

The Impact of Teaching on University Teachers' Health and Well-being: Is It Real?

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Abstract:

The purpose of this research is to learn more about the impact of teaching on teachers' health and to find practical ways to help teachers sustain their health and wellness while teaching. Coping with the demands of teaching can turn to be overwhelming. Thus, considering the importance of health and well-being in sustaining one's job and the quality of its performance, we sought to do a small-scale survey to ask teachers about their health, how teaching affects it, and what they do to stay fit seeing that teaching can be exhausting. Since our purpose is to examine the impact of teaching on one's body and mind, a questionnaire is used with 18 university teachers from Algeria. The results demonstrate that the sample consider teaching as a tiring profession even when they work less than 10 hours per week. Also, teaching has a notable impact on university teachers' health and well-being.

Keywords: Impact; teaching; teachers' health; well-being; university.

1. INTRODUCTION

The value and importance of human health cannot be stressed enough. Well-being, too, is vital for sustainable development and the teaching performance quality. Studies have shown that teachers' health and well-being are often affected by their job (Abirami & Raj Kala, 2018, p.350; Malekpour et al., 2015). Indeed, teaching is known to be one of the most stressful professions (Cartwright et al., 2005; Gholamreza, 2006; Kawano et al., 2002) which can trigger many diseases and issues (Abirami & Raj Kala, 2018).

Teachers, like the rest of professionals, are subject to both mental and physiological issues which can be caused by the profession itself or by other factors. As a highly-reflective job, teaching can lead to overthinking and eventually to self-blaming and self-disregard mostly when failures occur (Moore, 2000, p.145). Thus, teachers need to be mindful of these triggers. To accomplish their duties, teachers employ their health, well-being, time, and even income. There is a recurrent joke that Algerian people repeat about how teaching drives teachers insane. Matter of fact, research has already proven that teaching can have serious impact on both physical and mental health. A German study about teachers' health (2015), by Klaus Scheuch, Eva Haufe, and Reingard Seibt, found that there is a number of both physical and mental health issues that are closely associated to teaching. Specifically, "*mental and psychosomatic diseases are more common in teachers than in non-teachers*" (Haufe et al., 2015: 347). In general, teachers are prone to backbone issues, neck-ache, cardiovascular risks like hypertension, headaches, chronic exhaustion and fatigue, burnout, forgetfulness, sleep disorders, irritability, plus burning eyes (Ibid.). Not just these, Abirami and Raj Kala (2018, p.350) also count overweight/obesity, hyperlipidaemia, and glucose intolerance which can engender the dysfunction of body organs and even general discomfort.

On another hand, teachers spend considerable time outside teaching hours planning lessons, correcting, reflecting, and preparing for their classes (Fersaoui, 2021, p.5). This way, not much time can be left for their personal life or private interests (Ibid.). Teachers also can spend from their own money to get their classes ready, assure materials, or even assist their learners (Ibid.), which may culminate in lack of well-being.

University teachers may teach less hours than school teachers; however, their workload can be huge given that they have other responsibilities besides teaching, like supervising, conducting research, and publishing, which all together lead to multitasking. All of these responsibilities can sound overwhelming. However, not many studies focused on university teachers' health and wellness. By and large, teachers' health has been a topic of interest for researchers in the recent years. There was also a global survey of researchers' mental health in 2020 by CACTUS Foundation. Other studies examined university employers' and academics' wellness, but few studies

raised university teachers' health as a main topic. In this paper, we wish to highlight this concern in particular.

2. REVIEW OF LITERATURE

The World Health Organization (WHO) defines health as: “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity”. This definition can be found in the 1948 WHO constitution, but it is still referred to up to nowadays. The WHO definition has been criticized, since we do not need to be in a state of total physical and mental well-being to be healthy mostly that the completeness of well-being is often ephemeral (Callahan (1973, p.87). Therefore, Callahan prefers to define health as: “a state of physical well-being” without the need for wholeness (Ibid.). As can be understood, social and mental health are excluded from this definition. Yet, Callahan believes that illness reduces one's happiness and well-being (Ibid., p. 81). Also according to the WHO, quality of life (QOL) is determined by the person's “position in life, in the context of culture and the system of values in which they live in as well as their goals, expectations, standards, and concerns” (Abirami & Raj Kala, 2018, p.351). The quality of life can be another term to talk of well-being.

Having asked teachers questions about what affects their well-being and how the latter impacts learners' progress, Glazzard and Rose (2019) found that learners get attuned to their teachers' mood states and can sense their feelings. They also reported that teachers' stress heightens in specific busy times like during assessment periods, curriculum changes, or extracurricular tasks (Ibid.). Haufe et al. (2015) listed other stress factors for teachers like time pressure, long work hours, school noise, large-size classes, restrictions on autonomy and issues with the school/university administration, classroom misbehaviour, parents' attitudes, low social and economic status, besides lack or absence of motivation. On his side, Betoret (2006) reported that lack of respect, work overload, and too much paperwork are the momentous reasons behind teachers' stress, which is also the cause of many diseases that teachers may suffer from.

Furthermore, inside the classroom, teachers are often on their feet, thinking, talking, and interacting with students, all at the same time. The recent decades, and the last couple of years in particular, have added more duties to what is expected from teachers. As they got more assignments and activities to carry, “teachers have been increasingly presented with significant occupational health problems” (Abirami & Raj Kala, 2018, p.351). It has even been pointed out that female teachers (4.5%) endure long-term illnesses more often than male teachers (3.3%) (Ibid.).

There is no doubt that teaching is one of the professions where the highest amounts of job stress and burnout are recorded (Abirami & Raj Kala, 2018; Rennert & Stoeber, 2008). It is a job where practitioners leave or retire earlier than expected due to the aforementioned sicknesses including burnout (Ibid.). Haufe et al. (2015) confirm that psychological as well as psychosomatic diseases, rating between 32% and 50% in teachers, remain the

major foundation for teachers' early retirement and job leaves. The authors also substantiate that women teachers suffer more commonly than men. Unfortunately, even when teachers do not end up with a physiological disease, psychosomatic diseases are not easily avoidable. Some of the major psychosomatic conditions that teachers undergo are tension, fatigue and exhaustion, headaches, sleep and focus disorders, augmented irritability, as well as inner restlessness (Abirami & Raj Kala, 2018; Haufe et al., 2015).

3. METHODOLOGY AND RESEARCH DESIGN

3.1 Research Questions and Hypotheses

The main research questions that this exploratory study addresses are:

- 1- Does teaching have impact on university teachers' health and well-being?
- 2- How does teaching impact university teachers' health and well-being?
- 3- What can university teachers do to preserve their health and well-being?

The hypotheses suggested are, respectively:

- 1- Teaching has impact on university teachers' health and well-being.
- 2- Teaching impacts university teachers' health and well-being negatively, as the profession is quite tiring.
- 3- University teachers can keep an eye on their health and well-being as they exercise their profession, be aware of the impact of teaching, and take clear measures to preserve their health.

These questions and hypotheses will be investigated through an exploratory research design with a mixed approach of both qualitative and quantitative ends.

3.2 Sampling and Setting

This mixed-approach study explores the views of 18 Algerian university teachers. The demographic analysis shows that most of them are female which is convenient to our research purpose. They teach different specialties, most of which are in relation to EFL. Specific details can be read in Table 1.

Table 1. Demographic and general characterization of participants

	Age	Gender	Years of Teaching	Major	Teaching Hours per Week
Participants	[21-30] 33.3%	88.9% (16) Female	[1-40] years	Architecture (1)	72.2% (13) < 10 hours per week
	[31-40] 27.8%			Regression Analysis (1)	
	[41-50] 27.8%	11.1% (2) Male		English / EFL (6)	27.8% (5) [10 – 20] hours per week
	[51-60] 5.6%			Didactics and Education (3)	
	[61-70] 5.6%			Intercultural Studies (7)	

The participants teach at different institutions: The Pre-service Teacher Training School (Bouzareah), University of Oran 2, University of Blida 1, University of Ain Temouchent, University of Mostaganem, University of Boumerdes, and University of Tlemcen. More teachers were invited to participate as the researcher was aiming at conducting a large-scale study, but only 18 of them completed and submitted their replies to the research instrument.

3.3 Research Instrument

The data collection instrument relied on in this study is an online questionnaire. This latter was designed on Google Forms by the researcher based on the objectives of the study. The form starts with 7 demographic questions, then presents 14 questions, 5 of which are open-ended questions, 7 close-ended, and 2 multiple-choice questions (MCQs).

The questionnaire was distributed by email as well as on social networks on university teachers' groups. Unfortunately, after waiting for four months during which the distribution was regularly refreshed, only 18 teachers responded to the questionnaire. The questionnaire was first posted in February 2021, and re-posted in June 2021.

The collected data are analyzed using both the descriptive analysis method for the quantitative data, and the content analysis technique for the qualitative findings.

4. FINDINGS AND DISCUSSION

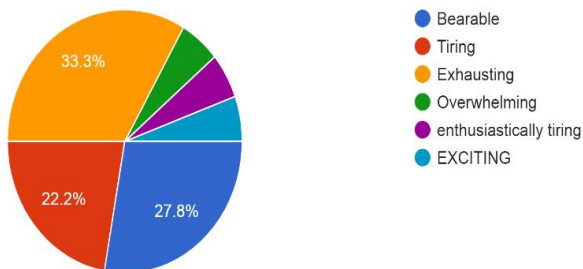
4.1 Presentation of Findings

The first question asked the participants: “How can you describe teaching?”. The question came with four options besides an open option, “other”, for participants to insert their suggestions. 33.3% chose to describe teaching as “exhausting”, 22.2% as tiring, and 27.8% as bearable. One informant (5.5%) described teaching as overwhelming, another one as

“enthusiastically tiring”, and another one as “exciting”. We can notice that the majority of respondents consider teaching as a tiring/exhausting job. These results can be clearly seen in Figure 1.

Fig.1. Teachers’ description of teaching

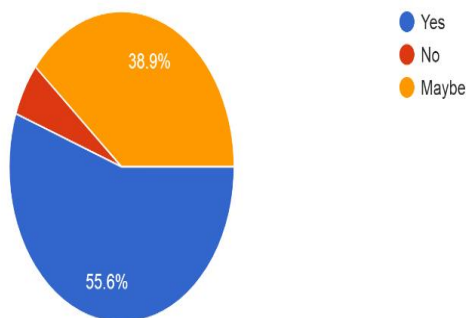
How can you describe teaching?
18 responses



The second question, a yes/no one, inquired: “Have you felt that your health got worse after you started teaching?”. Interestingly, the majority, 55.6%, said that it did, while only one participant confirmed that it did not by ticking “no”. What is also notable is that an important percentage of 38.9% selected “maybe” as an answer which indicates their uncertainty about the matter.

Fig.2. Teachers’ health after they started teaching

Have you felt that your health got worse after you started teaching?
18 responses



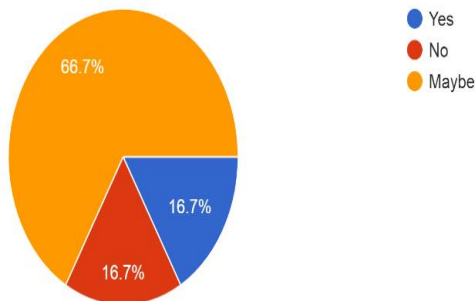
Another important question is the third one which reads: “In general, can you say that you feel well-being?”. Remarkably, there is an equality of percentages between the two main options “yes / no” as they were selected each by 3 respondents (16.7%). What is more remarkable is that the remaining 12 participants opted for the third option “maybe” which, again, shows their doubt. This can also reveal that well-being is not well-felt and/or constantly felt by the teachers, otherwise, they would have said “yes”. Fig.3 presents

these findings in a pie chart.

Fig.3. Teachers' well-being

In general, can you say that you feel well-being?

18 responses



After that, teachers were asked to justify their answers to the previous question about well-being. In this regard, and as this is an open-ended question, some teachers did not answer, but those who did mentioned different explanations. The latter are classified in Table 2.

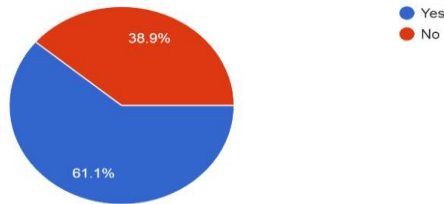
Table 2. Explanations in regard to well-being

Those who feel well-being (yes)	Those who do not feel it (no)	Those who are not sure (maybe)
Students' motivation and good feedback help me feel better and overcome the weight of teaching.	Teaching and administrative pressures / inconveniences are very demanding.	It was very stressful till I mastered the necessary skills.
/	I have a problem in my back from teaching (standing and sitting).	I love teaching, but health-wise things are not fine these recent years, no relation with teaching, though!
/	It takes over my research activities; thus, I do not feel well in it!	When I have to do the work of others like students and the institution!

Teachers were also asked the following: "Is there a specific disease you got after you started teaching?". Surprisingly, 61.1% of the participants said that they did, whereas 38.9% chose "no" as an answer. The findings are demonstrated in the coming pie chart.

Fig.4. Appearance of disease after teaching

Is there a specific disease you got after you started teaching?
18 responses



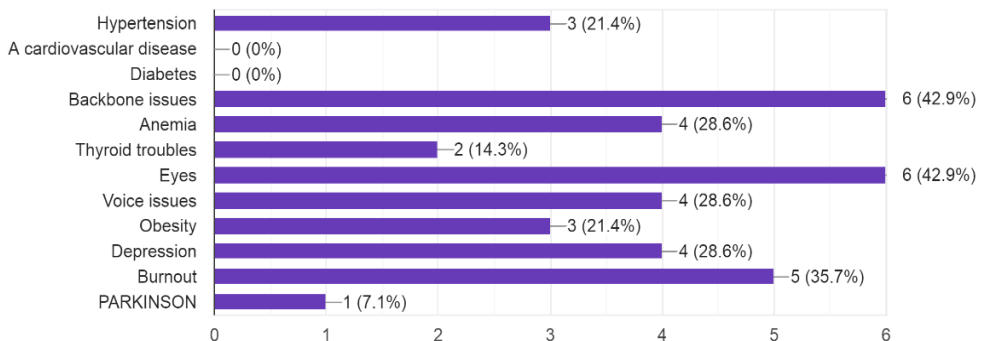
When asked “how much time after you started teaching did it take to happen?”, teachers’ replies were as follows:

- 1 year (3 times)
- 2 years (twice)
- 4 years
- 6 years
- 27 years

Participants were also asked what the disease is in case they got one after they started teaching. Eleven options were provided besides an open option for teachers to insert extra items. The findings reveal that 3 teachers (21.4%) have gotten hypertension and/or obesity, none got a cardiovascular disease nor diabetes, 46.9% (6 teachers) have backbone issues and/or eye conditions, 4 got anaemia, voice issues, and/or depression, 2 suffer from thyroid troubles, 35.7% (5 teachers) started suffering from burnout, and one teacher added Parkinson disease as an ailment he got after 27 years of teaching. The coming graph clearly displays these findings.

Fig.5. Diseases that teachers got after they started teaching

What is it?
14 responses

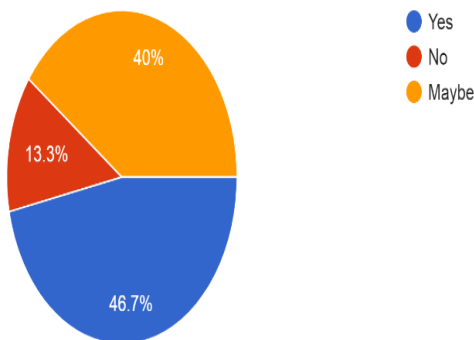


Moreover, teachers were asked whether they think that they got this disease because of teaching. Although it cannot be known for sure, a significant percentage of 46.7% validated that they did, while only 13.3% reported that they did not. The remaining 40% chose “maybe” as an answer which is quite understandable as the exact genesis of a certain disease cannot be thoroughly identified. These data are also put on view in Fig. 6.

Fig.6. Is it due to teaching?

Can you say that it is due to teaching that you got that disease?

15 responses

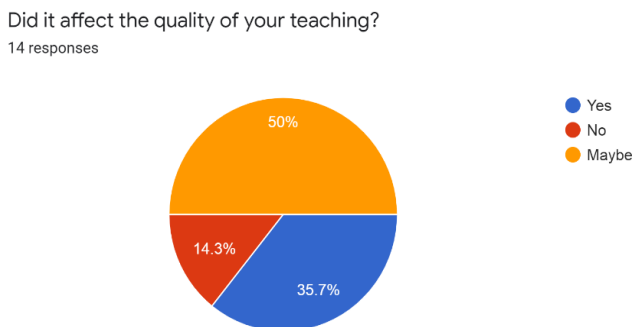


As for the explanation, teachers were asked: “Can you explain how you think it happened?”. The teachers who thought the disease happened due to teaching provided the following clarifications:

- Long work hours
- Long preparation hours at home
- Sitting and standing for long durations
- Little sleep due to much work
- Working during lunch times / skipping meals because of work
- Bad work conditions
- Overthinking
- Over-correcting (with huge numbers of students)
- Over-working and outperforming one's capacity
- No personal space (receiving work emails all the time), no time for hobbies
- Excessive use of the computer (damages the eyes and causes headaches)
- No support from the institution nor from the students
- No idea!

These diseases that the teachers said they are suffering from due to teaching may affect the quality of teaching. Therefore, teachers were asked whether their health condition affected the quality of their teaching. Some teachers, 35.7%, said that it did, while only 14.3% believed that it did not. On another hand, half the informants were not convinced about either choice, so they chose “maybe”. The findings are illustrated in Fig. 7.

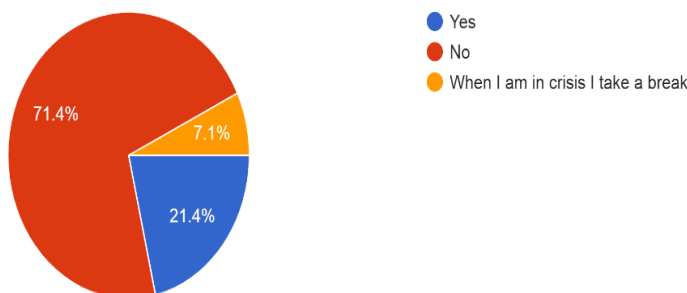
Fig.7. Effect of disease on the quality of teaching



One possible way diseases affect the quality of teaching is by compelling the teacher to take breaks or to leave the job, either temporarily or permanently. For this, respondents were asked, first, “Have you been on a job leave (taken a break from teaching) because of this issue?”, and second, “How long was the break?”. The answers to the former question showed that the biggest percentage, 71.4%, has not taken a break, whereas about 21.4% have done it. One participant added: “When I am in crisis, I take a break”. The figure below reveals these data.

Fig.8. Job leaves due to health issues

Have you been on a job leave (taken a break from teaching) because of this health issue?
14 responses

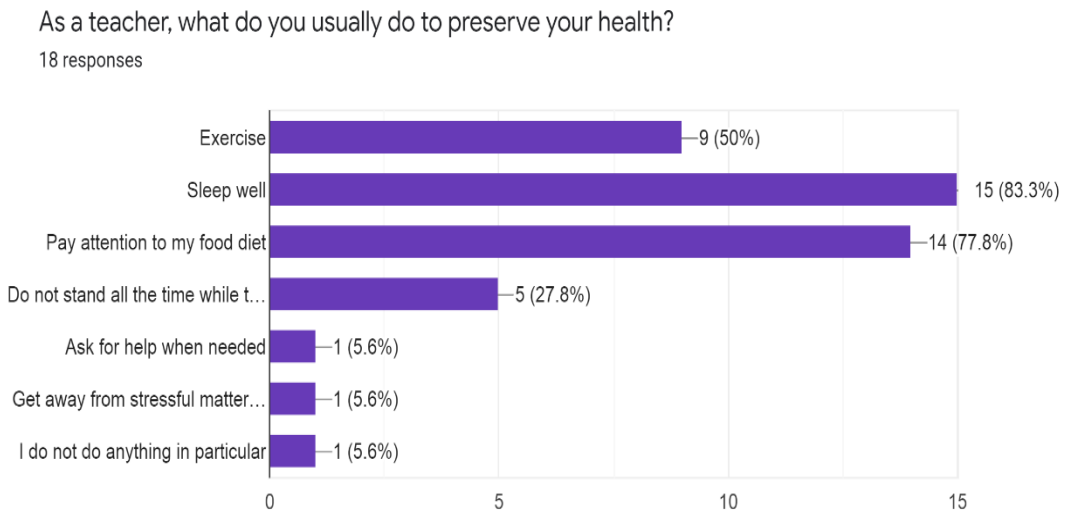


Concerning the second question, four answers were inserted. The four teachers said that they took a break of:

- 1 week
- 2 months
- 1 year (twice)

On balance, teachers were also invited to answer this question: “As a teacher, what do you usually do to preserve your health?”. Five options were supplied: exercise (50%), good sleep (83.3%), caring about food diet (77.8%), not standing all the time while teaching (27.8%), and asking for help when needed (5.6%). One respondent added getting away from stressful matters, while another one confessed that s/he does not do anything in particular. These data are visibly illustrated in Fig. 9.

Fig.9. What teachers do to preserve their health



In the end, participants were openly questioned: “Overall, how has teaching been impacting your health and well-being?”. Here are the main answers, some in the teachers’ words, and some summarized and coded by the researcher so as to share only the main ideas as the answers were long:

- It added much stress to my life.
- I have become anxious.
- It made me less organized due to much work.
- Regular tiredness at the end of the day.
- I always feel fatigue.
- It impacted me positively
- It impacted me negatively. (twice)
- I am sure I have changed, but I try to resist to remain sane and creative.
- It has bad effect on my health from standing all day long!
- It is very demanding and energy-consuming.

- I have not been feeling well since I started teaching.
- The quality of my life is low.
- It has a moderate impact!
- Teaching has both positive and negative impact on mental well-being, but when it comes to my physical well-being, it really degraded.
- It is a question of choice!
- In teaching, I feel I am a consumer, not a producer.
- No impact!

All in all, these are the findings as submitted by the participants. In the following section, we shall discuss them and put forward some implications about teaching, teachers' health, and their well-being.

4.2 Discussion and Implications

In talking about the impact of teaching on teachers' health and well-being, we can depart from the idea of lifestyle. A healthy lifestyle, regardless of one's job, is a dominant factor to good health and well-being. Meanwhile, a poor diet, insufficient physical activity, improper sleep, and stress are the major indicators of an unhealthy lifestyle (Conboy & Neves de Jesus, 2001).

In relation to the research questions and hypotheses, the findings show that teaching has a clear impact on university teachers' health and wellness as the majority of teachers felt that their health got worse after they started teaching. While 61.1% got a disease after they started teaching, most participants were not sure about their well-being. Nevertheless, most informants consider teaching as a tiring / exhausting job. Unfortunately, the sample reported that teaching impacts their health and wellness negatively, which validates the hypothesis set by the researcher. We can illustrate with the words of one informant who wrote: "I have not been feeling well since I started teaching. At the end of a teaching day, I feel exhausted. I feel overwhelmed most times. The quality of my life has been low, both because of how much tiring and stressful teaching is and because of the low salary. I cannot even afford a proper place to live in!". Another participant opined that teaching is psychologically very demanding, while a female teacher said that she is seeing a kinesiologist to reduce her back-pain. She expounded: "I think I spend long hours on chair preparing for my lessons; before I was doing research only, I have never suffered from back pain".

Some of the main diseases which teachers said they got after they started teaching are backbone, eyes and voice issues, anaemia, depression, and burnout. This latter is closely related to job satisfaction, and it often happens due to persistent work stress (Kokkinos, 2007). It can also be the result of other influences, environmental and personal, and of job multitasking (Ibid.) as is the case for university teachers who are, additionally, in charge of research activities. Kokkinos (2007) agree that voice problems, musculoskeletal disorders (like backbone issues), and hypertension are among the occupational health disorders that teachers face most. Next to

these, he adds cancer, cardiovascular diseases, and even some contact skin conditions.

Health conditions may have a serious effect on the teaching quality. This effect is not always clear, but we believe it is always present unless teachers outdo their capacities in which case it would end up affecting their well-being and further deteriorating their health. Indeed, job requirements can surpass its rewards as they can outplay or strain the individual's physical and mental coping strategies which can culminate in feelings of unwellness, unhappiness, incapacity, and dissatisfaction (Mohana, 2013). One participant described it as follows: "teaching sucks all my energy and motivation and influences negatively my well-being".

Therefore, some measures can be taken to help university teachers preserve their health and wellness. Teachers can start by adopting a healthy lifestyle which is tightly interconnected to nutrition, regular physical activity, and good sleep (Abirami & Raj Kala, 2018, p.350-351). Hence, it is recommended for teachers to stand less in class and to move more in general. It is also paramount to avoid stressors, specifically the occupational ones. To surmount or reduce them, researchers advocate building self-confidence, ameliorating self-esteem, enhancing emotional intelligence, using humor more, having a nurturing group of friends, keeping hobbies, communicating effectively, meditating, and exercising (Abirami & Raj Kala, 2018, p.351; Duraković et al., 2004). Moreover, teachers need to learn to ask for help when needed, from colleagues, students, friends, family members, and/or specialists.

One's profession is often the focal point of their life. Abirami and Raj Kala (2018, p.352) mention that: "A job is more than just a job. It is the core of a person's life". Given this, the Quality of Work Life (QWL) determines the quality of life which is in turn regulated by the quality of health and wellness (Manju, 2014). Decent QWL does not only improve teachers' life quality, it also entices and maintains good teachers in the domain (Ibid.). High QWL can be assured through giving teachers a good status and important value, job safety, rightful payment and compensation, and justice besides other ingredients (Abirami & Raj Kala, 2018, p.352; Manju, 2014). Consequently, universities and stakeholders can take all these into consideration in order to help teachers have improved life and job quality. The findings can also imply that authorities and universities are invited to not overload teachers with work, be it teaching, para-teaching activities, or administrative tasks. Occupational safety is vital and integral to professionals' health; thereby, assuring it in worksite through reducing dangers, like diseases and disrespect, cannot be stressed enough and is essential to wellness (Carnethon et al., 2009).

There is another aspect that is deemed critical for teachers' wellness: experience. Some studies found that the more teachers have experience, the more they are able to manage job and personal stressors, thus, the more they feel wellness (Rajendran & Ravichandran, 2007). This is because experience

and previous encounters teach and arm them with the efficient strategies to overcome stress and anxiety (Ibid.). For this, university teachers are called to raise their awareness about the effect of teaching through reading, training, experience, and patience. Last but not least, teacher trainers can instruct pre-service teachers about this impact and equip them with some strategies to handle it mainly during their first teaching years.

4. CONCLUSION AND RECOMMENDATIONS

The in-hand study is small-scale. It is not possible to build generalizations, but it is not escapable to notice that the impact of teaching on university teachers' health and wellness is real. Teachers' life quality depends not only on their occupation, but also on physical, personal, familial, social, and psychological features. Nevertheless, a person's job, even when done for only 10 hours or less per week, is a key element of life. Therefore, the quality of one's life and health are impacted by it. Overall, teaching does not seem to have a good impact on tertiary teachers' health and well-being. The demands of the job add on teachers' stress, anxiety, and pressure. There are even cases where teachers get serious diseases, mostly musculoskeletal disorders, eyes and voice issues, anaemia, depression, and burnout. At least, it makes them feel tiredness and fatigue. One possible parameter to alleviate and/or prevent these effects is adopting a healthy lifestyle with proper nutrition, good-quality sleep, and regular physical activity. Employing some coping strategies to get rid of occupational stress is also effective, through venting to friends, seeking support, asking for help when needed, pursuing hobbies, and having self-confidence in one's capacities.

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