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The Mediating Role of Self-Efficacy Perceptions in the Relationship Between Psychological Resilience and Health Anxiety of Special Education Teachers

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Abstract: The purpose of this study is to examine the mediating role of self-efficacy perceptions in the relationship between psychological resilience levels and health anxiety among special education teachers. It is assumed that the psychosocial factors that teachers encounter in their professional lives may influence their health anxiety levels. In this context, it is suggested that psychological resilience may act as a health anxiety reducing factor and that self-efficacy perceptions may be an important mediating variable in this relationship. The present study constitutes a quantitative research project, which was conducted using a cross-sectional survey model. The participants of the study consisted of teachers working in the field of special education throughout Türkiye, with the ages of these participants ranging between 25 and 55 years, and with a mean age of $\bar{X}$ = 36.4 and a standard deviation of SD = 6.8. Participants were determined by means of a simple random sampling method. The collection of data was undertaken using the Psychological Resilience Scale (PRS), the Self-Efficacy Perception Scale (SEQ), and the Health Anxiety Scale (HAS). The analysis was performed using IBM SPSS 29.0 and PROCESS Macro (Model 4), with the implementation of descriptive statistics, reliability analysis (Cronbach's Alpha), correlation analysis, and mediation analysis. The findings indicated that psychological resilience exerted a negative and significant influence on health anxiety (B = -8.779, $p < 0.001$). Additionally, psychological resilience demonstrated an insignificant effect on self-efficacy perception (B = 4.205, $p = 0.523$). However, the study found that self-efficacy perception had a negative and significant effect on health anxiety (B = -0.094, $p < 0.001$). The mediation analysis results indicated that self-efficacy perception did not play a statistically significant mediating role in the relationship between psychological resilience and health anxiety (B = -0.398, 95% CI: -1.596 to 0.879). The findings of the study demonstrate that psychological resilience exerts a direct effect in reducing health anxiety; however, self-efficacy perception does not function as a mediating factor in this relationship. Consequently, it can be posited that psychological resilience development programmes are imperative for teachers working in the domain of special education to mitigate health anxiety. Specifically, the implementation of psychosocial support programmes and professional development training for teachers is advocated. Future studies should examine analogous relationships in different occupational groups and investigate the causal relationships between variables in greater detail using longitudinal studies.

Keywords: psychology, health, self-efficacy, mediating role, special education teachers

1. Introduction

Special Education the necessity for special education arises from the recognition that individuals with unique physical and mental requirements require tailored support to thrive in society. These individuals often require greater psychological attention than their non-disabled peers [1]. Special education can be defined as institutions dedicated to the provision of educational services to individuals with special needs, particularly those facing challenges in acquiring fundamental aca-demic skills. This pedagogical approach is designed to provide support and interven-tions that enhance fundamental skills across diverse domains, including the home, school, emotional and social contexts [2]. Special education, also known as special needs education, can be defined as the practice of educating students in accordance with their individual differences, disabilities and special needs. It is a systemically designed approach aimed at ensuring the inclusion of all children within the school system, thereby preventing discrimination. Special education teachers undergo extensive training to identify the educational, behavioural, social and emotional needs of students with disabilities, and to promote their success in inclusive classroom environments [3]. The efficacy of special education teachers in addressing the individual learning needs of students with disabilities is contingent on their developed sense of self-efficacy. The concept of self-efficacy plays a pivotal role in shaping teachers' efficacy in implementing suitable educational methodologies for students, by fostering trust in their own competencies and levels of knowledge. Con-sequently, a teacher who possesses high levels of self-efficacy is better positioned to adopt a more nuanced and effective approach to the needs of their students, thereby enhancing the efficiency of their learning processes [4]. The concept of 'pedagogical self-efficacy' is defined as a comprehensive belief in a teacher's professional competence and ability to successfully implement pedagogical activities [5]. This aspect is considered to be a very important component of a teacher's professional training and an essential condition for effective work with stu-dents with special educational needs [4]. In accordance with Albert Bandura's social-cognitive theory, it can be concluded that the promotion of pedagogical self-efficacy is of paramount importance for teachers' professional training [6]. Self-efficacy beliefs have been shown to significantly affect teachers' teaching performance and student achievement [5]. Research on this subject reveals the importance of this issue. A study found a positive correlation between teacher self-efficacy and student achievement, emphasising the im-portance of supporting teachers to develop their self-confidence [7]. In a study conducted in Finland, although a plateau was observed in mid-career, self-efficacy increased with years of experience. Furthermore, higher self-efficacy has been linked to a more positive attitude towards inclusive education for students with special educational needs [8]. A separate study identified a positive correlation between teacher self-efficacy and classroom management practices, suggesting that higher self-efficacy enhances both classroom management and teaching performance [5]. This suggests that initiatives aimed at enhancing teacher self-efficacy may result in improved educational outcomes. The efficacy of special education teachers in addressing the individual learning requirements of students with disabilities is contingent on their levels of self-efficacy and psychological resilience. High self-efficacy in teachers' fosters confidence in their educational capabilities, while psychological resilience enables them to cope effectively with ad-versity and stressful situations. These characteristics collectively enable teachers to respond more effectively to the needs of their students. Psychological resilience, in this context, is defined as an individual's capacity to cope with and adapt to challenging life circumstances and events [9-10-11-12]. It encompasses the capacity to adapt to both external and in-ternal challenging conditions and processes, including difficulties in one's personal life, serious health problems, financial pressures, and work-related stress events [9-10-11-12]. Psychological resilience is defined by the ability to maintain or regain mental health despite adversity. This ability is influenced by factors such as individual personality traits, coping styles, perceived

social support, and organisational support [9]. A study demonstrated that higher levels of psychological resilience were associated with a reduced risk of all cause mortality among older adults, emphasising its importance as a protective factor for health and well-being [12]. Psychological resilience strengthens individuals' ability to cope with health concerns and helps to reduce anxiety levels by maintaining emotional balance in the face of stressful situations. Conse-quently, individuals grappling with health anxiety can more effectively manage their condition and maintain a healthier mental state by disengaging from negative thought patterns. Health Anxiety (HA) is defined as the state of excessive concern about the possibility of contracting or developing a serious illness [13-14-15-16- 17]. It is characterised by a preoccupation with the potential consequences of health issues, leading to a range of health-related behaviours that are detrimental to one's well-being [16]. Health anxiety, also known as pathological health anxiety (PHA), has been shown to lead to increased healthcare costs and significant distress [18]. Individuals develop hypersensitivity to disease. In a study, individuals with higher health anxiety were shown various images. It was observed that individuals experienced stronger emo-tional reactions such as increased anxiety and disgust when exposed to diseaserelated images compared to neutral images [14]. A further study identified significant relationships between health anxiety and factors such as age, gender and trait anxiety [16]. In light of the above information, this paper will examine the mediating role of self-efficacy perceptions of special education teachers in the rela-tionship between psychological resilience and health anxiety.

2. Materials and Methods

Research Desing

This study employed a cross-sectional quantitative research design to examine the mediating role of self-efficacy perception (SEQ) in the relationship between psychological resilience (PSR) and health anxiety (HA). The study utilised a questionnaire method, with participants completing standardised scales measuring the relevant variables. Mediation analysis was conducted using Hayes' PROCESS Macro Model 4 [19]. The indirect effect was robustly tested by calculating confidence intervals using 5000 bootstrap samples. All data were collected at a single time point, and the study was based on a non-experimental, correlational survey model, with no experimental intervention or manipulation. Hierarchical multiple regression analyses were performed, and direct, indirect and total effects were examined with PROCESS macro in SPSS.

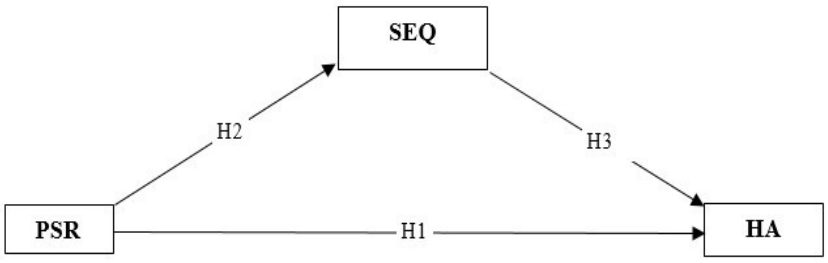


Figure 1. Situational Transaction Model in which the Mediation Effect between Variables is Tested

Research Hypotheses

H1: Psychological resilience (PSR) has a negative and significant effect on health anxiety (HA).

H2: Self-efficacy perception (SEQ) has a significant mediating role in the relationship between psychological resilience (PSR) and health anxiety (HA).

H3: Psychological resilience (PSR) and perception of self-efficacy (SEQ) together significantly predict health anxiety (HA).

Study Group

This study was conducted among teachers working in the field of special education in Türkiye. A total of 164 teachers participated in the study, with a mean age of 36.4 years (SD = 6.8), ranging from 25 to 55 years. The sample comprised 62% female (n = 102) and 38% male (n = 62), with an average professional experience of 10.2 years (SD = 5.4). The sample was determined by simple random sampling method and voluntary participation was taken as a basis. The random sampling method is an approach in which each individual has an equal probability of being included in the sample and minimises bias in sample selection [20]. This method was preferred because it has a high power to represent the population and reduces the possibility of systematic error [21]. The inclusion criteria for participation in the study were that teachers should have worked in the field of special education for at least one year and should have participated in the study voluntarily. Participants were included in the study by signing the informed consent form before the study.

Ethics Committee Approval

Written informed consent was obtained from the participants before participation in the study. The study was found to be in accordance with the ethical rules by Siirt University with the decision dated (09.01.2025) and numbered (8238). The study was conducted in accordance with the Declaration of Helsinki and the confidentiality of the participants and the protection of their data were ensured.

Data Collection Technique

Data collection in the study was conducted online via Google Forms. The participants started answering the questions after confirming that they voluntarily participated in the study.

Brief Psychological Resilience Scale (BPSR)

The Brief Psychological Resilience Scale (BSRS) was developed by Smith et al. [22], and adapted into Turkish by Doğan [23] for the purpose of assessing the psychological resilience levels of individuals. The scale is a 5-point Likert-type measurement tool based on participants' self-reports, consisting of a total of 6 items. The response options are graded from 'strongly disagree' (1) to 'strongly agree' (5), allowing participants to evaluate the extent to which they agree with the statements. It should be noted that some items in the scale are reverse coded, and high scores calculated after reversal indicate that individuals have a high level of psychological resilience. The reliability of the original scale was evaluated using the internal consistency coefficient and the test-retest method, and it was determined that the internal consistency reliability coefficient ranged between 0.80 and 0.91. In the analyses conducted in this study, Cronbach's Alpha reliability coefficient for the overall scale was calculated as 0.75.

Teacher Self-Efficacy Scale for the Education of Individuals with Special Needs

In this study, the Teacher Self-Efficacy Scale for the Education of Individuals with Special Needs was utilised as a data collection instrument [24].This scale, which was developed to assess teachers' self-efficacy in the education of individuals with special needs, comprises 12 items and one dimension. The scale utilises an 11-point Likert-type measurement scale. Interpretation of the scale score indicates the level of teachers' self-efficacy towards the education of individuals with special needs.

Health Anxiety Scale

A study was conducted in 2013 by Aydemir et.al. [25] into the Turkish validity and reliability of the Health Anxiety Scale, which was developed by [26]. The Health Anxiety Scale is a self-report scale consisting of 18 items. Scoring on the scale ranges from 0 to 3 for each item, with elevated scores denoting a heightened level of health anxiety. The scale's structure encompasses two distinct factors. The initial factor encompasses the initial 14 items, collectively termed the 'body dimension', which embodies the dimension of hypersensitivity to physical symptoms and anxiety. The subsequent factor comprises the final 4 items, designated as the 'dimension related to the negative consequences of the disease'. The scale demonstrated an internal consistency coefficient of 0.91, as determined by Cronbach's alpha. In the present study, the Cronbach alpha value of the scale was found to be 0.91.

Statistical Analysis

The data obtained in this study were analysed using IBM SPSS Statistics 28 software and Hayes' PROCESS Macro (v4.2) [19]. Before testing the main hypotheses, several preliminary analyses were conducted to determine the accuracy and suitability of the data for the analyses. Firstly, missing data, outliers and basic assumptions were analysed. Little's MCAR test was applied within the scope of missing data analysis, and since the missing data rate was below 5%, it was completed with the average [27]. Outliers were analysed with z-scores at the univariate level (±3.29 limit value; mahalanobis distance at the multivariate level [28].

Kolmogorov-Smirnov and Shapiro-Wilk tests were applied for the normality assumption, and skewness and kurtosis values were evaluated (acceptable within ±2; [29]. Linearity and homogeneity assumptions were tested with scatter plots and residual analyses. Within the scope of descriptive statistics, mean (M), standard deviation (SD), skewness, kurtosis and Pearson correlation coefficients (r) were calculated to evaluate the relationships between variables. Mediation analysis was conducted to test the main hypotheses of the study. Model 4 of the PROCESS Macro developed by Hayes [19] was used to test the mediation role of self-efficacy perception (SEQ) in the relationship between psychological resilience (PSR) and health anxiety (HRA). Within the scope of the model, the direct and indirect effects between the independent variable (PSS), the dependent variable (SDL) and the mediating variable (SWLS) were analysed. In order to determine the significance of the mediation effect, 5000 bootstrap sampling was used. For the indirect effect to be significant, the confidence interval (95% CI) should not include zero. In regression analyses, standardised regression coefficients (β) and coefficients of determination (R^2) were reported. To assess the extent to which the independent variables explain social anxiety, the R^2 coefficient was calculated and the level of explanatory power between the variables was examined. In addition, VIF (Variance Inflation Factor) values were checked to detect multicollinearity (VIF < 5 is the acceptable limit; [30].

3. Results

Within the scope of the hypotheses tested in this study, H1 and H2 examine the direct effects of psychological resilience (PSR) on health anxiety (HA) and self-efficacy perception (SEQ). Hypothesis H3 suggests that self-efficacy perception will play a mediating role in the relationship between psychological resilience and health anxiety. Hayes PROCESS Macro (Model 4) was used to test the hypotheses and 95% confidence interval (CI) was calculated with 5000 bootstrap sampling to determine the significance of indirect effects. In the analyses, the direct and indirect effects of psychological resilience on health anxiety were evaluated in detail.

As illustrated in Table 1, the mean (M), standard deviation (SD.) values, and Pearson correlation coefficients of the variables in the study are presented. Upon examination of the descriptive statistics, the mean value of the Psychological Resilience (PRS) variable was calculated to be 3.053 (SD. = 0.439), and the mean value of the Health Anxiety (HA) variable was determined to be 3 3.817 (SD. = 12.581) and the mean value of the Self-Efficacy Perceptions (SEQ) variable as 75.402 (SD. = 36.860). The findings indicate a negative and statistically significant relationship between Psychological Resilience (PRS) and Health Anxiety (HA) ($r = -0.321$, $p < 0.01$). This finding suggests that individuals with high psychological resilience exhibit reduced levels of health anxiety. In contrast, no significant relationship was observed between psychological resilience and self-efficacy perception ($r = 0.050$, $p > 0.05$), indicating that the psychological resilience level of individuals does not directly correlate with self-efficacy perception.

3.2. Figures, Tables and Schemes

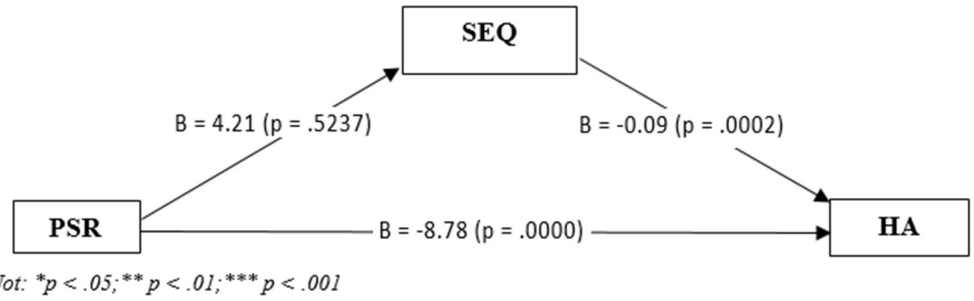


Figure 2. Role of Mediation

Table 2 presents the results of the regression model showing the effect of Psychological Resilience (PSR) variable on Perception of Self-Efficacy (SEQ). According to the findings of the analyses, the effect of PSS on SWLS is not statistically significant ($b = -4.205$, $p = .523$, $\beta = 0.050$). 95% confidence interval [-8.7885, 17.1987] includes zero, indicating that this relationship may be random. The explanatory power of the model is low ($R^2 = 0.0025$), indicating that the PSR variable explains only 0.25% of the variance on the SEQ. These results show that the level of psychological resilience does not directly affect the self-efficacy perception of individuals. The fact that the explanatory power of the model is quite low indicates that other factors determining self-efficacy perception should be taken into consideration.

As illustrated in Table 3, the regression model demonstrates the impact of psychological resilience (PSR) and self-efficacy perception (SEQ) on health anxiety (HA). The regression analysis reveals a negative and significant relationship between PSR and HA ($b = -8.779$, $p < .001$, $\beta = -0.306$), suggesting that individuals with high psychological resilience exhibit reduced levels of health anxiety. The regression model also demonstrated a negative and significant relationship between self-efficacy perception and health anxiety ($\beta = -0.277$, $p < .001$). This suggests that individuals with a

stronger sense of self-efficacy report lower levels of health anxiety. The regression model exhibited an R^2 value of 0.1795, indicating that the independent variables accounted for 17.95% of the total variance in health anxiety.

The regression analysis results in Table 4 demonstrate that the total effect of PSS on HRQOL is negative and statistically significant ($b = -9.177$, $p < .001$, $\beta = -0.320$). This finding indicates that an increase in psychological resilience is associated with a significant decrease in health anxiety levels. The R^2 value of the model is 0.1028, and the PBS variable explains 10.28% of the total variance of health anxiety. This ratio demonstrates that psychological resilience exerts a significant effect on health anxiety, yet other psychosocial factors associated with stress must also be considered. The inclusion of self-efficacy perception (SEQ) in the model resulted in the direct effect of PSS on HRQOL remaining significant ($b = -8.779$, $p < .001$, $\beta = -0.306$). This finding indicates that the effect of psychological resilience on health anxiety is predominantly a direct effect. However, the mediating role of HRQOL was not statistically significant ($b = -0.398$, 95% CI [-1.5966, 0.8796]). The bootstrap confidence interval contains zero, indicating that the indirect effect is not significant. The standardised indirect effect ($\beta = -0.0139$) is rather low and does not have a practically significant effect size.

As demonstrated in Table 5, the bootstrap results reveal the indirect effect of the relationship between Psychological Resilience (PSR) and Health Anxiety (HA) through Self-Efficacy Perception (SEQ). The bootstrap analysis indicates that the indirect effect is not statistically significant ($b = -0.3981$, 95% CI [-1.596, 0.879]). The confidence interval containing zero indicates that the mediating role of the SCAS is not significant. The standardised indirect effect ($\beta = -0.0139$) is low and does not have a practically significant effect size. The findings indicate that self-efficacy perception is not a significant mediating variable in the relationship between psychological resilience and health anxiety. Consequently, it can be concluded that the impact of psychological resilience on health anxiety is direct and not mediated through self-efficacy perception.

4. Discussion

The present study has been conducted with the objective of examining the mediating role of self-efficacy perception in the relationship between psychological resilience levels and health anxiety experienced by teachers working in the field of special education. The findings of the study indicate that psychological resilience exerts a negative and significant effect on health anxiety ($B = -8.779$, $p < 0.001$). In addition, psychological resilience did not have a significant effect on self-efficacy perception ($B = 4.205$, $p = 0.523$). However, self-efficacy perception has a negative and significant effect on health anxiety ($B = -0.094$, $p < 0.001$). The mediation analysis results indicate that self-efficacy perception does not statistically significantly mediate the relationship between psychological resilience and health anxiety ($B = -0.398$, 95% CI: -1.596 to 0.879). A review of the literature reveals that several studies have examined self-efficacy within the field of special education. For instance, [31-32-33] investigated the self-efficacy levels of special education teachers in relation to various variables.

5. Conclusions

İnvestigated the professional self-efficacy and burnout levels of special education teachers and compared the self-efficacy of teachers of students with special needs to that of teachers of students without special needs [34]. İnvestigated the challenges experienced by special education teachers along with their self-efficacy beliefs [35]. Additionally, studies conducted with pre-service teachers indicated that participants' levels of self-efficacy and motivation were above average [36] or at a sufficient level [37-38]. In contrast, the study by Çakıroğlu [39] revealed that teachers who

transitioned into special education through a change in teaching field reported feelings of inadequacy. Furthermore, [40] identified a positive, significant, and moderate relationship among in-service teachers, while Recepoğlu and Recepoğlu [41] found a similar relationship among prospective teachers. Conversely, the study conducted by Recepoğlu & Recepoğlu [41] determined that motivation towards the teaching profession was a significant predictor of teacher self-efficacy. In this respect, it is understood that teachers working in this field should work more devotedly due to the individual differences of students with special needs, and their self-efficacy and motivation towards the profession should be high.

Research indicates that the efficacy of special education is considerably influenced by the qualifications and training of educators. Studies have demonstrated that teachers who undergo specialised training in special education are more likely to exhibit higher levels of self-efficacy in implementing effective inclusive practices and utilising assistive technologies [42-43]. A study by Kazanopoulos et al. [44] emphasises that special education teachers have a higher sense of self-efficacy in using inclusive teaching strategies and collaborating with other educators [45]. This high self-efficacy is often attributed to the specialised training and experience they have received in meeting the unique needs of students with disabilities. In addition, [46] found that teachers with high self-efficacy were more likely to interact effectively with low achieving students and use better teaching strategies, which directly impacts student outcomes. The psychological resilience level of teachers working in special educa-tion has been the subject of a small number of studies. In this study, it was found that the psychological resilience level of teachers working in special education was at a medium level. This finding aligns with the results reported by Karataş [47], who also identified a medium level of psychological resilience among teachers working in special education. In contrast, Uçar [48], observed higher levels of psychological resilience in teachers working in special education. Additionally Yalçın [49], study revealed that psychological resilience levels among primary school teachers increased with age.

Another issue addressed by the research pertains to the health-related concerns of teachers working in the field of special education. For example, Deveci and Ergin [50], examined the relationship between professional social support and the professional competence beliefs of teachers employed in special education institutions. Their findings indicated that colleague support was not perceived as a significant factor influencing teachers' competence beliefs. Teachers working in special education are psychologically affected more than teachers working in regular education [51]. The unique challenges faced by individuals with disabilities within the special education sector, combined with the heightened expectations of families, have been identified as significant contributors to the stress experienced by teachers. Yazıcı and Durmuşoğlu [51], further emphasized the importance of societal and governmental expectations placed on families of children with special needs, highlighting the substantial impact of these expectations on teachers' well-being.

The findings of Küçüksüleymanoğlu [52], indicate that special education teachers experience a lower level of professional satisfaction, which in turn can lead to increased feelings of burnout. Friedman [53] seminal study identified a range of symptoms associated with burnout syndrome, including anger, anxiety, restlessness, depression, fatigue, boredom, insecurity and nervous disorders. The findings of several studies support the present research, including Swanson, Solis, and McKenna's [54] study on the teaching practices of special education teachers; Berry, Petrin, Gravelle, and Farmer's [55] research on the recruitment, retention, and professional development of special education teachers; Benitez, Morningstar, and Frey's [56] study on teacher competencies; and Zabel and Kay Zabel's [57] work on burnout among special education teachers. Chen [58] study stated that teachers' anxiety and excessive psychological stress lead to many teaching problems, disrupt normal work and life, and turn into a psychological disorder. The primary group affected by prolonged

teacher anxiety is the students; when teachers experience chronic anxiety over an extended period, the students they teach may also exhibit elevated levels of chronic anxiety. Supporting this, Stewart and Timm [59] theorized that students' mental health in the classroom is closely linked to the mental health status of their teachers. Theorised that teachers experiencing elevated pressure and mental strain in their roles may be unable to adequately fulfil their teaching functions in a healthy manner, consequently hindering their ability to meet the emotional needs of students [60]. In their seminal study, conducted a comprehensive mental health survey on 439 primary and secondary school teachers [61]. The majority of respondents identified a younger demographic as the primary cause of mental health problems, attributing this to heightened stress levels. As Lynn, Makay & Atkins [62] demonstrate, conflicts with students, colleagues and administrators, social changes and pressures, and societal expectations are the most common reasons for teachers' mental health problems. In comparison to other professions, teachers have higher levels of chronic anxiety than the general population [63]. In fact, 56.12 per cent of university teachers had different levels of anxiety, and 21.58 per cent of them were severely anxious. In various studies, Gherghel et al. [64,65] defined osteoarthritis not as a single disease but as a complex process that develops through the accumulation of multiple predisposing factors; therefore, they emphasized the need for personalized rehabilitation programs. Iordan et al. [66] also examined postural problems observed in young female table tennis athletes, demonstrating that combining individualized assessments and interventions with a specialized rehabilitation approach is critical for both performance and long-term athlete health.

The findings of this study indicated that the psychological resilience levels of teachers working in the field of special education exerted a negative and significant influence on health anxiety. This suggests that enhancing teachers' psychological resilience may serve to reduce their health anxiety. However, psychological resilience did not demonstrate a significant effect on self-efficacy perception. Conversely, self-efficacy perception exhibited a negative effect on health anxiety, indicating that teachers can mitigate their health anxiety by increasing their self-efficacy levels. Consequently, enhancing the psychological resilience of teachers in special educa-tion can contribute to a reduction in their health anxiety.Furthermore, reinforcing teachers' self-efficacy perceptions is a crucial factor in enhancing their professional satisfaction and productivity.These findings underscore the necessity for the development of more comprehensive strategies to support and train special education teachers.Teachers should be provided with training to enhance their psychological resilience, focusing on aspects such as stress management, problem solving skills, and emotional regulation. These training programmes have the potential to be effective in combating health anxiety. Furthermore, the provision of professional psychological counselling services for teachers experiencing health anxiety has been demonstrated to be beneficial. Individual counselling, particularly for teachers who encounter difficulties in coping with stress, has been shown to enhance psychological resilience and strengthen the perception of self-efficacy. The establishment of social support systems has been identified as a crucial factor in increasing teachers' self-efficacy perceptions. Colleague support, supportive attitudes of school administration, and effective com-munication with families have been shown to alleviate teachers' workload and reduce their stress levels.

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Data Availability Statement: The study data can be obtained by contacting the author of correspondence, Mustafa Can Koc, at cankoc_01@hotmail.com.

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