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Full Length Research Paper

A research on the levels of perceived stress and quality of life of physical education teachers: A pilot study in Türkiye

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The study focuses on the classification of occupational stressors perceived by physical training teachers in Turkey and the correlations of these stressors between some workload, biographic and quality of life variables. This research was conducted face to face among physical education teachers in public and private schools in the cities of Balıkesir, Kocaeli, Bursa, Kütahya, Osmaniye, Yalova, Ankara, Antalya, Adana, Uşak, Manisa, Kayseri, İzmir, Şanlıurfa, in 2021 and 2022. The cluster method was applied. This research on physical education teachers in Turkey is a cross-sectional study. Data analysis was done using t-test and analysis of variance. First, the Pearson correlation analysis was done by examining the relationship between the variables of quality of life and perceived stress and its effect. A linear regression analysis was done with the purpose of identifying its predictability negatively and significantly (p<0.001).

Key words: Physical education, teacher, stress, stress perception, quality of life.

INTRODUCTION

Teachers experience stresses such as anxiety, tension, anger, frustration or depression due to the tedious nature of their job. When these unpleasant problems are confronted in the early years of teaching, they get bigger. Kyriacou and Sutcliffe are the first scientists who brought forward the concept of “Teacher Stress” in the occupational sense on the agenda in 1977. The number of studies that reported teacher stress proliferated rapidly in the 1980s, and the number of research on teacher stress increased even more in the 1990s (Kyriacou, 2001). Interprofessional comparisons were made in this context “a high-stressed occupation” in terms of the negative results on physical and psychological health and job satisfaction (Johnson, 2005; Kyriacou, 2011). Stress of teaching profession and the quality of Balikesir University Faculty of Sports Sciences life is a current issue drawing a significant attention in recent years due to its relation to poor health caused by burnout, being occupationally worn-out, absenteeism, or leaving employment. Lack of facilities/equipment required for the subject of Physical Education, discipline problems of students, lack of motivation and frequency of loud noise, having limited

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resources, high expectations from physical education teachers or excessive desires of students and density of workload can lead to the environmental and psychological stress on physical education teachers (Guglielmi and Tatrow, 1998; Montgomery and Rupp, 2005; Pels et al., 2022). Furthermore, this issue poses some problems for the school /education system as a whole besides the affected physical education teachers (Pels et al., 2022).

The different protocols and theoretical frameworks/ methodologies of the study and the environmental factors indicate that the factorial researches repeated by numerous studies about many physical education teachers perceive a high level of stress (Kastrup, 2007; Kastrup et al., 2008; Schäfer et al., 2019; Alsalhe et al., 2021). Physical education teaching involves many features of teaching profession due to the nature of the work. That is to say, a physical education teacher can provide his/her students with physical, physiological, and psychological training that will enable them cope with various difficulties they encounter in the classroom atmosphere or in their social lives. When considered from this point of view, the role that physical education teachers play is undeniable. Physical education lesson not only contributes to students positively but also paves the way for discovering their talents. Thus, the lesson makes it possible to produce elite athletes can involve in national and international athletic sports.

Determining the related sources of stress and eradicating or minimizing them is important not only because of their serious consequences on the health of physical education teachers but also due to their positive impacts on teachers' work performance and absenteeism.

Depending on the origin and duration of the effect, stress can be acute, chronic, daily or occupational (Morgan, 1996). Stress is an action valued as pushing one's individual limits or going beyond them as a result of the interaction between the individual and the environment (Lazarus and Folkman, 1987). In another definition, the stimuli causing negative response in individuals environmentally are defined as stress (Selye, 2013). Eskin et al. (2013) define stress as pressure and strain resulting from internal and external stimuli. In addition, Lazarus and Folkman (1987) emphasize that stress has a sociopsychological aspect and state that it is a combination of an individual's cognitive features, that is one's beliefs, objectives, and way of thinking, and social and cultural features. Stress, which is likely to be encountered in all areas of social life, is more likely to be encountered in work life. When examining its impact on work life, stress can affect the performance of an employee with all its aspects. It might be difficult for employees to cope with stress depending on the origin of stress and individual readiness. Although learning how to cope with stress requires experience, its intensity can lead to negative consequences for employees such as getting bored with the work atmosphere or being dissatisfied. There are many stimuli that individuals come across in work environment and especially in terms of the duty teachers undertake. This pressure increases in variety. Many of the negative factors teachers face in school environment can create stress for them. It has been found in the studies that burnout syndrome and stressors caused by heterogeneous students are prominent (Bümen, 2010; Navickienė et al., 2018).

When these factors are examined, they emerge as environmental and psychological factors, lack of motivation, pressure depending on time and workload, feeling of being inspected, friendships at work, self-respect, status, administrative and managerial problems, and difficulties of working conditions (Göçer et al., 2020). Moreover, an immense amount of stress can become hard to control and can have negative consequences like difficulty in concentration and occupational burnout as a result of decrease in professional satisfaction of teachers. Due to this situation, physical education teachers can be under a high amount of occupational stress, and thus negative physical and psychological results can arise (Schäfer et al., 2019).

Besides the difficulties teachers encounter while practicing their profession is the increase in the density of workload and the stress occurring; this can cause teachers to experience psychosocial problems. In case of the continuation of this process, acute stress turns into chronic stress and this causes the quality of life of teachers to reduce. In the context of The World Health Organization (WHO)'s definition of health in 1946, health is the state of a complete well-being in physical, social and psychological sense rather than the absence of diseases or defects and the quality of life should be handled as the consequence of this (WHO, 1947). For this reason, life quality should be considered as being satisfied with one's whole life in the general sense. The perception of quality regarding school life can be said to express the satisfaction with the quality of the school that covers a significant period of time in a teacher's life and with the quality of education (Sarı et al., 2018). From this aspect, it can be considered to be an important concept.

Emphasis should be laid on the quality of life of physical education teachers especially with focus on its influence on their educational integration. Furthermore, it should be taken into consideration that the correct definition of the relationship between life quality and stress and setting forth the relationship between them with all its aspects will have serious consequences on students, education and society as well as physical education teachers.

METHODS

Turkey consists of seven regions and the provinces included in the study were randomly selected from these regions. This research was conducted face to face among physical education teachers working in public and private schools in the cities of Balıkesir,

Table 1. Demographic distribution of physical education teachers participating in the research.

Demographic characteristics		f	%
Gender	Male	180	65.2
	Female	96	34.8
Marital status	Married	199	72.1
	Single	77	27.9
Age (year)	25-30	37	13.4
	31-36	44	15.9
	37-42	64	23.2
	43- 48	74	26.8
	48-48	57	20.7
State of doing sport actively	Doing	198	71.3
	Not doing	78	28.3
Disease	Exists	24	8.7
	Does not exist	252	91.3
Total		276	100

Source: Author

Kocaeli, Bursa, Kütahya, Osmaniye, Yalova, Ankara, Antalya, Adana, Uşak, Manisa, Kayseri, İzmir, and Şanlıurfa from 2021 to 2022. Clustering method was used. This research done on physical education teachers in Turkey is a cross-sectional study.

Study group

In Table 1, it is seen that 180 of the physical education teachers that participated in the research are males and 96 of them are females. 199 of the participants are married and 77 of them are single; 37 of them are between 25 and 30 years old, 44 of them are between 31 and 36 years old, 64 of them are between 37 and 42 years old, 74 of them are between the ages of 43 and 48, and 57 of them are 48 years or above. 198 of the participants do sport actively, whereas 78 of them do not do sport actively. 24 of the participants have any disease, while 252 of them do not have any diseases.

Data collection tools

The World Health Organization Quality of Life-WHOQOL-BREF

WHO Quality of Life-Bref scale was developed by the World Health Organization (1998). Eser et al. (1999) studied its adaptation to Turkish, reliability and validity. It is a scale of 5-point Likert-type consisting of 26 questions and a total of 5 subscales as follows: general health, physical domain, psychological domain, social domain, and environmental domain. A high score indicates that the quality of life of an individual is high.

The perceived stress scale

The study of the validity, reliability and adaptation of the scale to Turkish which was developed by Cohen et al. (1983), was conducted by Eskin et al. (2013). The Perceived Stress Scale was designed to assess the degree to which some situations in the respondents' life are perceived as stressful. Perceived Stress Scale whose items are scored between the ranges of Never (0) and Very Often (4) is a 5-point Likert scale. The scale consists of the subscales of the perception of lack of self-efficacy and stress/disorder, and the increase in the total score obtained indicates that the level of the stress the individual has perceived is high. In this study, the Cronbach alpha level was found to be 0.91 for the quality of life scale and 0.752 for the perceived stress scale.

Statistical analysis

Descriptive analysis was carried out through the data obtained, and afterwards Kolmogorow-Smirnov (K-S) test for normality was conducted with the purpose of determining if the data show a normal distribution or not. States of normality of general distribution and distribution according to factors were analyzed (±2) and parametric tests were used in analyzing the data as it shows a normal distribution (George and Mallery, 2010). An independent sample t-test was used in comparative analysis based on the variables such as gender, marital status, status of doing sport actively, and status of disease; and as for the comparative analysis according to the age variable, a one-way analysis of variance (one-way ANOVA) was used. Prior to the t-test and the analysis of variance, the values of Levane's test were analyzed and the assumption of the homogeneity of variances was seen to have been proved. In analyzing the effect and correlation between the quality of life and perceived stress, the Pearson correlation analysis was first realized and with the aim of determining predictiveness, a linear regression analysis was used. The 25th version of Statistical Package for Social Science (SPSS) was used for the analysis of the data.

FINDINGS

Table 2 shows the averages of the overall score of PSS,

Table 2. Descriptive values on dependent variables.

Variable		n	X̄±Ss	Skewness	Kurtosis
WHOQOL-BREF-TR	General state of health	276	7.15±1.54	-0.524	0.292
	Physical domain	276	26.97±4.11	-0.484	0.183
	Psychological domain	276	23.41±3.52	-0.811	1.646
	Social domain	276	11.27±2.13	-0.648	0.603
	Environmental domain	276	29.02±4.60	-0.455	0.618
	Overall score	276	100.18±13.05	-0.527	0.988
Perceived stress scale	Overall score	276	23.45±8.06	0.102	0.800
	Total	276			

Source: Author

and scores from the subscales of physical education teachers who participated in the study are seen in the quality of life scale to be 7.15(±1.54) in the general state of health subscale, 26.97 (±4.11) in the physical domain subscale, 23.41 (±3.52) in the psychological domain subscale, 11.27 (±2.13) in the social domain subscale, 29.02 (±4.60) in the environmental domain subscale, 100.18 (±13.05) in the overall score of the quality of life, and 23.45 (±8.06) in the overall score of perceived stress. Looking at the values of skewness-kurtosis (±2), it is seen that all values indicate normal distribution (George and Mallery, 2010).

In Table 3, in the subscales of the scale of the quality of life of physical education teachers, the scores of general state of health were identified to be significantly higher in men than in women, higher in participants who do not do active sports than participants doing sports actively, higher in participants with no disease than in participants with certain diseases (p<.05); whereas, it was determined that there was no statistically significant difference according to the status of being married or single (p>0.05). The scores of the physical domain subscale were determined to be significantly higher in men than in women statistically (p<.01); but it was found that, statistically, there was no significant difference in terms of the variables of marital status, doing sport actively, or disease (p>0.05). The scores of the psychological domain subscale were found to be meaningfully higher in men than in women and higher in married participants than in the single ones statistically (p<0.01); yet it was identified that, statistically, there was not a significant difference based on the variables of doing sport actively or disease (p>0.05). The scores of the social domain subscale were determined to be meaningfully higher in married participants than in the single ones statistically (p<0.01); however, no significant difference based on the variables of gender, doing sport actively or disease was identified statistically (p>0.05). The scores of the environmental domain subscale were found to be meaningfully higher in men than in women and higher in married people than in the single ones statistically (p<0.05); statistically, no meaningful difference was detected according to the variables of doing sport actively or disease (p>0.05).The scores of perceived stress were found to be significantly higher in women than in men, higher in single participants than in the married ones, higher in people with any disease than with no disease statistically (p<0.05); for the variable of doing sport actively, it was identified that there was no meaningful difference (p>0.05).

In Table 4, it was determined that there was not a statistically significant correlation between groups in the general state of health subscale, in the physical domain subscale, and in the social domain subscale of the quality of life scale based on the age variable of physical education teachers (p>0.05). On the other hand, a statistically significant difference was found to exist between groups in the psychological domain subscale, in the environmental domain subscale and in the level of perceived stress (p<0.05). When Bonferroni post-hoc values were analyzed with the objective of specifying which groups caused the significant differences between groups, it was identified that physical education teachers at the age of 48 and above have significantly higher scores of the quality of life than physical education teachers who are between the ages of 25 and 30 in the psychological domain subscale; in the environmental domain subscale, physical education teachers aged 43-48 and above the age of 48 have meaningfully higher scores of quality of life than physical education teachers between the ages of 25-30 (p<0.01). In terms of perceived stress scores, it was determined that physical education teachers aged 25-30 have significantly higher scores than physical education teachers aged between 43 and 48 statistically (p<0.05).

As Table 5 indicates, the scores of the quality of life of physical education teachers were identified to be statistically positive and significantly correlated on the basis of subscale and general score (p<.001);perceived stress and all subscales of life quality scale and general scores were found to be statistically negative and significantly correlated (p<.001).

As Table 6 reveals, perceived stress levels of physical education teachers were found to predict their quality of

Table 3. The results of the independent group t-test on the differences of the scale scores according to demographic variables.

Variable			n	Mean	Standard deviation	t	Degree of Freedom	p
General state of health	Gender	Male	180	7.32	1.50	2.457	274	0.015*
		Female	96	6.84	1.55			
	Marital status	Married	199	7.24	1.55	1.639	274	0.102
		Single	77	6.90	1.46			
	Doing sport actively	Yes	198	7.02	1.54	-2.290	274	0.023*
		No	78	7.48	1.46			
	Disease	Existent	24	6.20	1.67	-3.201	274	0.002**
		Nonexistent	252	7.24	1.50			
Physical domain	Gender	Male	180	27.56	4.01	3.296	274	0.001**
		Female	96	25.87	4.09			
	Marital status	Married	199	27.24	3.96	1.764	274	0.079
		Single	77	26.27	4.39			
	Doing sport actively	Yes	198	26.96	4.09	-.073	274	0.941
		No	78	27	4.16			
	Disease	Existent	24	25.88	3.61	-1.371	274	0.172
		Nonexistent	252	27.07	4.14			
Psychological domain	Gender	Male	180	23.91	3.52	3.229	274	0.001**
		Female	96	22.49	3.38			
	Marital status	Married	199	23.84	3.22	3.362	274	0.001**
		Single	77	22.29	4.03			
	Doing sport actively	Yes	198	23.28	3.48	.-977	274	0.330
		No		23.74	3.64			
	Disease	Existent	24	22.58	3.28	-1.206	274	0.229
		Nonexistent	252	23.49	3.54			

Table 3. Cont'd**.** The results of the independent group t-test on the differences of the scale scores according to demographic variables.

Social domain	Gender	Male	180	11.38	2.17	1.117	274	0.265
		Female	96	11.08	2.04			
	Marital status	Married	199	11.50	2.01	2.843	274	0.005**
		Single	77	10.70	2.31			
	Doing sport actively	Yes	198	11.26	2.10	-.266	274	0.790
		No	78	11.33	2.19			
	Disease	Existent	24	11.20	1.69	-.170	274	0.865
		Nonexistent	252	11.29	2.17			
Environmental domain	Gender	Male	180	29.44	4.70	2.101	274	0.037*
		Female	96	28.22	4.32			
	Marital status	Married	199	29.65	4.34	3.749	274	<0.001**
		Single	77	27.39	4.88			
	Doing sport actively	Yes	198	28.71	4.67	-1.787	274	0.075
		No	78	29.80	4.36			
	Disease	Existent	24	28.08	3.78	-1.045	274	0.297
		Nonexistent	252	29.11	4.67			
Perceived stress	Gender	Male	180	22.53	8.60	-2.615	274	0.009**
		Female	96	25.17	6.66			
	Marital status	Married	199	22.80	7.75	-2.138	274	0.033*
		Single	77	25.10	8.68			
	Doing sport actively	Yes	198	23.80	7.71	1.156	274	0.248
		No	78	22.53	8.89			
	Disease	Existent	24	27.20	5.73	2.412	274	0.017*
		Nonexistent	252	23.08	8.18			

*=p<.05; **=p<.01; ***=p<.00.1.
Source: Author

Table 4. The results of one-way analysis of variance on the differences of scale scores according to the variable of age.

Variable		Sum of squares	Degree of freedom	Mean of squares	F	p	Post-hoc
General State of Health	Within-group	10.458	4	2.614			
	Between-groups	639.151	271	2.358	1.109	0.353	
	Total	649.609	275				
Physical Domain	Within-group	52.859	4	13.215			
	Between-groups	4584.909	271	16.918	0.781	0.538	
	Total	4637.768	275				
Psychological Domain	Within-group	121.257	4	30.314			
	Between-groups	3303.657	271	12.191	2.487	0.044*	e>a
	Total	3424.913	275				
Social Domain	Within-group	10.209	4	2.552			
	Between-groups	1233.309	271	4.551	0.561	0.691	
	Total	1243.518	275				
Environmental Domain	Within-group	306.645	4	76.661			
	Between-groups	5523.224	271	20.381	3.761	0.005**	d>a e>a
	Total	5829.870	275				
Perceived Stress	Within-group	678.107	4	169.527			
	Between-groups	17226.078	271	63.565	2.667	0.033*	a>d
	Total	17904.185	275				

*=p<.05; **=p<.01a=25-30 years; b=31-36 years; c=37-42; d=43-48; e=48 and over.
Source: Author

life level significantly and negatively (p<0.001).Variable of stress perceived in physical education teachers was detected to explain the variance of the variable of quality of life at the level of 20,9 % (R= 0.457, R^2= 0.209,p<0.001).

Furthermore, it was determined that one unit increase in the perceived stress causes a decrease equivalent to 0.74 units (B=-0.740) in the quality of life.

DISCUSSION

Stress in one's occupation and quality of life can vary in terms of scale and effect. As a matter of fact, it has more impact on teachers than on other professions. Physical education teachers are affected by stress far more than teachers of other branches. This is because unlike the theoretical teaching that physical education teachers learn in the university, they frequently engage in other activities such as teaching, grading of scores, occupational self-concept, and meeting the requests of their organization especially in their daily school lives. Moreover, they face a great number of new and unexpected demands, which makes their job less satisfying and leads to more anxieties (Schäfer et al., 2019). Facing these potential stressors frequently, especially when they turn into real psychological stressors due to "negative evaluation" may cause physical and mental disorder. In a recent meta-analysis study conducted in this context (Alsalhe et al., 2021), it has been stated that a large number of burnout syndromes of physical education teachers were reported (Mack et al., 2019; Pels et al., 2022). Potential stressors, which are frequently reported at all career stages, such as inadequate curriculum, noise, and heterogeneity, should be taken seriously owing to the fact that these may be the causes of failure and severe health problems.

From the general findings, noise, heterogeneity of students and inadequate curriculum have been among the "potential stressors" seen most frequently. The more the course load increases, the more the frequency of "potential stressors" increases. The reflection of stress on the present surroundings and the society is inevitable due to the teaching profession (Achinstein, 2002).

When teachers' quality of life is evaluated, it is evident that the most dominant impact on them is the factor of excessive workload. At the heart of this factor, besides teachers having no time for various tasks, there are also perceptions that there are difficulties in completing the task and resting in leisure time. The factor of behavioral

Table 5. The result of pearson correlation analysis on the relationship between the variables of the quality of life and perceived stress.

Variable	General state of health	Physical domain	Psychological domain	Social domain	Environmental domain	Overall quality of life	Perceived stress
General State of Health	1						
Physical Domain	0.594***	1					
Psychological Domain	0.627***	0.719***	1				
Social Domain	0.419***	0.449***	0.583***	1			
Environmental Domain	0.594***	0.597***	0.684***	0.613***	1		
Overall Quality of Life	0.732***	0.845***	0.884***	0.715***	0.878***	1	
Perceived Stress	-0.452***	-0.401***	-0.430***	-0.249***	-0.396***	-0.457***	1

**=p<0.001.
Source: Author

Table 6. The result of simple linear regression analysis on the effect of perceived stress level on the quality of life.

Variable	B	Standard error	β	T	p
Fixed (LQ)	117.534	2.155		54.539	<0.001***
PS	-0.740	0.087	-0.457	-8.511	<0.001***

F=72.432; R = .457; R^2 =.209; Adj.R^2 =.206; *** = p<.001, LQ= Life Quality; PS= Perceived Stress.
Source: Author

disorder is the second negative effect on teachers' quality of life. Actually, more than the factor of work overload, students disrupting the flow of the lesson and conflicts between students hinder teachers' target-driven efforts and make it hard to for them to concentrate on teaching subjects (Mykletun, 1984).

Stress can cause physical and psychological health-related illnesses and as a result of this, it reduces the quality of life (von Haaren-Mack et al., 2020). When health-related factor was analyzed, the level of the quality of life of male physical education teachers caused by their general state of health was found to be higher than that of female teachers (Yeşil et al., 2010; Wang et al., 2000; Group, 1998; Borglin et al., 2005; Ashada and Ohkusa, 2004; Çalıştır et al., 2006; Ceremnych, 2003; Hsu, 2007; Drageset et al., 2006). However, there are also studies putting forward that gender is not effective in determining the quality of life (Chien et al., 2003; Avcı and Pala, 2004; Pels et al., 2022). When teachers' quality of life was analyzed within the scope of the physical factor, it was determined that the quality of life of male teachers was higher than that of female ones. Avcı and Pala (2004) determined in their studies that the quality of life of the male participants was higher than that of the female ones in physical domain. In the study, it is seen that the quality of life of men is higher than women physically and psychologically. Also, in the research of The WHOQOL Group and World Health Organization (1998) conducted, it was stated that the physical and psychological quality of life of men was higher than that of women.

It has been specified that psychological and environmental factors and perceived stress vary according to the ages of individuals. However, life qualities of general state of health, physical and social factor do not change depending on age. In particular, teachers' burnout can affect the objectives of teaching and the educational environment, and this situation can cause severe problems not only at individual level but also in the organizational context. Other organizational results such as poor job performance, health problems, adverse outcomes of students, quitting, job-absenteeism, intention of quitting the job, and

actual wearing out have really been identified. These can cause lower efficiency and productivity in business life. Being burnout significantly affects teachers' perceived quality of life and thus may bring up their choice of quitting the job (Mykletun, 1984; Mack et al., 2019; Mack et al., 2020; Alsalhe et al., 2021; Pels et al., 2022).

It is career optimism in the first years of their careers that provides a significant contribution to teachers' occupational motivation. In the following years, as the process progresses, this optimism decreases. Within this context, as experience increases, skills in coping with stressors develop as well (Adams, 1999; Nasser and Alhija, 2015).

Physical education teachers with young age factor are seen to have a lower quality of life in terms of psychological and environmental factors Additionally, perceived stress of the ones in this age category is understood to be higher. However, with the increase in their age, they have less problems with their colleagues but experience more physical strain. Thus, as age increases, the quality of life of people decreases (Şahin and Emiroğlu, 2014; Kaya et al., 2008; Özyurt et al., 2007; Pels et al., 2022).

Physical activity is an essential non-pharmacological tool needed to be in a good condition physically and mentally and to counteract various chronic-degenerative disorders. Physical training is the main factor used to prevent the occurrence of various diseases (Alsalhe et al., 2021). General state of health life quality of individuals who are active and do sports was found to be much higher than those who are inactive and do not do any sports. Tunç et al. (2020) stated in the study they conducted that there exists differences in the status of general health, in social and environmental subscales of individuals who do regular exercise. Altay et al. (2016), on the other hand, concluded in their study that the presence of any disease in individuals does not affect their quality of life.

It was specified that psychological, social and environmental life quality of married individuals is higher than that of single ones. Yıldırım and Hacıhasanoğlu (2011) and Lerner et al. (1994), expressed in their studies that social life quality of married individuals is higher than that of single individuals. They added that individuals with good family relationships and who have strong family ties increase their quality of life affect their physical and psychological states positively (Testa and Simonson 1996; Hjaltadóttir and Gústafsdóttir, 2007; Hsu, 2007).

It has been determined that the perceived stress level of female physical education teachers is higher than that of male teachers. There are also studies in literature showing that the perceived stress level of women is higher than that of men (Leung et al., 2010; Şahin, 2018; Shaw et al., 2017; Andreou et al., 2011; Smith et al., 2014; Roberti et al., 2006). These results in literature support the results in the study. The result in the study reveals that women are more sensitive to stress than men. The impacts of gender on perceived stress are at medium level and unilateral only for male physical education teachers (Mykletun, 1984).

Individuals who suffer from any illness have been seen to have a much higher level of perceived stress than other individuals without any diseases. Çalışkan et al. (2018) concluded in their study that individuals with a physician-diagnosed disease have a higher level of perceived stress than those who are without and they stated that factors such as treatment, medication, and deterioration in family relationships may increase stress in individuals with a disease.

It has been determined that perceived stress, general state of health, physical domain, psychological domain, social domain and environmental domain are negatively correlated with the overall quality of life and an increase in individuals' perceived stress decreases their quality of life. When literature is reviewed, there are studies showing that low perceived stress level means a high quality of life and therefore these two concepts are negatively correlated (Koch et al., 2020; Khodami et al., 2021; Kent et al., 2019; Seo et al., 2018; Mahmoud et al., 2012).

Whether or not a real stressor is relevant to the thoughts of harm or loss, threat or challenge, potential stressors never occur only through the environmental factors but they occur as a result of an interaction between the environment and the individual. Physically and psychologically burnout of physical education teachers represents a global public health problem, which is prominent in the studies conducted. Decision makers in healthcare should design preventive and protective interventions and should apply them in practice taking into account the findings of studies reported at the country level. In this context, burnout syndrome puts a significant burden on physical education teachers and reduces their quality of life.

Physical education teachers should be made sensitive against potential stressors they will encounter as physical education teachers during their daily routines. Within this context, possible individual stress reactions should be the subject of debate. All physical education teachers should then learn psychological strategies. These recommendations are all about the individual level of physical education teacher and the organizational level; that is, related to the school/university system both of which are interdependent. For physical education teachers as individuals, interventions for proactive coping that have been adapted to the salient stressors in a particular career are needed.

Conclusion

In conclusion, this is a problem for both physical education teachers which has also affected individuals and for the school/education system as a whole. In order to solve this problem, the causes of it need to be understood. In prospective researches, studies should be

deepen on stressors and should be made common. Also, within the context of physical education teachers, researches should be done to compare longitudinal different career stages.

CONFLICT OF INTERESTS

The author has not declared any conflict of interests.

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Reflection of policy documents in early years' educational settings during the COVID-19 pandemic

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This study investigates the implementation of policy documents in early years' educational settings during the COVID-19 pandemic. Governments over the entire world declared and created new disapplication to provide a clear understanding on how they can manage the pandemic process. Likewise, Turkish ministries created policy documents which help teachers keep children and themselves healthy and safe, which is the new normal. This study was conducted on 118 preschool teachers. They completed the survey consisting of 47 closed-ended and 8 open-ended, 61 items in total. The research indicates that Turkish policy documents overlap Japan, Australian, English, Hungarian documents in some points. The policy documents are reflected based on the pre-school teachers' perspective who found the documents helpful in the school settings. Practical problems are also explained. However, interestingly, another point emerged in this research spontaneously that the language of the policy documents is negative.

Key words: COVID-19, early childhood education, policy, practice, teachers.

INTRODUCTION

At the end of 2019, Coronavirus (COVID-19) had spread from China to the world all-over. After World Health Organisation (WHO) globally announced the COVID-19 is a danger for public health and decided it is an important epidemic on the 30th of January 2020, many countries applied variously protective policies (Zang and Liu, 2020) such as closures of schools and early childhood care and education centres; national lockdown to provide social distance and keep safe public health. Education was also affected by the pandemic as national lockdowns requirements. On this occasion, many schools kept distance learning policies for a while and then some schools reduced the number of students in classrooms (Visnjic-Jetic et al., 2021). However, studies highlighted that these might have some disadvantages for children, like staying at homes throughout with their families and children experience stress due to a sudden change in environment (Wang et al., 2020). This circumstance gave

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teachers many duties to support children's health and their well-being such as preparing them to cope with unpredictable situations, and being aware of hygiene rules (United Nations Educational, Scientific and Cultural Organization (UNESCO, 2020). The contagious pandemic forced communities and educational stakeholders to discover new ways to manage conditions of life (World Bank, 2020). In fact, many countries temporary closed their schools to contain the spread of COVID-19 (UNESCO, 2021). The closure has affected more than 1.2 billion students world-wide (UNESCO, 2021), including more than 20 million students, and 1 million 564 thousand pre-school children in Turkey (Arık, 2020). In this context, this became a global educational problem; millions of students and hundreds of thousands of teachers found themselves in the extremely complicated and unpredictable process. In Turkey, the Ministry of National Education decided to apply distance learning from 15 March, 2020, and, with some improvements, this form of teaching continued till the end of 2019/2020 academic term. The first term of 2020/2021 school year started in 2020 September with reduced number of students in face-to-face setting, known as diluted education. There were some modifications and amended policy documents. Unfortunately, the implication was difficult and the distance learning came back because the number of cases of COVID-19 increased. Turkish teachers had to change their methods and practices many times from traditional system to online system, known as modern system. However, the teachers in early years' education sector faced many troubles during the COVID-19 period; interestingly this period was longer for early years compared to other levels. For instance, there was no in-service education about the process and no technological supports (Aytaç, 2021). Duran (2021) highlighted that teachers had trouble in the planning interactive learning process for early years' children during the COVID-19. The policy documents were developed, updated and modified to promote children's well-being, health, and development.

These numbers of new tasks and unpredictable process of the pandemic increased Turkish pre-school teachers' responsibilities and worries. At this point the Ministry of Health, Ministry of Family and Social Policy, and Ministry of National Education produced an emergency policy documents to support them during the pandemic and supplied some instruments for educational stakeholders, parents and children.

The current research

This research aims to present a short form of Turkish educational policy implemented for pre-school children in Turkey during the global pandemic. The research considers teachers' expectation, their theories, and current situations. At the same time, the results of the research will shed a light for policy makers for them to understand teachers' perspectives as they are implementers of the policy documents. The gap between policy makers and implementers will be filled as this research came up with an evaluation of policy documents. The need for policy documents and their language (rhetoric) and teachers' thoughts were noted. The main aim was to learn whether the policy instructions were operated during the diluted education period and what the teachers needed more or less as well as their suggestions. In this context, the main problem was formulated as: *did the Turkish teachers in early years' education cope with implementation of policy documents?* The main problem was investigated with the three specific problems:

1. Which policy documents did the teachers use?
2. To what extent did the teachers use the related policy documents?
3. Did they reorganize/arrange the learning process and how?

As highlighted above, there were difficulties especially in managing and implementing the policy documents during the diluted educational process. Unquestionably, there were many issues which led to this research. However, policy documents had less impact because of un-implementable context such as infection prevention, control action, preparation of less contact activities in early years. Early years education institutions were kept with cautions taken in some countries such as Germany, England. The policy documents of these countries provided to workers in the education sector helped to successful manage their operation during the pandemic (Karaoğlu and Özbay-Karlıdağ, 2021). In Turkey, Ministry of National Education, Ministry of Health, and Ministry of Family, Labour and Social Services operated together. In this research, all the documents created by the related ministries were implemented in the early year's education sector from the teachers' perspectives. This makes the research unique based on the teachers' thoughts which drive the research and help children to keep themselves healthy under the procedures (policy documents) during the diluted educational process. It has been questioned in this research are how the policy documents used actively and effectively in the early years education field. We hope to contribute to this line by firstly determining the gaps of implementations and then making suggestions to fill the gaps.

METHOD

This study, a mixed-method research, utilized both qualitative and

Table 1. Participants' demographics.

Variable	Categories	Frequency
Gender	Female	116
	Male	2
Age	25 and under	3
	26-30	14
	31-39	61
	40-49	38
	50 and above	2
Educational level	Two-years degree	3
	Bachelor degree	108
	Master's degree	7
Teaching experience	1-5 years	10
	6-10 years	29
	11-15 years	46
	16-20 years	12
	20 years and above	21

Source: Authors

quantitative approaches to determine how much precautions were taken in preschool education based on the policy documents during the COVID-19, and the teachers' thoughts about all procedures of precautions, their suggestions, and criticisms. Whereas qualitative research contains variables placed in specific categories due to similar characteristics, quantitative research is numerical and can be ordered or ranked (Bluman, 2013). The mixed-method provides a way to check the strengths and weaknesses of qualitative and quantitative methods (Maxwell, 2013). According to Creswell (2014), qualitative and quantitative data collection process could be done concurrently in mixed research design. This study used convergent parallel mixed design. Therefore, both quantitative and qualitative data were collected concurrently. The preschool teachers were invited to complete an online survey which included 47 closed-ended questions and 8 open-ended questions. The closed-ended questions allowed teachers to select an answer from opinions provided while the open-ended questions allowed respondents to voice individualized answers (Fraenkel et al., 2015).

Participants, sample and procedures

For the selection of preschool teachers to be included in the study, snowball sampling was used. In accordance with this, the researchers firstly sent the online survey to preschool teachers who they could reach easily from different regions of Turkey. Afterward, each preschool teacher, who filled out the online survey, passed the online survey access link to other preschool teachers they knew. In this way, the researchers reached 118 preschool teachers. The demographic data of the participants can be found in Table 1. Almost all of the participants that completed the survey were women and only two were men. Teachers were mostly between the ages of 31 and 39; their teaching experience was mostly between 11 and 15 years. Also, 92% of the participants have a Bachelor's degree (Table 1).

Instruments

The researchers used survey to collect data from the study participants. The instrument was a Google survey completed by all preschool teachers. The survey was administered online sent through email. The survey was created by the researchers to reveal how the precautions taken in accordance with the policy documents in preschool education during the COVID-19 and the teachers' thoughts about all the procedures of precautions, their suggestions, and criticisms. The survey consists of 47 closed-ended questions. The first question is 1=yes; 2=no. The second is 1=yes; 2=no, and 3=1 have no information. Using a 4-point Likert scale where 1= no knowledge, 2=never used, 3=occasionally used and 4= quite useful (questions three to 14). Question 15 to 47 offered 1=yes and 2=no. The survey questions were created by making use of the policy documents which are derived from the Ministry of National Education, Turkish Standards Institute, Ministry of Health and Ministry of Family Labour and Social Services. The precautions to be taken as stated in the policy documents (Ministry of National Education and Turkish Standards Institute, 2020; Ministry of Health, 2020; Ministry of Family Labour and Social Services, 2020) were turned into survey questions. In addition to the 47 close-ended questions, eight open-ended questions for the preschool teachers were provided. In close ended questions content, 12 of 47 are teachers' level of use of the policy documents on COVID-19, 13 of 47 are about general precautions, 7 of 47 are the precautions of cleaning and disinfection, 6 of 47 are the precautions of educational environment, and 7 of 47 are the precautions of learning process. Two of them are about whether they were informed by their institutions about the fight against COVID-19 and whether they were prepared for infection prevention and control action plan. In

the open-ended questions, it was asked whether there were any other precautions taken apart from the close-ended questions. In the open-ended questions, it was aimed to obtain information about the following four situations: whether there are any measures taken other than close-ended questions; the adequacy of the precautions taken; what precautions need to be developed; and the most successful practice in their schools during the COVID-19 pandemic.

Ethical considerations

The participants were reassured of their confidentiality and considered by the researchers. The following precautions were implemented to safeguard the confidentiality of the participants: (1) pseudonyms were used instead of the participants' names to protect their identities. For example, pseudonyms such as P1 (participant 1), P2 (participant 1) etc. were used when citing important parts of participants' views to support the findings. Also, any information containing personal identifiers were deleted from the participants' answers. (2) All data were received from the online survey. Although the data obtained from the online survey are hosted in a cloud server, only researchers can access them with their own passwords. The data hosted on a cloud server will only be stored for 3 years.

Data analysis

In the analysis of quantitative data, descriptive statistics was used. It allowed us to describe the gathered information using by numerical form (Fraenkel et al., 2015). The descriptive statistics are useful tools in presenting information from the Likert-type scale survey items. In this research, the findings obtained from the Likert-type scale survey items were presented using numerical format. Qualitative research was used to assist with the understanding of the open-ended questions. The goal of this research was discovering teachers' thoughts of the precautions taken during COVID-19 by using open-ended questions. Quantitative data were analysed through content analyse. During the content analysis, teachers' statements which support the findings obtained from the quantitative data were used directly (Corbin and Strauss, 2008).

FINDINGS

In this part of the research, the findings will be presented within the framework of sub-problems which are obtained from the analysis of the data collected in accordance with the purpose of the research.

The use of the policy documents

The use of the policy documents was identified as "Which policy documents did the teachers use?" There were three questions for the teachers to explore this issue. Firstly, the teachers were asked whether they were informed about the fight against COVID-19 or not by their institutions. While 93.2% of the teachers stated that they were informed, 6.8% of the teachers stated that they were not. The second question was whether the teachers' institutions were prepared to prevent the infection and for the control action plan after the lock-down. Here, 52.5% of the teachers stated that their institutions were prepared for the infection prevention and control action plan, but 10.2% of the teachers stated that their institutions were not prepared. Interestingly, there are 37.3% of the teachers stated that they did not know whether their institutions were prepared for the infection prevention and control action plan. The teachers, who stated that their schools were prepared for the infection prevention and control action plan, reported the preparing process:

"The guides prepared by the Ministry of Health and Ministry of National Education were followed" (Respondent no. 83); "All the instructions of the Ministry of National Education were applied" (Respondent no. 7); "The plan was prepared in consideration of the Ministry of National Education's policy documents and videos" (Respondent no. 75); "We took all necessary precautions based on the lead of the Ministry of National Education" (Respondent no. 32).

Most of the teachers commented that they formulated their infection prevention and control action plan based on the policy documents. One described the preparing process of the plan as follows:

"*We adopted the Ministry of National Education's information into our school's conditions." (Respondent no. 107), "There was collaboration between the Ministry of National Education and the local government*" *(Respondent no. 69).*

In this context, the evidence suggests that the action plan of the infection prevention and control is prepared based on the policy document from *Ministry of Health and Ministry of National Education guides* and schools' conditions. At the same time, it can be seen that some schools carry out this design and implement the plan process in cooperation with the municipalities to provide hygiene to the school buildings.

Lastly, the third question asked the teachers was how they use the policy documents about COVID-19. The statistics on teachers' level of use of the policy documents about COVID-19 are given in Table 2. The policy document of Ministry of National Education used frequently ¨Improving Hygiene Conditions in Educational Institutions and Infection Prevention Control Guidance¨ (43.2%) and ¨Children Aid Guidance for Families¨ (41.5%). The policy document of Ministry of Health used frequently ¨Ministry of Health New Coronavirus Disease (COVID-19) Information Page¨ (42.4%), and also the policy document of Ministry of Family, Labour and Social Services used frequently ¨Coronavirus (2019-nCoV) In

Table 2. Teachers' level of use of the policy documents about COVID-19.

The ministry that created the policy document	Policy documents	Level of use	Frequency	Percent
Ministry of National Education	Improving Hygiene Conditions in Educational Institutions and Infection Prevention Control Guidance	No knowledge	19	16.1
		Never used	25	21.2
		Occasionally used	23	19.5
		Quite useful	51	43.2
	Close Interest to Distance Learning	No knowledge	28	23.7
		Never used	29	24.6
		Occasionally used	28	23.7
		Quite useful	33	28
	Learn and Fun with 100 Items	No knowledge	38	32.2
		Never used	29	24.6
		Occasionally used	21	17.8
		Quite useful	30	25.4
	Daily Activity Program	No knowledge	19	16.2
		Never used	26	22
		Occasionally used	26	22
		Quite useful	47	39.8
	Learn While Having Fun, Have Fun While Learning	No knowledge	33	28
		Never used	25	21.2
		Occasionally used	27	22.8
		Quite useful	33	28
	A Guidance for Youth in the Coronavirus Outbreak Process	No knowledge	35	29.7
		Never used	36	30.5
		Occasionally used	21	17.8
		Quite useful	26	22
	Children Aid Guidance for Families	No knowledge	20	16.9
		Never used	27	22.9
		Occasionally used	22	18.7
		Quite useful	49	41.5
	Information Guide for Adults	No knowledge	20	16.9
		Never used	36	30.5
		Occasionally used	23	19.5
		Quite useful	39	33.1
Ministry of Health	Ministry of Health New Coronavirus Disease (COVID-19) Information Page	No knowledge	18	15.3
		Never used	24	20.3
		Occasionally used	26	22
		Quite useful	50	42.4
	Outbreak Management and Study Guide	No knowledge	28	23.7
		Never used	28	23.7
		Occasionally used	28	23.7
		Quite useful	34	28.9
Ministry of Family, Labour and Social Services	Guidelines for Parents and Persons Responsible for Child Care in the Coronavirus Process	No knowledge	25	22.2
		Never used	37	31.4
		Occasionally used	30	25.4
		Quite useful	26	22

Table 2. Contd.

Ministry of Family, Labour and Social Services	Coronavirus (2019-nCoV) Information Document	No knowledge	22	18.6
		Never used	40	33.9
		Occasionally used	23	19.5
		Quite useful	33	28

Source: Authors

formation Document¨ (28%).

Precautions based on policy documents

Precautions taken based on the policy documents come from the second research question: "To what extent did the teachers take precautions based on the policy documents?" Table 3 shows that the results of frequency analysis were applied to determine whether the teachers have practiced the general precautions which were prepared based on the policy documents. Table 3 indicates that majority of the teachers applied the general precautions of policy documents. 96.6% of the teachers considered ¨Visual stimuli used to comply with the new perception of hygiene and hand washing and the social distance rule; while minority of the teachers (33.9%) considered, 'The temperature of children is recorded more than once during the day'. Majority of the teachers stated that they applied the necessary precautions for cleaning and disinfection in line with the policy documents. The results of frequency analysis that was applied to determine whether the teachers received the precautions of cleaning and disinfection to be taken in line with the policy documents are given in Table 4. In Table 4, it is seen that more than half of the teachers apply all the precautions of cleaning and disinfection. However, almost all of the teachers stated that they provide adequate ventilation in the environment after using cleaning products (94.1%) and that they dispose of garbage safely on a daily basis (94.9%). In this research, there is another point that must highlighted: food and serving. While 97.5% of the teachers (n=115) stated that they stopped serving food, only 2.5% of the teachers (n=3) stated that they kept serving food. All the teachers, who said that they kept serving food, stated that the children brought their prepared food from their home and that the children and the staff washed hand before and after meal. One of the teachers from the food serving schools stated that they served food in the classroom as suggested by the policy documents; on the contrary, two of the teachers used the dining hall. Overall, most of the teachers commented that they applied precautions in the educational environment as suggested by the policy documents. Table 5 indicates the result of frequency analysis that was applied to determine whether the teachers implemented the precautions in the educational environment based on the policy documents.

There is a further question whether the teachers clean and disinfect the school environment. *"We advise the children not to use any of their friends' belongings except their own" (Respondent no. 61).* On the other hand, few teachers (n=3) stated that they all replaced the bins with pedal ones. One of them said the traditional taps were replaced with sensor taps. Another one removed the carpet in the classroom and requested for personal water bottle for each child. Seven teachers stated that the tables and chairs in the classroom were positioned considering physical distance. Four teachers labelled table and chair with the children's names in the classroom. Moreover, only a teacher spotted *"The classes are divided into two groups. The first group comes to school on Monday and Tuesday, and the second group comes on Thursday and Friday" (Respondent No. 28).*

The precautions of learning process

The precautions of learning process were identified as "Did they reorganize/arrange the learning process and how?" In order to examine this sub-question, teachers were asked a total of eight questionnaire items, seven of which were close-ended and only one was open-ended. The teachers answered the close-ended questionnaire items based on two options as "yes / no". The results of frequency analysis are given in Table 6. Apart from these precautions taken in line with the policy documents, teachers were asked whether they had different practices related to the learning process and if so, what are they. While the majority of the teachers stated that they did not do a different practice, some of the teachers said that:

"We planned contactless plays and individual activities. Currently, we are progressing very efficiently and smoothly." (Respondent no. 3), "We enable children to play contactless plays" (Respondent no. 16), "I keep away from activities that bring children together as much as possible." (Respondent no. 18), "Each child's table and chair has been labelled. Usually individual table

Table 3. The general precautions.

Precautions	Yes/no	Frequency	Percent
The temperature of children routinely is taking and measurements of the temperature are recorded	Yes	87	73.7
	No	31	26.3
The temperature of children is recorded more than once during the day.	Yes	40	33.9
	No	78	66.1
All children wear face masks while in school	Yes	106	89.8
	No	12	10.2
It is monitored whether children and family members have symptoms of COVID-19	Yes	97	82.2
	No	21	17.8
There is a hand sanitizer at the entrance and exit of the school for the children	Yes	113	95.8
	No	5	4.2
The places where hand antiseptics are available are arranged in a way that does not endanger the safety of children (e.g. swallowing, etc.)	Yes	108	91.5
	No	10	8.5
Visitors are unable to visit except during emergencies	Yes	107	90.7
	No	11	9.3
Teachers and all staff wear masks	Yes	110	93.2
	No	8	6.8
The temperature of teachers and other personnel is also measured and recorded	Yes	76	64.4
	No	42	35.6
The clothes that teachers and staff wear inside and outside the school are different	Yes	46	39
	No	72	61
Teachers and staff keep 1-meter physical- distance from others and avoid close interaction (such as shaking hands)	Yes	110	93.2
	No	8	6.8
An isolation room has been created in the school	Yes	67	56.8
	No	51	43.2
Visual stimuli are used to comply with the new perception of hygiene and hand washing and the social distance rule	Yes	114	96.6
	No	4	3.4

Source: Authors

Table 4. The precautions of cleaning and disinfection.

Precaution	Yes/no	Frequency	Percentage
Hard surfaces are cleaned every day with detergent.	Yes	101	85.6
	No	17	14.4
Frequently touched surfaces such as door handles, electrical switches, sinks, toilet seat adapters, tables, chairs are cleaned and disinfected daily.	Yes	92	78
	No	26	22
The disinfectants approved by the Ministry of Health are used	Yes	107	90.7
	No	11	9.3
Wardrobes where each child will keep their personal belongings are separated and their spare clothes are put in their own lockers in separate bags.	Yes	103	87.3
	No	15	12.7
Cleaning cloths are separated according to usage area and are stored after each use after being cleaned properly.	Yes	93	78.8
	No	25	21.2
Adequate ventilation is provided in the environment after using cleaning products.	Yes	111	94.1
	No	7	5.9
Garbage is disposed off safely and on a daily basis.	Yes	112	94.9
	No	6	5.1

Source: Authors

Table 5. The precautions of educational environment.

Precautions	Yes/no	Frequency	Percentage
Classes are used every day by the same children and the same staff.	Yes	92	78
	No	26	22
Children in different classes must not brought together in common areas and group rooms.	Yes	101	85.6
	No	17	14.4
The classes are ventilated with fresh air by opening doors and windows as much as possible.	Yes	117	99.2
	No	1	0.8
The number of shared toys and materials in the classroom is reduced.	Yes	112	94.9
	No	6	5.1
Hard-to-clean toys (eg. Plush toys, furry toys etc.) are not used.	Yes	76	64.4
	No	42	35.6
Toys that need to be cleaned are separated into a box marked "dirty toys" and kept away from children.	Yes	87	73.7
	No	31	26.3

Source: Authors

Table 6. The precautions of learning process.

Precautions	Yes/no	Frequency	Percentage
Children in different classes must not be brought together in daily learning activities.	Yes	105	89
	No	13	11
Social distance is considered between children both inside and outside.	Yes	114	96.6
	No	4	3.4
During their activities, children are prevented from sitting face to face.	Yes	110	93.2
	No	8	6.8
Children are allowed to go outside to receive fresh air for at least 10 min every hour.	Yes	81	68.6
	No	37	31.4
Outdoor activities are carried out mostly as the weather allows.	Yes	106	89.8
	No	12	10.2
Self-care, personal cleaning, and especially hand hygiene are highlighted as the main themes in their learning activities.	Yes	118	100
	No	0	0
There are no loud activities in the classroom.	Yes	101	85.6
	No	17	14.4

Source: Authors

activities are planned" (Respondent no. 63).

When these expressions of the teachers are examined, it can be seen that some teachers try to include more individual and non-contact activities. In addition, a teacher said, *"Children are made aware of hygiene, Coronavirus and nutrition by using cartoons and images more often" (Respondent no. 65).*

DISCUSSION

According to the findings, it can be seen that various precautions were considered to keep quality education in every school with the current spread of COVID-19 pandemic in Turkey during the ¨new normal¨ named by Fleer (2021: 3) as an expression of invitation of COVID-19. Within this new normal process, many countries brought out their own policy documents and instructions that provided pathways for new normal applications in formal school settings (CHED, 2020; DepEd, 2020; Greenstone and Nigam, 2020; Karalis, 2020; Thunstrom et al., 2020). In light of these documents, these countries returned to school. In Turkey, there are numerous documents put out by Ministry of National Education, Ministry of Health and Ministry of Family, Labour and

their infection prevention and control action plan considering the Turkish policy documents. During the new normal in Turkey, actions determined as adaptation Social Services. The teachers in this study declared that almost all of them were informed of these Turkish policy documents and many of the schools in this study formed of new normal that measured children's fever, tracked whether children, teachers and parents had COVID-19 symptoms, used hand disinfections in the entrance of schools, never accepted visitors from outside, utilised reminder visuals about physical distance, hygiene and face masks. The relevance literature indicates the other countries also have similar applications in their policy sources to maintain health safety and life security of children and teachers (Xue et al., 2021; EYFS: Coronavirus Disapplications, 2021; Early Childhood Australia, 2020). In Australian early years' education settings, strict hygiene precautions were taken such as washing hands at least 20 seconds, using alcohol-based hand disinfections, and keeping minimum parents at the end of school day to sustain physical distance and minimum interactions (Early Childhood Australia, 2020). Hungarian Government also preferred to apply the instructions with less people in school; it means only students and workers in early years' settings were involved to avoid interpersonal interaction. Additionally, in Hungarian, the body temperature of children and workers were measured and recorded, adults wore face masks and installed many hand disinfection boxes indoors and taught children how to use them correctly (Visnjic-Jetic et al., 2021). Moreover, England Government created serious policy documents for pandemic challenge. The policy document of England stated that the number of staff should be reduced, at least one person who has paediatric aid certificate must be in school with children, care should be taken about physical distance indoor, and to ban visitors even parents from outside (EYFS: Coronavirus Disapplications, 2021). Turkey and other countries in England have similar precautions such as measuring and recording children's temperature and wearing personal protective equipment (masks) in necessary situations outside (EYFS: Coronavirus Disapplications, 2021). Japan also took rigorous precautions such as re-arrangements of seating in classrooms, ventilations of indoors frequently, using face masks, washing hands carefully, and controlling of body temperatures (Park et al., 2020). Likewise, strict rules about infection were applied in China's early years' settings (Park et al., 2020). It is found in this study surfaces were cleaned and disinfected with sodium carbonate, surfaces frequently touched daily were disinfected, children's personal items were kept in separate cupboard, indoors were ventilated after every cleansing and littering daily. In the same way, Australian early years services were able to operate by cleaning surfaces such as doors, chairs, light switches at least once a day (Early Childhood Australia, 2020). What is more, England and Japan also operated in a similar way to clean surfaces; England used liquid detergents indoors every day (EYFS: Coronavirus Disapplications, 2021; Park et al., 2020). Another important finding in this research is that almost all pre-schools cancelled food services. However, other countries strictly took precautions with food safety. For instance, Australia early years' services needed food safety certificate and food services precautions were in the policy document (Early Childhood Australia, 2020). Another example from Hungary about food safety during the pandemic is that the staff prepared cold food packs for children on a weekly basis programme (Visnjic-Jetic et al., 2021).

The research discovered that children from different classrooms were kept in common areas, classrooms were ventilated by opening doors and windows, number of toys was reduced such as plush and furry toys, hard to clean toys were removed, and dirty toys were separated from children. In a similar way but more comprehensively, England's related policy document recommended a cautious approach for hygiene such as to ventilate indoors regularly, reduce the number of common used toys, being careful using easy-clean materials and toys and decrease the number of children for comfortable physical distance (EYFS: Coronavirus Disapplications, 2021). In Australian early years settings, it is paid attention to wash toys and play materials (Early Childhood Australia, 2020). However, in Croatia early years' settings, the items that children use in their play are disinfectable, so, natural, furry and plush toys are forbidden in classrooms (Visnjic-Jetic et al., 2021). This study revealed the parts of the learning process considered in the early years' settings. The policy documents recommended that teachers should keep physical distance in classrooms. For instance, daily learning activities should be organised class by class and there should be no combined classrooms. If weather condition is suitable, outdoors daily learning activities can be planned frequently. Again, in similar way, English related policy document advised that teachers must be careful about children's physical distance in learning centres or areas in their daily activities (EYFS: Coronavirus Disapplications, 2021). China is another country is similar point related to outdoor activities; the related policy documents supported children's indoor free and group play shift to outdoor play (Park et al., 2020).

Even though other countries developed their own policy documents about the integration of COVID-19, there is lack of research on educators' perspective on the extent at which the documents' indicators were applied. This point makes this research unique. Another different and unique point detected is the use of language is banned as well as negative language instead of ¨encouraging

language For instance, ¨Children in different classes must not be brought together in common areas and group rooms¨ could be replaced with another rhetoric which motivates workers such as: ¨Children from different classes should be kept separated in common areas or group rooms¨. There are similar examples such as instead of ¨Mostly silent activities used in indoor activities¨; the preferred expression is ¨ There are no loud activities in the classroom¨. As Hewison and Morrell (2013) discussed in their study that rhetorical devices in policy texts are a vehicle used to create an impression on actions and innovations, and they appeal to people's emotions (O'Neill, 1998). In this study, no teacher commented on this point; however it would be useful to use inspiring and positive language in related policy documents to get more benefit from them.

CONCLUSION, LIMITATIONS, AND IMPLICATIONS

The COVID-19 pandemic affected the world to bring new normal, and this brought new arrangements in policy documents. During the pandemic, first, schools were closed all over the world, and then actions were developed to start face-to-face education by the governments' related offices. Early years' sector was affected negatively during this process. This study shed light on Turkish policy perspective on what the conditions are in early years' settings to challenge COVID-19 in the context of school settings. The main focuses of this study were policy interventions, the implementations of policy documents, and teachers' experiences of these policy documents in early years. In this study, not only Turkish Ministry of Education's policy document was evaluated but also the policy documents from different ministries were considered as they also aim at teachers providing hygienic and healthy classroom in the new normal process. This study also puts a lens on what other countries apply during the COVID-19 and their implications and compared at some points to develop quality understanding about the new normal process. There are some limitations in this study. This study filtered the related documents from the perspective of early years' settings especially health safety in physical environment; however, there are no in-depth investigations across the other educational levels or hybrid learning process. Moreover, there is lack of research on implications of COVID-19 policy documents developed by the other countries' government. For future research, what kind of challenge will Turkish early years' education survive can be explored from the perspective of children and parents on how learning activities and teachers' practices affected the impact of the COVID-19 in schools and how these issues are supported in the related upgraded policy documents during the new\ normal.

CONFLICT OF INTERESTS

The authors have not declared any conflict of interests.

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