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Common factors related to chronic occupational distress among special education teaching staff in Montenegro

Pranjić N.^{1*} and Grbović M.^{2,3}

¹Department of Occupational Health, Medical School of University Tuzla, Bosnia and Herzegovina.

²Home of Primary Health Care Podgorica, 20 000 Podgorica, Montenegro.

³Department of Occupational Health, Medical School of University Podgorica, Montenegro.

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The aim of this study was to determine common occupational or specific work-place organizational and individual key factors, which are most troublesome stressors for occupations in the field of special education (teachers, nurses, special education teachers). The study included 224 participants who were employed as special education teaching staff at each five Montenegro public institutions for persons who have a variety of disabilities. The response rate was 75% (n = 162). Data were collected using the Occupational Stress Questionnaire, short version, developed in Finish Occupational Institute. Seventy two special education teaching staffs (44%) in Montenegro have reported that they had experienced chronic job distress. The common perceived environmental factors which may significantly correlate to distress among special education staff between three occupations were: low level of control over the work (p=0.001), lack of support from superior (p=0.018), lack of support from colleagues (p=0.001), work have phases that are very difficult (p=0.001), work is mentally strenuous (p=0.001) and work is physically strenuous (p=0.001). Results were interpreted and implications for special education teachers were suggested.

Key words: Special education teaching staff, job distress, workplace stressors.

INTRODUCTION

Continuous exposure to stressful situations seriously depletes teachers emotional and physical resources, thus leaving an individual unable to cope successfully with further stress (Barmby, 2006; McLeskey et al., 2004). In general, employees who work with disabled persons experience high level of job distress compared to other occupations (Nichols and Sosnowsky, 2002; Zabel and Zabel, 2001). In teaching profession, distress has been linked to dissatisfaction with job and to negative affective and professional consequences. It is claimed that teachers who work in special education experience more job-related stress than teachers who work in regular education (Ruma et al., 2010; Eichinger, 2000). The

occupational field of special education has been particularly vulnerable to losing its well-trained professional staff (Lori and Roger, 2002; Fish, 2009).

Researchers have identified several factors that contribute to the teacher's distress syndrome (Grassi and Magnani, 2000). Of importance to teachers, particularly special educators are performance of custodial and managerial tasks, excessive amount of direct contact with children, a perceived lack of job success, program structure, and work overload (Bataneh and Khaled, 2008). Other factors include excessive work, lack of administrative and parental support, inadequate salaries, disciplinary problems, lack of students' interest, overcrowded classrooms, and public criticism of teachers and their work (Rice and Goessling, 2005; Ruma et al., 2010). According to Alkhrisha (2002), major sources of stress of Jordanian teachers are workload, low salary,

*Corresponding author. E-mail: pranicnurka@hotmail.com.

lack of self-esteem, lack of in-service training opportunities, and lack of access to new information and knowledge. Also, this study discovered that demographic variables are the major predicted variables of teacher distress. In addition, some demographic variables, such as age, marital status, experience and sex, were found to be related to burnout (Harris et al., 2008).

Special education staffs who have experienced prolonged stress later have perceived job dissatisfaction, decreased job motivation and the desire to leave teaching (Rice and Goesling, 2005; Nichols and Sosnowsky, 2002; Zabel and Zabel, 2001). Nearly 30% of new teachers continue to leave the job in special education (Eichinger, 2000; Oliwarez and Arnold, 2006; Plash and Piotrowski, 2007). The work also can lead to strong student/disabled person and teacher relationships and can provide teachers with commitment to education; this same desire can also make it difficult for teachers to leave their work at the school (Strunk and Robinson, 2006; McLeskey et al., 2004). In fact, professionals who are empathic, sympathetic, dedicated, idealistic, and people-oriented are vulnerable to experiencing excessive stress (Blood et al., 2002), particularly when they face the multitude of problems that students/persons with disabilities present.

Reaction to stress depends on external circumstances (environment, working environment, family, and friends) and individual factors (age, gender, personality type, motivation/satisfaction and lifestyle) (Karasek, 1990; Seley, 1973; Pranjić et al., 2006). Distress and job dissatisfaction often result from lack of support and social role problems (Nagel and Brown, 2003; Barmby, 2006). Special education teachers enter the teaching profession with the distinct goal of making a difference in the lives of students with special needs, as well as fulfilling their own goals and self-worth. But due to the powerful effects of stress and emotional strain from both internal and external factors, they often are forced to abandon their chosen profession. This results partly from the highly individualized needs of special education students, partly because of the legal aspects of special education regulations, and partly because of the complex interpersonal relationships required in managing each student's educational program (Harris et al., 2008).

In order to test hypothesis that occupational exposure to some environmental factors and influence of individual factors produce distress among special education staff (teachers, health care workers mostly nurses and related personnel) this study aims to identifying the common or key work-related and individual factors, which are predictors for chronic job distress among special education teaching staff.

METHODS

A questionnaire survey was conducted among 224 employees who educate, teach, vocational train disabled persons in each of five national Institutions/Schools for disabled persons in Montenegro.

Out of 224, 168 questionnaires were completed and response rate was 75%. There were 6 (3%) inadequately completed questionnaires. Finally, the survey participants were 162 employees in institutions for special educations of disabled children and youth or mentally retarded people in two cities in Montenegro, Podgorica and Kotor. The highest percentage of subjects worked as educators: teachers, special educators and teacher assistants (the first study group; n=72; 44%). The remaining group of professionals included 40 health care workers (the second study group; 39 of which were female; 6 physicians, 32 nurses and 2 physiotherapists), and the third study group: 4 of which were psychologists, 2 social workers, 14 vocational trainers, 23 related persons and 4 administrators. Among the participants, there were 128 (79%) women and 34 (21%) men. Per each institution the gender differences were significant (p-value 0.001; data not presented): 30 women and 7 men in special school for education of disabled children and youth with visual impairments and physical handicap in Pogorica; 37 women and 15 men in special school for hearing and speech impairments and vocational rehabilitation in Kotor; 25 women and 2 men in stationary institution for persons with severe mental retardation in Podgorica.

The participation in the study was voluntary. The ethical approval for this research was obtained from the appropriate research committee at Podgorica Medical School and Montenegro Ministry of Education and Podgorica Medical Chamber. Informed consent was obtained from all participants in the study.

What means special education teaching staff?

We used the term special education teaching staff for each of participants because every workplace is unique. Study participants work with children and youth or persons with disabilities (specific learning disabilities, speech or language impairments, mental retardation, emotional disturbance, multiple disabilities, hearing impairments, orthopedic impairments, visual impairments, autism, combined deafness and blindness, traumatic brain injury, and other health impairments) and have the opportunity to establish relationships with them. We talk about special education teachers, teacher assistants, health workers and related personnel, such as therapists and social workers, school psychologists, occupational and physical therapists and school administrators to meet the individualized needs of the disabled children and youth. Special education teachers work in a variety of settings.

Occupational stress questionnaire

We used the abridged form of Occupational Stress Questionnaire (OSQ) translated to the Montenegro language to assess characteristics and perceived working conditions (demands, control over the work, urgency, and distribution of work) and its effects, stress, health, and satisfaction with work and life (Ello et al., 1992). The OSQ contains four main groups of items as follows: modifying factor (MF), perceived environmental (PE), stress and satisfaction with present work and life (SS). The theoretical model of OSQ is based on psychological stress theory. Occupational stress is examined through perceived stress factors linked with work and environment, through the individual's stress reactions; and through the organization to influence occupational stress. The questionnaire has 13 items with Likert-type response format. Answers are given on a five point scale (from 1. not at all to 5 very much; or 1. never to 5 always; from very satisfied to very dissatisfied). The Cronbach's alpha was satisfactory for local short context of OSQ (alpha=0.799), and partly for PE (alpha= 0.767) and not satisfactory for SS (alpha= 0.699). The reliability of the scales of OSQ was in accordance from various studies (alpha for SS from 0.73 to 0.79; alpha for PE 0.77 to 0.81) (Ello et al., 1992).

Table 1. Characteristics of examiners: demographic data, individual factors, modifying factor and perceived work- environment factors per group of occupations (n=162).

Demographic, individual factors, modifying factor and perceived work-environment factors	No. of examiners n= 162 (%)			p-value†
	Health care workers 40 (25%)	Special education teachers 72 (44%)	Related personnel 50 (31%)	
Age groups (years)				
< 30	7 (11)	3(2)	4 (3)	0.119
30-39	9(6)	19 (12)	11(7)	
40-49	14 (9)	18 (11)	24 (15)	
> 50	10(6)	32 (20)	11(7)	
Gender				
men	1(0)	22 (14)	11(7)	0.004
women	39 (24)	50 (31)	39 (24)	
Shift work				
no	17 (10)	28 (17)	20 (12)	0.322
yes	23 (14)	46 (28)	30 (19)	
Institution (s) for				
disability children and youth	8(5)	20 (12)	9 (6)	0.021
speech and hearing impairments	4(2)	29 (18)	19 (12)	
combined deafness and blindness	5(3)	20 (12)	3 (2)	
mild and moderate mental retardation	11(7)	3(1)	16(10)	
severe mental retardation	13(8)	1(0)	1 (0)	
Unofficial (added) job				
No	29 (18)	54 (33)	36(22)	0.723
Yes	11(7)	18 (11)	14(9)	

Statistical analyses

The socio-demographics assessed were gender, group of occupation, age, shift work, unofficial (added) job and job title. Statistical analyses to compare the respondent's socio-demographics were done with non-parametric Chi- squared tests (Mann-Whitney for two independent samples test and Kruskal-Wallis test for several independent samples) and Student T-tests (age, total number of scores etc.) and One-Way ANOVA for comparisons of groups considering age, stress and job satisfaction. To test associations between selected OSQ variables and socio-demographics and occupational stress of working ambient Spearman correlation coefficients were calculated. To determine the contribution of personal characteristics, job characteristics and perceived working conditions to the prediction of stress and satisfaction, linear regression (LA) analyses were used for OSQ variables. Other predictor variables were: high feeling of stress these days, low job satisfaction, possibility to use skill and knowledge at work, urgency to get the work done and work is mentally strenuous; the personal characteristics used as the independent variables. All statistical analyses were performed with Statistical Package for Social Sciences (SPSS) 12.0.

RESULTS

Characteristics of survey respondents

Among total of 162 participants included in the study

analysis, there were 128 (79%) women. Mean age was 44.20 years (23-62 age range; SD 9.47) and 66% participants are older than 40 years. Sixty three (39%) participants were worked on a full time basis (8 hour daily), 99 (61%) were working on shift- time basis including night shifts, and 119 (21 men, 98 women), participants worked additional hours (>8 hours; Table 1). There were no significant gender differences between institutions (Kruskal- Wallis test= 6.274; p-value= 0.177).

One hundred participants reported that they were satisfied with their life; 94 were satisfied with their job; and 102 were satisfied with their health state (data not showed). Our sample shows that 63% of the special education teachers suffered from work- related distress. Inversely, special educators have the highest prevalence of job satisfaction, the highest level of satisfaction with present life and the highest level of satisfaction with health state in relationships to health care workers and related personnel (Figure 1).

Distress was related to job satisfaction ($p = 0.311$, p -value = 0.001); to satisfaction with present life ($p = 0.274$, p -value = 0.001); to satisfaction with health state ($p = 0.412$, p -value= 0.001); to teaching and vocational educating disabled persons with various handicaps per Institutions ($p= 0.177$, p -value= 0.001) but was not

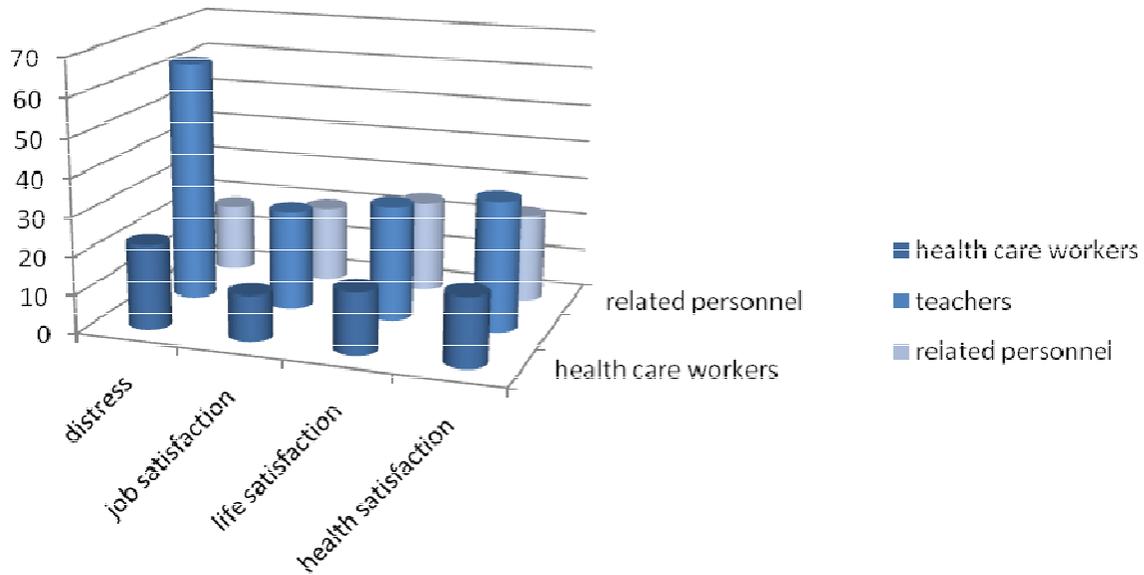


Figure 1. Comparisons of percentage of perceived distress, job satisfaction, life satisfaction and health satisfaction between study groups.

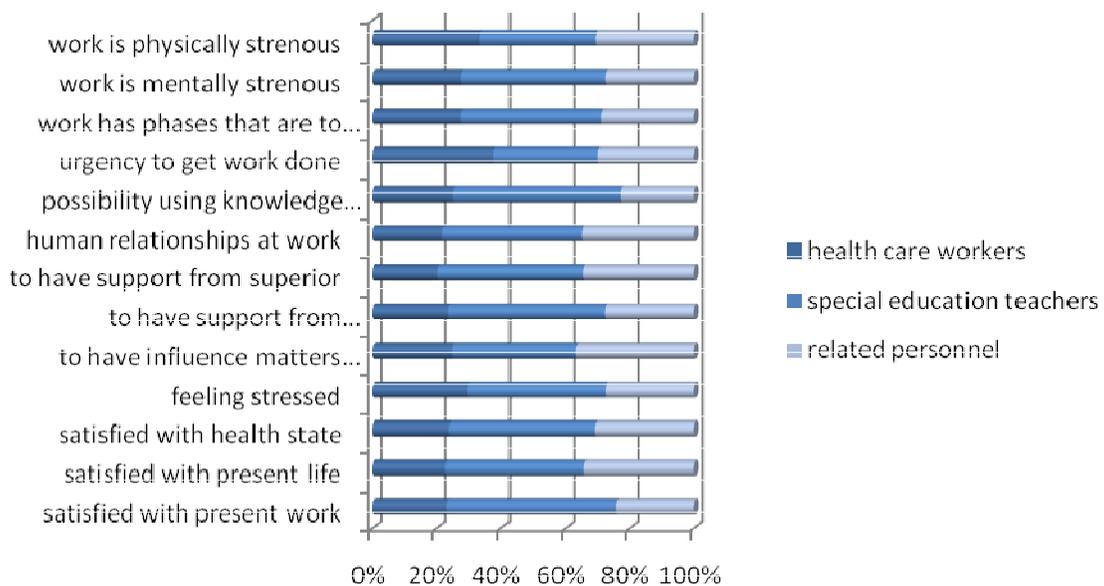


Figure 2. Comparisons of participation of work-related stressors between study groups.

significantly correlated to age and gender. Satisfaction with health status positively correlated to age, to gender, to satisfaction with present job and experience of work-related stress (data not showed).

Figure 2 presents comparisons between participations of work-related stressors between study groups. The most frequent stressor among special education teachers was working being mentally strenuous (38%). Special education teachers have been: much more satisfied with present work than health care workers 43 vs. 19%; much more satisfied with present life than health care workers

48 vs. 26%; much more satisfied with health state than health care workers 48 vs. 26%; get much more support from colleagues than health care workers (39 vs. 39%); and get much more support from superior than health care workers (38 vs. 17%).

Work-related distress among our participants was associated with following common job-related factors: low level of control over work, low level of support from colleagues, low level of support from superior, work is mentally and physically strenuous and work has phases that are too difficult. Job distress was positively

Table 2. The common key factors (work related and individual) associated with higher risk to chronic job distress among special education teaching staff (n=162).

Work- related factors†	Rs_q	β₀	β₁	p-value†
Low level of control over the work	0.076	2.1563	0.2772	0.001
Low level of support from colleagues	0.101	1.4077	0.2940	0.001
Low level support from superior	0.034	2.0064	0.2298	0.018
Work is mentally strenuous	0.153	2.3848	0.4536	0.001
Work is physically strenuous	0.035	2.3848	0.2264	0.017
Low level of possibility to use knowledge and skills	0.016	1.9342	0.1488	0.106
Having urgency to get work done	0.012	2.5731	0.1074	0.173
Work have phases that are too difficult	0.103	2.0887	0.3279	0.001
Dissatisfaction with present work	0.096	1.6712	0.3009	0.001
Dissatisfaction with present health	0.174	1.1978	0.3338	0.001
Dissatisfaction with present life	0.075	1.6150	0.2661	0.001
Individual factors				
Age	0.005	42.5246	0.6923	0.373
Gender	0.002	1.7490	0.0172	0.610
Having second or unofficial job	0.015	1.6029	0.0563	0.123
Duration of working life (years)	0.006	17.3604	0.8332	0.334
Shift working	0.010	1.7244	-0.0501	0.214
Special education institutions	0.008	2.4076	0.1273	0.272

†Linear regression analysis.

associated with: perception of dissatisfaction with present work; perception of dissatisfaction with present health and present life (p-value=0.001). Individual factors do not have influence on job distress among special education teachers (Table 2).

Predictor with highest contribution for high level of job related distress among health care workers was low level of support from colleagues (Table 3). When health care workers perceived job distress they were dissatisfied with present health state (p-value= 0.002) and with present life (p-value= 0.006; Table 3). Individual factors did not predict job distress (Table 3).

This said results (Table 4), have shown that predictors for increased job distress among teachers were low level of control over the work ($\beta=0.200$, 95% confidence interval from -0.817 to -0.266, p-value 0.033), work is mentally strenuous ($\beta=0.354$, 95% confidence interval from 0.135 to -0.204, p-value= 0.001). Although, age and duration of working experience (years) as individual factors were significantly predicted with job distress (Table 4). Predictor with significant contribution was perceived high level of dissatisfaction with present life too ($\beta=0.522$, 95% confidence interval from 0.873 to 0.542, p-value=0.005).

In Table 5 we have seen that there were no significant occupational distress predictors. Work is mentally strenuous ($\beta=0.573$, 95% confidence interval from 0.188 to 0.736, p-value = 0.002), urgency to get work done ($\beta= -0.425$, 95% confidence interval from 0.828 to 0.629, p-value = 0.025), and dissatisfaction with present health state ($\beta=0.320$, 95% confidence interval from 0.028 to

0.757, p-value = 0.035) predicted job related distress among participants (n = 32) in school for speech and hearing impairments (data not presented).

Predictors with highest contribution to job-distress among staffs (n = 16) in stationary institutions for persons with severe mental retardation were perceived dissatisfaction with present health ($\beta=0.612$, 95% confidence interval from 0.279 to 1.321, p-value = 0.006) (data not presented). Shift working and gender were significant occupational distress predictors.

DISCUSSION

Annually in United States, 17% of all teachers leave their job. Specifically, special education teachers leave their teaching position at higher rates than teachers in general education. Often when they leave, special educators transfer to general education positions (Plash and Piotrowski, 2007; Shaley et al., 2009). Special educators may experience more negative aspects of teaching. Negative factors noted by Gersten et al. (2001) include poor school climate, role confusion, increased levels of stress and decreased levels of job satisfaction. Results of our study partially support these results. Job distress has been identified as significant problems among Montenegro special education staff. Job types with high mental demand and low level of control were associated with increased stress, and poorer self-concept of health. The demand/control model of Karasek and Theorell was

Table 3. Predictors of job related distress: work- related and individual distress factors (as independent variables; felt constantly under strain at work as dependent variable) among health care workers (n=40).

Work- related factors	β	t	p-value†	95% confidence interval
Low level of control over the work	-0.027	1.373	0.175	-0.609 – 3.252
Low level of support from colleagues	0.478	2.570	0.015	-0.313 – 0.252
Low level support from superior	-0.042	-0.326	0.746	-0.267 – 0.193
Work is mentally strenuous	0.127	1.117	0.269	-0.101 – 0.354
Work is physically strenuous	-0.063	-0.573	0.569	-0.237 – 0.132
Low level of possibility to use knowledge, skills	-0.176	-1.401	0.167	- 0.443 – 0.079
Having urgency to get work done	-0.024	-0.214	0.832	-0.277 – 0.224
Work have phases that are too difficult	-0.044	-0.183	0.856	-0.581 – 0.487
Dissatisfaction with present work	0.067	0.250	0.805	-0.508 – 0.648
Dissatisfaction with present health	0.421	3.340	0.002	0.235 – 0.943
Dissatisfaction with present life	0.310	2.846	0.006	0.100 – 0.575
Individual factors				
Age	-0.243	-1.479	0.145	-0.061 – 0.009
Gender	-0.154	-1.423	0.161	-0.815 – 0.138
Education level	-0.109	-0.970	0.336	-0.191 – 0.256
Having second or unofficial job	0.039	0.376	0.709	-0.397 – 0.579
Duration of working experience (year)	0.324	1.917	0.061	-0.001 – 0.065
Shift working	-0.155	-1.432	0.158	-0.786 – 0.131

†Linear regression analysis.

Table 4. Predictors of job related distress: work- related and individual factors (as independent variables; felt constantly under strain at work as dependent variable) among teachers (n=72).

Work- related factors	β	t	p-value†	95% confidence interval
Low level of control over the work	0.200	2.163	0.033	-0.817 – 0.266
Low level of support from colleagues	0.155	1.559	0.122	-0.047 – 0.097
Low level support from superior	-0.115	-0.832	0.409	0.144 – 0.185
Work is mentally strenuous	0.354	3.665	0.001	0.135 – 0.204
Work is physically strenuous	-0.129	-1.030	0.307	-0.101 – 0.049
Low level of possibility to use knowledge, skills	0.101	-0.774	0.442	0.164 – 0.108
Having urgency to get work done	0.021	0.178	0.859	0.296 – 0.101
Work have phases that are too difficult	0.119	0.860	0.393	0.390 – 0.318
Dissatisfaction with present work	0.080	0.532	0.599	0.470 – 0.341
Dissatisfaction with present health	0.301	1.927	0.066	0.908 – 0.501
Dissatisfaction with present life	0.522	3.080	0.005	0.873 – 0.542
Individual factors				
Age	-0.707	-2.211	0.037	-0.005 – 0.027
Gender	-0.167	-1.106	0.280	0.317 – 0.174
Education level	-0.160	-1.013	0.321	0.098 – 0.070
Having second or unofficial job	0.017	0.095	0.925	0.930 – 0.039
Duration of working experience (year)	0.724	2.133	0.043	0.128 – 0.070
Shift working	-0.038	-0.228	0.821	-0.671 – 0.021

†Linear regression analysis.

Table 5. Predictors of job related stress: work- related and individual factors as independent variables among related personnel (n=50).

Work- related factors	β	t	p-value†	95% confidence interval
Having influence matters concerning work	-0.254	-1.002	0.326	-0.670 – 0.232
Having support from colleagues	-0.089	-0.461	0.649	0.393 – 0.250
Having support from superior	0.155	0.716	0.481	-0.353 – 0.728
Work is mentally strenuous	0.330	1.214	0.236	-0.197 – 0.760
Work is physically strenuous	0.180	0.680	0.503	-0.300 – 0.595
Using knowledge and skills	-0.044	0.157	0.876	0.444 – 0.381
Having to hurry to get work done	0.175	0.930	0.362	-0.191 – 0.503
Work have phases that are to difficult	-0.247	-1.104	0.281	-0.635 – 0.192
Satisfaction with present work	-0.045	-0.200	0.843	-0.419 – 0.345
Satisfaction with present health	0.136	0.710	0.484	-0.288 – 0.590
Satisfaction with present life	0.095	0.386	0.703	-0.336 – 0.490
Individual factors				
Age	0.100	0.288	0.776	-0.058 – 0.077
Gender	0.272	1.103	0.281	-0.519 – 1.711
Education level	-0.238	-0.806	0.429	0.447 – 0.290
Having second or unofficial job	0.221	1.219	0.235	-0.284 – 1.103
Duration of working experience (year)	0.005	0.014	0.989	-0.058 – 0.059
Shift working	-0.248	-1.102	0.281	-1.232 – 0.374

†Linear regression analysis.

research on regular supervision in workplace provides some clues about the types of actual behavior that might be associated with lower levels of chronic occupational stress in special education programs (Russo et al., 2008).

In general, special educators who ranked their work environment and principal relationships positively were more likely to be committed and satisfied with teaching and less likely to suffer from symptoms of distress (Gersten et al., 2001; Russo et al., 2008). The importance of keeping job motivation and satisfaction is obvious. The job satisfaction does not only depends on own actions (Blood et al., 2002). This results concerning social support at work allow us to postulate that a significant association exists between sources of social support within work organizations, job satisfaction and chronic occupational distress (Mcleskey et al., 2004; Rice and Goessling, 2005; Nichols and Sosnowsky, 2002; Plash and Piotrowski, 2007). Our special educators self-reported that when they suffered high level distress they continued to perceive job satisfaction in teaching process of disabled persons. Special educators have high levels of anxiety and reported lower job satisfaction. On the other hand, helping disable persons can be highly rewarding, the work also can be emotionally demanding and physically draining. But, among special educators increasing distress was positive co-related with age and duration of working experience years.

Teachers and health care workers who suffer chronic occupational stress can produce negative effects to one's own health and well-being and also on the quality of

education, vocational education or care they provide to disabled students or persons (Eichinger, 2000; Guo et al., 2008). Among common factors which cause occupational stress are low level of regular supervision concerning work, low level of social support and finally work is mentally and physically strenuous. Special education teaching staff felt dissatisfaction with present work, life and health. For female special educators, a balanced social role orientation was associated with higher levels of job satisfaction and lower levels of satisfaction and higher levels of distress. Similar results were reported other authors (Harris et al., 2008; Fish, 2009). Job dissatisfaction with shift working was the most important common predictor of chronic distress in stationary institutions for persons with severe mental retardation. Particularly, the lower job dissatisfaction has been reported among those who instruct student with severe mental retardation disabilities.

Low level of social support from colleagues arose as a significant chronic distress predictor in health care workers employed in Montenegro special education Institutions (p-value 0.015). This is significant distress predictor in health care workers employed in health care institutions too (Pranjić, 2006; Pranjić et al., 2006). In contrast to findings from hospital health care workers the health care workers in this study were less satisfied with present health. Special education teachers reported isolation from colleagues, dissatisfaction with health or life, especially in stationary institutions for disabled persons. Results are similar to results of the study which used a

sample from nursing occupations specifically, teachers who teach students with emotional or behavioral disorders exhibit the largest shortage, followed by those serving students with severe/profound disabilities, and learning disabilities (Gill-Monte et al., 1993; Nichols and Sosnowsky, 2002; Kafestios, 2007). It seems that social support at work has a secondary role in the development of the chronic stress, especially among special education teachers. Excessive paperwork and lack of administrative support were consistently linked to dissatisfaction, and attrition, while positive working environments were often indications of satisfied teachers of students (Gersten et al., 2001; Caesar and Nelson, 2008).

Our results were in opposite to hypothesis that work related factors that contributed to teacher chronic distress within deaf education included low levels of achievement attained by students, feelings of anger by professionals working with deaf children created due to discrepancies between students-teachers communication (Plash and Piotrowski, 2007; Pranjić and Bajraktarević, 2010). Occupational chronic stress among Montenegro teaching staff caring for persons with severe mental retardation was predicted by their perception of low level satisfaction with life or wellbeing, being a women and shift working. From the reviewed studies, in relation to professionals working with mentally disabled persons, indicates that work related distress not only depends on environmental stressors, but also on individual's reaction to stress (Strunk and Robinson, 2006).

Several studies found that lack of support from superior was one of the strongest and most frequently cited sources of distress, low job motivation, and attrition in special educators (McLeskey et al., 2004). The results of other study suggests that special education teachers who reported not receiving superior support also reported stronger and more frequent work-related distress. This previous research has been limited in two important ways. Firstly, superior "support" has been treated in rather global terms; types of support provided by superior have not been differentiated and there has been no attempt to gather information about the quantity, quality, and type of support. Secondly, superior behavior has not been assessed directly; instead, it has been measured through questionnaires completed by teachers. Focusing on specific superior behaviors that might be related to teacher burnout not only would provide more valid results; but it also could be more potentially useful to administrators by showing realistic, concrete ways in which supervisors can provide support to teachers (Blood et al., 2002). According Karasek's model (1990) crossing the dimensions of strain and latitude, we assess that special educators have passive workplace. Passivity that stems from the job being either irrelevant or unimportant will not be satisfying. In summary, principal support, stress, role problems, and job satisfaction should influence commitment and teachers' intent to stay in teaching. Empirical research suggests that the superior may be a key factor in the amelioration of stress and

burnout (Blood et al., 2002, Pranjić and Bajraktarević, 2010). Several other studies found that lack of support from superiors and administrators was one of the strongest and most frequently cited sources of stress, low morale, and attrition in special educators (Zabel and Zabel, 2001).

Referring to the literature on workplace distress, some researchers have understood distress as relation person-environment. They defined distress as "a problematic level of environmental demand that interacts with the individual to change his/her psychological or physiological condition so that the person (mind or/and body) is forced to deviate from normal functioning" (Russo et al., 2008).

An important limitation of our study was the generalization of our findings, as special teaching education institutions differ across countries. The main limitation is its cross-sectional nature, which precludes evaluation of temporality and causality of the observed relationships. Another limitation is assessment based on self-reported rating scales which raises the issue of measurement error. On other hand the participation rate was excellent (75%).

Conclusion

Special educators have many reasons to feel distressed; they could deal with stress more effectively by using specific strategies. As such, the following suggestions are provided to help teachers manage their stress levels. The fact that special education teachers should have to be organized, patient, able to motivate students, understand their students' special needs, and accepting of differences in others, cause many of them considerable stress due to heavy workloads tasks. The joint analysis of results suggests that individual factors such as age and duration of working experience explain significant influence on decreasing level of satisfaction with present health among sample subjects. Teachers should have adequate program of preventive activities towards ageing and keeping work abilities on time. Health care workers must have professional development opportunities.

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