

**STAFF WELLNESS: AN EXPLORATION OF SCHOOL STAFF PERCEIVED  
HEALTH AND WELLNESS**

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A Project

Submitted to the Faculty of Graduate Studies  
Concordia University of Edmonton

in Partial Fulfillment of the  
Requirements for the Degree

**Master of Education**

**Concordia University of Edmonton**

**FACULTY OF GRADUATE STUDIES**

Edmonton, Alberta

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HEALTH AND WELLNESS**

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Approved: March 18, 2020

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March 18, 2020

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Date

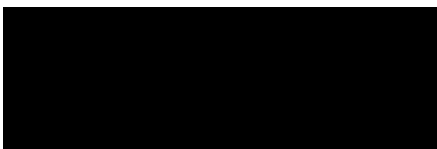
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April 14, 2020

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Date

**DEDICATION**

I dedicate this work to my family,

Scott, Avery, Hadley, Mom & Dad, Dale, Angel, Alyna, and Bauer, Lisa and Darian,

and to my work family.

Many thanks and much love.

*If we do not know how  
to take care of ourselves  
and to love ourselves,  
we cannot take care  
of the people we love.*

*Loving oneself  
is the foundation  
for loving another person.*

~ Thich Nhat Hanh

*“We cannot live for ourselves. A thousand fibres connect us to our fellow man.”*

~ Herman Melville

*“It seems ludicrous to prepare a student for a lifetime career in their area of interest and not prepare them for the responsibilities of maintaining their life.”*

~ Dr. Bill Hettler

## ABSTRACT

This research resolves to understand the perceived subjective wellbeing of a school staff at a specific school site. The intent was to, using quantitative research, measure a school staff's wellness literacy and perceived sense of individual wellness based on the wellness dimensions as well as themes of joy of teaching, sense of belonging, and self-efficacy.

By recognizing areas of strength in addressing overall staff wellness, the research can help determine if school staff are *flourishing* based upon results from subjective wellness surveys. Furthermore, the data drawn can also be used to identify areas of need and consideration, for a future wellness program curated specifically to a school site.

Research objectives included surveying a school staff to determine overall level of wellness in the wellness dimensions and themes, interpreting the data to determine areas of strength and need, and identifying areas to address in future wellness programming.

When analyzing the data, interestingly, it was *occupational wellness* that was set apart as an area of need as opposed to what was hypothesized to be a need for physical, mental, and/or emotional wellness programming.

*Keywords:* school staff wellness/wellbeing; subjective wellness/wellbeing; self-efficacy; efficacy; emotional intelligence; student outcomes

### **ACKNOWLEDGEMENTS**

To my family, thank you for putting up with hours and days away from home as I worked through my courses and research. Thank you for your love and caring.

To my work family, thank you for your candid comments and support; your participation made this work come together and I am forever indebted.

Thank you to my professors, my cohort, and my supervisor whose encouragement, support, and assistance made this journey a remarkable experience.

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## INTRODUCTION

In an increasingly complex world of education, teachers and school support staff are responsible for navigating a growing number of initiatives that address factors of educational and social growth for students, of utilizing best practices in teaching and assessment, and of changes in policy and curriculum (Alberta Education, 2015; Bush, 2019; Cherkowski & Walker, 2018; Strauss & Daniels, 2013). In recent decades, school personnel have been given these additional responsibilities along with other societal concerns, such as augmented student enrollment and complexity of student needs coupled with diminishing in-class teacher supports and reduced funding (Alberta Education, 2015; Bush, 2019; Cherkowski & Walker, 2018; Strauss & Daniels, 2013). The burdens have resulted, conversely, in increased cases of new-teacher attrition, long-term stress leaves, and general "burn out" as staff work through the progressively difficult act of balancing personal versus professional obligations (Alberta Education, 2015; Bush, 2019; Cherkowski & Walker, 2018; Strauss & Daniels, 2013). In addition, it seems many educators experience guilt, blame, and/or resentment for not keeping all the "balls in the air" as they feel they fall short of the expectations placed upon them, professionally and personally (Bush, 2019; Cherkowski & Walker, 2018; Strauss & Daniels, 2013). There is a growing sense of "I should know this" and "I should be/do better" that hampers school staff in their ability to feel effective, enthusiastic, and engaged (Bush, 2019; Cherkowski & Walker, 2018; Strauss & Daniels, 2013). Moreover, it may elevate a sense of emotional vulnerability while impacting personal relationships within their private family space (Bush, 2019; Cherkowski & Walker, 2018; Strauss & Daniels, 2013).

While we can generally diagnose the causes of stress and recognize its effects, do we do enough to mitigate these concerns? Further, with the wellness programming currently in place, is it effective in its availability: is it timely, is it affordable, and is it accessible to all? Finally, as mental health comes to the forefront of our nation's attention, are we certain that our schools' "first-responders" are receiving the supports they require to believe they are in a safe and caring environment? The topic of school staff wellness, in general, and how leadership can best support staff wellbeing, specifically, needs to be addressed. After all, a vibrant school culture can only be built if there is wellness for all.

### **Reflections of a Teacher**

According to Roffey (2012), among other scholars (e.g., Bush, 2019; Cherkowski & Walker, 2018; Kendrick, 2019), we need to have healthy school environments. Throughout my Master of Education degree coursework, I have learned about the importance of comprehensive school health and wellness (CSHW) and related policy, and I have come to recognize at a research level, not just an anecdotal one, that there is much work to be done to account for the wellness of educators and support staff in schools. To better achieve the full complement of CSHW and the forward societal implications of comprehensive wellness, we need to focus not only on student wellness, but recognize the significance of staff wellness as an influencer on students and on school wellness (Bush, 2019; Cherkowski & Walker, 2018; Kendrick, 2019; Roffey, 2012). I chose to engage in this research because throughout my education career I have found that teachers and support staff often feel they lack the time, energy, and/or professional development necessary to address our many obligations. As professionals in the educational field

working with children and youth to help them realize their own potentials, we have both a personal responsibility and a social responsibility to care for ourselves in order to care for others (Hales & Lauzon, 2015; Hills & Robinson, 2010). Furthermore, there exists the assertion that it is a moral and ethical imperative to ensure teacher wellness is a focus (Cherkowski & Walker, 2018; Kendrick, 2019) as “[t]eachers working around the clock is neither good for our education system nor our students” (Bush, 2019, p. 8). Therefore, I wanted to conduct a study in which I could explore a staff’s level of wellness, recognizing the implications on our students.

“Teachers are expected to master academic or subject area content, develop lesson plans, deliver evidence-based instruction, respond to social and emotional needs of students, utilize effective assessment tools” (Mankin, von der Embse, Renshaw, & Ryan, 2018, p. 219) provide timely feedback, build and implement Individualized Program Plans (IPPs), communicate effectively with parents and other community partners, and manage student behaviour (Alberta Education, 2015). At times, being a teacher in today’s school system feels like juggling fire, spinning plates, and providing a shoulder to lean on. And sadly, some teachers feel like that all the time.

According to Gustafsson and Hagström (2018), “[o]nce established, [a research] puzzle provides both a rationale and direction for the research process” (p. 642). My research “puzzles” (Gustafsson & Hagström, 2018) have evolved from observing and experiencing acute and chronic trauma in the school setting, and I have wondered about the correlation between perceived wellness and attrition rates. In considering the effects of stress and trauma on my staff and how it is affecting our school and students overall, I also wonder about how staff perceive their own mental wellness. Since self-awareness is

critical to self-care (Dimitrijevic, Marjanovic, & Dimitrijevic, 2018; Ernil & Ozcan, 2019; Goleman, 2005; Urquijo, Extremera, & Villa, 2016), are staff aware of the effects these events are having on their overall wellness, or does it happen when it is too late? As well, I wonder what can be done better or differently for our educational “first responders” (Carrington, 2019) so that we can better manage wellness—both personal and in the school overall—which guides our school culture. All of these thoughts, and more, have grown from personal experiences.

### **My Motivation**

In February 2012, when my children were 5 years-old and 9 months-old, my husband was assaulted in a random attack. The resulting injuries caused him to spend two weeks in acute care before being transferred for three months to a longer-term rehabilitative hospital due to a traumatic brain injury. While the injury happened to him and his brain, the trauma belonged, and still does, to all of us.

In addition to this unwarranted stress placed upon my family, returning to work six months later following my maternity leave was a much greater challenge than I could have imagined. Although returning to work following a maternity leave is stressful enough, I felt daunted by the seemingly interminable workload I encountered. At school, I was expected to be in front of groups of students every day leading them in learning, preparing lessons, assessing student development, assisting in extra-curricular activities, and taking and simply carrying out the myriad tasks that teachers do every day. On the home front, caregiving extended not only in taking my children to school and daycare every day and tending to their needs; I also played the role of caregiver to my husband, in part ensuring that he was able to access the disabled transportation system to attend his

outpatient “classes” every day. Mortgage and bills had to be sorted, meals and laundry attended to, and unexpected or unforeseen family-related events managed. All familial responsibilities fell solely to me as we worked our way through the fallout of my husband’s injuries. In addition to the medical concerns and caregiving expectations, I was also facing court dates, trial preparation, and confronting the assault all over again as I completed my victim impact statement to present before the court. Some days, I felt absolutely powerless to cope, and I nearly quit the teaching profession as a result.

For me, my blessing was my support system. I depended not only on my own tight-knit circle of parents, siblings, aunts and uncles, cousins, and close friends and neighbours, but on my school “family” as well. On days when I could not lift my head to approach my job and my students, my colleagues unwaveringly rallied around me and helped to support me emotionally and mentally. Eventually, years later, I have arrived at a point in my life when I feel better equipped to attend to the demands placed upon me, although, most days, life feels anything but balanced.

This wellness-related imbalance is certainly the truth for many in the educational sector. Approaching my “puzzle” (Gustafsson & Hagström, 2018), I had, and still have, many questions for which I began the search for answers in the hope of gaining a deeper level of understanding of the growing concerns of stress, burnout, and attrition in education. I have grappled with queries such as the following:

*What are the leading causes that compel educational staff to leave the profession?*

*How can we better recognize and assist individuals who are in need?*

*How do we help individuals who experience acute or chronic stress and do not have the resilience needed to continue working?*

*What can we do to support staff members more effectively?*

*What factors help some teachers survive, or even thrive, under adverse conditions while others “fold”?*

*What roles should leadership—school administration, human resources, district leadership—take in creating prevention and intervention methods to support staff?*

Ultimately, these wellness concerns, and others, have led me to wanting to gain further understanding of teaching and support staff perceived wellness, so that I can begin to illuminate areas of distress for educational partners and promote the pursuit of actions to counter negative effects leading to attrition and burnout.

### **Purpose of the Research Project**

Wellness has become a societal concern as we continue to see climbing rates of anxiety, depression, burnout, and suicide (Centre for Addiction and Mental Health, 2019), and teachers are not immune to this phenomenon (Bush, 2019; Capone & Petrillo, 2018; Cherkowski & Walker, 2018; Kendrick, 2019). Wellness, or the lack thereof, has a profound impact on our professional lives including job satisfaction and efficacy, both self and collective. It also affects our ability to engage and motivate learners in our classrooms, and this can lead to lower levels of student academic achievement (Aldridge & Fraser, 2016; Caprara, Barbaranelli, Steca, & Malone, 2006; Roffey, 2012). While these phenomena are not limited to the education profession, they do have grave implications on future generations as school staff are in longest points of contact with young people, both on a daily basis and throughout their formative years. As well, through the purposeful promotion of staff wellness, school staff may benefit from support in numbers to confront traumatic or chronic mental distress, thus improving student



achievement, emotional intelligence and wellness, and overall school climate (Bush, 2019; Cherkowski, 2018; Cherkowski & Walker, 2018; Kendrick, 2019; Roffey, 2012).

The purpose of this research project was to explore school staff perceived wellness and overall knowledge of wellness dimensions (wellness literacy) within my school staff. Quantitative data collected through survey questions measured teachers' and school support staff awareness of dimensions of wellness as well as provided responses to perceived wellness, perceived work efficacy, and perceived student-staff connection. The research process assisted in measuring a school staff's awareness of the link between personal wellness and job efficacy. An integral intent of the research was to ascertain participants' perceptions of their personal experience with work stress and/or mental health, and, by extension, perceptions of the effects on their self-efficacy and professional efficacy, sense of belonging, and joy of teaching (Mankin et al., 2018; Renshaw, Long, & Cook, 2015).

Throughout the project, I hoped to be able to draw attention to the fact that, like so many other professions, teaching is stressful (Alberta Education, 2015; Bush, 2019; Carrington, 2019; Cherkowski, 2018; Cherkowski & Walker, 2018; Roffey, 2012; Strauss & Daniels, 2013). According to the current climate on curricular updates, budgetary restraints, and increasingly complex classrooms, this research is particularly timely (Teghtmeyer, 2018). However, there is more than just staff wellness at stake when wellness, or lack thereof, is a concern. It is not just school staff who feel the effects of chronic or acute stressors; educational staff wellness affects students' social and cognitive outcomes (Caprara et al., 2006; Mohamadi & Asadzadeh, 2012; Powell, Graham, Fitzgerald, Thomas, & White, 2018; Roffey, 2012), overall school culture (Powell, et al.

2018; Roffey, 2012), and staff personal and personnel relationships (Roffey, 2012; Viel-Ruma, Houchins, Jolivette, & Benson, 2010), as well as having larger societal implications (Carrington, 2019; Cherkowski, 2018; Cherkowski & Walker, 2018; Liu, Song, & Miao, 2018). That said, I believe communicating this information with stakeholders, other than solely school staff, is required for students, parents, trustees, and the general public to understand the necessity in helping to maintain teaching staff wellness. Just as it “takes a village to raise a child,” it takes a healthy village for children to thrive.

### **REVIEW OF RELATED LITERATURE**

The following review of related literature explores a variety of wellness-related topics leading to this research project’s primary focus. To begin, I introduce a history of wellness to offer a description of the term of wellness and its evolution. Second, I explore organizational wellness as it pertains to campus settings. Thirdly, implications of wellness on school staff is explored to focus on the school environment. Fourth, I included a more specific look at implications of school staff wellness on students. Fifth, a focus is on research addressing school staff wellness and the need to develop approaches in improving wellness overall in educational settings. As an additional support to the literature review specific to wellness, a section is included related to the link between emotional intelligence and wellness: benefits for teachers, student wellbeing, academics, and educators.

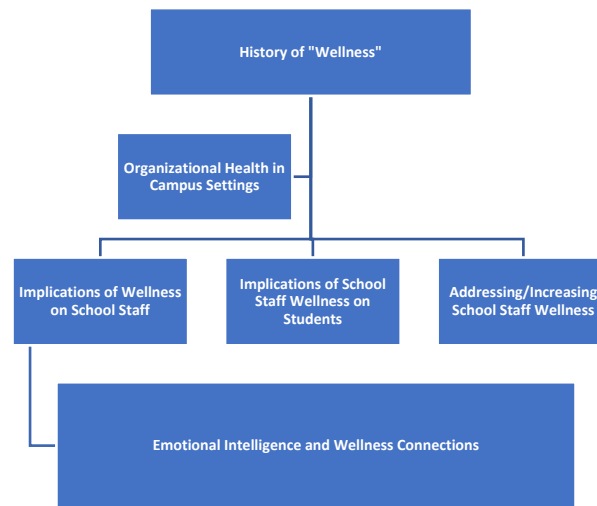


Figure 1. Literature review funnel.

### History of “Wellness”

*Wellness* is a “slippery” term with an assortment of understandings and interpretations. Often, wellness is used interchangeably with wellbeing, or well-being, and is defined according to a writer or researcher’s focus (e.g., physical wellness, mental-emotional wellness, social wellness) or background (e.g., psychologist, healthcare provider, school teacher). Powell, Graham, Fitzgerald, Thomas, and White (2018) indicated that “wellbeing” as a definition is ubiquitous and poorly defined and they identified wellbeing as a process on a continuum, not simply a “state of being” or an outcome. The researchers also underlined the need for positive relationships as a key role in wellbeing (Powell et al., 2018), thus signaling the need to understand wellbeing as an interconnectedness of wellness dimensions (Hales & Lauzon, 2015; Powell et al., 2018). However, in most cases, as in the World Health Organization’s (WHO) 1947 definition, wellness refers to “a state of complete physical, mental, and social [wellbeing], and not merely the absence of disease or infirmity” (Miller, 2005, p. 90).

In a transcript from 1654, the word “wellness” was first referred to simply as the absence of illness (Miller, 2005). Wellness in the 19<sup>th</sup> century, predominantly in the United States, was originally a concept associated with religious and academic movements that emphasized a connection between mind, body, and spirit (Miller, 2005). By tracing the origins of the New Thought and Christian Science movements to the establishment of Dr. John Harvey Kellogg’s Battle Creek Sanitarium and Will Mayo’s Mayo Clinic, the rise of the mind-body-spirit connection can be followed (Miller, 2005). As a side note, following Elder Francis Whiskeyjack’s visit to our EDUC 626 class, I recognized how the connection, or “braiding,” of the mind-body-spirit that was newly popular in 19<sup>th</sup> century Western colonial culture parallels the traditional teachings that have always existed in most Indigenous cultures.

Nevertheless, subsequent to the definition established by the WHO in 1947, the concept of wellness became more tangible. An American physician and statistician, Dr. Halbert Louis Dunn, studied health trends and anticipated “the long-term impact of the demographic changes then being brought about by the conquest of infectious disease” (Miller, 2005, p. 89). Dr. Dunn’s research suggested measures leading to increased life expectancy through focus on the wellness of an aging population (Miller, 2005). Thus, Dunn, “dissatisfied with the medical profession’s conceptualization of human beings as little more than biological machines” (Miller, 2005, p. 90), defined wellness as an integration of the physical, social, mental, and spiritual dimensions, with emphasis on harmony between mind, body, and spirit. Ultimately, his definition focused on attaining the goal of self-actualization, based on Maslow’s hierarchy (Hales & Lauzon, 2015; Miller, 2005).

In the 1970s, when John Travis founded the Wellness Resource Center, Dr. Dunn's concepts became more widely recognized following Travis' development of a wellness inventory based on Dunn's work. At the same time, Donald Ardell launched himself as a wellness guru, founding a health and wellness centre and becoming a wellness speaker and writer; his contributions helped further the concept of wellness as a household term (Miller, 2005). Thus, the *wellness movement* gained global appeal by moving the ideas and concepts of wellness into the mainstream and promoting individual responsibility in the pursuit of wellness (Miller, 2005).

In 1974, Marc Lalonde, the then-Minister of Health and Wellness for Canada, wrote *A New Perspective on the Health of Canadians*, emphasizing the need for health promotion and prevention (Miller, 2005). In the United States, the US surgeon general, Julius Richmond, published a report in 1979 devoted to health promotion and disease prevention (Miller, 2005). Consequently, wellness was identified as "one of the ten most important new developments that would shape people's lives in the decades to come" (Miller, 2005, p. 97).

However, despite the lack of a demarcated definition of wellness, since the 1950s, a focus on *wellness* has led to advances that have transformed and enhanced quality of life on a global scale (Estes & Sirgy, 2019). Global life expectancy has increased, and infant, child, and maternal death rates have decreased (Estes & Sirgy, 2019). Worldwide literacy rates have increased as access to free, compulsory education has improved and gender disproportion in education has decreased (Estes & Sirgy, 2019). Globally, economic growth has increased median household income and median per capita income each year, thus reducing extreme poverty and improving financing to further develop the

quality of health and education (Estes & Sirgy, 2019). An increase in public and private social services has benefitted poor and socially disadvantaged populations, expanding both within and between countries (Estes & Sirgy, 2019). Even though not all areas or dimensions of wellness have improved at the same rate for all peoples or for all nations, the overall positive effects on global quality of life and wellbeing are largely due to deeper and broader understandings of wellness (Estes & Sirgy, 2019). Society as a whole has benefitted from increased investment in, awareness of, and promotion of wellness, and this cognizance is improving educational policy in particular (Estes & Sirgy, 2019).

### **Organizational Health in Campus Settings**

Beginning in the early 1970s with the University of Wisconsin at Stevens Point under the direction of Dr. Bill Hettler, the establishment of campus wellness programs helped assess college students' wellness and promoted positive lifestyle changes (Hales & Lauzon, 2015; Miller, 2005). Conferences focussing on wellness were organized to share research and ideas; workplace wellness programs promoted wellness in an effort to offset health care costs associated with "civilization" diseases; healthier long-term lifestyle choices were promoted in school districts; and wellness programs were promoted at all levels of government (Hales & Lauzon, 2015; Miller, 2005).

However, the mutation of the conceptual meaning of wellness since the 1970s, due to geographic, business, and cultural influences, has resulted in the academic health community in some colleges and universities to consider endorsing the term "health promotion" in favour of wellness (Miller, 2005). The "reduction of the wellness concept to a mere advertising slogan represents a complicated process of redefinition and mutation that the term has gone through in the past fifty years" (Miller, 2005, p. 102),

which has illustrated the need for “further progress ... to be made to better elucidate a comprehensive definition” (Roscoe, 2009, p. 216).

Teachers have the potential to utilize positive psychology and build relationships to help students gain lifelong wellness skills, including self-esteem, self-regulation, and social-emotional competence, through a comprehensive wellness focus (Casad, 2012). CSHW was first introduced through the campus wellness programs of the 1970s (Hales & Lauzon, 2015; Miller, 2005), and in the 21<sup>st</sup> century there will continue to be even greater emphasis on wellness education in schools in all provinces and territories, from K-12, through integrated standards, initiatives, and health education curricula, and including programs such as the Nutrition for You Initiative by Dr. Wharf Higgins (Hales & Lauzon, 2015) and Ever Active Schools (Gleddie & Hobin, 2011).

Each province and territory in Canada has core content and frameworks for school health education curricula (Lu & McLean, 2011). Despite differences from jurisdiction to jurisdiction, researchers are certain that “[f]ostering a comprehensive understanding of health education curricula across Canada ... will allow all jurisdictions to learn from each other, enhance the quality of health education curricula, provide sound health education programs for all Canadian children and youth in schools, and benefit health education curricula development on an international level” (Lu & McLean, 2011, p. 3). For example, Alberta’s curriculum is aimed at health promotion at appropriate developmental stages to assist students in increasing awareness about wellness topics and to empower them to make well-informed choices that contribute to behaviour development that supports the self and others (Lu & McLean, 2011). Health promotion and wellness in general are approached from “a wholistic vision of nurturing the whole child to reach

his/her full potential in all dimensions” (Lu & McLean, 2011, p. 4) through a “sustained comprehensive school health approach” (p. 4). This approach is reminiscent of the wellness definition Dunn first established in the 1950s (Hales & Lauzon, 2015; Miller, 2005).

Programs such as Alberta’s APPLE Schools project (Storey, Spitters, Cunningham, Schwartz, & Veuglers, 2011) and the California Project LEAN (Leaders Encouraging Activity and Nutrition) (Agron, Berends, Ellis, & Gonzalez, 2010) are examples of CSHW aimed at raising awareness of a health concern and providing supports to cause a change in behaviours. Consequently, we see how positive impacts on school districts, students, and the larger societal context are the result of implementation of CSHW curricula and policies to support management of a wide range of health issues (Agron et al., 2010). Schools become the vehicle and education becomes the solution to increasing awareness of and implementing practices to encourage positive behaviours and choices (Agron et al., 2010; Lu & McLean, 2011; Storey et al., 2011). That said, teachers become society’s facilitators in this endeavour, but students are not the only beneficiaries of these practices (Agron et al., 2010; Lu & McLean, 2011; Storey et al., 2011).

### **Implications of Wellness on School Staff**

Efficacy in education is referred to as teachers’ “beliefs about their ability to affect student performance” (Aldridge & Fraser, 2016, p.292). Self-efficacy, according to Bandura’s (1997) social cognitive theory, is determined through reciprocal relationships between a person’s environment, cognitive factors, and behaviour. In education, this leads to “a teacher’s personal judgement or belief about his or her capabilities to teach” (Aldridge & Fraser, 2016, p.292). Self-efficacy influences the



effort teachers invest in teaching (Mohamadi & Asadzadeh, 2012). Moreover, teacher collective efficacy (TCE) is the belief in the collective capability of a group of teachers to influence student lives (Klassen, Usher & Bong, 2010). It is believed that “successful teachers are likely to possess a strong sense of their own capabilities in their classrooms, [and] successful schools are characterized by stakeholders who possess a collective sense in their efficacy to help students develop and learn” (Klassen et al., 2010, p. 465).

On the topic of teacher wellness, the existing literature has suggested, overwhelmingly, a correlation between perceived teacher wellness and self-efficacy that leads to improved student social and academic outcomes (Aldridge & Fraser, 2016; Capone & Petrillo, 2018; Caprara et al., 2006; Hills & Robinson, 2010; Holzberger, Philipp & Kunter, 2013; Klassen et al., 2010; Mohamadi & Asadzadeh, 2012; Tschannen-Moran & McMaster, 2009; Veldman, Admiraal, Mainhard, Wubbels & van Tartwijk, 2017; Viel-Ruma et al., 2010). These researchers all identified various connections that indicate to have productive, supported, and thriving students, teachers must be *well*. This wellness is necessary for teachers to feel motivated, enthusiastic, effective, and equipped to develop and nurture relationships with students, parents, and other staff, thus enhancing school efficacy as a shared learning environment.

Furthermore, Hills and Robinson (2010) affirmed that for students to thrive, teachers must first take care of themselves; a teacher's self-care supports personal and professional well-being which then “capitalizes on potential contagion effects of positivity” (p. 17). As well, the authors discussed how focusing on burnout may not reduce or eliminate burnout from occurring, and that the absence of burnout is not an indicator of these positive traits (Hills & Robinson, 2010). Instead, a healthy balance of positive and

negative emotions is needed to help strengthen flexibility, creative problem solving, and resiliency (Hills & Robinson, 2010).

According to the *Alberta Teacher Workload Study 2015*, published by Alberta Education, the majority of teachers are satisfied with their jobs, largely due to relationships, value of work, employment security, and opportunity for further professional development. However, “[t]he factors to which teachers and administrators attributed their dissatisfaction with their work were: [w]orkload (91% teachers; 96% administrators); [p]erceived value of the work they do (70% teachers; 59% administrators); [w]orking hours (48% teachers; 67% administrators); and [s]ocial or family demands (42% teachers; 33% administrators)” (p. v). Furthermore, many teachers reported a perceived imbalance of personal versus professional obligations, and a shortage of time for activities such as collaboration largely due to work-related activities, especially "microtasking" events, such as sending emails, that interrupted their work-related tasks (Alberta Teacher Workload Study, 2015). The crux of the report found that due to several mitigating factors “[o]verall, teacher and administrator workload was causing stress and low satisfaction with their work-life balance” (p. 67-68).

Conversely to the Alberta Education document, Capone and Petrillo (2018) referred to research being conducted in the field of positive psychology. This is an area that focuses not on mental distress, but on the “ability to maintain mental wellbeing by attaining satisfaction from life and by expressing positive affect” (p. 1). Moreover, “positive mental health is not simply the absence of mental disorder but ... the presence of positive qualities” (Capone & Petrillo, 2018, p. 1) in the domains of emotional, psychological, and social wellbeing. These researchers refer to people who have positive

mental health as *flourishing*, while those who do not as *languishing* (Capone & Petrillo, 2018). Teachers who are *flourishing* demonstrate high work performance, job satisfaction, and self-efficacy (Capone & Petrillo, 2018; Cherkowski, 2018; Cherkowski & Walker, 2018).

The development of a multidimensional self-report measure assessing teachers' positive wellbeing at work (Teacher Subjective Wellbeing Questionnaire) was done by Renshaw, Long, and Cook (2015). Much work has been accomplished in looking into negative indicators of teacher functioning, but not much regarding the positive indicators. Renshaw et al. (2015) determined a need to look at the construct of "healthy and functioning at work" to determine what those indicators are. From this work, they concluded that the most commonly researched positive indicators are self-efficacy, positive affect and prosocial relationships (Renshaw et al., 2015), and they developed survey questions within those themes. A follow-up study published in 2018 by Mankin, von der Embse, Renshaw, and Ryan found that by removing the questions around positive affect, the focus then became pro-social behaviour and self-efficacy as measures. They felt that questions within these two realms were sufficient to validly measure subjective wellness (Mankin et al., 2018). The researchers also suggested that administering the questionnaire throughout the school year could provide data that would allow for interventions to be developed as needed (Mankin et al., 2018).

Further, Liu, Song, and Miao (2018) discussed the larger societal context of teacher wellness through teachers' "vital role in nurturing the development of youth in our global communities. Thus, teacher wellbeing emerges as tremendously important for

the wellbeing of our local communities and global societies, both now and in the future” (p. 128).

### **Implications of School Staff Wellness on Students**

While “[j]ob satisfaction and motivation are influenced by teachers’ interactions with colleagues and students” (Klassen et al., 2010, p. 465), so too are student achievements linked to a teachers’ positive interactions (Mohamadi & Asadzadeh, 2012). In a study by Mohamadi and Asadzadeh (2012), results from 284 teacher participants concluded that “teacher’s strong self-efficacy beliefs and high level of student’s achievement are connected to each other” (p. 431). This is a significant finding as, in a large-scale meta-analysis, it was concluded that teacher self-efficacy is “three to six times more influential on student learning than teacher effectiveness” (Aldridge & Fraser, 2016, p. 292). Therefore, research has suggested that teachers who experience a strong sense of self-efficacy exhibit several behaviours linked to better learner outcomes: positivity in their teacher-student relations, commitment to the teaching profession, enthusiasm for their job, effective planning and organization, willingness to explore new ideas, openness to experimenting with new methodologies, effective goal-setting, and aspirations for growth (Caprara et al., 2006; Mohamadi & Asadzadeh, 2012).

Reciprocally, teachers’ job satisfaction and sense of self-efficacy are affected by outcomes from student relations and achievement (Caprara et al., 2006). When relations and outcomes are positive, self-efficacy is viewed as positive and this supports positive mental health (Caprara et al., 2006). These teachers work harder for their students (Cherkowski & Walker, 2018; Tschannen-Moran & McMaster, 2009). Inversely, when outcomes are viewed as negative, the teacher’s feelings of self-efficacy diminish which

results in even poorer relations with students and a lowered mental state (Caprara et al., 2006). These teachers do not invest as much effort into their students (Cherkowski & Walker, 2018). Thus, the need for teacher well-being to be addressed is confirmed so that flourishing teachers will perform productively and languishing ones will receive the required supports.

### **Addressing/Increasing School Staff Wellness**

Parallel to CSHW programs, worksite wellness programs have existed since the 1970s and have largely gained traction as employers and governments see the financial benefits in having a *well workforce* (Cherkowski & Walker, 2018; Reardon, 1998). The promotion of health and not just the prevention of illness has economic benefits (Reardon, 1998). Considering that in Canada the economic burden of mental illness alone is estimated at \$51 billion per year (Government of Canada, 2016), there is substantial fiscal motivation to promote health and wellness programs.

Teachers, and others in health and social services sectors, can benefit from CSHW programs. Even in 1992, an article highlighted the concern about Alberta teachers on long-term disability leave largely due to stress-related concerns (McConaghy, 1992). Likewise, in Winter 2018, an article in the *ATA Magazine* stated that “it is estimated that 30 to 40 [percent] of new teachers in Alberta leave the profession within five years” (Grigg, 2018). This is often attributed to discouraging work environments (Cherkowski, 2018). Accordingly, educators are at risk of burnout, compassion fatigue, and crippling vicarious trauma (Cherkowski, 2018), which could be addressed through comprehensive worksite wellness programs deliberated through a lens of positive psychology.

Stokes, Henley, and Herget (2006) asserted, “[w]ellness programs in the workplace have great potential to impact employees’ long-term lifestyle choices” (p. 445). This finding is further supported by the Davies, Davies, and Heacock’s (2003) statements that “on-site wellness programs have the potential to attract qualified employees and to positively affect productivity and efficiency” (p. 68); “have a positive effect on teamwork, morale, and teacher effectiveness” (p. 68); and reduce absenteeism due to health issues. Davies et al. (2003) focused on the six dimensions of wellness—intellectual, physical, spiritual, emotional, social, vocational—to illustrate the multifaceted approach required for developing optimal wellness.

That said, Stokes, Henley, and Herget (2006) also determined, as has been found with several other studies on workplace wellness initiatives, that in cases where workplace wellness programs are not successful, lack of time was cited as the primary reason employees did not participate in activities. According to Erickson and Gillespie (2000), when positive results are not achieved in these programs, there are two compelling reasons: first, participation amongst those who need the most help is very low, suggesting lack of accessibility for all; and, second, approximately one half of those who begin a program choose to withdraw within the first six months due to restrictions on time (Erickson & Gillespie, 2000). However, a positive suggestion for individuals who do not have immediate access to these types of programs may be to look into virtual mentorship to provide the needed professional and emotional support, and that this virtual connection is the “way of the future” (Briscoe, 2018). The idea of virtual support is further championed by Ekici’s (2018) study of pre-service teachers and the wellness effects of access to an online community of practice. Thus, whether through on-site

wellness programs or virtual supports, teaching staff can be provided the supports they need to flourish.

### **Emotional Intelligence and Wellness Connections**

In Dr. Crocker's class (Winter 2019), I was able to delve more deeply into the connections between Mayer and Salovey's studies (1993) in emotional intelligence (EI) and the connection to wellness. My findings further supported the need to address teaching staff wellness as the implications on student prosocial wellness and cognitive achievement were reinforced, in addition to recognition of greater resilience among staff whose EI training was supported.

Studies have long been conducted that serve to connect various intelligences and personal wellness. Dimitrijevic, Marjanovic, and Dimitrijevic (2018) sought to confirm whether one can "rely on intelligence to solve emotional problems, adapt socially to the environment, and achieve the much-desired goal of happiness and fulfillment" (p. 6) in order to predict psychological well-being (PWB). Their research suggested that several components were at play in determining PWB, including positive associations between EI, academic intelligence, and practical intelligence and well-being, and the influence of socio-economic status (Dimitrijevic et al., 2018). Of all the influences, however, EI was determined to have had the most salient affect, well above the effects of the other factors (Dimitrijevic et al., 2018). These findings supported the idea that EI has direct impact on PWB, which encapsulates the competencies of self-growth, self-acceptance, and perception and regulation of emotions (Dimitrijevic et al., 2018).

Eranil and Ozcan (2019) suggested that the link between EI and wellness is due to the abilities to understand and organize emotions, deal with stress positively, and manage

negative emotions more effectively, and EI has extensive effects on all facets of an individual's life, from social to academic. Individuals with high EI are able to report higher levels of life satisfaction, socializing, job satisfaction, and self-control in relation to these factors (Eraniil & Ozcan, 2019). On the other hand, the inverse of EI abilities can be illustrated by a variety of negative outcomes (Eraniil & Ozcan, 2019). Individuals with lower EI demonstrate less positive relationships with others, aberrant or violent behaviours and habits, lower educational achievement, job burnout, lower socio-economic outcomes, isolating and procrastination tendencies, irregularity in dealing with stress, and low self-esteem (Brackett, 2018; Denham, Ferrier, Howarth, Herndon, & Bassett, 2016; Dolev & Leshem, 2016; Dolev & Leshem, 2017; Eraniil & Ozcan, 2019; Gendron, Kouremenou, & Rusu, 2016; Goleman, 2005; Mayer et al., 2008; Morris, 2018; Richburg & Fletcher, 2002; Veiga, Neto, & Rieffe, 2016).

In 2016, Urquijo, Extremera, and Villa investigated the relationship between EI, life satisfaction, and psychological well-being and the mediating effect of perceived stress. While the link between EI and wellness was confirmed, Urquijo et al. (2016) also attempted to uncover the processes by which the experience of stress was reduced and wellness increased in those individuals with high EI. Within the mechanisms of "ability emotional intelligence," Mayer and Salovey's (1993) definition of EI was used to identify the interrelated skillset at play: "the ability to perceive accurately, appraise, and express emotion; the ability to access and/or generate feelings when they facilitate thought; and the ability to regulate emotions in order to promote emotional and intellectual growth" (Urquijo et al., 2016, p. 1242). Urquijo et al. (2016) further suggested that this process may be connected to individuals' wellness in that the ability to effectively utilize these



skills to achieve positive psychological functioning can occur through “a better capacity to manage their emotions, which facilitates a greater sense of life satisfaction” (p. 1242).

**EI benefits for teachers.** Improvements in professional standards and shared benefits for the learning community, through practice and support of EI development, better support pupils under the care of teachers demonstrating these higher levels of EI (Pugh, 2008). Effective EI competencies amongst educators have been linked to student improvements, including in the learning process, in positive social interactions, in overall academic success, and in the overall sense of wellbeing (Dolev & Leshem, 2016; Dolev & Leshem, 2017). It is suggested that teachers’ competencies, specifically their EI, are important to their effectiveness, especially to their perceived self-efficacy (Morris, 2017; Tschannen-Moran & McMaster, 2009). Therefore, positive integration of this skillset into classroom practices can be improved through teacher EI training (Brackett, 2018; Dolev & Leshem, 2016; Tschannen-Moran & McMaster, 2009).

Teachers with high levels of EI are better equipped to create a caring learning climate and positively affect interpersonal relationships through motivation, empathy, communication, and creativity (Dolev & Leshem, 2016; Gendron et al., 2016). In addition, because teachers’ self-efficacy is linked to their beliefs about their capability to affect change in student behaviour, morale, and/or academics, their own wellbeing is in turn affected (Dolev & Leshem, 2017; Morris, 2017). Teachers with stronger perceived self-efficacy are more likely to persist in the face of stressors (Morris, 2017; Tschannen-Moran & McMaster, 2009). They are more likely to employ coping strategies that lessen the possibility of negative or cynical attitudes toward their jobs and students (Morris, 2017; Tschannen-Moran & McMaster, 2009). Furthermore, resilience in teachers enables

them “to respond to stress and disappointment in appropriate and productive ways” (Gendron et al., 2016, p. 65). This resilience, therefore, is fostered through the acquisition of emotional capital (Gendron et al., 2016) developed through EI training.

**EI training to improve student wellbeing.** Researchers have suggested that teaching self-regulation strategies to students could help diminish the social emotional disconnect many children and youth may feel and are thus acting upon through maladaptive behaviours (Brackett, 2018; Carrington, 2019; Goleman, 2005; Gendron et al., 2016; Urquijo et al., 2016). Carrington (2019) stated that “the most important job you have as a parent or educator, above all else, is to teach them something called emotional regulation” (p. 15). As Urquijo et al. (2016) noted, improving EI by learning to effectively monitor and regulate one’s own emotions can improve wellness outcomes, particularly in the face of perceived stress. Carrington (2019) stated that this training is necessary for student wellbeing, especially for those who are already at a disadvantage due to adverse childhood experiences (ACEs), such as abuse, neglect, or household dysfunction, and suggested that the best way to develop these skills is through creating connections and building relationships. The idea of relationship-building to improve wellness is supported by Goleman (2005). Connection versus isolation affects physical health, emotional well-being, and holds a host of benefits for overall wellness (Goleman, 2005). Thus, it is implied that by building relationships with students, we can provide specific support in emotional regulation which leads them to the development of a skillset of abilities that will improve their EI and potentially lead to greater wellness (Carrington, 2019; Goleman, 2005).

Finally, it can be concluded that because of the importance of EI to learner success and wellness (Carrington, 2019; Eranil & Ozcan, 2019; Gendron et al., 2016; Goleman, 2005), and due to the increased focus on EI as a necessary skill for the 21<sup>st</sup> century (Eranil & Ozcan, 2019), EI should be addressed as a teachable skillset in schools (Brackett, 2018; Carrington, 2019; Eranil & Ozcan, 2019; Gendron et al., 2016; Goleman, 2005). Interventions are especially beneficial for those students who are at risk of underdevelopment of this intelligence—due to lower education levels of parents, lower socio-economic status, exposure to ACEs, higher levels of perceived stress—as schools will be the primary setting where EI is gained (Brackett, 2018; Carrington, 2019; Eranil & Ozcan, 2019; Gendron et al., 2016; Goleman, 2005).

**Academic benefits of EI training.** The links between EI and wellness indicate that EI training holds many benefits for learners for many reasons, as illustrated in earlier discussion. By assessing EI in learners, we can direct the foundational development of skills necessary for concurrent and later learning and academic success (Brackett, 2018; Goleman, 2005) that contribute to future wellness, mental health, and happiness (Denham et al., 2016) and that may play a role in determining life success (Richburg & Fletcher, 2002). However, it is important to note that EI training should be addressed concurrently in order for academic learning to occur.

Ebrahimi, Khoshsima, and Zare-Behtash (2018) conducted a study supporting the link between EI and academics that demonstrated the impact of enhanced EI training in the development of reading skills. Ebrahimi et al. (2018) proposed that because language acquisition is emotionally driven, higher levels of EI in learners leads to improved language performance. At the conclusion of the study, which included EI training of one

group alongside their language class while a control group received no additional training with their language class, the first group demonstrated significantly higher levels of both EI and reading skills based on the results of pre-study and post-study testing (Ebrahimi et al., 2018). Therefore, this study supported the consensus among many educators and researchers that EI skills enhance academic learning outcomes, which may additionally positively influence wellness (Brackett, 2018; Goleman, 2005; Ebrahimi et al., 2018).

**EI training for educators.** In education, teacher effectiveness has long been evaluated through measurements of competence in acquisition and dissemination of relevant knowledge and on practical skills (Morris, 2019). However, this is not an accurate assessment of requirements for success (Morris, 2019). Increasingly, awareness of the importance of a teacher's self-efficacy is gaining attention (Morris, 2019). Specific teacher training grounded in improving an individual's self-image or self-actualization can at least partly address improvements in self-efficacy.

A study carried out amongst a group of teachers who received specific training and support from EI experts helped demonstrate this influence (Dolev & Leshem, 2016; Dolev & Leshem, 2017). Two years of training focused on theoretical and empirical foundations of EI and EI competencies—self-awareness, emotion regulation, proactive behaviour, empathy, interpersonal relationships and communication, cultivating positive emotions, optimism, assertiveness, and self-regard—particularly as they related to education (Dolev & Leshem, 2016; Dolev & Leshem, 2017). In follow-up interviews, all participants revealed that the training had enhanced their practice through increased reflection, introspection, and personal development (Dolev & Leshem, 2016; Dolev & Leshem, 2017). Not only were teachers' perceived levels of EI enhanced (Dolev &

Leshem, 2016; Dolev & Leshem, 2017), but these improvements could in turn increase their sense of self-efficacy (Morris, 2019).

Pugh (2008) also conducted a small study into EI training amongst pre-service teachers as a means of improving their teaching efficacy. Mentor teachers were partnered with student teachers to specifically address training in EI defined as “[t]uning into emotions and taking appropriate action” (Pugh, 2008, p. 4), and throughout the course of the mentorship, student teachers were observed for behaviours considered indicative of EI: eye contact, voice intonation and volume, and facial expression (Pugh, 2008). As follow-up, the student teachers were provided feedback. Following the observations and interviews, Pugh (2008) determined that the student teachers had demonstrated improvements thus suggesting that “formative assessment of emotional intelligence in the classroom [is] a manageable and effective tool to raise student teacher performance” (p. 9). Furthermore, the student teachers concurred that EI training would be a beneficial component of teacher education in enhancing self-efficacy (Pugh, 2008).

Ultimately, although there have been few studies completed on the effects of EI training specific to teacher effectiveness, there is sufficient evidence to suggest further studies should be pursued (Dolev & Leshem, 2016; Dolev & Leshem, 2017). Moreover, EI is a skill that should be recognized and addressed in effective teacher education (Brackett, 2018; Ebrahimi, et al., 2018; Pugh, 2008), especially as this training is also linked to positive impacts on teacher wellness.

Administrators’ social-emotional competencies are as necessary in building a culture of wellness based on EI as they are vital in encouraging professional development in colleagues (Maamari & Majdalani, 2016). Because EI is viewed as predictive of the

behaviours that support the goals of an organization (Mayer, Salovey, & Caruso, 2008), it can be inferred that a school principal's EI is predictive of a school's effectiveness in reaching the needs of the students and staff. A school principal's leadership skills and style influences school culture and can lead to flourishing in a school site while simultaneously nurturing the wellness of everyone in the learning community (Cherkowski, 2018; Cherkowski & Walker, 2018; Maamari & Majdalani, 2016).

Schools that emphasize the development of relationships as their “heartwork” and crucial to learning (Kendrick, 2019) are described as flourishing (Cherkowski, 2018). Teachers and support staff are influenced by the leadership of the administrators to “feel a sense of common engagement in a higher purpose that unites them with a sense of passion, and in a spirit of playfulness to provide the very best learning environment and experiences they can for their students” (Cherkowski, 2018, p. 66). By modelling a transformational leadership style, administrators can motivate and empower others in order to influence the success of the organization (Maamari & Majdalani, 2017). School administrators can encourage collaboration, compassion, caring, positive communication, and kindness to build capacity in their teachers (Cherkowski, 2018; Cherkowski & Walker, 2018). In turn, the environment flourishes thus leading to higher teacher satisfaction, trust, loyalty, and greater performance as motivation increases (Cherkowski, 2018; Maamari & Majdalani, 2017). Schools that are effective in addressing EI training become empathetic schools as they “[place] pupil emotional wellbeing as a central concern and ... reveal the benefit to pupils when emotional intelligence is integrated in to the school curriculum” (Pugh, 2008, p. 4).

It is suggested that around 90 percent of successful leadership is based on EI (Maamari & Majdalani, 2017). Consequently, the emotions of the leader are the implied key to an organization's success (Maamari & Majdalani, 2017). However, administrator EI also affects overall wellness, and leaders who demonstrate high levels of EI—including high levels of self-awareness and self-regulation and who display empathy and demonstrate competent communication skills—are better able to recognize and regulate the emotions in their employees (Maamari & Majdalani, 2017). Therefore, to help construct and maintain a positive organizational culture and climate, it is essential that administrators in our schools have high levels of EI (Maamari & Majdalani, 2017). As administrators are the crux of a school's sense of community, and as EI is also a link to administrators' wellness (Erani and Ozcan, 2019; Dimitrijevic et al., 2018; Dolev & Leshem, 2016; Dolev & Leshem, 2017), "[p]rincipals who facilitate, fight for, and join in the daily life of these environments are prized by their staff, and they feel a sense of flourishing in their own work" (Cherkowski, 2018, p. 66). By regarding a school administrator's EI as foundational to the construction of a school's climate and culture and by recognizing the principal's role as the instructional leader of the school, enhanced EI in leadership can result in improved wellness of the entire organization overall and of each member within the learning community individually (Cherkowski, 2018; Cherkowski & Walker, 2018; Maamari & Majdalani, 2017).

### **Summary of the Related Literature**

In terms of related literature regarding wellness, the following statements summarize key points and ideas:

1. Wellness is a term that continues to be redefined and is viewed along a continuum that includes multiple dimensions that work synergistically.
2. Campus wellness programs that address student health and wellness have existed since the 1970s and continue to develop according to interest and influence from greater society; national and provincial curricula and initiatives will continue to shape wellness education in schools.
3. Staff wellness is indicative of professional efficacy which is in turn reciprocally influenced by wellness.
4. Staff wellness has a direct impact on student academic and social outcomes and is reciprocally affected by the same determinants.
5. An increased recognition of the need to address staff wellness is being used to address factors causing staff burnout and attrition rates.
6. A program designed to reinforce EI among students holds the same benefits for teaching staff in building relationships and creating a more stable learning and working environment for all.

### **METHODOLOGY**

For my research, I chose to use a Likert-scale survey to collect quantitative data. Through descriptive statistical analysis of a quasi-experiential tool, I hoped to unearth a sense of the overall staff perceived wellness as well as uncover the wellness literacy of the staff. All staff, including teaching staff and support staff, currently employed at the research site, were invited to complete the survey and the questions relating to wellness dimensions and perceived wellness, job efficacy, and staff-student/staff-staff relations.



**Procedures**

After obtaining research ethics approval from Concordia University of Edmonton, along with school district approval, participants were recruited from the staff of a suburban middle/junior high school with a population of just under 450 students and with 35 staff members. Located in a mid-sized city just outside a large urban area in Western Canada, the school is one of approximately 30 schools across 3 districts with an enrolment of close to 20 000 students. Students have educational opportunities in a variety of program types, apart from the requisite core courses, from preschool to high school. These opportunities include a variety of sports academies, fine and performing arts, and second languages; French immersion, Late French immersion, and Francophone education; Cogito; Logos; Registered Apprenticeship Program; International Baccalaureate; Advanced Placement; Behaviour Improvement Programs; GOALS Programs; Knowledge and Employability Program; Outreach schooling; Learning Assistance Programs; and Opportunity Programs. The selected schools are located in a multicultural city that enjoys a largely middle-class socio-economic status (SES), with pockets of lower and higher SES, and accessibility to a variety of community programs and services that support child and youth development in coordination with or outside of schools.

A brief oral explanation of the study and invitation to participate was extended to staff. Participants were informed that participation was optional. Consent forms (see Appendix) were provided to every staff member to consent or decline participation in the study. Once consent forms were collected, those having consented were provided an opening letter explaining the directions for completing the survey and reiteration of the

anonymity and confidentiality of the survey. Participants agreeing to take part in the survey received an unmarked survey along with instructions to place the survey in the provided unmarked envelope to be sealed and returned to a centrally-located private mailbox located in the staff room. This was the most secure place in the school to ensure safe collection, and it was chosen with consideration of anonymity and confidentiality.

Understanding that there was concern about potential conflict of interest as the research was completed at the researcher's jobsite, participants were informed prior to engaging in the research that my role was solely to collect and record data. Participants were informed of their right to withdraw from the study, or to decline participating by choosing not to return the survey. Once the survey was completed and turned in, withdrawal was not possible due to the anonymity of the survey. Anonymous forms (i.e., pencil-paper forms) with no identifying markers were used to collect quantitative data. Because no identifying markers were included, it was not possible to withdraw the information. Participants were informed of this in the information letter. Once participants agreed to take part, each participant was provided one week to complete the survey, with a couple reminder emails being sent to prompt return of those wishing to participate. Participation was open to 35 staff members; 29 surveys were completed and returned, while 3 individuals declined responding, 1 was unable to respond after initially consenting, and 2 exercised their choice to decline by not responding to consent forms. In the end, 29 of the potential 35 (82.9%) participants returned the completed surveys.

### **Data Analysis**

The survey consisted of 25 self-reflective questions and 15 health and wellness awareness questions. In Table 1, questions (i.e., self-reflective perceived wellness

questions) focused on themes around the wellness dimensions, but also contained connections to aspects of sense of belonging, joy of teaching, and self-efficacy (Mankin et al., 2018; Renshaw et al., 2015). The rating scale provided a continuum of four responses with anchored endpoints (Johnson & Christensen, 2012) that allowed respondents to measure their perceived tendency from ‘not at all/never’ to ‘always/all the time’ and included the option to choose ‘not applicable/prefer not to respond’ if participants felt disinclined to respond to a particular question or if they felt it did not apply to their situation. Table 1 also includes two additional columns not on the original survey. These columns were added to account for responses that were left entirely blank or that were deliberately placed on the line between two of the anchors. Four anchor points were used on the survey to provide sufficient variables to choose from while supporting easier comprehension (Johnson & Christensen, 2012).

In Table 2, the survey consisted of questions that reflect wellness literacy and interest in learning more about the various dimensions. It also contained questions to which responses would reflect staff understanding of the connection between staff wellness and student achievement and the desire for on-site wellness initiatives. Respondents could, again, register their response using a rating scale that included anchored endpoints on a rating continuum (Johnson & Christensen, 2012). However, with this survey, the anchors were numerically assigned on the table and included descriptors in the instructions. Once more, an option to respond outside of the continuum was included with the choice of ‘NS’ (*not sure*), thus allowing participants to “voice” ambiguity and not feel constrained to a response. This option was included specifically to decrease apprehension with having to choose a response from the specified scale and

increase comfort responding to the survey while also increasing the likelihood of completing and returning the survey. As with Table 1, two additional columns were included in the analysis to reflect responses that were admitted outside of the choices on the survey.

Regarding data from both tables, participant responses were analyzed (i.e., descriptive statistics) for emerging trends. The trends were discussed with my supervisor to support my analysis. Responses indicating ‘mainly/frequently’ or ‘always/all the time’ were regarded to be positive results, while ‘somewhat/occasionally’ and ‘not at all/never’ were inferred to be negative indicators.

Table 1.

*Staff Subjective Wellness Survey*

|    |  | Not at All/Never | Somewhat/Occasionally | Mainly/Frequently | Always/All the Time | NA/Prefer not to respond | Left blank | Covered two choices* |
|----|--|------------------|-----------------------|-------------------|---------------------|--------------------------|------------|----------------------|
| 1  | I feel like I belong at <i>X School</i> .                                    | 1                | 2                     | 13                | 12                  |                          | 1          |                      |
| 2  | I get excited about teaching and learning.                                   | 1                | 1                     | 12                | 14                  | 1                        |            |                      |
| 3  | I am interested in the things we do at this school.                          |                  | 3                     | 13                | 12                  |                          | 1          |                      |
| 4  | I am good at helping students.   |                  |                       | 12                | 17                  |                          |            |                      |
| 5  | People at <i>X school</i> care about me.                                     |                  | 4                     | 15                | 10                  |                          |            |                      |
| 6  | I am treated with respect at <i>X School</i> .                               | 1                |                       | 12                | 16                  |                          |            |                      |
| 7  | I feel happy when I am here.   | 1                | 3                     | 20                | 5                   |                          |            |                      |
| 8  | I feel happy when I am working here.   |                  | 2                     | 23                | 4                   |                          |            |                      |
| 9  | I feel like I am effective and helpful.                                      |                  |                       | 17                | 12                  |                          |            |                      |
| 10 | I feel that my work is appreciated at <i>X School</i> .                      | 1                | 5 <sup>1*</sup>       | 16                | 6                   |                          |            | S/O<br>M/F           |
| 11 | I feel supported at <i>X School</i> .  | 2                | 7                     | 12                | 8                   |                          |            |                      |
| 12 | I make a positive contribution to <i>X School</i> .                          |                  |                       | 10                | 19                  |                          |            |                      |
| 13 | I feel I can ask for help when I need it.                                    | 1                | 2 <sup>*1</sup>       | 13                | 12                  |                          |            | S/O<br>M/F           |
| 14 | I enjoy being with other staff at <i>X School</i> .                          |                  | 1                     | 13                | 15                  |                          |            |                      |
| 15 | I feel I achieve the professional goals I set for myself.                    |                  |                       | 18                | 10                  | 1                        |            |                      |
| 16 | I feel I respond appropriately and professionally in challenging situations. |                  | 1                     | 12                | 15                  | 1                        |            |                      |
| 17 | At school, I feel hopeful.   | 1                | 5                     | 14                | 8                   | 1                        |            |                      |
| 18 | At school, I feel grateful.  | 1                | 2                     | 11                | 15                  |                          |            |                      |
| 19 | At school, I feel motivated.   | 1                | 2                     | 17                | 9                   |                          |            |                      |
| 20 | At school, I feel resilient.   | 1                | 3                     | 13                | 12                  |                          |            |                      |
| 21 | I take care of myself.   | 1                | 3 <sup>*1</sup>       | 16                | 8                   |                          |            | S/O<br>M/F           |
| 22 | I am physically fit.   | 3                | 9                     | 13                | 3                   |                          | 1          |                      |
| 23 | I have an educational background to fulfill my obligations.                  | 1                | 2                     | 11                | 15                  |                          |            |                      |
| 24 | I have the resources I need to fulfill my obligations.                       |                  | 2                     | 14                | 13                  |                          |            |                      |
| 25 | I have the time I need to fulfill my obligations.                            | 3 <sup>*1</sup>  | 10                    | 9                 | 6                   |                          |            | N/A<br>S/O           |

Table 2.

*Staff Wellness Literacy Survey*

|    |  | 1 | 2   | 3  | 4  | NS | Left blank | Covered two choices |
|----|--|---|-----|----|----|----|------------|---------------------|
| 1  | Overall, how informed do you feel about comprehensive health and wellness? | 1 | 5   | 16 | 5  | 1  | 1          |                     |
| 2  | How informed do you feel about physical wellness?                          | 1 | 2   | 17 | 9  |    |            |                     |
| 3  | How informed do you feel about mental wellness?                            |   | 7   | 15 | 7  |    |            |                     |
| 4  | How informed do you feel about emotional wellness?                         |   | 8   | 14 | 7  |    |            |                     |
| 5  | How informed do you feel about occupational wellness?                      |   | 14  | 12 | 3  |    |            |                     |
| 6  | How informed do you feel about spiritual wellness?                         | 1 | 14  | 7  | 6  | 1  |            |                     |
| 7  | How informed do you feel about social wellness?                            |   | 9   | 16 | 4  |    |            |                     |
| 8  | I would be interested to know more about physical wellness.                | 3 | 13  | 8  | 3  | 2  |            |                     |
| 9  | I would be interested to know more about mental wellness.                  | 3 | 9   | 12 | 4  | 1  |            |                     |
| 10 | I would be interested to know more about emotional wellness.               | 2 | 8   | 13 | 5  | 1  |            |                     |
| 11 | I would be interested to know more about occupational wellness.            | 2 | 6   | 13 | 7  | 1  |            |                     |
| 12 | I would be interested to know more about spiritual wellness.               | 4 | 9   | 10 | 5  | 1  |            |                     |
| 13 | I would be interested to know more about social wellness.                  | 2 | 8   | 11 | 6  | 2  |            |                     |
| 14 | Teaching effectiveness affects student achievement.                        |   |     | 16 | 13 |    |            |                     |
| 15 | A site-based health and wellness initiative would be beneficial to me.     | 2 | 5*1 | 13 | 6  | 2  |            | 2 / 3               |

Note: *The questions and statements have to do with awareness of comprehensive health and wellness and the wellness dimensions. (1 = not at all; 2 = somewhat; 3 = quite a lot; 4 = I could teach it; NS = not sure)*

### **Ethical Considerations**

Consideration of participants' anonymity, confidentiality, consent, and comfort were of utmost attention in obtaining the information provided in the surveys. Ethics review through the Concordia University of Edmonton Research Ethics Review Board

was applied for and, upon approval, all required procedures were adhered to in order to ensure informed consent was provided, confidentiality and anonymity of participants was protected, and participants were not exposed to undue risk.

Clear communication of the nature, purpose, and proceedings of the data collection were provided both verbally and in the participant information letter, including the confidentiality agreement, and participant consent form (see Appendix). Participants were also invited to seek further clarification, if necessary, and provide consent by signing the voluntary consent form.

Respondents' confidentiality was ensured by collecting surveys in unmarked envelopes that they personally delivered to a secure location. Consent forms and survey data will be secured in a locked filing cabinet at Concordia University of Edmonton upon completion of the study and will remain secured for a five-year period. Furthermore, no identifying markers, including names, were included on the surveys thus ensuring anonymity of the respondents who chose to participate. As well, identifying markers of the participating research site will not be included in any publication of the findings in order to further secure participant anonymity. Moreover, participants were not exposed to any threat of risk, physically, emotionally, or mentally, by taking part in the survey.

## **Findings**

**Survey 1.** Findings illustrated in Table 1 reflected, overall, the generally strong perceived subjective wellbeing of the staff at the research site. In most categories, the majority of staff responded using the descriptive anchors 'mainly/frequently' or 'always/all the time' between 82.3% and 100% of the time for 21 of the 25 survey questions. Questions that occasioned 100% of positive staff perception included items 4,

9, and 12: “*I am good at helping students;*” “*I feel like I am effective and helpful;*” and “*I make a positive contribution to X School.*” All three of these items are reflective of perceived positive professional efficacy.

Exceptions to this overall perception were noted in items 10, 17, 22, and 25. For example, items 10 and 17, “*I feel that my work is appreciated at X School*” and “*At school, I feel hopeful,*” each resulted in 75.9% of participants responding that they felt this way ‘mainly/frequently’ or higher, with item 17 (“At school, I feel hopeful”) indicating a slightly higher ‘always/all the time’ result – 8 of 29 versus 6 of 29, respectively – compared to item 10 (“I feel that my work is appreciated at X School”), while the number of responses to the anchors ‘somewhat/occasionally’ (5) and ‘not at all/never’ (1) were identical. As well, one respondent indicated ‘NA/prefer not to respond’ to item 17, “*At school, I feel hopeful.*” Both items 10 and 17 are indicators of mental/emotional dimensions, while 10 is also connected to the dimensions of social/occupational wellness and a sense of belonging.

Notably, item 22 (“I am physically fit”) and item 25 (“I have the time to fulfill my obligations”) resulted in the lowest overall scores. Item 22 (“I am physically fit”) resulted in 55.2% of participants responding ‘mainly/frequently’ or higher. Thus, nine participants indicated ‘somewhat/occasionally’ and three specified ‘not at all/never’ to the item. This result denotes that a full 41.4% of the participants feel they do not perceive themselves to be physically fit. Furthermore, item 25 (“I have time to fulfill my obligations”) produced the lowest result with 51.7% of participants indicating ‘mainly/frequently’ or higher. A full 48.3% of respondents indicated



‘somewhat/occasionally’ (10 of 29) or ‘not at all/never’ (3 of 29), with one respondent choosing to mark the line between these two anchors.

**Survey 2.** As illustrated in Table 2, findings indicated a wide array of existing wellness literacy in the various dimensions. Overall, 72.4% of staff indicated feeling quite informed about CSHW as illustrated by the values 3 and 4. Staff indicated they felt most informed about the physical (89.7%) and mental (75.9%) dimensions, while spiritual (44.8%) and occupational (51.7%) wellness dimensions had the lowest scores. Social and emotional wellness dimensions were in the middle of the six and were within a few percentage points of one another (69% and 72.4%, respectively).

Staff reported the greatest interest in knowing more about occupational wellness (69%) with the lowest interest in the physical dimension (38%), as indicated by the numerical responses 3 and 4. All other dimensions ranged between the highest and lowest values: emotional wellness, 62.1%; social wellness, 58.6%; mental wellness, 55.2%; and spiritual wellness, 51.7%.

The question regarding knowledge of the influence of teaching effectiveness on student achievement indicated that 100% of respondents were aware of the connection. However, the question concerning a site-based health and wellness initiative garnered a weaker response with 67.3% of respondents indicating 3 or 4. This item was also the only one that resulted in a deliberate checkmark directly on the line between 2 and 3, therefore the percentage was calculated by averaging the scores indicated by value choice 2 (65.5%) and value choice 3 (69%).

## DISCUSSION

### Survey 1

The questions in the survey were assignable to a number of wellness dimensions and “themes.” The six wellness dimensions included physical wellness, social wellness, emotional wellness, mental wellness, occupational wellness, and spiritual wellness (Hales & Lauzon, 2015). Wellness themes were reflective of the ones identified in Renshaw, Long, and Cook’s (2015) *Teacher Subjective Wellbeing Questionnaire* as “joy of teaching,” “sense of belonging,” and “self-efficacy.” The literature supports these dimensions and themes as being indicative of teaching staff wellness and flourishing (Cherkowski & Walker, 2018).

In reviewing Table 1, I was not surprised by the generally strong positive responses to the questions. The staff are remarkably positive, helpful, effective, caring individuals with an overall strong sense of collective and personal efficacy. They share mainly positive personal and personnel relationships and support other staff members more as a family unit than simply work colleagues. These sentiments are reflected in the strong results for items reflecting *emotional wellness/sense of belonging* (Hales & Lauzon, 2018; Renshaw et al., 2015) such as item 6 (“I am treated with respect at X School” [96.6%]) and *social wellness/sense of belonging* (Hales & Lauzon, 2018; Renshaw et al., 2015) such as item 14 (“I enjoy being with other staff at X School” [96.6%]). According to the literature, *social capital* is built by the “quality of [...] contacts that either foster a sense of wellbeing or sustain a toxic working environment” (Roffey, 2012, p. 10). This *social capital*, therefore, is related to the relationship-building that results in dignified and respectful treatment of others, interaction and sharing with

colleagues, participation in the decision-making of a site, and recognition of effort (Roffey, 2012). Due to the investment in *social capital* on the study site, it is not surprising, then, the positive responses to the questions that relate to *sense of belonging* (Renshaw et al., 2015). The quality referred to as *flourishing*, therefore, is evident on the study site (Cherkowski & Walker, 2018).

The particularly strong scores (100%) for the items 4, 9, and 12, “*I am good at helping students,*” “*I feel like I am effective and helpful,*” and “*I make a positive contribution at X School,*” are reflective of a strong sense of professional efficacy. Additionally, due to the strong collaborative nature of the staff and the encouragement from school administration to seek professional development and create professional learning communities, there has been nurturing of activities that are reflective of *sense of belonging* and *self-efficacy*. This further supports my previous assertion that commitment to investment in *social capital* has resulted in staff who are confident in their abilities to be effective in their roles. According to the literature, self-efficacy and wellness are reciprocally influential and influential on student emotional and academic outcomes (Aldridge & Fraser, 2016; Capone & Petrillo, 2018; Caprara et al., 2006; Carrington, 2019; Cherkowski & Walker, 2018; Hills & Robinson, 2010; Holzberger, Philipp & Kunter, 2013; Klassen et al., 2010; Mohamadi & Asadzadeh, 2012; Tschannen-Moran & McMaster, 2009; Veldman et al., 2017; Viel- Ruma, Houchins, Jolivette & Benson, 2010). Thus, I was able to conclude there is a strong positive sense of perceived wellness among participants as can be inferred from the responses to the items in the study.

In contrast, it was surprising that only 55.2% of respondents felt that they were ‘mainly/frequently’ physically fit (item 22: “I am physically fit”). Overall, I consider the

majority of staff members to be active and knowledgeable about the positive benefits of physical activity, as can be supported by Survey 2 data. Therefore, it would be interesting to pursue further enquiry into the reasons for or influences on their responses to this question, or to determine what their definition of physically fit entails as it pertains to this question.

Dishearteningly, but also not surprising, the result for item 25, “*I have the time I need to fulfill my obligations,*” showed that only 51.7% of respondents feel they have adequate time. Unfortunately, almost half of the participants (48.2%) indicated they did not have sufficient time to complete their obligations. The literature contends that time, or, rather, lack thereof, is one of the most concerning influences on wellness of teachers who face burnout and depression, and who ultimately leave the profession (Alberta Education, 2015). The sense of lack of time, therefore, is concerning from a wellness standpoint in that it can erode the *occupational wellness* dimension over time. In our current climate of uncertainty regarding education funding and staffing, I would predict that staff are likely to indicate lower positive results in the coming months and years, especially as item 17 (“I feel hopeful”) had the lowest positive score of items 17 to 20 that were related to *emotional wellness*. However, as this survey did not include questions related to “outside factors,” it would also be interesting to conduct a follow-up survey to discover what other influences or impacts may be affecting the data, including gender, age, and family dimensions.

Interestingly, participant responses to items 23 (“I have an educational background to fulfill my obligations”) and 24 (“I have the resources I need to fulfill my obligations”) indicated strong positive inclinations in these areas, which leads to the

inference that staff feels adequately educated and supported to fulfill occupational obligations, although the types of resources cannot be determined from the survey. Thus, it would be interesting to conduct further enquiry into the nature of what types of resources staff feel strongly about, whether they are materials or people, and compare data to questions regarding time obligations of both occupational and personal nature. From the convincingly positive responses to the majority of the items on the survey, I would surmise that investment in *social capital* has buoyed the staff's ability to face the few less-positive indicators. The *sense of belonging*, *self-efficacy*, and *joy of teaching* (Renshaw et al., 2015) have helped build and ensure *resiliency* in the staff (Cherkowski & Walker, 2018; Roffey, 2012), or promotion of creativity, problem solving and coping skills (Roffey, 2012) in the face of adversity or challenge. My extrapolation of staff resiliency is also supported by the high positive result (86.2%) to item 20, "*I feel resilient.*"

## **Survey 2**

Items in Survey 2, as illustrated in Table 2, addressed perceived awareness of CSHW and wellness dimensions. Overall, staff indicated a generally strong understanding of CSHW (72.4%) which is not surprising given the concentration of professional development in areas of wellness. Interestingly, but not surprisingly, there was a strong positive response (89.7%) to item 2, "*How informed do you feel about physical wellness?*" This positive response was deduced from anchor responses of 3 or 4 to the item. In addition, the relatively low positive response (38%) to item 8, "*I would be interested to know more about physical wellness,*" supports an inference that physical

wellness has been well-addressed as a health and wellness dimension and that, in general, staff are not as inclined to want further training or education in this dimension.

On the other hand, *occupational wellness* was a dimension that indicated lower levels of existing knowledge (“*How informed do you feel about occupational wellness?*” [51.7%]) yet higher levels of interest in learning about the dimension (“*I would be interested to know more about occupational wellness*” [69%]). This seems to indicate that *occupational wellness* is a dimension for which staff feels there is a lack of knowledge, but also a need for increased awareness and training in what it includes and/or entails.

Also, interesting to note is that the *spiritual dimension* indicates the lowest level of knowledge (item 6: 44.8%) of the six dimensions, but, other than the *physical dimension*, is also the lowest level of interest in gaining further knowledge (item 12: 51.7%). This could indicate a lack of overall interest in this dimension, misinformation regarding the dimension, or confusion with religion, or perhaps, even, a pre-existing connotation as to the meaning and implications of *spiritual*. As well, perhaps there are pre-existing assumptions that *spiritual wellness* is wholly an individual concern and is therefore not necessary in being addressed through a school site.

It was pleasing and interesting to note that 100% of respondents indicated anchor 3 or 4 in response to item 14, “*Teaching effectiveness affects student achievement.*” This indicates that staff are already highly knowledgeable of the connection between staff effectiveness and social and academic student outcomes (Aldridge & Fraser, 2016; Capone & Petrillo, 2018; Caprara et al., 2006; Carrington, 2019; Cherkowski & Walker, 2018; Hills & Robinson, 2010; Holzberger, Philipp & Kunter, 2013; Klassen et al., 2010;

Mohamadi & Asadzadeh, 2012; Tschannen-Moran & McMaster, 2009; Veldman et al., 2017; Viel- Ruma, Houchins, Jolivette & Benson, 2010) and likely student EI (Carrington, 2019; Cherkowski & Walker, 2018; Goleman, 2005). I believe this response correlates with the results from Table 1 that indicate a high level of investment in *social capital* as discussed in the previous section.

Finally, also of interest to me was the result for item 15, “*A site-based health and wellness initiative would be beneficial to me.*” While the generally positive response (67.3%) indicates some interest, there is also a fairly significant number of participants (32.7%) who indicated a site-based wellness program would not be of interest to them. It would be interesting to pursue further enquiry as to why the interest level is not as high as expected. Perhaps there is a sense of lack of relevance if the program focused on *physical wellness*, which indicated the lowest area of interest. Alternatively, perhaps the response correlates to the concern about time, as was indicated in Table 1. Considering the fairly high interest in the *occupational wellness* (69%) and *emotional wellness* (62.1%) dimensions, perhaps a wellness initiative focusing on these areas, while understanding the interconnectedness of all wellness dimensions, would garner a stronger positive response. An initiative that mirrors the three-year study done by Laine, Saaranen, Pertel, Hansen, Lepp, Liiv, and Tossavainen (2018) on building *occupational wellness* in Finnish and Estonian schools might be of greater interest to the staff as opposed to programs that have traditionally focused on physical wellness and student mental health.

## Limitations

Limitations in this research project include the following:

1. Data was collected from both teaching and support staff. There was no separation of the data or inferential analysis. Therefore, considerations of factors such as age, gender, years of work/teaching experience, educational level, and life factors (e.g., marital status, child or parent dependents) could yield more specific responses.
2. The question sets pertained only to on-site perceived wellness and did not address outside, or “home life,” considerations. Outside factors often influence the on-site responses.
3. The time of year likely influenced the survey outcomes; different times of year would likely result in different responses based on the number and level of stressors (e.g., reporting periods, upcoming school break, following a school/community tragedy).
4. The current political and economic climate, both locally and globally, are affecting staff morale and society’s views of education and the profession of teaching.
5. The types of questions did not allow for elaboration as to why participants responded as they did. Further investigation might allow for deeper understanding.
6. Participants were from only one school site. Due to the closeness of the participants to the researcher, I chose to follow a summary of the data set using descriptive statistics, as opposed to inferential analysis, in order to protect anonymity and confidentiality. Obtaining data from a number of other sites would reflect a broader range of responses that could involve a deeper level of inferential analyses to extrapolate characteristics of the staff population based on the received samples (Johnson & Christensen, 2012).



### **FUTURE RESEARCH AND PROGRAM DEVELOPMENT**

In Dr. Schmidt's class (Summer 2019), I learned about the importance of professional learning communities in providing the opportunity for teaching staff to collaborate and build supports that are fundamental for teaching approaches, methodologies, and pedagogy (Fullan & Quinn, 2016). As well, I have determined how instrumental they are in providing a support network that nurtures wellness (Cherkowski & Walker, 2018). This ties strongly to the reciprocal loop staff experiences through the elements of sense of belonging, self-efficacy, and joy of teaching (Mankin et al., 2018; Renshaw et al., 2015). Teaching is considered to be a high stress job. Every day, school staff face challenging situations such as “demands from administrators, colleagues, students, and parents compounded by work overload, shifting policies, and a lack of recognition for accomplishments” (Klassen et al., 2010, p.466). In addition, we are faced with human tragedies experienced by our students—death of a parent, divorce, assault or neglect, or accidents. When we add to that our own crises involving our families, friends, colleagues and ourselves, the mental and emotional toll can become overwhelming. Therefore, a support system is considered by psychologists—both certified and armchair—to be one of the most effective ways of shoring up against the maelstrom school staff sometimes face (Carrington, 2019; Cherkowski, 2018; Cherkowski & Walker, 2016; Goleman, 2005). But in all the “busyness” of school and life, it is often an area that is neglected when duty calls (Kipps-Vaughan, Ponsart, & Gilligan, 2012). Furthermore, because staff collective efficacy and self-efficacy, as well as EI, affects student achievement and vice versa, a languishing staff member may feel self-reproach

when performance does not meet expectation, whether self-imposed or obligatory duties, thus compounding an already compromised mental state.

### **Further Research**

To address and mitigate some of the limitations of this research project, and to enquire more deeply into background or outside influences, I would be interested in continuing more research that incorporated questions providing information for inferential statistical analysis and that would incorporate data sets from a variety of sites for comparison. As well, interviews, either one-on-one or focus-group interviews, could uncover explanations to clarify inferences I made based on the data. Finally, the concern for outliers in the data—those responses that fell far outside the correlative findings—could be addressed as opposed to simply observed in the data set.

Moreover, I would enjoy engaging in a longitudinal study by employing a semi-regular survey over the course of one or more school years to measure potential variances in the data in connection to scholastic cycles. This could prove to be particularly valuable in determining the ongoing effects on staff wellness due to the impacts of budget cuts, staff downsizing, and increasingly complex class compositions. As well, an ongoing study of a variety of school sites with inferential measures could uncover insightful data in terms of frequency of occurrence related to particular responses among and between sites (e.g., ANOVA) as well as the potential to delve more deeply into the explanations for outliers.

### **Staff Wellness Program Development**

Each school has its own personality and dynamics that build its culture (Roffey, 2012); each has unique strengths and challenges that would not necessarily benefit from

the same wellness program as another site. The use of PLCs to design an appropriate school site wellness program that focuses on the specific needs of that school would allow for specific-response initiatives created and led by school staff, thus reinforcing leadership from within (Fullan & Quinn, 2016). Self-efficacy, resiliency, problem-solving, and creativity could blossom (Roffey, 2012), along with nurturing skills that lead to greater EI, thus creating a flourishing school (Cherkowski & Walker, 2018).

As demonstrated in the research by Mohamadi and Asadzadeh (2012), there are direct links between staff self-efficacy and student achievement. When staff is mentally overwhelmed, self-efficacy diminishes and student achievement suffers. Therefore, by creating a team that uses the components of “focusing direction, cultivating collaborative cultures, deepening learning, and securing accountability” (Fullan & Quinn, 2016, p.3), student achievement and wellness are embodied in concern for staff wellness. The driving questions that set the focus might be determined through analysis of a survey similar to the one I conducted at my school site. These questions might include variations of the following:

1. Which wellness dimension(s) is/are of greatest interest or need and will address our current concerns?
2. What do we need to learn about wellness at our site, and how can we address education or training of our staff?
3. What sort of wellness action plan could we design to address our site’s needs and interests?
4. How can we effectively share information with staff, and how can we suggest the action plan be accessed?

5. How can we demonstrate that this investment of time and resources is benefiting student achievement?

While these are perhaps lofty goals for one team at one school to work on, they can become the basis for a larger central office initiative, especially as the creation of an action research plan will likely need to include outside agencies. Development of wellness PLCs within schools could assist in channeling information and resources between the individual school sites and outside. A collaborative approach would begin the initial deeper learning that helps clarify the goals of the learning community as knowledge is amassed (Fullan & Quinn, 2016).

Once data has been collected at a site, an action plan could be developed to match the needs of the school community with the available resources. The first action would focus on providing communication and training in wellness literacy for the particular dimension(s) indicated as concern.

Communication about wellness could be made available through a number of sources. At a staff meeting, a wellness PLC could share their research and thoughts regarding an action plan to address improvements. It would provide the information and explanation and would help secure accountability with the rest of the staff. Furthermore, it would provide feedback to the PLC as to possible adjustments that are needed in the procedures or action plan. Another source of communication could be through a staff shared document or webpage that includes the research, contact information, procedures, checklists, and action plan. Information could be updated as adjustments were made. Finally, a centrally located teacher information bulletin board would be a permanently accessible station for sharing this information.

Finally, to demonstrate how staff wellness and self-efficacy are affecting student achievement would be a central focus of the plan. However, completion of a baseline measure before implementing this initiative and then follow up after a prescribed time might not effectively display the intended outcome. The Mohamadi and Asadzadeh (2012) study is probably the best source of quantitative data that teacher self-efficacy is correlated to student achievement. However, a Likert-scale survey might also prove effective as distributing and collecting surveys is relatively efficient. Questions could be related to teachers' sense of wellness, self-efficacy, and collective efficacy, and compared to student achievement by traditional summative measures. Likely, staff could relate anecdotally about these areas just as effectively. In the end, though, the most important aspect would be that overall wellness is being addressed. That would perhaps be best measured by anecdotal discussions about the school climate and individual wellness from staff and students' point of view.

### **FINAL THOUGHTS**

Perceived wellness is related to self-efficacy. Specifically, school staff self-efficacy is correlated to better learning outcomes which positively influence student cognitive achievement, EI, and overall wellness. A focus on school staff wellness plays an important role in nurturing positive school culture by concentrating efforts on building the foundation for positive student-staff relationships in which all members of the educational community can flourish. Reciprocally, flourishing staff leads to improved practice, better learner outcomes, improved student achievement, increased EI and wellness, and a more supportive, effective school culture. A strong learning community is a microcosm of society.

Many of my personal philosophies are influenced by the research I completed in my graduate-level courses. Dr. Bradford's course in Spring 2019 (i.e., EDUC 630) offered me greater understanding of the topic of CSHW and how my questions were related to a holistic and connected view of wellness. In Dr. Crocker's course (i.e., EDUC 647), I explored the relationships between EI and my wellness question. Dr. Schmidt's course (i.e., EDUC 620) reviewed the strength of collaboration in professional learning communities, and thus helped me clarify the links between organizational wellness to psychosocial and occupational wellness. In Dr. Fenske's course (i.e., EDUC 641), I gained experience in outlining my principles and considered mitigating factors for implementing approaches that reflected my principles. Dr. Paszek's course (i.e., EDUC 635) helped me underscore the necessity of modeling the construction of a wellness paradigm, and how to effectively communicate and promote the need for collaborative approaches to wellness. In Dr. Raymond's course (i.e., EDUC 657), I reflected on the ethical imperatives we have as educators and how considering connections to wellness are part of ethical decision-making. Dr. Chung's course (i.e., EDUC 626) highlighted connections between best practices in human resources and wellness. Dr. Yochim's course (i.e., EDUC 652) provided me the opportunity to investigate the historical impacts and implications of wellness as it applies to my research questions. Lastly, Dr. Parson's course (i.e., EDUC 660) afforded me the occasion and experience to delve into the processes and methodologies for developing my research puzzle.

As a Master of Education program student and a full-time educator, throughout my coursework, I have learned of the necessity for me to become an instrument of change. As an advocate for change leadership in schools, I recognize the importance of

building healthy communities that celebrate individual and collective growth while supporting those individuals who benefit from further care. To develop healthy societies, we must focus on the health of the individuals within society. A first step in creating change and building stronger communities is to recognize and use the tool of educational systems. Schools are microcosm of the larger society. By focusing on individual and collective wellness as it builds a strong school culture, we are setting the stage and the structures to reinforce the infrastructure needed to create healthy global societies. This will be of particular significance to recall as we face increasingly complex classroom formations with fewer resources, both human and economic. The impact of my coursework and my research project has reinforced my commitment to being an agent of change with an emphasis on building and maintaining healthy learning environments, especially in regard to how they reflect on the wellbeing of our larger society.

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## APPENDIX

### Information Letters and Consent Forms

#### Participant Information Letter



#### Staff Wellness: An Exploration of School Staff Perceived Health and Wellness

**Principal Investigator:**

Melissa Brown-Allnutt  
Graduate Student  
Faculty of Education  
Concordia University of Edmonton  
7128 Ada Boulevard  
Edmonton AB T5B 4E4

**Purpose:**

The purpose of the study is to explore teaching staff knowledge of wellness (wellness literacy) and how/why awareness of personal wellness affects professional efficacy. The findings could indicate how perceived levels of wellness and wellness literacy inform awareness of wellness effects on teaching efficacy. As well, findings may help to provide better understanding of perceptions about implementation of staff wellness initiatives or supports.

**Study Procedure:**

The methodology to be used will be mixed methods. Phase 1 will involve responding to a Likert-style survey that will influence the development of the interview questions in Phase 2. All staff on the proposed site will be invited to fill in a survey that will include questions regarding wellness dimensions and perceived wellness, job efficacy, and staff-student/staff-staff relations.

In Phase 1, if you agree to participate, you will be provided a pen/paper Likert survey consisting of 25 self-reflective questions and 15 health and wellness awareness questions regarding your perception on wellness dimensions. There will be no identifying markers requested on the survey and questions can be answered with a simple checkmark in the appropriate box.

**Potential Risks:**

There are no known risks involved in participation other than would typically be experienced in daily life and/or completing a survey. It will be made clear that your participation is voluntary and that you have the right to withdraw at any time without penalty.

**Potential Benefits:**

The research will help to clarify connections between school staff perceived wellness and wellness literacy and its effects on job efficacy. The data will also help to gain an understanding of perceptions of initiatives and/or supports meant to enhance school staff wellness and whether and how they affect perceived wellness overall.

**Confidentiality:**

Participation in this research is voluntary. You may withdraw from the study without penalty of any sort. All responses and documents will be identified only by coding and kept in a secured and locked filing cabinet. Names and personal identifiers will be kept confidential by applying a pseudonym if and when necessary.

**Non-disclosure:**

Participants will be requested to sign non-disclosure agreeing that participant names and discussions will not be shared.

**Contact Information:**

If you have any questions regarding further information on this research project, please contact Melissa Brown-Allnutt at [Melissa.brown-allnutt@spschools.org](mailto:Melissa.brown-allnutt@spschools.org) or [mbrownal@student.concordia.ab.ca](mailto:mbrownal@student.concordia.ab.ca). You may also contact my adviser, Dr. Brent Bradford, at (780)-479-9274 or by email at [brent.bradford@concordia.ab.ca](mailto:brent.bradford@concordia.ab.ca).



**Participant Consent Form**



**Staff Wellness: An Exploration of School Staff Perceived Health and Wellness**

**Principal Investigator:**  
 Melissa Brown-Allnutt  
 Graduate Student  
 Faculty of Education  
 Concordia University of Edmonton  
 7128 Ada Boulevard  
 Edmonton AB T5B 4E4

Dear Staff Participant:

Thank you for considering participation in my Master of Education capping project. I am conducting research into school staff perceived wellness and wellness literacy and seeking deeper inquiry into perceptions of wellness practices, activities, and information offered on our site as well as its effects on teacher/staff efficacy. Your participation, which is voluntary, involves responding to 40 survey questions concerning your perceptions of wellness in general as well as more site-based and personally specific reflections. An example of such a question may be: "I get excited about teaching and learning." Responses will be recorded with a checkmark or x in the appropriate box.

Participation in this research project will not involve risks other than would typically be experienced in daily life and/or completing a survey. Should you change your mind about participating in this study, you may withdraw up until the survey is handed in for any reason without penalty. Withdrawal includes the decision to not respond to any or all of the interview questions even if you have previously signed the consent form. Once forms are handed in, responses cannot be withdrawn as there are no identifying markers on the survey to indicate it is yours. As well, confidentiality will be safeguarded at all times through the research proceedings, including presentations and/or research publication, through anonymity of identifying information. Please be assured that this research project is being conducted under supervision of a faculty adviser and as per required ethical standards. It has the approval of the Research Ethics Board (REB) at Concordia University of Edmonton.

Thank you for your consideration and support in this research. If you have any questions, please contact me as necessary.

Thank you,

(signature)

Melissa Brown-Allnutt

{ } I, \_\_\_\_\_, CONSENT to participating in the staff wellness research. I understand I may withdraw at any time without penalty even if I have previously signed the consent form. I am aware that my responses and personally identifying information will be kept confidential at all times throughout the research.

{ } I, \_\_\_\_\_, agree, that for purposes of anonymity, I will not disclose information about other participants including names and discussion points.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

{ } I, \_\_\_\_\_ DO NOT CONSENT to participating in the staff wellness research.

## District Information Letter



### Staff Wellness: An Exploration of School Staff Perceived Health and Wellness

**Principal Investigator:**

Melissa Brown-Allnutt  
Graduate Student  
Faculty of Education  
Concordia University of Edmonton  
7128 Ada Boulevard  
Edmonton AB T5B 4E4

**Purpose:**

The purpose of the study is to explore teaching staff knowledge of wellness (wellness literacy) and how/why awareness of personal wellness affects professional efficacy. The findings could indicate how perceived levels of wellness and wellness literacy inform awareness of wellness effects on teaching efficacy. As well, findings may help to provide better understanding of perceptions about implementation of staff wellness initiatives or supports.

**Study Procedure:**

The methodology to be used will be mixed methods. Phase 1 will involve responding to a Likert-style survey that will influence the development of the interview questions in Phase 2. All staff on the proposed site will be invited to fill in a survey that will include questions regarding wellness dimensions and perceived wellness, job efficacy, and staff-student/staff-staff relations.

In Phase 2, participants will be provided questions in the form of a focus group interview (i.e., 4-5 participants) to gain deeper and broader context to responses from the Phase 1 survey. The focus group interview will be administered at a time that is mutually convenient and is anticipated to take 45 minutes. Follow up may be needed for clarification but will be clearly communicated with participants. Transcripts of the interview will be available after the study for participants to view, and findings of the research will be available upon request. The overall findings will contain no specific personal data and pseudonyms will be used where necessary.

This research will be carried out at W. D. Cuts School and potential participants may include any staff members of W. D. Cuts School.

**Potential Risks:**

There are no known risks involved in participation other than would typically be experienced in daily life and/or survey and interview responses. It will be made clear that participation is voluntary and that participants have the right to withdraw at any time without penalty.

**Potential Benefits:**

The research will help to clarify connections between school staff perceived wellness and wellness literacy and its effects on job efficacy. The data will also help to gain an understanding of perceptions of initiatives and/or supports meant to enhance school staff wellness and whether and how they affect perceived wellness overall.

**Confidentiality:**

Participation in this research is voluntary. At any time, participants may withdraw from the study without penalty of any sort. All responses and documents will be identified only by coding and kept in a secured and locked filing cabinet. Names and personal identifiers will be kept confidential by applying a pseudonym if and when necessary.

**Non-disclosure:**

Participants will be requested to sign non-disclosure agreeing that participant names and discussions will not be shared.

**Contact Information:**

If you have any questions regarding further information on this research project, please contact Melissa Brown-Allnutt at [Melissa.brown-allnutt@spschools.org](mailto:Melissa.brown-allnutt@spschools.org) or [mbrownal@student.concordia.ab.ca](mailto:mbrownal@student.concordia.ab.ca). You may also contact my adviser, Dr. Brent Bradford, at (780)-479-9274 or by email at [brent.bradford@concordia.ab.ca](mailto:brent.bradford@concordia.ab.ca).

**District Consent Form**



**Staff Wellness: An Exploration of School Staff Perceived Health and Wellness**

**Principal Investigator:**

Melissa Brown-Allnutt  
Graduate Student  
Faculty of Education  
Concordia University of Edmonton  
7128 Ada Boulevard  
Edmonton AB T5B 4E4

Consent:

St. Albert Public Schools District #5565 participation in this study is voluntary and you may refuse permission for W. D. Cuts School to participate or may withdraw consent for participation from this study at any time without jeopardy.

The signature of an approved representative of the district indicates that consent has been granted for participation in this study.

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Signature

Date

---

Printed Name of the Signatory above

Thank you for your consideration and support in this research. If you have any questions, please contact me as necessary.

Thank you,

(signature)

Melissa Brown-Allnutt

## School Principal Information Letter



### Staff Wellness: An Exploration of School Staff Perceived Health and Wellness

**Principal Investigator:**

Melissa Brown-Allnutt  
Graduate Student  
Faculty of Education  
Concordia University of Edmonton  
7128 Ada Boulevard  
Edmonton AB T5B 4E4

**Purpose:**

The purpose of the study is to explore teaching staff knowledge of wellness (wellness literacy) and how/why awareness of personal wellness affects professional efficacy. The findings could indicate how perceived levels of wellness and wellness literacy inform awareness of wellness effects on teaching efficacy. As well, findings may help to provide better understanding of perceptions about implementation of staff wellness initiatives or supports.

**Study Procedure:**

The methodology to be used will be mixed methods. Phase 1 will involve responding to a Likert-style survey that will influence the development of the interview questions in Phase 2. All staff on the proposed site will be invited to fill in a survey that will include questions regarding wellness dimensions and perceived wellness, job efficacy, and staff-student/staff-staff relations.

In Phase 2, participants will be provided questions in the form of a focus group interview (i.e., 4-5 participants) to gain deeper and broader context to responses from the Phase 1 survey. The focus group interview will be administered at a time that is mutually convenient and is anticipated to take 45 minutes. Follow up may be needed for clarification but will be clearly communicated with participants. Transcripts of the interview will be available after the study for participants to view, and findings of the research will be available upon request. The overall findings will contain no specific personal data and pseudonyms will be used where necessary.

This research will be carried out at W. D. Cuts School and potential participants may include any staff members of W. D. Cuts School.

**Potential Risks:**

There are no known risks involved in participation other than would typically be experienced in daily life and/or survey and interview responses. It will be made clear that participation is voluntary and that participants have the right to withdraw at any time without penalty.

**Potential Benefits:**

The research will help to clarify connections between school staff perceived wellness and wellness literacy and its effects on job efficacy. The data will also help to gain an understanding of perceptions of initiatives and/or supports meant to enhance school staff wellness and whether and how they affect perceived wellness overall.

**Confidentiality:**

Participation in this research is voluntary. At any time, participants may withdraw from the study without penalty of any sort. All responses and documents will be identified only by coding and kept in a secured and locked filing cabinet. Names and personal identifiers will be kept confidential by applying a pseudonym if and when necessary.

**Non-disclosure:**

Participants will be requested to sign non-disclosure agreeing that participant names and discussions will not be shared.

**Contact Information:**

If you have any questions regarding further information on this research project, please contact Melissa Brown-Allnutt at [Melissa.brown-allnutt@spschools.org](mailto:Melissa.brown-allnutt@spschools.org) or [mbrownal@student.concordia.ab.ca](mailto:mbrownal@student.concordia.ab.ca). You may also contact my adviser, Dr. Brent Bradford, at (780)-479-9274 or by email at [brent.bradford@concordia.ab.ca](mailto:brent.bradford@concordia.ab.ca).

**School Principal Consent Form****Staff Wellness: An Exploration of School Staff Perceived Health and Wellness****Principal Investigator:**

Melissa Brown-Allnutt  
 Graduate Student  
 Faculty of Education  
 Concordia University of Edmonton  
 7128 Ada Boulevard  
 Edmonton AB T5B 4E4

## Consent:

W. D. Cuts School participation in this study is voluntary and you may refuse permission for W. D. Cuts School to participate or may withdraw consent for participation from this study at any time without jeopardy.

The signature of an approved representative of the district indicates that consent has been granted for participation in this study.

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 Signature

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 Date

---

 Printed Name of the Signatory above

Thank you for your consideration and support in this research. If you have any questions, please contact me as necessary.

Thank you,

(signature)

Melissa Brown-Allnutt