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Coping is Crucial: Exploring Relations between K-12 Educators and Staff Coping Strategies, Perceived Stress and Psychological Wellbeing

Michael Savage[1] **and Vera Woloshyn**

Brock University, Ontario, Canada

This causal comparative study explored K-12 educators' and school staff's self-reported levels of well-being, perceived stress, and use of coping strategies. An online survey was administered to 686 educators consisting of teachers, school administrators, professional support staff, administrative support staff and other school staff in a medium-sized schoolboard in Southern Ontario, Canada. The results show that educators reported overall low scores of wellbeing and higher levels of perceived stress as compared to the general population. Female educators reported significantly higher perceived stress than their male colleagues. A *k-means* cluster analysis of the educators' coping strategies identified four unique clusters which were significantly different from each other. It was shown that participants in two of the clusters, consisting of approximately 32% of the participants in this study, used maladaptive coping strategies more frequent and that the participants in these two clusters exhibited significantly poorer wellbeing and significantly more perceived stress than their colleagues in the other two clusters. The limitations and practical implications of this study are discussed.

Keywords: coping, well-being, perceived stress, teachers, school staff

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Introduction

The teaching profession is recognized as stressful, emotionally intense and often associated with a compromised sense of wellbeing (Prilleltensky et al., 2016). For instance, over 90% of primary-grade teachers reported high levels of stress and above average physical and mental health problems (Herman et al., 2018).

[1] Corresponding author. Email address: msavage@brocku.ca

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Teachers are at high risk for poor wellbeing and mental health disorders including depression and anxiety (Kidger et al., 2016). Teachers' elevated stress experiences and poor wellbeing are associated with decreased productivity, compromised performance, low job satisfaction and contribute to high levels of professional turnover and attrition (Herman et al., 2018). While specific statistics vary across regions, studies suggest that as many as 30% to 50% of teachers leave the profession within the first five years of teaching (Herman et al., 2018; Prilleltensky et al., 2016). This has been compounded by the global Covid-19 pandemic (Chan et al., 2021).

Educator stress and distress experiences are often exacerbated by the complex and competing demands associated with managing students, parents/caregivers, colleagues and administrators (Herman et al., 2020). For instance, educators report stressors related to negative interactions with colleagues and ongoing evaluation by administrators (Danby & Hamilton, 2016; Reinke et al., 2011). They also report stressors related to supporting student academic learning and wellbeing (Buric et al., 2019; Reupert, 2020; Woodcock & Reupert, 2016). For instance, teachers report stressors related to differentiating classroom instruction and assessment, sustaining student motivation, maintaining classroom discipline, and communicating effectively with parents/caregivers (Herman & Reinke, 2015). Teachers also report feeling inadequately prepared to support students with psycho-social-emotional development and report limited access to relevant professional resources and services, (Soares et al., 2014; Woodcock & Reupert, 2016). These concerns are echoed by other professionals who work in schools (hereafter collectively referred to as educators) including administrative assistants, youth and social workers, educational assistants and school nurses (Al-Yateem et al., 2018; Berger et al., 2014; Frauenholtz et al., 2015). Additionally, recent policy reforms in many countries have intensified teachers' workload leading to extended working hours and increased experiences of perceived stress.

While supporting student learning and social-emotional wellbeing is a major contributor to educators' stress experiences, educators' subjective experiences of wellbeing and social-emotional competence are also predictive of students' wellbeing and learning experiences (Klusmann et al., 2016; Roffey, 2012; Reupert, 2020; Sisask et al., 2013). For instance, teachers' subjective experiences of psychological wellbeing is predictive of their confidence and ability to help students with mental health challenges (Sisask et al., 2013). Teacher subjective wellbeing is also an important predictor for positive teacher-student relationships and student learning (Kidger et al., 2012; Klusmann et al., 2016). Contrarily, educator stress, fatigue, and low mood are negatively associated with student school grades, standardized achievement scores, school satisfaction, and perceptions of teacher support and care (Arens & Morin, 2016; Ramberg et al., 2019). It follows then that educators are unlikely to promote and sustain the mental health and wellbeing of others if they do not possess adequate coping strategies and skills required for sustaining a sense of wellbeing (Kidger et al., 2012). In this way, educator and student wellbeing are intricately related, with educator wellbeing impacting student wellbeing and vice versa (Reupert, 2020).

Theoretical Framework

According to the transactional stress and coping model, stress is a relational experience between individuals and their environments. Within this framework, stress is reflective of individuals' perceptions of external and/or internal demands in relation to their perceptions of personal and social support and resources (Lazarus, 1991; Lazarus & Folkman, 1984). Coping refers to individuals' intentional use of coping resources and strategies in order to manage perceived stress and resulting negative emotions (Lazarus, 2000). While coping resources reflect stable attributes of individuals and their social structures and environments, coping strategies are dynamic and reflect individuals' ongoing efforts to manage situations in which external and/or internal demands are appraised as exceeding coping resources (Lazarus & Folkman, 1984).

Coping strategies include diverse sets of behaviours and cognitions including confronting, distancing, self-controlling, social-support seeking, accepting responsibility, escape-avoidance, planful problem-solving, and positive reappraisal. These strategies can be broadly conceptualized as problem-focused, emotion-focused, or maladaptive (Folkman et al, 1986). Individuals who adopt problem-focused coping strategies directly attempt to alter the source of their stress. Problem-solving behaviours may include attempting to remove the stressor, planning to remove the stressor as part of secondary appraisals, eliminating or suppressing competing activities in order to manage the stressor, restraining or delaying action until an appropriate time, or seeking out others who may provide advice, assistance, or information. Emotion-focused coping strategies are two-fold and may focus on venting of feelings or seeking out others in order to gain moral support, sympathy, or understanding. In reality, use of problem-focused and emotion-focused strategies may co-occur. Maladaptive coping styles typically invovle avoidance behaviour or denial (Carver, Scheier & Weintraub, 1989).

When individuals experience stressful situations, they evaluate the demands of the situation and the available coping resources (Lazarus & Folkman, 1984; Krohne, 2002). As part of primary cognitive appraisal processes, individuals evaluate situations in context of impact on their wellbeing including assessments of harm (psychological damage or loss), threat (anticipation of imminent psychological damage or loss), and challenge (confidence in mastering perceived demands). Each assessment is associated with either negative emotional reactions such as anxiety, fear, anger, shame or positive emotional reactions such as happiness, relief, love, and pride (Lazarus, 1991). When situations and/or events are perceived to be threatening or challenging, individuals engage in secondary appraisals that involve the evaluation of available coping resources as well as the subsequent selection of coping strategies. The process of using selected coping strategies may promote individual change or modify the situation. The outcomes of such experiences, including any resulting changes to individuals' perception of stress and/or coping capacity, in turn, guide and effect subsequent reappraisals (i.e., no longer stressful/manageable, ongoing stress/unmanageable). In this way, the process is transactional with individuals' use of coping resources, cognitive reappraisals, and coping strategies shaping their future assessment, prediction, and navigation of stress experiences (Lazarus, 2000).

The Current Study

The purpose of this causal-comparative study was to explore educator and staff (collectively referred to as educators) self-reported levels of wellbeing and stress as well as use of coping strategies. Within-group and between-group differences were examined as a function of educator role, gender and experience. The following research questions guided this study:

1. What are educators self-reported levels of wellbeing and stress?
2. What are educators self-reported coping styles?
3. Do educators self-reported levels of wellbeing, stress and coping strategies differ as a function of gender, experience, or educator group (teacher, administrator, professional support staff, paraprofessional)?

Method

Causal comparative design is well suited for research studies that are intended to explore differences between or within groups that do not include an intervention (Fulmer, 2018). Within this study, use of causal comparative design allowed for the exploration of relationships among educators' self-reported levels of wellbeing, perceived stress and coping strategies while simultaneously exploring whether these experiences differ across educator groups. The findings of this study thus provide a more holistic and nuanced understanding of educator beliefs and experiences as related to wellbeing, stress and coping.

Online Survey

The online survey consisted of 56 questions made up of three demographic questions (gender, years of experience, educator role) and three self-report, Likert scale, standardized instruments. *The Perceived Stress Scale 10 (PSS)* (Cohen et al., 1983) consists of 10-items assessing individuals' perceived stress levels, sense of control, and event predictability over the last month. Total scores are normed for sex and age, and reflect one of four stress levels (i.e., relatively stress free, low stress, medium stress, high stress). *The WHO-5* (WHO, 1998) is a 5-item measure used to assess psychological wellbeing over the past two weeks. *The Brief Coping Orientation to Problems Experienced* (Brief COPE; Carver, 1997) is a 28-item measure of dispositional and situational coping styles (Monzani et al., 2015). Items represent 14 coping scales including: self-distraction, active coping, denial, substance use, emotional support, instrumental support, behaviour disengagement, venting, positive reframing, planning, humour, acceptance, religion and self-blame. Acceptance, emotional support, humor, positive reframing, and religion are considered to be emotion focused strategies, while active coping, instrumental support, and planning are considered to be problem-focused strategies. Behavioral disengagement, denial, self-distraction, self-blaming, substance use and venting are considered as maladaptive coping strategies or avoidant strategies (Carver, 1997; Eisenberg et al., 2012).

All instruments demonstrated sound psychometric properties and have been used with diverse populations of adults, often including educators (Cohen, 2012; Topp et al., 2015).

Participants

All educators within a participating medium-sized school board in Southern Ontario, Canada were provided with an email invitation to participate in the research study described here. As part of this invitation, participants were provided with a link for the online survey. Data collection for this study occurred before the COVID-19 global pandemic.

A total of 806 educators participated in some portion of this study. In order to increase the integrity of the study findings, only data from respondents who completed 95% or more of the online survey used for data collection were included here. Thus, participants consisted of 686, K-12 educators (i.e., teachers, administrators, professional support staff, administrative support staff, other school staff) from a large school board located in Southern Ontario.

The majority of participants who completed the online survey self-identified as female (76%). Just under a quarter self-identifying as male (22%), with the remaining participants indicating that they did not wish to identify their gender (2%). Almost three-quarters of the participants were teachers (73%), with the remaining participants being administrators (5%), professional support staff (16%), or other staff (7%). Participants varied in their years of experience in their current position with 7.3% of participants reporting being in their current positions between 0-5 years, 13.1% reported being in their current positions 6-10 years, 27.6% of participants being in their current positions 11-15 years, 28.8% reported being in their current positions 16-20 years and 23.2% reported being in their current positions for more than 20 years.

Data Analysis

In order to uphold the reliability and validity of the standardized instruments used here, only responses from participants who answered entire subscales of the online survey were included in data analyses. K-means cluster analysis was used to identify coping strategy groupings, and ANOVAs used to assess differences between and within educator groups. Tukey's HSD and Dunnet's C tests were used to determine post-hoc differences.

Results

Descriptive statistics for participant scale/subscale scores are presented in Table I. As no statistical differences emerged as a function of years of experience, these data are not presented here.

Wellbeing

Participants in this study reported overall low scores of wellbeing on the WHO-5, with a mean score of 13.7 (SD = 5.2). Over one-third (39%) of the participants reported experiencing poor wellbeing as indicated by an overall score of less than 13 on the measure. There were no significant differences in subjective reports of wellbeing between gender or educator groups, although teachers and professional school support staff reported

descriptively lower states of wellbeing compared to school administrators, administrative support staff and other school staff.

Table I. Descriptive Statistics for Participants' Scale Scores (n = 686)

Variable	*M*	*SD*	Range	Skew
WHO-5 Total Score	13.7	5.2	1-25	-.327
PSS Total Score	21.7	2.9	10-31	.044
COPE Self-Distraction	5.0	1.6	2-8	-.003
COPE Active Coping	5.6	1.6	2-8	-.191
COPE Denial	2.7	1.2	2-8	1.781
COPE Substance Use	2.7	1.4	2-8	2.095
COPE Emotional Support	5.2	1.8	2-8	-.081
COPE Instrumental Support	4.9	1.7	2-8	.142
COPE Behavioural Disengagement	2.9	1.2	2-8	1.401
COPE Venting	4.7	1.6	2-8	.273
COPE Positive Reframing	5.5	1.6	2-8	-.183
COPE Planning	5.6	1.6	2-8	-.264
COPE Humour	3.9	1.8	2-8	.618
COPE Acceptance	5.6	1.6	2-8	-.257
COPE Religion	4.9	1.9	2-8	.115
COPE Self-Blame	4.0	1.7	2-8	.572

Perceived Stress

Participants across all educator groups reported high levels of perceived stress (M = 21.7, SD = 2.9). Participant reports of perceived stress differed significantly as a function of gender, $F(1, 686) = 11.1$, $p < .001$), with females reporting greater levels of perceived stress than males. There were no significant differences in reported stress experiences across educator groups. Collectively these findings suggest that all individuals working in schools experience significant stress regardless of their position, with this being especially true for female educators.

Coping Clusters

A k-means cluster analysis based on participants' scores on the Brief COPE scales was conducted to explore possible groupings of coping strategies. Data from 630 participants who completed all items on the Brief COPE were included in this analysis. As the highest correlation between the measures used in the cluster analysis

was r = .654 multicollinearity was not a concern. Four distinct clusters or groups emerged (Table II) including: Cluster 1, high active coping/low maladaptive coping (HALM); Cluster 2, moderate active coping/low maladaptive coping (MALM); Cluster 3, moderate active coping/high maladaptive coping (MAHM); and, Cluster 4, high active coping/high maladaptive coping (HAHM).

Table II. Descriptive Statistics for k-Means Clusters' Scale Scores (n = 630)

	k-Means Cluster Mean (SD)			
Variable	*1*	*2*	3	4
WHO-5 Total Score	15.5 (4.5)	15.1 (5.0)	10.4 (4.7)	10.9 (5.5)
PSS Total Score	21.6 (2.9)	20.5 (3.0)	22.4 (2.7)	23.3 (2.8)
COPE Self-Distraction	5.5 (1.5)	3.8 (1.2)	5.6 (1.4)	5.7 (1.3)
COPE Active Coping	6.8 (1.1)	4.7 (1.4)	4.8 (1.3)	5.8 (1.3)
COPE Denial	2.5 (0.9)	2.3 (0.7)	3.1 (1.3)	4.1 (1.7)
COPE Substance Use	2.3 (0.8)	2.3 (0.9)	2.7 (1.1)	5.8 (1.7)
COPE Emotional Support	6.5 (1.3)	4.2 (1.3)	4.2 (1.5)	5.8 (1.6)
COPE Instrumental Support	6.0 (1.6)	3.9 (1.3)	4.1 (1.3)	5.7 (1.6)
COPE Behavioural Disengagement	2.5 (0.8)	2.4 (0.8)	3.4 (1.2)	4.4 (1.6)
COPE Venting	5.2 (1.4)	3.6 (1.3)	4.6 (1.2)	6.1 (1.4)
COPE Positive Reframing	6.7 (1.2)	4.7 (1.5)	4.7 (1.3)	5.1 (1.6)
COPE Planning	6.6 (1.3)	4.5 (1.4)	5.3 (1.4)	5.9 (1.4)
COPE Humour	4.3 (1.9)	3.3 (1.4)	3.7 (1.6)	5.1 (1.7)
COPE Acceptance	6.2 (1.3)	4.8 (1.7)	5.4 (1.3)	5.8 (1.3)
COPE Religion	6.3 (1.5)	4.0 (1.5)	3.9 (1.5)	4.8 (1.8)
COPE Self-Blame	3.8 (1.5)	2.9 (0.9)	5.5 (1.4)	5.4 (1.7)

Cluster 1 (HALM) participants (n=234, 37.14%) reported relatively high use of Active Coping, Positive Reframing, Religion, and Emotional Support and relatively low engagement in Denial and Substance Use. Cluster 2 (MALM) participants (n=195, 30.95%) reported relatively moderate use of Active Coping, Positive Reframing, Religion and Emotional Support and lower engagement in Denial, Substance Use, Behavioral Disengagement and Self-Blame. Cluster 3 (MAHM) participants (n=141, 22.38%) reported relatively high use of Self Distraction and Self-Blame, medium use of Venting, Active Coping, Positive Reframing and Emotional Support and relatively low Substance Use. Cluster 4 (HAHM) participants (n=60, 9.52%) reported relatively high use for all of the Brief COPE strategies including Self Distraction, Substance Use, Venting, and Self-Blame.

Coping clusters did not differ across educator groups, suggesting that participants' school-based functions, duties and responsibilities did not impact their use of coping strategies. Gender differences between the clusters were significant, $F(3, 623) = 3.38$, $p < 0.05$, with female educators more likely to belong to Cluster 1(HALM), than Cluster 3 ((MAHM, $p<.05$)

Coping Clusters, Wellbeing and Perceived Stress

WHO-5 and PSS scores were further analyzed with respect to coping clusters. Significant differences emerged across the two measures as a function of coping cluster: WHO-5 $F(3, 618) = 45.612$, $p < .000$ and PSS $F(3, 568)= 17.897$, $p < .001$.

For the WHO-5, participants in Clusters 1 (HALM) and 2 (MALM) scored significantly higher than participants in Clusters 3 (MAHM) and 4 (HAHM). Participants in Clusters 1 (HALM) and 2 (MALM), who reported higher use of emotion focused and active coping strategies (Active Coping, Positive Reframing, Religion, Emotional Support), reported greater wellbeing than participants in Cluster 3 (MAHM), who reported greater use of maladaptive strategies (Behavioral Disengagement, Denial, Substance Use and Self-Blame). Clusters 1 (HALM) and Cluster 2 (MALM) participants reported greater wellbeing than participants in Cluster 4 (HAHM), who did not appear to differentiate in their use of specific coping strategies using high amounts of all the strategies, including maladaptive strategies (Self-Distraction, Substance Use, Venting, Self-Blame). There were no significant differences between Clusters 1 (HALM) and 2 (MALM) or between Clusters 3 (MAHM) and 4 (HAHM).

For the PSS, participants in Cluster 1 (HALM) reported significantly higher perceived stress experiences than those in Cluster 2 (MALM), but significantly lower perceived stress than those in Cluster 4 (HAHM). Participants in Cluster 3 (MAHM) reported significantly higher stress than those in Cluster 2 (MALM), with participants in Cluster 4 (HAHM) reporting significantly higher stress experiences than those in Clusters 1 (HALM) and 2 (MALM). There were no significant differences in reported stress between participants in Clusters 1 (HALM) and 2 (MALM) and participants in Clusters 3 (MAHM) and 4 (HAHM).

Collectively, participants in Cluster 2 (MALM) reported the least perceived stress while participants in Cluster 4 (HAHM) reported the greatest amount of perceived stress. Participants in Clusters 1 (HALM) and 3 (MAHM) reported experiencing approximately the same amount of perceived stress, with scores falling between that of Clusters 2 (MALM) and 4 (HAHM) participants.

Discussion

The findings of this study suggest that educators uniformly experience low levels of wellbeing and high levels of perceived stress relative to the general population, consistent with the findings of another research conducted prior to the global pandemic (McCarthy et al., 2022). Teachers, school-based professionals and support staff demonstrated average scores on the WHO-5 that were indicative of poor levels of wellbeing, consistent with

previous findings that educators are at high risk for compromised sense of wellbeing and mental health disorders including depression and anxiety (Kidger et al., 2015; McCarthy et al., 2022; WHO, 1998).

In the same way, participants in this study reported high levels of perceived stress, with stress scores falling one standard deviation above those typically reported within the general population. Participants' stress experiences here mirror the findings of previous studies documenting teaching as a stressful profession (Buric et al., 2019; Kidger et al., 2016; Prilleltensky et al., 2016; Reupert, 2020). Teachers routinely report experiencing a variety of workplace stressors ranging from maintaining classroom management, promoting student motivation and learning, managing student and family apathy, responding to frequent policy and curricular changes, fulfilling administrative demands, navigating role conflicts and ambiguities, and enduring public critique and scrutiny (Buric et al., 2019). Arguably, school administrators, school-based professionals and school staff experience many of the same demands and stressors as their teacher colleagues, especially as related to maintaining and managing interpersonal relationships with students and their families, thus resulting in similarly high levels of self-reported perceived stress (Riley & See, 2019).

Individuals who work in schools are required to engage in high levels of emotional labour (Kidger et al., 2016) where they are expected to "manage their feelings in accordance with organizationally defined rules and guidelines" (Wharton, 2009, p. 147). In the case of educators, emotional labour often involves the conscious and deliberate management and expression of emotion with an emphasis on promoting the traditionally "feminine conceptualizations of nurturing and caring" while simultaneously emphasizing responsibility, accountability, and control (Conley & Jenkins, 2011, p. 492). In the absence of effective emotional regulation and coping strategies, the demands of emotional labour can contribute to teachers' experiences of compromised wellbeing, stress, fatigue, depression, and anxiety (Lee et al., 2016; Mérida-López et al., 2017).

Female participants' perceived stress scores were especially high, with female educators reporting greater levels of perceived stress than their male colleagues. It is well established that men and women experience stress differently, with females tending to report greater instances of chronic, long-term stressors as well as short-term, daily stressors than males (Matud, 2004). Women also report greater incidents of psychological distress relative to men (Matud, 2004). While work-life balance was not explicitly questioned in this study, many women's experiences of stress are exacerbated, in part, by their roles as primary care providers and the competing demands of navigating work and family responsibilities (Conley & Jenkins, 2011; Hochschild, 1989). For instance, female educators are more likely to experience career breaks, interruptions and/or changes for maternity and family care reasons and/or hold in part-time and contractual positions than their male colleagues. Female teachers are also more likely to report n"spillage" of their teaching duties into their home as a function of increasingly heavy instructional and administrative workloads (Conley & Jenkins, 2011).

Educators in this study reported differential use of coping strategies. Participants in all four clusters used emotion-focused coping and active coping at least to some extent. Where the findings differed was in the

frequency and type of maladaptive coping strategies that participants in each cluster used. Participants in clusters HALM and MALM, or about two-thirds (68%) of the participants in this study, used the maladaptive coping strategies of Denial and Substance Use substantially less frequently than the participants in clusters three and four. This may account for why participants in clusters one and two demonstrated a significantly greater sense of wellbeing than their colleagues in clusters MAHM and HAHM. Participants in cluster MALM also used the maladaptive strategies Behavioural Disengagement and Self-Blame much less frequently than their colleagues in any of the other three clusters. Participants in cluster MALM reported infrequent use of all of the maladaptive coping strategies and significantly lower levels of perceived stress than any of the other participants in this study.

Participants in clusters MAHM and HAHM, or about one-third (32%) of the participants in this study, reported frequently using the maladaptive strategies of Self-Distraction and Self-Blame. It is probable that use of these maladaptive strategies contributed to these participants' significantly poorer levels of wellbeing relative to participants in clusters one and two. Concerningly, educators in cluster four, or about 10% of the participants in this study, reported frequently using all of the maladaptive coping strategies, including Substance Use. This is likely a primary factor why individuals in cluster four reported significantly higher levels of perceived stress than any of the other participants.

Collectively, participants who reported using maladaptive coping strategies frequently, even if they used more adaptive coping strategies as well, reported significantly higher stress experiences and overall poorer wellbeing relative to their colleagues who reported less frequent use of those strategies. According to the transactional stress and coping model (Lazarus & Folkman, 1984; Lazarus, 1991), educators in this study evaluated their school environments as harmful, threatening or challenging, as they all reported greater levels of perceived stress relative to the general population and rated their overall wellbeing as relatively low. In addition, almost one-third of educators appeared to use inadequate coping strategies to cope in the school context. These findings are similar to those of Herman and colleagues (2020) who found that the majority of middle-school teachers (66%) in their study fell into a 'high stress/high coping' cluster and that 28% of these teachers fell into a maladaptive 'high stress/low coping' cluster.

The COVID-19 global pandemic increased educators' perceived stress and decreased their wellbeing throughout the world (McCarthy et al., 2022). The need to integrate unfamiliar online technologies into their teaching practices with limited notice and training taxed educators' coping resources (Fernandez-Batanero et al., 2021; Hascher et al., 2021). Personal stressors including anxiety over their health and the health of their families, job security, greater home/work imbalance and caring for others also elevated educators' stress experiences (Lilja et al., 2022; Shavers et al., 2022). Consistent with the findings in this study, female educators experienced more perceived stress than their male counterparts throughout the pandemic (Klapproth et al., 2022; McCarthy et al., 2022).

The results of this study are consistent with studies conducted during the pandemic with respect to educators' use of coping strategies. Klapproth and colleagues (2022) found that German educators used more

functional coping strategies (akin to the adaptive coping strategies described in this study) and that females used significantly more functional coping strategies than males. Although many educators preferred to use functional coping strategies more often, all educators used some dysfunctional coping strategies (Klapproth et al., 2022). In two international studies of educators from Japan, Canada, the USA, Turkey and Austria conducted early in the pandemic and then 8 months later, MacIntyre et al. (2020, 2022) found that more educators used adaptive coping strategies (which they referred to as approach coping strategies) and that use of these strategies was positively associated with self-assessments of wellbeing, resilience, growth and health at both points in time. Conversely, greater use of maladaptive coping strategies (i.e. avoidant coping strategies) was associated with lower levels of self-reported wellbeing, resilience and physical health and higher levels of loneliness, sadness, anger, anxiety and stress.

The findings of this study are concerning given that the level of stress experienced by educators has increased since the pandemic began. School and school boards should prioritize educator wellbeing and a reduction in the use of maladaptive coping strategies. In addition, the findings of this study support the adoption of whole-school initiatives as all individuals working in schools, regardless of their professional status, reported significant stress experiences. As part of a whole-school approach, educators are likely to benefit from opportunities to discuss and validate common stressors (student wellbeing, workload, work-life balance, parental communications and interactions) and adaptive coping strategies as well as develop increased awareness, empathy and perspective of those who hold professional roles that differ from their own. At the same time, educators may also benefit from engagement in educator-specific initiatives. For instance, administrators may benefit from opportunities to share specific concerns related to resource management and decision making, while professional support staff may benefit from opportunities to discuss unique demands associated with holding support roles outside of the classroom. Equally important, educators should be encouraged and supported to critically assess the impacts of their individual coping strategies. Such initiatives are seemingly critical for the substantial portion of educators who report frequent use of maladaptive coping strategies and may include access to specialized supports including counselling or coaching as well as access to wellness activities and resources. Professional development opportunities designed for all educators could focus on psychoeducation about stress and coping with a specific focus on educating school staff about the potentially negative consequences of frequently using maladaptive coping strategies.

Conclusion

By exploring the wellbeing, stress and coping experiences of individuals who work in schools, the results of this study confirm previous literature related to teacher wellbeing and coping while simultaneously extending this literature to include the experiences of other educational professionals including administrators, specialized support staff, school staff and others. In doing so, the study's limitations must also be acknowledged.

Data collection relied on participants' self-reported experiences, allowing for response biases including the erroneous interpretation and/or misunderstanding of survey items, shifting response patterns due to actual or perceived awareness of study intention, and/or the intentional misrepresentation of self (i.e., social desirability). It would be prudent for future research to explore behavioural markers of wellbeing, stress and coping in order to verify the findings reported here and elsewhere in the literature.

School-board policies limited the collection of demographic variables such as relational status, ethnicity, and educational experiences that intersect with coping skills and strategies. For instance, previous research suggests that individuals with higher educational levels tend to use problem-solving strategies more frequently than those with lower educational experiences and that individuals in partner relationships tend to use social support coping strategies more frequently relative to individuals who are not partners (Baumstarck et al., 2017). Exploring educator demographic background and socio-cultural context is likely to provide additional insights into differentiated use of coping strategies and assist in the development of meaningful and targeted professional development initiatives.

Finally, participants in this study were volunteers. It is possible that the individuals who responded to the invitation to participate in this study experienced greater levels of wellbeing and mental health than those who did not elect to participate in this study, suggesting that the numbers of educators using maladaptive and/or non-differentiated coping strategies may be higher than reported here. Alternatively, it is possible that educators who are experiencing poor wellbeing and/or high levels of perceived stress elected to participate in this study more so than their peers who experienced higher wellbeing, suggesting that the numbers of educators using maladaptive and/or non-differentiated coping strategies may be inflated. Findings from previous studies documenting high levels of teacher stress, poor mental health and low levels of wellbeing suggest that the latter is less likely (Prilleltensky et al., 2016).

To summarize, the findings of this study suggest that all participants, regardless of their specific position, experienced elevated levels of stress, compromised sense of wellbeing and utilized coping strategies differently. The findings of this study reinforce the call for increased efforts to support educator mental health and wellbeing. Presumably, supporting the wellbeing of all individuals who work in schools will also benefit student wellbeing, as the documented intersections between teacher and student wellbeing is likely to hold true for other school-based professionals and staff.

Disclosure

The authors confirm that they do not have any conflicts of interest with respect to this paper.

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