

Constructing a Scale to Assess Psychological Stress among Employees Working with Intellectual Disabilities

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Abstract

This study aimed at constructing a scale to assess psychological stress among employees working with intellectual disabilities, to accomplish that, the researchers constructed the scale and used 58 employees working at these centers to explore its psychometric characteristics. The results indicated that the level of psychological stress among the employees was mid, and the psychometric characteristics were appropriate.

Keywords: psychological stress, intellectual disabilities, employees, psychometric characteristics

1. Introduction and Literature Review

Psychological stress (PS) is considered to be one of the most important problems that face human being nowadays, according to that; this age is called the age of stress. PS refers to what happens to the individual when he is exposed to mental, emotional and biological situations that he cannot cope with. (Sartawi and Alshakhs, 1998). Mita, Yvonne and Fernandes (2005). States that Psychological stress refers to the person being exposed to difficulties and problems that exceeds his ability. PS can generate physical or psychological reactions that threaten the human mental health. (Alkhateeb and Alhadidi, 2007)

The presence of intellectual disability child is a continuous source of stress, because he/ she requires a great effort of care from parents, and this causes undesirable mental, emotional and physical reactions, stress, anxiety and sadness, they also suffer from some serious psychological symptoms that exhaust their energy and prevent their ability to focus on the work they do (Sartawi and Alshakhs, 1998). Knowing the characteristics of mental ability is necessary for parents and employees to find the best ways to deal with them and to provide them with the best services to enable them to live better. It should be noticed that persons with intellectual disability are heterogeneous group, and they have individual differences and they differ in their characteristics and needs depending upon the degree of the disability, gender, age and the environment surrounding the individual. From medical point of view intellectual disability is the case of stopping or shorting of brain growth as a result of disease or genetic causes before the adolescent age. Socially, it is the deficiency of brain growth which resulted in lack of social adaptation and dependence on the others to take care of them (Sreedevit, 2006).

The intellectual disability represents the deficiency in mental ability that appeared before the age of 18; which is characterized by low IQ and deficiency in one or more of the following adaptive behaviors: verbal communication skills, self-care, daily life skills, social skills, self-monitoring, social services, health, and academic achievement (Karuti, (2008).

The cognitive characteristics of the intellectual disabilities are: The tendency to simplify everything, inability to use abstract thinking, inability to make generalizations, shortage in memorization and concentration and delay in language growth (Bakhsh, 2001). The emotional and social characteristics of intellectual disability are: aggressive behavior, hesitation, hyper activity, unable to control emotions, no social relation with others, low self-esteem and unsafely feeling. The physical characteristics are: low growth rate, abnormal body (face and head), decrease in health and immunity, problem in auditory and vision systems, and they are unable to use smooth muscles due to deficiency in nervous system (Saad and Khalifa, 2008). The linguistic characteristics of intellectual disability are: slow language development, stuttering, spelling errors, grammar mistakes and limited number of words. The cognitive characteristics of intellectual disability are: low level of attention and concentration, poor ability to remember: verbally, numerically and spatially, poor ability to distinguish or compare between different things, poor ability to think and imagine, poor ability to perceive the relationship between things, Poor ability to learn (Abuammar, 2007).

Many studies were conducted about PS; the study of Meadow-Orland (1995) indicated that

parents of handicapped Children suffer from PS more than parents of normal Child (Karuti, 2008). The results of Singer and Kathleen (1989) and Chin et al (2006) showed that mothers of handicapped persons had high PS resulted from: financial problems, feeling tired and exhausted, medical care, family stress, social stress, relatives negative reactions and future anxiety (Kasti, 2004). The studies of Bohles, akers, and Lee (1988), Wolf (1989), Rodriguer and Morphy (1991) showed that mothers of handicapped children had more PS, they suffered from depression and emotional problems, and future anxiety (Jabali, 2012., Abuammar, 2007).

This study of El-Zraigat1 and AlDhafairi (2017) examined the strategies of coping strategies with the psychological stress among the parent's children with intellectual disabilities and slow learners children in light of some variables in Kuwait. The sample consisted of (513) parents of children with intellectual disabilities and slow learners children, among them (326) parents of children with intellectual disabilities in the private schools and (187) parents of the slow learners children in the private classes in the public schools. The study was conducted during the academic year 2015/ 2016. The researchers developed and applied coping strategies with the psychological stress scale. Validity and reliability of the measure were achieved. The results of study showed significant statistical difference between the parents of children with intellectual disabilities and the parents of the slow learners children in favor of the parents of slow learners. In addition, the study did not show significant statistical differences that are attributed to the effect of the parents' educational level on all dimensions and for the instrument as a whole, except the dimensions of distancing, and escaping or avoidance. In addition, Scheffe test indicated significant statistical differences between those who hold the secondary school exam and bellow, and the ones who hold graduate studies and the differences were in favor of those who hold graduate studies. Also, result showed significant statistical differences between those who hold the secondary school exam and bellow, and the bachelor in favor of those who hold the secondary school exam in terms of escaping or avoidance dimension. The study did not show any significant statistical differences that were attributed to the effect of the parents' ages on all dimensions, except the dimension of escaping or avoidance. Moreover, the study show significant statistical differences that were attributed to the effect of the child's gender on all dimensions, except for the dimensions of seeking social support and escaping or avoidance, these differences were in favor of females.

The study of Olsson (2016) focused on service utilization among children with mild intellectual disability and their families, their needs for support and their experiences of support. The overall aim of the thesis was to explore and describe service utilization patterns among families of children with mild intellectual disability from a systems perspective. Across-sectional, descriptive and comparative quantitative design was used to describe the extent of service utilization among 84 children with mild intellectual disability and their families. The types and number of services utilized were investigated in relation to the child's age, gender and school setting. Results showed that 60% of the families utilized pediatric habilitation services, and 40% of the families used disability-related services provided by social services. The most commonly utilized services were services concerned support

outside of the home. Approximately 25% of the families utilized social problems-related services provided by social services. The most commonly utilized services concerned those to support parents in their parenting roles and financial assistance. In contrast to older children, younger children were more likely to utilize pediatric habilitation services, older children utilized a higher number of disability-related service types provided by social services. Few differences were found between males and females. The majority of families did not utilize such services that are provided by social services. It was rare for families to use both disability-related services and those that address social problems during the same year. Commonly reported family needs concerned information about what services are available for their child, their child's impairment, how to respond to their child's behavior and how to teach their child skills. Other common needs included access to parent support networks, to find suitable leisure activities for the child, and more alone time for parents. In contrast to families with mothers who did not participate in paid work, families with mothers who were employed expressed a lower requirement for support such as counseling, contact with other parents of children with impairments, more friends and more alone time for parents. Similar results were found for families with mothers with higher levels of education. Parents with higher levels of perceived self-efficacy reported a lower need for information, as did also parents with higher levels of control over services. Parents with higher levels of control over services experienced the support as being more helpful. Children with mild intellectual disability who attended self-contained classes were more likely to utilize pediatric habilitation services than children integrated in mainstream classes.

The study of Araideh (2016) aimed to explore the level of burnout among special education teachers in governmental schools in KSA and its relationship with some variables, the sample consisted of 32 teachers, the results indicated that the burnout level among special education teachers was mid and there were no statistically significant difference in the level of burnout attributed to teachers experience, specialization and number of students in the class.

The study of Asfour (2012) aimed to reveal the psychological stress of mothers of autistic adolescents. The study sample consisted of (40) of the mothers of autistic adolescents in Jordan, who were selected randomly. The results of the study showed that the level of psychological stress among mothers of adolescents in all scale domains was moderate, and there were no statistically significant differences ($\alpha = 0.05$) in the degree of psychological stress among the mothers attributed to the gender of autistic child, educational level of the mother, and the economic level of the family.

Jabali (2012) study aimed to know the level of psychological stress and coping strategies among the mother of the child with Down's syndrome. The study sample consisted of 66 mothers of children with syndrome. The results of the study indicated that the level of psychological stress in mothers of children with Down syndrome was high, and the differences in the level of psychological stress among mothers attributed to age of the mother, educational qualification, and gender of the son were statistically significant.

The study of Habib and Alkhalidi (2011) aimed to identify the sources of psychological stress among special education teachers in Iraq. The sample of the study consisted of (391) teachers.

The results showed that the sources of psychological pressure among the teachers of special education were: the school environment, the characteristics of the students and the relationship with parents, curriculum, school characteristics, role conflict, and ambiguity of role.

The study of Gupta and Harpreet (2010) examined stress among parents of children with intellectual disability. 102 parents formed the sample of the study, 30 of whom had children without disability. A stress assessment test with internal validity of 0.608 was used. The test has two parts: physical and mental, former with 19 items and latter with 21 items. T- Test was applied to check differences in stress, gender differences, and differences in mental and physical stress. Results show that, most parents of children with intellectual disability experience stress, physical and mental stress are significantly correlated, gender differences in stress experienced occur only in the mental area, and parents have higher mental stress score as compared to physical stress.

The study of Abuammar (2007) aimed to investigate the impact of a counseling program to reduce psychological stress among families of children with cerebral palsy at Aqaba Governorate in Jordan, the study sample consisted of (60) father and mother. The results showed that the level of psychological stress was high in the control group compared to the experimental group, and the level of psychological stress among males was higher than females.

The study of Sreedevi (2006) investigated the stress and coping among mothers of children with mental retardation and also evaluated the effectiveness of a coping enhancement program. The study also analyzed the relationship between mothers' stress, coping level and facilitating factors of coping with the child related and mother related variables. Samples were mothers of mentally retarded children studying in special schools. The study was conducted in three phases. In phase I, mothers' stress coping level and facilitating factors of coping were assessed using a structured stress inventory, a standardized structured coping scale, and an inventory for identifying facilitating factors of coping. In phase II, a coping enhancement program was developed by the investigator. In phase III the coping enhancement program was administered to mothers with low coping levels (n=52) and reassessed their stress, coping level and facilitating factors of coping, two weeks after the third session of coping enhancement program. The intensity of stress experienced by mothers of children with mental retardation was found to be at a moderate level. Coping level of mothers was higher than the average level. Coping enhancement program was found to be effective in reducing the stress and increasing the coping level and facilitating factors of coping. A significant negative correlation was found between stress scores and coping scores of mothers. The results are discussed and the implications and suggestions are also given.

The study of Mita, Yvonne, and Fernandes (2005) aimed to find whether or not there is a difference in the perceived stress between both the parents of mentally retarded children, (ii) to study whether or not these stresses occur more frequently in parents of mentally retarded children compared with those of normal children, and (iii) to find any correlation between the severity of perceived stressors and the anxiety state of these parents. The study was conducted in the Child Guidance Clinic of a tertiary care psychiatry hospital. The study

sample, comprising 180 subjects, categorized as: group A (60 parents of profound to moderately mentally retarded children), group B (60 parents of mild to borderline mentally retarded children), and group C (60 parents of children with normal intelligence) which served as the control group. Each parent was evaluated using the Family Interview for Stress and Coping (FISC) in Mental Retardation, and the Hamilton Anxiety Rating Scale (HARS). The results showed that parents in group A had a significantly higher frequency of stressors and level of anxiety as compared to those in groups B and C. A positive correlation was found between the level of anxiety and stressors.

2. Study Importance

Intellectual disabilities need huge continuous requirements for their life, such as; health, cognitive needs and aspects of everyday life and qualified centers to train and educate them. Employees at these centers also have their needs; one of the most important needs is healthy psychological environment to work in. The researchers noticed shortage in studies and tools needed to assess PS among employees in intellectual disability centers. According to that, this study was designed to provide a scale for assessing psychological stress among workers at intellectual disability centers.

3. Objectives of the study

This study aimed to introduce a new scale to assess the psychological stress level among employees in handicapped centers in general and specifically in intellectual disability centers.

4. Statement of the problem

The research problem is derived from the fact that "if you need a good and qualified employee, you should provide him/ her with a healthy psychological environment". Accordingly, this study aimed to provide decision makers with a scale that could be used to assess the psychological stress level among employees at intellectual disability centers, precisely this study will answer the following questions:

- 1- What are the psychometric characteristics of the scale of psychological stress among employees in intellectual disability centers?
- 2- What is the level of psychological stress among employees in intellectual disability centers at Tafila Governorate, Jordan?
- 3- Are there statistically significant differences ($\alpha=0.05$) in the degree of psychological stress attributed to the employees gender and years of experience?

6. Method

6.1 Design

The study adopted the design because it is a suitable method for this study purposes.

6.2 Population and sample

The population of the study consisted of all employees at mental handicapped centers at Tafila Governorate during the 2nd semester 2016/2017 as table 1 shows. The researchers used the whole population as a sample because the number of employees was too small. Table (1)

represents the population of the study.

Table 1. Study population

Gender	Experience		Total
	Below 5	Above 5	
Male	6	5	11
Female	21	26	47
Total	27	31	58

6.3 Instrument

The researchers developed the psychological stress scale for employees of mental health centers, using their field and academic experience, and depending upon the related literature (Asfour, 2012, Jubali, 2012, Habib and alkhalidi, 2011). It consisted of 3 domains: The psycho-organic domain (12 items), the work domain (16 items) and the social domain 10 items. (Appendix A). The respondents were asked to respond to the items using Likert scale (5-strongly agree 4- agree 3- Neutral 2- disagree 1- strongly disagree).

6.4 Validity

6.4.1 Expert Validity

Validity of the scale was approved through expert judgments, 9 experts in special education, measurement and evaluation, counseling, and mental health were asked to review the scale, according to their notes the instrument was modified.

6.4.2 Construct Validity

In order to verify validity of the scale using construct validity, a pilot sample consisted of 25 employees from Karak Governorate was chosen; the correlations between items with their domain and with the total score were calculated. Table 2 represents the findings.

Table 2. correlations between items and their domains and total score.

Items	Correlation with domain	Correlation with total score
1	0.52	0.45
2	0.72	0.58
3	0.55	0.51
4	0.60	0.584
5	0.70	0.68
6	0.70	0.59
7	0.55	0.50
8	0.58	0.54
9	0.56	0.53
10	0.51	0.54
11	0.57	0.57
12	0.58	0.55
13	0.65	0.60
14	0.57	0.56
15	0.51	0.51
16	0.52	0.56
17	0.57	0.58
18	0.66	0.64
19	0.58	0.57
20	0.61	0.57
21	0.49	0.45
22	0.62	0.61
23	0.61	0.58
24	0.65	0.49
25	0.65	0.59
26	0.67	0.58
27	0.68	0.55

28	0.64	0.60
29	0.66	0.60
30	0.75	0.67
31	0.54	0.50
32	0.67	0.55
33	0.71	0.65
34	0.74	0.66
35	0.68	0.62
36	0.71	0.68
37	0.63	0.57
38	0.71	0.65

As indicated in table 2 the correlations between items and their domains and with the total score were statistically significant ($\alpha=0.05$).

6.5 Reliability

Reliability was checked using internal consistency (Cronbach α equation) and test- re test method table 3 represents the findings.

Table 3. Reliability of the psychological stress scale for employees at M H centers.

Domain	Test-retest	Internal consistency
psycho-organic	0.82	0.80
work	0.83	0.81
social	0.84	0.79
total	0.83	0.80

According to table 3 the reliability coefficients were valid and acceptable.

6.6 Statistical procedure

SPSS was used for data entry and data analysis, the following statistics were calculated: means, standard deviations and t-test for independent samples. The following criteria were used to describe the mean for items and domains: 1-2.33 low, 2.34-3.67 mid and 3.68-5 high.

7. Results and Discussion

7.1 Results for question1

To answer Q₁ (What are the psychometric characteristics of the psychological stress among employees in intellectual disability centers scale?) validity was approved using expert judgments and internal consistency; the expert judgments were positive and they indicated that the items were relevant to the domains and to measure the trait in general, the figures of

the correlations between items and their domains and with the total score were statistically significant ($\alpha=0.05$) (table 2). Reliability was approved using 2 methods: test retest and internal consistency using Cronbach α equation, the figures for the 2 methods indicated that the scale had an acceptable reliability coefficient (table 3).

7.2 Results for question 2

To answer Q₂ (What is the level of psychological stress among workers in intellectual disability centers at Tafila Governorate, Jordan?) Means and standard deviations were computed; table 4 represents the finding for psychological stress domains among intellectual disability employees.

Table 4. Means and standard deviations for psychological stress domain among employees‘

Domain	Mean	Std. Deviation	Rank	Mean Description
psycho-organic	3.1399	.65445	2	Mid
work	3.5446	.62360	1	Mid
social	2.4589	.68643	3	Mid
total	3.1311	.48846		Mid

Table 4 shows that employees at intellectual disability centers had mid level of psychological stress, but the highest source of stress was work at these centers, while, the least one was the social factor. Table 5 represents the finding for psycho-organic domain.

Table 5. Means and standard deviations for psycho-organic domain

Items	Mean	standard deviations	Rank	Mean description
I feel tired and exhausted after any activity.	3.7321	.88402	3	High
I feel that my self-esteem is low.	2.9286	1.07631	9	Mid
I feel that I am sensitive to criticism.	3.0893	1.14855	6	Mid
My attention is distracted by the nature of my work.	3.1071	1.26028	5	Mid
I feel shortness of breath for no apparent reason.	3.0893	1.33861	7	Mid
I became bored because of my work	3.1429	1.28528	4	Mid
Get upset when I think of this category of disabled.	2.8571	1.24212	10	Mid
I feel an increase in my heartbeat.	2.9643	1.12758	8	Mid
I feel very sad when I think of the disabled.	4.0000	2.83485	1	High
I feel embarrassed and confused when talking about the disabled.	2.3571	1.15095	12	Mid
I feel anorexia and lack of desire to eat.	2.5714	1.09307	11	Mid
I make a lot of compromises right for myself because of my work.	3.8393	1.12455	2	High
Total	3.1399	.65445		Mi High d

Table 5 shows that employees at intellectual disability centers had mid psychological and organic stress symptoms (mean =3.14), all items of this domain were high-mid effect. The highest item mean was for item 1 which indicates the sadness of employees when they think about the disabled, then the items which assess how tired and the compromises of their right.

Table 6 represents the finding for the stress resulted from work domain.

Table 6. Means and standard deviations for nature of work domain

Items	Mean	standard deviations	Rank	Mean description
I have difficulty in the behavioral problems that may appear to the disabled	3.3929	3.3929	11	Mid
I feel overwhelmed by the different levels of disability of children	3.6607	3.6607	7	Mid
I suffer from the lack of cooperation of colleagues while working with disabled people	3.5893	3.5893	9	Mid
I feel that my work times affect my family	3.1071	3.1071	15	Mid
I think the services provided to the disabled are inadequate	3.2500	3.2500	14	Mid
My work needs more tools and devices to facilitate work with disabled people	3.7421	3.7321	4	High
I think that the number of employees and specialists in the center is not enough to serve the disabled	3.8750	3.8750	3	High
Work with disabled persons requires constant guidance and supervision	4.2500	4.2500	1	High
Make great efforts without seeing improvement in the situation of the disabled	3.6707	3.6607	6	Mid
I am disturbed by the large number of consultations on how to deal with the disabled	3.3036	3.3036	13	Mid
I am frustrated by the increasing number of disabled people I deal with	3.5000	3.5000	10	Mid
I think my income is less than the effort I make	3.7321	3.7321	5	High
I think it is useless to try to teach disabled people	3.3393	3.3393	12	Mid
I feel the lack of emotional support in the work	3.6071	3.6071	8	Mid
I feel lack of career improvement opportunities	3.8760	3.8750	2	High
I feel loss of motivation and desire to work	2.8393	2.8393	16	High
Total	3.5446	.62360		Mid

Table 6 shows that work domain contributed in stress among employees, 6 items had high means, those items related to the hard work, employees need too much time observing, providing disabled with their needs, and taking care of them, all these services provided without suitable income for employees, lack of motivation, lack of promotions, low ratio of employee: disabled, and lack of quality and quantity of tools and devices.

Table 7 represents the findings for the stress resulted from social domain.

Table 7. Means and standard deviations for nature of social domain

Items	Mean	standard deviations	Rank	Mean description
Others avoid me because of my work	2.0714	1.05928	9	Low
I am ashamed to talk about my work	1.8571	.98033	10	Low
It is difficult for my family to accept my work requirements	2.3036	1.11060	7	Low
My family is worried because of too many hours I spend in my work away of them.	2.6607	1.23989	3	Mid
It is difficult for society to understand the nature of my work.	2.6529	1.10254	4	Mid
I feel high expectations from parents about the goals to be achieved with the disabled.	2.8036	1.18198	2	Mid
Centers managers lack the ability to manage the centers of the disabled.	2.4643	1.19033	6	Mid
I have difficulty communicating with the center staff.	2.6429	1.13504	5	Mid
I feel the loss of care to the disabled from others.	2.9286	.96967	1	Mid
I feel criticized and ridiculed because of my work with the disabled.	2.2143	1.10724	8	Low
Total	2.4589	.68643		Mid

The means for social domain items varied from low to mid mean, the mean for this domain is mid in its effect upon psychological stress (mean=2.45 S.D=0.68). The item with the highest mean in this domain is related to the feeling of others toward the disabled, then the high expectations from parents about the goals that employees have to achieve to make life better for their disabled sons. The results showed low level of understanding from society in general about the nature of work with the disabled. The lowest mean was for the item which states that "I am shamed to talk about my work", this means that employees were proud to work in these centers, this could be due to humanistic relation and empathy feeling toward the disabled and they may satisfied with their work.

7.3 Results for question 3

To answer Q₃ (Are there statistically significant differences ($\alpha=0.05$) in the degree of psychological stress attributed to employees gender and years of experience?) Means standard deviations, and t-test for independent samples were used. Table 8 represents the means and standard deviations for psychological stress domains according to employees' gender.

Table 8. Means and standard deviations for employees' stress domains according to employees' gender

Domain	Gender	Mean	Std. Deviation
psycho-organic	male	3.6389	.78617
	female	3.0443	.58870
work	male	3.8264	.50561
	female	3.4907	.63404
social	male	3.0444	.94883
	female	2.3468	.57174
total	male	3.5614	.60283
	female	3.0487	.42298

Table 8 shows that male employees had higher psychological stress in psycho-organic domain, work domain and in the total score of the scale, while female employees had higher psychological stress mean in social domain. In order to examine if these differences were statistically significant ($\alpha=0.05$) t-test for independent samples were used, table 9 represents the findings.

Table 9. T-test for the effect of employees' gender upon the psychological stress

Domain	T	DF	Sig.
psycho-organic	2.627	54	.011
work	1.496	54	.140
social	2.988	54	.004
total	3.103	54	.003

Table 9 shows that there is statistically significant differences in psychological stress ($\alpha=0.05$) attributed to gender in favor of males in psycho-organic domain, and in the total score of the scale, while the differences is statistically significant in favor of females in social scale.

Means and standard deviations were calculated for the psychological stress according to the employees' experience, table 10 represents the findings.

Table 10. Means and standard deviations for psychological stress domains according to employees' experience

Domain	Experience	Mean	Std. Deviation	Std. Error
psycho-organic	below5	3.0340	.64395	.12393
	5above	3.2385	.65983	.12253
work	below5	3.4028	.62412	.12011
	5above	3.6767	.60390	.11214
social	below5	2.4519	.56253	.10826
	5above	2.4655	.79475	.14758
social	below5	3.0361	.52160	.10038
	5above	3.2196	.44633	.08288

Table 10 shows that employees with long experience (more than 5 years) had more psychological stress in all domains and in the total score of the scale. Table 11 shows that the differences in these means were statistically not significant($\alpha=0.05$).

Table 11. T-test for the effect of employees' experience upon the psychological stress

Domain	T	DF	Sig.
psycho-organic	1.173	54	.246
work	1.669	54	.101
social	.074	54	.941
total	1.418	54	.162

8. Discussion

Employees in general suffer from different types of stress, regardless the type of work; employees who work with intellectual disabilities had more psychological stress because it is difficult to modify the behaviors of people since they cannot use their minds in the proper way. This study indicated that those employees had mid-level of psychological stress resulted from the nature of the work itself, the psycho-organic factor and the social factor, respectively. This result is similar to the findings of Araidah(2016) and Asfour (2012). The result indicated that male employees had higher psychological stress compared with the females in the total score, psycho-organic, and nature of work domains. While, females were affected more by the social domain. The results could be due to the nature of females, they were more sympathetic and more patients than males. Females had more social stress than males this could be resulted from the tradition and cultural issues of the Jordanian society; which usually had some restrictions regarding the women work specially in intellectual disability centers.

Finally, the results showed that employees suffer from the psychological stress regardless of their experience; this could be due to biological and behavioral nature of intellectual disabilities.

9. Conclusion

The study concluded that employees of intellectual disabilities centers had mid-level of psychological stress and males had more psychological stress compared with the females.

10. Recommendations

According to the study results, the researchers recommend the following: more studies should be conducted using large samples from different regions in Jordan, taking into account the effect of new variables, such as; the social status of employees, their educational qualifications and their monthly income.

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Annex 1. Psychometric pressure scale for workers in intellectual disability centers

Please kindly read all the items of the questionnaire and answer them honestly and objectively by putting (√) to indicate your level of agreement or disagreement with each of these statements regarding work at mental handicapped centers. The data that will be obtained will be used for scientific research purposes.

Sex: Male Female
Experience: Less than 5 years More than 5 years

First dimension: Psycho-organic		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1-	I feel tired and exhausted after any activity.					
2-	I feel that my self-esteem is low.					
3-	I feel that I am sensitive to criticism.					
4-	My attention is distracted by the nature of my work.					
5-	I feel shortness of breath for no apparent reason.					
6-	I became bored because of my work					
7-	Get upset when I think					

	of this category of disabled					
8-	I feel an increase in my heartbeat					
9-	I feel very sad when I think of the disabled					
10-	I feel embarrassed and confused when talking about the disabled					
11-	I feel anorexia and lack of desire to eat					
12-	I make a lot of compromises right for myself because of my work					
Second dimension: nature of work		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1-	I have difficulty in the behavioral problems that may appear to the disabled					
2-	I feel overwhelmed by the different levels of disability of children					
3-	I suffer from the lack of cooperation of colleagues while working with disabled people					
4-	I feel that my work times affect my family					
5-	I think the services provided to the disabled are inadequate					
6-	My work needs more tools and devices to facilitate work with disabled people					
7-	I think that the number of employees and specialists in the center is not enough to serve the disabled					
8-	Work with disabled persons requires constant guidance and supervision					
9-	Make great efforts without seeing					

	improvement in the situation of the disabled					
10-	I am disturbed by the large number of consultations on how to deal with the disabled					
11-	I am frustrated by the increasing number of disabled people I deal with					
12-	7. I think my income is less than the effort I make					
13-	I think it is useless to try to teach disabled people					
14-	I feel the lack of emotional support in the work					
15-	I feel lack of career improvement opportunities					
16-	I feel loss of motivation and desire to work					
Third Dimension: Social		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1-	Others avoid me because of my work					
2-	I am ashamed to talk about my work					
3-	It is difficult for my family to accept my work requirements					
4-	My family is worried because of too many hours I spend in my work away of them.					
5-	It is difficult for society to understand the nature of my work.					
6-	I feel high expectations from parents about the goals to be achieved with the disabled.					
7-	Centers managers lack the ability to manage the centers of the disabled.					

8-	I have difficulty communicating with the center staff.					
9-	I feel the loss of care to the disabled from others.					
10-	I feel criticized and ridiculed because of my work with the disabled.					