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The Longitudinal Impact of COVID-19 on Teacher Well-Being

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The purpose of this study was to examine the longitudinal impact of the COVID-19 pandemic on public-school teachers’ mental well-being. The present study surveyed a total of 4,926 public school teachers from across Illinois in the fall of 2019, 2020, and 2021. The survey measured teachers’ mental well-being using the Warwick-Edinburg Mental Well-Being Scale. The results found that on average, the mental well-being of public-school teachers significantly declined between the fall of 2019 and the fall of 2021. The present study discusses the implications of these findings on school-based mental and behavioral health interventions for teachers.

Keywords: teacher, well-being, public school, COVID-19

Introduction

On March 11, 2020, The World Health Organization declared COVID-19 a pandemic and on March 17, 2020, all Illinois public schools closed. This abrupt transition from in-person learning to online instruction presented new and significant instructional challenges for Illinois’ public-school teachers (e.g., Leech et al., 2020), and magnified existing challenges related to educational equity and student safety (e.g., Masonbrink & Hurley, 2020). Researchers have only begun to study the impact of the COVID-19 pandemic on public education, and few studies have addressed the longitudinal impact of the COVID-19 pandemic on public school teachers’ mental well-being.

Teacher Well-Being

The literature on teacher well-being largely adopts a deficit perspective focusing on teacher stress, anxiety, depression, and burnout (e.g., Herman et al., 2017; Herman et al., 2020; Bottiani et al., 2019). Prior to the COVID-19 pandemic, teaching had already been identified as one of the most stressful and demanding professions in the United States (Kyriacou, 2001; Ryan et al., 2017; Kraft et al., 2020), with approximately 40 to 50 percent of teachers leaving their profession within the first five years (Darling-Hammond, 2010; Ingersoll, 2001). The COVID-19 pandemic resulted in several studies examining the impact of the pandemic on teacher stress, anxiety, depression, and burnout (e.g., Pressley, 2021; Pressley, et al. 2021). These studies, not surprisingly, found that teacher stress, anxiety, depression, and burnout increased because of the pandemic. However, few studies have measured the longitudinal impact of the pandemic on teacher well-being (e.g., Lizana et al., 2021), including the impact of returning to in-person instruction.

In addition to examining the longitudinal impact of the pandemic, this study also adopts a positive psychological approach to the study of teacher well-being. Positive psychology is “the
scientific study of the strengths that enable individuals and communities to thrive” (Positive Psychology Center, 2022). There is over a decade of research on teacher stress, anxiety, depression, and burnout. We know that teaching is difficult, but what we don’t know yet, is how to create public schools that sustainably support educator and student well-being. Therefore, this study adopts the concept of mental well-being.

**Mental Well-Being**

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 the longitudinal impact of the COVID-19 pandemic on public school teachers’ mental well-being.

**Method**

In the fall of 2019, 2020, and 2021 public school teachers who were members of the Illinois Education Association were sent an email invitation to participate in this study. Prior to completing the survey, all participants were presented 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 informed would not be collected. The research protocol was approved by the University of Illinois Springfield Institutional Review Board and the researcher followed the ethical guidelines of the American Psychological Association.

The survey included the 14-item Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS; Tennant et al., 2007), as well as school district and personal demographic questions. For each positively worded 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 probably 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). Means and standard deviations were calculated for each
variable. An independent samples *t*-test was also calculated comparing average mental well-being scores.

**Results**

A total of 4,926 educators completed the survey across all three years. See Table 1 for participation by year. All participants classified their position as a regular full-time teacher. Forty-nine percent of participants classified their school district as a unit district (grades PK-12; *n* = 2,428), 32% classified their school district as an elementary district (grades PK-8; *n* = 1598), and 14% classified their school district as a high school district (grades 9-12; *n* = 679). Four percent (*n* = 221) of participants reported their school district as “other” and specified, centers serving students in grades K-4 or 6-8, career and technical education schools, special education cooperatives, therapeutic day schools, early childhood centers, or chose not to respond.

**Table 1**

*Participants By Year*

<table>
<thead>
<tr>
<th>Year</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td>1474</td>
</tr>
<tr>
<td>2020</td>
<td>1471</td>
</tr>
<tr>
<td>2021</td>
<td>1981</td>
</tr>
</tbody>
</table>

The average age of participants was 44 years old (*SD* = 12.35) with 79% female (*n* = 3,893) and 15% male (*n* = 732). Twenty-nine participants reported their gender as non-binary, and 272 participants chose not to respond to this question. The majority of participants were White (86%, *n* = 4,252). See Table 2 for additional information about the race and ethnicity of participants.

**Table 2**

*Participant Demographics*

<table>
<thead>
<tr>
<th>Race/Language</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian or Alaskan Native</td>
<td>13</td>
<td>0.3%</td>
</tr>
<tr>
<td>Asian</td>
<td>28</td>
<td>0.6%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>133</td>
<td>2.7%</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>158</td>
<td>3.2%</td>
</tr>
<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
<td>4</td>
<td>0.1%</td>
</tr>
<tr>
<td>White</td>
<td>4252</td>
<td>93.1%</td>
</tr>
<tr>
<td>No Response</td>
<td>338</td>
<td>6.9%</td>
</tr>
</tbody>
</table>

On average teacher mental well-being decreased from 2019 (*M* = 44.90, *SD* = 7.99) to 2020 (*M* = 42.77, *SD* = 8.43), indicating lower than average mental well-being and possible mild depression. In 2021, average teacher mental well-being continued to decline (*M* = 41.66, *SD* = 8.68), indicating lower than average mental well-being and possible mild depression. The difference in average teacher mental well-being scores between 2019 and 2021 was significant *t*(3453) = 11.21, *p* < .001; and represents a medium-sized effect *d* = 0.40, 95% CI [2.66, 3.79]. See Figure 1 for a graphical representation of this data.
Discussion

In the fall of 2019, before the COVID-19 pandemic, public school teachers began the school year experiencing lower than average mental well-being and possible mild depression. In the fall of 2020, during the COVID-19 Pandemic, public school teachers’ mental well-being decreased, which was expected amidst the many challenges educators were facing at that time. However, in the fall of 2021, when teachers had returned to in-person instruction, their mental well-being continued to decline. The average public-school teacher is teetering on the edge of probable clinical depression if this trend continues into the next school year. These findings indicate a troubling second pandemic of mental illness within the ranks of our public-school educators. These findings have important implications for public-school administrators, policymakers, and teacher advocates.

Mental Health Services in Schools

Public schools in the United States utilize a variety of research-based mental and behavioral health interventions aimed at prevention, early intervention, and treatment for their students. Many schools partner with local health organizations (e.g., community health centers, hospitals, or local health departments) to develop multi-tiered systems of support that address student mental and behavioral health issues (Loftus-Rattan et al., 2021). In addition, some schools have created school-based health centers which are staffed by clinicians who provide students with mental and behavioral health care on campus. Similar multi-tiered systems of support and
school-based mental and behavioral healthcare should be provided to teachers to reverse this troubling trend of declining mental well-being. Teachers experiencing psychopathological symptoms (e.g., stress, anxiety, and depression) require easily accessible mental and behavioral health care through their employers (i.e., schools). Considering the fact that most schools already have partnerships with local health organizations to serve their students, extending these services to teachers is a logical next step.

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).

Positive psychology theory suggests that there are five primary pathways that PPIs use to increase well-being including the promotion of savoring pleasurable experiences, fostering engagement in challenging activities, enhancing relationships, promoting meaning and purpose, and supporting accomplishment (Seligman, 2011). In addition, PPIs have been studied and proven effective in international samples of teachers (Chan, 2010; Dreer, 2020; Rahm & Heise, 2019). However, more research is needed on the impact of PPIs on teachers in the United States.

Within the positive education model, teacher well-being is considered essential to a thriving school. Before any interventions are introduced to students, teachers are trained how to implement the PPIs in their own lives (Norrish, 2015). An example PPI often utilized in positive education models is “Three Good Things” which asks participants to write down three good things that happened and why they think they happened each evening for at least one week (Norrish, 2015). The purpose of this PPI is to cultivate positive emotion and gratitude. It’s important to note that these PPIs are not introduced independently but contextualized within discussions related to each pathway. Positive education is a unique compliment to traditional mental and behavioral healthcare that supports the mental well-being of students and teachers.

Limitations and Future Research

The present study is one of the first large-scale studies to examine the longitudinal impact of the COVID-19 pandemic on public school teachers’ mental well-being in the United States. However, there are several limitations to the present study that future research should address. First, this study only collected data in the fall of each school year. Mental well-being could be measured at multiple points throughout the school year to monitor changes in mental well-being related to the school calendar (e.g., first semester versus second semester) and could examine the impact of specific educational policies and practices (e.g., standardized testing, teacher evaluations). Second, while this was a large sample, it came from a single state, and did not seek out participants based on specific demographics such as race. Future studies should seek to examine data from multiple states and from underrepresented subgroups.

Conclusions
In conclusion, the present study was one of the first large-scale studies to examine the longitudinal impact of the COVID-19 pandemic on public school teachers’ mental well-being in the United States. The results indicate a troubling pattern of declining mental well-being in public school teachers which requires immediate action on the part of public-school administrators, policymakers, and teacher advocates. Future research should continue to examine the impact of the COVID-19 pandemic on public school teachers as well as evidence-based mental and behavioral health interventions that can be implement in schools.

Author Note

Diana Janet Zaleski is an Assistant Professor in the Department of Psychology at the University of Illinois Springfield. Dr. Zaleski’s current research focuses on educator well-being and the application of positive psychological principles in public education to enhance the well-being of educators and students.

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