

## Factors of Teachers' Psychological Health-Ailment Within the Period of Their Professional Activity

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**Abstract:** Psychological health of school teachers is the subject-matter of this article. It is shown that teachers' psychological health has not been studied enough though health phenomenon has been researched to a high degree. The goal of the research is to study psychological health of teachers having different pedagogical experience and of different age groups. The data obtained indicate that with the increase of age and pedagogical experience, the level of teachers' behavioral performance aimed at their health support and promotion decreases. There have been found significant differences in the declared attitude to health as value and teachers' actual actions.

**Key words:** Psychological Health • Teacher • Age and Period of Teaching Experience

### INTRODUCTION

Individual state of health has become the subject-matters of many scientific conferences. Great significance is attached to a health factor in the activity of representatives of different professions, psychological and physical ailment of whom can have an adverse effect on the success of their professional activity. This problem gains special relevance for workers who due to their sphere of activity are directly connected with people [1]. Among professions of "individual-individual" type pedagogical profession takes a special place if to consider it from the point of view of stressful situations and emotional intensity [2]. Careful attention is paid now to the state of psychological health of educational process participants.

The term "psychological health" was introduced into scientific language by I.V. Dubrovina and it required exact differentiation of two concepts "psychological health" and "psychic health". According to the author's opinion, the category "psychic health" is related to separate psychical processes and mechanisms and "psychological health" characterizes the personality as a whole through the set of personal characteristics being preconditions of stress tolerance, social adaptation, successful self-realization [3]. Thus, psychic health creates the basis for a higher level-psychological health.

L.V. Marishchuk considers psychological health as a psychological phenomenon that promotes personality's self-development, self-improvement, self-actualization [4].

V.I. Slobodchikov and A.V. Shuvalov also distinguish such concepts as psychic and antropyschic (psychological) health. The authors interpret psychic health as an individual's own vitality provided with full psychic apparatus development and functioning. Psychological health is characterized by a high level of personal development, self-conception, understanding of others, ideas of life goals and meanings, ability for self-management (personal self-regulation), ability to take other people and oneself correctly, consciousness of responsibility for the destiny and development [5, 6].

V.S. Merlin [7] characterizes an individual from the point of view of a self-regulated and self-organized large system "integral individuality", consisting of relatively closed subsystems being in the hierarchical relation to each other. A person's integral individuality contains a number of hierarchical levels of individual properties: physiological, psychological, personal, social-psychological, all being interdependent in a special way. "Psychological health" is considered by us according to hierarchical levels of an integral individuality: at biological, social and psychological levels. It is determined by identification and disclosure of the content of physical, psychic, psychological and

social health criteria. Psychological health is understood by us as the integral characteristic of a personal wellbeing including a cognitive-evaluative component of biological (physical), psychological, social levels where the peculiar role is assigned to higher psychological formations carrying out functions of organization, regulation, provision of life integrity. Components of psychological health interact dynamically. Thus psychological level in the general structure of psychological health can be considered as dominating.

Researches aimed at identification of teachers' health awareness [8] showed that the majority of teachers understand health only as a body normal functioning therefore they consider physical exercises as one of the main components in the structure of health promotion. Nevertheless, only for 18% of respondents physical exercises have become an integral element of their life.

At the same time the analysis of literature showed that teachers' psychological health had not been studied enough, though health phenomenon had been researched to a high degree. Therefore, we set a goal to carry out an empirical research of teachers' psychological health. There was taken into account the set of factors provoking psychological health change, among which is age and pedagogical activity experience. The complexity of teachers' psychological health assessment caused the use of a wide range of methodical techniques.

The model of personality structure suggested by R. Cattell, is constructed in compliance with the principle of hierarchical orderings of levels according to the degree of representation of biological and social sides of the personality. The degree of personality integration allows to determine the formation of emotional-volitional, value-motivational and intellectual spheres which were identified by means of R. Cattell's multifactorial questionnaire, H. Eysenck's (EPQ) procedures, Ch.D. Spilberger and Yu.L.Khanina's method "Anxiety scale" (situational and personal). In our research the degree of adequate/inadequate attitude to health served as an object of diagnostics of psychological health through which the compliance of images and self-images to reflected objects of reality was determined. At cognitive, emotional, motivational and behavioural levels S. Deryabo & V. Yasvin's "Index of attitude to health" method [9] helped to determine teachers' attitude to their health. Hermann-Shalven's method is intended to diagnose an individual's neurotype, to determine cerebral preferences; Strelyau temperament inventory is intended to investigate main properties of nervous system; the test of meridians energetic (of functional systems being in close unity with

psychical functions of a body) determines the deviation from body functional state norm at a meridian level (G.A. Aminev, E.G. Aminev) and it allows us to specify which of the systems undergoes changes under the influence of emotions (V.V. Boyko). The last three methods allowed to identify a physical level of health.

On the basis of the singled out criteria of psychological, psychic, social, physical health, levels of psychological health provision were united in blocks. The first block-a psychological level-includes psychological and psychic aspect of health. Emotional, cognitive, behavioural, practical components make the first block pertaining to health (S. Deryabo, V. Yasvin method); emotional-volitional and intellectual features of the personality relate to the psychic aspect-C, G, I, O, Q3, Q4, B, M, Q1 factors (R. Cattell test), "neuroticism" factor (H. Eysenck test); "situational" and "personal" anxiety factors (Spilbergera-Khanin test); "expert", "strategist" characteristics (Hermann-Shalven test).

The second block-a social level-unites communicative properties and features of interpersonal interaction-A, H, F, E, Q2, N, L factors (R. Cattell test); factors "extro/introversion", "psychotism" (G. Eysenck test); "communicator", "organizer" characteristics (Hermann-Shalven test).

The third block-a physical level-is presented by "mobility", "tranquility", "excitability", "inhibition" indicators as temperament is the only psychological characteristic in which the energy potential of a body is directly found; by indicators of "right-left", "cortical-lymbic" types of domination, allowing to diagnose neurotype of an individuum; by indicators of body functional state self-assessment that are in close unity with psychic functions of a body. Thus, there were studied 53 indicators.

There were made four groups of teachers, united according to the period of their pedagogical experience from 2 months to 34 years. Each group was formed with reference to the increase in experience respectively: the I group-period of experience is up to 7 years, the II group-period of experience is up to 15 years, the III group-period of experience is up to 24 years, the IV group -period of experience is more than 25 years.

Priority in the choice of school teachers' life values was initially studied. Average means according to "life values" indicators were distributed in such a way that normative conceptions of health value where "health" takes the top positions in the hierarchy of values are confirmed. In our research, teachers chose firstly "love, family life"; and secondly-"health".

Further it was determined to what extent the need in good health corresponds to the efforts aimed at its preservation and promotion.

By means of the "emotional scale" we measured the level of an individual's attitude to health in the emotional sphere. On the whole, all teachers are characterized by a rational approach to health, health care is regarded as necessary, teachers are attentive to signals coming from their body. Indicators of this scale "come in clusters" at one arithmetic-mean value.

"The cognitive scale" allowed to diagnose the level of a person's readiness to perceive information on healthy lifestyle issues from other people or from literature and how ready they are to obtain this information on their own. High scores of teachers of the I and II groups testify to a great interest and active search of relevant information concerning health. Representatives of the III group have rather low points according to this scale. Representatives of the IV group have standard indicators according to this scale.

"The practical scale" helps to diagnose the degree of person's readiness to join different practical actions in order to take care of health when they are offered or arranged by other people and person's own initiative to perform these actions on his own. At the behavioral level, the degree of teachers' actions and acts compliance with healthy lifestyle requirements is average in the I group and is below average in the II, III and IV. So, with the increase of age the degree of health responsibility decreases. The degree of teachers' adherence to healthy lifestyle indicates paradoxical character of their attitude to health. In this connection, the level of teachers' personal responsibility for their health is accepted by us as one of psychological health criteria.

The recorded data are consistent: there are researches indicating the "inverse relationship between age and health preservation level of responsibility" [10, p. 286]. Young people (before 35 years) are characterized by inner orientation of consciousness in the explanation of arising health problems and for individuals of a senior age group an external one is peculiar. The internality-externality in the sphere of health characterizes the level of development of personal responsibility for health state.

"The scale of acts" measures an individual's attitude to healthy lifestyle in the sphere of acts performed by him. Among representatives of four experimental groups, only teachers of the II and IV groups actively stimulate people surrounding them to live a healthy life, promote different means of health improvement. Thus, teachers as

a professional group urged to teach younger generations to be healthy, do not perform this function in full: teachers of II and IV groups are partially ready for this. The role of psychological and social health is underestimated by representatives of all groups under study.

Thus, the obtained data testify that with age and pedagogical experience increase, the level of teachers' behavioral performance focused on health support and promotion decreases. There have been found significant differences between teachers' declared attitude to health as value and their actual actions. Statistically reliable differences according to Student's t-test between groups under study were identified according to scales: cognitive (between I and III groups,  $p \leq 0,01$ ), practical (between I and II, I and III groups at  $p \leq 0,05$ ), acts (between I and III groups,  $p \leq 0,05$ ). There are more differences between II and III groups.

In general, attitude to health is adequately demonstrated by teachers of group II, partially adequately by teachers of the I and IV groups and insufficiently by teachers of III group (reliable differences between II and III groups at  $p \leq 0,05$ ).

At the next stage there were studied features of psychological health of teachers of all groups. In the first 15 years of work at school (I and II groups) the growth of indicators of emotional resilience, kind-heartedness, intellectual development, conscientiousness, self-control takes place; then the tendency changes and teachers of III and IV groups have low indicators of communicative properties, emotional-volitional and intellectual features. The lowest indicators of psychological health are characteristic for teachers of the III group. High self-control, underestimation of their possibilities, disparagement of their competency, anxiety are peculiar to them. They are vulnerable, they are often in the power of moods, they reveal a strong sense of commitment and they care of their reputation. They control their emotions and behaviour, their public contacts are characterized by formality and narrowing of a social circle. Chronic stress and the syndrome of burnout revealed through symptoms of "expansion of sphere of emotional thriftiness", "reduction of professional duties", "emotional detachment", "psychosomatic and psychovegetative disorders" are characteristic features of this group of teachers. Besides training in a slow way is peculiar to them, therefore professional development and retraining of educators with more than 15 years of experience is an important condition to preserve teachers' psychological health and their professionalism as well.

Teachers with a low level of psychological health are characterized by the following signs: withdrawal from responsibility for oneself and one's life, the pro-passive attitude, inadequate perception of oneself and the world around, inadequacy of self-assessment, loss of belief in oneself, weakened or hypertrophied self-control, anxiety. Deterioration of teachers' psychological health negatively affects their professional activity, therefore, the arrangement and performance of actions for its preservation and restoration are undoubtedly required.

Psychologically healthy teachers are characterized by emotional resilience, they realize the requirements of the reality, they are aware of their own shortcomings, they have adequate self-assessment, self-esteem, self-control, adequate level of aspiration, self-confidence, they are responsible for their own life.

The attitude to health in general is adequately demonstrated by teachers of the II group, partially by teachers of the I and IV groups and insufficiently by teachers of the III group. Teachers of the I and II groups along with the extension of their work experience have increase in emotional resilience, empathiness, adequate level of aspiration, self-assessment indicators. Extremely low indicators of psychological health are typical for teachers of the III group. In general, emotional detachment, low indicators of communicative features, self-assessment, underestimation of their opportunities, disparagement to their competence, anxiety characterize teachers with work experience of 16 years and more.

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