management among female civil servants (teachers) in Rivers State based on age was accepted.

Table 7: Analysis of Covariate (ANCOVA) on effect of occupational health intervention on stress management among female civil servants (teachers) in Rivers State based on years of work experience

Source	Type III sum of squares	Df	Mean square	F	P-value	Partial eta square
Corrected model	.693 ^a	5	.139	1.585	.169	.056
Intercept	4.484	1	4.484	51.225	.000	.278
Years of work experience	.062	2	.031	.353	.703	.005
Pretest overall strategy	.206	1	.206	2.358	.127	.017
Years of work experience*pretest overall	.085	2	.042	.483	.618	.007
Error	11.642	133	.088			
Total	1277.444	139				
Corrected Total	12.336	138				

P<0.05= Significant

Table 7 showed the analysis of covariate (ANCOVA) which was conducted to ascertain the effect of occupational health intervention on stress management among female civil servants (teachers) in Rivers State based on years of work experience. The result of the ANCOVA showed that the intervention had no significant effect [F(5,138)=0.04, P< 0.61] on the stress management strategies among female civil servants (teachers) based on their years of work experience. However, only 0.7% ($\omega^2 = 0.007$) of the variance in the post test prevention strategy could be explained by their years of work experience. Therefore, the null hypothesis which stated that Occupational health intervention had no significant effect on stress management among female civil servants (teachers) in Rivers State based on years of work experience was accepted.

Table 8: Analysis of Covariate (ANCOVA) on effect of occupational health intervention on stress management among female civil servants (teachers) in Rivers State based on marital status

Source	Type III sum of squares	Df	Mean square	F	P-value	Partial eta square
Corrected model	.973 ^a	5	.195	2.277	.050	.079
Intercept	3.457	1	3.457	40.463	.000	.233
Marital status	.052	2	.026	.302	.740	.005
Pretest over all marital status	.043	1	.043	.501	.480	.004
Marital status *pretest overall	.049	2	.025	.288	.750	.004
Error	11.363	133	.085			
Total	1277.444	139				
Corrected Total	12.336	138				

P<0.05= Significant

Table 8 showed the analysis of covariate (ANCOVA) which was conducted to ascertain the effect of occupational health intervention on stress management among female civil servants (teachers) in Rivers State based on marital status. The result of the ANCOVA showed that the intervention had no significant effect [$F(5,138)=0.03$, $P < 0.75$] on the stress management strategies among female civil servants (teachers) based on marital status. However, only 0.4% ($\omega^2 = 0.004$) of the variance in the post test prevention strategy could be explained by marital status. Therefore, the null hypothesis which stated that Occupational health intervention had no significant effect on stress management among female civil servants (teachers) in Rivers State based on marital status was accepted.

Discussion of findings

The finding of the study showed that the intervention had a significant effect [$F(1,198)=0.16$, $P < 0.027$] on stress management strategies among female civil servants (teachers). However, only 1.6% ($\omega^2 = 0.016$) of the variance in the post test prevention strategy could be explained by the intervention. The finding of this study is expected thus not surprising because the occupational health intervention which was basically health education exposed the respondents to health information specifically, about stress management thus, their actions were influenced giving rise to the timely adoption of the stress management strategies which are very vital for them to be able to stay healthy while doing their work. The finding of this study corroborates that of Nwokeoma et al. (2019) whose study on the impact of occupational health coaching on work-related stress management among Nigeria public workers which showed that the occupational health intervention programme had a significant effect on work-related stress management among the respondents in the intervention group when compared to their counterparts in the control group. The similarity between the present study and that of Nwokeoma and colleagues could be due to the homogeneity of the study population in the

both studies as they were both focused on workers. However, the finding of this study is not in tandem with that of Morrison and Payne (2003) which showed that, individual person-directed stress management programmes, those that attempt to empower workers to deal with demanding situations by developing their own coping skills and abilities, are unlikely to maintain employee health and well-being in the long term by enhancing their ability to cope with occupational stress without procedures in place within organizations to reduce or prevent environmental stressors. This variation found might be due to the difference in the study setting and study locations between the two studies.

The eta square statistics of 0.01 indicating a small effect of occupational health intervention on for stress management strategies among female civil servants (teachers) in Rivers State based on age. The result of the ANCOVA showed that the intervention had no significant effect [$F(7,138)=0.31, P < 0.78$] on the effect of occupational health intervention on for stress management strategies among female civil servants (teachers). The finding of this study is not in line with that of Nwokeoma et al. (2019) whose study on the impact of occupational health coaching on work-related stress management among Nigeria public workers which showed that the occupational health intervention programme had a significant effect on work-related stress management among the respondents in the intervention group when compared to their counterparts in the control group with the age of the participants ranging from 25 to 55 years. The dissimilarity between the present study and that of Nwokeoma and colleagues could be due to the difference.

The eta square statistics of 0.01 indicating a small effect of occupational health intervention on for stress management strategies among female civil servants (teachers) in Rivers State based on years of work experience. The result of the ANCOVA showed that the intervention had no significant effect [$F(5,138)=0.04, P < 0.61$] on the stress management strategies among female civil servants (teachers) based on their years of work experience. The finding of this study is in line with that of study of Adzakpah et al. (2018) whose study in Ghana showed in the years of experiences, 50(68.5%) had practicing for less than 10 years while 8(11%) and 12(16.4%) of the respondents had been in practice for 10-20, and 21-30 years respectively; only 3 participants (4.1%) had over 30 years of experience of which five management and coping strategies of stress result showed that the respondents adopted coping strategies. The eta square statistics of 0.02 indicating a small effect of occupational health intervention on for stress management strategies among female civil servants (teachers) in Rivers State based on marital status. The result of the ANCOVA showed that the intervention had no significant effect [$F(5,138)=0.03, P < 0.75$] on the stress management strategies among female civil servants (teachers) based on marital status.

The finding of this study is in line with that of study of Adzakpah et al. (2018) whose study in Ghana showed in the marital status, 37(50.7%) are married and 36(49.3%) are single. The finding of this study is not similar to that of Shimazu et al. (2013) whose study on the effect of health education on stress management programme for teachers in Japan showed that, the positive intervention has significant effect on the coping strategies of the teachers. This variation could be due to the difference in the study location.

Conclusion and Recommendations

It was concluded that stress management is essential among teachers who are the key players in the education system which is overburdened with disproportionate teacher-student ratio. Also, socio-demographic characteristics are key variables to consider when designing occupational health intervention for teachers on stress management. The following recommendations were made based on the findings of the study:

1. The teachers should make conscious effort to map out their activities in such a way that they have enough time to rest and ease their stress.
2. Secondary school principals should assign fewer subjects and other responsibilities to older teachers so the older teachers are not stressed out with too much responsibilities.
3. The government should employ more teachers to ensure that, a teacher is not given a work overload due to insufficient number of teachers in the school, this will help them to cope adequately with the stress they face.
4. Government should build befitting recreational centres at the various secondary schools where both teachers and students can go for relaxation when they are stressed.

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