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**Contemporary Coping Strategies among Student Teachers: A study of fourth year primary school student teachers.**

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**ABSTRACT**

***Contemporary Coping Strategies among Student Teachers: a study of fourth year primary school student teachers.***

Current discourse among teacher educators reveals a prevalent view that teaching, and the teaching practicum, are stressful. By the year 2020, widespread depression is predicted to be the second most prevalent medical illness among the community at large, followed closely by anxiety. As teaching is widely regarded as a stressful profession, it is expected that anxiety and/or depression may be an impediment for many teachers and student-teachers.

This paper presents findings, using a mixed-method approach, of student-teachers' coping strategies and resources. These included mindful cognitive behavioural approaches, seeking support from friends and family, and reference to the internet.

If we are to retain beginning teachers, additional pre-service training, focussed on these strategies, may contribute to student-teachers' future well-being.

*Keywords:* Stress, student-teachers, coping strategies, mindful cognitive behaviour therapy

## **Introduction**

Teaching is known to be stressful, and stress has been found to be predictive of psychological distress. In addition to the stresses associated with their Internship, student-teachers have to cope with a raft of new and challenging education initiatives (Facchinetti, 2010), which may result in distress for them, and for both they and their mentor teachers. High levels of psychological distress could be further exacerbated by the Internship.

University students, student-teachers and others develop a variety of different coping strategies and resources to manage stress. Typical techniques, drawn from cognitive behaviour therapy (CBT), are effective in managing psychological distress (Hunot, Churchill, Silva de Lima, & Teixeira, 2007). Cognitive strategies used in conjunction with relaxation and mindfulness techniques, as well as exercise are associated with significantly reduced anxiety and depression. Support from family and friends also made a difference to student-teachers, psychologically distressed after their first practicum (Chan, 2002).

Universities provide counselling (Stallman, 2008), but some student-teachers, concerned about obtaining work on graduation, may be reluctant to acknowledge their distress, in case it reflects unfavourably. Others may engage in negative coping strategies related to alcohol, or avoid facing stress,

Beginning teachers are mostly in their twenties. They are familiar with the internet, and draw on web-based support. However, overall, their coping strategies are

largely unknown. What is known is that talented student-teachers, who reportedly achieved top academic results, and glowing reports from their mentor teachers, have dropped out after only a few months of teaching (Wilhelm, Dewhurst-Savellis and Parker, 2000).

This paper aims to present findings which portray contemporary coping strategies used by graduates about to enter the profession. It is hoped that these findings and implications are useful for those involved in planning future pre-service programs in teacher education.

## **Method**

### *Research Design*

The design included both quantitative and qualitative methods of data collection. Questionnaires were administered on three occasions: 1) the beginning of the year, when student-teachers were expected to be least stressed with academic or Internship concerns, 2) immediately prior to the Internship, when all fourth year student-teachers were expected to be on campus for an intensive two-week period of training through the *Capstone program*, and it was considered that the student-teachers' stress about their imminent Internship would be considerable, and 3) on the last day of the Internship, the time when their Mentor Teacher and School Coordinator complete a final evaluation. As this statement of satisfactory completion of their Internship is submitted by student-teachers to the University to complete their academic assessment, and the rating required by the Queensland College of Teachers

relates to the process of gaining future employment as a teacher, it was expected that stress would be significant .

Questionnaires contained scales developed from a combination of coping items from the Brief COPE, an inventory developed to assess ways in which people respond to stressful events in their lives. They included items based on CBT, mindfulness, exercise, self-help materials and web-based resources. Open-ended questions, and at mid-Internship cluster-group meetings provided qualitative data. Questionnaires were disseminated during lectures, and at mid Internship cluster meetings. The return rate was 72%, and 77% of the student-teachers participated in one of four cluster group meetings.

### *Sample*

Participants were full-time primary school student-teachers in fourth year in 2009, as shown in Table 1. The majority (77%) were female, aged between 20 and 25 (66.7%), had completed Year 12 (68.6%), and obtained a credit (5) score for their GPA in the previous year (63%).

### *Instruments*

New scales were constructed. The first, referred to as a Personal Coping Scale (PCS), consisted of 22-items. Nine items were reworded from the Brief COPE, a standardised measure of the ways people usually cope when under stress. The Brief COPE includes two questions about substance use, but, following pre-testing of all the items, the participants recommended more specific alcohol-use items. Two subsequent items, based on the Alcohol Use Disorders Identification Test (AUDIT), an instrument developed by the World Health Organisation (WHO) to measure

alcohol risk across gender and age, were substituted. The remaining items were based on the cognitive strategies and problem solving techniques included in CBT, present moment awareness strategies associated with mindfulness, and other self-help strategies, such as referring to web-based materials, yoga, relaxation, social support and exercise. Participants were asked to respond using a 4-point rating scale, which ranged from 1 (*Strongly Disagree*) to 4 (*Strongly Agree*).

The second 10-item scale, referred to as a Professional Resources Scale (PRS), identified resources used by to student-teachers to cope with the demands of their Internship. Six items included seeking support from a GP or allied health professional, university supervisor and peers. Four items discerned barriers that may preclude student-teachers from seeking help and there was a single item about sleeping habits. Participants responded using a 7-point Likert scale ranging from 1 (*Strongly Disagree*) to 7 (*Strongly Agree*).

### *Statistical Analyses*

Using the Statistical Package for Social Sciences (SPSS) Version 17, after demographic frequencies were calculated, mean values and standard deviations of each item from the Personal Coping Scale (PCS) and Professional Resources Scale (PRS) were obtained, as shown in Table 2 and Table 3. Further analyses of the scales demonstrated reliability, and analyses of the new scales demonstrated the use of the coping strategies on each of the three occasions (t1, t2 and t3). These analyses were complemented by the results from open-ended questions and from student-teacher's feedback at cluster meetings with the University Co-ordinator.

## **Findings**

The mean values and standard deviations of each item from the Personal Coping Scale (PCS), arranged in descending order in Table 2, illustrate that, to cope with personal stress, student-teachers were most likely to agree that they would seek comfort and understanding from family. They used CBT strategies including problem solving, being positive, active and seeking distraction, then exercise, and focusing on the present (mindfulness). They did not use self-help materials or websites as frequently, and were least likely to agree that they drank alcohol daily to cope.

Mean values and standard deviations of the items from the Professional Resources Scale (PRS), arranged in descending order in Table 3, illustrate that to cope with the demands of their Internship, they were most likely to use share concerns with friends, or to work harder. They expected their sleep to be affected. Many sought support from doctors or other health professionals. There were some who, fearing judgement, would not disclose being stressed, but overall, most took some action.

#### *Factor Analyses*

Following exploratory factor analyses (with varimax rotation), using SPSS, the 22-item PCS and the 10-item PRS were reduced to five and three components respectively. As Kaiser-Meyer-Okin Measure of Sampling Adequacy (KMO) values of 0.570 (PCS) and 0.580 (PRS) respectively, were equal to the conventionally recommended value of 0.6, and the new factors were greater than or equal to the conventionally accepted value of 0.30, results of individual student-teacher's scores were statistically significant. The SPSS components analyses excluded one mindfulness item from the PCS, and one item was reversed and one excluded from the PRS.

#### *Reliability*

Internal consistency (Cronbach's alpha reliability coefficient) of the new 5-factor PCS and the new 3-factor PRS statistics generated for this sample was acceptable, as shown in Table 4.

Multivariate Analyses of Variance (MANOVA)s for the two new PCS and PRS scales, shown in Figure 1 and Figure 2 respectively, illustrate the effect of the Internship at each of the three occasions (t1, t2 and t3). Overall, as shown in Figure 1, student-teachers appeared to use all five personal coping strategy (PCS) groupings less as they approached their Internship (t2), and following it (t3). At the beginning of the year (t1), when they completed the baseline questionnaire, they were most likely to use the CBT and mindfulness strategies (which included present moment focus and rational self-talk) and emotional release (including talking to friends), and least likely to use self-help (which included web-sites and relaxation strategies).

As they prepared for their Internship (t2), student-teachers were most likely to use emotional release, followed closely by CBT and mindfulness. This pattern was repeated post Internship (t3). At the beginning of the year, they were more likely to use self-help and be disengaged (including not trying to deal with stress), but this reduced considerably by t2 and t3. The same pattern was repeated with the alcohol and exercise component.

Three MANOVA tests (t1, t2 and t3) for professional the three new PRS components, as shown in Figure 2, revealed a significance decrease in mean scores over time in using relaxation (which referred to not working hard), and using professional support (including support from their university supervisor, doctor or other health professional). The greatest change was a reduction in using relaxation post Internship, the time when they were more likely to be taking the situation seriously and working hard for their future. Barriers, which included sleep, remained

quite high, which may have been related to anxiety about their impending Internship, and not wanting to let others know in case it affected their career outcomes.

Post Internship (t3) results should be interpreted cautiously because the numbers who remained in the study was low (37%). Turning to analysis of the open-ended questions, and responses made at cluster meetings, provides a more detailed understanding of coping strategies.

In the questionnaires, student-teachers were asked to comment on strategies used or expected to use for their personal well-being, and their Internship. The personal coping resources to manage life's stresses that they listed included strategies developed to respond when previously suffering with mental health issues. For example, one male student-teacher wrote about his pre-existing behaviours, becoming aware of venting to release his anger, and how he used relaxation to manage his stress, as follows:

Life presents many challenges. At times I know I get angry, but I have learnt that if I let it out in a "controlled burn" I will find that I feel better. I believe that the trick is to protect my mental health by using simple relaxation strategies until I work out solutions.

Another male student-teacher mentioned that, having had two previous bouts of depression, he had been taught by his doctor to change his thinking, as well as being prescribed medication. He also wrote about turning to the internet to find inspirational quotes which enhanced his motivation. A number of female student-teachers mentioned that establishing routines and a positive mindset was helpful in coping with distress. Others mentioned taking medication and/or receiving therapy for depression and anxiety. Their resources included private psychologists, the university

counsellor and their GP. There were those who said they procrastinated, others relied on their partners, some vented, and they used positive self-talk.

Many student-teachers stressed using the various forms of media available, including television and the internet. For example, one student-teacher reported “I look up blogs from others who are in the same situation as me, and this seems to help”. Another suggested, “I cope with any stress by watching comedy on TV”. A number also referred to spirituality and religious practices as representing their coping strategy. For example, one said:

As a Christian I found just telling God when I was overwhelmed helped me, and again using the scriptures, to say in my mind things to encourage myself, that is what got me through my Internship.

Many females associated their well-being with using problem solving and relaxation, whereas both males and females listed sport and exercise including karate, riding, and working out for stress relief. The most frequently mentioned strategy among females was spending time with others. Typical examples are represented by the following remarks:

I laugh with friends and family, go for a walk, and watch humour on TV. I felt that having the support of my family was great as they could help me out. It was great to know that they were there for me, and if I needed to get something done but didn't have the time, I knew I could trust that they would do it for me.

At cluster meetings, the predominant strategies mentioned were having positive relationships with Mentor teachers. They mostly reported feeling supported by staff, including their Mentor Teachers and Administrators, and were excited by the physical resources available to assist them in their teaching practise,

and the opportunity to engage with parents, as reflected by the following selection of responses:

My mentor teacher is fantastic. She goes off to the staff room or on some other errand and trusts me to manage the class. It feels great.

It was quite scary, knowing the Deputy Principal was coming to observe my lesson, but I settled down and the children were so well behaved that it all went beautifully. She was really nice afterwards. I have found all the staff to be extremely helpful and friendly.

## **Discussion**

In Australia, the historical trend is that primary school teachers are predominantly female, and that was replicated in this study. In reviewing use of coping strategies among teacher populations, no one particular scale was isolated that measured coping strategies associated with primary school student-teachers and their Internship. Factor reduction of scales composed for this study, based on similar studies (D’Rozario and Wong, 1996), resulted in the creation of eight new components illustrative of coping among student-teachers.

As consistent with previous gender studies and contemporary coping studies, primary school student-teachers in this study, the majority of whom were female, were more likely to report using the support of family to cope with personal and Internship stress. This was combined under a new coping factor in a new PCS, which incorporated 1) a mindfulness item emphasising focussing on the present moment, 2) problem solving by doing something about the situation, 3) changing cognitions by

firstly, looking at the situation differently, secondly, looking for something good in the situation, and thirdly, using rational self-talk, and 4) seeking comfort from family.

A second coping factor in a new PCS, which incorporated talking to friends and discussing worries with others, was referred to as Emotional Release. This coping strategy was used at each occasion (t1, t2 and t3) as a significant coping strategy. It was by far the most popular strategy pre and post Internship, as shown in Figure 2.

Professional support was also initially the most popular of resources for coping with the demands of the Internship, but this decreased post Internship, but it is not possible to know which of the student-teachers remained in the study after their Internship.

Items were combined into new factors, and the results reported here reveal that student-teachers in this study use a variety of coping strategies to manage their stress. At the beginning of the year, they were more inclined to use CBT and mindfulness strategies, as well as receive support from family, to cope with any personal distress. Initially student-teachers were more likely to exercise, drink alcohol, look to the internet and practise yoga, but they used these strategies less, possibly due to time constraints, as their Internship approached. Following their Internship, they also used self-help, exercise and disengagement strategies less, which may be due to the positive support they reported at cluster meetings, held during their Internship.

Pre Internship (t2), it is likely that they were more focused on preparations for their impending Internship, and less focused on their personal well-being. Field notes from these meetings in response to the questions posed by their University Co-ordinator at cluster group meetings, added a contemporary perspective to the results.

Coping strategies to emerge from the analyses of qualitative responses matched the personal and professional categories of the quantitative data. Personal

coping highlighted in the qualitative responses included positive cognitions, physical activity and relaxation, drinking, using humour to take the situation less seriously, and managing time.

For student-teachers, prior to the Internship, seeking support from their school Mentor teacher, and their university supervisor was important. However, people may delay seeking help for their mental health, due to issues such as embarrassment. The average scores of student -teachers who were reluctant to seek support (as represented by “Barriers” in Figure 2), and kept their worries to themselves at the beginning of the study remained this way throughout the study. Pre Internship, they were even less likely to seek support, and their average responses actually increased at t2, to decrease a little overall post Internship.

The findings suggest that some contemporary student- teachers have a variety of strategies to manage their personal and professional stresses. Whilst many use some combination of CBT/mindfulness strategies, and Emotional Release, as they become potentially more stressed leading up to their Internship, they become less likely to use these strategies. There are also barriers that preclude some, who may be stressed, from seeking help. Student-teachers are personally and professional required to deal with potentially stressful events in their lives, including the Internship. Coping strategies have been offered in various university faculties as part of the curriculum (Redwood & Pollak, 2007). Teacher education programs could provide, as curriculum, or as electives, stress management programs for the future well-being of all student-teachers.

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Table 1  
*Demographic Profile of Student-Teacher's Gender, Age Group, and Education*

Demographic Variables		Value	Frequency N = 105	Percent 73.8%
Valid	Gender	Male	24	22.9
		Female	81	77.1
	Age range	20-25	70	66.7
		26-30	15	14.3
		31-35	7	6.7
		36-40	5	4.8
		41-45	6	5.7
		46-50	1	1.0
		missing	1	1
			Education	Highest level
Year 10	4			3.8
Year 12	72			68.6
Other Tertiary	29			27.6
GPA 3 <sup>rd</sup> year BEd				
7	1			1.0
6	26			24.8
5	63			60
	4	11	10.5	
	not provided	4	3.8	

Table 2  
*Mean Scores for 22-item Personal Coping and Resources Scale (PCS) items*

Statistics	N	Mean	SD	Skew	Kurtosis	Min	Max
Comfort and understanding from family	104	3.20	.688	-.468	-.089	1	4
Do something about the situation	104	3.06	.518	.085	.790	2	4
Look for something good in situation	104	3.05	.597	-.015	-.136	2	4
Exercise regularly	104	2.96	1.004	-.509	-.912	1	4
Do something to think about it less	104	2.92	.692	-.792	1.390	1	4
Talk about worries to friends	104	2.80	.613	-.886	1.609	1	4
I remind myself to focus on the present	104	2.79	.664	-.957	1.462	1	4
Get up and let out emotions	104	2.78	.763	-.404	.047	1	4
Learn to live with it	104	2.78	.590	-.195	.181	1	4
Tell myself to look differently at situation	104	2.74	.697	-1.003	1.137	1	4
Criticize myself	104	2.67	.875	-.458	-.393	1	4
Positive self-talk CBT rational cognition	104	2.66	.663	-.523	.340	1	4
Work out a strategy to decrease stress	104	2.54	.787	-.434	-.298	1	4
Reluctant to discuss with others	104	2.33	.781	.097	-.374	1	4
I focus on breathing and relax	104	2.21	.797	.187	-.426	1	4
Often have more than 6 drinks at one time	104	2.08	1.086	.541	-1.043	1	4
Practice yoga, relaxation	104	2.02	.914	.351	-.966	1	4
Pretend it hasn't really happened	104	1.99	.744	.448	.060	1	4
Give up trying to deal with it	104	1.72	.645	.337	-.685	1	3
I refer to self-help books and CDs	104	1.70	.823	.926	.033	1	4
Look up websites on ideas to cope	104	1.61	.769	1.206	1.070	1	4
Drink two glasses of alcohol daily to cope	104	1.40	.631	1.552	2.316	1	4

Table 3.  
*Mean Scores for 10-item Internship Coping Resources Scale (PRS)*

Statistics	N	Mean	SD	Skew	Kurtosis	Min	Max
Share professional concerns with friends	104	5.62	1.23	-1.32	2.60	1.00	7.00
Work harder and manage myself	104	5.11	1.34	-1.07	1.66	1.00	7.00
Sleep poorly and expect it will be worse	104	4.36	1.75	-.53	-.75	1.00	7.00
Appointment with doctor or other health professional	104	4.17	1.74	-.12	-.97	1.00	7.00
Seek support from university supervisor	104	3.94	1.76	-.04	-.99	1.00	7.00
Keep it to myself	104	3.68	1.74	-.06	-.95	1.00	7.00
Not take it too seriously	104	3.40	1.75	.08	-.91	1.00	7.00
Use stress management techniques already taught	104	2.90	1.74	.71	-.30	1.00	7.00
Not tell anyone as they would judge me	104	2.81	1.48	.51	-.21	1.00	7.00
Do none of this as it would not help	104	2.59	1.44	.08	-1.53	1.00	6.00

Table 4.

*Alpha reliability of five component PCS, (one item reversed, one excluded), and three component PRS (two items excluded)*

New Coping Strategy Components	Original Items summarised	Cronbach's alpha reliability coefficient
Mindfulness and CBT	Remind myself to focus on present, do something about the situation, tell myself to look differently, look for the good, seek understanding from family, use positive self-talk	0.691
Self-help	I look up web-sites on how to cope, practice yoga, refer to self-help CD's	0.660
Disengagement	Pretend it hasn't happened, give up, criticize myself, live with it	0.618
Emotional Release	Talk to friends, discuss with others, let emotions out	0.521
Exercise/alcohol	Drink more than 6 glasses, 2 glasses daily, distract myself	0.485
Barriers to seeking help	Poor sleep, keep to myself, not tell for fear of being judged	0.730
Professional Support	Doctor, or health professional, university supervisor, existing taught techniques	0.573
Relaxation	Not work too hard, take it less seriously	0.485

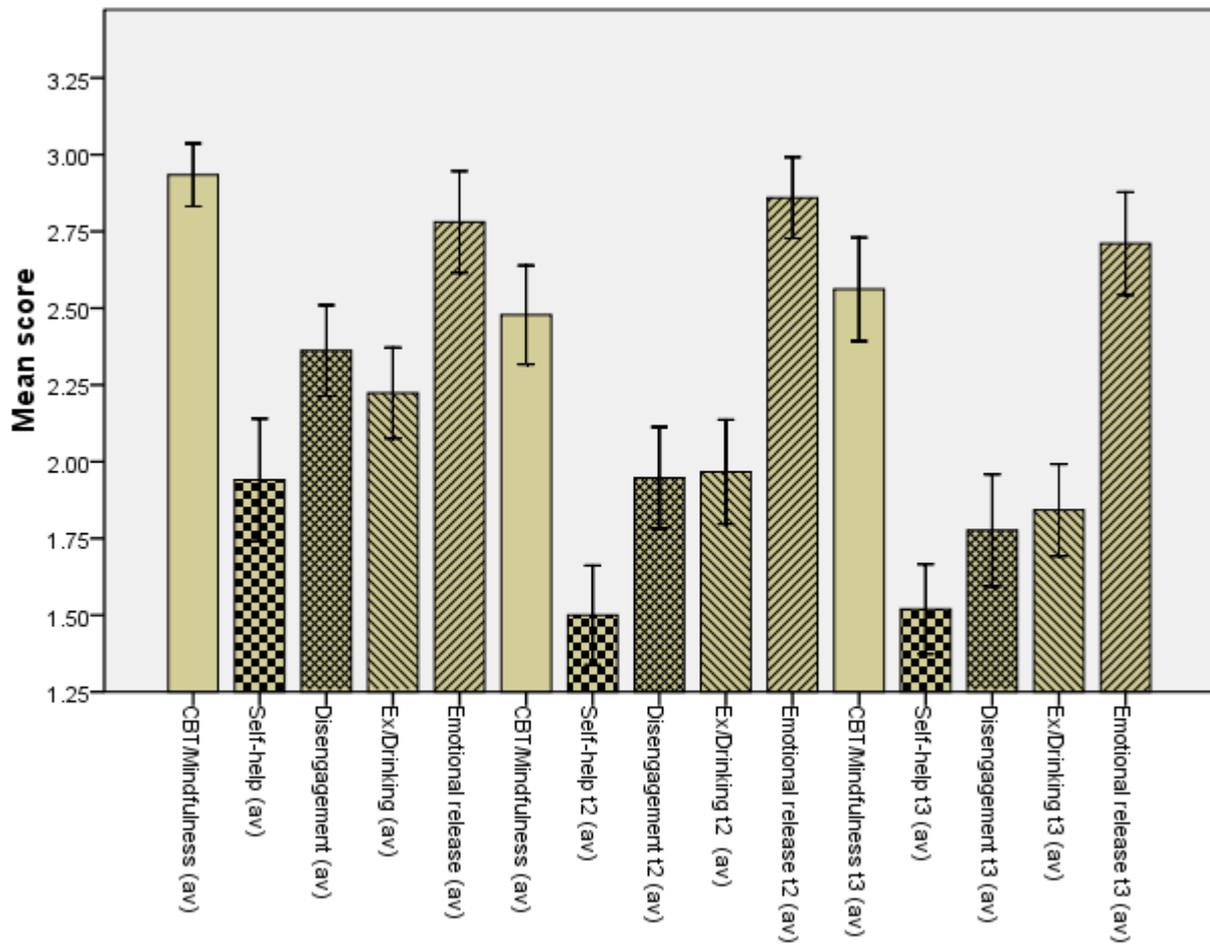


Figure 1 Five PCS coping scales by three occasions

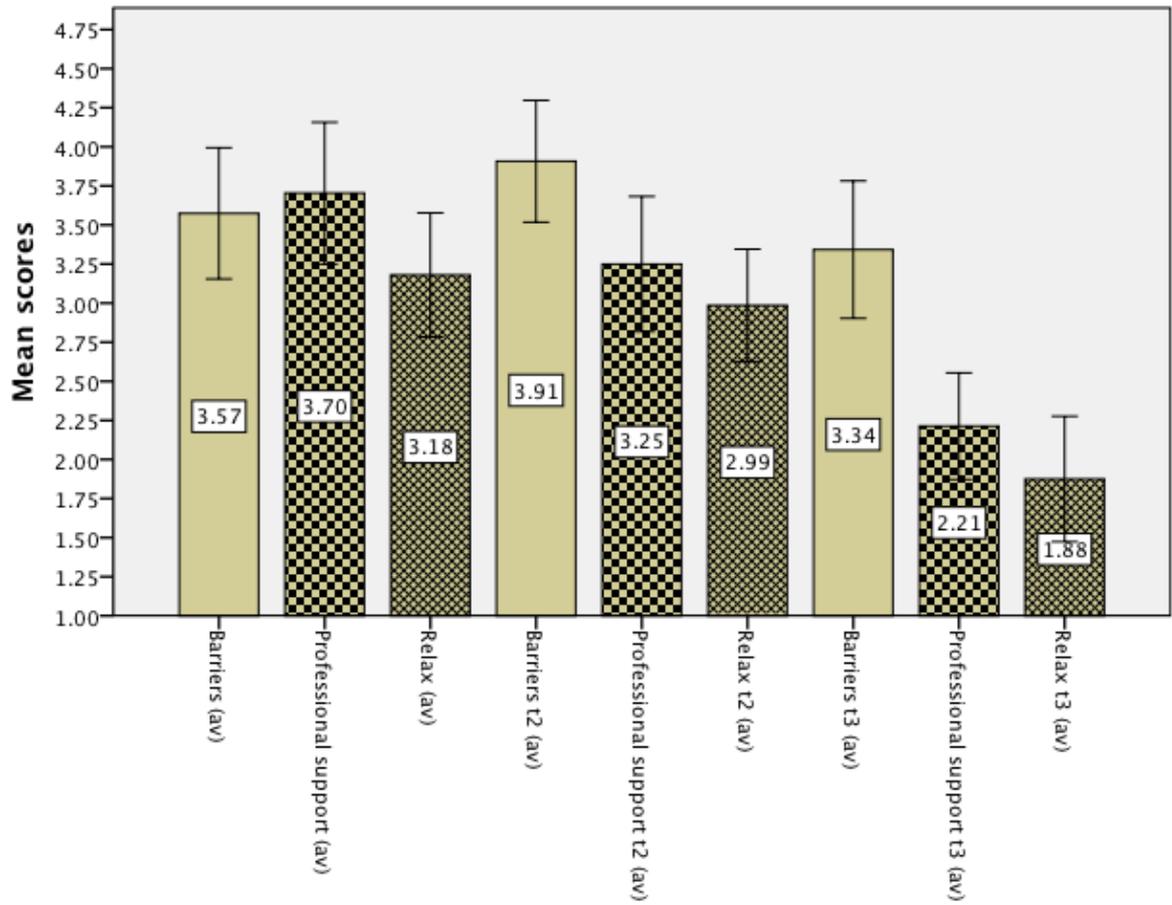


Figure 2 Average scores and standard error for three PRS subscales across three occasions