



TRENDS IN EDUCATORS' WORKPLACE WELL-BEING

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INTRODUCTION

Most of the literature on teacher well-being adopts a deficit perspective focusing on teacher stress, burnout, and eventual attrition (e.g., Herman et al., 2017; Herman et al., 2020). For example, it is well documented that teaching is one of the most stressful professions in the United States (Gallup, 2014; Kraft, Simon, & Lyon, 2020), and job-related stress is the most cited reason for leaving the profession (Diliberti, Schwartz, & Grant, 2021). In addition, poor working conditions are the leading cause of job-related stress (Allensworth, Ponisciak, & Mazzeo, 2009; Carver-Thomas & Darling-Hammond, 2019; Ingersoll, 2001; Kraft, Simon, Lyon, 2020).

Research suggests that positive working conditions reduce job-related stress and increase organizational commitment (Bakker et al., 2007; Collie & Martin, 2017; Kern et al., 2014; Mostafa & Pál, 2018). Approaching the problem of teacher attrition using a deficit perspective limits our understanding of what can be done to not only alleviate job-related stress but support teachers' mental well-being. Therefore, this study adopted a positive psychological approach to the study of teacher well-being.

PRIOR LITERATURE

Mental well-being is an interdisciplinary concept that addresses mental health from a holistic perspective combining psychological functioning and subjective well-being. This concept extends beyond the absence of mental illness to encompass human thriving or the experience of high levels of well-being and perceived high levels of performance (Brown et al., 2017) which aligns well with this study's positive psychological approach. This study used the Warwick-Edinburgh Mental Well-Being Scale (WEMWBS; Tennant et al., 2007) which was developed to study mental well-being and has been used to study the mental well-being of teachers.

For example, Harding et al. (2019) found that teacher mental well-being was associated with better student mental well-being as well as lower teacher depressive symptoms. In addition, Kidger et al. (2016) found that poor mental well-being and depressive symptoms are associated with teachers' self-rated presenteeism (i.e., underperformance at work because of a health problem). The WEMWBS can also track the mental well-being of populations over time. Therefore, in this study, the WEMWBS was used to examine teachers' mental well-being.

In addition, this study used the PERMA Workplace Profiler (Kern, 2014) to measure teachers' workplace well-being. Seligman's (2011) PERMA theory defines psychological well-being using five measurable elements - positive emotions, engagement, relationships, meaning, and accomplishment. According to Seligman (2011), positive emotion refers to pleasurable feelings (e.g., happiness, contentment, joy). Engagement, also referred to as flow (Csikszentmihalyi, 1990), refers to feeling completely absorbed and interested in an activity. Relationships refer to feeling supported and valued by others. Meaning refers to having a sense of purpose; and accomplishment refers to feelings of mastery and achievement. Together, these five elements contribute to a person's overall well-being and their ability to thrive.

Kern (2014) applied the PERMA theory of well-being to the workplace and developed The Workplace PERMA Profiler. Within the context of the workplace, positive emotion refers to experiencing pleasurable feelings at work. Engagement refers to feeling completely absorbed and interested in one's work. Relationships refer to feeling supported and valued by others in the workplace. Meaning refers to having a sense of purpose related to one's work; and accomplishment refers to feelings of mastery and achievement at work. Utilizing the WEMWBS and the PERMA Workplace Profiler, this study examined trends in teachers' mental well-being, and the impact of the workplace on teachers' mental well-being.

METHODS

In the fall of 2019, 2020, 2021, and 2022 Illinois public school teachers were sent an email invitation to participate in this study. Prior to completing the survey, all participants were presented with an electronic consent form and agreed to informed consent before entering the survey. The consent form stated the purpose of the study, the requirements for participating, and that personally identifiable information would not be collected.

The survey included the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS; Tennant et al., 2007), the Workplace PERMA Profiler (Kern, 2014), as well as demographic questions. For each item in the WEMWBS participants were asked to select the response that best described their experience of each over the last two weeks using a five-point Likert scale, ranging from one to five. A total score is derived from the 14 items, ranging from 14 to 70. Higher scores are associated with higher levels of mental well-being. In addition, the WEMWBS has been benchmarked against validated measures of depression and previous research suggests that there are equivalent cut points for possible and probable depression. A score of 41- 44 is indicative of possible mild depression, and a score of less than 41 is indicative of probable clinical depression (Bianco, 2012).

For each item in the Workplace PERMA Profiler, participants were asked to select the response that best described their experience using an 11-point Likert scale, ranging from zero to 10. Scores were calculated as the average of the items comprising each factor, and overall workplace well-being was calculated as the average of all items comprising each factor and happiness. Higher scores are associated with higher levels of workplace well-being. Means and standard deviations were calculated for each factor, as well as overall workplace well-being. Finally, a linear regression was calculated to predict psychological well-being from overall workplace well-being.

RESULTS

A total of 5,678 teachers completed the survey across all four years. Approximately 48% of participants classified their school district as a unit district (i.e., PK-12; 2,743). Approximately 34% of participants classified their school district as an elementary district (i.e., PK-8; 1,925); and approximately 14% classified their school district as a high school district (e.g., 9-12; 768). Approximately 4% of participants classified their school district as “other” and specified special education cooperatives, early childhood centers, career and technical education schools, and centers serving students in grades K-4 or 6-8.

TABLE 1

Participation By Years

| YEAR | <i>n</i> | Percent |
|-------|----------|---------|
| 2019 | 1431 | 25.2 |
| 2020 | 1471 | 25.9 |
| 2021 | 1981 | 34.9 |
| 2022 | 795 | 14.0 |
| Total | 5678 | 100.0 |

Approximately 84% of participants reported their gender as female ($n = 4,444$), approximately 16% of participants reported their gender as male ($n = 825$), and less than one percent of participants reported their gender as non-binary ($n = 34$). Approximately 93% of participants were White ($n = 4,840$). See Table 2 for additional information about the race and ethnicity of participants.

TABLE 2

Participants' Race and Ethnicity

| RACE & ETHNICITY | <i>n</i> | Percent |
|---|----------|---------|
| American Indian or Alaska Native | 15 | 0.3 |
| Asian | 38 | 0.7 |
| Black or African American | 145 | 2.6 |
| Hispanic or Latino | 186 | 3.3 |
| Native Hawaiian or Other Pacific Islander | 5 | 0.1 |
| White | 4840 | 85.2 |
| Chose Not to Respond | 449 | 7.8 |
| Total | 5678 | 100.0 |

On average, teachers' mental well-being decreased between 2019 and 2021 (see Table 3), and then increased in 2022. Note that 2021 was the school year that was most impacted by the pandemic with many teachers working remotely or teaching hybrid courses. However, regardless of the variability in scores across years, these scores indicate lower than average mental well-being, and possible mild depression. For example, the WEMWBS has an average score of 51 in general populations (Tennant et al., 2007). The average mental well-being score for Illinois teachers across all four years was 43, considerably lower than the general population.

TABLE 3

Average Workplace Well-Being

| YEAR | <i>M</i> | <i>SD</i> |
|------|----------|-----------|
| 2019 | 6.46 | 0.09 |
| 2020 | 6.51 | 0.04 |
| 2021 | 5.82 | 0.04 |
| 2022 | 6.45 | 0.07 |

TABLE 4

Average PERMA Factor Scores

| | 2019 | | 2020 | | 2021 | | 2022 | |
|------------------|----------|-----------|----------|-----------|----------|-----------|----------|-----------|
| | <i>M</i> | <i>SD</i> | <i>M</i> | <i>SD</i> | <i>M</i> | <i>SD</i> | <i>M</i> | <i>SD</i> |
| Positive Emotion | 5.66 | 0.06 | 5.72 | 0.05 | 4.90 | 0.05 | 5.65 | 0.08 |
| Engagement | 6.69 | 0.05 | 6.81 | 0.05 | 5.99 | 0.05 | 6.64 | 0.07 |
| Relationships | 6.48 | 0.06 | 6.80 | 0.06 | 6.14 | 0.05 | 6.51 | 0.09 |
| Meaning | 6.90 | 0.05 | 6.74 | 0.05 | 6.19 | 0.05 | 6.86 | 0.08 |
| Accomplishments | 6.81 | 0.05 | 6.74 | 0.05 | 6.20 | 0.42 | 6.82 | 0.07 |
| Happiness | 5.75 | 0.06 | 5.79 | 0.06 | 4.92 | 0.06 | 5.71 | 0.09 |

A linear regression significantly predicted mental well-being from overall workplace well-being. Workplace well-being explained 47.3% of the variation in mental well-being ($F(1, 5589) = 5025.57, p < .001$). The model indicates that when workplace well-being increases, mental well-being increases.

POLICY IMPLICATIONS

Illinois teachers are experiencing lower than average mental well-being and workplace well-being. This is a significant problem. In addition, this study identified a significant relationship between workplace well-being and teachers' mental well-being. Prior research indicates that poor working conditions contribute to poor mental health which results in teacher attrition. Therefore, the mental well-being of educators cannot be ignored.

Illinois schools must consider the impact that climate has on students as well as teachers. The PERMA theory of well-being is a helpful framework for beginning to address a school's climate. In fact, free evidence-based interventions already exist for improving the well-being of students and teachers (see Appendix A for suggested resources). Illinois needs educational environments that allows students and teachers to thrive. The following are seven suggested policy strategies for improving school climate and addressing the mental well-being of educators.

- 1. Improve health insurance benefits.** Educators need comprehensive health insurance benefits that cover mental health and behavioral health services. District's health insurance benefits should reflect the Mental Health Parity and Addiction Equity Act, at a minimum. In addition, plans should be chosen with out-of-network mental health benefits so educators can access clinicians who may not be in network. Districts should also ensure that mental health benefits and resources are easily accessible and understandable.
- 2. Provide Mental Health First Aid training.** Mental Health First Aid (MHFA) can help educators and administrators assist someone experiencing a mental health crisis. MHFA is an evidence-based training administered by the National Council for Mental Wellbeing that teaches people how to identify, understand, and respond to signs of mental health issues. Offering MHFA training to educators and administrators equips districts with mental health knowledge and fosters empathy and understanding.
- 3. Expand access to school-based and school-linked health centers.** Illinois currently funds 38 school-based health and school-linked centers that provide students and with a range of primary care services as well as behavioral health care. State appropriations should be made to expand these services as well as the development of new school-based and school-linked health centers across the state. Services provided by these school-based and school-link health centers should be expanded to include educators.

- 4. Implement comprehensive school mental health systems.** Comprehensive school mental health systems (CSMHS) provide tiered mental health services that include universal prevention and promotion activities as well as early intervention services for at-risk students, and treatment for those who have existing mental health concerns. CSMHS integrates a school's multi-tiered system of behavioral health supports with clinical mental health services and should be implemented alongside school-based and school-linked health centers.

- 5. Ensure educators have sufficient planning time.** Educators consistently identify increased planning time as one of the main factors that would reduce stress and improve working conditions. All educators benefit from dedicated time reserved to plan lessons, reflect on their practice, collaborate with peers, seek guidance from mentors, and review student work, regardless of the grade or subject they teach.

- 6. Improve school administrator preparation and training programs.** Research demonstrates that perceived administrator support is one of the most important factors contributing to teacher retention. Rigorous alternative licensure pathways such as residencies for principal training should be developed, and state-funded professional development opportunities that coordinate mentoring and professional learning should be expanded that emphasize the inclusion of educator voice in decision-making.

- 7. Introduce positive psychology interventions.** Positive psychology interventions (PPIs) compliment traditional mental and behavioral health care by providing evidence-based interventions that have the primary aim of increasing well-being. In schools, these interventions may be universally taught to teachers and students using a positive education model (Norrish, 2015). PPIs have been proven to increase well-being and reduce symptoms of stress, anxiety, and depression in children, adolescents, and adults (Carr et al., 2020).

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POSITIVE EDUCATION SUGGESTED RESOURCES

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