

Mental Health and Professional Experience Among Physical Education Teachers: A Comparative Analytical Study

الصحة النفسية والخبرة المهنية بين معلمي التربية البدنية: دراسة تحليلية مقارنة

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Abstract: This study aimed to analyze the mental health of physical education (PE) teachers based on their professional experience. Conducted during the 2025-2026 academic year, the study included a sample of 187 PE teachers from middle and secondary schools in Setif, Algeria, with mental health assessed using the modified SCL-90 scale across seven dimensions. The results showed years of experience played a role, as mid-career teachers (10–20 years) demonstrated better mental health outcomes than those with more than 20 years of experience. Based on these findings, the study recommends developing targeted interventions, professional development programs, and institutional changes to support teachers' mental health across different career stages and educational settings.

Keywords: mental health, physical education, teachers, professional experience.

المخلص : هدفت هذه الدراسة إلى تحليل الصحة النفسية لدى أساتذة التربية البدنية والرياضية بناءً على خبرتهم المهنية. أُجريت الدراسة خلال السنة الدراسية 2025–2026، وشملت عينة مكونة من 187 أستاذ في مادة التربية البدنية في المرحلة المتوسطة والثانوية بمدينة سطيف في الجزائر، حيث تم قياس الصحة النفسية باستخدام مقياس SCL-90 المعدّل عبر سبعة أبعاد. أظهرت النتائج أن سنوات الخبرة كانت ذات دور، إذ سجّل الأساتذة ذوي الخبرة المهنية (من 10 إلى 20 سنة خبرة) نتائج أفضل من حيث الصحة النفسية مقارنةً بأولئك الذين تجاوزت خبرتهم 20 سنة. وبناءً على هذه النتائج، توصي الدراسة بتطوير تدخلات موجّهة وبرامج لتنمية الكفاءة المهنية وتغييرات مؤسسية لدعم صحة المعلمين النفسية عبر مراحل مساهمهم المهني المختلفة وضمن بيئات التعليم المختلفة.

INTRODUCTION

Mental health is defined as a state of emotional, psychological, and social well-being that reflects an individual's ability to think, feel, and act in a balanced manner, in addition to their competence in dealing with daily stress, effective communication with others, and making sound decisions. Mental health is considered a fundamental component of human well-being at all stages of life and is influenced by multiple biological, environmental, and lifestyle factors (Gautam et al., 2024). It contributes significantly to enhancing an individual's overall performance and improving their quality of life (Vaingankar et al., 2020), whereas poor mental health can lead to difficulties in carrying out daily activities, establishing social relationships, and maintaining general health (Choudhary, 2022). Mental health, as defined by the World Health Organization (WHO), encompasses a state of well-being in which individuals can fully realize their potential, effectively manage typical life stressors, maintain productive work, and actively contribute to their community (Newson et al., 2024). This holistic concept integrates emotional, psychological, and social well-being, profoundly influencing an individual's thought processes, emotional responses, and behavioral patterns (Caesar et al., 2024). Mental health is not only about not having a mental disorder. It also involves being able to manage emotions, build and maintain strong relationships, and bounce back from changes (Yulianti et al., 2024).

The mental health of physical education teachers is a highly complex and important issue, necessitating in-depth study and analysis. PE teachers face unique challenges stemming from the physical and psychosocial nature of their profession that may negatively affect their mental health. Scientific literature suggests that PE teachers encounter numerous professional pressures that could potentially impact their mental health. The nature of their work requires

continuous physical participation, which may lead to fatigue and an increased likelihood of physical injuries (Stočkus & Adaškevičienė, 2018). Moreover, these educators have difficulties with classroom management, student engagement, and sustained elevated levels of physical fitness, thus amplifying psychological strain (González Valero et al., 2022). Research indicates that PE teachers are more prone to musculoskeletal problems and vocal cord strain than their counterparts in other disciplines, thereby intensifying their stress levels and psychological issues (Markelj et al., 2024). Recent research has demonstrated that many factors directly or indirectly influence PE teachers' mental health. Demographic parameters, including age, sex, and teaching experience, significantly influenced mental health. Robust social networks and support systems are crucial elements that mitigate stress and improve the mental health of PE teachers (Deasyanti et al., 2024). Research indicates that the use of effective coping strategies is a crucial mediating variable in the correlation between occupational stress and mental health (Yaqoob et al., 2023). Furthermore, personal competence and positive acceptance might alleviate the adverse consequences of stress and psychological fatigue (González Valero et al., 2022).

A study conducted in Indonesia confirmed that the mental health of PE teachers was generally at the medium level, with variations depending on demographic factors (Deasyanti et al., 2024). Similarly, an Iranian study found a strong positive relationship between job burnout and mental health problems among PE teachers (Niazi et al., 2014). It is crucial to consider the broader social context in which PE teachers work. The increasing focus on academic performance at the expense of PE suggests that PE teachers may feel underappreciated, which may exacerbate the psychological challenges they face (Deasyanti et al., 2024). Strong mental health programs and improved teamwork

in education can address the unique mental health needs of PE teachers, fostering a culture of well-being across the school community. However, significant research gaps persist in understanding the influence of professional factors such as experience. This study aimed to investigate the psychological conditions of PE teachers by considering these factors. This research is vital for creating tailored training and support programs, informing support systems for teachers at different career stages, and elucidating distinct psychological challenges within different educational settings. Ultimately, this study aimed to provide valuable insights for developing targeted interventions and support systems to enhance the psychological well-being of PE teachers, which is essential for cultivating healthy students.

METHOD

Participants

The study sample consisted of 187 PE and sports teachers teaching in the city of Sétif for the 2025–2026 academic year in both the middle and secondary stages. They were then randomly selected. The average age of participants was 30 years. The study protocol was reviewed and approved by the University of Mohamed Lamine Debaghine - Sétif2.

Table 1. Research Participants

	N	Percentage
Gender		
Males	112	61,87
Females	69	38,12
Experience		
Under 10 years	59	32,6
10 to 20years	56	30,9
20 years	66	36,5

Instrument

Meriem (2014) modified the SCL-90 scale, which originally consisted of 90 items. The modified version reduced the number of items to 48 and divided them into seven dimensions. This modified version was presented to experts and its psychometric properties were verified, resulting in the removal of five items, bringing the total number of items to 43. We distributed these 45 items across the seven dimensions. The scale items are negatively phrased and scored in the direction of mental health, with higher scores indicating poorer mental health and lower scores indicating better mental health and psychological well-being. Responses to the scale items are given on a five-point scale (1 = I do not suffer at all, 2 = I suffer a little, 3 = I suffer moderately, 4 = I suffer a lot, and 5 = I suffer severely), with the respondent choosing the answer that applies to them. These five options corresponded to the five levels of mental health according to this scale. The scale is designed to be administered either individually or in groups, with an estimated completion time of 15 min.

Procedures

In this study, we examined past research and theories on mental health. We chose the SCL-90 scale, updated by Meriem GHALI in 2014, for our study. To ensure the clarity and appropriateness of the scale's statements, we consulted experts in this field. Subsequently, we distributed 21 copies of the mental health questionnaire to PE teachers in the city of Setif. After collecting the responses, we carefully analyzed them and determined the time required for completion. We then calculated the psychometric properties of the instrument and applied the scale to the main study sample consisting of 187 teachers.

Psychometric properties

Validity

To evaluate the instrument's validity, we employed the Pearson Correlation coefficient(Hollander et al., 2015). The correlations between several relationships are presented in Table 2.

Table 2. Correlation coefficients between item, dimension

Physical symptoms		(OCD)		Reactive hypersensitivity		Depression		Anxiety		Hostility		Phobia	
N	R	N	R	N	R	N	R	N	R	N	R	N	R
01	,648 [*]	8	,723 ^{**}	15	<u>,242</u>	22	<u>,374</u>	29	<u>,092</u>	36	,787 ^{**}	42	,696 ^{**}
02	,662 [*]	9	,628 ^{**}	16	,702 ^{**}	23	,515 [*]	30	,699 ^{**}	37	,793 ^{**}	43	,796 ^{**}
03	,582 [*]	10	,489 [*]	17	,866 ^{**}	24	,849 ^{**}	31	,751 ^{**}	38	<u>,262</u>	44	,617 ^{**}
04	,736 [*]	11	,674 ^{**}	18	,742 ^{**}	25	,861 ^{**}	32	<u>,270</u>	39	,874 ^{**}	45	,708 ^{**}
05	,648 [*]	12	,713 ^{**}	19	,905 ^{**}	26	,821 ^{**}	33	,742 ^{**}	40	,912 ^{**}	46	,822 ^{**}
06	,574 [*]	13	,679 ^{**}	20	,730 ^{**}	27	,771 ^{**}	34	,835 ^{**}	41	,851 ^{**}	47	,801 ^{**}
07	,795 [*]	14	,593 ^{**}	21	,826 ^{**}	28	,744 ^{**}	35	,811 ^{**}			48	,546 [*]

This table presents the correlation coefficients between the items, dimensions, Item-dimension correlations ranged from 0.092 to 0.912, with five items (15, 22, 29, 32, and 38) being statistically insignificant and slated for removal, leaving 43 items. Overall, the scale demonstrates good construct validity, although removing certain items enhances its psychometric properties.

Reliability

To evaluate the instrument's reliability, we employed Cronbach's alpha coefficient (Wright, 2013). This coefficient was calculated for the individual items, each dimension, and the overall scale score. The results are presented in the following table.

Table 3. Reliability coefficients for mental health scale

Physical symptoms		(OCD)		Reactive hypersensitivity		Depression		Anxiety	Hostility		Phobia		
N	Alpha	N	Alpha	N	alpha	N	Alpha	N	alpha	N	alpha	N	alpha
1	,949	8	,945	15	,947	21	,951	27	,948	32	,947	37	,948
2	,949	9	,948	16	,950	22	,948	28	,949	33	,948	38	,949
3	,951	10	,950	17	,952	23	,947	29	,947	34	,948	39	,949
4	,950	11	,946	18	,948	24	,948	30	,947	35	,947	40	,946
5	,950	12	,945	19	,947	25	,947	31	,948	36	,948	41	,948
6	,949	13	,947	20	,950	26	,947					42	,948
7	,950	14	,948									43	,950
0,892													

The scale demonstrated high and satisfactory reliability, with Cronbach's alpha coefficients ranging from 0.947-0.952. These values indicate that the instrument possesses strong internal consistency and is reliable in measuring the variables under investigation.

Data Analysis

Data were statistically analyzed using SPSS version 28 software. Several statistical tests were conducted, including correlation coefficients, Cronbach's alpha for reliability, means, standard deviations (Basu, 2021), an independent samples t-test and ANOVA to assess differences between groups (Carmona,

2014), and Kolmogorov-Smirnov and Shapiro-Wilk tests of normality(Wilcox, 2014).

RESULTS

To determine whether there were statistically significant differences in mental health according to years of experience (0-10 years, 10-20 years, more than 20 years), we conducted an ANOVA test as well as post-hoc tests using the Scheffé method.

Table 3. Difference in mental health between groups

		Sum of df	Mean Square	F	Sig.
Physical symptoms	Between Groups	173,225 2	86,613	6,531	,002
	Within Groups	2360,421 178	13,261		
	Total	2533,646 180			
OCD	Between Groups	410,822 2	205,411	7,454	,001
	Within Groups	4905,465 178	27,559		
	Total	5316,287 180			
Reactive hypersensitivity	Between Groups	39,828 2	19,914	1,221	,297
	Within Groups	2902,846 178	16,308		
	Total	2942,674 180			
Depression	Between Groups	93,975 2	46,988	2,124	,123
	Within Groups	3937,053 178	22,118		
	Total	4031,028 180			
Anxiety	Between Groups	5,471 2	2,736	,199	,820
	Within Groups	2449,446 178	13,761		
	Total	2454,917 180			
Hostility	Between Groups	196,564 2	98,282	4,883	,009
	Within Groups	3582,431 178	20,126		
	Total	3778,994 180			
Phobia	Between Groups	147,745 2	73,872	5,706	,004
	Within Groups	2304,587 178	12,947		
	Total	2452,331 180			
Mental health	Between Groups	5637,214 2	2818,607	5,643	,004
	Within Groups	88904,333 178	499,463		
	Total	94541,547 180			

Table 4. Post-hoc Tests (Scheffe)

Dependent Variable	Years of Experience	Years of Experience	Mean Difference	Std. Error	Sig.
Physical symptoms	0-10 years	10-20 years	,40133	,67938	,840
		More than 20 y	-1,80971 [*]	,65244	,023
	10-20 years	0-10 years	-,40133	,67938	,840
		More than 20 y	-2,21104 [*]	,66160	,004
	More than 20 years	0-10 years	1,80971 [*]	,65244	,023
		10-20 years	2,21104 [*]	,66160	,004
Obsessive-compulsive disorder (OCD)	0-10 years	10-20 years	2,51725 [*]	,97940	,039
		More than 20 y	-1,10991	,94056	,500
	10-20 years	0-10 years	-2,51725 [*]	,97940	,039
		More than 20 y	-3,62716 [*]	,95377	,001
	More than 20 years	0-10 years	1,10991	,94056	,500
		10-20 years	3,62716 [*]	,95377	,001
Reactive hypersensitivity	0-10 years	10-20 years	,17373	,75341	,974
		More than 20 y	-,87930	,72353	,479
	10-20 years	0-10 years	-,17373	,75341	,974
		More than 20 y	-1,05303	,73370	,359
	More than 20 years	0-10 years	,87930	,72353	,479
		10-20 years	1,05303	,73370	,359
Depression	0-10 years	10-20 years	1,41858	,87741	,273
		More than 20 y	-,23780	,84262	,961
	10-20 years	0-10 years	-1,41858	,87741	,273
		More than 20 y	-1,65639	,85446	,156
	More than 20 years	0-10 years	,23780	,84262	,961
		10-20 years	1,65639	,85446	,156
Anxiety	0-10 years	10-20 years	,21883	,69207	,951
		More than 20 y	-,20596	,66463	,953
	10-20 years	0-10 years	-,21883	,69207	,951
		More than 20 y	-,42478	,67397	,820
	More than 20 years	0-10 years	,20596	,66463	,953
		10-20 years	,42478	,67397	,820
Hostility	0-10 years	10-20 years	,68341	,83697	,717

Phobia	10-20 years	More than 20 y	-1,75706	,80378	,095
		0-10 years	-,68341	,83697	,717
		More than 20 y	-2,44048*	,81507	,013
	More than 20 years	0-10 years	1,75706	,80378	,095
		10-20 years	2,44048*	,81507	,013
	0-10 years	10-20 years	1,27936	,67130	,166
		More than 20 y	-,92681	,64468	,358
	10-20 years	0-10 years	-1,27936	,67130	,166
		More than 20 y	-2,20617*	,65373	,004
	More than 20 years	0-10 years	,92681	,64468	,358
		10-20 years	2,20617*	,65373	,004
Mental health	0-10 years	10-20 years	6,69249	4,16947	,278
		More than 20 y	-6,92655	4,00413	,227
	10-20 years	0-10 years	-6,69249	4,16947	,278
		More than 20 y	-13,61905*	4,06037	,004
	More than 20 years	0-10 years	6,92655	4,00413	,227
		10-20 years	13,61905*	4,06037	,004

ANOVA and post-hoc Scheffé tests revealed significant differences in mental health dimensions among PE teachers based on their years of experience. Teachers with 20+ years of experience reported higher levels of physical symptoms ($F = 6.531$, $p = .002$), hostility ($F = 4.883$, $p = .009$), phobia ($F = 5.706$, $p = .004$), and poorer overall mental health ($F = 5.643$, $p = .004$) than mid-career teachers. Conversely, mid-career teachers (10-20 years) showed lower levels of OCD symptoms ($F = 7.454$, $p = .001$). These findings suggest a complex relationship between teaching experience and mental health, with mid-career teachers generally showing better outcomes and long-term teachers facing more challenges.

DISCUSSIONS

This study aimed to review the current understanding of the mental health status of PE teachers, focusing on the factors influencing it and emphasizing the importance of conducting more studies in this field. Tables 3 and 4 reveal significant differences in mental health based on years of work for physical symptoms, OCD, and hostility but not for reactive hypersensitivity, depression, or anxiety. The relationship between teaching experience and mental health is complex, with mid-career teachers generally showing better outcomes than those with over 20 years of experience. The factors influencing this include professional demands, support systems, and coping strategies. Physical symptoms may worsen in tougher stages due to increased stress or exposure to violence, whereas higher education teachers may be more prone to OCD due to perfectionism. Experience plays a prominent role in achieving mental health for mid-career teachers, which is confirmed by Prignitz's study that teachers with 10-20 years of experience have a strong sense of confidence and competence in their teaching abilities, which positively affects their mental health. This is supported by findings indicating that teachers with more than five years of experience are more confident in understanding their students, which can enhance their mental well-being (Shin, 2023)

School support and professional development are vital to mid-career teachers' mental health. Rahmi's study indicated that these teachers often have established support networks in schools, offering emotional and professional backing, which enhances their mental well-being (Rahmi, 2024). Mid-career teachers often have better access to professional development, boosting job satisfaction and mental health. The study found no significant differences in

anxiety, depression, or reactive hypersensitivity based on years of work, resource availability, or curriculum intensity. These common pressures may lead to inaccurate self-report of symptoms. Fang noted that demographic factors such as age, gender, and marital status can influence teachers' mental health experiences (Fang et al., 2023). Teachers with more than 20 years of experience face higher burnout and stress levels due to prolonged exposure to professional demands, as found in the study by Emeljanovas. This long-term stress depletes psychological and physical resources, potentially leading to anxiety and depression (Emeljanovas et al., 2023). Over the years, teachers' efforts have become unappreciated and unsupported, whether in the environment or school setting. It is logical that their mental health would decline and deteriorate. This statement is supported by Rahmi's study, which reported that support systems that were once strong may weaken over time, leaving experienced teachers feeling isolated and unsupported, exacerbating mental health problems (Rahmi, 2024). Teachers can prevent mental health declines by engaging in sports, hobbies, and other activities. Studies by Emeljanovas and Gunawardena show that positive coping strategies such as problem solving and pursuing hobbies lead to better mental health, while negative methods such as self-isolation increase psychological distress (Emeljanovas et al., 2023). Access to mental health resources and training in coping strategies are crucial for teachers at all stages of their careers. Teachers have expressed the need for training in mental health literacy and counseling skills to better manage their own mental health and that of their students (Gunawardena et al., 2024). Mid-career teachers often show better mental health, but individual experiences vary widely due to personal traits, school environment, and support systems; Career transitions can bring about unexpected challenges, necessitating tailored interventions based on stage-specific needs. Understanding the interplay between individual and

environmental factors is crucial for developing sustainable mental health support strategies throughout teachers' careers.

Limitations

Despite these significant findings, the present study has certain limitations that should be acknowledged. First, the reliance on self-reported measures to assess mental health may introduce bias, as teachers might underreport or overreport symptoms due to social desirability or a lack of self-awareness. Second, the cross-sectional design of the study limits the ability to establish causal relationships between demographic variables and mental health outcomes. Additionally, the study's specific focus on PE teachers within a certain geographic region may restrict the generalizability of the findings to teachers in other disciplines or cultural contexts. Future research should employ longitudinal designs and incorporate objective mental health assessments to validate these findings and further explore the causal mechanisms identified.

CONCLUSIONS

This study investigated the mental health of PE teachers based on their years of experience. mental health outcomes for mid-career teachers (10-20 years of experience) compared to their counterparts with over 20 years of experience. These findings underscore the complex nature of mental health issues in the teaching profession.

This study recommends implementing tailored mental health support, professional development, institutional changes, and further research. Suggestions include targeted interventions for advanced degree holders; programs for high school teachers to reduce OCD symptoms; differentiated

support across career stages, regular mental health literacy training; and comprehensive screening services. These recommendations aim to create a more supportive environment for educators, thereby improving both teacher well-being and student outcomes.

PRACTICAL IMPLICATIONS

The study demonstrates The relationship between experience and mental health is non-linear: teachers with 10–20 years of experience show the best outcomes due to professional competence, while those with over 20 years suffer from burnout and declining health. Consequently, these findings underscore the necessity of integrating psychological screenings into routine health checks and implementing targeted training programs tailored to each career stage to mitigate occupational stress.

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