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Rational emotive occupational health coaching for quality of work-life among primary school administrators

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Abstract

Background: This study aimed at investigating the effect of rational emotive occupational health coaching on quality of work-life among primary school administrators.

Method: This is a double blinded and randomized control design study. A total of 158 administrators were sampled, half of them were exposed to rational emotive occupational health treatment package that lasted for 12 sessions. Two self-report measures were utilized in assessing the participants using quality of work life scale. Data collected were analyzed using MANOVA statistical tool.

Result: The results showed that rational emotive occupational health coaching is effective in improving perception of quality of work-life among public administrators. A follow-up result showed that rational emotive occupational health coaching had a significant effect on primary school administrators' quality of work life.

Conclusion: This study concluded rational emotive occupation health coaching is useful therapeutic strategy in improving quality of work of primary school administrators, hence, future researchers and clinical practitioners should adopt cognitive-behavioral techniques and principles in helping employers as well as employees. Based on the primary findings and limitations of this study, future studies, occupational psychotherapists should qualitatively explore the clinical relevance of rational emotive occupational health practice across cultures using different populations

Abbreviation: QSWLS = quality of school work life scale.

Keywords: primary school, public administrators, quality of work-life, rational emotive occupational health coaching, rational emotive behavior therapy

1. Introduction

Quality is an acceptable standard, benchmark, norm or approval placed on products, person, facilities or services in an organization or other formal institutions.[1] Quality is required to certify people, goods and services to be fit, suitable and durable based on the general standard and that of the clients.[1] Some scholars view quality in the aspect of goods and services.[2,3] which is the crux of this study while others view it in the area of well-being of the workers and their employers known as quality of work life.[4,5]

Quality of work-life is the satisfaction gotten from the unit or aggregate completion of work or work process in the workplace.[4] Quality of work-life is very important because it promotes to a very reasonable extent to which statutory and non statutory responsibilities are carried out in the workplace. The ideal conditions of quality of work life of administrators are job satisfaction, effective supervision, inspection, management, control, and application of technology for the smooth organizations' goals and objectives actualizations.[6,7] Contrarily to this assertion, school administrators are faced with a lot of challenges of poor working conditions, rickety classroom blocks, cultism, bullying, insecurity and lack of government attention, among others.[8] These are the reasons why school administrators are identified with poor quality of work life compared to other managers.[9]

In fact, past study has shown that 71% of the school administrators in Nigeria grapple with their work and as such experience poor quality of work life.[10] Some are due to sickness, age, family issues and undue promotion to the position.[11] Reportedly, school administrators are on the critical state of unbearable quality of work life because of work demands that cut across conceptual, technical and human skills.[7] Unfortunately, the quality of work-life experienced by workers and their leaders seamlessly lead to low productivity because of the nature of work coverage per day.[12] Administrators' major sources of reduced quality of work life and increased stressed behaviors are from work workload, job and career dissatisfaction, working environment and work pressure.[13,14]

Excessive work workload has debilitating effects in the quality of work life of administrators.[15] Administrators suffer increase in work load in the areas of teachers supervision, school-community relation, school facilities maintenance, budgeting, planning, school record keeping, development of rules and regulation, disciplinary actions, staff training and family affaires especially when they are beyond the capacity needed very urgently.[16] Some primary school administrators fail to delegate some duties to specialist because of lack of trust on their abilities and capacities to carry out such tasks effectively. To this end, instead of administrators delegating functions to departmental heads, he hijacks the process and as such creates more works for himself,[16] some over delegate only to find out that the whole process is in shambles creating unnecessary panic and tension on the ways to salvage the wrongs.[17] The school administrators that embraced the work with a great apprehension and fear of aspersion detest any activity associated with the position.[18] Given that some primary school administrators seemed reluctant to delegate duties to other teachers, the workload will be increased. And when the workload becomes too much on them, some will transfer their aggression against the subordinates. Thus believing that it is the subordinates that refuse to do their works always cause administrators' over workload. They wrongly perceive class teachers, sometimes school children as the cause of their poor quality of administrative work outputs. In this study, we argued that neither the subordinates (other class teachers in the same primary school) nor the school children cause the administrators inability to enjoy quality of work of life. We proposed that it is irrational beliefs that are responsible the poor quality of administrative work outputs. On that note, if the catastrophic thinking about work life, low self-frustration towards self in administrative process and other unhealthy beliefs about primary school administration can be changed the management team will record a positive quality of administrative work outputs.

The recent innovations and creativity in the educational industry have jeopardized the quality of work life of public school administrators. This is because most of the internet based activities such as teleconference, zoom, WhatsApp, Facebook, electronic mail, and Skype are found in the public schools which on the same vein devastates the school administrators when works are to be carried out using such platforms.[18] Specifically, Pollock and Hauseman[19] reported that the advent of internet technological advancement such as the use of e-mail has dethroned principals' work performance in public schools. Past study has reported that the work load of handling teachers' and students' issues contribute principally in sapping administrators' time and energy.[20] Job enrichment, autonomy and enlargement without the requisites are detrimental to the quality of work life of the school administrators.[21] More so, task role conflict, task responsibility ambiguity, task role overload, organizational demands and turn over short periods devalues administrators quality of work life.[22] Job satisfaction of the administrators is threatened when there is poor quality of work life.

The art of deriving job satisfaction is far from reality based on the teaming intimidating and immediate challenges confronting the school administrators in public schools. There is unfavourableness in the expression of job autonomy, job enhancement, job enlargement, task identity and significance and feedback measures among administrators.[22] The activity of supervision and inspection of inexperienced employees reduces the satisfactions derivable because it increases the time spent in the execution of a unit of task by the administrators. Administrators do not very much often record job satisfaction because of vary degrees of insubordinations from their teachers in the workplace.[23,24] The meager salary has grossly reduced the affection and compassion of the school administrators in the public schools to discharge their job expectedly.[25] The poor welfare and retirement packages have made the job of the school administrators to lose relevance and worth.[26] It is on record that school administrators find it difficult to cherish their job because of the denials of office requisites.[24] The administrators find it difficult to express gratitude in the admission of poor qualities students who were rejected from the private schools and eventually would constitute nuisance in the school system because of lack of educational focus.[27] There is high level of reduced satisfaction by administrators because public schools are greeted with reckless abandonment.[26] The job satisfaction has been reported to have a significant very high relationship with work environment.[26]

Poor working environment can have a negative influence on the quality of work life and productivity.[28] It has been proven that lack of motivating organizational climate, culture and functional administrative facilities hamper smooth administration,[21] reduces the morale,[17] and induces inefficiency in administrative responsibilities. [23,24,29] Devastatingly, dilapidated school structures discourages and limits supervision, inspection, control and management by the school administrators hence making them appear confused in the discharge of their administrative responsibilities.[30] It is heart bugging to note that some academic and administrative activities are carried out under the tress and some forms of shields that are not formal classroom settings.[17] The immediate and surrounding school environments are not supportive to a better quality of work life.[21] In the process of making do with the paucity and dearth availability of substandard school environment and facilities, the

school administrators develop pressure and high level of work stress.[30]

The school administration is among the highly stressed professions because of its association with human administration.[14] The administrators' stressors are internal and external factors.[31] The internal stressors emanate from poor relationship with subordinates, school climate, lack of job security, role conflict and pressure at work.[14] Most of the school administrators have suffered stress as a result of negative emotional development and chronic exposure to stressful work milieu.[32] Stressful work environment has a positive high relationship with poor quality of work life.[33] More so, the quality of work life of school administrators has been attacked and undaunted with frequent conflicting issues among colleagues.[34] The level sexual abuses between the teachers and students have increased the perspiration level of the school administrator.[34] The rate of job insecurity and incessant transfer actions from one school to the other have also contributed to low quality of work life experienced by administrators.[35]

It is worthy to note that poor quality of work life can increase work pressure (stress), increased job recklessness, home related stress, high blood pressure, cardiac arrest, stroke, poor relationship between colleagues and poor administrative performance. Administrators toil a lot to meet up their managerial responsibilities.[7] School administrators are the major driving hub for effective and efficient running and supervision of school activities are supposed to be working with good mental, emotional, physical and social state in order to achieve the set goals for the educational sectors. Therefore, the quality of work life of school administrators and their level of stress management should be increased in order to salvage the educational sector from undue quagmire. This implied that that school administrators should consistently have positive perception of their job in order to enhance their quality of work life and stress management. It is predicted that the use of rational emotive occupational health coaching can improve the perception of administrators about their work and also help them to effectively manage their stress level for the actualization of the noble goals and objectives of the school. Studies have shown that rational emotive is very efficacious in the management of behavioral and cognitive problems. Therefore, it was found that rational emotive stress management intervention significantly reduced behavioral problems of job burnout and dysfunctional distress among educators.[36]

It is reported that coaching can reduce behavioral related problems among workers.[37] This assertion is coming from the fact that rational emotive occupational health coaching has been be proven to be effective in reducing negative perceptions of workers in the areas of organizational climate and poor occupational risk management among electronics technology workers.[38] Occupational health model of Rational emotive behavior therapy is named as rational emotive occupational health coaching by Ogbuanya, et al.[38] The occupational health coaching model is an extension of rational emotive behavior therapy created by Ellis. The occupational health model of rational emotive behavior therapy seeks to employ psychological, rational-emotive techniques to dispute erroneous feelings, distorted cognition and inappropriate work-related behaviors. The major role of rational emotive occupational health coaching is to improve occupational wellbeing of people. It is coaching method where employees are trained to understand the influential roles of thoughts, beliefs, feelings, and behavior in workplace. Previous studies have demonstrated the efficacy of the model, therefore, we argue that it could be therapeutically beneficial

improving quality of work-life. Given the past findings of rational-emotive and cognitive-behavioral approach, someone may ask, what is the role of occupational therapists to poor quality of work life and endowed stress, with its concomitant poor management, orchestrated by cognitive errors and dysfunctional behavioral and emotional responses? Based on this question, the researchers probed to ascertain the effect of rational emotive occupational health coaching on quality of work-life among primary school administrators. Haven exposed the existing knowledge gap, this study sought to examine the effect of Rational Emotive Occupational Health Coaching (REOHC) in enhancing quality of work life among primary school administrators. The researchers hypothesized that quality of work life among primary school administrators will be significantly improved when they are exposed to the REOHC-intervention compared to a waitlist control group. In furtherance, the researchers hypothesized that a significant improvement in quality of work life will be maintained at follow-up among primary school administrators.

2. Method

2.1. Ethical statement

Research Ethics Committee of the Faculty of Education from the researchers' institutions granted ethical approval for the study. This research was conducted in accordance with the research principles of the American Psychological Association.

2.2. Design

The study adopted a group-randomized trial design. This experimental design allows the subjects to be assigned to groups based on the peculiarity and close monitoring of the effect of intervention.[39] The group-randomized trial is suitable for randomization and establishment of study internal validity through rational emotive behavior therapy clinical trials.[38] Cohen et al [40] reported that group-randomized trial design is suitable for the categorization of subjects into treatment and control groups for equal representation.

2.3. Measure

The measure for quality of work life was a 30 item quality of school work life scale (QSWLS) developed by Ilgan, Ata, Zepeda and Ozu-Cengiz.[41] The content validation of the instrument was done by seeking the opinions of 15 experts who are practitioners in the school settings. The QSWLS was structures to have 5 rating options of A Great Deal (5), Much (4), Somewhat (3), Little (2), and Never (1). The authors designed the instrument in such a way that respondents that had a high score of recorded high level of quality of work life whiles those who record low scores indicated lower level of quality of work life respectively. The scale was further revalidated using exploratory factor analysis which gave 5 factors with Eigen values above 1. Further validation of the scale gave overall reliability coefficient of 0.88 while the coefficients of the subscales of human relationship among employees were 0.59 and that of administrative support and human development was 0.87. The justification for the use of QSWLS was revalidated in the study that measured quality of school-work-life of public school workers.[42]

In modification of QWLS, the researchers rewrote the items to suit their population in order to remove culture bias. Internal

consistency through Cronbach alpha reliability coefficient gave 0.77 for the subscale of human relationship among employees and 0.79 for administrative support and human development while the overall reliability coefficient was 0.85 for QWLS. The reliability was carried out on 30 primary school administrators that were not part of the respondents in this study. Exploratory factor analysis was used to validate the instrument. This is because factor analysis is an empirical method of reducing the number of variables by a way of grouping these variables that have inter-item relationship.[43] These psychometric properties of validity and reliability justified the suitability of the instrument QWLS for the study.

2.4. Participants and procedure

The participants were 158 primary school administrators with poor quality of work life. The sample size power was arrived at using GPower 3.1 software.[44] The demographic distributions of the participants are given thus: gender (60males and 30 females), religious affiliation (Christianity, Islam, Traditional & Others), years of experience, state of origin, educational qualifications, location of school, number of children, etc. For further socio-demographic and psychological characteristics details, see Table 3.

The inclusion criteria for a participant to be eligible in this study are

1. the subjects must have displayed poor quality of work life indicators such as (lack of job satisfaction, job security, work pressure, condition of work, etc)
2. the subjects must have displayed abnormal stress level
3. must fully consent to the programme through interest form and
4. substantive school administrators.

   Exclusion criteria are

1. extreme poor health status of the subjects
2. acting administrators
3. administrators in private schools,
4. those that are undergoing counseling treatment, etc.
5. those that did not complete and return their self concept form
6. The researchers' considerations on the fitness level of the subjects.

The researchers did not make the selection processes known by the participants.

At the completion of selection process, 158 participants were selected from the total of 247 primary school administrators that completed and submitted expression forms. The 158 recruited participants were subjected to screening at time 1 (pre-test) using QWLS. This process was aimed at ascertaining the baseline of the condition (poor quality of work life). The participants were grouped into 2 (Rational Emotive Occupational Health Coaching treatment group have 79 participants while the no-contact control group are 79 participants). The details of the allocations are shown in consort flow diagram (Fig. 1) below for further details.

The participants in treatment group were exposed to rational emotive occupational health coaching treatment package (REOHCT-package) while those in no-contact control group were held constant and did not have access to the treatment package. The researchers acknowledged the fact that the participants in the no-contact control group are legitimate to

the treatment that they were denied. The ethical implications of not subjecting the no-contact group to the intervention were taken into considerations. The treatment group was implemented by experts in rational emotive behavior therapy and occupational counselling using English Languages. The highest qualification obtained by these therapists is PhD with more than 6 years experience. The treatment period lasted for a total period of 12 weeks.

Sessions one to 4 was engrossed with formal introduction and exchange of pleasantries were done by the participants. Rules and regulations guiding this practice were spelt out extensively. Goals and objectives were designed and set by the therapists recruited in this study. Conceptual definition of work environment, quality of work and work induced stress factors and conditions. These preliminaries enhanced the therapist to develop therapeutic environment and organization for the participants to be fully integrated in the process. The shortcoming of the confidential rules and regulations were also discussed and x-rayed for comprehension and suitability. A concise statement of actions by the group members, their expectations, roles and obligations were highlighted in line with rational emotive principles. The therapists develop lists of problems with reference to what quality of work life is, poor quality of work life. At the end of this session, the participants took home assignments. In session 5 to 12, the problem lists are given attention and consideration from the simple to the complex by therapists and participants based on the rational emotive occupational health therapy. This was done through, counseling procedure, process and techniques as enshrined in the intervention program. Emphasis was placed on strengthening and redefining participants' perceptions of poor quality of work life in accordance with the techniques described in the intervention program.

Session 13 to 20 were occupied with the application of the treatment peculiarities, modalities and techniques in reconstructing their irrational beliefs and behavior awareness of self acceptance stemming from poor quality of work life. The participants were made to understand the importance of integrating poor quality of work life to overcome the work environment. The participants were subjected to developing positive behavior, attitude and perception towards the work by the adoption rational emotive approach.

The final session which lasted for a period of 22 to 24 were coached the participants on how to improve perception their about quality of work life. The participants were also enlightened to be self coach on quality of work life. There perception and understanding of quality of work life were broadened. The participants were taken down the lanes of ill-conceived poor quality of work life and ascribed work stress in the work place as well as developing in them work rational problem-solving cum that will help them maintain positive quality of work life. The participants are allowed to recount their experiences, ordeals and assessment on the intervention and intervention processes towards their quality of work life perceptions and practices. The participants were given post-test assessment (T2). The participants were asked to remember what constituted poor quality of work life and work stress. The participants were also asked to highlight the strategies in changing their ill-conceived perception of quality of work life. A follow-up assessment was given to the participants after a period of 2 months (T3).

The participants actively participated in the 24 sessions. This showed that was 100% compliant level from the participants. The researchers contracted 2 coaster buses to shuttle the participants to Rivers State. The researchers took responsibility
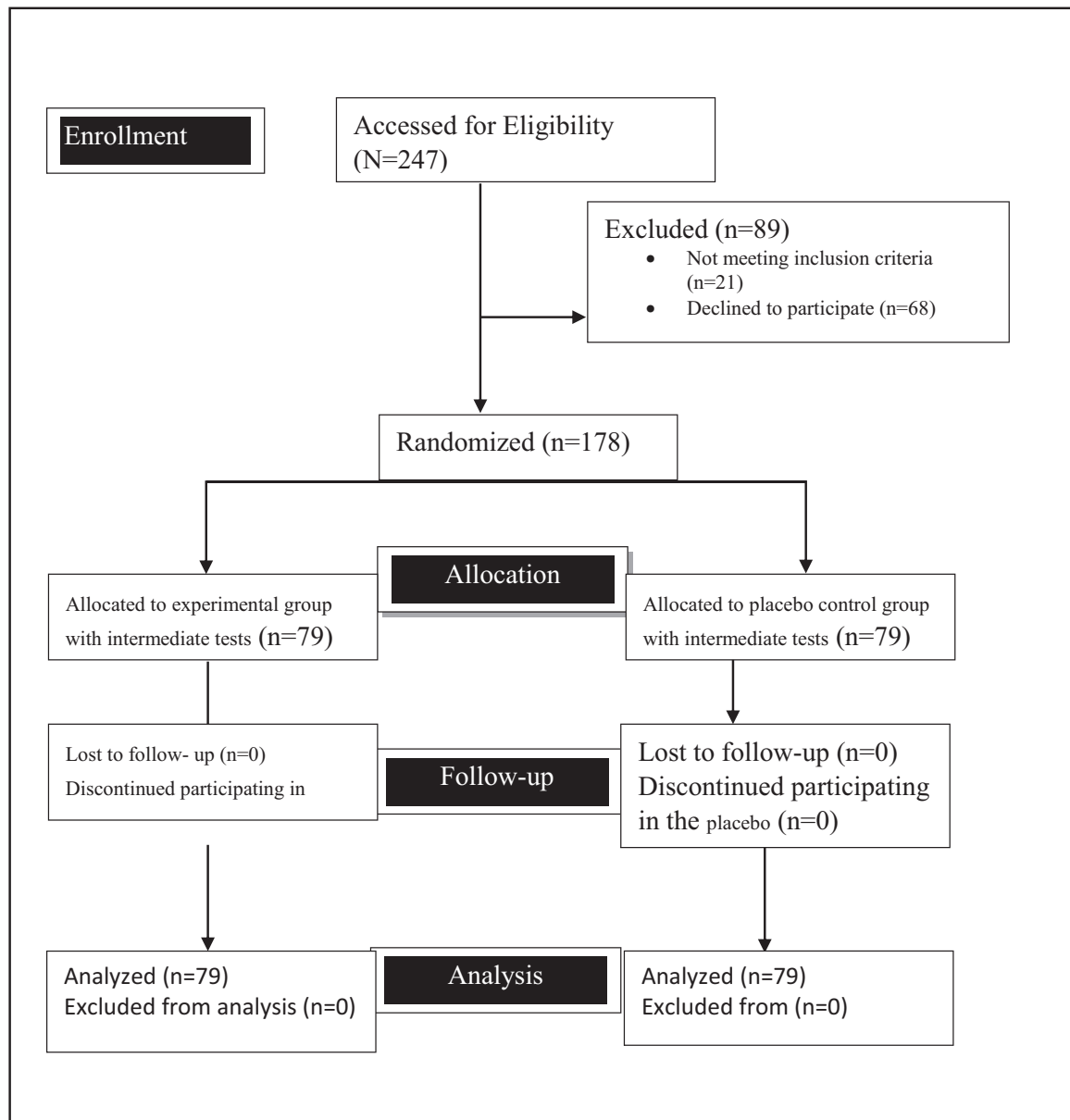
Figure 1. Participants' Eligibility Flow Chart.

of feeding the respondents. The researchers gave food worth 6 US dollars to each of the participants. The researchers were able to administer assessment (Time 2) to both the participants placed in the treatment group and those in no-contact control group after the intervention with the treatment group. A 2 month follow-up contact was initiated after 5 months of intervention on the participants solely to determine the participants' attention and retention capacities. The contact meeting in the follow-up period was done once in a week for a period of 1 month. At the end of the follow-up, the third assessment (Time 3) was given to the participants and finally brought the therapy to a formal ending.

2.5. Treatment package

The rational emotive occupational health treatment package was adapted from Ogbuanya et al [28] to treat poor quality of work

life. This is a treatment package that housed 24 sessions of contacts in a period of 12 weeks. During the treatment, the group was met for 1hr in every session. This treatment was designed to assist the administrators in enhancing their quality of work life. It helped the administrators to understand their poor work life related feelings. The poor quality of work life was identified by the participants' through exploration of situations, events and work experiences. The participants in the first session were made to have a formal introduction and exchange of pleasantries. The participants were made to go through the rules and regulations guiding the programme. Their confidentiality of the participants was assured. These participants were availed the opportunity to air how they have been holding erroneous perceptions on work related activities, situations and events. These participants' understandings, interpretations and explanations influenced quality of work life. The imminent poor quality of work life were

1. job enlargement puts me off
2. job enrichment reduces my satisfaction
3. lack of job security makes me anxious
4. poor remuneration increases my tension
5. family challenges increases my maladaptive behavior, etc.

The treatment package made use of A-activating events, Beliefs, necessitated Consequence (C), disputing technique (D) and new Philosophy (E) in handling administrators' self-defeating beliefs that cannot be explained by them because those beliefs are incoherent, illogical and irrational. This process was in tandem with the instruction of Ellis [45] that irrational beliefs can be disputed through realistic, logical, and practical approaches. They were also specifically asked to use the relaxation training to overcome work pressure and stress development in the practice exercise in the home. The intervention also went further to take cognizance of the rational classification of quality of work life and normal stress for job performance. During the treatment, the participants were also encouraged to carry out group discussion in order to properly exterminate all the irrational thoughts held about poor quality of work life and stress attribution factors. During group discussion, they were asked to share their experiences in the applications of the various skills and the results obtained in the enhancement of quality of work life. The participants submitted their completed home work the next day of meeting before the actual day's activity.

2.6. Treatment integrity implementation

The integrity check of the intervention implementation was ascertained using external assessors. The aim was to ensure that all steps slated in the intervention manual were adequately executed by the therapists. Two external supervisors who were parts of the team were delegated to monitor the implementation process of the treatment. The external supervisors recorded the time each session began and ended. Also, they took account of the number of participants that participated in each session to increase the compliance level. They monitored participants' responses to questions, how participants complied with home exercises, and how they asked questions.

2.7. Data analysis

The data from Time 1 (before treatment), Time 2 (after treatment), and Time 3 (follow-up) were subjected to statistical analysis using SPSS version 18. Specifically, repeated measures analysis of variance (ANOVA) was used for data analysis. Repeated ANOVA was used by the researchers because:

1. the participants were completely randomized into 2 treatment groups and 1 control group;
2. the independent variable with 2 levels (Rational emotive occupational health coaching-REOHC and waitlisted control group-WCG) were categorical;
3. the dependent variable:- i] QSWLS;

4. quality of work life data at Time 1, Time 2, and Time 3 were simultaneously analyzed as sub-dependent variables for each measure.

Cohen's d value was used to report the effect size of the intervention on the dependent measure. The intervention has 2 levels (Rational emotive occupational health coaching and waitlisted control group), as such the researchers used Cohen's d to determine and report the effect size of the intervention on the dependent measures. The assumption of the sphericity of the test statistic was tested using the Mauchly test of sphericity which was not significant for QSWLS (Mauchly $W = 0.974$, $\chi^2 = 4.037$, $P = .133$), see Table 1. These results indicated that the assumption was not violated for both QSWLS data. Thus, the variances of the differences between all combinations of the related measures are equal.

Figure 2 demonstrates the flowchart that shows the research methodology.

3. Results

Table 2 shows that the REOHC group comprised 36 males (45.6%) and 43 (54.4%) females; and the control group comprised 38 males (48.1%) and 41 (53.2%) females. From the analyses of results, it can be seen that no significant gender difference was observed among the study participants ($\chi^2 = 0.102$, $P = .750$). Regarding religious affiliation, in the REOHC group, 50 participants (63.3%) were of Christianity religion, 18 (26.6%) were of Islamic religion, 11 (13.9%) were of other religion. In the waitlist control group, 41 participants (51.9%) were of Christianity religion, 21 (26.6%) were of Islamic religion, 17 (21.5%) were of other religion. No significant religious affiliation difference was observed among the participants ($\chi^2 = 2.407$, $P = .409$). Concerning years of experience, in the REOHC group, 21 participants (26.6%) were within 5 years and below experience, 32 (40.5%) were within 6 to 10 years experience, 26 (32.9%) were within 11 years and above experience. In the waitlist control group, 24 participants (30.4%) were within 5 years and below experience, 30 (38.0%) were within 6 to 10 years experience, 25 (31.6%) were within 11 years and above experience. No significant years of experience difference was observed among the participants ($\chi^2 = 0.284$, $P = .868$). Concerning state, in the REOHC group, 19 participants (24.1%) were from Enugu state, 7 (8.9%) were from Abia state, 14 (17.7%) were from Benue, 13 (16.5%) were from Kogi, 10 (12.7%) were from Anambra state and 16 (20.3%) were from other states; In the control group, 16 participants (20.3%) were from Enugu state, 13 (16.5%) were from Abia state, 11 (13.9%) were from Benue, 10 (17.7%) were from Kogi, 9 (14.4%) were from Anambra state and 20 (25.3%) were from other states. No significant state difference was observed among the participants ($\chi^2 = 3.306$, $P = .653$). Regarding educational qualification, in the REOHC group, 29 participants (36.7%) holds PhD degree, 30 (38.0%) holds Masters' degree, and 20 (25.3%) holds Bachelor degree. In the control group, 14 participants (17.7%) holds PhD

Table 1

Mauchly's test of sphericity for quality of work life as measured school work life scale.

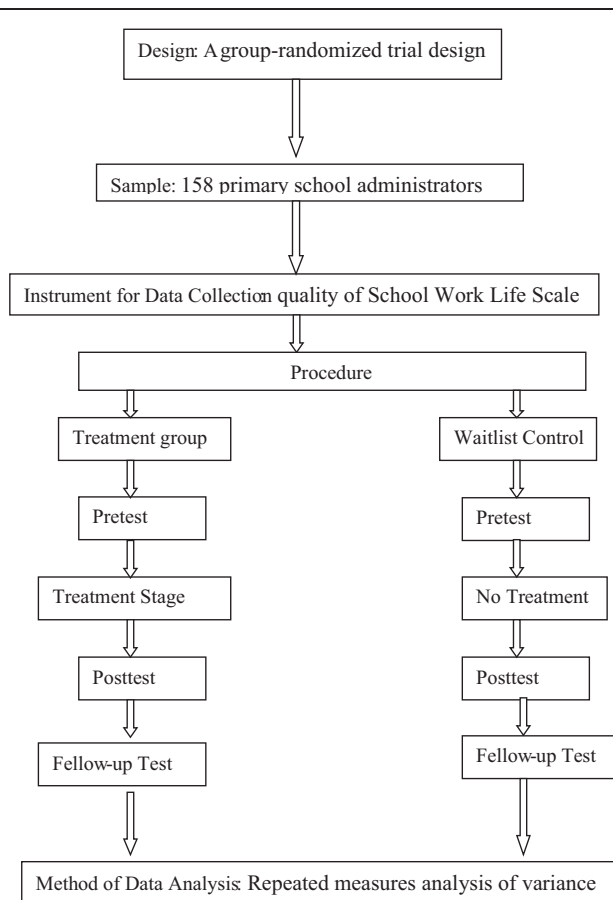| Within subjects effect	Mauchly's W	Approx. Chi-Squared	df	Sig.	Epsilon[a]		
					Greenhouse-Geisser	Huynh-Feldt	Lower-bound
Time	.974	4.037	2	.133	.975	.993	.500

Figure 2. Flowchart that shows the research methodology.

degree, 32 (40.5%) holds Masters' degree, and 33 (41.8%) holds Bachelor degree. Significant educational qualification difference was observed among the participants ($\chi^2 = 8.486$, $P = .014$). Concerning location of school, in the REOHC group, 41 participants (51.9%) were from schools in Urban area, and 38 (48.1%) were from in rural area. In the control group, 46 participants (58.2%) were from schools in urban area, and 33 (41.8%) were from in rural area. No significant location of school difference was observed among the participants ($\chi^2 = 0.639$, $P = .424$).

In Table 1, Epsilon (ε) = 0.992 > 0.75, therefore Huynh-Feldt values were used in interpreting tests of within-subjects effects for the intervention groups. Thus Table 3 revealed that there was a significant effect of intervention on participants' QSWLS, F (1, 156) = 2941.111, $P < .05$, $\eta_p^2 = .950$. This result means that participants' quality of work life scores (QWLS) of the intervention groups were significantly different at post-treatment and follow-up measures.

Table 4 reveals the study outcomes for the participants in the treatment group (Rational emotive occupational health coaching-REOHC) compared to the control group (CG) over the 3 periods. Before the treatment, the result in Table 4 shows that there was no significant difference among the treatments and control groups at initial (time 1) quality of work life of participants as measured by QSWLS, F (1, 156) = 0.393, $P = .532$, $d = 0.083$. At the post-treatment level (time 2), intervention had a significant effect on participants' quality of life of participants as measured by QSWLS, F (1, 156) = 78.02,

$P = .000$, $d = 1.416$; and after the post-treatment, a follow-up (time 3) result still shows that intervention had a significant effect on participants' quality of work life of participants as measured by QSWLS, F (1, 156) = 103.487, $P = .000$, $d = 1.602$. The effect size of the independent variable at time 2 for the dependent measure QSWLS was 1.416. This value indicates that treatment variable accounted for huge effect in increasing quality of work life scores of participants.

Table 5 gives us the significance level for differences between the individual time points. It shows that there were significant differences in the quality of work life scores of participants as measured by QSWLS between post-treatment and pre-treatment ($\overline{X}_{diff} = 33.373$, $P = .000$), post-treatment and follow-up ($\overline{X}_{diff} = 11.835$, $P = .000$) and between pre-treatment and follow-up ($\overline{X}_{diff} = 45.209$, $P = .000$). This result equally indicates that the quality of work life scores of participants as measured by QSWLS increased after the intervention program with rational emotive occupational health coaching-REOHC.

4. Discussion

The researchers found that Rational Emotive Occupational Health Coaching (REOHC) significantly improved the quality of work life of administrators in the treatment group and at the follow-up session compared to those in the waitlisted control group. The finding of the study has proven that REOHC is very reliable and effective in the enhancement of administrators' perceptions of quality of work life as well as in the management of their day-to-day work related stress. This finding is line with past study that reported that occupational orientation and counseling are good predictors of job satisfaction among employees. [46] Our findings supported another past study that showed that rational emotive-behavioral therapy can help workers dispute poor work perceptions and work approaches.[47] The present research findings agreed with previous literature that reported the activities, events and responsibilities conducted by administrators do not provoke depression, anger or anxiety but the beliefs held about such tasks.[48] Some of the irrational beliefs can be corrected through re-education during organizational coaching. In tandem with the assertion, it was reported that chunks of irrational beliefs and perceptions about oneself and tasks can be disputed through re-education.[48] It is worthy to note that rational-emotive-behavior counselling has been associated to be very effective and reliable in helping clients harmonize their potentials and behaviors[49] as well as to solve psychological and emotional disorders.[50] Past study has revealed that rational emotive behavior counseling is efficacious in the reduction of career anxiety among workers.[51] Similarly, the study is in tandem with the finding of Great[52] who reported that behavior counseling and direction are very significant in the achievement of high work morale. Morris[53] further suggested that rational emotive paradigm is necessary for workers in a formal organization. More so, Pisarik, Rowell and Thompson[54] corroborated on the efficacy of rational emotive behavior counseling in his findings that showed that it can reduce career related anxiety associated with choice of career. In the same vein, Khaledian et al[55] reported that irrational anxieties by workers can be corrected through the application of rational emotive counseling. It is worthy to note that rational emotive behavior therapy is estimated to be efficacious in managing issues in an organization.[56] In support of the finding of this study was the proposal that rational emotive behavior therapy is effective in

Table 2

Sociodemographic information of the participants based on groups.

	REOHC group n (%)	WC group n (%)	Statistic	Sig
			χ^2	
Gender				
Male	36 (45.6)	38 (48.1)	1.102	0.750
Female	43 (54.4)	41 (51.9)		
Religious affiliation				
Christianity	50 (63.3)	41 (51.9)	2.407	0.300
Islam	18 (22.8)	21 (26.6)		
Traditional	11 (13.9)	17 (21.5)		
Years of experience				
5yrs & below	21 (26.6)	24 (30.4)	0.284	0.868
6–10yrs	32 (40.5)	30 (38.0)		
11yrs & above	26 (32.9)	25 (31.6)		
State of origin				
Enugu	19 (24.1)	16 (20.3)	3.306	0.653
Abia	7 (8.9)	13 (16.5)		
Benue	14 (17.7)	11 (13.9)		
Kogi	13 (16.5)	10 (12.7)		
Anambra	10 (12.7)	9 (11.4)		
Others	16 (20.3)	20 (25.3)		
Educational qualification				
PhD Degree	29 (36.7)	14 (17.7)	8.486	0.014
Master's Degree	30 (38.0)	32 (40.5)		
Bachelor Degree	20 (25.3)	33 (41.8)		
Location of School				
Urban	41 (51.9)	46 (58.2)	0.639	0.424
Rural	38 (48.1)	33 (41.8)		

% = Percentage, χ^2 = Chi-Squared, sig=Associated probability, n = number of participant, REOHC = rational emotive occupational health coaching.

handling unhealthy ideas, emotional functioning and behavior problems.[57] The study was also supported by Ogbuanya et al[28] who found that rational emotive occupational health coaching is significant in organizational climate and organizational risk management. The findings were further supported by the report that rational emotive behavior coaching is significant in handling electronics workshops instructors' occupational stress and work ability in Nigeria.[28] Interestingly, the findings of this study have shown that it is possible to improve the quality of work life and stress management of school administrators. This basically from the fact that the administrators were able to do away with the erroneous self defeating perceptions of their work responsibilities. Furthermore, rational emotive behavioral health coaching has proven its efficacy on those subjected to its treatment outlines compared to administrators in the waitlisted control group. This

finding is buttressed by the fact that rational emotive behavioral therapy is rewarding in the demystification of thoughts and behavioral ideologies that do not support clinical emotional establishment.[58] Just like other rational-emotive and cognitive-behavioral studies in Nigeria,[59–66] this occupational health-model has shown to be very beneficial in improving quality of wellbeing and functional feeling and thinking. Based on the efficacy of rational emotive behavioral health occupational coaching, it is recommended for application in off-shore companies where workers stay out of their home for some weeks without their families. It may also be of big benefit to security agencies in Nigeria who stay out for road block exposed to dangers and stress that are capable of lowering their quality of work life and morale. This is a call for the involvement of industrial psychologists, clinical psychologists, occupational

Table 3

Tests of within-subjects effects for the intervention group for quality of work life as measured school work life scale.

Source	Type III Sum of squares	df	Mean square	F	Sig.	Partial eta squared	
Time	Sphericity Assumed	173679.068	2	86839.534	2941.111	.000	.950
	Greenhouse-Geisser	173679.068	1.950	89072.068	2941.111	.000	.950
	Huynh-Feldt	173679.068	1.987	87412.808	2941.111	.000	.950
	Lower-bound	173679.068	1.000	173679.068	2941.111	.000	.950
Time* Groups	Sphericity Assumed	4856.789	2	2428.395	82.246	.000	.345
	Greenhouse-Geisser	4856.789	1.950	2490.825	82.246	.000	.345
	Huynh-Feldt	4856.789	1.987	2444.426	82.246	.000	.345
	Lower-bound	4856.789	1.000	4856.789	82.246	.000	.345
Error (Time)	Sphericity Assumed	9212.143	312	29.526			
	Greenhouse-Geisser	9212.143	304.180	30.285			
	Huynh-Feldt	9212.143	309.954	29.721			
	Lower-bound	9212.143	156.000	59.052			

Table 4

Repeated analysis of variance for the effect of rational emotive occupational health coaching on quality of work life among primary school administrators.

Measures	Time	Group	Mean (SD)	F	p	d	ΔR^2	95% CI
QSWLS								
	Time 1	REOHC	72.24 (9.54)	0.393	0.532	0.083	0.005	70.98-74.13
		Control	73.07 (10.47)					
	Time 2	REOHC	112.24 (9.54)	78.021	0.000	1.416	0.343	104.56-107.30
		Control	99.82 (7.93)					
	Time 3	REOHC	124.39 (9.69)	103.487	0.000	1.602	0.406	116.52-119.05
		Control	111.34 (6.23)					

d = Cohen's d (effect size), Mean (SD) = Mean (Standard Deviation), p = probability value, QSWLS = quality of work life scale.

trainers and counselors to step actions in the use of rational emotive behavioral health occupational treatment in salvaging the poor quality of wok life of workers.

4.1. Implications for organizational psychotherapists

The clinical implications of the outcome of this study for organizational health, employees are far reaching. As a matter of fact, this study suggests that occupational therapists should consider the belief systems of the administrators who are occupationally maladjusted. By identifying cognitive errors that lead to negative judgments, the therapists would be able to dispute the irrational beliefs. Using a hypothetical case to illustrate this clearer, an employee may feel bad that he is being queried by the boss and believes it is because of racial affiliation or mere discrimination. This could occur when a primary school administrator errouneously perceive a subordinate by thinking that lo occupational outputs from the particular employee the (subordinate) is because illegitimate child she/he has.[67] In that case, such employee is feeling that people of same race or ethnicity are being discriminated. Instead of making a rational decision about why the employer queried her, she decided to attribute to racial origin. Therefore, occupational therapists should utilize rational cognitive-behavioral techniques in helping organizational staff with dissocial personality traits and deviant behaviors in workplaces. Irrational beliefs are found to be associated with several mental health and behavioral problems [66] and possibly lead to destructive conducts in workplace.[68] To that end, this study suggests that occupational therapists should consider the belief systems of the employees who are occupationally maladjusted by identifying cognitive errors that lead to negative judgments in workplaces to dispute the irrational beliefs. Psychotherapists working in work settings are clinically resourceful in assisting individuals to alter possible cognitive factors leading to occupational deviant behaviors.

By application of the rational emotive behavior principles and techniques in workplaces, organizational staff who have intentions to engage in fraud could alter such maladaptive beliefs. If employers and employees' negative perceptions about workplaces, self, and organizational goals can be changed to realistic and rational way, organizational health would be effectively achieved. The clinical relevance of REOH-approach is laudable and emphatic as it helps staff to understand functional way of coping with stress and increase their quality of life. If there is improved quality of work life among employees, their outputs, commitment level, and efficiency will surely be sustained. All in all, we suggest adequate implementations of cognitive-behavioral techniques in workplaces by industrial psychologists, occupational counsellors/therapists, etc.

4.2. Strengths of the study

Like other empirical studies that aimed to make contribution to knowledge, we have investigated primary school administrators' perception of quality of work life in Nigeria. Currently, literature on possible factors responsible for negative cognitive, behavioral, and emotional interpretation of administrative tasks in Nigerian primary schools has been low. Secondly, in this study, the effort applied in ensuring that treatment integrity is protected is strength. Thirdly, exposing the participants to third assessment level (follow-up stage) so as to understand the long-term effect of the intervention could also be regarded as strength of the present study.

4.3. Limitations

The study was unable to use the teachers and non teaching staff as the population of the study. More so, the study was delimited to public primary school administrators without recourse to private school administrators, teachers and non teaching staff. Subsequent

Table 5

Post hoc test for the significant effect of time based on observed means difference using Bonferroni's pairwise comparisons for quality of work life as measured school work life scale.

(I) Time	(J) Time	Mean difference (I-J)	Std. Error	Sig.
Time 1	Time 2	−33.373*	.647	.000
	Time 3	−45.209*	.563	.000
Time 2	Time 1	33.373*	.647	.000
	Time 3	−11.835*	.621	.000
Time 3	Time 1	45.209*	.563	.000
	Time 2	11.835*	.621	.000

* The mean difference is significant at the .05 level.

study should be investigated the responses of teachers, non teaching staff in public schools in order to ascertain their quality of work life. Similarly, the study should be replicated with the inclusion of teachers, administrators and non teaching staff in private schools in order to address their quality of work life issues.

5. Conclusion

The study has found that REOHC can reduce irrational beliefs of erroneous perceptions of administrators on quality of work life. It is proven that the effective application of REOHC on the administrators would have a significant role in the improving their job satisfaction and health threatening conditions. This study would further equip occupational health counselor on the models to counsel workers with work and health related challenges. Therefore, this study suggests that occupational counsellors, primary school administrators and psychologists should stringently and effectively implement and apply occupational health coaching rooted in rational emotive behavior therapy in the rehabilitating and repositioning of the self defeating perceptions of the administrators on their quality of wok life and pressure at work.

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