

Healthy Professional Worker Partnership: *Education Workers Case Study Survey Findings*

Examining the Pathway from Mental Health to
Leaves of Absence & Return to Work and the
Impact of the Pandemic



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Key Take Home Messages

- Mental health remains a concern for education workers and the education system in Canada, with the majority of education workers having experienced a mental health issue. The Covid-19 pandemic intensified mental health issues for Canadian education workers.
- Teachers experienced a greater decline in mental health and greater increases in burnout and presenteeism compared to other education workers during the pandemic. Teachers had higher levels of psychological distress during the pandemic compared to other education workers.
- More secondary panel education workers reported having had a mental health issue over the course of their career, and increases in burnout during the pandemic were higher for secondary panel education workers compared to elementary panel education workers.
- More women education workers reported having had a mental health issue over the course of their careers, and women reported worse mental health and presenteeism rates during the pandemic. Men had larger effect sizes for increases in burnout during the pandemic.
- Education workers use sick days and leaves of absence to cope with poor mental health, with over one third taking a leave of absence due to mental health issues. For those education workers who took a leave, the most cited facilitator for taking the leave was a supportive partner and family and the most cited barrier was the concern about the impact the leave would have on students. Most education workers return to work after a leave of absence for mental health issues.

Executive Summary

Purpose

Working in education is a stressful occupation, (Canadian Teachers' Federation, 2020; Rushowy, 2022), and there is evidence that high numbers of Canadian education workers are taking leaves of absence (Yousif, 2021). Despite estimates that the cost of mental illness in Canada is \$79.9 billion for the year 2021 (CMHA, 2021) and that leaves of absence are a substantial contributor to these costs, there is limited literature exploring education workers as an occupational group taking leaves of absence due to mental health concerns and their subsequent return to work. The Covid-19 pandemic further amplified high levels of stress and poor mental health that already existed for education workers (Rushowy, 2022). The purpose of our research, therefore, is to examine the mental health, leaves of absence and return to work experiences of education workers from an intersectional and comparative perspective. Because our research took place during the Covid-19 pandemic, the impact the pandemic had on education worker mental health is also explored.

Methods

As part of a larger pan-Canadian study of seven different professions of workers, 1017 education workers responded to an online survey between November 2020 and May 2021 about their mental health, leaves of absence, and return to work. Participants were recruited by social media and through a Canadian market research company. We computed survey question frequencies and percentages for all education workers, by gender (man, woman), educational panel (elementary, secondary), and educator role: teacher, educational assistant (EA), and early childhood educator (ECE). Chi-squared tests of independence examined whether gender, panel, or role were related to having experienced a mental health issue, the state of mental health, taking a leave of absence due to a mental health issue, and subsequent return to work.

Key Findings

- The majority of education workers (59%) have experienced mental health issues, with women and secondary school education workers more severely impacted.
- To cope with mental health challenges, the majority of education workers made changes to their work (61%), including retreating by using sick days and vacation days. The majority of education workers who experienced mental health issues considered taking a leave of absence from work (68%), and 39% of education workers with a mental health issue took a formal leave of absence.
- Believing their mental health issue was not severe enough, the impact the leave would have on students, and financial reasons were commonly cited reasons by education workers for not taking a leave of absence.

- For those education workers who took a leave of absence due to mental health issues, having a supportive partner and family were the most cited facilitators to taking a leave. Conversely, the most commonly cited barrier to taking a leave was the impact the leave would have on students.
- The majority of education workers returned to the job they had prior to taking a leave of absence for mental health concerns (79 %).
- The Covid-19 pandemic exacerbated mental health issues, with psychological distress and burnout increasing during the pandemic for all education workers.
- Teachers experienced a greater decline in mental health during the pandemic as compared to EAs and ECEs. Women reported worse mental health than men during the pandemic, while teachers reported higher levels of psychological distress during the pandemic than ECEs and EAs.
- Education workers reported increased burnout during the pandemic with effect sizes larger for men. Increases in burnout were higher among secondary school education workers, and teachers reported greater increases in burnout during the pandemic compared to EAs and ECEs. Prior to and during the pandemic, women education workers reported higher average levels of burnout.
- Working when ill, presenteeism, increased during the pandemic for all education workers with the largest increases being for teachers, and higher presenteeism rates for women both prior to and during the pandemic compared to men.

Conclusions

Education worker mental health clearly was negatively impacted by the Covid-19 pandemic. Congruent with media reports (Yousif, 2021), a high number of teachers in our study took a leave of absence due to mental health issues; however, most vast majority of education workers return to work after a leave of absence. The pathway of education worker mental health, leaves of absence, and return to work is aided and hindered by organizational, work-specific, and personal/familial factors, with nuanced differences between education panel, educator role, and gender.

Introduction

Like all Canadians, education workers (teachers, classroom-based staff, and school support staff) experience mental health challenges at work. Educators may be more affected by mental and psychosomatic disorders than other occupations (Brütting et al., 2018), possibly due to high amounts of emotional labour that are intrinsic to the job (Johnson et al., 2005).

Before the Covid-19 pandemic, there was a literature base that cited several factors for high levels of stress relating to mental health challenges among Canadian teachers, such as workload increases and poor working conditions, a perceived climate of disrespect, inadequate services for students (BCTF, 2020; Johnston-Gibbens, 2014), lack of support for technology (Johnston-Gibbens, 2014), and issues of work-life balance (Froese-Germain, 2014). Violence in the classroom was a particular concern for classroom-based staff (e.g., educational assistants and early childhood educators) and school support staff (e.g., clerical and custodial workers), with violence resulting in long-term impacts on education workers' mental and physical health (PTSD and burnout), job performance, and on their personal lives (Bruckert et al., 2021).

The Covid-19 pandemic exacerbated the stress that already existed within schools, resulting in a “perfect storm of stress” for education workers (Rushowy, 2022). 46% of Canadian teachers felt they were concerned about their mental health and well-being (CTF, 2020) and levels of anxiety among teachers increased 500% during the pandemic (Mental Health Research Canada, 2020). Teachers reported increased workload, feeling more fatigued and isolated, and were concerned about students during the pandemic (BCTF, 2020). These increased stress levels are significant as research shows that higher levels of stress result in a higher frequency of illness among teachers (Dworkin et al., 1990; Howard & Howard, 2020). Recent media reports note that the pandemic has created educational worker absences in such volume that staffing is a huge concern for schools. (Rushowy, 2022).

While Flach et al., (2012) report that those working in education have longer sick leave duration compared to the other work sectors taking a leave for mental disorders, the research literature exploring all types of education workers taking a leave of absence due to mental health challenges is limited. There are, however, some significant findings when examining the literature regarding teachers.

The Toronto District School Board reported 808 elementary teachers were on a sick leave for three months or more, up from 388 the year prior (Yousif, 2021), while the number of elementary teachers on long-term leave at the Peel District School Board has tripled since the pandemic (Yousif, 2021). Teacher absenteeism and taking a leave of absence are huge financial costs for school systems and negatively impact student achievement (Herrmann & Rockoff, 2009; Miller et al., 2008).

In terms of which teachers are taking a leave of absence for mental health issues, international research reveals that those teachers who are divorced/separated, have degrees in the sciences, are substitute teachers (Moriana & Herruzo (2006), have burnout and depersonalization (Coledam & da Silva, 2020), and who are female (Bermejo-Toro & Prieto-Ursula, 2014) are more likely to be on a leave for mental health issues. Job dissatisfaction, emotional exhaustion (Moriana & Herruzo, 2006), and low student satisfaction (Ervasti et al. 2012) have also been found to be related to teachers taking a leave of absence for mental health issues. Those teachers on a leave had a higher number of mental health conditions, including anxiety, somatic symptoms, depressive mood, job dissatisfaction, burnout, and Type A Behaviour Pattern compared to other educators (Moriana & Herruzo, 2006). There is no known literature that compares teaching panel [elementary or secondary] or educator worker type [teacher, educational assistant, early childhood educator, etc.] and taking a leave of absence due to mental health challenges.

The research on returning to work after a leave of absence due to mental health issues among education workers is even more scant and, again, the extant research focuses on teachers. Promising practices to support teachers in returning to work include a supportive school administration (Silva-Macaia & Fischer, 2015) and reflective peer support groups (Nygren et al., 2019). However, the work situation and conditions that caused the mental leave in the first place are often the same when teachers return to work. Thus, teachers are returning to work “in unwanted and unfavorable health conditions” (Silva-Macaia & Fischer, 2015, p. 849). Interestingly, Brown et al. (2006) found that retiring from the teaching profession due to a mental disorder was a predictor of returning to alternative work. Since many mental health issues are treatable, there is a missed possibility of returning to teaching for these educators (Brown et al., 2006). As is the case for leaves of absence, there is no known research that compares teaching panel [elementary or secondary] or educator worker type [teacher, educational assistant, early childhood educator, etc.] for return to work after taking a leave of absence due to mental health challenges for education workers.

To summarize, mental ill-health is common in education, yet there is little empirical evidence about how education workers manage their mental ill-health while working nor about leaves of absence and returning to work. The first objective of this research was to contribute to this knowledge gap by understanding the pathway from the experience of mental ill-health to the decision to either take a leave of absence from work or not, specifically for education workers. The second objective of this research was to examine the role of gender and teaching panel on this pathway. Finally, although the impact of the Covid-19 pandemic was not the focus of our research, our study was conducted near the beginning of the pandemic in North America, and we considered it important to examine how the pandemic affected the mental health of education workers given early evidence that the pandemic was having a major impact on the working population in general and on the education system.

The Healthy Professional Worker (HPW) Partnership is an initiative that examines the mental health, leaves of absence and return to work experiences of different professional workers from an intersectional and comparative perspective. HPW focuses on the experiences of mental health at work, the decision to take a leave of absence from work (or not, what is called presenteeism), and how return to work is negotiated and facilitated. Its focus is inclusive of workplace stress, overload, and burnout to experiences of anxiety, depression, and other forms of mental illness along a trajectory. It seeks to understand how personal, familial, work, and organizational contexts influence the path from mental health to leaves of absence to return to work. This is informed by the following conceptual framework.

Conceptual Framework

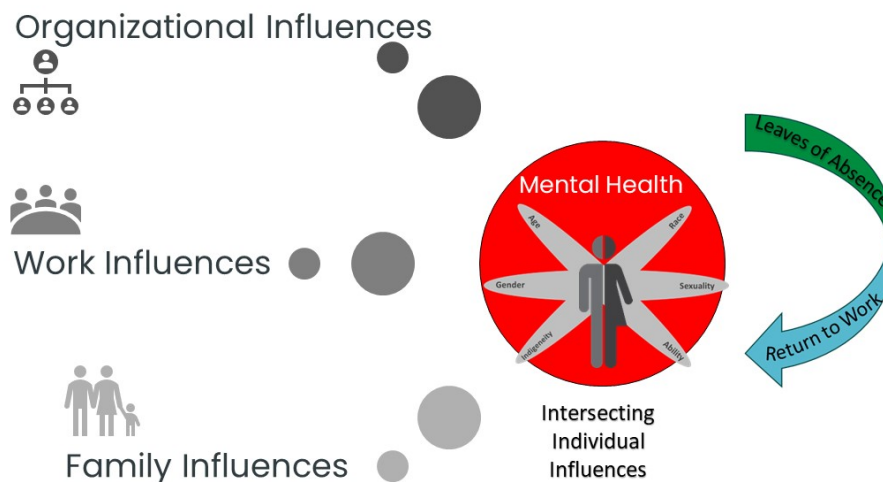
Intersectional: At the centre of the framework (see [Figure 1](#)) is an individual professional worker of a particular age with intersecting (non-binary) gender, racial, Indigenous, ability, and sexuality identities affecting their experiences of mental health, leaves of absence and return to work.

Contextualized: Enveloping the worker are the different contextual influences at the family, work, and organizational context, all situated within the broader system and societal level.

Path: The pathway from mental health to leaves of absence to return to work is depicted as a cycle. This recognizes that an individual worker experiencing mental health may or may not contemplate or follow through with a leave of absence from work and in turn may or may not return to work.

Figure 1 Conceptual Framework

An Intersectional, Contextualised Path Model of Mental Health, Leaves of Absence & Return to Work Experiences



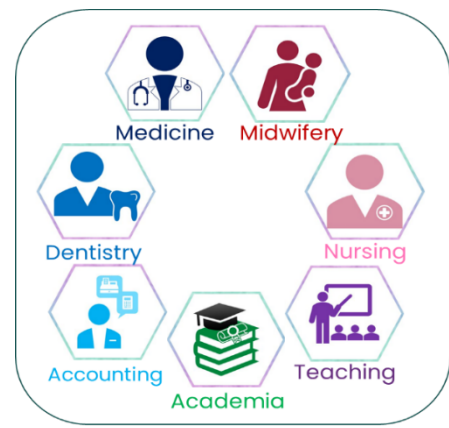
Depicting the pathway of mental health to leaves of absence to return to work and the influence of different factors and forces for professional workers with different identities can better enable the identification and development of targeted and more effective interventions to promote wellness and foster healthy return to work.

Overview of Methods

The interdisciplinary methodological approach for HPW involved multiple phases and multiple methods. It began with a Partnership Development Phase, which involved a scoping review, pilot survey and interviews with workers, interviews with key stakeholders, and a commissioned analysis of StatCan data on our case study professions. The full Partnership builds on this foundation and involves five key components: 1) Document Analysis; 2) Stakeholder Interviews; 3) Worker Surveys; 4) Worker Interviews; and 5) Intervention Toolkits.

Between the end of November 2020 and early May 2021, a bilingual (French- English) online, self-administered survey employing crowdsourcing recruitment via our partner organizations, direct email, and social media was undertaken. Participants were asked to choose their primary professional role from the list of professions (Academic-Professor, Professional Accountant, Dentist, Nurse, Midwife, Physician, Elementary/Secondary Education Worker) shown in Figure 2. Other than this initial question, no other questions were mandatory to complete.

Figure 2. Case Study Professions



The remainder of this report presents the findings from the education workers who participated in the survey component of the study. Participants who selected the Elementary/Secondary Education Worker response option were asked a follow-up question about their primary role in education (e.g., teacher, educational assistant, early childhood educator) and were then directed to an initial set of questions about occupational characteristics specific to the education system. They then responded to several cross-cutting questions asked of all case studies to assess mental health, distress, presenteeism and burnout during and prior to the pandemic. Next, education workers responded to a set of customized questions specific to the education work context about potential work-related factors that influence mental health. The final component of the survey focused on the mental health, leaves of absence, and return to work pathway. Data analysis for this report is based on the 1,017 education workers who responded to the question at the beginning of the final pathway component asking if they had ever experienced a mental issue over the course of their career. The survey took approximately 20 minutes to complete.

To date, descriptive analyses of the survey data have included frequency cross-tabulations with appropriate tests of significance undertaken at a $p < 0.05$ criteria.

Key Findings

Background of Survey Respondents

The sample of education worker survey respondents ($N = 1,017$) was predominately women (81%). Because the number of education workers who identified as gender fluid, preferred to self-describe, or preferred not to answer was only 1% of the sample (see Figure 3), we did not include these participants in statistical comparisons involving gender. Qualitative analysis of non-binary groups will be included in future reports based on data from the interview components of our study.

Figure 4 shows the number and percentages of participants who identified as racialized, Indigenous, or living with a disability.

Figure 3. Gender Identity of Education Worker Survey Respondents

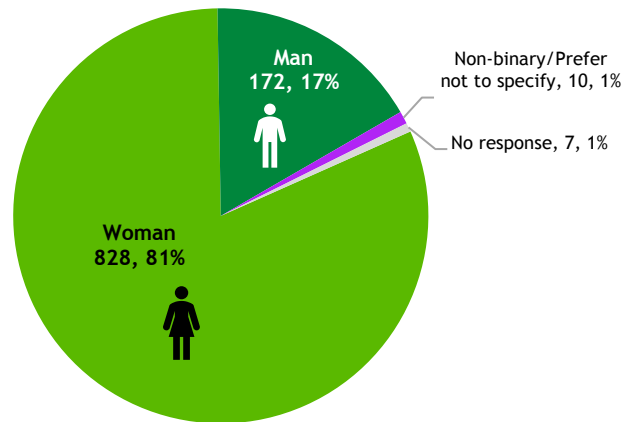
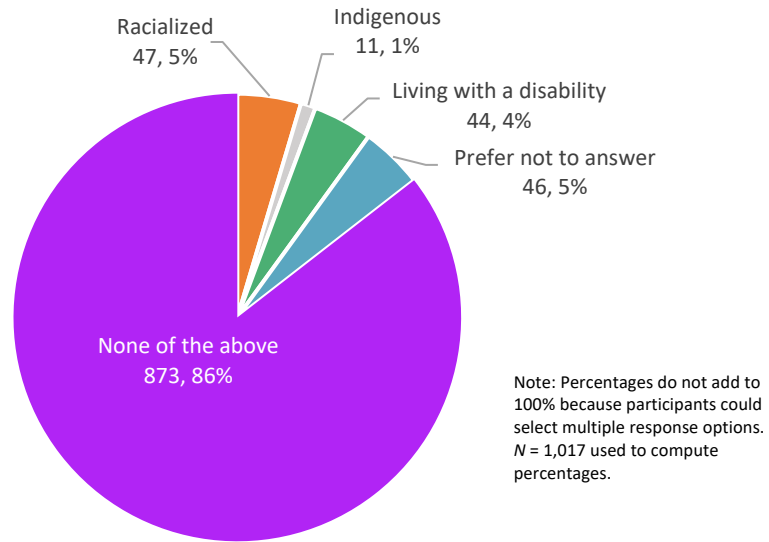


Figure 4. Percentage of Education Worker Survey Respondents Who Identified as Racialized, Indigenous, or Living with a Disability



Information on the primary role and teaching panel for all education worker survey respondents is provided in Figure 5 and

Figure 6, respectively. Most of the sample (72%) were teachers, with 6% of the sample comprised of ECEs and 6% comprised of EAs. Whereas analyses involving all education workers includes all participants in the survey, analyses comparing responses based on education worker role includes responses only for teachers, ECEs, and EAs. Participants who indicated working in any combination of early childhood education, elementary schools, or middle schools were categorized as elementary, and participants who indicated working in secondary and/or vocational school contexts were categorized as secondary. Analyses based on teaching panel compares responses of participants in the elementary and secondary categories.

Figure 5. Role of Education Worker Survey Respondents

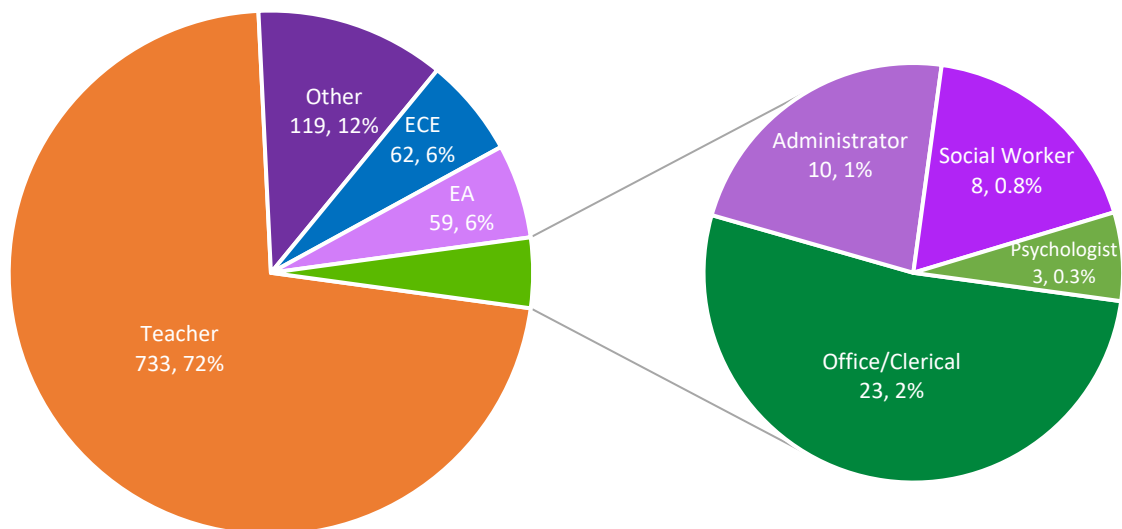
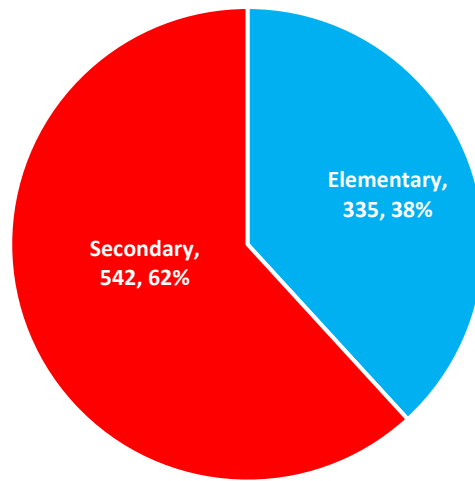


Figure 6. Number and Percentage of Elementary and Secondary Education Workers



Information on the age and career stage of all education workers is shown in Figure 7 and Figure 8, respectively. Age is further broken down by education worker role (teacher, EAs, ECEs), which shows that the ECE category had the highest percentage of participants who were under 30.

Figure 7. Age of Education Worker Survey Respondents, By Education Worker Role

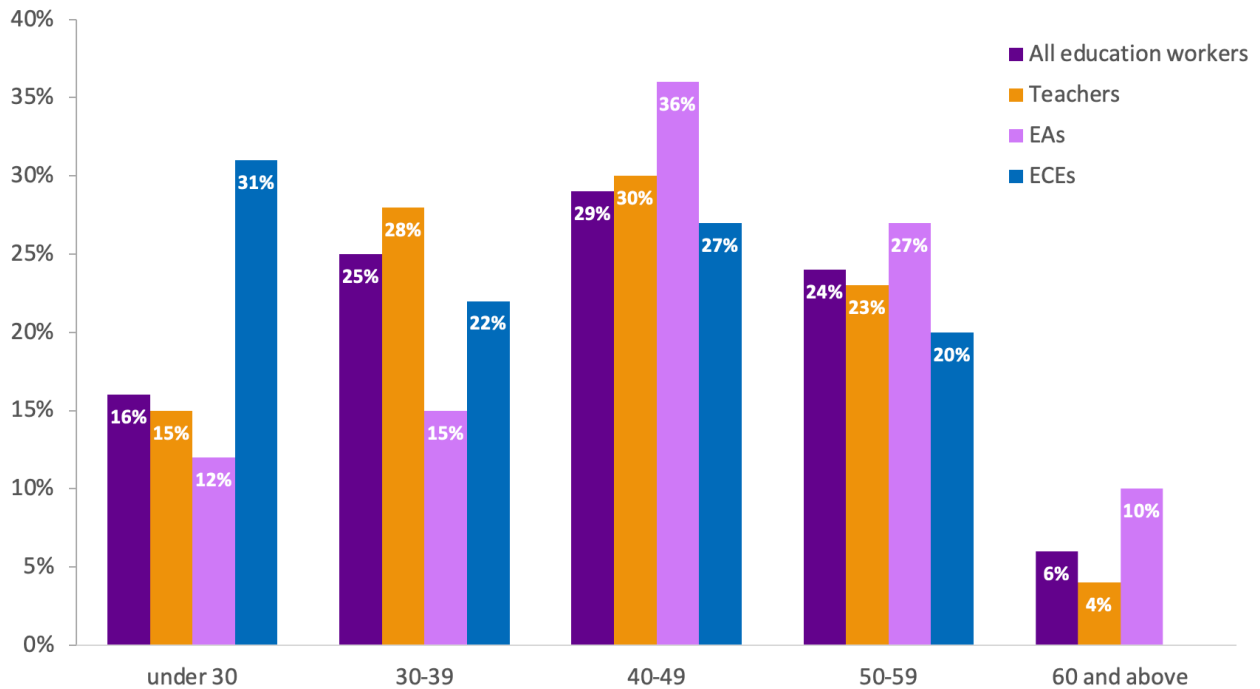
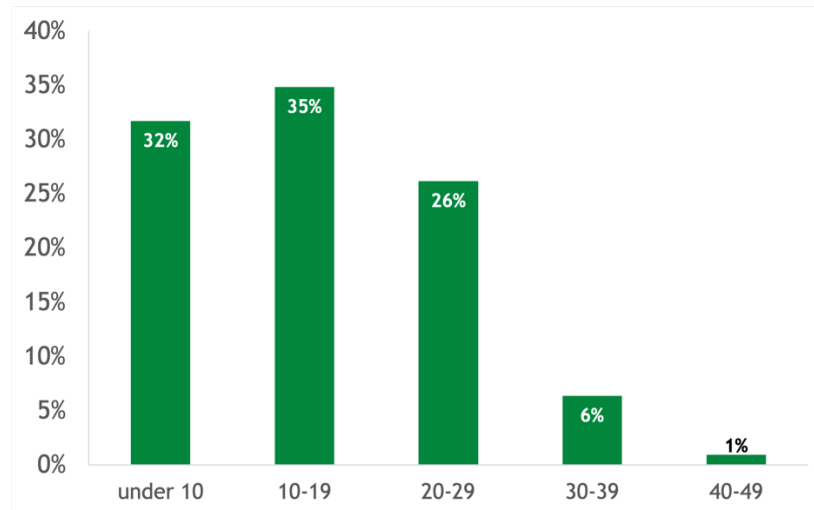


Figure 8. Career Stage of Education Worker Survey Respondents, Years in Profession



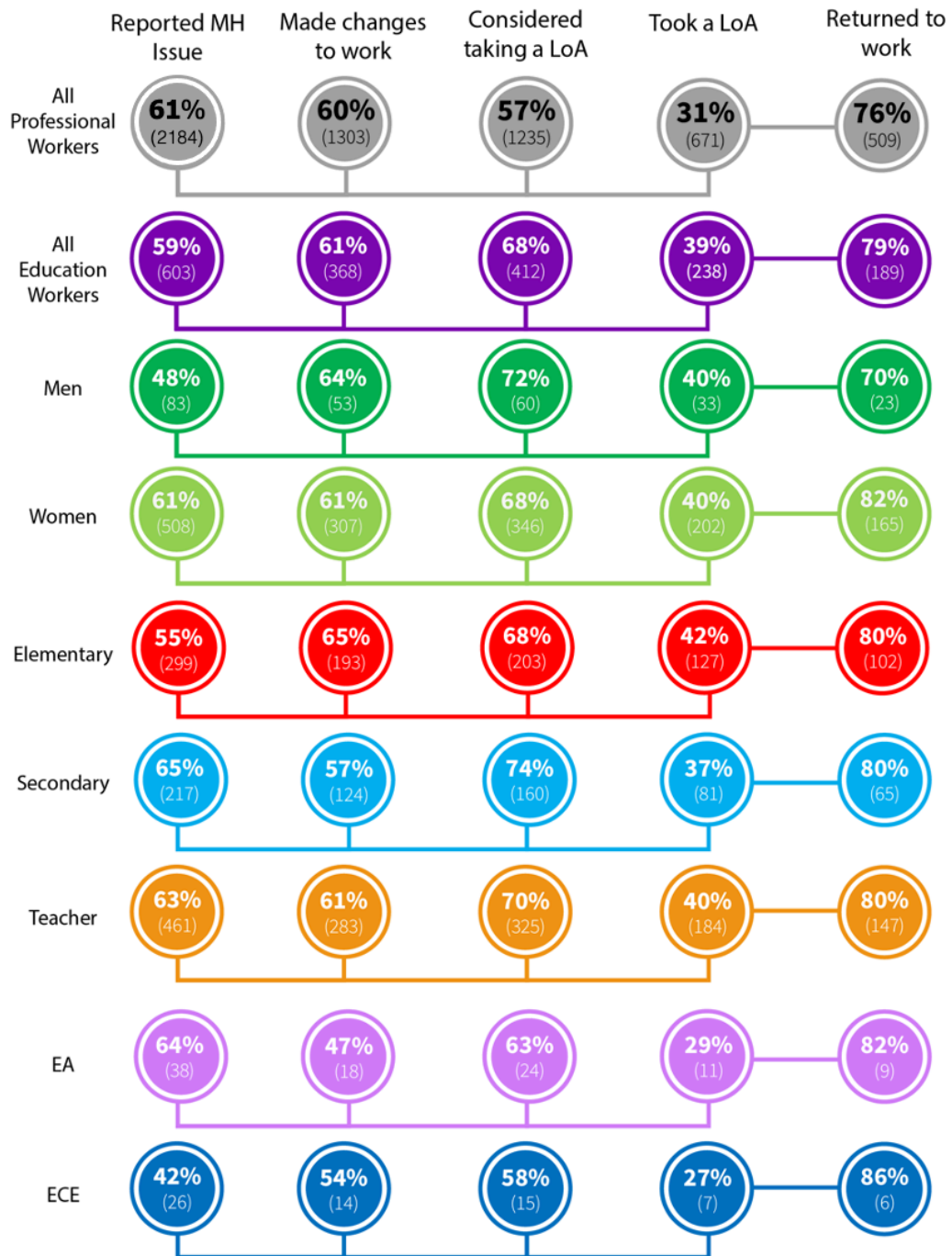
Pathway from Mental Health, Leaves of Absence to Return to Work

The main purpose of this study was to understand the pathway from experiencing mental health issues, making changes to work in response to mental health challenges, considering or taking a formal leave of absence for mental health reasons, and returning to work. These pathways are complex with education workers who experience mental health issues making use of none, some, or all these options. We have used the survey to get a broad view of the steps on this path.

In the context of this study, mental health issues include mental or psychological stress or distress, burnout, anxiety, depression, other mood disorders, substance use or dependence, post-traumatic stress disorder, or serious thoughts of suicide. It includes both short term mental health problems that temporarily limit our ability to function as well as more persistent and severe medical health disorders that require medical intervention.

Figure 9 shows a comparison between all our survey respondents and education workers who embarked on this pathway. Comparisons based on gender (man, woman) revealed that men and women differed significantly in terms of reporting a mental health issue over the course of their career (48% of men, 61% of women), $\chi^2(1) = 10.11, p = .001$. Similarly, there were significant differences in reporting a mental health issue based on comparisons of teaching panel (55% of elementary, 65% of secondary), $\chi^2(1) = 7.89, p = .005$, and role type (63% of teachers, 64% of EAs, 42% of ECEs), $\chi^2(2) = 10.83, p = .004$. There were no other significant differences with respect to making changes to work, considering taking a leave of absence, taking a leave of absence, or returning to work for gender, teaching panel, or role type.

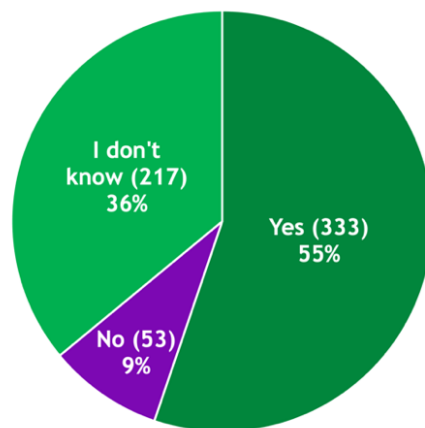
Figure 9. Pathway from Mental Health to Leaves of Absence and Return to Work



Taking a Formal Leave of Absence

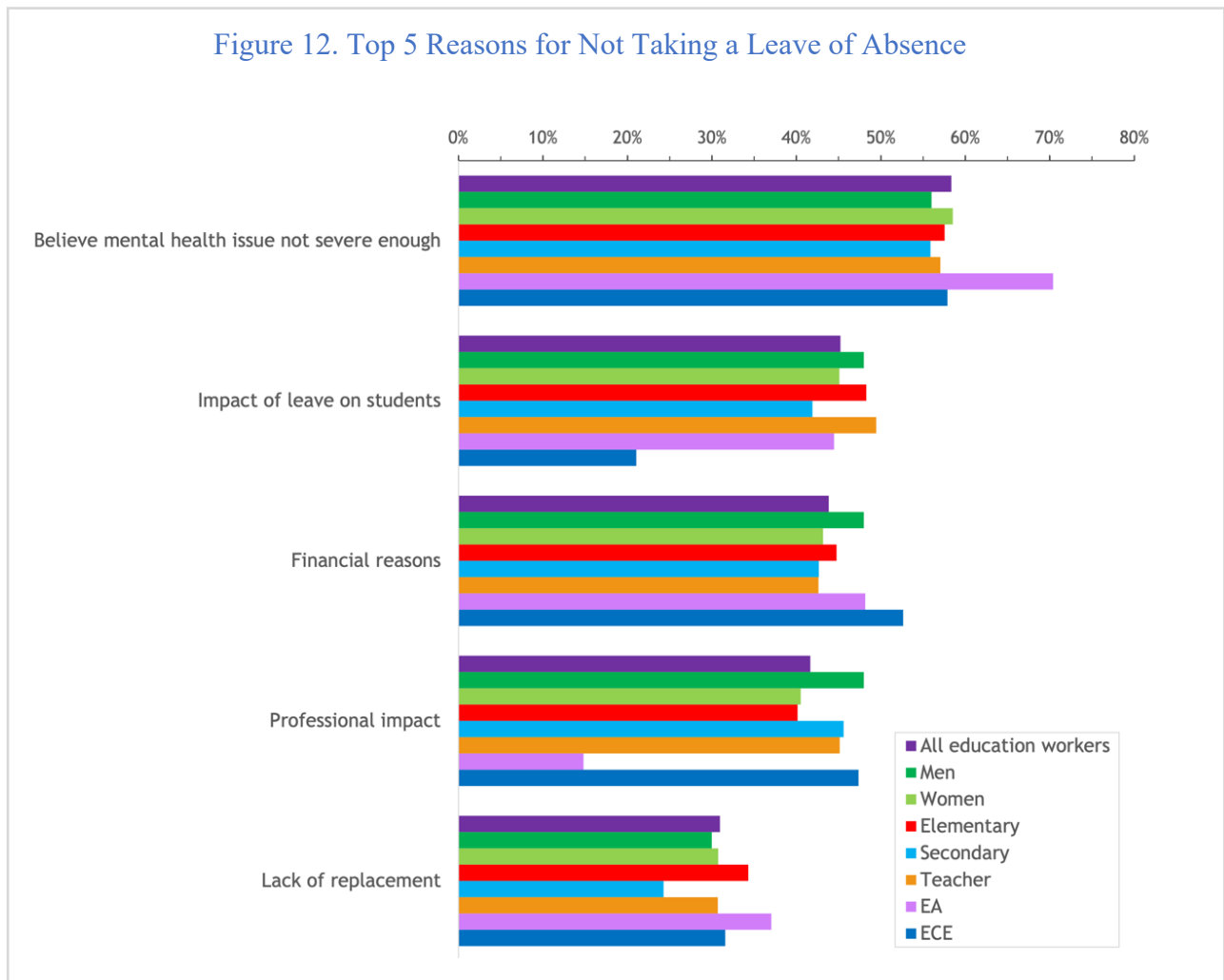
Most education workers who reported having a mental health issue over the course of their career also reported that they had *considered* taking a formal leave of absence (68%) but only 39% reported taking a formal leave of absence. The average number of leaves taken was 2.1 ($SD = 2.5$). These results did not differ significantly by gender, teaching panel, or role type. Notably, as shown in Figure 11, 36% of education workers who had experienced a mental health issue did not know if they would be able to take a formal leave of absence if it was necessary.

Figure 11. Ability To Take a Formal Leave of Absence if Necessary



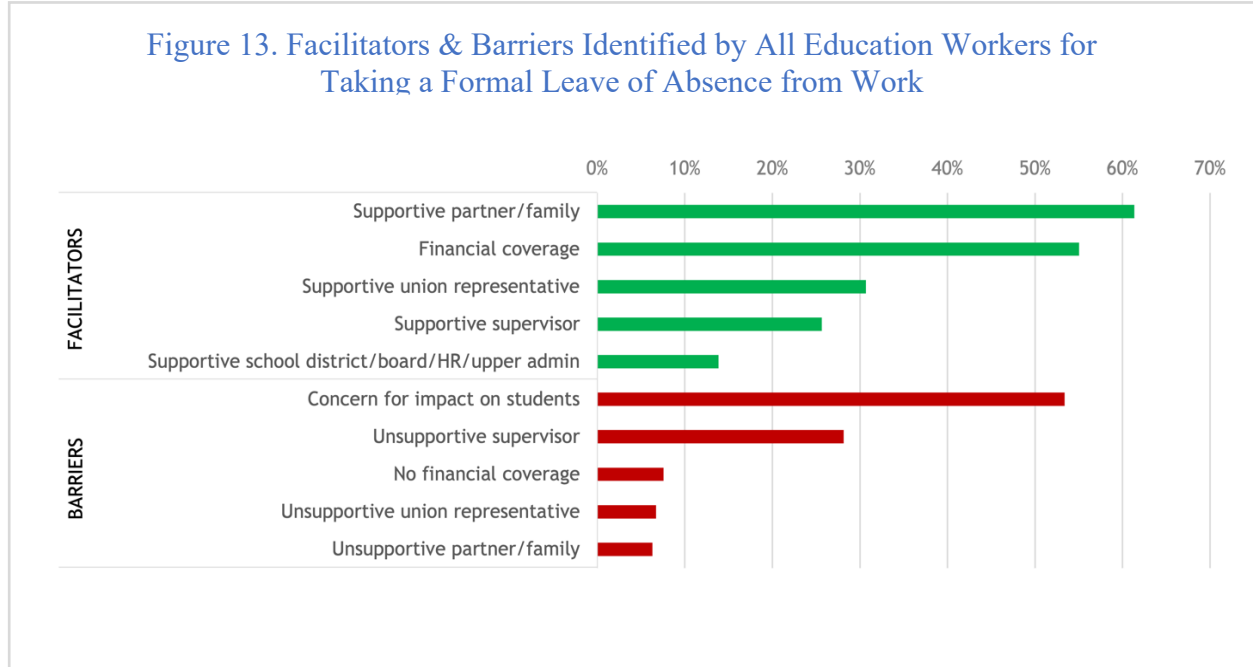
Reasons for Not Taking Leave of Absence

The 61% of education workers who did not take a leave were reluctant to do so for multiple reasons. As shown in Figure 12, the most frequently reported reason across all education workers was believing their issue was not severe enough to warrant a leave (58%), but 45% said they did not take a leave out of concern about the impact on students. This pattern was the same with respect to gender and teaching panel with no significant differences between men and women or between elementary and secondary school education workers. ECEs were, however, significantly less likely to report impact on students as a reason for not taking leave (50% of teachers, 44% of EAs, 21% of ECEs), and EAs were significantly less likely to report professional impact as a reason for not taking a leave (45% of teachers, 15% of EAs, 47% of ECEs).



Facilitators and Barriers Taking a Leave of Absence

Education workers who reported taking a formal leave of absence were also asked about facilitators and barriers to taking a leave of absence. Figure 13 shows that the top facilitator was having a supportive partner and family (61%) but that having financial coverage while on leave (55%) was also important. Figure 13 also shows that by far the most frequently reported barrier to taking a leave was concern for impact on students (53%) followed by having an unsupportive supervisor (28%). Responses to these questions were not broken down by gender, teaching panel, or role type because numbers were too small for meaningful interpretation and comparison.

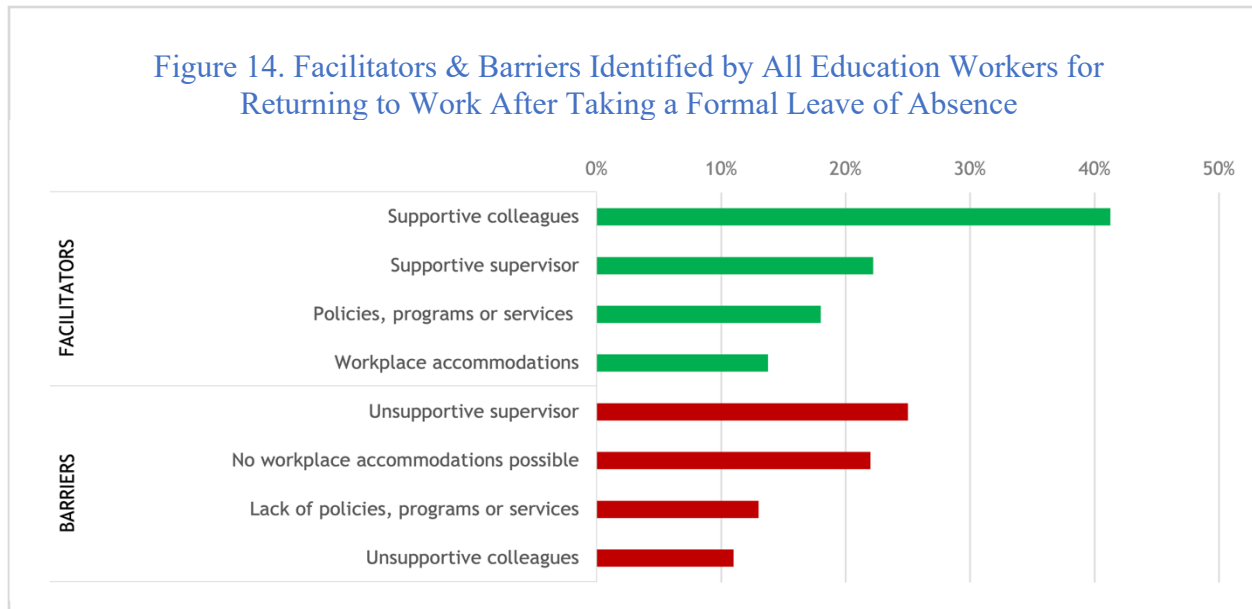


Returning to Work After a Leave of Absence

Of the 238 education workers who took a formal leave of absence, 189 (79%) returned to the same work they were doing prior to taking their leave of absence. This percentage was higher for women than for men (82% of women, 70% of men), but this difference was not significant, $\chi^2(1) = 2.55$, $p = .11$. There were no differences between percentages of elementary and secondary school workers who returned to work after taking a leave of absence (80% of elementary, 80% of secondary).

Facilitators and Barriers Returning to Work

Education workers were also asked about facilitators and barriers for returning to work after taking a formal leave of absence. Figure 14 shows that the top facilitator was having supportive colleagues (41%). Figure 14 also shows that having a supportive supervisor was important when returning to work, with 22% indicating that having a *supportive* supervisor was a facilitator and 25% indicating that having an *unsupportive* supervisor was a barrier to returning to work. Responses to these questions were again not broken down by gender, teaching panel, or role type because numbers were too small for meaningful interpretation and comparison.



Impact of the Pandemic on the Mental Health of Education Workers

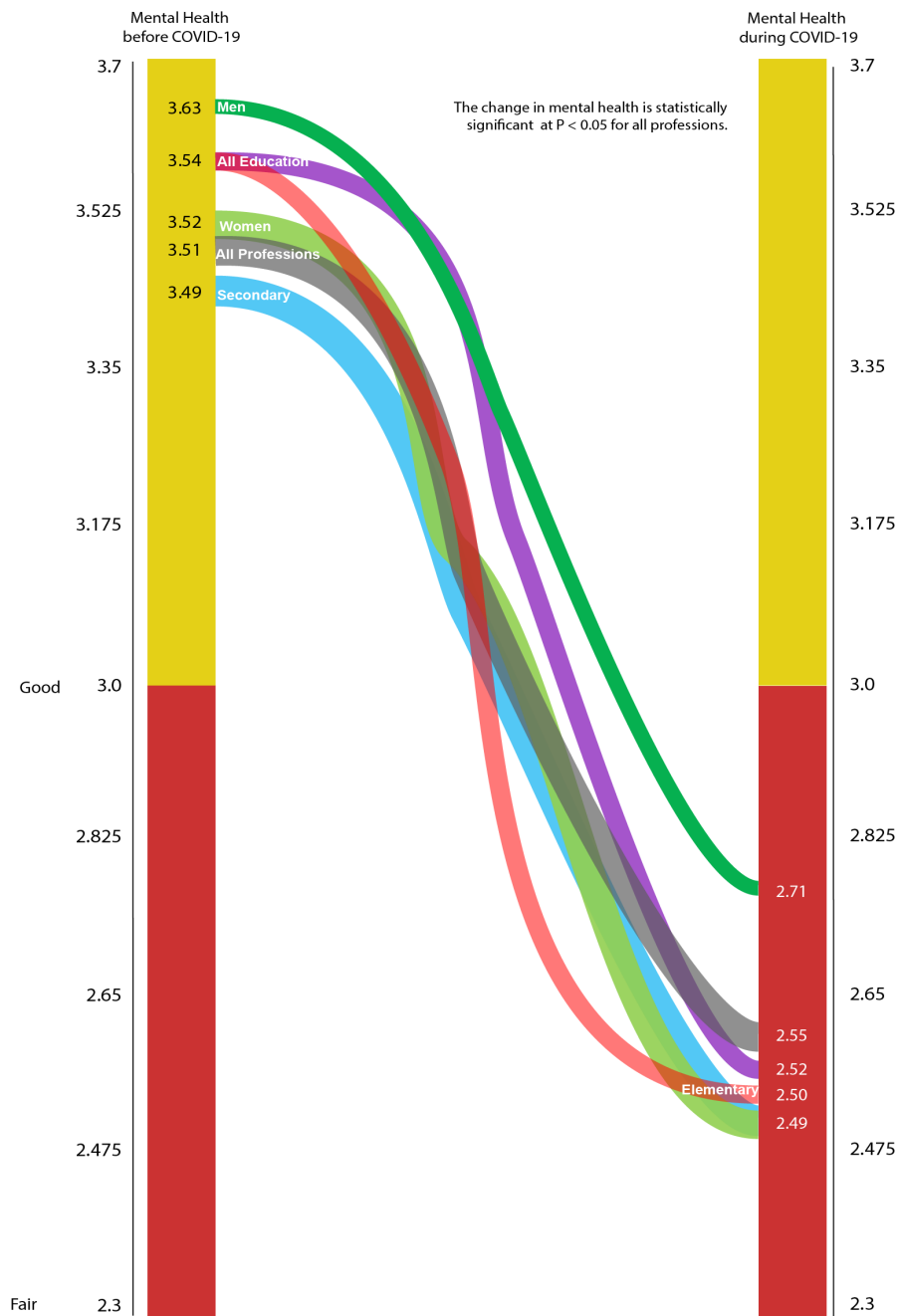
Although the impact of the pandemic was not part of our original set of research questions, as it unfolded, it was clear the pandemic was having an important impact on the mental health experiences of professionals at work and at home. The series of charts below show the impact of the pandemic on all education workers in our sample and breaks this down further for education workers who identified as men and women and for elementary and secondary school education workers. Each of these sub-groups reported a significant impact of the pandemic on measures of mental health, distress, presenteeism, and burnout. Effect sizes for paired-samples *t*-tests comparing changes in reported levels of mental health, distress, presenteeism, and burnout for prior to and during the pandemic are reported as Cohen's *d*.

Mental Health

Figure 15 shows responses to the single-item rating of mental health since the start of the pandemic and in the 4 weeks prior to the start of the pandemic for all education workers and by gender and panel type. Education workers reported experiencing a decline in their mental health, $\Delta M = -1.02$, $d = -0.94$, $t(994) = -29.50$, $p < .001$, 95% CI [-1.08, -0.95]. This decline in mental health was similar for men, $\Delta M = -0.92$, $d = -0.81$, $t(166) = -10.46$, $p < .001$, 95% CI [-1.09, -0.74] and for women, $\Delta M = -1.03$, $d = -0.95$, $t(813) = -27.30$, $p < .001$, 95% CI [-1.10, -0.96], with a larger effect size for women. Prior to the pandemic, differences between men and women did not differ significantly, $t(979) = 1.34$, $p = .18$, 95% CI [-0.05, 0.27]; however, during the pandemic women reported significantly worse mental health compared to men, $t(981) = 2.49$, $p = .01$, 95% CI [0.05, 0.39]. Response options were on a 5-point scale from 1 (poor) to 5 (excellent).

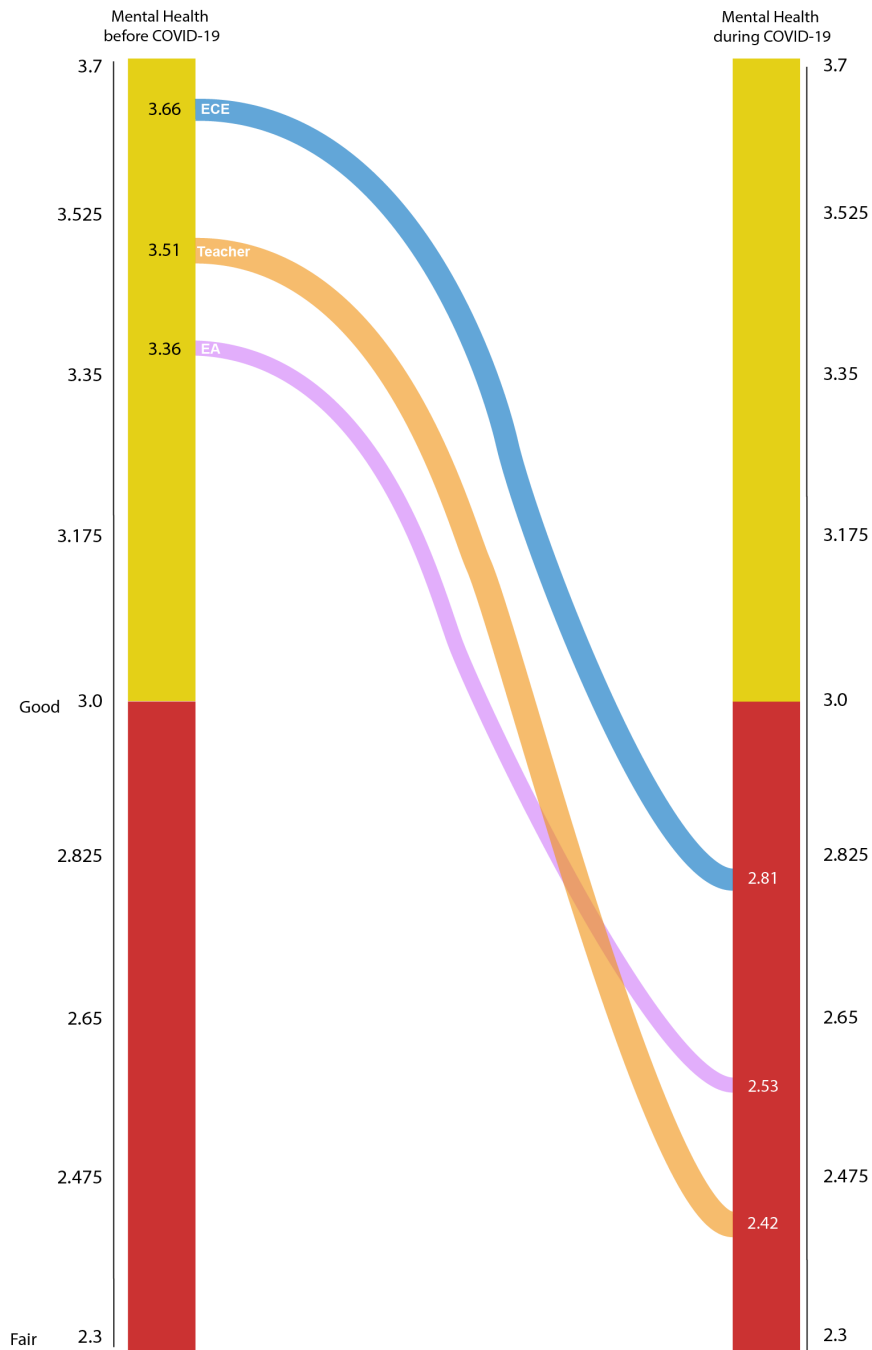
Reports of the decline in mental health were also similar for elementary school workers, $\Delta M = -1.04$, $d = -0.94$, $t(540) = -21.78$, $p < .001$, 95% CI [-1.13, -0.95], and secondary school workers, $\Delta M = -1.00$, $d = -0.95$, $t(334) = -17.48$, $p < .001$, 95% CI [-1.11, -0.89]. There were no significant differences between elementary and secondary school workers ratings of their mental health either before the pandemic, $t(874) = 0.79$, $p = .43$, 95% CI [-0.08, 0.19], or during the pandemic, $t(875) = 0.27$, $p = .78$, 95% CI [-0.12, 0.16].

Figure 15. Mental Health Before and During the Pandemic, By Gender and Panel



With regard to mental health by role type (see Figure 16), teachers reported the largest decline in mental health, $\Delta M = -1.09$, $d = -0.98$, $t(730) = -26.59$, $p < .001$, 95% CI [-1.17, -1.01]. Declines were similar for EAs, $\Delta M = -0.83$, $d = -0.76$, $t(58) = -5.88$, $p < .001$, 95% CI [-1.11, -0.55], and for ECEs, $\Delta M = -0.85$, $d = -0.79$, $t(61) = -6.21$, $p < .001$, 95% CI [-1.13, -0.58].

Figure 16. Mental Health Before and During the Pandemic, By Role Type



Psychological Distress

The perceived change in distress for all education workers and by gender and panel type as measured by the Kessler Psychological Distress Scale (K6) is shown in [Figure 17](#). Education workers reported increased psychological distress, $\Delta M = 5.08$, $d = 1.17$, $t(980) = 36.78$, $p < .001$, 95% CI [4.81, 5.35]. This increase in psychological distress was similar for men, $\Delta M = 4.19$, $d = 1.01$, $t(165) = 13.01$, $p < .001$, 95% CI [3.55, 4.82] and for women, $\Delta M = 5.25$, $d = 1.21$, $t(802) = 34.30$, $p < .001$, 95% CI [4.95, 5.55], with a larger effect size for women. Prior to the pandemic, differences between men and women did not differ significantly, $t(973) = -1.79$, $p = .07$, 95% CI [-1.30, 0.06]; however, during the pandemic women reported significantly higher distress compared to men, $t(971) = -4.31$, $p < .001$, 95% CI [-2.42, -0.91].

Reports of increased psychological distress were also similar for elementary school workers, $\Delta M = 5.22$, $d = 1.18$, $t(533) = 27.38$, $p < .001$, 95% CI [4.85, 5.60], and secondary school workers, $\Delta M = 5.07$, $d = 1.21$, $t(328) = 21.92$, $p < .001$, 95% CI [4.61, 5.52]. There were no significant differences in psychological distress between elementary and secondary school workers either before the pandemic, $t(867) = 0.13$, $p = .91$, 95% CI [-0.52, 0.59], or during the pandemic, $t(864) = 0.62$, $p = .53$, 95% CI [-0.43, 0.82].

Psychological distress by role type is shown in . Teachers reported the largest increase in distress, $\Delta M = 5.34$, $d = 1.23$, $t(724) = 33.04$, $p < .001$, 95% CI [5.02, 5.65]; however, effect sizes were only slightly larger than EAs, $\Delta M = 4.84$, $d = 0.96$, $t(57) = 7.35$, $p < .001$, 95% CI [3.52, 6.17], and ECEs, $\Delta M = 4.59$, $d = 1.07$, $t(60) = 8.39$, $p < .001$, 95% CI [3.50, 5.69]. There were no significant differences between teachers, EAs, and ECEs prior to the pandemic, $F(2, 844) = 1.51$, $p = .22$; however, psychological distress differed during the pandemic, $F(2, 843) = 3.99$, $p = .02$, with teachers reporting higher psychological distress.

Figure 17. Psychological Distress Before and During the Pandemic, By Gender and Panel

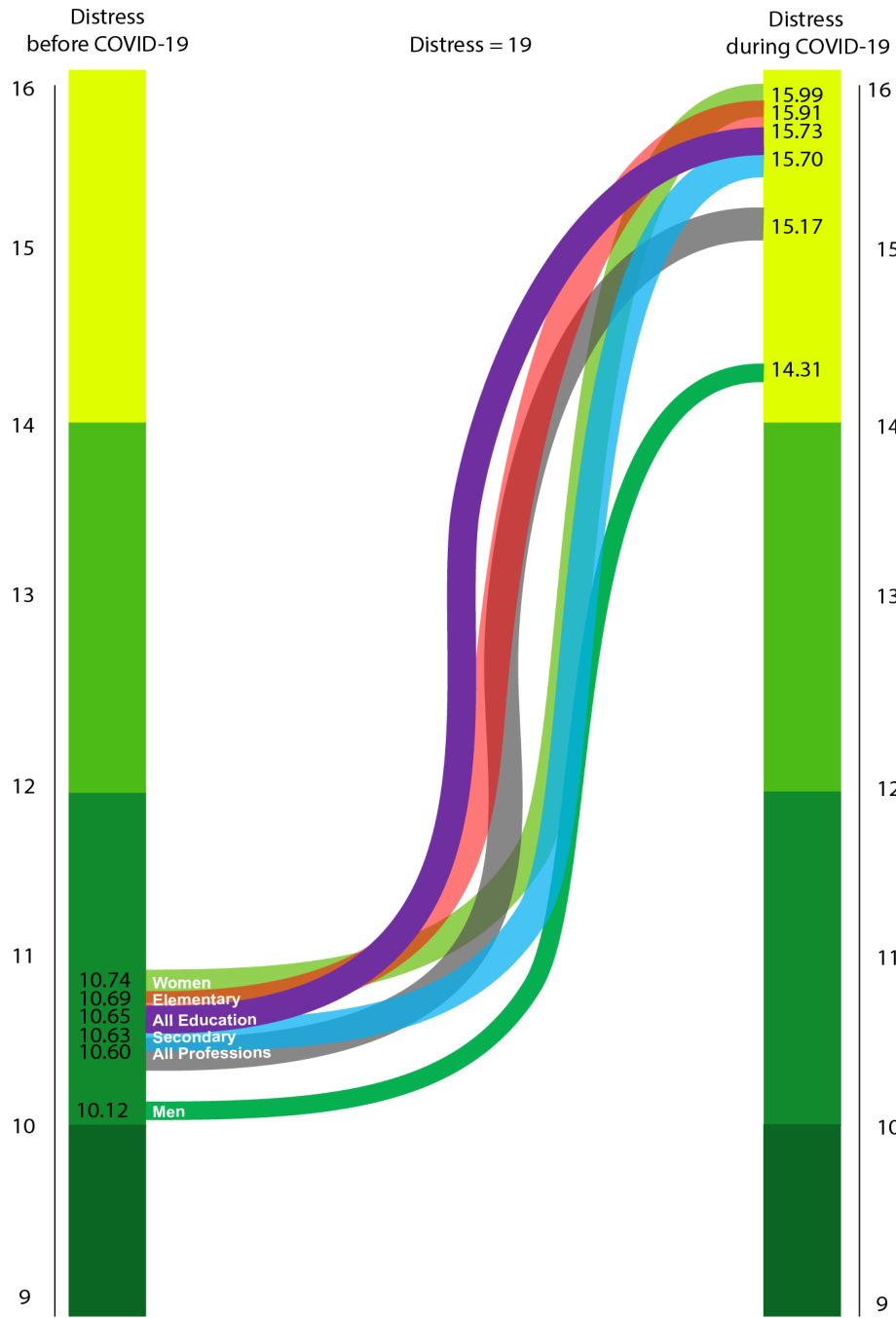
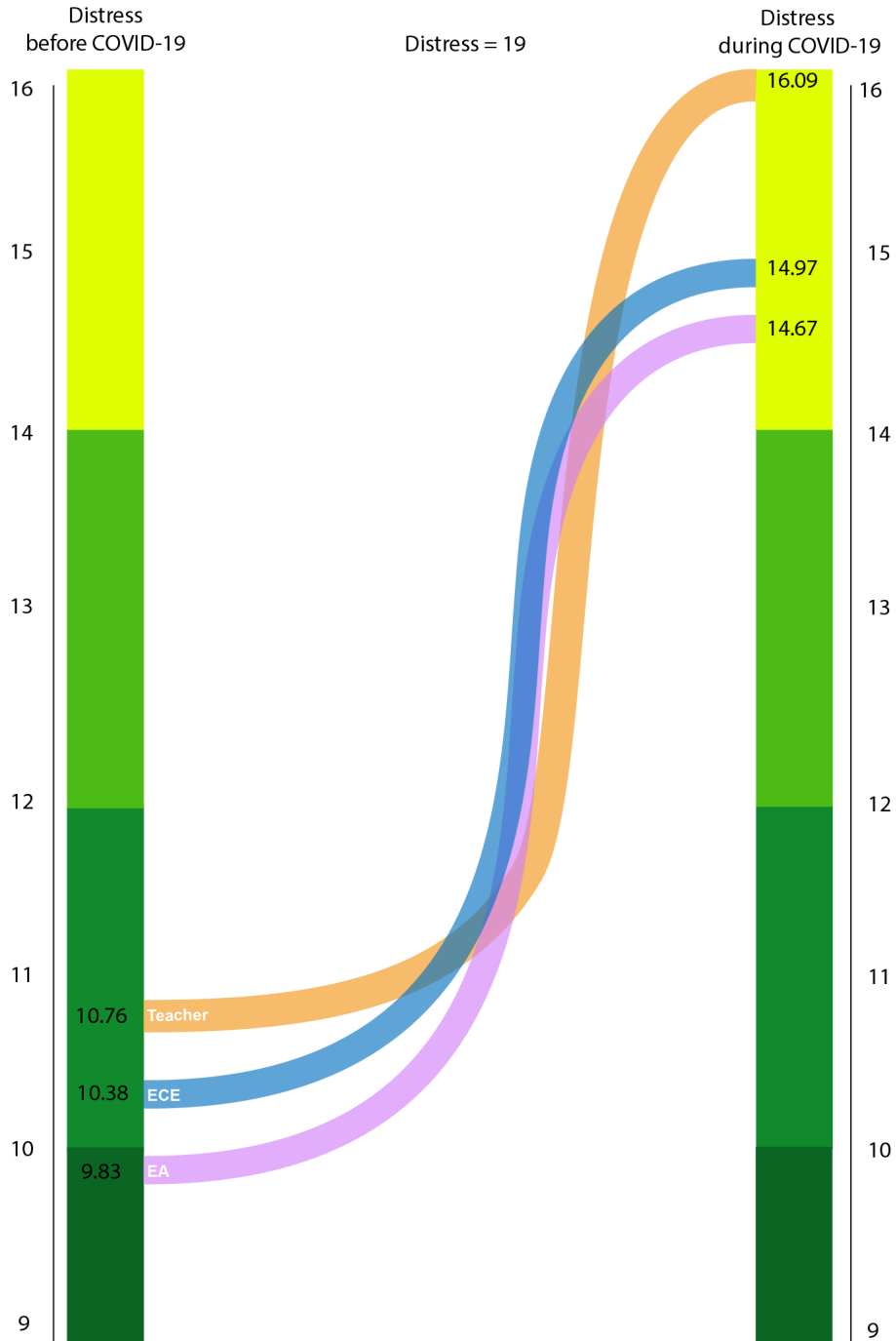


Figure 18. Psychological Distress Before and During the Pandemic, By Role Type

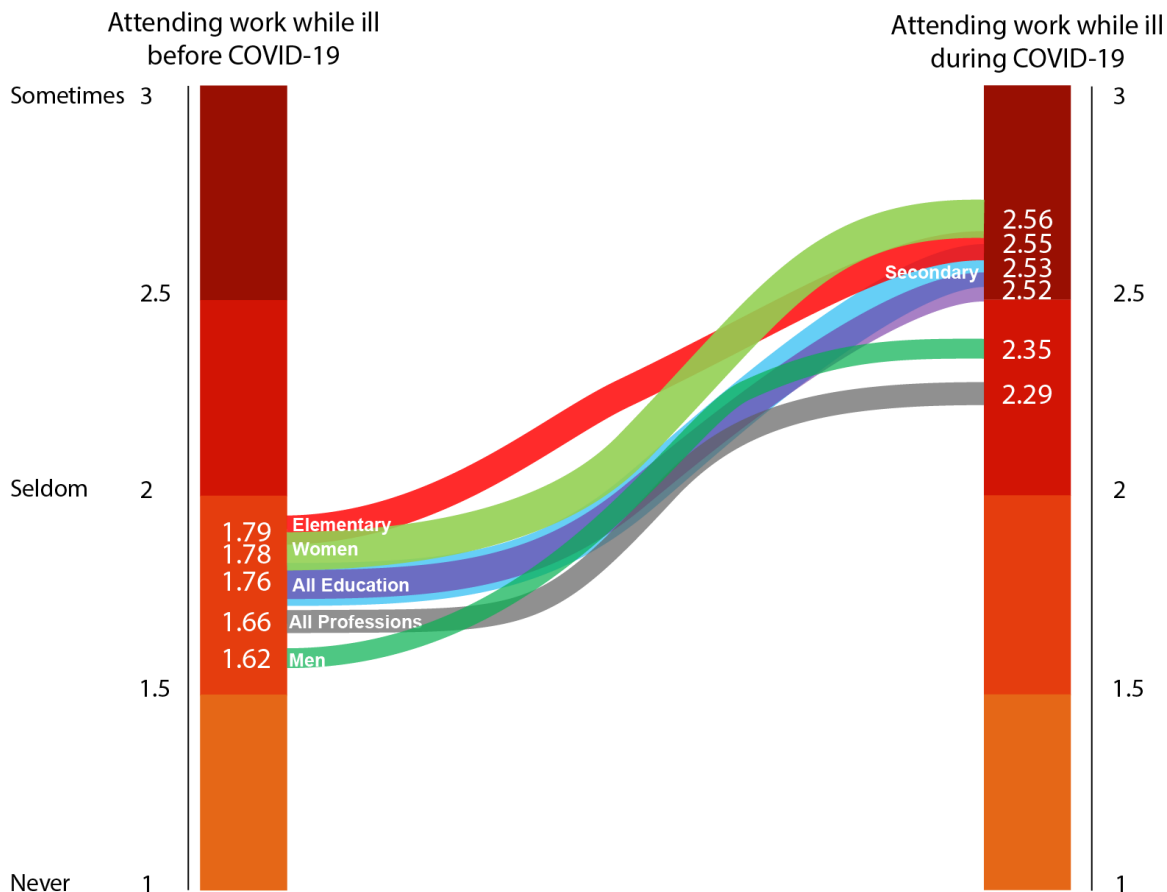


Presenteeism

Changes in reported levels of presenteeism are shown in Figure 19 for all education workers and by gender and panel. Education workers reported increased presenteeism, $\Delta M = 0.76$, $d = 0.71$, $t(993) = 22.41$, $p < .001$, 95% CI [0.70, 0.85]. This increase in presenteeism was similar for men, $\Delta M = 0.73$, $d = 0.68$, $t(166) = 8.85$, $p < .001$, 95% CI [0.57, 0.89] and for women, $\Delta M = 0.78$, $d = 0.73$, $t(812) = 20.67$, $p < .001$, 95% CI [0.70, 0.85], with a slightly larger effect size for women. Women reported higher presenteeism as compared to men both prior to the pandemic, $t(979) = -2.14$, $p = .03$, 95% CI [-0.32, -0.01], and during the pandemic, $t(980) = -2.36$, $p = .02$, 95% CI [-0.39, -0.04].

Reports of increased presenteeism were similar for elementary school workers, $\Delta M = 0.76$, $d = 0.68$, $t(539) = 15.93$, $p < .001$, 95% CI [0.67, 0.86], and secondary school workers, $\Delta M = 0.78$, $d = 0.74$, $t(334) = 13.52$, $p < .001$, 95% CI [0.66, 0.89]. There were no significant differences in reports of presenteeism between elementary and secondary school workers either before the pandemic, $t(874) = 0.46$, $p = .65$, 95% CI [-0.10, 0.15], or during the pandemic, $t(874) = 0.25$, $p = .80$, 95% CI [-0.13, 0.16].

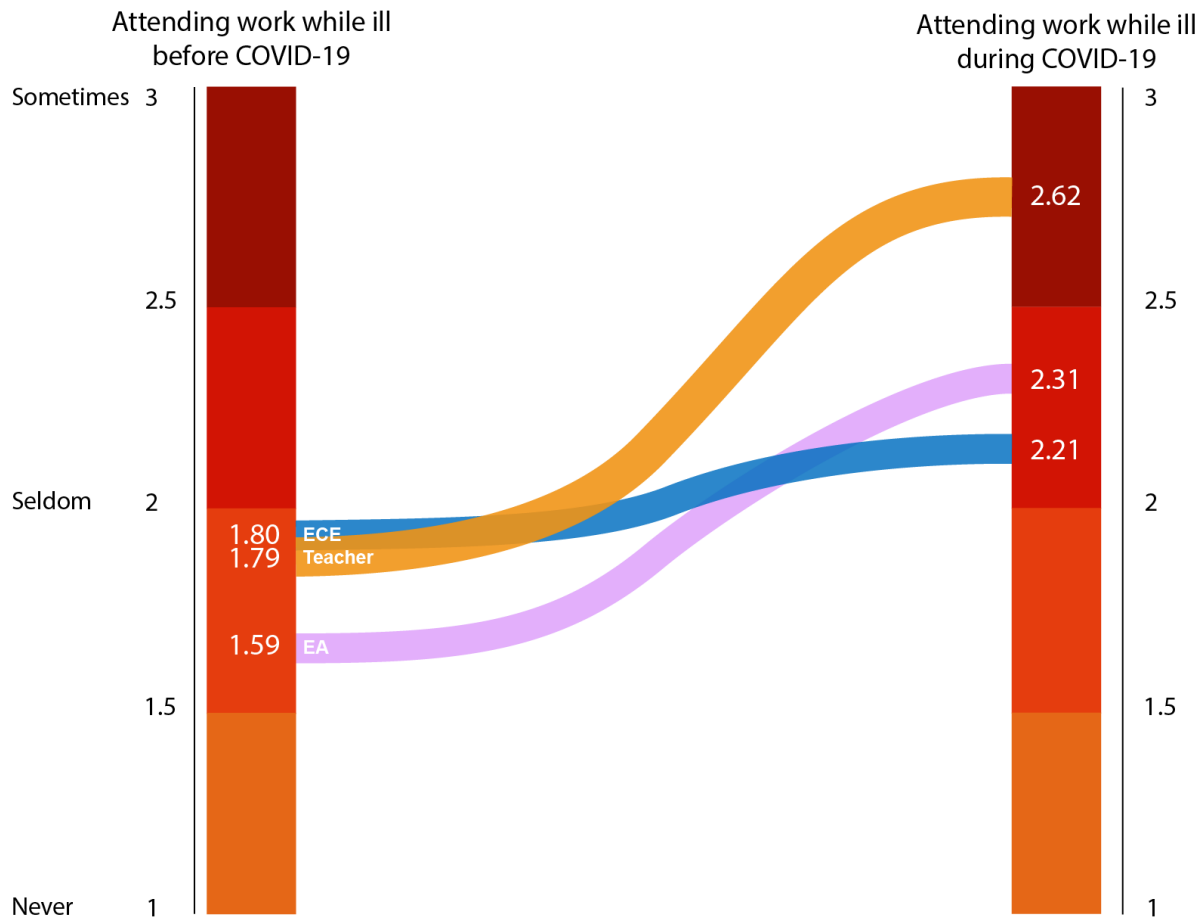
Figure 19. Presenteeism Before and During the Pandemic, By Gender and Panel



Presenteeism by role type is shown in Figure 20. Teachers reported the largest increase in presenteeism, $\Delta M = 0.83$, $d = 0.77$, $t(730) = 20.70$, $p < .001$, 95% CI [0.75, 0.91], followed by EAs, $\Delta M = 0.72$, $d = 0.69$, $t(57) = 5.20$, $p < .001$, 95% CI [0.44, 0.99], and ECEs, $\Delta M = 0.41$, $d = 0.38$, $t(60) = 2.99$, $p < .001$, 95% CI [0.14, 0.68]. There were no significant differences between teachers, EAs, and ECEs prior to the pandemic, $F(2, 849) = 1.23$, $p = .29$; however, presenteeism differed during the pandemic, $F(2, 849) = 6.17$, $p = .002$, with teachers reporting a higher mean level of presenteeism as compared to EAs and ECEs.

Presenteeism was measured using a single item asking participants how often they had worked when they really should not have because of the state of their mental health both prior to and during the COVID-19 pandemic. Responses were on a 4-point scale (1 = never, 2 = seldom, 3 = sometimes, 4 = often).

Figure 20. Presenteeism Before and During the Pandemic, By Role Type



Burnout

Based on responses to the single-item measure of burnout taken from the Physician Worklife Survey, rates of burnout also increased during the pandemic. Responses options for the single item included 1 (I enjoy my work, I have no symptoms of burnout), 2 (Occasionally I am under stress and I don't always have as much energy as I once did, but I don't feel burned out), 3 (I am definitely burning out and have one or more symptoms of burnout, such as physical and emotional exhaustion), 4 (The symptoms of burnout that I am experiencing won't go away. I think about frustration at work a lot), and 5 (I feel completely burned out and often wonder if I can go on. I am at a point where I may need some changes or might need to seek some sort of help).

Figure 21 shows scores for all education workers and by gender and panel type. Education workers reported increased burnout during the pandemic, $\Delta M = 0.86$, $d = 0.77$, $t(988) = 24.21$, $p < .001$, 95% CI [0.79, 0.93]. Effect sizes were larger for men, $\Delta M = 0.81$, $d = 0.85$, $t(164) = 11.01$, $p < .001$, 95% CI [0.67, 0.96], than for women, $\Delta M = 0.87$, $d = 0.76$, $t(810) = 21.63$, $p < .001$, 95% CI [0.79, 0.95]. Women reported higher burnout as compared to men both prior to the pandemic, $t(976) = -2.57$, $p = .01$, 95% CI [-0.35, -0.05], and during the pandemic, $t(978) = -3.08$, $p = .002$, 95% CI [-0.45, -0.10].

Reports of increased burnout were lower for elementary school workers, $\Delta M = 0.84$, $d = 0.72$, $t(537) = 16.82$, $p < .001$, 95% CI [0.75, 0.94], than for secondary school workers, $\Delta M = 0.90$, $d = 0.83$, $t(331) = 15.13$, $p < .001$, 95% CI [0.78, 1.01]. There were no significant differences in reports of burnout between elementary and secondary school workers either before the pandemic, $t(871) = 0.15$, $p = .88$, 95% CI [-0.12, 0.14], or during the pandemic, $t(871) = -0.74$, $p = .46$, 95% CI [-0.20, 0.09].

Reported burnout by role type is shown in

Figure 22. Teachers reported the largest increase in ratings of burnout, $\Delta M = 0.92$, $d = 0.82$, $t(729) = 22.22$, $p < .001$, 95% CI [0.84, 1.00], followed by ECEs, $\Delta M = 0.77$, $d = 0.64$, $t(60) = 5.00$, $p < .001$, 95% CI [0.46, 1.08], and EAs, $\Delta M = 0.70$, $d = 0.57$, $t(56) = 4.33$, $p < .001$, 95% CI [0.38, 1.03]. There were no significant differences between teachers, EAs, and ECEs prior to the pandemic, $F(2, 846) = 1.63$, $p = .20$; however, burnout differed during the pandemic, $F(2, 848) = 6.56$, $p = .002$, with teachers reporting higher mean levels of burnout as compared to EAs and ECEs.

Figure 21. Burnout Before and During the Pandemic, By Gender and Panel

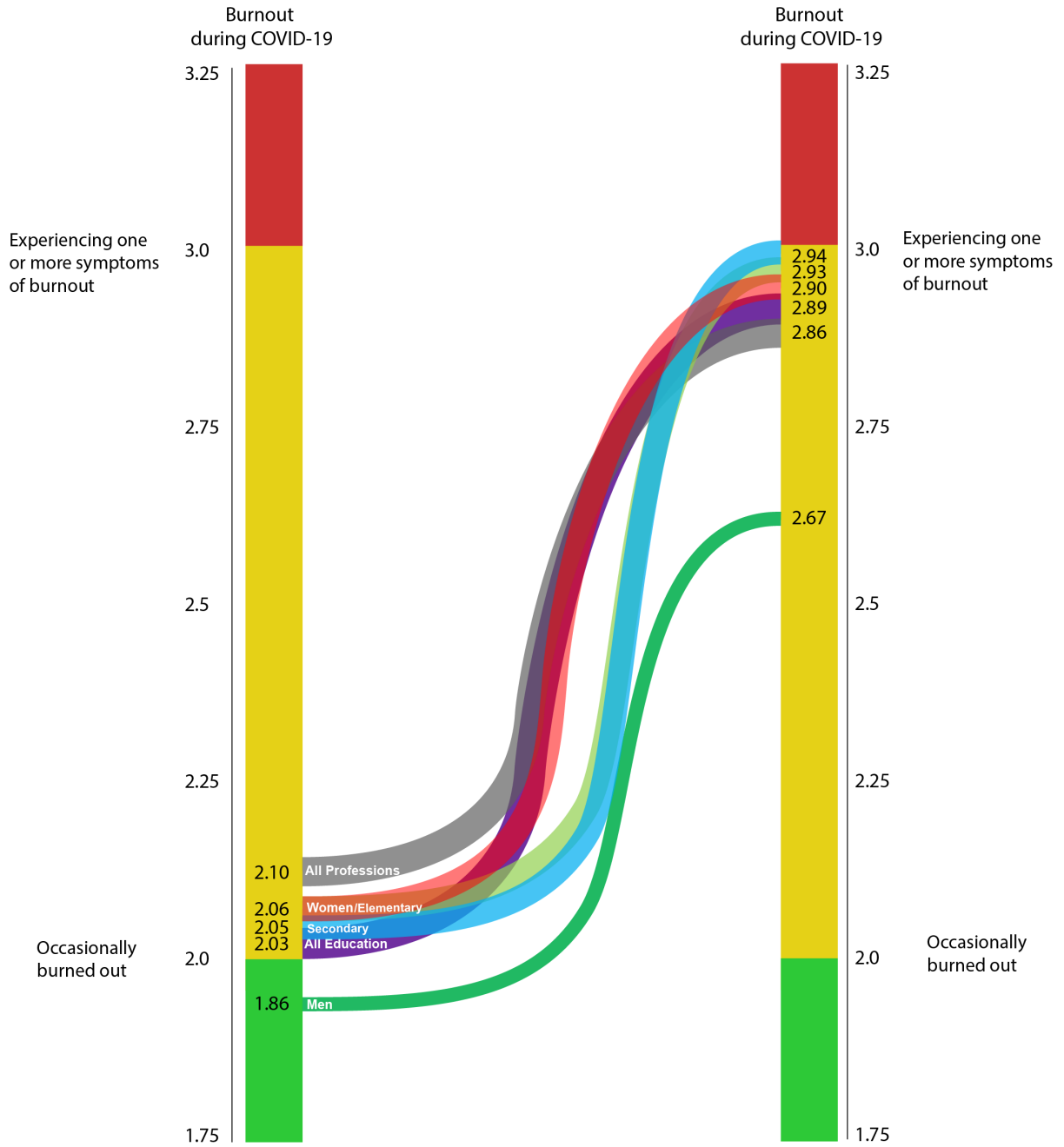
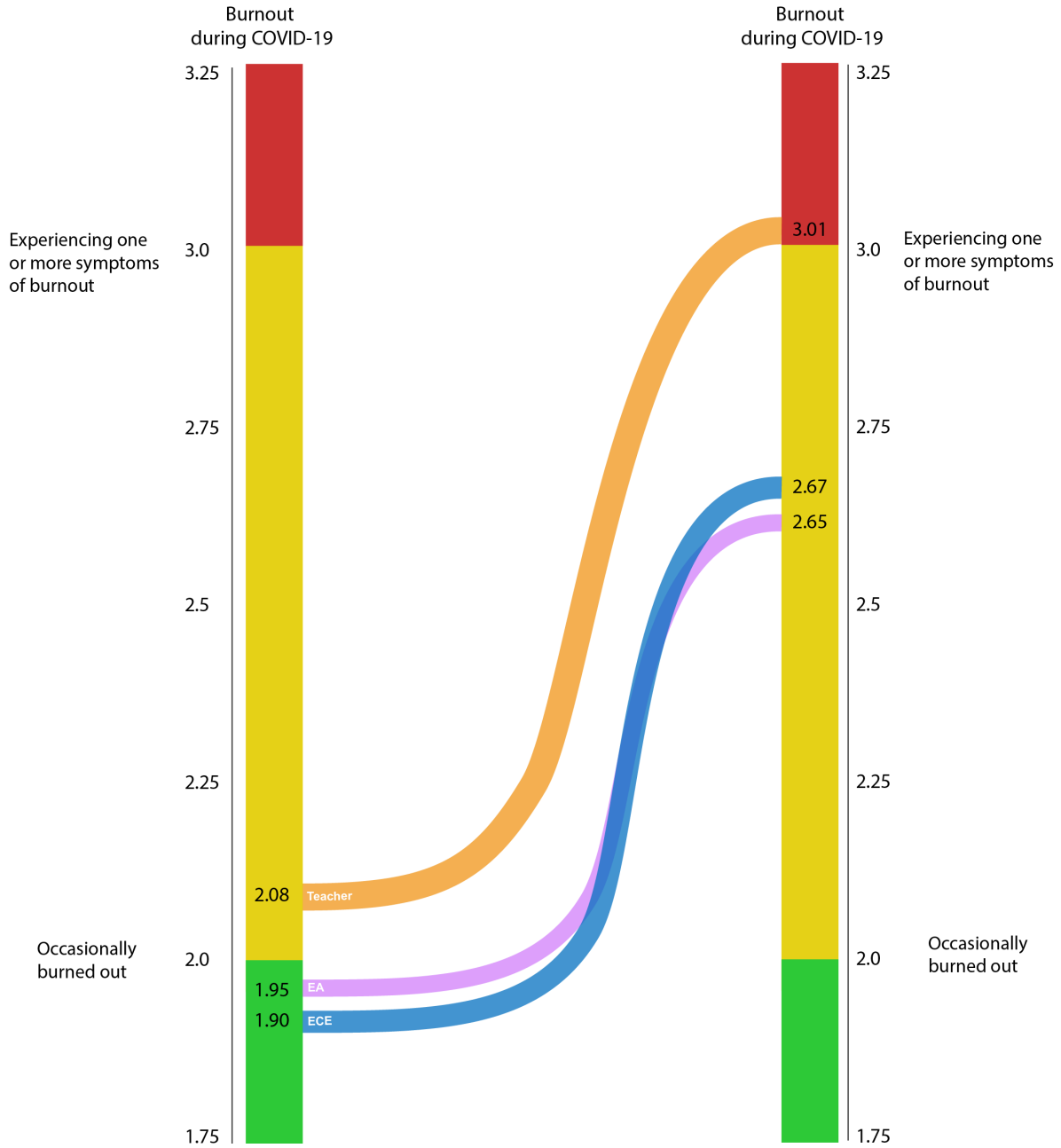


Figure 22. Burnout Before and During the Pandemic, By Role Type



Summary and Next Steps

The survey findings we have presented offer an informative view of issues facing education workers with mental health challenges, but we have yet to tap into the rich dataset provided by the in-depth interviews with stakeholders and education workers. We plan to combine these initial survey analyses with qualitative analyses of these in-depth interviews to form the basis of a program of research aimed at developing interventions specific to the education work context. In addition, each case study team is undertaking case specific analyses, which will be forthcoming in the following months, that can be used to increase our understanding of how best to support education workers.

Pathway from Mental Health to Leaves of Absence and Return to Work:

The majority of all education workers surveyed (59%) reported experiencing a mental health issue over the course of their career or training:

- ✓ More women (61% of women) than men (48% of men) reported experiencing a mental health issue.
- ✓ More secondary education workers (65%) than elementary education workers (55%) reported experiencing a mental health issue.
- ✓ Fewer ECEs (42% of ECEs) reported experiencing a mental health issue as compared to teachers (63% of teachers) and EAs (64% of EAs).

For the 603 education workers who did report having a mental health issue:

- ✓ 61% made changes to their work.
- ✓ 68% considered taking a formal leave of absence from work.
- ✓ 39% actually took a formal leave of absence from work.
- ✓ 79% who took a formal leave of absence returned to the same work as prior to their leave.

What types of changes did education workers report making?

- ✓ Retreating from work by taking sick days or vacation was the most frequently chosen response (46% of education workers).
- ✓ Women (38%) tended to seek out social support at work more than men (29%).
- ✓ Men (34%) tended to seek out workplace mental health promotion programs or services more than women (27%).
- ✓ Only a small percentage (13%) of education workers sought formal accommodations from their employer.

What were the top reasons for NOT taking a leave of absence?

- ✓ 58% – Believed their mental health issue was severe enough
- ✓ 45% – Impact of leave on students

- ✓ 44% – Financial Reasons

What were the top facilitators of and barriers to taking a leave of absence?

- ✓ Having a supportive partner and family (61%) and having financial coverage while on leave (55%).
- ✓ Concern for impact on students (53%) was by far the most frequently reported barrier to taking a leave of absence.

What were the top facilitators of and barriers to returning to work?

- ✓ Having supportive colleagues (41%) was the top facilitator.
- ✓ Having a supportive supervisor was important – 22% indicated having a *supportive* supervisor was a facilitator and 25% indicated having an *unsupportive* supervisor was a barrier to returning to work.

Impact of the COVID-19 Pandemic on the Mental Health of Education Workers:

Mental health declined and psychological distress, presenteeism, and burnout significantly increased during the pandemic for all sub-groups of education workers.

The average score for mental health ranged from 3 (good) and 4 (very good) for all sub-groups of education workers on a scale from 1 (poor) to 5 (excellent) for the 4 weeks prior to the pandemic. During the pandemic, all sub-groups declined to range between 2 (fair) and 3 (good).

- ✓ Differences in reported mental health for the 4 weeks prior to the start of the pandemic did not differ significantly between men and women; however, during the pandemic, women reported significantly worse mental health compared to men.
- ✓ There were no significant differences reported between elementary and secondary education workers either before or during the pandemic.
- ✓ Teachers reported the largest decline in mental health as compared to ECEs and EAs.

Effect sizes for increases in psychological distress were large.

- ✓ Prior to the pandemic, differences between men and women did not differ significantly; however, during the pandemic women reported significantly higher distress.
- ✓ There were no significant differences reported between elementary and secondary education workers either before or during the pandemic.
- ✓ Prior to the pandemic, differences between teachers, ECEs, and EAs were not significant; however, during the pandemic teachers reported higher psychological distress.

The pandemic increased how often education workers worked while ill (i.e., increased presenteeism).

- ✓ Increases in presenteeism were similar for men and women; however, women reported higher presenteeism both prior to and during the pandemic.

- ✓ Increases in presenteeism were also similar for elementary and secondary education workers. There were no differences in reported levels of presenteeism between elementary and secondary education workers either before or during the pandemic.
- ✓ Teachers reported the largest increase in presenteeism as compared to ECEs and EAs.

Average scores of burnout increased from close to 2 (*occasionally I am under stress and I don't always have as much energy as I once did, but I don't feel burned out*) up to 3 (*I am definitely burning out and have one or more symptoms of burnout, such as physical and emotional exhaustion*) on a 5-point scale from 1 to 5.

- ✓ Education workers reported increased burnout with effect sizes larger for men compared to women.
- ✓ Women reported higher average levels of burnout as compared to men both prior to and during the pandemic.
- ✓ Effect sizes for increases in burnout were lower for elementary school workers compared to secondary school workers.
- ✓ Teachers reported the largest increase in average levels of burnout.

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Appendix – Data Tables

Table 1. Data for Pathway Diagram

	Reported MH Issue	Made Changes to work	Considered taking a LOA	Took a LOA	Returned to work
All Education	603 (59%)	368 (61%)	412 (68%)	238 (39%)	189 (79%)
Gender					
Man	83 (48%)	53 (64%)	60 (72%)	33 (40%)	23 (70%)
Woman	508 (61%)	307 (61%)	346 (68%)	202 (40%)	165 (82%)
Teaching Panel					
Elementary	299 (55%)	193 (65%)	203 (68%)	127 (42%)	102 (80%)
Secondary	217 (65%)	124 (57%)	160 (74%)	81 (37%)	65 (80%)
Education Role					
Teacher	461 (63%)	283 (61%)	325 (70%)	184 (40%)	147 (80%)
EA	38 (64%)	18 (47%)	24 (63%)	11 (29%)	9 (82%)
ECE	26 (42%)	14 (54%)	15 (58%)	7 (27%)	6 (86%)

Table 2. Mental Health of Education Workers

	Prior to COVID			During COVID			ΔM	N	t	df	d	95% CI	
	N	M	SD	N	M	SD						LL	UL
All Education Workers	995	3.54	0.96	997	2.52	1.05	-1.02	995	-29.50	994	-0.94	-1.08	-0.95
Gender													
Man	167	3.63	0.95	167	2.71	1.10	-0.92	167	-10.46	166	-0.81	-1.09	-0.74
Woman	814	3.52	0.96	816	2.49	1.03	-1.03	814	-27.30	813	-0.95	-1.10	-0.96
		$t(979) = 1.34, p = .18$ 95% CI [-0.05, 0.27]			$t(981) = 2.49, p = .01$ 95% CI [0.05, 0.39]								
Teaching Panel													
Elementary	541	3.54	0.97	542	2.50	1.03	-1.04	541	-21.78	540	-0.94	-1.13	-0.95
Secondary	335	3.49	0.98	335	2.49	1.05	-1.00	335	-17.48	334	-0.95	-1.11	-0.89
		$t(874) = 0.79, p = .43$ 95% CI [-0.08, 0.19]			$t(875) = 0.27, p = .78$ 95% CI [-0.12, 0.16]								
Role Type													
Teacher	731	3.51	0.98	732	2.42	1.03	-1.09	731	-26.59	730	-0.98	-1.17	-1.01
EA	59	3.36	0.89	59	2.53	0.97	-0.83	59	-5.88	58	-0.76	-1.11	-0.55
ECE	62	3.66	1.02	62	2.81	1.11	-0.85	62	-6.21	61	-0.79	-1.13	-0.58

$$F(2, 849) = 1.47, p = .23 \quad F(2, 850) = 4.07, p = .02$$

Notes. All results for paired-samples *t*-tests were significant at $p < .001$.

Table 3. Psychological Distress of Education Workers

	Prior to COVID			During COVID			ΔM	N	t	df	d	95% CI		
	N	M	SD	N	M	SD						LL	UL	
All Education Workers	987	10.65	4.11	985	15.73	4.55	5.08	981	36.78	980	1.17	4.81	5.35	
Gender														
Man	167	10.12	3.77	166	14.31	4.35	4.19	166	13.01	165	1.01	3.55	4.82	
Woman	808	10.74	4.15	807	15.99	4.55	5.25	803	34.30	802	1.21	4.95	5.55	
		$t(973) = -1.79, p = .07$			$t(971) = -4.31, p < .001$									
		95% CI [-1.30, 0.06]			95% CI [-2.41, -0.91]									
Teaching Panel														
Elementary	537	10.69	4.16	537	15.91	4.48	5.22	537	27.38	533	1.18	4.85	5.60	
Secondary	332	10.63	3.92	329	15.70	4.62	5.07	329	21.92	328	1.21	4.61	5.52	
		$t(867) = 0.13, p = .91$			$t(864) = 0.62, p = .53$									
		95% CI [-0.52, 0.59]			95% CI [-0.43, 0.82]									
Role Type														
Teacher	728	10.76	4.10	726	16.09	4.47	5.34	725	33.04	724	1.23	5.02	5.65	
EA	58	9.83	3.43	59	14.67	4.67	4.84	58	7.35	57	0.96	3.52	6.17	
ECE	61	10.38	5.15	61	14.97	5.27	4.59	61	8.39	60	1.07	3.50	5.69	
		$F(2,844) = 1.51, p = .22$			$F(2,843) = 3.99, p = .02$									

Notes. All results for paired-samples t -tests were significant at $p < .001$.

Table 4. Presenteeism (How often worked while ill) of Education Workers

	Prior to COVID			During COVID			ΔM	N	t	df	d	95% CI		
	N	M	SD	N	M	SD						LL	UL	
All Education Workers	995	1.76	0.92	996	2.52	1.06	0.76	994	22.41	993	0.71	0.70	0.85	
Gender														
Man	167	1.62	0.83	167	2.35	1.10	0.73	167	8.85	166	0.68	0.57	0.89	
Woman	814	1.78	0.93	815	2.56	1.05	0.78	813	20.67	812	0.73	0.70	0.85	
		$t(979) = -2.14, p = .03$			$t(980) = -2.36, p = .02$									
		95% CI [-0.32,-0.01]			95% CI [-0.39,-0.04]									
Teaching Panel														
Elementary	541	1.79	0.92	541	2.55	1.05	0.76	540	15.93	539	0.68	0.67	0.86	
Secondary	335	1.76	0.92	335	2.53	1.07	0.78	335	13.52	334	0.74	0.66	0.89	
		$t(874) = 0.46, p = .65$			$t(874) = 0.25, p = .80$									
		95% CI [-0.10,0.15]			95% CI [-0.13,0.16]									
Role Type														
Teacher	731	1.79	0.92	732	2.62	1.06	0.83	731	20.70	730	0.77	0.75	0.91	
EA	59	1.59	0.93	59	2.31	1.02	0.72	58	5.20	57	0.69	0.44	0.99	
ECE	62	1.80	1.03	61	2.21	1.03	0.41	61	2.99	60	0.38	0.14	0.68	
		$F(2, 849) = 1.23, p = .29$			$F(2, 849) = 6.17, p = .002$									

Notes. All results for paired-samples t -tests were significant at $p < .001$.

Table 5. Burnout of Education Workers

	Prior to COVID			During COVID			ΔM	<i>N</i>	<i>t</i>	<i>df</i>	<i>d</i>	95% CI		
	<i>N</i>	<i>M</i>	<i>SD</i>	<i>N</i>	<i>M</i>	<i>SD</i>						<i>LL</i>	<i>UL</i>	
All Education Workers	992	2.03	0.91	993	2.89	1.06	0.86	989	24.21	988	0.77	0.79	0.93	
Gender														
Man	165	1.86	0.74	167	2.67	0.98	0.81	165	11.01	164	0.85	0.67	0.96	
Woman	813	2.06	0.93	813	2.93	1.07	0.87	811	21.63	810	0.76	0.79	0.95	
	$t(976) = -2.57, p = .01$			$t(978) = -3.08, p = .002$										
	95% CI [-0.35,-0.05]			95% CI [-0.45,-0.10]										
Teaching Panel														
Elementary	539	2.06	0.94	540	2.90	1.04	0.84	538	16.82	537	0.72	0.75	0.94	
Secondary	334	2.05	0.88	333	2.94	1.08	0.90	332	15.13	331	0.83	0.78	1.01	
	$t(871) = 0.15, p = .88$			$t(871) = -0.74, p = .46$										
	95% CI [-0.12,0.14]			95% CI [-0.20,0.09]										
Role Type														
Teacher	731	2.08	0.91	731	3.01	1.06	0.92	730	22.22	729	0.82	0.84	1.00	
EA	57	1.95	0.95	59	2.65	0.94	0.70	57	4.33	56	0.57	0.38	1.03	
ECE	61	1.90	1.00	61	2.67	1.04	0.77	61	5.00	60	0.64	0.46	1.08	
	$F(2, 846) = 1.63, p = .20$			$F(2, 848) = 6.56, p = .002$										

Notes. All results for paired-samples *t*-tests were significant at $p < .001$.