

The Relationship Between Health-Seeking Behaviour, Marital Stress, Coping Strategies and Psychological Well-Being Among Secondary School Teachers

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Abstract

The study investigated the relationship between health-seeking behaviour, marital stress, coping strategies and psychological well-being among secondary school teachers, one hundred and twenty (120) teachers were drawn using purposive sampling techniques as participants from five schools in Enugu South Local Government Area of Enugu State. Marital stress inventory (MSI) by Omoluabi (1994), the Psychological well-being instrument by Ryff [1995], the brief-cope scale developed by Carver et al., (1989) and the Health Seeking Behaviour questionnaire (H-SBQ) by Franklin (2003) were used for data collections, a correlational research design was adopted and Pearson moment correlation coefficients were used for data analysis with the aid of SPSS, finding revealed that health-seeking behaviour $r = .229^$ significantly correlated with marital stress, emotional focus $r = .308^{**}$ significantly correlated with marital stress and problem focus dimension of coping strategies $r = .301$ significantly correlated with psychological wellbeing. Hence school teachers are encouraged to adopt more problem-focused coping strategies in solving their problem because this method will bring about positive psychological wellbeing.*

Keywords: *health-seeking behaviour, marital satisfaction, coping strategies, psychological well-being, teachers*

Introduction

Teachers play a very important role in the success of teaching procedures, their psychological well-being, health-seeking behaviour, marital stress and coping strategies can affect the efficiency of their teaching methods used in the teaching setting. Accordingly, it is worthy to examine each factor that may affect instructors' psychological well-being; health-seeking behaviour, marital stress, and coping strategies in the course of training to apply efficient methods that let students have better learning proficiency (Salimirad & Srimathi 2016). The reason to inquire about this path is that well-being is associated with an employee's happiness, pleasure, and personal growth (Ismail et al., 2019). Hence, this research is to investigate the relationship between health-seeking behaviour, marital stress, coping strategies and psychological wellbeing among secondary school teachers of secondary school teachers Nigeria

Well-being is a broad concept that refers to individuals' valued experience (Bandura, 1986) in which they become more effective in their work and other activities (Huang et al., 2016). The notion of psychological well-being is conceptualized as a process that entails many intertwined constructs and dimensions (Weiss et al., 2016). It has been drawn from positive psychology and it concerns the individual positive functioning, happiness, personal growth, flourishing the self, and so forth (Zaki, 2018). Psychological well-being is the state of good mental and emotional health (Morin, 2021). Tribhuvan (2020) defined psychological well-being as the expression of positive emotions and general satisfaction with their lives and others, in different areas of family, education and jobs and has emotional and cognitive components. Psychological well-being is the ability of an individual to use personal resources and strengths in such a way that he/she can give meaning to life (Mercer, 2020). Psychological well-being is a multifaceted variable that can be both subjective and objective (Li, 2021). It is a social and context-sensitive construct dynamically shaped through interplay between conditions, environments, actions, mental resources, and interpersonal relations (La Placa et al., 2013 as cited in Li, 2021). This perspective stresses the active role of the person in constructing and designing his/her well-being. However, it does not reject the influence of sociocultural contexts and policies in this area (Li, 2021). Though there are times in most people's lives when they are not mentally or emotionally at their best, being in a state of psychological well-being means that these people can cope with their problems effectively. This state of being affects a person's physical health as well. People are said to be in a state of psychological well-being when there are no mental or emotional disturbances in their lives (Fox 2022). Mentally ill patients who have successfully managed their disorders can be said to be in this state if their chronic problems are properly managed, though not if they are showing symptoms of their disorders (Fox 2022). Being psychologically well often means that a person is generally happy, able to connect with others, and emotionally stable. It is not always possible to be in a state of psychological well-being. Some stressors will cause people to become unhappy, emotionally upset, or disconnected from the people around them (Fox 2022). If these conditions are temporary, a person may still be psychologically well. If they persist, however, the person may need treatment to return to a state of well-being (Fox 2022). Psychologically healthy people are free from mental disorders and have managed their stress so that it does not interfere with their ability to enjoy life and participate in society (Fox 2022).

Psychological well-being is a subjective feeling of contentment, happiness, satisfaction with life experiences, one role in the world of work, a sense of achievement, utility, belongingness, and no distress sections or worry (Naci & Ioannidis, 2015), Ryff classifies psychological well-being into six dimensions which are: positive relationships with others, personal mastery, autonomy, a feeling of purpose and meaning in life, and personal growth and development (Iosif 2020). PWB has been substantiated to affect many aspects of the life and profession of individuals due to its tight connection with emotions and mentality, due to this; successful educational systems are now offering their teachers mediation programs to make teachers aware of psychological wellbeing and its effects on their practice, efficacy, motivation, identity, and the wellbeing of students (Li, 2021). Poor teacher well-being is positively related with dissatisfaction and stress at work (Kidger et al., 2016). Some studies focus on teacher functionality and mental health that highlight positive affect, and they emphasize pro-social relationships for student–teacher, teacher–teacher, and teacher–administrator relationships (Gozzoli et al., 2015;). Many factors can cause the occurrence of psychological well-being such

as loneliness, coping strategies et al., but this work wants to investigate if the listed variables can help to cause the occurrence of psychological wellbeing among their married teachers.

According to the world health organization (WHO, 2014), health is the state of complete physical, mental, social and spiritual well-being and not merely absence of disease. Health behaviours have been defined in various ways. For example, Baral & Spakota (2018) define health behaviour as a sequence of remedial action that people undertake to ratify perceived ill-health. Latunji & Akinyemi (2018) defines health seeking behaviour as any action or inaction undertaken by individuals who perceive themselves to have a health problem or to be ill for the propose of finding an appropriate remedy which encompasses activities undertaken to maintain good health, to prevent ill health as well as dealing with any departure from a good state of health. Health seeking behaviour is defined as an action undertaken by individuals who perceive themselves a having a health problem or to be ill for the purpose of finding an appropriate remedy (Wade et al., 2014). Only the minority of people with mental diseases seeks professional help (Alonso et al., 2015) but their help seeking is subjected to the same patterns as help seeking in people with any symptoms. Namely, they can progress through several stages before they actually decide to seek medical help. The process of health seeking by people with such symptoms consists of experiencing symptoms, trying to evaluate their significance, assessing if they can manage them by themselves or if treatment is required, assessing the feasibility of and options for treatment, and deciding whether to seek treatment or not (Ormal et al., 2020). Another variable of interest in marital stress.

Patterson (2020) defined marital stress as a condition of negative effects such as frustration in addition, anxiety that results from aspects of the marriage. It can also occur because of differences in religious beliefs, cultural background, social status, educational gap, age gap, work status and their coping strategies. All these difficulties may culminate in marital stress (Nwatu, 2018). According to Dave, (2018) these are most common causes of stress in marriage; financial stress; stress related to money is now often listed as the number one cause of divorce. The stress of fighting over money constitutes one of the most often-cited marriage problems that couples face (Scott, 2020). However, in tough economic times, financial stress can actually cause more general stress, more conflict over things unrelated to money, and well as money-centred arguments as well (Scott, 2020). For example, when one partner is extremely stressed about money, they may be less patient and more stressed in general; they may then pick fights with the other partner about unrelated things without even realizing it (Scott 2020). Parenthood; babies are lovable and wonderful, and can bring another potential source of stress and marriage problems (Scott, 2020). Children are wonderful and can bring wonderful and meaningful gifts into couple's lives, but having children can bring additional stress into marriage because caretaking requires more responsibility as well as a change in roles, providing more fodder for disagreement and strain (Scott, 2020). Introducing children into your marriage also reduces the amount of time available to bond as a couple (Scott 2020). This combination can test even the strongest of bonds (Scott, 2020). They are also a huge financial burden, which if not properly handled can lead to marital stress (Dave, 2018). In-laws; the process of merging two families is not always easy. Creating healthy boundaries and dynamics with in-laws can be challenging (Dave, 2018). Miscommunication; communication does for a marriage what breathing does for a body. When miscommunication is happening clearly and consistently the marriage will suffer (Dave, 2018).

Sexual frustration, a lot of marital stress can be traced back to sexual frustration on the part of one or both spouses, because it takes more than sex to build a strong marriage without it (Dave, 2018). Work stress: many married couples spend more working hours at work than at home and if you have a stressful work situation, it will usually bring stress into the home as well el al (Dave, 2018). Daily stressors don't need to equal marriage problems, but they can exacerbate problems that already exist (Scott, 2020). When one partner has had a stressful day, they may be more likely to be impatient when they get home, may handle conflict less expertly, and may have less emotional energy to devote to nurturing their relationship (Scott, 2020). Chudzicka-Czupała et al., (2023) in their study find out that coping strategies can help improve level of psychological wellbeing, and Olivencia-Carrión et al., (2023) revealed that coping strategies are a method the individual can use to handle anxiety, hence the need to investigate the role of coping as a predictor of psychological wellbeing.

Coping is defined as the thoughts and behaviours mobilized to manage internal and external stressful situations (Folkman, & Moskowitz 2004 as cited in Algorani & Gupta, 2023). It is a term used distinctively for conscious and voluntary mobilization of acts, different from defence mechanisms that are subconscious or unconscious adaptive responses, both of which aim to reduce or tolerate stress (Heba et al., 2019). When individuals are subjected to a stressor, the varying ways of dealing with it are termed 'coping styles, which are a set of relatively stable traits that determine the individual's behaviour in response to stress. These are consistent over time and across situations (de Boer, Buwalda, & Koolhaas 2017).

Generally, coping is divided into reactive coping (a reaction following the stressor) and proactive coping (aiming to neutralize future stressors). Proactive individuals excel in stable environments because they are more routinized, rigid, and are less reactive to stressors, while reactive individuals perform better in a more variable environment (Moghe & Pandey, 2023). Two common ways that people cope with stress are problem-focused coping and emotion-focused coping (Crowe, & Van Puymbroeck, 2019). Problem-focused coping aims to change or eliminate the source of your stress. This type of coping works if you have some control over the situation that is causing you stress (Caga et al., 2021). Emotion-focused coping strategies can help the individual change the way they respond to your stress (Boersma et al., 2019).

The physiology behind different coping styles is related to the serotonergic and dopaminergic input of the medial prefrontal cortex and the nucleus accumbens (Godoy et al., 2018). The neuro-peptides vasopressin and oxytocin also have an important implication relative to coping styles. On the other hand, neuroendocrinology involving the level of activity of the hypothalamic-pituitary-adrenocortical axis, corticosteroids, and plasma catecholamines were unlikely to have a direct causal relationship with an individual's coping style (James et al., 2023). Coping strategies can play an important role in person daily activities because this may lead to positive or negative mental health outcomes (Thai et al., 2021). Coping strategies include cognitive and behavioural efforts an individual uses to solve problems and to reduce the stress caused by these problems (Algorani & Gupta 2021). On one hand, the proper use of coping strategies will help to manage stressful events and reduce negative emotions. On the other hand, inappropriate selection of coping strategies leads to severe stress (Thai et al., 2021). Folkman and Lazarus in 1986 divide coping methods in two groups as problem focused and emotion-focused (Önder & Reyhan, 2018). Problem-focused coping comprises a more active and planned logical analysis that leads to action.

Self-determination theory of psychological well-being was adopted as the theoretical framework because of its concern with the motivation behind choices people make without any external influence and interference. Self-determination theory focuses on the degree to which an individual's behaviour is self-motivated and self-determined. For instance, determination to achieve a particular will encourage the teacher to push on irrespective of the stress and poor coping strategies, because self-determination will increase the self-belief to do or complete the job at hand, which will help to bring about psychological well-being. Hence a need to investigate the relationship between health-seeking, marital stress, coping strategies, and psychological well-being. The following hypothesis will be tested

Help-seeking behaviour will significantly predict psychological wellbeing

Marital stress will significantly predict psychological wellbeing

Coping strategies (problem and emotional focus) will significantly predict psychological wellbeing

Method

Participants

One hundred and twenty (120) teachers comprising 72 females and 48 males with a mean of 31.19 and SD of 6.307 were drawn as participants with the aid of purposive sampling techniques from Enugu South Local Government Area of Enugu State. The teachers were drawn using purposive sampling techniques from (34) His Grace High School One Day Road, (36) Kings Kid Menuri (33) Queen's Model Secondary School, One Day Road and (17) Queen's Comprehensive School, Meniru. Inclusive criterion: must be a teacher from the selected school. Exclusive criterion: none teachers, National Youth Service Corps Members

Instrument

The following instruments were used:

- I. Psychological Well Being Scale (Ryff, 1989)
- II. Franklin (2003) Health Seeking Behaviour questionnaire (H-SBQ)
- III. Omoluabi (1994) Marital stress inventory (MSI) and
- IV. Carver et al. (1989) Brief-cope scale

Psychological Well Being Scale (Ryff, 1989)

Psychological well-being scale is an eighteen (18) self-report scale designed to measure psychological well-being by Ryff (1989). The instrument consists of six sub-scales (with three items in each sub-scale): (a) Autonomy, (b) Environmental mastery, (c) Personal growth, (d) Positive relationships with others, (e) Purpose in life, and (f) Self-acceptance. "The autonomy dimension assesses self-determination, independence, and an internal locus of control. The environmental mastery dimension measures one's ability to manipulate and control complex environments. The personal growth dimension measures one's needs to actualize and realize one's potentials. The positive relationships with other's dimension assess the ability to love, trust, and establish deep relationships with others. The purpose in life dimension is to measure one's sense of direction and goals. The self-acceptance dimension assesses positive attitudes held toward the self" (Akin, 2008). Participants were made to respond on a 6-point scale that ranges from "strongly agree" (1) to "strongly disagree" (6). The following items are reverse: 1,5,9,10,12,13,15,18. Higher scores indicate higher psychological well-being within the

respective dimension. The internal consistency reliability coefficients as reported by Ryff (1989) ranges from .86 to .93 for the six sub-scales.

Health Seeking Behaviour questionnaire (H-SBQ)

Franklin (2003) Health Seeking Behaviour questionnaire (H-SBQ) was developed to describe how an individual behaves as regards the level of attention given to their health. It is a 30-item five-point Likert form questionnaire with direct scoring ranging from 1-5; Almost always (1), Often (2), Sometimes (3), Rarely (4), Never (5). These ratings result in total score between 30-150 the higher the scores indicated the lesser the health seeking behaviour, which can be classified as high score (30 – 74), moderate (75 – 119) and low (120 – 150). Franklin (2003) obtain a concurrent validity of .76 when correlated with the 3 sub scale (E, F&G) of illness behaviour questionnaire IBQ (1983) and by correlating H-SBQ with post-traumatic stress disorder PKS (1984) obtaining a coefficient of .97.

Omoluabi (1988) Type A Behaviour scale,

The first instrument which is the Omoluabi (1988) Type A Behaviour scale, is a 28-item inventory that is designed to assess the personality trait called Type A Behaviour pattern or Type A personality is characterized by ambitiousness, aggressiveness, competitiveness, impatience, muscle tension, rapid speech, irritation, hostility and anger. The items of TABS have been selected from two main sources. The first is the 21-item short version of the 48-item Jenkins Activity Survey (JAS) by Jenkins, Rosenman and Friedman (1967). JAS was itself developed from the structured interview originally used to assess Type A Behaviour. The second source is the 10-item Framingham Type A Scale (FTAS) by Haynes, (1978). The items from the two sources were combined in order to enhance the sensitivity and the validity of the scale. The sensitivity was achieved by removing duplicated items and reducing the items in the two resources from 31 to 28. A uniform 4-point scaling system was also adopted for items from both sources, and was revalidated in Nigeria by Agbu (1999). TABS has a Cronbach alpha internal consistency reliability coefficient of .70 while the Test-retest reliability coefficients of JAS range from .6 to .7 over 1 to 4 years' intervals.

The Nigerian norms or mean scores are the basis for interpreting the scores of clients. Scores higher than the norms indicate that the client manifests Type A behaviour pattern, while scores lower than the norms indicate that the client manifests Type B behaviour pattern.

Carver et al., (1989) The Brief-Cope Scale

The Brief-cope scale was developed as a short version of the original 60-item COPE scale (Carver et al., 1989). It is a 28-item self-report measure that assesses the effective and ineffective ways to cope with stressful life events. Items are rated on a 4-point frequency. It was discovered by Carver in 1997 and validated by Joseph et al (2019). The coping behaviours were assessed using the Brief Cope Scale (BCS) which is an abbreviated version of the Cope Inventory (Carver, 1997). This consists of 14 major subscales which include denial, substance abuse, self-blame, emotional support, instrument support, active coping, self-distraction, venting, positive reframing, humour, planning, acceptance, religion and behavioural disengagement. Each subscale requires a response to 2 questions in the questionnaire, making a total of 28 coping behaviours, rated on a frequency of 1 (1 = I have not been doing this at all) to 4 (4 = I have been doing this a lot). These can be stratified into problem-focussed (active coping, instrument support and planning) and emotional-focussed (the remaining eleven) coping mechanisms as found in the literature (Folkman et al 1986). Cronbach's alpha for the

total scale is adequate, because all values exceed the minimum of 0.60 suggested by Nunnally and Bernstein (1995) for research purposes. Evaluation shows that the higher coefficients are observed between instrumental support and emotional support ($r = 0.65$) and between active coping and planning (0.56). Principal components analysis identified two dimensions in a modified version of the Brief COPE, with appropriate construct validity and a high level of reliability (Cronbach's alpha: 0.72 to 0.82) (Wise et al., 2023). The two dimensions were distinct from each other and accounted for over 50% of variance between items.

Procedures

The researcher adopted a purposive sampling technique to select both schools and draw the participants for this study. The researcher employed the help of research assistants who are National Youth Service Corps Members in the selected schools to administer and collect the instrument, the participants who are teachers were drawn with the aid of purposive sampling techniques. The choice of purposive in selecting the school and drawing the participants is because schools were just resuming, this led to the refusal of most school authorities in using their institution for the study citing busy schedules. Hence, the researcher settled for the one that gave their consent to carry out the study in their institution. Being a secondary school teacher qualifies the participants to take part in the study, and then the selected ones were asked to respond to the items by shading one of the boxes in front of the statements which best reflects what degree they agree or disagree with the statement. One hundred and thirty-six copies of questionnaire were distributed, one hundred and twenty-seven copies were returned of which five were wrongly responded, two incompletely filled, leaving only One hundred and twenty copies properly responded to which was used to carry out analysis; the wrongly responded ones were discarded.

Design and Statistics

Correlational research designs was adopted to investigate relationships between variables without the researcher controlling or manipulating any of them, this approach can help identify patterns and associations between variables, but it cannot establish causation (Bhandari, 2023). Pearson moment correlation coefficient with the aid of SPSS (27) to analyse the gathered data.

Result

S/N	Variables	M	S.D	1	2	3	4	5	6	7	8	9	10
1	Health seeking	67.20	22.52	1	.036	.028	-.007	.229	-.086	.163	-.083	-.121	-.076
2	Emotional focus	47.01	11.25		1	.181	-.001	.308	.077	.209	-.090	-.186	-.152
3	Problem focus	20.43	5.600			1	.301	-.070	-.048	.011	.090	-.033	.059
4	Psychological wellbeing	60.70	12.43				1	.142	-.160	-.077	.113	-.069	.136
5	Marital stress	12.91	3.903					1	.227	-.031	-.145	-.059	.020
6	Educa qualification	2.790	1.312						1	-.036	-.055	-.033	.003
7	Gender	1.280	.4512							1	-.188	-.165	.063
8	Years of marriage	3.655	4.114								1	.711	-.105
9	Age	31.19	6.307									1	-.290
10	Gender	1.804	.3988										1

At $p < .05^*$, $p < .01$

The table above shows that health-seeking behaviour $r = .229^*$ is positively related to marital stress, this means that an increase in health-seeking behaviour will cause an increase in marital stress. The emotional focus dimension of coping strategies $r = .301$ is positively related to

marital stress, the result indicated that constant use of emotional focus coping strategies by marital teachers will lead to an increase in marital stress. Problem focus dimension of coping strategies is positively related to psychological well-being; this implies that constant use of this dimension of coping will increase psychological well-being. Educational qualification with $r = .227$ positively related to marital stress, this implies that an increase in the education status of the couples will cause an increase in marital stress. Age $r = .711$ positively related to years of marriage, this indicates that an increase in age among the couples will lead to an increase in years of marriage.

Discussion

The health-seeking behaviour failed to correlate with psychological well-being among married teachers, this shows that health-seeking behaviour alone is not enough to increase the psychological well-being of the participants, rather other factors not considered in this study might have contributed to it. Factors such as the number of children, and economic status et al, being psychological does not relate to health behaviour, according to the result of the study. Marital stress failed to relate to psychological well-being, this implies that marital stress neither increases nor decreases the psychological well-being of married teachers. That is, passing through stress in marriage will not cause the presence nor absence of psychological well-being, maybe the time they spend at school, with children around and other factors might have acted as a cushion to reduce or cause the known result obtained.

Only problem focus dimension of coping strategies positively relates with psychological well-being, this means that the more the married couples use problem focus to handle a problem, the higher their psychological well-being. When problem focus is being adopted the, the issues causing the marital or other crisis will be solved, this will give way for peace of mind, which will lead to psychological wellbeing.

Implication of the Findings

The findings are in line with Self-determination theory of psychological well-being which was adopted as the theoretical framework because of its concern with the motivation behind choices people make without any external influence and interference. Self-determination theory focuses on the degree to which an individual's behaviour is self-motivated and self-determined. For instance, determination to achieve a particular will enhance the teacher to push on irrespective of the marital stress, because the self-determination will increase the self-believe to do or complete the job at hand, which will help to bring about psychological wellbeing. Congruity

The result obtained implies that displayed that problem focus coping strategies was a strong associate of psychological well-being, and that self-determination can easily help teachers to be psychologically well. Hence, it will be advisable for teachers to be self-determine so as to take care coping strategies this will handle to handle marital stress for psychological well-being to be balance.

Limitation of the study

Many factors worked against this research work, and the major one is the indiscriminate call for sit at home in the south east at the time this study was carried out which reduces the numbers of working days. The researcher would have selected more participants assuming there was no continues unnecessary call for sit at home.

Insecurity was another factor; the issue of unknown gunmen increases fear among the populace whom were sceptical about the researcher intension even after much enlightenment. More participants would have be selected assuming there was no insecurity that induce fear of the unknown.

Sudden increase of inflation which leads to sharp increase of goods and services also affected this work, because it affected the researcher budget.

Suggestions for further study

The future researcher should try to sample participants from other geo-political region where there are no indiscriminate call for sit at home, so as to give room for more participants.

The use of third party to get reach to the participants should be looked at by the future researcher. So as to give confidence of secrecy and safety to the participants, this will increase the numbers that will participate.

Few locations should be considered also by the future researcher to accommodate the budget should in case there is inflation.

Summary and conclusion

The study investigated the relationship between health-seeking behaviour, marital stress, coping strategies and psychological well-being among teachers. The findings revealed that only problem-focused coping strategies positively related to psychological well-being. The result implies that teachers have to be more self-determined to avoid experiencing low psychological well-being by appling problem focus coping strategies..

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