



Influence of age and quality of life on emotional health of secondary school teachers in Ilorin metropolis

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ABSTRACT

The purpose of this study was to examine the influence of age and quality of life on Kamilu Olanrewaju Muraina emotional health of secondary school teachers in Ilorin metropolis, Nigeria. The study adopted descriptive survey method of a correlation type. The population of this study comprised all secondary school teachers in Ilorin metropolis, Kwara state which was estimated to 9,298 while a sample of 425 secondary school teachers were selected for the study. The sample was selected using random sampling technique. Questionnaire titled "Age, Quality of Life and Emotional Health Questionnaire" (AQLEHQ) was used. It was content validated and tested with reliability coefficient of 0.85. Percentage was used for demographic data and research questions. Also mean, standard deviation and rank order analysis were used for research questions while two null hypotheses were tested using the Pearson's Product Moment Correlation (PPMC) statistical tool. The findings revealed that the majority (72.3%) of the teachers in Ilorin metropolis had good emotional health and 57.5% of teachers in Ilorin metropolis had a high level of quality of life. The finding of the hypotheses revealed that age has no significant influence on the emotional health of secondary school teachers in Ilorin metropolis, Kwara state, but the quality of life has a significant influence on the emotional health of secondary school teachers in Ilorin metropolis, Kwara state. The study recommended the need for school authorities to plan an excellent quality of work life programme that will further enhance the overall quality of life of secondary school teachers with low quality of life.

Keywords: teachers' age, teachers' quality of life, teachers' emotional health

Introduction

Performance of the school is the collective teamwork of teachers as well as students. Teachers always ensure that students behave and perform academically well. Teachers not only impart education to the students, but also act as a bridge to fill the gap between students, principal, management and parents. Their cordial relationships with students have an impact on behavioural and academic outcomes in which teachers have to undergo a great deal of stress in order to achieve the desired results. The stress of discharging their duties and responsibilities to students, parents, colleagues, and management may lead to problems in mental, especially, emotional health.

Health has always been one of the most important areas of focus at all times. Resultantly the concept of health has been extended beyond the proper functioning of the body; it includes controlled emotions, a sound and efficient mind. To put it simple, it means that mind and body are working efficiently and harmoniously (Muraina, & Hassan, 2022). Similarly, 'health' refers to more than physical wellbeing. It also connotes the individual's intra-physic balance, the interaction of one's physic-structure with the external and social environment (Kaur, 2007; Muraina & Oladimeji, 2022). For example, a person who is academically sound and also knows what is to be taught but at times is not able to impart it due to certain factors of adjustment with his/her environment.

Emotion is characterized by distinctive thoughts, psychological and biological states, and a range of propensities to act (Muraina, Alamu, & Ogunlade, 2015). Emotion is a complex state of the organism, involving bodily changes of various nature such as breathing, pulse rate, gland secretion, etc., and, on the mental aspect, a state of excitement or perturbation, marked by strong feelings, and usually an impulse towards a definite form of behaviour. An emotion is experienced as a feeling that motivates, organizes, and guides perception, thought, and action (Muraina, & Hassan, 2022; Antony, 2005). World Health Organization (2022) defined health as "a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity."

The current study anchored on Cannon-Bard (Bard, 1973) theory, as well as Schachter and Singer's (1962) two-factor model. James-Lange (1884) theory proposes the emotion is the result of arousal, Cannon-Bard theory proposes that emotions and arousal occur at the same time, while Schachter and Singer's two-factor model proposes that arousal and cognition combine to create emotion. The Schachter-Singer theory of emotion is a theory that states that emotion is due to two factors, physiological arousal and cognitive processes. The theory explains that people use cues from their immediate environment to inform their emotions. According to the Cannon-Bard theory of emotion, people react to a stimulus and experience the associated emotion at the same time.

Jeanette (2018) defined emotional health as a state of positive psychological functioning. It can be thought of as an extension of mental health; it is the 'optimal functioning' end of the thoughts, feelings, and behaviours that make up both our inner and outer worlds. It includes an overall experience of wellness in what we think, feel, and do through both the highs and lows of life. A practical definition of emotional wellbeing offered by Muraina and Hassan (2022) affirmed that emotional health is a positive sense of wellbeing that enables an individual to function in society and meet the demands of everyday life; people in good mental health have the ability to recover effectively from illness, change or misfortune.

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Cummins and McMaster (2006) stated that emotionally healthy people are those who can control their emotions and behaviour, who show resilience in troubling situations and can build strong and lasting relationships. Positive psychologists have been studying emotional health for over four decades now and have come to believe that emotional health is more than just optimism. It is an authentic understanding of what truly makes us happier (Muraina et al., 2015).

Research shows that as people get older, they enjoy a more positive emotional experience. Muraina and Oladimeji (2022) have shown that this is in part due to a focus on social relationships: older adults derive more emotional benefit from their social network than younger people do. However, this increase in well-being with age may not be true across the board. Among older adults managing a loved one's health care, however, emotional well-being depends on the severity of the loved one's illness. Older adults who care for a relative with a mild illness report greater well-being than do younger adults, much like the general population (Muraina & Hassan, 2022). However, older adults caring for a relative with a severe illness do not experience the typical high levels of emotional well-being compared to other older adults. Therefore, the positive association between age and emotional well-being is present for people whose relatives has a mild illness but not for those who have relatives with a severe illness (Muraina & Oladimeji, 2022). For the purpose of this study, age and quality of life are the predicting factors to be considered.

Studies have found that between 27 and 48% of older working adults suffer from emotional distress (Blazer, Hughes & George, 1987; Muraina et al., 2015). Most investigations of emotional distress in older people have found that it occurs at a higher rate in institutional settings than in private households (Djernes, 2006), although conflicting results have also been presented (Muraina & Kamaldeen, 2022). There is a general consensus that important risk factors for emotional distress in old age are female sex, somatic illness, cognitive impairment, and functional impairment in activities connected to daily living, lack or loss of social contacts, and a history of depression (Muraina & Kamaldeen, 2022). Panagopoulos et al. (2020) reported that age was a predictor of the nature of work and emotional health, while Muraina and Hassan (2022) study revealed that age correlated negatively with all other variables except working experience. Skaalvik and Skaalvik (2018) reported different episodes of emotional health by teachers of different ages and at different stages of their careers and in terms of quality of life.

The concept of quality of life embodies new ideas about the state of the environment, housing, people's state of happiness, work and marital satisfaction and the total well-being of the populace (Rapley, 2003; Muraina & Kamaldeen, 2022). Most people have a reasonably clear idea of what sorts of things would enhance their individual quality of life (and probably the quality of life of other individuals too). For example, higher pay, longer holidays, more satisfaction in working lives, time to pursue enjoyable and satisfying leisure pursuits, emotional fulfillment in relationships, having a long, healthy and happy life – all lived within a safe, caring and supportive local community are among the things people conceive as what could improve their quality of life (Muraina, & Hassan, 2022).

Statement of the problem

Teachers' age, quality of life and emotional health problems are concerns that need to be addressed since it is crucial for the learning of their students. Teachers, like parents, are obliged to fulfil multiple roles. As teachers get older, the thought of life after retirement overwhelms them and they also often feel as though they are not doing enough to execute all roles, thus, leading to negative emotional experience and psychological symptoms. On the other hand, life satisfaction and indices of teachers such as physical health, family education, employment, adjustments to their lives affect their social lives and teaching profession and could lead to emotional health problems such as feeling lonely, depressed along with other psychopathological symptoms.

Teachers may not do their task well if they have poor mental or emotional health. These can have an adverse effect in their lives, especially with their overall well-being, which includes their everyday physical, behavioural, emotional, and cognitive functioning. Most of the previous studies (Muraina, & Hassan, 2022; Anastasiou & Belios, 2020; Muraina & Oladimeji, 2022) were conducted outside Nigeria. None of these studies was on the influence of age and quality of life on emotional health of secondary school teachers in Kwara state to the best of the researchers' knowledge and this is the gap that they intend to fill.

Purpose of the study

The main purpose of this study is to investigate age and quality of life as the determinants of emotional health of secondary school teachers in Ilorin metropolis, Kwara state. Specifically, the study would:

1. determine the level of emotional health among secondary school teachers in Ilorin metropolis;
2. ascertain the level of quality of life among secondary school teachers in Ilorin metropolis;
3. examine the relationship between age and emotional health of secondary school teachers in Ilorin metropolis;
4. ascertain the relationship between quality of life and emotional health of secondary school teachers in Ilorin metropolis.



Research Questions

The following research questions were raised and answered in this study:

1. What is the level of emotional health of secondary school teachers in Ilorin metropolis, Kwara State?
2. What is the level of quality of life of secondary school teachers in Ilorin metropolis, Kwara State?

Research Hypotheses

The following research hypotheses were formulated and tested at 0.05 level of significance in this study:

1. There is no significant relationship between age and emotional health of secondary school teachers in Ilorin metropolis, Kwara State.
2. There is no significant relationship between quality of life and emotional health of secondary school teachers in Ilorin metropolis, Kwara State.

Methodology

The research design being a descriptive survey was adopted in order to gather relevant information in this study. Djernes (2006) explained that correlational design can be used in prediction studies that explore the relationship between two or more variables. A correlational study consists of measuring one variable and determining the degree of relationship between it and one or more variables. This research design is, therefore, deemed relevant and applicable, since it will assist in investigating the influence of age and quality of life on emotional health of secondary school teachers in Ilorin metropolis.

The population for this study consisted of all secondary school teachers in Ilorin metropolis, Kwara State while the target population comprised of secondary school teachers selected from both private and secondary schools in Ilorin metropolis, Kwara State. As at 2022, there are 566 secondary schools in Ilorin metropolis with the total of 9,298 secondary school teachers in both public and private schools (Kwara State Ministry of Education, 2022).

With reference to the research advisors, a sample size of 370 was appropriate as the minimum sample size for a population of 9,298 at 95% confidence level and marginal error of 5% in line with Krejcie & Morgan Table (1970). The researchers added 15% of the sample in order to take care of attrition, which made 55 for the purpose of this study. Therefore, a sample of 425 secondary school teachers was used in this study. The procedure used to select sample for this study was simple random sampling technique which allows all samples of a population the opportunity of being selected. Simple random sampling technique was used to select 25 secondary schools in Ilorin metropolis, Kwara State. Simple random sampling procedure was used to select 17 teachers in each of the schools. Therefore, a total of 425 secondary school teachers were selected for the study.

The instrument used for this study was a researcher-designed questionnaire tagged "Age, Quality of Life and Emotional Health Questionnaire" (AQLEHQ) which is divided into 3 sections (A, B & C). The instrument was patterned after 4-point Likert Type of 'Very True of Me (VTM)' = 4 points, 'True of Me (TM)' = 3 points, 'Occasional True of Me (OTM)' = 2 points, and 'Not True of Me (NTM)' = 1 point. The instrument was validated by an expert in the Department of Educational Management and Counselling, Faculty of Education, Al-Hikmah University Ilorin, Nigeria and test re-test reliability was carried out and reliability coefficient of 0.85 was obtained after the instrument was administered on 20 secondary school teachers who were not part of the final sample.

The questionnaire forms were personally administered to the randomly selected sample of 425 secondary school teachers in the Ilorin metropolis, Kwara State with the help of two trained research assistants. Also, personal administration enabled the researcher to establish rapport, which in turn motivated the respondents to cooperate or respond without coercion. The researcher collected the questionnaire forms on the spot after the items have been completed to minimize the loss of the questionnaire. Out of 425 questionnaire administered only 412 were retrieved and used for data analysis (however, this number was sufficient to be counted as representative). The data collected from the study were analysed using percentage, mean, standard deviation and rank order analysis as well as t-test statistical tool. For section C, the score below the limit point shows the poor emotional health status. Also, for sections B and C, the highest score any respondents could get was 40, while the lowest score was 10. The range score was 30 (40-10). The mid-point of the range was 15 (i.e. 30/2). The cut-off point was 40-15= 25. Thus, 25 is the average cut-off mark. The respondents who scored below 25 were considered as having a low quality of life and good emotional health while above 25 average score implies a good quality of life but poor emotional health. The two null hypotheses formulated were tested using Pearson's Product Moment Correlation (PPMC) statistical tool at 0.05 level of significance.



Results

This section presents the results of data obtained from the respondents in frequency and percentages.

Table 1. Percentage distribution of respondents based on gender, age and school type

Variable	Frequency	Percentage
Gender		
Male	189	45.9
Female	223	54.1
Total	412	100
Age		
Below 30 years	117	28.4
30 years and above	295	71.6
Total	412	100
Teaching Experience		
1-5 years	120	29.1
6-10 years	232	56.3
11 years and above	60	14.6
Total	412	100

Table 1 reveals that 189 (45.9%) of the respondents were male, while 223 (54.1%) of the respondents were female. Based on age, the table reveals that 117 (28.4%) of the respondents were below 30 years of age, while 295 (71.6%) of the respondents were 30 years of age and above. The table also shows that 120 (29.1%) of the respondents had between 1-5 years of teaching experience, 232 (56.3%) of the respondents had between 6-10 years of teaching experience, while 60 (14.6%) of the respondents had 11 years of teaching experience and above.

Research Question 1: What is the level of emotional health of secondary school teachers in Ilorin metropolis, Kwara State?

Table 2. Frequency and percentage distribution of the respondents' level of emotional health status

Status	Frequency	Percent
Good	298	72.3
Poor	114	27.7
Total	412	100.0

Table 2 shows that majority (72.3%) of the respondents had good level of emotional health, while 114 (27.7%) of the respondents had poor emotional health. In order to ascertain specific areas where the respondents were having good and poor emotional health status, Table 3 shows mean, standard deviation and rank order analysis of the respondents' emotional health.

Table 3. Mean, standard deviation and rank order analysis on the respondents' emotional health

Item No	Item	Mean	S.D	Rank
3	Sometimes I feel as if I have not done all I need to do in life	2.58	.969	1 st
10	I feel depressed whenever I am unable to achieve mytargeted goals	2.53	.995	2 nd
6	I feel neglected most times	2.27	.912	3 rd
4	In many ways I feel disappointed about my achievements in life	2.23	.897	4 th
9	I do feel angrier sometimes	2.18	.748	5 th
7	I often have poor appetite	2.07	.971	6 th
1	I feel upset about my life	1.98	.956	7 th
8	I have trouble sleeping at night	1.88	.841	8 th
2	I feel that I am wasting my life	1.84	.989	9 th
5	I often feel hopeless	1.81	.923	10 th
	Average total	21.37	9.20	



Table 3 shows that items 3 and 10 which state that 'sometimes I feel as if I have not done all I need to do in life' and 'I feel depressed whenever I am unable to achieve my targeted goals' ranked 1st and 2nd with the mean scores 2.58 and 2.53 respectively, which indicates poor emotional health status. Items 6, 4, 9, 7 which state that 'I feel neglected most times', 'In many ways I feel disappointed about my achievements in life', 'I do feel angrier sometimes', and 'I often have poor appetite' among others ranked below 2.50 mean cut-off point, which indicates good emotional health. The overall average score is below 25, which indicates that the majority of the respondents had good emotional health.

Research Question 2: What is the level of the quality of life of secondary school teachers in Ilorin metropolis, Kwara state?

Table 4. Frequency and percentage distribution of the respondents' level of the quality of life

Level	Frequency	Percent
High	237	57.5
Low	175	42.5
Total	412	100.0

Table 4 shows that 237 (57.5%) of the respondents had a high level of the quality of life, while 175 (42.5%) of the respondents had a low quality of life. In order to ascertain specific areas where the respondents are experiencing a low and high quality of life, Table 5 shows mean, standard deviation and rank order analysis of the respondents' quality of life.

Table 5. Mean, standard deviation and rank order analysis on the respondents' quality of life

Item No	Item	Mean	S.D	Rank
10	I enjoy a happy family life, closeness and safety of loved ones	3.00	.925	1 st
1	I have an adequate and comfortable place to live in	2.70	1.16	2 nd
6	I feel good because I enjoy good health and physical condition	2.70	.816	2 nd
2	I can afford sending my children to a good school for as far as possible in their education	2.66	1.00	4 th
7	I maintain good health because I enjoy good nourishment	2.57	.850	5 th
3	I am well-off by any standard because I can conveniently meet my obligations towards my family	2.55	.959	6 th
5	I can conveniently acquire essential and necessary household materials for my convenience and that of my family	2.49	.924	7 th
9	I can afford to pay for my medical bills whenever the need arises	2.48	.980	8 th
8	I have access to good medical care in my community	2.41	.961	9 th
4	My financial strength has made me to live a good life	2.34	.953	10 th
	Average total	25.9	9.52	

Table 5 reveals that item 10 which states that 'I enjoy a happy family life, closeness and safety of loved ones' ranked the first with a mean score 3.00. Items 1 and 6 which state that 'I have an adequate and comfortable place to live in' and "I feel good because I enjoy good health and physical condition" ranked second with a mean score of 2.70 each, which indicates a low quality of life. On the other hand, items 9, 8 and 4 which state that 'I can afford to pay for my medical bills whenever the need arises', 'I have access to good medical care in my community' and 'my financial strength has made me to live a good life' among others ranked below 2.50 mean, a cut-off point which indicates a low quality of life.

Hypotheses Testing

Two null hypotheses were postulated and tested for this study. The hypotheses were tested using Pearson's Product Moment Correlation (PPMC) statistical methods at 0.05 level of significance.

Hypothesis One: There is no significant relationship between age and emotional health secondary school teachers in Ilorin metropolis, Kwara state.

**Table 6.** Pearson 'r' showing relationship between age and emotional health of the respondents

Variables	N	Mean	SD	df	Cal. r-value	p. value
Age	412	1.72	.451	410	-.076	.124
Emotional Health	412	21.36	6.56			

Table 6 indicates that the calculated r-value is $-.076$ with correspondence p-value of $.124$ which is greater than 0.05 level of significance. Since the calculated p-value is greater than the 0.05 alpha level, hypothesis 1 is hereby accepted. This implies that age has no significant influence on the emotional health of secondary school teachers in Ilorin metropolis, Kwara State.

Hypothesis Two: *There is no significant relationship between the quality of life and emotional health secondary school teachers in Ilorin metropolis, Kwara state.*

Table 7. Pearson 'r' showing relationship between quality of life and emotional health of the respondents

Variables	N	Mean	SD	df	Cal. r-value	p. value
Quality of Life	412	25.91	7.29	410	-.286*	.000
Emotional Health	412	21.36	6.56			

*significant, $p < 0.05$

Table 7 indicates that the calculated r-value is $-.286$ with correspondence p-value of $.000$, which is less than 0.05 level of significance. Since the calculated p-value of less than the 0.05 alpha level, hypothesis 1 is hereby rejected. This implies that the quality of life has a significant influence on the emotional health secondary school teachers in Ilorin metropolis, Kwara state.

Discussion

The finding of the study revealed that the majority (72.3%) of the secondary school teachers in Ilorin metropolis had good emotional health, as they did not feel neglected most times; disappointed about their achievements in life; or feel angrier sometimes among others. The finding contradicts the studies of Muraina et al. (2015) which found that working adults suffer from emotional distress, however, that study deals with aged workers. The finding also disagrees with the study of Antony (2005) who found poor emotional health among teachers as a result of occupational stressors such as work overload and low salary and low job satisfaction. The reason could be a result of adaptation of secondary school teachers to economic conditions of the society as well as the country.

The findings of the current study showed that 57.5% of the secondary school teachers in Ilorin metropolis had a high level of quality of life. As they enjoyed happy family life, closeness and safety of loved ones, had an adequate and comfortable place to live in; and felt good because they enjoyed good health and physical condition among others. The finding is supported by the study of Muraina and Hassan (2022) which found that most of the employees had a high quality of life and few (15.7%) of the workers had a poor quality of life. On the other hand, Anastasiou and Belios (2020) found a poor quality of life in various occupations of employees in Brazil, which may be related to various conditions in various countries, as well as different countries.

Hypothesis one was accepted. It was revealed that there was no significant relationship between age and emotional health secondary school teachers in Ilorin metropolis, Kwara state. This implies that age has no significant influence on the emotional health of secondary school teachers in Ilorin metropolis, Kwara state. The finding, however, contradicts the results of the study by Anastasiou and Belios (2020) which reported that age was a predictor of the emotional health of workers. Muraina & Oladimeji (2022) study revealed that age correlated negatively with well-being of the employees. Jeanette (2018) reported different episodes of emotional health by teachers of different ages and at different stages of their careers. The differences in this result could be as a result of various training conducted for employees for stable emotional state as result of covid-19 pandemic and other psychological trauma in the country.

Hypothesis two was rejected. It was revealed that there was a significant relationship between the quality of life and the emotional health among secondary school teachers in Ilorin metropolis, Kwara state. This implies that the quality of life has a significant influence on the emotional health of secondary school teachers in Ilorin metropolis, Kwara state. The finding corroborates with the study of Cummins and McMaster (2006) who asserted that people having a lower quality of life have a higher level of emotional health problems. Similarly, Muraina et al. (2015) found that there was a significant relationship between a low quality of life and the mental health of the respondents.



Conclusion

The study examined age and quality of life as determinants of emotional health of secondary school teachers in Ilorin metropolis. The study concluded that the majority (72.3%) of the secondary school teachers in Ilorin metropolis had a good emotional health, as they did not feel neglected most times, were not disappointed about their achievements in life, and did not feel angrier sometimes among others. It was also concluded that 57.5% of the secondary school teachers in Ilorin metropolis had a high level of quality of life, as they enjoyed happy family life, closeness and safety of loved ones, had an adequate and comfortable place to live in, and felt good because they enjoyed good health and physical condition among others. It was also concluded that there was no significant difference in the emotional health of secondary school teachers in Ilorin metropolis, Kwara state on the basis of age, but significant difference was found in the emotional health of secondary school teachers in Ilorin metropolis, Kwara State on the basis of quality of life.

Recommendations

Based on the findings of the study, the following recommendations were made:

1. Although there is good emotional health among the majority of secondary school teachers, 27.7% of the teachers need to improve their emotional health, consequently, there is still room for mental health counsellors to assist teachers on how to maintain good emotional health.
2. There is need for school authority to plan an excellent quality of work life programme that will further enhance the overall quality of life of secondary school teachers with low quality of life (who constitute almost half of the respondents – 42.5%).
3. Government and policy-makers should develop and implement successful strategies to improve the quality of teachers' life.

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