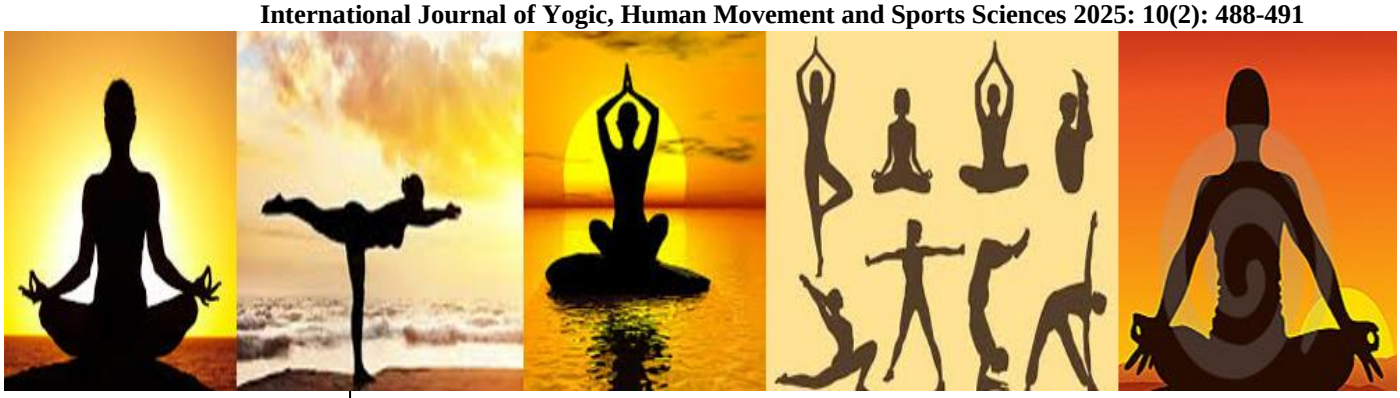

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Antony Moses
Research Scholar, Dept. of studies in Physical Education, University of Mysore, Mysuru, Karnataka, India

Madi Alagan
Professor of Physical Education, Dept. of studies in Physical Education, University of Mysore, Mysuru, Karnataka, India

Corresponding Author:
Antony Moses
Research Scholar, Dept. of studies in Physical Education, University of Mysore, Mysuru, Karnataka, India

Assessment of mental health among male and female physical education directors: a comparative study of physical education directors working in government, unaided and aided colleges

Antony Moses and Madi Alagan

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Abstract
The present study investigated institutional and gender-based differences in mental health among Physical Education Directors working in degree colleges. Mental health was assessed across three psychological components-reality orientation, acceptance, and self-compassion as well as overall mental health. A sample of 540 directors drawn from government (n = 204), unaided (n = 167), and aided (n = 169) colleges participated in the study. Data were analyzed using one-way Analysis of Variance (ANOVA) to compare institutional groups, and independent samples t-tests to assess gender differences. The results of the one-way ANOVA indicated that institutional type significantly influenced reality mental health (F = 19.935, p =.001) and total mental health (F = 4.729, p =.009), with directors in government colleges reporting the highest mean scores, followed by aided college directors, and unaided college directors reporting the lowest. However, acceptance mental health (F =.568, p =.567) and self-compassion mental health (F = 1.032, p =.357) did not differ significantly across institutional categories. Gender comparisons revealed consistent and significant differences in favor of male directors across all domains. Male directors scored significantly higher than female directors in reality mental health (t = 3.944, p =.001), acceptance mental health (t = 2.377, p =.018), self-compassion mental health (t = 2.234, p =.026), and total mental health (t = 3.493, p =.001).These findings suggest that institutional context and gender are important determinants of psychological well-being among Physical Education Directors. The study underscores the need for targeted organizational policies, stress management interventions, and gender-sensitive support systems to safeguard and enhance mental health in academic settings.

Keywords: Physical education teachers, mental health

Introduction
Mental health is increasingly being recognized as a vital determinant of productivity and professional effectiveness among educators and administrators in higher education settings. The World Health Organization (WHO, 2020) defines mental health as a state of psychological well-being in which individuals realize their potential, cope effectively with life's stresses, work productively, and contribute meaningfully to their communities. In academic contexts, optimal mental health has been linked to enhanced performance, better student engagement, and sustained career satisfaction (Reddy & Deb, 2018; Kaur & Sandhu, 2019) [6, 2]. However, the demands placed on higher education professionals often compromise their well-being. Physical Education Directors, in particular, play a dual role managing administrative responsibilities while ensuring the quality of physical education programs. Their workload includes teaching, coordinating sports activities, maintaining facilities, complying with institutional expectations, and handling student disciplinary matters. Such multidimensional roles may expose them to stressors that negatively influence mental health outcomes.
The type of institution government, aided, or unaided can significantly shape an individual's working conditions, resource availability, and overall job security. Research has shown that professionals in government institutions often enjoy superior benefits, more comprehensive

support systems, and relative stability compared to their counterparts in unaided colleges, who face job insecurity, lower salary structures, and limited resources (Mishra, 2021) [3]. Such disparities have a direct bearing on psychological well-being, with unaided college staff often reporting higher levels of stress and reduced life satisfaction (Gupta & Agrawal, 2020) [1].

Gender is another critical factor associated with differences in coping, resilience, and mental health outcomes. Studies have consistently reported that men and women experience work-related stress differently due to variations in role expectations, cultural norms, and family responsibilities. Female faculty often face higher work–family conflict and societal expectations, which amplify stress and reduce overall well-being (Padmanabhan & Kumar, 2019) [5]. In contrast, male faculty generally report greater levels of autonomy, institutional recognition, and psychological resilience (Gupta & Agrawal, 2020) [1]. Moreover, cultural factors in India contribute to women navigating dual responsibilities of managing household duties alongside demanding professional commitments, a challenge that may adversely affect their mental health outcomes (Reddy & Deb, 2018) [6].

Despite the growing scholarly focus on stress and well-being in academic professions, limited research has addressed Physical Education Directors, who occupy a unique position as educators, coaches, and administrators. Given their role in contributing to both academic quality and student physical well-being, their mental health warrants closer empirical attention. Moreover, institutional and gender-based differences in this population remain underexplored within the Indian higher education context.

Therefore, this study seeks to examine differences in mental health components reality orientation, acceptance, self-compassion, and total mental health across institutional categories (government, aided, unaided) and gender among Physical Education Directors of degree colleges. By doing so, the study provides important insights into structural and personal determinants of faculty well-being, which can inform interventions and policies aimed at fostering healthy academic environments.

Method

Sample

In the present study, 540 physical education teachers were selected from throughout the state using email and Google forms. They were selected randomly from the state of the Karnataka with varied socio-demographic background.

Tools employed

a. **Demographic data sheet:** In this various demographical details of the sample selected of Physical education directors was included.

b. **Mental health questionnaire:** This questionnaire consisted of 27 statements measuring mental health of physical education directors on the following components-Reality mental health, Acceptance mental health, Self-compassion mental health and total mental health scores. The respondents had to answer each statement by ticking one of the options-Never, Some of times, Most of Times and Always. The scorings were given for positive statements 4 to 1 from Never to Always and vice-versa for negative statements. The reliability coefficients varied from.681 to.836 for individual components of mental health and 0.827 for the total questionnaire.

Procedure

Through the mail/Google forms the questionnaires were sent to the physical educational directors who are working in the Degree Colleges affiliated to various universities of selected districts of Karnataka state. Physical education directors of degree colleges of affiliated to various university in Karnataka constituted as sample for the study. The investigator briefed about aim and objectives of the study before answering the questionnaire. For filling the questionnaires, the researcher gave the time duration of five days. Once the data collection will over, they will verify for completeness, clarity, etc. The completed answer sheets were scored and coded according to the manuals provided, and finally a master chart was prepared for all the respondents and feed to the computer. To find out the difference between PE directors working in government, aided and unaided colleges, one way ANOVA followed by Scheffe's post hoc test were employed, and to find out the gender differences, Independent samples 't; tests were employed using SPSS for windows (version 20.0)

Table 1 presents Mean scores on components of mental health by institute of physical education directors and results of one-way ANOVA. Table 2 presents Mean scores on components of mental health by gender of the physical education directors and results of Independent samples t tests.

Results

Institution and mental health

Table 1: Mean scores on components of mental health by institute of physical education directors and results of one-way ANOVA

Variable	Institute	N	Mean	S.D	F value	p value
Reality mental health	Government	204	25.18[b]	2.46	19.935	.001
	Unaided	167	23.62[a]	2.13		
	Aided	169	24.29[b]	2.54		
	Total	540	24.42	2.47		
Acceptance mental health	Government	204	24.53	2.75	.568	.567
	Unaided	167	24.31	2.68		
	Aided	169	24.60	2.59		
	Total	540	24.48	2.68		
Self-compassion mental health	Government	204	34.72	4.42	1.032	.357
	Unaided	167	34.13	3.44		
	Aided	169	34.38	3.86		
	Total	540	34.43	3.96		
Total mental health	Government	204	84.43[b]	7.26	4.729	.009
	Unaided	167	82.05[a]	6.03		
	Aided	169	84.15[b]	9.97		
	Total	540	83.61	7.95		

Note: Mean values with different superscripts are significantly different from each other as indicated by Scheffe's post hoc test (Alpha=.05)

Reality mental health: One-way ANOVA revealed a significant mean difference between the institutes and reality mental health (F=19.935; p=.001). The mean reality mental health scores for institutes: government, unaided and aided were 25.18, 23.62 and 24.29 respectively. There is a statistically significant difference between the obtained mean reality mental health scores and the institutes. Those who were working in government institute had highest reality mental health scores and those who were working in unaided institute had least reality mental health scores. Scheffe's post hoc test revealed that physical education directors who were working in government institute had high reality mental health scores, followed by physical education directors who were working in aided institute and physical education directors who were working in unaided institute had least reality mental health scores.

Acceptance mental health: One-way ANOVA revealed a non-significant mean difference between the institutes and acceptance mental health (F=.568; p=.567). The mean acceptance mental health scores for institutes: government, unaided and aided were 24.53, 24.31 and 24.60 respectively. The obtained mean acceptance mental health scores of the physical education directors working in varied institutes were almost similar.

Self-compassion mental health: One-way ANOVA revealed a non-significant mean difference between the institutes and self-compassion mental health (F=1.032; p=.357). The mean self-compassion mental health scores for institutes: government, unaided and aided were 34.72, 34.13 and 34.38 respectively. The obtained mean self-compassion mental health scores of the physical education directors working in varied institutes were almost similar.

Total mental health: One-way ANOVA revealed a significant mean difference between the institutes and total mental health (F=4.729; p=.009). The mean total mental health scores for institutes: government, unaided and aided were 84.43, 82.05 and 84.15 respectively. There is a statistically significant difference between the obtained mean total mental health scores and the institutes. Those who were working in government institute had highest total mental health scores and those who were working in unaided institute had least total mental health scores. Scheffe test revealed that physical education directors who were working in government institute had high total mental health scores, followed by physical education directors who were working in aided institute and physical education directors who were working in unaided institute had least total mental health scores.

Gender and mental health

Table 2: Mean scores on components of mental health by gender of physical education directors and results of independent samples t test

Variable	Gender	N	Mean	S.D	t value	p value
Reality mental health	Male	457	24.59	2.41	3.944	.001
	Female	83	23.45	2.59		
Acceptance mental health	Male	457	24.60	2.71	2.377	.018
	Female	83	23.84	2.40		
Self-compassion mental health	Male	457	34.60	3.97	2.234	.026
	Female	83	33.54	3.85		
Total mental health	Male	457	84.11	8.07	3.493	.001
	Female	83	80.83	6.65		

Independent samples t tests revealed significant mean differences between male and female physical education directors in all of the components of mental health and in total mental health. In reality mental health, the obtained t value of 3.944 was found to be significant at.001 level, revealing that male physical education directors scored significantly more than female physical education directors (mean reality mental health scores were 24.59 and 23.45 respectively for male and female physical education directors). In case of acceptance mental health, the obtained t value of 2.377 was found to be significant at.018 level, revealing that male physical education directors scored significantly more than female physical education directors (mean acceptance mental health scores were 24.60 and 23.84 respectively for male and female physical education directors). Similarly in self-compassion mental health, the obtained t value of 2.234 was found to be significant at.026 level, revealing that male physical education directors scored significantly more than female physical education directors (mean self-compassion mental health scores were 34.60 and 33.54 respectively for male and female physical education directors). In total mental health, the obtained t value of 3.493 was found to be significant at.001 level, revealing that male physical education directors scored significantly more than female physical education directors (mean total mental health scores were 84.11 and 80.83 respectively for male and female physical education directors).

Discussion

Major Findings

- **Reality Mental Health:** Significant differences emerged across institutional types (F = 19.935, p =.001). Government institute directors (M = 25.18) scored highest, followed by aided institutes (M = 24.29), with unaided institutes scoring lowest (M = 23.62).
- **Acceptance Mental Health:** Non-significant (F =.568, p =.567). All three groups reported nearly identical acceptance scores (M = 24.53, 24.31, and 24.60).
- **Self-Compassion Mental Health:** Non-significant (F = 1.032, p =.357). Mean scores were comparable across institutions.
- **Total Mental Health:** Significant differences were observed (F = 4.729, p =.009). Government college directors (M = 84.43) again reported the highest total mental health scores, while unaided college directors (M = 82.05) scored the lowest.
- Male Physical Education Directors scored significantly higher than females across all domains of mental health, including reality (t = 3.944, p =.001; M = 24.59 vs. 23.45), acceptance (t = 2.377, p =.018; M = 24.60 vs. 23.84), self-compassion (t = 2.234, p =.026; M = 34.60 vs. 33.54), and total mental health (t = 3.493, p =.001; M = 84.11 vs. 80.83).

The results underscore the influence of both institutional type and gender on mental health outcomes. First, institutional differences confirmed that directors from government colleges reported significantly better mental health in terms of reality orientation and overall functioning compared to unaided college directors. This finding may be attributed to better working conditions, stable salaries, greater security, and stronger organizational support typically found in government institutions (Mishra, 2021) [3]. Conversely, unaided institutions often expose faculty to financial insecurity, heavier workloads, and limited resources, which may explain their lower mental health scores.

Second, gender differences in all components of mental health highlight ongoing disparities in the academic environment. Male directors' consistently higher scores may reflect greater autonomy, social privilege, and fewer conflicting family-work responsibilities. Female directors, facing dual role demands and cultural expectations in addition to professional responsibilities, may experience heightened stress, leading to lower mental health outcomes (Gupta & Agrawal, 2020; Kaur & Sandhu, 2019) [1, 2].

These findings align with studies showing that workplace environment, societal structures, and socio-demographic characteristics collectively shape mental health disparities in academia (Reddy & Deb, 2018) [6]. The results call for targeted interventions, such as: Mental health awareness programs tailored to different institutional contexts,

Supportive policies in unaided institutions to reduce workload imbalance and offer resources, Gender-sensitive initiatives promoting work–life balance and institutional support for female faculty.

Overall, the study adds to existing literature by empirically demonstrating that both structural (institutional type) and personal (gender) factors significantly affect mental health dimensions among higher education professionals.

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