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An Examination of Emotional Intelligence as a Potential Mediator in Educator Stress and Burnout

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Abstract

The objective of this study was to investigate the relationship between teacher burnout, emotional intelligence, attitudes towards seeking professional help, and perceptions of psychological safety within schools. Findings from this study of 600 Canadian educational professionals suggest that emotional intelligence and perceptions of psychological safety were significant predictors of teacher burnout, while attitudes towards seeking professional help were not. Teaching level, employment status (e.g., part-time versus full-time), and gender were also explored in relation to burnout. Findings suggested that full-time status significantly impacted levels of burnout, while teaching level and gender did not. The potential preventative impact of interventions focusing on emotional intelligence and psychological workplace safety was discussed. Recommendations for future research were suggested.

Keywords

Teachers, teacher mental health, burnout, emotional intelligence, psychological workplace health and safety, attitudes towards seeking professional help

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I would like to dedicate this thesis to my father. Although you are no longer with me, you continue to impact me every day. I hope to make you as proud as you made me.

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Introduction

Teacher burnout is a widespread concern for both educators and the general public. It is estimated that within their first five years, approximately one third of all teachers will leave the profession, while up to 20% of American teachers are said to be truly 'burned out' (Clark & Antonelli, 2009; Farber, 1991). Data from the Ontario Teachers' Insurance Plan indicate that mental health issues are the primary source of short-term and long-term disability, and that most prescription claims are for anti-depressant medications (Wilkerson, 2004). Furthermore, work-related stress has led teachers to experience an above-average rate of psychosomatic and mental health problems. In one recent study, 18% of teachers reported symptoms of mental health problems, while another 23% were suffering from unidentified mental health issues (Seibt, Spitzer, Druschke, Scheuch, & Hinz, 2013). The prevalence of depression alone is startlingly high. In 2007, 20% of teachers suffered from depression, which varied in intensity according to teaching level; 1% of teachers at the secondary level suffered from depression, 4% at the post-secondary level, 5% at the elementary level, and 10% for special education teachers (Kovess-Masfety, Rios-Seidel, & Sevilla-Dedieu, 2007). Associated fatigue and psychological strain among teachers has led to a number of other negative outcomes, including inattentiveness, withdrawal or aggressiveness, and elevated risk for insomnia, anxiety, and cardiovascular diseases (Yang, Ge, Hu, Chi, & Wang, 2009).

Teacher Burnout

The high turnover rate in the teaching profession is commonly attributed to workplace stress, diminished job satisfaction, and burnout (Vesley, Saklofske, & Leschied, 2013). Burnout is said to occur due to three primary factors: emotional exhaustion, depersonalization, and

reduced personal accomplishment. In comparison to other professions, teachers experience greater levels of mental fatigue — a precipitating factor in burnout (Kovess-Masfety, Rios-Seidel, & Sevilla-Dedieu, 2007). A number of other factors may also lead to teacher attrition. Compared to the general population, teachers experience higher rates of anxiety, hypertension, and psychosomatic disorders. Furthermore, the higher occupational stress that teachers experience has been associated with a lowered quality of life and shortened life expectancy (Yang, Ge, Hu, Chi, & Wang, 2009). There are numerous stressors that are impairing the physical and mental health of educators today.

There appears to be a difference in negative outcomes according to teaching level. Kovess-Masfety and colleagues (2007) found that secondary-school teachers experienced more symptoms of burnout than elementary-school teachers. In particular, secondary-school teachers reported higher levels of depersonalization (i.e., greater distance from their students), as well as lower levels of accomplishment when compared to their elementary-level colleagues. Furthermore, secondary-school teachers have been found to experience higher levels of emotional exhaustion, which is another factor leading to burnout (Seibt et al., 2013). In contrast, lack of collegial support is a risk factor more prominent for elementary-school teachers in comparison to secondary-level teachers.

Risk Factors

Multiple other factors have been associated with poor mental health amongst teachers. These include gender, culture, age, and part-time versus full-time status which are all variables related to teacher mental health. Male teachers tend to exhibit higher levels of depersonalization in comparison to female teachers (Seibt et al., 2013), while female teachers report poorer

physical health and higher occupational stress compared to their male counterparts. This is particularly the case in China, where female teachers are burdened with the expectation of more responsibility (Yang et al., 2009). Older teachers experience significantly higher levels of work stress in comparison to their younger colleagues (Seibt et al., 2013), while younger teachers report lower levels of personal accomplishment based on negative self-evaluations (e.g., perceived weaker ability to maintain control over their class and collaborate with other faculty members; Yang et al., 2009). Full-time teachers report slightly higher stress levels than those with part-time status; however, part-time teachers are more affected by a loss in personal accomplishment, which may lead to burnout (Seibt et al., 2013).

A number of internal and external factors are also at play. The teaching profession is quite demanding with respect to the quantity and quality of work that must be produced; this can lead to increased competitiveness within the organization, which consequently leads to psychological strain and mental fatigue (Yang et al., 2009). The large amount of responsibility that is placed upon educators today continues to increase. Teachers are now considered responsible for mental health promotion amongst the student population, and are often charged with issues that jeopardize students' social and emotional well-being. Responsibility falls onto high school teachers in particular when identifying incidences of bullying, violence, and sexual harassment, as well as students suffering from depression, learning disabilities, eating disorders, and psychological stressors (Graham, Phelps, Maddison & Fitzgerald, 2011). A difference in expectations from students and their parents can also be a significant source of stress for teachers, as well as attempting to cope with the behavioural problems of students in poor working conditions (e.g., too many students, noise and class distractions, time pressure, and

parent's behaviour; Seibt et al., 2013). A number of internal factors have also been associated with negative teacher outcomes, including: difficulty with discipline, role conflicts, poor decision making, low self-esteem and effort-reward-ratio, high number of physical complaints, inability to relax, lack of coherence, isolation, lack of social support, and poor coping strategies (Kovess-Masfety, Rios-Seidel, & Sevilla-Dedieu, 2007; Seibt et al., 2013; Yang et al., 2009; Graham et al., 2011).

At Risk Populations

There are certain populations that are subject to higher risk for experiencing increased occupational stress, burnout, and other mental health problems. Male educators teaching at the middle-school level, in special education, or in nursing, as well as female teachers at the high-school-level, are at higher risk for a psychiatric disorder and experience higher levels of psychological distress. In particular, male teachers at the middle-school level are found to be at higher risk for experiencing depression, while female teachers at the secondary-level are at higher risk for developing an anxiety disorder. In general, special education teachers are more susceptible to psychological distress regardless of gender. However, some researchers have found that male special education teachers are especially vulnerable to anxiety disorders in particular (Kovess-Masfety, Rios-Seidel, & Sevilla-Dedieu, 2007). Teachers who are divorced, separated or widowed are also found to be at higher risk for occupational distress or strain, and ultimately experience a lower quality of life (Yang et al., 2009).

Psychologically Unsafe Work Environment

A psychologically unsafe work environment has been associated with mental health issues amongst educators. The fear of physical abuse and verbal attacks by students is related to

a number of mental health problems, particularly among female teachers (Kovess-Masfety, Rios-Seidel, & Sevilla-Dedieu, 2007). The adversities associated with perceived harassment appear to especially impact female teachers who self-identify as LGBT. Lesbian teachers report incidences of both overt and covert forms of harassment by their students and within their workplace in general. Examples of overt harassment include homophobic slurs and insults with the intent of undermining the teacher's authority, as well as humiliating and 'outing' the teacher. Covert forms of harassment (e.g., anonymous name-calling, innuendos, and derogatory comments) undermine the teacher's power as the anonymity disallows for identification and confrontation. Such anti-lesbian/gay harassment leads to a number of negative consequences affecting mental and physical health, collegial and student interactions, and one's desire to remain in the teaching profession (Ferfolja, 2010).

However, harassment does not only discriminate based on gender; moral harassment is a problem that affects public school teachers in general. Moral harassment consists of "frequent and repetitive hostile actions in the workplace, which are systematically directed at one or more people" (Campos, Serafim, Custódio, da Silva, & Cruz, 2010, p. 2001). This harassment may escalate into serious psychological distress for the victim and ultimately violates the teacher's dignity through multiple incidences of humiliation and embarrassment. Moral harassment has a number of consequences that may impair one's mental health and potentially lead to trauma, isolation, anxiety, substance abuse, depression, and/or panic attacks (Campos et al., 2010).

Emotional Aspects of Burnout

Although it has been well established that burnout is particularly prevalent among human services professionals, burnout research has typically focused on organizational risk factors (e.g.,

role conflict, workload, time pressure) instead of client-related stressors (Szczygiel & Bazinska, 2013). Certain researchers, however, have examined the emotional aspects of burnout. Cordes, Dougherty, and Blum (1997) determined four client-related stressors pertaining to the interpersonal interactions of human resource workers: the number of interactions, the emotional intensity of the interaction, the duration of the interaction, and the directness of the interaction (i.e., whether the interaction was face-to-face). The researchers found that emotionally intense interactions were associated with higher levels of emotional exhaustion and depersonalization, while longer interactions escalated these feelings of depersonalization. Szczygiel and Bazinska (2013) suggest that these interactions may manifest as chronic or acute stressors, eliciting negative affect among employees that consequently leads to occupational stress and burnout.

Emotional exhaustion among educators not only impacts the teachers themselves, but their students as well. Teachers are responsible for helping their students to develop verbal skills that will allow them to express their own emotions – a process that can be hindered by the teacher's emotional exhaustion (Van Der Merwe, 2011). It is a common expectation within human services that employees express only positive emotions (e.g., friendliness, happiness, cheerfulness) while hiding any negative emotions (e.g., anger, contempt, resentment). This means that, at times, teachers must mask their true emotions in order to facilitate student interactions (Szczygiel & Bazinska, 2013). This highlights the necessity for teachers to have effective emotional regulation strategies with sufficient resources at their disposal.

Theoretical Orientation

Various protective factors, coping strategies, and potential interventions have been examined. Seibt and colleagues (2013) have identified that effective coping strategies,

motivation, working style, and social support may be protective factors against negative teacher outcomes. A teacher's perceived sense of efficacy in responding to student mental health issues is also associated with their own mental well-being (Graham et al., 2011). Encompassed within this sense of self-efficacy is emotional self-efficacy (ESE), which relates to one's confidence in their emotional capabilities. Individuals with high ESE should cope well with negative emotions by effectively managing their intensity, frequency, and duration (Pool & Qualter, 2012).

Emotional Intelligence. Teacher efficacy has also been associated with emotional intelligence (EI), which encompasses "an array of emotional competencies that facilitate the identification, processing, and regulation of emotion" (Vesley, Saklofske, & Leschied, 2013, p. 2). The conceptualization of EI has been debated; some define it as the cognitive ability to perceive, use, understand and manage emotion (i.e., ability EI) while others conceptualize it according to personality traits related to emotion management (i.e., trait EI; Pool & Qualter, 2012). EI consists of four primary components: self-awareness, self-management, social awareness, and relationship management. These components are derived from two types of competency: personal competence (i.e., self-management) and social competence (i.e., relationship management; Turner, 2004). These competencies can thus be considered as protective factors against poor mental health amongst teachers; effectively managing one's internal conflicts and interpersonal interactions can increase one's sense of self-efficacy and social support, which buffers against the adverse effects of occupational stress (Graham et al., 2011; Vesley, Saklofske, & Leschied, 2013; Turner, 2004).

Trait Emotional Intelligence. The theory of trait emotional intelligence developed as researchers tried to distinguish between the two aforementioned EI constructs: ability EI and trait

EI (Petrides & Furnham, 2000). Trait emotional intelligence has been formally defined as a "constellation of emotional perceptions, [which are] located at the lower levels of personality hierarchies" such as Eysenck's three dimensions of personality and the Big Five personality trait model (Petrides, Pita, & Kokkinaki, 2007). The theoretical construct of trait EI encompasses one's self-perceptions of their emotional capabilities, which is also known as trait emotional self-efficacy. Trait EI is comprised of four primary factors: self-control, emotionality, sociability, and well-being. These factors each relate to fifteen personality traits or facets of trait EI, including: emotion perception, emotion regulation, self-esteem, stress management, social awareness, and so on. The degree to which an individual possesses each of these qualities can relate to their mental health. Petrides (2009) posits that an individual's levels of the first three factors (i.e., self-control, emotionality, and sociability) directly impact their level of the final factor (i.e., well-being). In particular, self-control (or self-regulation) has been associated with health-promoting behaviours, positive psychological well-being, and superior job performance (Kuhl, Kazén, & Koole, 2006).

Self-regulation theory. Self-regulation theory (SRT) is a theoretical approach that draws upon aspects of cognitive and motivational sciences, personality psychology, and neurobiology, integrating these theoretical substrates into a single comprehensive framework (Kuhl & Koole, 2004). Proponents of SRT assert that "human motivation and personality are mediated by a hierarchy of regulatory systems" (Kuhl, Kazén, & Koole, 2006, p. 409). At the highest level, complex cognitive systems govern behaviour relating to self-regulation and control. These high-level processes are of particular importance when stress (e.g., demands, threats) is encountered, as responses to this stress (e.g., cognitive styles, emotionality) can be counteracted by self-

regulation processes, thereby reducing the individual's level of stress and corresponding symptoms (Kuhl, Kazen, & Koole, 2006). With respect to teachers experiencing stress in the workplace, SRT provides a clear explanation of how this aspect of emotional intelligence (i.e., self-control/self-regulation) could mitigate the adverse affects associated with stress and burnout.

Emotional Intelligence and Burnout

Emotional intelligence reflects numerous benefits across a variety of settings. Szczygiel and Bazinska (2013) found that trait EI moderates the relationship between negative emotions in client interactions and emotional exhaustion. Employees with low EI reported more emotional exhaustion after emotionally-intense, negative interactions, while employees with high EI were not significantly affected. Similar findings have been revealed in other research. Mikolajczak and colleagues (2008) found that, in cases of fear and stress, trait emotional intelligence led to adaptive emotional regulation and prevented the use of maladaptive strategies. Furthermore, it has been found that individuals with high trait EI are more likely to use task-focused coping strategies, which are typically regarded as more adaptive than emotion-focused coping strategies (Petrides, Pérez-González, & Furnham, 2007). The use of these adaptive coping strategies among those with higher levels of trait EI has led to many positive outcomes; human services employees with higher trait EI report fewer symptoms of burnout and somatic complaints, lower levels of occupational stress, and fewer negative health consequences in comparison to employees with low trait EI (Szczygiel & Bazinska, 2013). Emotional intelligence has also been associated with mindfulness, which is said to have a positive impact on life satisfaction and mental distress. Wang and Kong (2014) found that emotional intelligence partially mediated the impact of mindfulness upon life satisfaction, and hypothesized that mindfulness encourages an individual

to effectively regulate their emotions and develop emotional competencies that lead to improved well-being.

Managing others' emotions is another factor associated with EI that has been considered to be protective. Some research suggests that individuals who manage other's emotions well tend to receive more satisfying social support from their peers (Ciarrochi, Chan & Bajgar, 2001). Ciarrochi and colleagues (2002) also found that managing others' emotions significantly moderated the relationship between stress and mental health. They found that individuals who were more skilled in managing others' emotions responded to stress with less suicidal ideation than those who were less skilled. The researchers attribute this finding to the intimacy that is established with others during this emotional management, believing that this behaviour leads to closer friendships and more social support, which is psychologically beneficial in times of distress. Furthermore, this skill has been shown to increase the amount and quality of social support, which the researchers suggest serves as a protective factor against stress and suicide.

Attitudes Towards Help-Seeking

It has been well-established that, despite the high prevalence rates of mental illness across the country (i.e., 1 in 5 Canadians as cited in Smetanin et al., 2011), only a fraction of suffering individuals will seek the mental healthcare that they need. Approximately one in six individuals suffering from mental distress will actually seek professional help (Rickwood & Braithwaite, 1994). This problem is exacerbated by the age of the individual, as younger people are the least likely to seek help when experiencing emotional crises (Bebbington et al., 2000). Perhaps even more concerning, however, is that less than 1 in 5 young adults with suicidal ideation will seek help from their general practitioner (Biddle, Gunnell, Sharp, & Donovan, 2004). These patterns

of low help-seeking are particularly prevalent amongst young men (Foster, Gillespie, & McClelland, 1997), who appear to have a higher threshold of severity at which they will seek help (Biddle et al., 2004).

A number of barriers to help-seeking have been cited across the literature, the most popular of which appears to be the stigma surrounding mental illness (Gold, Johnson, Leydon, Rohrbaugh, & Wilkins, 2015; Bilican, 2013; Wei, Hayden, Kutcher, Zygmunt, & McGrath, 2013). However, even in populations with low stigma surrounding mental health (e.g., medical students), mental health help-seeking rates still appear to be startling low (e.g., 19%; Gold et al., 2015). Apart from stigma, a number of other factors still impact an individual's decision to seek help. Kuhl and colleagues (1997) found that individuals who did not seek help often sought help from friends and family as opposed to a mental health professional; believed that they should be self-sufficient enough not to seek help; lacked knowledge of mental health resources; and/or lacked self-awareness or emotional competence. Similar barriers are echoed in more recent research. Wilson and colleagues (2011) found that prominent barriers for mentally distressed individuals included: inadequate mental health and emotional literacy; the belief that the need for autonomy is of greater importance than the need for help; and the process of help-negation for psychological distress.

The process of help-negation is one of the more commonly cited barriers to seeking help (Sawyer, Sawyer, & La Greca, 2012; Rudd, Joiner, & Rajab, 1995; Wilson, Bushnell, & Caputi, 2011). It is commonly found that individuals suffering from mental health issues (e.g., depression, substance abuse, suicidal ideation) typically use maladaptive coping strategies, particularly those that isolate them from social support. In fact, there has been evidence of a

paradox in which individuals who are suffering the most (e.g., those with suicidal ideation) are less likely to seek help from anyone (e.g., friends, family, professional services). This paradoxical process has been termed "help-negation" (Rudd, Joiner, & Rajab, 1995). Sawyer and colleagues (2012) posit an explanation for help-negation, suggesting the possibility that the combination of depressive symptoms, hopelessness, and self-criticism interferes with an individual's ability to effectively seek help. This results in less help sought by individuals who appear to be suffering most (Sawyer, Sawyer, & La Greca, 2012).

Although little research has examined help-seeking attitudes amongst educators, certain research could provide valuable insight into help-seeking within the teacher population. Putnik and colleagues (2012) examined help-seeking attitudes among dedicated human service professionals experiencing burnout, including counsellors, caregivers, managers, nurses, and teachers. Although the demanding nature of their work led to numerous mental health problems, most did not seek help until they reached a "breaking point". This postponement of help-seeking was attributed to internalization of the "the ideal worker" image, where human service professionals are expected to constantly perform at maximum capacity and strive to maintain this ideal image at the cost of their personal needs, ultimately leading to an exhaustion of personal resources (Putnik, de Jong, & Verdonk, 2011). Furthermore, it is important to note certain gender differences with respect to help-seeking. It is frequently cited that males are less likely to seek help than females, which is often attributed to social norms regarding the acceptability of male help-seeking (Sawyer, Sawyer, & LaGreca, 2012). However, some research has found that although males may recognize feelings of distress and irritability, they have more difficulty recognizing depressive symptoms (Cotton et al., 2006). With respect to teacher mental health, it

is important to note that male educators may, therefore, lack an emotional awareness that lends itself to help-seeking.

Efforts to increase help-seeking revolve around two main barriers to service use: incomplete mental health literacy (Whiteford & Groves, 2009) and incomplete emotional literacy (Ciarrochi, Wilson, Deane, & Rickwood, 2003). Mental health literacy encompasses one's knowledge and beliefs about mental health issues, which affects their ability to recognize, manage and/or prevent these issues (Jorm, Korten, Jacomb, Christensen, Rodgers & Pollitt, 1997). Emotional literacy refers to language that lends itself to the identification and description of emotions, and consequently helps an individual recognize and manage their affective state (Saunders & Bowersox, 2007). These types of literacy are crucial to problem recognition, which is said to be the first and most important step in the help-seeking process (Wilson, Bushnell, & Caputi, 2011). Essentially, if an individual is lacking in either mental health or emotional literacy, it is likely that they will not recognize symptoms that require treatment, and are consequently less likely to seek this treatment (Wilson & Deane, 2010). When considering the similarities between emotional literacy and emotional intelligence, it seems likely that EI-based interventions geared towards enhancing one's emotional literacy would simultaneously increase an individual's likelihood of seeking help.

EI-Based Interventions

It is evident that emotional intelligence is a valuable construct through which a variety of mental health problems can be understood and prevented. The theoretical link between EI and resiliency suggests that emotionally-aware individuals are able to develop more adaptive coping strategies in the face of adversity. By examining EI as a protective factor, future research could

implement EI training in the interest of improving mental health among educators, with the end goal of teacher retention. Research has recently begun to investigate the benefits of teaching emotional intelligence. Pool and Qualter (2012) examined the potential benefits within a university setting; they investigated the efficacy of a teaching intervention to improve students' emotional intelligence and emotional self-efficacy (ESE). After an 11-week intervention, the researchers found that EI and ESE improved in both male and female participants, with particular improvement in understanding and managing emotion.

The results of Pool and Qualter's (2012) study, however, did not show improvements in participants' ability to accurately perceive emotions in oneself and in others. Although some may consider this a failure of the intervention, this perceptive deficit may actually be an advantage. Ciarrochi and colleagues (2002) found that emotionally perceptive individuals were actually more susceptible to stress than those who were low in emotional perception. The researchers suggested that individuals who are less emotionally perceptive may be relatively insensitive to stress, or may not realize the impact that stress has upon them. Therefore, it would seem beneficial that previous EI teaching interventions did not affect individuals' emotional perception, as this lack of perceptivity has been associated with the inoculation of stress (Pool & Qualter, 2012; Ciarrochi, Deane, & Anderson, 2002).

EI-based Interventions within School Settings. Emotional intelligence training has also been used in teaching interventions aimed to reduce violence within school settings. Traditionally, the issue of school violence has been met with an authoritarian (i.e., control and punishment) approach. Research by Van Der Merwe (2011) suggests that a positive behavioral approach may be more beneficial. This approach is used to create an emotionally supportive

environment, where students can learn effective emotional expression and conflict resolution strategies through negotiation (i.e., verbally instead of violently). The researcher found that a conflict-resolution strategy fostering EI helped reduce violence within the classroom by promoting emotional skills, creating a positive environment, and motivating the students. It was also found that teachers played an important role in helping their students to develop EI. Teachers are important role models for their students, and it is, therefore, crucial that they model EI to help their students learn by example (Van Der Merwe, 2011). Therefore, by increasing emotional intelligence among educators, it is possible that this will not only buffer the adverse effects of a psychologically unsafe environment, but modeling EI to students may actually increase psychological safety within the classroom.

EI-Based Interventions for Educators. When considering the amount of "emotional labour" involved in the teaching profession (Vesely, Saklofske, & Leschied, 2013), it would seem likely that EI training would have similar benefits for educators. Research has begun to explore and support this hypothesis. One such example is provided by the Collaboration for Academic, Social, and Emotional Learning, which provides programs such as *The Emotionally Intelligent Teacher*, where teachers and students receive social and emotional skills training. Participants are taught about the perception, use, understanding, and management of emotions, which improves school efficacy and increases the use of EI skills within personal and professional relationships (Brackett & Katulak, 2007). Similarly, RULER is a school-based intervention that helps individuals **r**ecognize, **u**nderstand, **l**abel, **e**xpress, and **r**egulate their emotions; the goal is to improve decision-making, build healthier relationships, and create a more positive school atmosphere (Brackett, Rivers, & Salovey, 2011).

Although research has demonstrated that programs like these help improve teacher efficacy and school well-being (Brackett & Katulak, 2007; Brackett, Rivers, & Salovey, 2011), the current research project focuses on the relationship between teacher mental health, occupational stress, and burnout. Research has demonstrated promising results for EI-based interventions with respect to these particular concerns as well. For example, Hansen (2010) adapted a psychoeducational program that teaches individuals how to manage occupational stress for use with teachers (Hansen, Gardner, & Stough, 2007). This program, called "Emotional Intelligence in the Classroom", increases EI by helping individuals to become more skilled in the areas of emotional awareness, expression, management, and self-control. Empirical evaluations of this program reveal evidence to support an increase in EI, a decrease in occupational stress, and an increase in overall well-being (Vesely, Saklofske, & Leschied, 2013). Considering the numerous benefits of EI that research has demonstrated thus far, it would seem likely that this construct would be associated with teacher resiliency in terms of reducing occupational stress and preventing burnout. The current research project will explore these hypotheses in order to adequately examine factors that contribute to and protect against teacher burnout.

Critical Analysis of Previous Research

Despite the vast research base regarding teacher mental health, there are a number of limitations that appear throughout various studies. The correlational and exploratory nature of studies investigating this particular topic does not allow for any conclusions to be drawn with respect to causality. Much of the data on teacher mental health has been drawn from surveys with open-ended questions and semi-structured interviews, which presents the problem for inter-rater reliability (Ferfolja, 2010; Campos et al., 2012; Graham et al., 2011). The topic of mental

health is also quite personal in nature, which has led to issues with social desirability and low-response rates (Ferfolja, 2010; Yang et al., 2009; Seibt et al., 2013; Graham et al., 2011). The most common limitation across aforementioned studies, however, was generalizability. Certain populations may have been overrepresented in many research samples (e.g., white, English-speaking populations), while the voluntary nature of the studies could not prevent selection bias, which at times resulted in large gender discrepancies (Kovess-Masfety, Rios-Seidel, & Sevilla-Dedieu, 2007; Graham et al., 2011).

There has also been a number of problems with respect to various measures of emotional intelligence used in previous research. A number of these measures have poor reliability, while the more reliable measures have poor construct validity. These measures significantly load on well-known personality factors (e.g., neuroticism, extraversion, agreeableness, psychoticism and openness), making it difficult to discern whether the construct of emotional intelligence was properly measured. Furthermore, the unreliable measures suggest that emotional awareness and emotional clarity are two distinct factors of emotional intelligence; however, this distinction is not supported by reliable measures used in more current research (Ciarrochi, Deane, & Anderson, 2002).

Furthermore, much of the current literature focuses on the protective factors regarding the ever-growing problem of teacher stress and burnout. Little research however, focuses on protective factors regarding teachers who experience a psychologically unsafe work environment. The current research was focused on examining emotional intelligence as a protective factor against certain negative teacher outcomes (e.g., stress, burnout), as EI can improve teacher efficacy and facilitate the development of a positive support network.

Research Questions

When considering the benefits of emotional intelligence revealed in previous research, the following hypotheses and research questions were investigated:

1. There is an association between levels of EI, burnout, attitudes toward help-seeking, and workplace safety, such that higher levels of burnout will be predicted by low EI, negative attitudes toward help-seeking and perceptions of a psychologically unsafe workplace.
2. Which of the examined variables contributes to, or predicts, burnout? It is hypothesized teaching level (e.g., elementary/secondary) and work-related factors (e.g., part-time/full-time) will be associated with burnout; for example, teachers who work full time, in secondary school, and in non-permanent jobs will likely experience higher levels of burnout.

Method

Participants

Participants were recruited using a convenience consenting sampling method. A total of 600 school staff were recruited from a large provincial teacher federation and a national, professional teachers' association; the sample consisted of teachers, occasional teachers, education support workers, school counsellors/psychologists, social workers, and guidance counsellors. In order to be a member of the federation or association, individuals must be over 18 years of age and have a current appointment in the education system; participants who did not meet these criteria were excluded from the sample. By obtaining such a large sample, this study aimed to maximize the generalizability of its results, accomplished in the consideration of

previous research with poor external validity due to small sample sizes (Kovess-Masfety, Rios-Seidel, & Sevilla-Dedieu, 2007; Graham et al., 2011).

Measures

The present study used quantitative self-report measures in the form of an online survey. The quantitative nature of the study eliminated the concern for poor inter-rater reliability, which was a common threat to the results of previous qualitative studies (Ferfolja, 2010; Campos et al., 2012; Graham et al., 2011). The survey first collected a variety of demographic data pertaining to both professional and personal aspects of the participants' lives. The demographic section asked participants to report their current teaching level, the length of their teaching career, the scope of schools they have taught in, their role in the school, part-time versus full-time status, and features of the community surrounding the school (e.g., rural, remote, urban). The first half of the personal demographic questions pertained to the participants' family relationships. This was to determine care-giving responsibilities and relational stressors that may be contributing to the participant's mental health. These questions asked participants about their relationship status (i.e., potential support) and the care that they provide to their dependents (e.g., children, aging parents, dependent siblings). The latter half of the personal questions pertained to their mental health and previous counselling experience. Questions also asked participants whether they had experienced mental health problems since becoming a teacher; whether they had sought counselling; why they had sought counselling; and whether they believed the counselling was effective. In the event that it was ineffective or they did not seek counselling, they were asked to complete additional questions. These questions provided a preliminary assessment of the participants' help-seeking attitudes before they were assessed further using the *Attitudes Toward*

Seeking Professional Psychological Help measure later in the survey.

Emotional Intelligence. The survey focused on the assessment of various aspects of mental health literacy, including teacher burnout, quality of life, help-seeking attitudes, sources of stress, and emotional intelligence. The present study focused particularly on resilience to stress and workplace health and safety in the context of a measure of EI: the *Trait Emotional Intelligence Questionnaire*: *Short Form (TEIQue-SF).* This is a 30-item scale developed by Petrides and Furnham (2006) that measures emotional intelligence on the basis of four factors: well-being, self-control, emotionality, and sociability. Participants selected their level of agreement with a series of statements using a 7-point Likert Scale. Sample items for this scale include: "Expressing my emotions with words is not a problem for me" and "I often find it difficult to see things from another person's viewpoint". Research suggests that this scale has both good reliability, with a Cronbach's alpha of .88 for males and .87 for females, and good criterion validity (Petrides & Furnham, 2006). The psychometric properties of this measure are, therefore, much improved from previously criticized EI measures (Ciarrochi, Deane, & Anderson, 2002).

Workplace Health. The second scale that is of particular relevance is the *Workplace Health Scale*. The researchers created the items for this scale using the *Canadian Psychological Health and Safety Standards* developed by the Mental Health Commission of Canada. The scale adhered to a 5-point Likert format, and asked the participants to indicate how true they believe a series of statements to be with respect to their own work environment. Sample items for this scale include: "Do you feel that your workplace meets and adheres to the legal requirements of a psychologically safe and respectful workplace?" and "Do you feel that your workplace promotes,

encourages and enforces respectful language, attitudes and behaviours towards mental health and mental illness?"

Teacher Burnout. Levels of teacher burnout were assessed using the *Teacher Burnout Scale (TBS)*. The 21-item TBS was developed by Seidman and Zager (1987) in order to measure the amount of burnout experienced by educators within their classroom. The scale adhered to a 5-point Likert format, asking participants to rate their level of agreement with statements like: "I am bored with my job" and "I am tired of my students" (Seidman & Zager, 1987). The scale also provided a space for participants to comment on their responses and/or the topic of burnout in general. Previous research has typically revealed the emergence of four primary factors associated with burnout: career satisfaction, administrative support, coping with stress, and attitudes towards students. Seidman & Zager (1987) reported relatively high internal consistency for each of these factors, with an average Cronbach's alpha of .89 for career satisfaction, .84 for perceived administrator support, .80 for coping with job related stress, and .72 for attitudes towards students. However, more recent research reveals the emergence of three primary factors associated with burnout: workplace stress, relationship capacity, and disengagement. The internal consistencies of these factors are quite high, with Cronbach's alphas of .90 for workplace stress, .82 for relationship capacity, and .86 for disengagement. Together, these factors account for 59% of the variance in teacher burnout (Marko & Rodger, 2015, unpublished).

Help-Seeking Attitudes. The final measure that is particularly relevant to the current research is the *Attitudes Toward Seeking Professional Psychological Help Scale-Short Form (ATSPPH-SF)*. This 10-item scale was developed by Fischer and Farina (1995), based on a

previously established self-report measure that assesses individuals' attitudes towards seeking mental healthcare (Fischer & Turner, 1970). The short form uses the same response format as the original measure, which is a four-point Likert-type scale ranging from 0 ("Disagree") to 3 ("Agree"). The scale includes items such as "I would obtain professional help if I was having a breakdown" and "I would find relief in psychotherapy if I was in an emotional crisis" (Fischer & Farina, 1970). The ATSPPH-SF focuses on two primary factors: the individual's recognition of their need for psychotherapeutic help and their confidence in a mental health practitioner. This short version has demonstrated good psychometric properties, with internal consistency ranging from 0.82 to 0.84, one-month test-retest reliability of 0.80, and a correlation of 0.87 with the longer scale (Elhai, Schweinle, & Anderson, 2008; Fischer and Farina, 1995).

Procedure

Before recruiting participants, ethical approval was obtained from the university research ethics board (see Appendix A). After approval was obtained, a recruitment email from the researchers was sent to members of a large provincial teacher federation and a national, professional teachers' association, which included the link to the Letter of Information (see Appendix B) and survey (see Appendix C). The entire survey consisted of 129 items within eight different scales, which took participants approximately 15-25 minutes to complete. Due to the online nature of the study, consent was obtained through the completion and submission of the online survey. The data was stored and protected on the university network drive. To maintain participants' confidentiality, no identifiers were included in the data file (i.e., responses will not be linked to email addresses or IP addresses). Analyses were carried out to explore relationships among the predictor and criterion variables (i.e., emotional intelligence, workplace health and

safety, burnout, help-seeking), and multiple regression analyses were conducted to assess which factors predict burnout. Two reminders to participate were sent before the end of the study: one at one week before the survey closed, and the second one at 24 hours before it closed.

Results

Demographic Information: Descriptive Statistics about the Sample

The sample was first analyzed to determine demographic information about the participants. The sample was composed mostly of females (71.1%), followed by males (27.7%) and transgendered individuals (1.2%). The participants ranged from 20 to 70 years of age, with a mean of 43.4 years (*SD*=9.35). The majority of participants taught at senior-level (67.8%), followed by intermediate (44%), primary (9.8%), and junior (6.3%). Participants had taught for an average of 15.5 (*SD*=8.11) years, with a range of 1 to 43 years. The mean number of schools taught in was 3.84 (*SD*=2.47) with some teaching in as many as 10 different schools over their teaching careers.

The majority of the sample were full-time classroom teachers (60.7%). However, the sample was also composed of: occasional full-time teachers (3%); occasional part-time teachers (4%); long-term occasional full-time teachers (3.5%); long-term occasional part-time teachers (1.5%); part-time classroom teachers (5.7%); full-time learning support teachers (1.3%); part-time learning support teachers (0.8%); full-time guidance counsellors/school supports (6.3%); part-time guidance counsellors/school supports (1%); full-time psychology staff (1.8%); part-time psychology staff (0.2%); full-time social workers (2.5%); full-time educational assistants (6.8%); part-time educational assistants (0.8%); full-time child and youth workers (2%); and part-time vice principals (0.2%).

Since becoming involved in the education system, 72.7% of the participants had experienced mental health distress that interfered with their work and everyday activities. However, only 50.9% had received psychotherapy or counselling for this distress. These services were accessed primarily through an Employee Assistance Program/Provider or work benefits (55.1%), while others were accessed through: a family doctor (29.8%), privately paid therapy (e.g., psychologist, social worker, counsellor; 27.5%), a psychiatrist (10.3%), a clergy member (4.3%), a walk-in clinic (3.2%), a mental health distress crisis line (2.3%), or other services (4.5%).

The majority sought counselling for multiple reasons that impacted all areas of their lives (46.2%). These reasons included: depression/suicidal ideation (8%); anxiety/obsessive compulsive disorder (6.8%); stress/post-traumatic stress disorder/burnout/feeling overwhelmed (8.7%); family and relationship problems/grief (18.2%); workplace stressors impacting their mental health (11.7%); and addiction/co-dependency issues (0.4%).

The majority of participants (72.6%) found this counselling or psychotherapy helpful, while 8.9% did not and 18.5% were unsure. Reasons for not seeking counselling/psychotherapy included: no desire to seek counselling/psychotherapy (30.5%); financial restrictions (10.5%); privacy issues (9.0%); lack of availability within their community (3.2%); and other, unlisted reasons (8.5%).

Scale Reliability and Descriptives

The majority of the scales and sub-scales used within the study demonstrated high to exceptionally high reliability. The Teacher Burnout Inventory (TBI), Attitudes Towards Seeking Professional Help (ATSPH) scale, and the researcher-developed Workplace Health and Safety

scale ranged from $\alpha = 0.80$ to $\alpha = 0.94$ (see Table 1). The reliability for the Trait Emotional Intelligence Questionnaire – Short Form (TEIQue-SF) was not as strong, ranging from $\alpha = 0.65$ to $\alpha = 0.85$ between sub-scales. However, the reliability for the entire scale ($\alpha = 0.89$) was quite close to alphas found in previous research; Petrides and Furnham (2006), for example, a Cronbach's alpha of .88 for males and .87 for females for the entire scale.

On average, TBI scores were mid-range (*M*=2.09; *SD*=0.67), with a range of 1-5. Work place stress (*M*=2.55, *SD*=0.88), on average, was higher than the other two burnout factors factors of relationship capacity (*M*=1.64, *SD*=0.64) and disengagement (*M*=2.17, *SD*=0.93). Attitudes towards seeking professional help were generally positive (*M*=22.25, *SD*=4.57), with a range of 6-30. Perceptions of psychological workplace health and safety were generally mid-range (*M*=21.56, *SD*=7.45), with a range of 7-35. Finally, global and sub-scale trait emotional intelligence scores were generally mid-to-high-range (see Table 1 for details).

Table 1

Key Results from Scales used in the Teacher Mental Health & Wellness Online Survey

Scales & Subscales	N	%	M	SD	Range	α
Teacher Burnout Inventory*	484	80.6	2.09	0.67	1-5	.920
*Workplace Stress**	488	81.3	2.55	0.88	1-5	.901
*Relationship Capacity**	508	84.7	1.64	0.64	1-4	.817
*Disengagement**	516	86	2.17	0.93	1-5	.858
Attitudes Towards Seeking Professional Psychological Help Scale – Short Form	470	78.3	22.25	4.57	6-30	.804
Workplace Health and Safety	477	79.5	21.56	7.45	7-35	.938
TEIQue-SF						
Global Trait*	396	66.0	4.97	0.77	1-7	.894
*Well-being**	447	74.5	5.39	1.10	1-7	.846
*Self-Control**	444	74.0	4.55	0.88	1-7	.694
*Emotionality**	446	74.3	5.14	0.89	1-7	.654
*Sociability**	439	73.2	4.66	0.99	1-7	.707

Note. TEIQue-SF = Trait Emotional Intelligence Questionnaire: Short Form. Items in italics indicate sub-scales.
*Mean item score.

Correlations Among Variables of Interest

Point biserial correlations were computed among the variables of interest and are presented in Table 2. Results indicated that several outcome variables were significantly correlated. Interestingly, a significant, positive correlation was found between the four factors of emotional intelligence (i.e., well-being: $r = 0.17, p < 0.01$; self-control: $r = 0.17, p < 0.01$; emotionality: $r = 0.10, p < 0.05$; and sociability: $r = 0.14, p < 0.01$) and the number of years teaching, such that the levels of each of these factors increased as the number of years teaching increased; further, a significant, positive correlation was found between the number of years teaching and the total emotional intelligence score, $r = 0.20, p < 0.01$, such that the total emotional intelligence score increased as the number of years teaching increased.

Using the conventional method of power analysis developed by Cohen and Cohen (1983), and keeping previous research findings in mind, it was expected that the relationship between emotional intelligence, workplace safety, help-seeking, and burnout would be small to medium. In order to detect a relationship that has acceptable power of .66, and with two-tailed analyses, Cohen suggests a sample size of 570 is adequate to detect a small effect size of r = .10; given the expectation of a small effect size, the sample size is large enough to accomplish this goal.

A significant, negative correlation was found between workplace health and safety and full-time status, $r = -0.11, p < 0.05$, such that full-time participants perceived less psychological workplace safety than part-time participants. Significant, positive correlations were found between workplace health and safety and the four factors of emotional intelligence (i.e., well-being: $r = 0.35, p < 0.01$; self-control: $r = 0.23, p < 0.01$; emotionality: $r = 0.23, p < 0.01$; sociability: $r = 0.16, p < 0.01$), such that high levels of these four factors were associated with increased

perceptions of psychological workplace safety. Similarly, a significant, positive correlation was found between workplace health and safety and the total emotional intelligence score, $r = 0.32$, $p < 0.01$, such that higher levels of overall emotional intelligence were associated with increased perceptions of psychological workplace safety (see Table 2).

Interestingly, significant, positive correlations were found between attitudes toward seeking professional help and only two of the four factors of emotional intelligence, such that higher levels of well-being ($r = 0.14$, $p < 0.01$) and emotionality ($r = 0.23$, $p < 0.01$) were associated with more positive attitudes toward seeking professional help. Similarly, a significant, positive correlation was found between attitudes toward help-seeking and participants' total emotional intelligence scores, $r = 0.12$, $p < 0.05$, such that higher levels of overall emotional intelligence were associated with more positive attitudes toward seeking professional help.

A significant, positive correlation was found between full-time status and all three factors of burnout, such that full-time status was associated with higher levels of workplace stress ($r = 0.20$, $p < 0.01$), relationship capacity ($r = 0.18$, $p < 0.01$), and disengagement ($r = 0.20$, $p < 0.01$). Significant, negative correlations were found between all four factors of emotional intelligence and all three factors of burnout, such that lower levels of well-being, self-control, emotionality and sociability were associated with higher levels of workplace stress, relationship capacity, and disengagement (see Table 1). Significant, negative correlations were also found between all three factors of burnout (i.e., workplace stress: $r = -0.58$, $p < 0.01$; relationship capacity: $r = -0.29$, $p < 0.01$; disengagement: $r = -0.39$, $p < 0.01$) and workplace health and safety, such that participants with higher levels of psychological workplace safety had lower levels of burnout. Interestingly, only one factor of burnout (i.e., relationship capacity: $r = -0.10$, $p < 0.05$) correlated significantly

with attitudes toward help seeking, such that participants with greater relationship capacities had more negative attitudes towards seeking professional help.

Significant, negative correlations were found between total emotional intelligence scores and all three factors of burnout (i.e., workplace stress: $r = -0.52$, $p < 0.01$; relationship capacity: $r = -.037$, $p < 0.01$; disengagement: $r = -0.38$, $p < 0.01$), such that higher overall EI scores were associated with lower levels of burnout. Similarly, significant negative correlations were found between overall burnout scores and all four factors of emotional intelligence, such that higher total burnout scores were associated with lower levels of well-being ($r = -0.50$, $p < 0.01$), self-control ($r = -0.39$, $p < 0.01$), emotionality ($r = -0.35$, $p < 0.01$) and sociability ($r = -0.32$, $p < 0.01$). A significant positive correlation was found between total burnout scores and full-time status, $r = 0.23$, $p < 0.01$, such that full-time teachers reported higher levels of overall burnout than other participants. A significant, negative correlation was found between total burnout scores and workplace health and safety, $r = -0.53$, $p < 0.01$, such that higher levels of overall burnout were associated with lower levels of perceived psychological safety. Furthermore, a significant, negative correlation was found between total burnout scores and total emotional intelligence scores, $r = -0.52$, $p < 0.01$, such that higher levels of overall burnout were associated with lower levels of overall emotional intelligence.

Table 2

Correlations between Variables of Interest.

	1	2	3	4	5	6	7	8	9	10	11	12	13
1. Years teaching	-												
2. Full-time status	.15**	-											
3. Well-being (EI)	.17**	-.07	-										
4. Self-control (EI)	.17**	-.09	.57**	-									
5. Emotionality (EI)	.10*	-.06	.51**	.36**	-								
6. Sociability (EI)	.14**	-.06	.42**	.49**	.37**	-							
7. Workplace Health	.01	-.11*	.36**	.23**	.23**	.16**	-						
8. ATSPH	.03	-.01	.14**	-.02	.23**	.06	.001	-					
9. Workplace Stress	-.06	.20**	-.51**	-.43**	-.30**	-.34**	-.58**	-.03	-				
10. Relat. Capacity	-.07	.18**	-.32**	-.23**	-.37**	-.19**	-.29**	-.10*	.51**	-			
11. Disengagement	-.03	.20**	-.43**	-.23**	-.27**	-.23**	-.39**	-.05	.65**	.51**	-		
12. EI Total	.20**	-.05	.82**	.77**	.75**	.72**	.33**	.12*	-.52**	-.37**	-.38**	-	
13. Burnout Total	-.05	.23**	-.50**	-.39**	-.35**	-.32**	-.53**	-.05	.93**	.75**	.78**	-.52**	-

Note. * $p < .05$, ** $p < .01$

Analyses

The first hypothesis of the present study was that a relationship exists between levels of EI, burnout, attitudes toward help-seeking, and workplace safety, such that higher levels of burnout will be predicted by low EI, negative attitudes toward help-seeking, and perceptions of a psychologically unsafe workplace. This hypothesis was tested using step-wise multiple regression analysis in SPSS. In this analysis, an aggregate score from the Teacher Burnout Inventory was entered as the dependent variable, while the total TEIQue scores, the ATSPH scores, and the workplace health and safety scores were entered as independent variables. A stepwise regression was chosen to help illustrate the story of the data more conceptually. In stepwise regression analysis, all the predictor variables are entered into the equation at one time in a series of steps. At each step, SPSS outputs the information about the multiple correlations, the variables in the equation, and the variables not yet entered. Moreover, the multiple correlations are tested for significance, as is each regression coefficient. If any variables no longer contribute significantly to the prediction of the dependent variable, they are eliminated from the equation. These steps are repeated until a regression equation is achieved where all of the variables contribute significantly to the prediction.

The second hypothesis was that teaching level (e.g., elementary/secondary) and work-related factors (e.g., part-time/full-time) would be associated with burnout; for example, teachers who work full time, in secondary school, and in non-permanent jobs would experience higher levels of burnout. This hypothesis was tested using a univariate analysis of variance (ANOVA). Teaching level and employment status (e.g., part-time vs. full-time) were entered as the independent variables, while teacher burnout was the dependent variable. The means of these variables were compared to determine whether significant differences in burnout existed for

those who were full-time status and/or taught at the secondary-level, in comparison to those who did not fulfill these criteria.

Hypothesis Testing

The step-wise method was used to conduct a multiple regression analysis, treating scores from the Teacher Burnout Inventory (TBI) as the outcome variable. The initial addition of Workplace Health and Safety scores to the model (step 1) accounted for a significant amount of the variance in TBI scores, *adjusted* $R^2 = .296$, $F(1, 338) = 143.21$ $p < .001$, indicating that perceptions of psychological workplace safety were significant in the prediction of teacher burnout. The addition of emotional intelligence scores to the model at step 2 further contributed to the model, $\Delta R^2 = .117$, $F(2, 337) = 119.55$, $p < 0.001$, indicating that levels of emotional intelligence also significantly predicted levels of teacher burnout. Finally, the Attitudes Towards Seeking Professional Help (ATSPH) variable was excluded during stepwise regression as it did not significantly contribute to the model, indicating that ATSPH did not significantly predict levels of teacher burnout. Results are displayed in Table 3.

The results of the Univariate Analysis of Variance revealed significant differences for one of the two tested variables. It was found that full-time teachers (M=2.32, SD=0.71) reported significantly higher levels of burnout than part-time teachers (M=1.98, SD=0.63), $F(1,457)=19.96$, $p < 0.001$. In contrast, no significant differences were found between teachers who taught at the secondary-level (M=2.23, SD=0.71) and those who did not (M=2.12, SD=0.68), $F(1,457)=0.27$, *n. s.* Furthermore, no significant interaction was found between teaching level and employment status, $F(1,457)=0.87$, *n. s.* It should be noted that there was a large discrepancy in group sizes for both teaching level (junior and senior) and employment

status (part-time and full-time); the senior-level group (N=326) was much larger than the non-senior-level group (N=131), while the full-time status group (N=294) was also larger than the part-time status group (N=163). Levine's Test of Equality of Error Variances was performed twice to examine the equality of variances on the Teacher Behaviour Inventory scores, based on employment status (part-time and full-time) and teaching level (junior and senior). For both comparisons, results were non-significant, indicating that error variances likely resulted from random sampling of a population with equal variances (see Table 4).

The variable of gender was also explored in relation to burnout and full-time versus part-time status. The results of the Analysis of Variance revealed significant differences for one of the two tested variables. It was found that full-time teachers (M=39.96, SD=11.70) reported significantly higher levels of burnout than part-time teachers (M=34.03, SD=10.38), $F(1,465)=21.35$, $p < 0.001$. In contrast, no significant differences were found when comparing male (M=37.80, SD=12.50) and female teachers (M=37.76, SD=11.24), $F(1,465)=1.32$, *n. s.* Furthermore, no significant interaction was found between gender and employment status, $F(1,465)=0.10$, *n. s.* (see Table 5). The observed power of the analysis was 0.996.

Table 3

Step-wise Multiple Regression Analysis with Teacher Burnout Scores as Outcome (N=340)

Step	Variable	*B*	*SE B*	*β*	Δ R^2	Adjusted R^2
1	Workplace Health and Safety	-.865	.072	-.546***	.298***	.296
2	Emotional Intelligence	-5.599	.681	-.366***	.117***	.412

Note. * $p < .05$, ** $p < .01$, ***$p < 0.001$

Table 4

Univariate Analysis of Variance with Teacher Burnout Scores as Outcome

Source	*df*	*SS*	*MS*	*F*	*p*
Corrected Model	4	14.33	3.58	7.69	.000
Intercept	1	445.26	445.26	956.50	.000
EE/SE	1	.12	.12	.27	.606[2]
FT/PT Status	1	9.29	9.29	19.96	.000[2]
Teaching Level * FT/PT Status	1	.40	.40	.87	.353
Error	452	210.41	.47		
Total	457	2435.74			
Corrected Total	456	224.74			

[2] Levine's Test of Equality of Error Variances was non-significant; the null hypothesis that error variance is equal across all groups was rejected.
Note. EE = Elementary Education; SE = Secondary Education; FT = Full-Time; PT = Part-Time.

Table 5

Univariate Analysis of Variance with Teacher Burnout Scores as Outcome

Source	*df*	*SS*	*MS*	*F*	*p*
Corrected Model	3	3986.86	1328.95	10.53	.000
Intercept	1	344240.68	344240.68	2726.83	.000
Gender	1	166.77	166.77	1.32	.251[1]
FT/PT Status	1	2695.77	2695.77	21.35	.000[1]
Gender * FT/PT Status	1	12.75	12.75	.10	.751
Error	461	58197.52	126.24		
Total	465	725537.00			
Corrected Total	464	62184.38			

[1] Levine's Test of Equality of Error Variances was significant; the null hypothesis that error variance is equal across all groups was accepted.
Note. FT = Full-Time; PT = Part-Time.

Discussion

The purpose of the present study was to investigate various internal factors related to the concern of teacher burnout that is so widespread amongst educators today. Three factors were examined in relation to burnout: emotional intelligence, attitudes towards seeking professional help, and perceptions of psychological safety within the workplace. It was hypothesized that a negative relationship would exist between burnout and each of these three variables, such that lower levels of emotional intelligence, more negative attitudes toward seeking professional help, and poorer perceptions of psychological safety would be associated with higher levels of burnout. Work-related factors (e.g., teaching level and full-time versus part-time status) were also examined as potential contributors to teacher burnout; specifically, it was hypothesized that those teaching at senior-level and/or full-time teachers would experience higher levels of burnout than those who did not fulfill these criteria. This hypothesis was partially based upon previous research finding that females who taught at the high school-level were more susceptible to mental distress than those who taught at other levels (Kovess-Masfety et al., 2007).

These hypotheses were partially supported by the results of the study in that both emotional intelligence and perceptions of psychological safety significantly predicted levels of burnout, with analyses revealing significant negative correlations between these variables. Contrary to predictions, the results revealed that attitudes toward seeking professional help did not predict burnout within this sample. The results of a univariate analysis of variance supported the hypothesis that full-time teachers would experience higher levels of burnout as compared to part-time teachers, as there were significant differences between the two groups. However, the

teaching level hypothesis was not supported, as no significant differences were found between those teaching at the senior, compared to other, levels.

Emotional Intelligence

To analyze the construct of emotional intelligence (EI) in relation to the other factors examined within the study, both the total score and individual scale scores (e.g., well-being, self-control, emotionality, and sociability) were correlated with other variables of interest. Significant, positive correlations were found between total and individual factor scores for EI and years of teaching, indicating that more experienced educators within the sample generally displayed higher levels of all components of emotional intelligence than those who were less experienced. It is difficult to draw conclusions from these results, however, as this sample represents the "survivors" (i.e., those who have not left the profession). There may be more experienced teachers with lower levels of emotional intelligence that temporarily or permanently left the profession due to burnout (or other factors), yet this sample solely focused on educators still teaching at the time of the study. Therefore, a conclusion regarding the connection of higher levels of emotional intelligence to teaching longevity may not be supported by this sample. This is a potential area for further research.

A small, yet significant positive correlation was revealed between total EI scores and attitudes toward seeking professional help (ATSPH), indicating that those with higher levels of emotional intelligence reported more positive attitudes towards seeking professional help for psychological distress. When this observation was examined at a deeper level, however, it was revealed that only two factors of emotional intelligence (emotionality and well-being) were significantly correlated with ATSPH, while the other two (sociability and self-control) were not.

This makes sense intuitively, as emotionality is associated with trait empathy, emotion perception, emotion expression, and relationships (Petrides, 2009), which are all key aspects in a therapeutic relationship; therefore, those with innate dispositions related to these key factors would logically feel more comfortable within a therapeutic alliance and likely view seeking professional help more positively. Similarly, well-being is associated with trait optimism, trait happiness, and self-esteem (Petrides, 2009), and its positive correlation with ATSPH may be interpreted logically in a number of ways; for example, those with higher levels of trait optimism may have more positive ATSPH because they may be more optimistic about the success of therapeutic intervention. Furthermore, the relationship may be bi-directional/mediational, as those who have more positive ATSPH may be more likely to seek professional help that ideally would increase levels of happiness and self-esteem.

These findings are also in line with previous research that cites common barriers to seeking professional help. For example, the positive relationship between emotionality and ATSPH also suggests that those with lower levels emotionality and, therefore, poorer emotion perception and expression (i.e., emotional awareness) have more negative ATSPH. This finding corresponds with research by Kuhl and colleagues (1997) that cites a lack of self-awareness or emotional competence as a primary barrier to seeking help. Furthermore, this relationship also suggests that those with poorer relationships stemming from lower levels of emotionality also have more negative ATSPH; this corresponds with research on "help-negation" finding that individuals suffering from mental health issues typically use maladaptive coping strategies that isolate them from important relationships (i.e., social support; Sawyer et al., 2012; Rudd et al., 1995; Wilson et al., 2011).

Significant positive correlations were found between all four factors of EI and perceptions of psychological safety within the workplace, indicating that teachers with higher levels of EI perceived their workplace as more psychologically safe than those with lower levels of EI. A possible explanation for this relationship could be that individuals with higher levels of EI are able to create and sustain more emotionally satisfying relationships with their colleagues that buffer against the inevitable adversities encountered in the workplace. This is another fertile area for future research.

Finally, some of the strongest correlations were found between the factors of emotional intelligence and the factors of burnout. These relationships were further supported by a multiple regression analysis indicating that, as hypothesized, emotional intelligence was a significant predictor of burnout amongst educators. Upon examining the results at a deeper level, intuitive connections appeared. For example, the emotionality factor of EI, which pertains to an individual's ability to develop and maintain relationships (Petrides, 2009), was most strongly correlated with the relationship capacity factor of teacher burnout. Similarly, the self-control factor of EI, which pertains to an individual's stress management, emotion regulation, and adaptability (Petrides, 2009), was more strongly correlated with the workplace stress factor of teacher burnout. This suggests that certain aspects of EI may buffer against certain factors of burnout better than others, which could be an important consideration when developing interventions.

Workplace Health and Safety

The strongest relationship was found between teacher burnout (particularly workplace stress) and workplace health and safety. This relationship is further supported by the results of

the multiple regression analysis, indicating that workplace health and safety is the primary predictor of teacher burnout as it accounts for the largest portion of variance. The negative correlation between these two variables indicates that teachers with perceptions of a more psychologically-unsafe work environment reported higher levels of burnout, as hypothesized. An interesting finding was that full-time educators generally perceived their workplace to be less psychologically safe than their part-time counterparts. It may be that a mediational relationship exists, such that full-time teachers experience higher levels of burnout (addressed later), which then leads to perceptions of a psychologically unsafe work environment. The relationship between these two variables is another area of research with much potential for future studies.

Attitudes Toward Seeking Professional Help

The results of the present study did not support the hypothesis that attitudes toward seeking professional help (ATSPH) would significantly predict burnout. As a result, this variable was excluded from the model during multiple regression analysis as it did not significantly contribute to the variance in teacher burnout. However, a significant, negative relationship was found between relationship capacity (a factor of burnout) and ATSPH, indicating that educators with greater relationship capacities had more negative ATSPH than those with smaller relationship capacities. This corresponds with previous research by Kuhl and colleagues (1997) finding that individuals who did not seek professional help often sought help instead from friends and family members; it may be that individuals who have greater relationship capacities see professional help as less necessary than those with smaller capacities, as they already find the support that they need in various personal relationships.

Work-Related Factors

As hypothesized, full-time educators reported higher levels of burnout than their part-time counterparts. This was reflected in the significant positive correlations between full-time status and all three factors of burnout, with the results of the univariate ANOVA indicating significant differences in burnout between full-time and part-time teachers. This finding corresponds with research suggesting the large amount of "emotional labour" involved in the teaching profession (Vesely, Saklofske, & Leschied, 2013); intuitively, the more hours of emotional labour, the increased potential for emotional exhaustion – a key factor in burnout (Kovess-Masfety et al., 2007). In contrast, the hypothesis that teaching level may affect levels of burnout was not supported. The ANOVA did not reveal any significant differences between educators teaching at the senior-level versus those teaching at other levels, which differs from previous research (Seibt et al., 2013). The findings of the present study then suggest that interventions should target all teaching levels equally, but perhaps additional support may be needed for full-time staff.

Implications for Counselling

Perhaps the most significant finding of the present study was that emotional intelligence (EI) was in fact a significant predictor of teacher burnout, such that higher levels of EI predicted lower levels of burnout among educators. This is a promising area for intervention, as numerous studies have shown that EI can be increased through various programs or training (Pool & Qualter, 2012; Van Der Merwe, 2011; Brackett & Katulak, 2007; Brackett, Rivers, & Salovey, 2011; Hansen 2010). The results of this study suggest that the implementation of EI interventions

within a school-setting may improve teachers' resiliency toward burnout, ideally leading to higher teacher retention rates and less burnout-induced leaves of absence.

Another significant finding was the significant positive correlation between total EI scores and attitudes toward seeking professional help, indicating that those with higher levels of EI had more positive ATSPH. This finding suggests that increasing one's emotional intelligence may have a positive effect on their attitudes towards professional help-seeking, and therefore may increase their likelihood of seeking counselling when issues of burnout or other psychological distress arise. Therefore, interventions that increase EI could not only decrease the incidence of burnout, but also the prevalence as already burnt-out teachers seek the help that they need. Of course, the correlational nature of this study cannot imply causation; however, these results show promise and lay the groundwork for future experimental research.

A final, but equally important finding was that perceived psychological safety within the workplace significantly predicted teacher burnout, such that lower levels of perceived psychological safety were associated with higher levels of burnout. Research shows that a psychologically unsafe work environment is an issue amongst educators, particularly female and LGBT teachers (Kovess-Masfety et al., 2007; Ferfolja, 2010; Campos et al., 2010). Therefore, interventions targeted at improving safety within the workplace (i.e., school-settings) would likely decrease the impact of burnout upon teachers in psychologically unsafe work environments. Some programs have already been developed to improve psychological safety within the workplace. For example, Great West Life (the Centre for Mental Health in the Workplace) has developed a program called *Guarding Minds at Work*, which involves a collection of resources that assess and address thirteen psychosocial factors that are significantly

associated with workplace psychological health and safety (Centre for Applied Research in Mental Health and Addiction, 2012). EI interventions may be helpful in this respect as well. A significant, positive correlation was found between workplace safety and all four components of emotional intelligence. As such, increasing EI may consequently increase perceptions of psychological safety. Again, causation cannot be implied, yet plausible hypotheses can be developed from this relationship; for example, increasing one's EI may lead to the development of more emotionally supportive collegial relationships within the workplace, which may lead to increased perceptions of safety. Thus, this is a promising area for future experimental research as well.

Implications for Further Research

This research demonstrates that the variables of EI, ATSPH, workplace health and safety, and teacher burnout are associated. However, the ways in which they are related to one another requires further investigation. This study was mostly exploratory in nature to determine whether the hypothesized relationships did in fact exist, in an effort to establish a more solid foundation upon which these relationships could be further investigated. Throughout this discussion, further hypotheses have been developed based on the findings of this study, which can be evaluated in future studies. A mediational relationship, for example, was hypothesized between ATSPH, help-seeking, and self-esteem (a core facet of trait EI), such that those with more positive attitudes toward help-seeking would likely seek that help, thus augmenting their self-esteem. Another mediational hypothesis was posited to explain the relationship that was discovered between EI and workplace safety; it was suggested that individuals with higher levels of EI may be able to create and sustain more emotionally satisfying collegial relationships that could buffer

against workplace adversities. The relationship between full-time status and perceptions of psychological safety could also be further explored; one hypothesis could be that full-time status is associated with higher levels of burnout, which then leads to perceptions of less psychological safety within the workplace.

The most fertile ground for research, however, may be the empirical evaluation of EI interventions and their efforts to decrease burnout among educators. The results of this study suggest that it may be helpful to target full-time teachers specifically, as they tend to experience higher levels of burnout. Future experimental studies could aim to determine causation and directionality between the variables, that could consequently aid in the development and evaluation of these interventions. These interventions would not only include school-based interventions for teachers, but external counselling interventions as well. The findings of this research could inform and influence therapeutic practice in many ways; for example, augmenting EI could not only increase the likelihood of seeking this professional help, but help clients to develop more emotionally secure relationships within their personal and professional lives, creating a buffer of social support against mental distress.

Although the variable of gender was not included in the initial hypotheses, it was explored to determine whether the data would support the hypothesis that female teachers experience higher levels of burnout than male teachers. No significant differences were found between male and female teachers in terms of burnout, which does not support the paternalistic assumption that female teachers might have smaller capacities to cope with stress and are more susceptible to burnout. This finding differs from previous research indicating that female teachers report poorer physical health and high levels of occupational stress than their male

counterparts; however, this may be attributed to cultural differences, as this research originated from China, where female teachers are burdened with expectations of greater responsibility (Yang et al., 2009). Furthermore, no significant interaction was found between gender and employment status (i.e., part-time versus full-time), yet significant differences were found between part-time and full-time groups. It should be noted that although this sample was primarily female (71.1%), this is similar to the 73.5% rate of female teachers reported by Statistics Canada (2015) and the 72.6% rate published in 2008 by the Canadian Teachers' Federation (2014). Therefore, contrary to public opinion, it may not be that women are not as able to withstand the stress of burnout as men; instead, it may be that most teachers are women, and that it is simply working part-time that leads to less stress. This hypothesis can be further explored in future research.

Strengths and Limitations

A major strength of the present study was its large sample size, which increases its generalizability and, therefore, its external validity. The study also used standardized measures with strong reliability ratings, which rectifies a common issue in previous research (Ferfolja, 2010; Campos et al., 2012; Graham et al., 2011). Furthermore, the online-medium of the study likely decreased the risk of social desirability bias that face-to-face interviews and researcher-administered questionnaires are often susceptible to.

A major limitation to the present study was the self-report and voluntary nature of the research, which brings up issues of response bias. Furthermore, the sample represents "survivors" of burnout (i.e., those who remain in the profession despite this adversity), and therefore conclusions about longevity were not able to be drawn. In terms of sampling biases, the

measures were only offered in English, which may have resulted in an over-representation of certain populations within the profession. Finally, the online survey was designed to be completed in one consecutive sitting (i.e., participants could not save their progress, return to previous pages, or resume completion at a later time), which may have contributed to some sample attrition.

Closing Remarks

Overall, the results of this study demonstrated associations between emotional intelligence, attitudes towards seeking professional help, perceptions of psychological workplace safety, and teacher burnout, as predicted. The relationships found between these variables create promising avenues of further exploration in terms of both research and counselling interventions. Although additional research is necessary in order to determine how best to support this population, I would hope that these findings serve as "first steps" on the path to intervention.

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Appendix A

Western Research

Research Ethics

Western University Non-Medical Research Ethics Board
NMREB Amendment Approval Notice

Principal Investigator: Dr. Susan Rodger
Department & Institution: Education\Faculty of Education,Western University

NMREB File Number: 105571
Study Title: An Examination of Teachers' and Education Professionals' Mental Health and Wellness
Sponsor:

NMREB Revision Approval Date: October 30, 2014
NMREB Expiry Date: February 28, 2015

Documents Approved and/or Received for Information:

Document Name	Comments	Version Date
Instruments	revised questionnaire	2014/10/09

The Western University Non-Medical Science Research Ethics Board (NMREB) has reviewed and approved the amendment to the above named study, as of the NMREB Amendment Approval Date noted above.

NMREB approval for this study remains valid until the NMREB Expiry Date noted above, conditional to timely submission and acceptance of NMREB Continuing Ethics Review.

The Western University NMREB operates in compliance with the Tri-Council Policy Statement Ethical Conduct for Research Involving Humans (TCPS2), the Ontario Personal Health Information Protection Act (PHIPA, 2004), and the applicable laws and regulations of Ontario.

Members of the NMREB who are named as Investigators in research studies do not participate in discussions related to, nor vote on such studies when they are presented to the REB.

The NMREB is registered with the U.S. Department of Health & Human Services under the IRB registration number IRB 00000941.

[redacted]

Ethics Officer, on behalf of Riley Hinson, NMREB Chair

Ethics Officer to Contact for Further Information

Erika Basile	Grace Kelly	Mina Mekhail	Vikki Tran
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This is an official document. Please retain the original in your files.

Appendix B

Western Education

An Examination of Teachers' and Education Professionals' Mental Health and Wellness
LETTER OF INFORMATION

Introduction
My name is Kirsten Marko and I am a graduate student at the Faculty of Education at Western University. I am conducting research into the experiences of stress, burnout and mental health in the lives of teachers and other education professionals.

Purpose of the Study
The aim of the study is to explore mental health and wellness, stress and the experience of seeking help, balancing work life and home life, and burnout among teachers and education professionals. We hope to, through this project, develop an understanding of the needs, strengths and challenges faced by people who work in the education system.

Participation
If you agree to participate in this study you will be asked to complete a survey that asks questions about stress, mental health, burnout, and your quality of life. The survey is completed electronically. Using the link provided here and in the email to which this letter is attached, you can access the survey. The survey will take about 20 minutes to complete.

Confidentiality
The information collected will be used for research purposes only, and neither your name nor information which could identify you will be used in any publication or presentation of the study results. Otherwise, all information collected for the study will be kept confidential.

Risks & Benefits
While there are no known risks to participating in this study, you might find that responding to questions about these topics is upsetting. You will also find, attached to the email where you found this letter, a list of mental health resources organized by geographical area and school board, which you may find useful.

Voluntary Participation
Participation in this study is voluntary. You may refuse to participate, refuse to answer any questions or withdraw from the study at any time with no effect on your employment or connections with your professional affiliations.

Publication
The results of this study are intended for publication. If you choose to complete any of the free response items, we may quote you. Your name will not be used.

Questions

If you have any questions about the conduct of this study or your rights as a research participant you may contact Dr. Susan Rodger or the Office of Research Ethics, Western University.

Thank you,

Susan Rodger, PhD., C. Psych **Kirsten Marko, BA**
Associate Professor, **Master of Arts Candidate,**

Faculty of Education, Western University

Appendix C

An Examination of Teachers' and Education Professionals' Mental Health & Wellness (Online Survey)

Please note that the survey cannot be returned to once the browser has been closed - only the responses completed before the survey was closed will be recorded. Please complete the following items. If you would prefer not to answer any item, you are permitted to skip it.

Q1 Gender:
- ❍ Male (1)
- ❍ Female (2)
- ❍ Transgender (3)

Q2 Please indicate your age.
_____ Age (1)

Q3 Level(s) currently teaching:
- ❑ Primary (1)
- ❑ Junior (2)
- ❑ Intermediate (3)
- ❑ Senior (4)
- ❑ Alternative (5)
- ❑ Other (6)

Q4 How long have you been teaching (including this year)?
_____ Years (1)

Q5 How many different schools have you taught in?
_____ # of schools (1)

Q6 What is your current role in the school? Is this role full time or part-time?

Occasional Teacher (1)	❑ Full Time (1)	❑ Part Time (2)
Long-term Occasional Teacher (2)	❑ Full Time (1)	❑ Part Time (2)
Classroom Teacher (3)	❑ Full Time (1)	❑ Part Time (2)
Learning Support Teacher (4)	❑ Full Time (1)	❑ Part Time (2)
Guidance Counsellor/School Support Teacher (5)	❑ Full Time (1)	❑ Part Time (2)
Chaplain (6)	❑ Full Time (1)	❑ Part Time (2)
Psychology Staff (7)	❑ Full Time (1)	❑ Part Time (2)
Social Worker (8)	❑ Full Time (1)	❑ Part Time (2)
Educational Assistant (9)	❑ Full Time (1)	❑ Part Time (2)
Child and Youth Worker (10)	❑ Full Time (1)	❑ Part Time (2)
Principal (11)	❑ Full Time (1)	❑ Part Time (2)
Vice Principal (12)	❑ Full Time (1)	❑ Part Time (2)
Other (please specify) (13)	❑ Full Time (1)	❑ Part Time (2)

Q7 Please indicate the features of the community where you work (check all that apply):

- ❑ Remote (1)
- ❑ Rural (2)
- ❑ Urban (3)
- ❑ (4)
- ❑ 5001-15,000 people (5)
- ❑ 15001 – 50,000 people (6)
- ❑ 50,001 – 100,000 people (7)
- ❑ 100,001 – 200,000 people (8)
- ❑ 200,001-500,000 people (9)
- ❑ 500,001-1,000,000 people (10)
- ❑ Over 1,000,000 people (11)

Q8 Marital Status:
- ❍ Married (1)
- ❍ Common-law (2)
- ❍ Divorced (3)
- ❍ Separated (4)
- ❍ Single (5)
- ❍ Widowed (6)

Q9 Do you have children?
- ❍ Yes (1)
- ❍ No (2)

If No Is Selected, Then Skip To Q12 "Do you currently care for ageing parents or adult siblings?"

Q10 How many children do you have in each of these age groups?

	# of children in age group (1)
Age 0-2 (1)	
Age 3-6 (2)	
Age 7-11 (3)	
Age 12-18 (4)	
Age 19-25 (5)	
26 and older (6)	

Q11 Please estimate the number of hours per month you spend caring for your child/children.

Q12 Do you currently care for ageing parents or adult siblings?
- ❍ Yes (1)
- ❍ No (2)

If No Is Selected, Then Skip To Q15 "Do you do any volunteer work outside of your school?"

Q13 What type of support do you provide for your ageing parents or adult siblings? Please check all that apply.
- ❑ They live with me (1)
- ❑ They live on their own and I visit them on a regular basis to check on them (2)
- ❑ They live in a supported care facility (3)
- ❑ I advocate for their health and well-being needs with healthcare providers (4)
- ❑ Other (please explain) (5) _____

Q14 Please estimate the number of hours per month you spend caring for your ageing parent or sibling.

Q15 Do you do any volunteer work outside of your school?
- ❍ Yes (1)
- ❍ No (2)

If No Is Selected, Then Skip To Q17 "Do you do any volunteer work at your school?"

Q16 Please estimate the number of hours per month you spend doing volunteer work outside of your school.

Q17 Do you do any volunteer work at your school?
- ❍ Yes (1)
- ❍ No (2)

If No Is Selected, Then Skip To Q19 "Since becoming a teacher or education professional..."

Q18 Please estimate the number of hours per month you spend doing volunteer work at your school.

Q19 Since becoming a teacher or education professional, have you ever experienced mental health distress that interfered with your ability to engage in the activities of everyday life (i.e., work, relationships, health-promoting behaviours, etc.)?
- ❍ Yes (1)
- ❍ No (2)

Q20 Have you ever received psychotherapy or counselling?
- ❍ Yes (1)
- ❍ No (2)

If No Is Selected, Then Skip To Q24 "If you have never gone for counselling or psychotherapy…"

Q21 Where did you go for help? Check all that apply.
- ☐ Privately paid therapy (psychologist, social worker, counsellor) (1)
- ☐ Family Doctor (2)
- ☐ Clergy member (3)
- ☐ Psychiatrist (4)
- ☐ EAP (Employee Assistance Provider) (5)
- ☐ Mental Health Distress Crisis Line (telephone) (6)
- ☐ Walk-in Clinic (7)
- ☐ Other (8) _____

Q22 Please briefly explain the reason(s) why you received psychotherapy or counselling.

Q23 Was the psychotherapy/counselling helpful?
- ❍ Yes (1)
- ❍ No (2)
- ❍ I'm not sure (3)

Q24 If you have never gone for counselling or psychotherapy, but you wished you could, what prevented you? Check all that apply.
- ❑ Financial restrictions (1)
- ❑ It was not available in my community (2)
- ❑ Privacy issues (3)
- ❑ Other (4) _____
- ❑ I have never wished to go to counselling or psychotherapy. (5)

If "I have never wished to go…" Is Selected, Then Skip To End of Block

Q25 Please briefly describe your situation with regards to your reason for not receiving counselling or psychotherapy when you wished you could have.

Please note that the survey cannot be returned to once the browser has been closed - only the responses completed before the survey was closed will be recorded. Please complete the following items. If you would prefer not to answer any item, you are permitted to skip it. The following questions ask about how you have been feeling during the past 30 days. For each question, please select the number that best describes how often you had this feeling.

Q26 During the past 30 days, about how often did you feel...

	All of the time (1)	Most of the time (2)	Some of the time (3)	A little of the time (4)	None of the time (5)
...nervous? (1)	❍	❍	❍	❍	❍
...hopeless? (2)	❍	❍	❍	❍	❍
...restless or fidgety? (3)	❍	❍	❍	❍	❍
...so depressed that nothing could cheer you up? (4)	❍	❍	❍	❍	❍
...that everything was an effort? (5)	❍	❍	❍	❍	❍
...worthless? (6)	❍	❍	❍	❍	❍

Q27 The last 6 questions asked about feelings that might have occurred during the past 30 days. Taking them altogether, did these feelings occur more often in the past 30 days than is usual for you, about the same as usual, or less often than usual? (If you never have any of these feelings, select the associated option.)

	A little more often than usual (1)	A bit more often than usual (2)	A lot more often than usual (3)	About the same as usual (4)	A little less often than usual (5)	A bit less often than usual (6)	A lot less often than usual (7)	None of the time (8)
These feelings have occurred... (1)	❍	❍	❍	❍	❍	❍	❍	❍

The next few questions are about how these feelings may have affected you in the past 30 days. You need not answer these questions if you answered "None of the time" to all of the six questions about your feelings.

Q28 During the past 30 days, how many days out of 30 were you totally unable to work or carry out your normal activities because of these feelings? (Insert # of days)

Q29 Not counting the days you reported in response to the previous question, how many days in the past 30 were you able to do only half or less of what you would normally have been able to do, because of these feelings? (Insert # of days)

Q30 During the past 30 days, how many times did you see a doctor or other health professional about these feelings? (Insert # of times)

Q31

	All of the time (1)	Most of the time (2)	Some of the time (3)	A little of the time (4)	None of the time (5)
During the past 30 days, how often have physical health problems been the main cause of these feelings? (1)	❍	❍	❍	❍	❍

Q32 Please insert any additional comments about these questions and/or this topic below.

Please note that the survey cannot be returned to once the browser has been closed - only the responses completed before the survey was closed will be recorded. Please complete the following items. If you would prefer not to answer any item, you are permitted to skip it. This measure is designed to determine how you currently feel about your job and its related aspects. There are no right or wrong answers. Work quickly and choose your first impression. Please indicate the degree to which each statement applies to you by marking whether you:

Teacher Burnout Inventory

Q33

	Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)
I am bored with my job. (1)	❍	❍	❍	❍	❍
I am tired of my students. (2)	❍	❍	❍	❍	❍
I am weary with all of my job responsibilities. (3)	❍	❍	❍	❍	❍
My job doesn't excite me anymore. (4)	❍	❍	❍	❍	❍
I dislike going to my job. (5)	❍	❍	❍	❍	❍
I feel alienated at work. (6)	❍	❍	❍	❍	❍
I feel frustrated at work. (7)	❍	❍	❍	❍	❍
I avoid communication with students. (8)	❍	❍	❍	❍	❍
I avoid communication with my colleagues. (9)	❍	❍	❍	❍	❍
I communicate in a hostile manner at work. (10)	❍	❍	❍	❍	❍
I feel ill at work. (11)	❍	❍	❍	❍	❍
I think about calling my students ugly	❍	❍	❍	❍	❍

names. (12)					
I avoid looking at my students. (13)	❍	❍	❍	❍	❍
My students make me sick. (14)	❍	❍	❍	❍	❍
I feel sick to my stomach when I think about work. (15)	❍	❍	❍	❍	❍
I wish people would leave me alone at work. (16)	❍	❍	❍	❍	❍
I dread going to school. (17)	❍	❍	❍	❍	❍
I am apathetic about my job. (18)	❍	❍	❍	❍	❍
I feel stressed at work. (19)	❍	❍	❍	❍	❍
I have problems concentrating at work. (20)	❍	❍	❍	❍	❍

Q34 Please insert any additional comments about these questions and/or this topic below.

Please note that the survey cannot be returned to once the browser has been closed - only the responses completed before the survey was closed will be recorded. Please complete the following items. If you would prefer not to answer any item, you are permitted to skip it. This questionnaire asks how you feel about your quality of life, health, or other areas of your life. If you are unsure about which response to give to a question, please choose the one that appears most appropriate. This can often be your first choice. Please keep in mind your standards, hopes, pleasures and concerns. We ask you think about your life in the last two weeks.

Q35 Please read each question, assess your feelings, and select the option on the scale that gives the best answer for you for each question.

	Very poor (1)	Poor (2)	Neither poor nor good (3)	Good (4)	Very good (5)
How would you rate your quality of life? (1)	❍	❍	❍	❍	❍
How would you rate your health? (2)	❍	❍	❍	❍	❍

Q36 The following questions ask about how much you have experienced certain things in the last two weeks.

	Not at all (1)	A little (2)	A moderate amount (3)	Very much (4)	An extreme amount (5)
To what extent do you feel that physical pain prevents you from doing what you need to do? (1)	❍	❍	❍	❍	❍
How much do you need any medical treatment to function in your daily life? (2)	❍	❍	❍	❍	❍
How much do you enjoy life? (3)	❍	❍	❍	❍	❍
To what extent do you feel your life to be meaningful? (4)	❍	❍	❍	❍	❍
How well are you able to concentrate? (5)	❍	❍	❍	❍	❍
How safe do you feel in your daily life? (6)	❍	❍	❍	❍	❍
How healthy is your physical environment? (7)	❍	❍	❍	❍	❍

Q37 The following questions ask about how completely you experienced or were able to do certain things in the last two weeks.

	Not at all (1)	A little (2)	Moderately (3)	Mostly (4)	Completely (5)
Do you have enough energy for everyday life? (1)	❍	❍	❍	❍	❍
Are you able to accept your bodily appearance? (2)	❍	❍	❍	❍	❍
Have you enough money to meet your needs? (3)	❍	❍	❍	❍	❍
How available to you is the information that you need in your day-to-day life? (4)	❍	❍	❍	❍	❍
To what extent do you have the opportunity for leisure activities? (5)	❍	❍	❍	❍	❍
How well are you able to get around? (6)	❍	❍	❍	❍	❍

Q38 The following questions ask you to say how good or satisfied you have felt about various aspects of your life over the last two weeks.

	Very dissatisfied (1)	Dissatisfied (2)	Neither satisfied nor dissatisfied (3)	Satisfied (4)	Very satisfied (5)
How satisfied are you with your sleep? (1)	❍	❍	❍	❍	❍
How satisfied are you with your ability to perform your daily living activities? (2)	❍	❍	❍	❍	❍
How satisfied are you with your capacity for work? (3)	❍	❍	❍	❍	❍
How satisfied are you with yourself? (4)	❍	❍	❍	❍	❍
How satisfied are you with your personal relationships? (5)	❍	❍	❍	❍	❍
How satisfied are you with your sex life? (6)	❍	❍	❍	❍	❍
How satisfied are you with the support you get from your friends? (7)	❍	❍	❍	❍	❍
How satisfied are you with the conditions of your living place? (8)	❍	❍	❍	❍	❍
How satisfied are you with your access to	❍	❍	❍	❍	❍

health services? (9)					
How satisfied are you with your mode of transportation? (10)	❍	❍	❍	❍	❍

Q39 The following question refers to how often you have felt or experienced certain things in the last two weeks.

	Never (1)	Seldom (2)	Quite often (3)	Very often (4)	Always (5)
How often do you have negative feelings, such as blue mood, despair, anxiety, depression? (1)	❍	❍	❍	❍	❍

Q40 Please insert any additional comments about these questions and/or this topic below:

Attitudes Towards Seeking Professional Psychological Help – Short Form

Q41 Please note that the survey cannot be returned to once the browser has been closed - only the responses completed before the survey was closed will be recorded. Please complete the following items. If you would prefer not to answer any item, you are permitted to skip it. Read each statement carefully and indicate whether you agree or disagree, using the scale below. Please express your frank opinion in responding to each statement, answering as you honestly feel or believe.

	Disagree (1)	Probably disagree (2)	Probably agree (3)	Agree (4)
I would obtain professional help if I was having a breakdown. (1)	❍	❍	❍	❍
Talking about psychological problems is a poor way to solve emotional problems. (2)	❍	❍	❍	❍
I would find relief in psychotherapy if I was in an emotional crisis. (3)	❍	❍	❍	❍
A person coping without professional help is admirable. (4)	❍	❍	❍	❍
I would obtain psychological help if I was upset for a long time. (5)	❍	❍	❍	❍
I might want counselling in the future. (6)	❍	❍	❍	❍
A person with an emotional problem is likely to solve it with professional help. (7)	❍	❍	❍	❍
Psychotherapy would not have	❍	❍	❍	❍

value for me. (8)				
A person should work out his/her problems without counselling. (9)	❍	❍	❍	❍
Emotional problems resolve by themselves. (10)	❍	❍	❍	❍

Q42 Please insert any additional comments about these questions and/or this topic below:

Q43 Please note that the survey cannot be returned to once the browser has been closed - only the responses completed before the survey was closed will be recorded. Please complete the following items. If you would prefer not to answer any item, you are permitted to skip it. Read each statement carefully and indicate whether you agree or disagree, using the scale below. Please express your frank opinion in responding to each statement, answering as you honestly feel or believe.

	Disagree (1)	Probably disagree (2)	Probably agree (3)	Agree (4)
Seeing a psychologist for emotional or interpersonal problems carries social stigma. (1)	❍	❍	❍	❍
It is a sign of personal weakness or inadequacy to see a psychologist for emotional or interpersonal problems. (2)	❍	❍	❍	❍
People will see a person in a less favourable way if they knew he/she was seeing a psychologist. (3)	❍	❍	❍	❍
It is advisable for a person to hide from others that he/she has been seeing a psychologist. (4)	❍	❍	❍	❍
People tend to like less, those who are receiving professional psychological help. (5)	❍	❍	❍	❍
I would be worried about keeping my job, or getting another job with my employer, if an	❍	❍	❍	❍

administrator knew I was receiving professional psychological help. (6)				

Q44 Please insert any additional comments about these questions and/or this topic below:

Please note that the survey cannot be returned to once the browser has been closed - only the responses completed before the survey was closed will be recorded. Please complete the following items. If you would prefer not to answer any item, you are permitted to skip it. The following questions ask information about mental health in your work environment. Please choose the appropriate response to each question to indicate how true you believe it is for your work environment.

Workplace Health Scale

Q45 Do you feel that your workplace...

	No (1)	Not Really (2)	Somewhat (3)	Quite a bit (4)	Definitely (5)
...meets and adheres to the legal requirements of a psychologically safe and respectful workplace? (1)	❍	❍	❍	❍	❍
...promotes, encourages and enforces respectful language, attitudes and behaviours towards mental health and mental illness? (2)	❍	❍	❍	❍	❍
...provides its employees with the appropriate knowledge and means of protecting and supporting one's mental health? (3)	❍	❍	❍	❍	❍
...provides and facilitates a supportive, safe and respectful atmosphere, where you could turn to a colleague if you felt you were experiencing psychological	❍	❍	❍	❍	❍

distress? (4)					
...is overseen and led by an individual who is respectful towards mental illness and seeks to promote & implement mental health literacy amongst your faculty? (6)	❍	❍	❍	❍	❍
...promotes, encourages and provides the means for its employees to maintain a healthy work-life balance? (7)	❍	❍	❍	❍	❍
...would provide appropriate and adequate assistance if you came forward with a mental health issue or while in psychological distress? (9)	❍	❍	❍	❍	❍

Please note that the survey cannot be returned to once the browser has been closed - only the responses completed before the survey was closed will be recorded. Please complete the following items. If you would prefer not to answer any item, you are permitted to skip it.

Q46 Below you will find a list of some parts of life that can contribute to stress, and under each type of stress there are some specific examples. Please rate the extent to which each part of your life may be stressful overall, then rate each specific example as well.

	Never (1)	Seldom (2)	Quite often (3)	Very often (4)	Always (5)
My work-life overall (1)	❍	❍	❍	❍	❍
My students (2)	❍	❍	❍	❍	❍
My leadership team (3)	❍	❍	❍	❍	❍
My co-workers (4)	❍	❍	❍	❍	❍
Policies (5)	❍	❍	❍	❍	❍
Lack of resources (6)	❍	❍	❍	❍	❍
Other (please specify) (7)	❍	❍	❍	❍	❍
My personal life overall (8)	❍	❍	❍	❍	❍
My relationship with my spouse or partner (9)	❍	❍	❍	❍	❍
My relationship with my children (10)	❍	❍	❍	❍	❍
Caring for children (11)	❍	❍	❍	❍	❍
Caring for other family members (12)	❍	❍	❍	❍	❍
Financial difficulties (13)	❍	❍	❍	❍	❍
Other (please specify) (14)	❍	❍	❍	❍	❍
Work-Life Balance (15)	❍	❍	❍	❍	❍
My	❍	❍	❍	❍	❍

responsibilities at work (16)					
My responsibilities at home (17)	❍	❍	❍	❍	❍
Other (please specify) (18)	❍	❍	❍	❍	❍

Q47 Please insert any additional comments about these questions and/or this topic below:

Please note that the survey cannot be returned to once the browser has been closed - only the responses completed before the survey was closed will be recorded. Please answer each statement below by putting a circle around the number that best reflects your degree of agreement or disagreement with that statement. Do not think too long about the exact meaning of the statements. Work quickly and try to answer as accurately as possible. There are no right or wrong answers. There are seven possible responses to each statement ranging from "Completely Disagree (#1) to Completely Agree (#7).

Trait Emotional Intelligence Questionnaire – Short Form

Q48

	1 Completely Disagree (1)	2 (2)	3 (3)	4 (4)	5 (5)	6 (6)	7 Completely Agree (7)
Expressing my emotions with words is not a problem for me. (1)	❍	❍	❍	❍	❍	❍	❍
I often find it difficult to see things from another person's viewpoint. (2)	❍	❍	❍	❍	❍	❍	❍
On the whole, I'm a highly motivated person. (3)	❍	❍	❍	❍	❍	❍	❍
I usually find it difficult to regulate my emotions. (4)	❍	❍	❍	❍	❍	❍	❍
I generally don't find life enjoyable. (5)	❍	❍	❍	❍	❍	❍	❍
I can deal effectively with people. (6)	❍	❍	❍	❍	❍	❍	❍
I tend to change my mind frequently. (7)	❍	❍	❍	❍	❍	❍	❍
Many times, I can't figure out what emotion I'm feeling. (8)	❍	❍	❍	❍	❍	❍	❍
I feel that I	❍	❍	❍	❍	❍	❍	❍

have a number of good qualities. (9)							
I often find it difficult to stand up for my rights. (10)	❍	❍	❍	❍	❍	❍	❍
I'm usually able to influence the way other people feel. (11)	❍	❍	❍	❍	❍	❍	❍
On the whole, I have a gloomy perspective on most things. (12)	❍	❍	❍	❍	❍	❍	❍
Those close to me often complain that I don't treat them right. (13)	❍	❍	❍	❍	❍	❍	❍
I often find it difficult to adjust my life according to the circumstances. (14)	❍	❍	❍	❍	❍	❍	❍
On the whole, I'm able to deal with stress. (15)	❍	❍	❍	❍	❍	❍	❍
I often find it difficult to show my affection to those close to me. (16)	❍	❍	❍	❍	❍	❍	❍
I'm normally able to "get	❍	❍	❍	❍	❍	❍	❍

into someone's shoes" and experience their emotions. (17)							
I normally find it difficult to keep myself motivated. (18)	❍	❍	❍	❍	❍	❍	❍
I'm usually able to find ways to control my emotions when I want to. (19)	❍	❍	❍	❍	❍	❍	❍
On the whole, I'm pleased with life. (20)	❍	❍	❍	❍	❍	❍	❍
I would describe myself as a good negotiator. (21)	❍	❍	❍	❍	❍	❍	❍
I tend to get involved in things I later wish I could get out of. (22)	❍	❍	❍	❍	❍	❍	❍
I often pause and think about my feelings. (23)	❍	❍	❍	❍	❍	❍	❍
I believe I'm full of personal strengths. (24)	❍	❍	❍	❍	❍	❍	❍
I tend to "back down" even if I know I'm right. (25)	❍	❍	❍	❍	❍	❍	❍

I don't seem to have any power at all over other people's feelings. (26)	❍	❍	❍	❍	❍	❍	❍
I generally believe that things will work out fine in my life. (27)	❍	❍	❍	❍	❍	❍	❍
I find it difficult to bond well even with those close to me. (28)	❍	❍	❍	❍	❍	❍	❍
Generally, I'm able to adapt to new environments. (29)	❍	❍	❍	❍	❍	❍	❍
Others admire me for being relaxed. (30)	❍	❍	❍	❍	❍	❍	❍

Curriculum Vitae

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Publications:

Rodger, S., Bourdage, R., **Hancock, K.**, Hsiang, R., Masters, R. and Leschied, A.W. (2015). Supporting Students: A GRADE Analysis of the Research on Student Wellness and Classroom Mental Health Support. *Canadian Journal of School Psychology.* Submitted.