

The Moderating Role Of Avoidant Coping Strategy In The Effect Of Perceived Stress On Physical Health Among Teachers Working Overtime

تعديل استراتيجية التجنب لتأثير الضغط النفسي المدرك على الصحة الجسدية لدى المعلمين الذين يعملون ساعات إضافية

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Date of receipt: 07/11/2025

Date of acceptance: 22/02/2026

Date of publication: 31/03/2026

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ملخص:

تهدف الدراسة الحالية إلى اختبار تعديل إستراتيجية التجنب لتأثير الضغط النفسي المدرك على الصحة الجسدية لدى المعلمين الذين يعملون ساعات إضافية.

تكونت عينة الدراسة من 105 معلما ومعلمة يعملون ساعات إضافية تمت معابنتهم بطريقة عرضية من 22 مدرسة للتعليم العمومي من 07 ولايات جزائرية. جمعت بيانات المتغيرات المعنية بفضل مقياس الضغط النفسي المدرك (Cohen and Williams, 1983)، ومقياس الصحة النفسية والصحة الجسدية لـ (بن يعقوب، 2011) و مقياس استراتيجيات التعامل (Paulhan et al., 1994).

استعانت الدراسة لتحليل البيانات بـ (PROCESS macro (Hayes, 2018). بينت النتائج من خلال النموذج التفسيري أن إستراتيجية التجنب تعدل فعلا من تأثير الضغط النفسي المدرك على الصحة الجسدية و أن النموذج يفسر حوالي 40.7 % من التباين في الصحة الجسدية.

الكلمات المفتاحية: الضغط النفسي المدرك ؛ الصحة الجسدية ؛ العبء المهني ؛ استراتيجيات التعامل ؛ إستراتيجية التجنب.

Abstract:

The present study aims to test the moderating role of the avoidant coping strategy in the effect of perceived stress on physical health among teachers working overtime.

The study sample consisted of (105 teacher's male and female who work overtime), accidentally sampled from 22 public schools across 8 Algerian provinces. Data for the relevant variables were collected using the Perceived Stress Scale (Cohen and Williams, 1983), the Mental and Physical Health Scale by (Ben Yaacoub, 2011), and the Coping Strategies Inventory (Paulhan et al., 1994).

The study utilized the PROCESS macro (Hayes, 2018) for the statistical analysis of the results. The results from the path analysis model showed that the avoidant strategy does indeed moderate the effect of perceived stress on physical health, with the model explaining approximately 40.7% of the variance in physical health.

Keywords: Avoidant coping strategy Perceived stress ; Physical health ; Work overload.

1. Introduction

Many scientific studies have demonstrated that occupational stress causes numerous psychological, physical, mental, social, professional, and economic problems. The same studies have shown that excessive professional workloads and extended working hours are among the main factors contributing to these problems. They also clearly indicate that certain professions, such as teaching and medicine in particular, are more costly to their practitioners. In a study by Johnson et al. (2005), which compared 26 professions in terms of physical stress, psychological stress, and job satisfaction, teachers were among those who showed the worst results across the three variables studied.

If the teaching profession under normal circumstances—when a teacher works only the hours officially required per week—already causes varying degrees of psychological stress and consequently leads to mental and physical health problems, then what about the teacher who, for purely financial reasons, chooses to work additional hours that exceed even the most resilient human capacities? Many teachers, who engage in this excessive activity are, in truth, throwing themselves into danger for a few extra coins, whether consciously or unconsciously, unaware of the silent health risks that destroy their well-being like the creeping of ants.

In today's world, psychological stress has become one of the most serious threats to individuals and societies on many levels, due to the complexity of modern life and its demands. One of the most striking consequences—if not the most important of all—is the deterioration of both psychological and physical health, particularly among specific groups such as workers. Specialists in various fields such as psychology, education, and occupational medicine have devoted much attention to psychological and occupational stress, given its critical importance in the lives of individuals and working populations, especially among teachers across all educational levels.

Because of the increasing professional pressures, the National Institute for Research and Safety (I.N.R.S, UK, 2006) reported that many psychological and physical illnesses are caused by work-related stress. Similarly, the World Health Organization (WHO) stated that 50–75% of psychological and physical health problems are strongly linked to stress, leading to various mental and physical illnesses. Other studies have shown that more than 70% of sickness and absenteeism cases at work result from occupational stress, and that a significant number of employees consider resigning due to it.

According to Martin, Carlson, and Buskist (2007), stress is “a pattern of physiological, behavioral, and cognitive responses to stimuli (real or imagined) that are perceived as endangering one’s well-being.” They further stated that prolonged stress can lead to anxiety, which may impair a person’s ability to perform a task. This implies that any teacher experiencing a high level of stress may suffer from breakdown, weakness, tension, restlessness, slowness, and fatigue, and may eventually become too ill to work, quit their job, or refuse to continue working.

Kato et al. (2004) found that participants suffered from mental fatigue accompanied by psychological, physical, and cognitive symptoms. This was due to the widespread presence of multi-dimensional stress, particularly financial stress across various fields—including education—especially among teachers engaged in dual or continuous teaching activities. Herbert and Cohen (1993) confirmed that continuous and increasing stress is directly linked to the appearance of pathological symptoms or actual physical illness.

A study by Johnson et al., (2019) showed that 43% of teachers suffer from symptoms of anxiety and depression due to long working hours. The World Health Organization (2021) revealed that teachers are more likely to experience occupational burnout compared to other employees, especially when institutional support is lacking. Physically, Smith and Jones (2020) found that teachers who work more than 55 hours per week face increased risks of cardiovascular diseases by 30% and are more prone to sleep disorders such as insomnia. A Japanese study by Tanaka et al. (2019) linked *karoshi*—death caused by overwork—to school-related stress among teachers.

In the same vein, studies by the International Labour Office (I.L.O.) have shown that occupational stress among teachers constitutes a professional disease in both developing and industrialized countries. Such stress leads to psychological disorders like emotional exhaustion, irritability, and psychosomatic symptoms such as migraines, heart disease, hypertension, gastric and intestinal ulcers, and many others. These cases concern ordinary teachers who do not engage in any additional teaching activities—so how much worse must it be for those who also give private lessons outside official working hours?

On the other hand, numerous reports focusing on stress coping strategies indicate that problem-solving and social support are among the most effective strategies for reducing or even eliminating stress, regardless of its type. Lazarus and Folkman (1984) confirmed that these strategies help individuals confront problems directly, work toward solving them, and thereby reduce their negative psychological, cognitive, physical, and social consequences.

Solving the problem (by eliminating the sources of stress) would therefore mean, as suggested by many experts, the adoption of measures such as reducing teachers' workload, improving working conditions, and lowering class sizes. Yet, such solutions may help reduce stressors faced by teachers, however they do not eliminate them as long as teachers' salaries remain low without supplemental income. This phenomenon is especially widespread in developing countries (Elacqua and Marotta, 2020), where governments cannot raise the wages of thousands of teachers without affecting other economic sectors.

Moreover, in the present case, the issue revolves around the additional income that teachers earn from taking on extra work—that is, the extra hours they voluntarily add to their official workload. Despite the mental, psychological, physical, social, and performance costs, many teachers insist on continuing this practice. Problem-solving strategy appears to rely primarily on alleviating occupational stress while maintaining the additional income teachers earn from overtime work. However, this approach places the teacher in a state of internal contradiction: preserving the supplementary income necessarily requires continuing to work extra hours, which means remaining in the very conditions that generate stress in the first place. Consequently, this strategy may prove ineffective in addressing the stressors associated with the teaching profession even without overtime work—let alone when additional hours are actually involved.

Furthermore, if the family is considered the main source of social support, and if it depends economically and socially on the additional income generated by private lessons, it is likely that the family—as a source of support—will encourage the teacher to give more extra lessons, since its living conditions depend on that income. However, this very activity is also the source of the teacher's psychological stress, which silently deteriorates their health. Therefore, even social support, particularly family-based, may not be effective in reducing stress among teachers.

Based on the findings of previous studies, the problem addressed in the present research becomes evident. Teachers experience multiple sources of stress while performing their regular duties—that is, within the legally mandated working hours. Empirical evidence has shown that, even under these standard conditions, teachers suffer from psychological stress, which consequently leads to deteriorating health or, at minimum, increased vulnerability to illness. Therefore, teachers who undertake additional working hours are unquestionably at greater risk of health impairment and, in turn, reduced professional performance. The core issue lies in the strategies adopted by teachers to cope with the stressors they face, with the aim of mitigating their impact on both well-being and health.

In light of the above, both problem-solving and social support coping strategies may fail to alleviate the stress and resulting strain experienced by teachers who work overtime. From this standpoint, it may be said that avoidant coping strategy could be the most effective in reducing psychological stress and maintaining health. This strategy helps teachers avoid working additional hours and give up the extra income that comes with them. Based on this reasoning, the following research question arises:

- Does the avoidant coping strategy moderate the effect of perceived stress on physical health among teachers who work overtime?

2. Research Hypothesis

The avoidant coping strategy moderates the effect of psychological stress on physical health among teachers who work overtime.

3. Objectives and Significance of the Study

The present study aims to examine whether the avoidant coping strategy used in dealing with perceived stress resulting from occupational overload, particularly due to overtime teaching, moderates or mitigates the effect of perceived stress on physical health. The significance of this study lies in its attempt to identify the most effective strategies for managing stress to help preserve both the teacher's health and their professional performance, which are essential for fulfilling their educational mission.

Moreover, giving greater attention to teachers and placing them at the center of scientific inquiry across various disciplines will undoubtedly enhance their awareness of the strategies and programs that can help preserve their well-being and, consequently, improve their professional performance. Such attention also draws the interest of policymakers and motivates them to develop regulations that better organize the teaching profession and enable teachers to attain a decent standard of living without being compelled to expose themselves to risks for the sake of a few additional earnings.

4. Methodological Procedures of the Study

4.1 Study Design

Given the nature of the current research topic, the study adopted a correlational design employing path analysis through linear regression, which enables the examination of mediation and moderation effects. This approach allows for the analysis of interactions between variables, particularly the interaction between the independent variable and the moderator variable, which leads to a moderating effect of the former on the dependent variable. The study utilized the PROCESS macro (Hayes, 2018) for the statistical analysis of the results.

4.2 Study Sample

The study employed a disproportionate stratified sampling procedure across educational institutions in Algeria, covering all three levels (primary, middle and secondary schools from seven Willayas: Algiers, Ain Defla, Chlef, Biskra, Tipaza, Bejaia, and Blida. A total of 22 educational institutions were selected across the three levels, distributed as follows: 8 high schools, 7 middle schools, and 7 primary schools.

Six hundred (600) questionnaires corresponding to the three study measures (perceived psychological stress, coping strategies, and the mental and physical health scale) were evenly distributed among teachers in the selected institutions. Out of these, 309 responses were returned, and after data cleaning, 290 complete responses met the inclusion criteria (127 males and 163 females). Among them, 105 teachers worked overtime while 185 did not. Participants' ages ranged from 28 to 53 years, with professional experience ranging from 7 to 28 years. Within the group of teachers working overtime, 42 were male and 63 were female.

4.3 Study Instruments

Three main instruments were used in this study:

(1) The Perceived Stress Scale (PSS-14)

The Perceived Stress Scale used in this study originally consisted of 14 items and is known as PSS-14. It possesses several desirable features, such as:

The possibility of individual or group administration; Ease and speed of administration, requiring no more than 15 minutes, even in sensitive conditions such as clinical or health-related contexts; Applicability across a wide age range, except for individuals under 14 years.

The PSS has shown high test–retest reliability, with correlation coefficients of 0.85 after two days, 0.73 after two weeks, and 0.55 after six weeks. Since its development, it has remained one of the most valid and widely used measures for assessing perceived stress. The scale contains 14 items, evenly divided:

Seven (7) items reflecting positive behaviors, thoughts, and feelings (Items 1, 2, 3, 8, 11, 12, 14), scored from 5 to 1; and seven (7) items reflecting negative behaviors, thoughts, and feelings (Items 4, 5, 6, 7, 9, 10, 13), scored from 1 to 5. Thus, the total score ranges from 14 to 70, where a score of 0–14 indicates no stress, and higher scores indicate increased levels of perceived stress (**Cohen et al. 1983**)

(2) The Mental and Physical Health Scale

The Mental and Physical Health Scale (MPHS) consists of 45 items and can be administered individually or collectively. Its statements are simple, culturally adapted, and relevant to the Algerian context.

The scale measures four categories of symptoms: physical, psychological, cognitive, and emotional. After repeated expert reviews in 2003, 2005, 2006, and 2007 at the Universities of Algiers 2 and Cairo, the final version retained 45 items grouped into two main dimensions:

- The Psychological Dimension: comprising 30 items representing psychological symptoms, considered the most frequent and influential.
- The Somatic Dimension: comprising 15 items representing physical symptoms, identified through factor analysis using orthogonal rotation (Varimax rotation).

The test–retest reliability over a 15-day interval showed a high reliability coefficient of 0.78. Reliability was further confirmed using two methods:

Cronbach's Alpha, yielding a coefficient of 0.93 (very high internal consistency); Split-half reliability, corrected using the Spearman–Brown formula, resulting in 0.87, with consistent variances between the two halves. Validity was assessed through face validity and factorial validity, confirming the instrument's suitability for its intended purpose.

All items were phrased positively and scored using a five-point Likert scale ranging from 1 (Never) to 5 (Very Often). Higher scores indicate greater health problems, whereas lower scores reflect better physical and mental health. The total possible score ranges from 45 to 225 (**Ben Yaacoub, N, 2010**).

(3) Coping Strategies Scale

This scale consists of 29 items assessing five coping strategies, and it can be administered individually or in groups. The 29 items are distributed across five subscales as follows:

- Problem-Solving Strategy: 8 items (1, 4, 6, 13, 16, 18, 24, 27)
- Social Support Strategy: 5 items (3, 10, 15, 21, 23)
- Avoidance Strategy: 7 items (7, 8, 11, 17, 19, 22, 25)
- Positive Reappraisal Strategy: 5 items (2, 5, 9, 12, 28)
- Self-Blame Strategy: 4 items (14, 20, 26, 29)

The problem-solving and social support strategies represent problem-focused coping, whereas avoidance, positive reappraisal, and self-blame represent emotion-focused coping. Respondents choose from four response options:(Yes – rather Yes – rather No – No),scored from 1 to 4, except for item 14, which is reverse scored.

Scores are then summed for each subscale to determine the degree and proportion of each coping strategy used by the respondent. The scale was translated and adapted for the Algerian context through tests of face validity, content validity, and discriminant validity. Its reliability, calculated using the split-half method with Guttman’s formula, was 0.60 (Maamari & Nouira, 1998) (**Paulhan et al., 1994**)

5. Presentation and Interpretation of Results

The current study presented the rationale behind not adopting problem-solving and social support strategies, as discussed earlier in the research problem. Instead, the present study focused on testing the avoidant coping strategy as the most suitable approach for dealing with perceived stress among teachers who work overtime.

The proposed model (see Figure 1) assumes that the avoidant coping strategy (as a moderating variable) modifies the effect of perceived stress (independent variable) on physical health (dependent variable).To test this hypothesis, the PROCESS macro (Hayes, A., 2018) was employed.

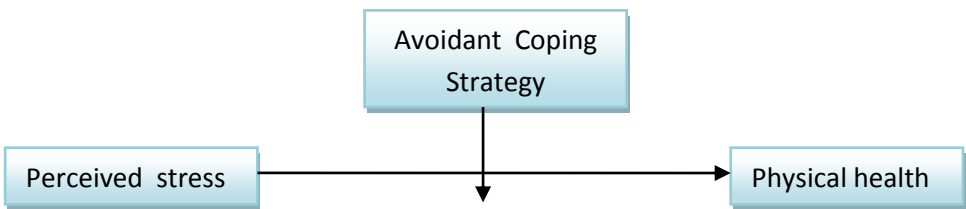


Figure 1:Theoretical model of the fourth hypothesis, where avoidance moderates the effect of perceived stress on physical health (Model 1, Hayes, 2018, p. 584).

The results are presented as a summary of the moderation model from the overall PROCESS output, where perceived stress is the independent variable, physical health is the dependent variable, and avoidant coping is the moderator variable.

The interaction term between perceived stress and avoidant coping was also tested. The findings were as follows:

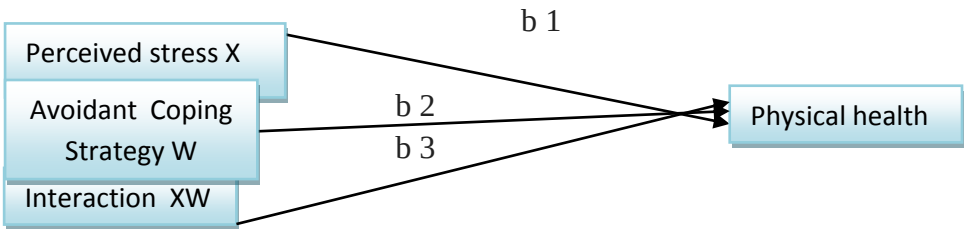


Figure 2:Statistical model (Hayes, 2018).

$F(3, 101) = 19.26, p < 0.01, R^2 = 0.365$

The results show that the overall model is statistically significant at the 0.01 level, indicating that it is suitable for further analysis. The model explains 36.5% of the variance in physical health, which reflects a substantial explanatory power.

We next present the detailed coefficients related to the study variables — perceived stress, avoidant coping, and their interaction — and their respective contributions to the variance in physical health.

5.1 Regression Paths

$b1 = 2.66, t(101) = 4.05, p < 0.01$

The results of the first path (b1) — representing the regression of physical health (dependent variable) on perceived stress (independent variable) — indicate that a one-unit increase in perceived stress leads to a 2.66-unit increase in physical health impairment. This result is significant at the 0.01 level, confirming that perceived stress has a strong and meaningful effect on physical health.

$b2 = 6.04, t(101) = 2.70, p < 0.012$

The results of the second path (b2), representing the regression of physical health on the moderator variable (avoidant coping), show a regression coefficient of 6.04, significant at the 0.01 level. This means that a one-unit increase in avoidant coping is associated with a 6.04-unit increase in physical health problems, which emphasizes the significant role of coping strategies and their psychological implications when employed by individuals under stress.

$b_3 = -0.12, t(101) = -2.58, p < 0.05$

This coefficient represents the interaction term between perceived stress and avoidant coping. The result indicates a statistically significant interaction at the 0.05 level, though the effect size is modest. Each one-unit increase in the interaction term accounts for 0.12 of the variance in the dependent variable (physical health).

5.2 Test of the Highest Level of Unconditional Interaction

$F(2, 101) = 6.63, p < 0.01, \Delta R^2 = 0.042$

This result reflects the highest level of unconditional interaction between the independent variable (X: perceived stress) and the moderator (W: avoidant coping), independent of other model components. In other words, this test isolates the pure contribution of the interaction to the overall model.

The statistical output reveals that the interaction adds 4.2% to the total explained variance, increasing the total R² from 36.5% to 40.7%.This addition is both statistically significant at the 0.01 level and substantively important, indicating that the interaction contributes meaningfully to the overall explanatory power of the model.

5.3 Conditional Effects of the Predictor Variable at Different Levels of the Moderator

Table 1: Conditional effect of the independent variable (perceived stress) at different levels of the moderator (avoidant coping).

Levels of Moderator	Effect	t-value	Significance (p)
11.00	1.40	6.80	0.001
14.00	1.03	7.24	0.001
18.00	0.57	2.55	0.010

The table shows that the magnitude of the effect decreases as the level of the moderator variable (avoidant coping) increases. Specifically, as avoidance rises, the strength of the effect of perceived stress on physical health diminishes — changing from 1.38 at avoidance = 11.00, to 1.03 at avoidance = 14.00, and further to 0.57 at avoidance = 18.00. These results illustrate the key moderating role of avoidant coping: higher levels of avoidance reduce the direct impact of perceived stress on physical health.

5.4 Johnson–Neyman Significance Regions

The Johnson–Neyman technique revealed that the three tested levels were all statistically significant, although the level of significance declined as the moderator increased. The interaction effect loses statistical significance beyond a moderator score of 19.05.

At the lowest value of the moderator (8.00), the effect of perceived stress on physical health was 1.73 (maximum level). At a score of 18.67, the effect decreased to 0.47, yet remained significant at the 0.05 level. Approximately 90.48% of the sample had avoidant coping scores below 18.67, where the interaction remained significant, while 9.52% of the scores were above 18.67, where statistical significance was lost.

6. Discussion of the Moderation Model Results

The moderation model reveals that the avoidant coping strategy indeed contributes to moderating and alleviating the impact of perceived stress on physical health. The model accounts for a substantial proportion—40.7%—of the variance in physical health. It also appears that a moderate level of avoidance helps mitigate the detrimental effects of stress on physical well-being. The interaction between the moderator (avoidant coping strategy) and the independent variable (perceived stress) was negative, indicating that the avoidance strategy helps the teacher who works overtime to alleviate many of the pressures that cause his or her ill health.

If a teacher already experiences professional stress while fulfilling the regular weekly workload—with all its academic and preparatory duties such as lesson planning, grading, exam preparation, administrative demands, classroom overcrowding, disruptive behavior, and communication with parents—then how can such a teacher, already burdened with these pressures of varying intensity and seriousness, take on additional responsibilities merely to earn extra income by often working unregulated overtime? This professional burden can exceed all limits that the strongest people—psychologically, emotionally, mentally, physically, and socially—can bear.

The findings show that the average perceived stress level among teachers who work overtime exceeds the mean by approximately 15 points. Even this mean level, in itself, may be harmful if the teacher does not adopt effective strategies to manage its sources. Continuous exposure to various stressors, especially among those who work overtime, places teachers in conditions that exceed their coping capacities—particularly their health capacities—thereby increasing their susceptibility to chronic illnesses.

Engaging in overtime work, especially in the teaching profession, must therefore be carefully weighed before undertaking it, given its potential negative consequences and risks. Should a teacher decide to engage in such work, discontinuing it early poses fewer risks and may even eliminate harm altogether if done in time. Prolonged persistence, however, leads to exhaustion, nervous depletion, and mental fatigue.

Some neurophysicists, such as Ehrenberg (2008), have proven that stress factors from multiple pressures alter the shape, size, and number of neurons. Additionally, stress leads to the emergence of neural fatigue, which in turn affects the level of neurochemical balance. This latter effect creates a physio-biochemical disturbance, leading to the emergence of numerous immune, psychosomatic, and even psychological and mental disorders. (p. 128)

Hence, taking on parallel or secondary employment in addition to regular teaching constitutes a form of pressure accumulation, both professional and personal, given that teaching is already among the most stress-inducing occupations. Teachers, like all individuals, also experience non-professional stressors; thus, their cumulative stress becomes more severe and complex. Ehrenberg (2008) indicates that excessive work contributes to adrenal fatigue among individuals suffering from chronic fatigue syndrome (CFS).

Likewise, Servant (2005) believes that work overload, the intensity of responsibilities coupled with a lack of decision-making power, a lack of cooperation among colleagues, and other professional pressures lead to high-level psychological stress that ends in burnout, which clearly and negatively impacts the worker's health. In support of the above, Abdo (1998) explains that continuous work, overwork, and multiple responsibilities—especially for women with double duties (work and home)—along with insufficient rest time, are all pressures that can cause psychological stress and lead to burnout.

Thus, it becomes clear that teachers who exhaust themselves with overwork by offering private lessons are, in fact, throwing themselves into ruin, whether they realize it or not, and that they will pay a heavy price in their future life. As we have seen, illness is inevitable. We often hear of teachers who became prominent in the field of offering extra hours in subjects like mathematics, physics and natural sciences, suffering from heart attacks, arteriosclerosis, strokes, high blood pressure, diabetes, paralysis, and early death.

This study focused on a single coping strategy—avoidance—based on the premise that avoidance can prompt teachers to abandon excessive work that endangers their health due to escalating stressors. The results clearly show that persistence in giving unlimited private lessons leads to deterioration of health over time. This situation resembles that of a smoker or a substance or alcohol addict—the only effective solution lies not in contemplating cessation, but in complete and definitive abandonment.

Moreover, the study's findings reveal that even partial implementation of avoidance can help alleviate many burdens. As discussed, increased workload heightens stress and thus deteriorates health, implying that refraining from overtime work allows teachers to relieve themselves and distance from many stressors harmful to their well-being.

Undoubtedly, other measures can further assist teachers in abandoning overtime work, which poses numerous health challenges. These include raising teachers' base salaries to ensure a decent standard of living and restore them to their rightful middle-class status; improving working conditions; reducing class overcrowding; and combating disruptive behaviour that increasingly threatens teachers' safety. Such measures would help teachers rest more, safeguard their health, and consequently enhance their professional performance.

7. Conclusion

The present study revealed that perceived stress and the decline of both physical and psychological health among teachers were significantly high. Numerous previous studies have shown that occupational overload—particularly in teaching—has serious health repercussions on psychological, cognitive, emotional, physical, and even social levels. This suggests that avoiding overtime work could constitute a crucial first step toward recovery and the enjoyment of better health.

The study tested a moderation model in which the avoidant coping strategy served as the moderator, and it confirmed that this strategy moderately mitigates the impact of perceived stress on physical health. The interaction between the independent variable (perceived stress) and the moderator (avoidant coping) adjusts the effect of the former on teachers' physical health when they engage in overtime work. However, future research should test additional hypotheses that include other variables, such as:

- The inadequacy of a teacher's base income.
- Poor working conditions.
- Overcrowded classrooms.
- The spread of disorder to the point of hostility towards teachers and threats against their person and their families.
- The proliferation of illegal activities, such as drug use in schools among students.

All of these are sources of pressure that contribute to burdening teachers in different ways...

Teachers may not produce iron or oil, but they cultivate generations of men and women who, in turn, generate and sustain the essential structures of society—its knowledge, ethics, and progress. Therefore, caring for teachers is not a luxury but a fundamental necessity for any society that wishes to protect itself and its citizens in an ever-changing world where the vulnerable are perpetually at risk.

Based on the findings of the present study, the following recommendations can be proposed:

- Enhancing attention to teachers by conducting scientific studies on this topic and related areas, so that the results provide a solid scientific foundation for developing awareness strategies and programs aimed at teachers at all educational levels, raising their awareness of the health risks they face.
- Educating teachers based on findings from similar scientific studies regarding the most effective strategies to reduce their psychological, mental, and physical health challenges.
- Utilizing results from similar studies to expose unlawful practices that negatively impact teachers' health and reduce their effectiveness in the classroom.
- Leveraging scientifically supported studies with precise statistical data and objective results to draw policymakers' attention to teachers' welfare, particularly in terms of living affordability, thereby protecting them from circumstances that undermine their societal value and professional authority.

ISSN : 9577-1112	EISSN : 2602-5388	Volume: (18)	Number : (01)	year: 2026	Pages: 16 - 31
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