

# Leaves of Absence and Presenteeism Among Canadian Teachers: Mental Health Challenges, Frequency, Impact, Facilitators, and Barriers

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## Abstract

Using survey data from 733 teachers, we explored leaves of absence and presenteeism due to mental health challenges among Canadian teachers. Almost 40% of teachers had taken a formal leave of absence due to mental health concerns, with no significant difference by gender or grade-level taught. Having a supportive partner/family was the most cited facilitator of taking a leave, followed by having financial coverage. The most cited barrier to taking a leave was the impact it would have on students, followed by an unsupportive supervisor. The majority of teachers in our study experienced sickness presenteeism due to mental health challenges.

*Keywords:* Teacher mental health, teacher leaves of absence, teacher presenteeism

## Introduction

The Canadian Mental Health Association reports that one in five Canadians experiences a mental health issue or illness annually (Canadian Mental Health Association [CMHA], 2021). Many occupations report mental health issues, including burnout and compassion fatigue, such as nurses (Nolte et al., 2017), child welfare workers (Hazen et al., 2020), mental health workers (Turgoose & Maddox, 2017), and teachers (Ferguson et al., 2022). Some literature, however, indicates that teachers, in particular, are more affected by mental and psychosomatic disorders than other occupations (Brütting et al., 2018; Johnson et al., 2005), and pre-pandemic, Canadian teachers reported poor well-being, compassion fatigue, emotional exhaustion, and low resilience (Woloshyn et al., 2023).

Contributing factors to high levels of stress and mental health challenges Canadian teachers experienced pre-pandemic included increased workload, inadequate supports and resources, and poor work-life balance (British Columbia Teachers' Federation [BCTF], 2020; Froese-Germain, 2014; Johnston-Gibbens, 2014). Social supports can buffer the impact of these concerns (Greenglass et al., 1994), specifically, supportive supervisors (Fimian, 1986; Russell et al., 1987; Zhang & Zhu, 2007), supportive friends and relatives (Greenglass et al., 1994), and supportive colleagues (Greenglass et al., 1997). Teachers reporting supportive school administrators also report fewer absence days and illness (Dworkin et al., 1990; Howard & Howard, 2020). Some teachers, however, feel that discussing stress and utilizing social support is stigmatizing (BCTF, 2020; Ferguson et al., 2017).

The COVID-19 pandemic caused rapid and drastic changes in teaching, exacerbating existing stress-

ors and creating unbearably high levels of stress (Rushowy, 2022; Will, 2021) while also eliminating social supports for managing stress and mental health challenges (BCTF, 2020). During the pandemic, Canadian teachers reported increased workloads but also felt more fatigued, isolated, and concerned about students (BCTF, 2020). Canadian teachers also experienced high levels of stress and anxiety (Canadian Teachers' Federation [CTF], 2020, 2022) and decreased well-being (Laidlaw, 2023; Larson et al., 2023), with the number of teachers experiencing high levels of anxiety increasing 500% (Mental Health Research Canada, 2020) and high numbers of teachers considering early retirement or resignation (Laidlaw, 2023). Therefore, the broad purpose of the present research was to shed light on how Canadian teachers respond to mental health issues at work through leaves of absence and return-to-work pathways.

### *Teacher Absenteeism, Presenteeism, and Leaves of Absence for Mental Health Issues*

There is a clear trend that sick leave usage among Canadian teachers is increasing (Yousif, 2021). According to *The Toronto Star*, in 2021, the Toronto District School Board (the largest board in the province of Ontario) reported 808 elementary teachers on sick leave for three months or more, up from 388 the year prior (Yousif, 2021). Other school boards in Ontario have seen similar increases in teachers on sick leave for three months or more (Yousif, 2021). A union representative for the Peel District School Board elementary teachers noted that the number of members on long-term leave has tripled since the pandemic (Yousif, 2021). In a recent survey of Canadian principals and vice-principals, 90% of principals said staffing due to absences was their biggest concern (Rushowy, 2022).

High levels of stress result in a high frequency of illness among teachers (Dworkin et al., 1990; Howard & Howard, 2020) as teachers often use sick days and short-term absences to cope with stress (Moletsane et al., 2015). Notably, Howard and Howard reported that “reducing stress levels would have the single largest impact on the reduction in the frequency of illness days and the associated costs of teacher absenteeism” (p. 111).

The only Canadian study found in a review of the literature about leaves of absence for mental health concerns among teachers is our pilot study for the present study (Ferguson et al., 2022). In our pilot, we found that of the 28% of surveyed teachers who took a leave for mental health reasons, the majority identified as women (79%), and 15% specifically took the leave because of work stress. Teachers interviewed in our pilot study also felt there was a stigma to taking a leave of absence and the sense that teachers on leave could not handle the job. Some interviewed teachers also experienced repercussions for using their sick days.

Although it can be challenging to compare the research on leaves of absence in different contexts, a careful review of the international literature reveals findings about the demographic characteristics and other factors relating to leaves of absence for mental health reasons within the teaching profession (kindergarten to Grade 12). For instance, Moriana and Herruzo (2006) found higher frequencies for mental health-related sick leave among Spanish secondary teachers who are divorced/separated, have degrees in the sciences, are substitute teachers, consume alcohol, and smoke cigarettes (also found by Brütting et al., 2018). The same study found that the best predictor of taking a mental health-related sick leave was job dissatisfaction (Moriana & Herruzo, 2006).

In a similar finding in Brazil, teachers with burnout symptoms of depersonalization had a higher likelihood of taking a sick leave (Coledam & da Silva, 2020). In studying Finnish secondary school teachers, Ervasti and colleagues (2012) proposed that student dissatisfaction is related to teacher stress and thus sick leaves occur because student misbehaviour aggravates teacher stress. In their study of Spanish secondary school teachers, Bermejo-Toro and Prieto-Ursúa (2014) did not find a significant difference in reported burnout, stress, or the symptomology of depression between genders, nor any differences between gender and the average number of workdays missed due to sick leave. However, more teachers who identified as women than men took a leave for psychiatric causes, and psychiatric issues were the cause of the greatest number of days missed on sick leave. The authors question whether gender variables such as childcare and caregiving (which were not measured) may be better predictors of absenteeism than simple male/female sex variables (Bermejo-Toro & Prieto-Ursúa, 2014).

On the other spectrum of absence, sickness presenteeism (often referred to as simply “presenteeism”) is when a worker attends work despite ill health (Howard & Howard, 2020; Johns, 2010). In their

comparison across 42 occupational groups (including but not limited to healthcare, business, education, and trades), Aronsson et al. (2000) found that those who identified as women, mid-age employees, and employees with children are more likely to experience presenteeism.

Regarding teachers specifically, Dudenhöffer et al. (2017) found that among German teachers, over 57% of teachers reported sickness presenteeism, with less support from supervisors, inappropriate administration efforts, inappropriate recognition of performance, and exhaustion/fatigue being significant predictors. Dudenhöffer and colleagues (2017) also found that sociodemographic variables (e.g., gender, age, grade level taught) were not significantly associated with sickness presenteeism. The research shows teachers with common mental health disorders also report higher presenteeism days than other teachers (Coledam & da Silva, 2020). Our pilot study (Ferguson et al., 2022) found that teachers felt guilty for taking time off work and instead worked when ill, for fear of the impact that the absence would have on students.

Teacher absenteeism, taking a leave of absence, and presenteeism create not only high financial costs for school boards and school systems but also impact student achievement. Herrmann and Rockoff (2010) found in their study of teachers in New York that while daily teacher absences have a significant negative impact on student outcomes, extended work disruptions and leaves of absence among teachers result in large negative effects on mathematics and English achievement. Miller et al. (2008) also found in their study of American fourth-grade students that as few as 10 days of teacher absence were enough to impact student achievement in mathematics. In terms of presenteeism, that is, working when ill, research shows that teacher emotional exhaustion and burnout can negatively impact student achievement (Arens & Morin, 2016; Madigan & Kim, 2021).

Despite these significant impacts on education and the current stressful working conditions within schools, there is limited research on teacher mental health, leaves of absence, and presenteeism internationally, let alone in Canada. Outside of media reports, little is known about how Canadian teachers cope with their mental health issues, which teachers are impacted, if teachers take sick days and leaves of absence to cope, their experiences taking leaves of absence, and the impacts of these leaves and/or presenteeism. There is also no known Canadian research that studies groups of teachers (e.g., by gender or teaching panel) to explore differences and similarities within these experiences of leaves and presenteeism. This research seeks to explore the topics of leaves of absence and presenteeism among Canadian teachers with mental health concerns from a multifaceted perspective, aiming to gain insight into and shed light on the work and lives of educators.

## Theoretical Framework

We conceptualize leaves of absence due to illness using Allegro and Veerman's (1998) three categories of determinants for workers considering a sickness absence: micro-level factors, macro-level factors, and meso-level factors. Micro-level factors are factors that are specific to each worker and include personal characteristics, personal living situations, personal finance situations, and, of course, health. Macro-level factors are societal factors such as social security, workplace legislation, and labour laws. Finally, meso-level factors are factors within the organization or profession. Working conditions, job content, workload, terms of employment, and social relations at work are examples of meso-level determinants. Therefore, a worker considering taking a leave of absence due to illness may ask themselves the following questions: Can I afford to take a leave? (micro) How much leave am I entitled to under labour law? (macro) Would my supervisor be supportive of my leave and return to work? (meso)

## Purpose of the Study

This paper is based on a larger study exploring mental health, leaves of absence, and return to work across seven different groups of professional workers in Canada. As there is a paucity in the research investigating teacher mental health, leaves of absence, and presenteeism, particularly in Canada, the purpose of our research for this paper was to explore: 1) the number of teachers experiencing a mental health issue and the help-seeking and changes made to work as a result of the mental health issue (ex. using sick days); 2) the nature of leaves of absences for mental health concerns among Canadian teachers (numbers, demographics, feasibility, deciding factors, and experience obtaining the leave); 3) the perceived impact of teacher leaves of absences for mental health issues; 4) the facilitators and barriers to teachers taking a

leave of absence for mental health issues; 5) the state of sickness presenteeism among Canadian teachers; and 6) the differences and similarities between gender and teaching panel within teachers' experiences of mental health issues, leaves of absence and presenteeism.

## Methods

### *Sample and Procedure*

As part of a larger pan-Canadian study of mental health and leaves of absence of Canadian professional workers, teachers from across Canada were recruited to respond to a bilingual (French-English) online survey hosted on Qualtrics about their mental health and experiences taking leaves of absence as a necessary intervention. Research ethics board approval was obtained from all participating institutions. Participants were recruited by direct email, social media, and via partner organizations, the Ontario Secondary School Teachers' Federation (OSSTF) and the Canadian Teachers' Federation (CTF/FCE). We also employed a Canadian market research company to recruit additional Francophone teachers. The survey was available online between mid-November 2020 and mid-May 2021. Participants were not compensated for their participation.

After consenting to participate, participants were asked to choose their primary professional role from a list of professions (Academic-Professor, Professional Accountant, Dentist, Nurse, Midwife, Physician, Elementary/Secondary Education Worker). Those who selected the Elementary/Secondary Education Worker response option were asked to choose their specific role in education (e.g., Teacher, Educational Assistant, Psychologist) and were then directed to a set of questions on mental health, leaves of absence, and return-to-work experiences that were customized for education. Although the survey yielded a vast amount of data, in this current paper, we are reporting only on survey results related to leaves of absence and presenteeism for participants who selected Teacher as their role in education.

The sample of teachers ( $N = 733$ ) comprised predominantly of those who identified as women, had a mean of 15.7 years of experience in their field, and largely worked in elementary and secondary schools. Further details of demographics and occupational characteristics are shown in Table 1.

**Table 1**  
*Sample Demographics and Occupational Characteristics*

Sample Characteristic	<i>n</i> (%)
<b>Demographics</b>	
Woman	583 (79.8%)
Man	140 (19.2%)
Non-binary	2 (0.3%)
Racialized	39 (5.3%)
Indigenous	9 (1.2%)
Living with a disability	28 (3.8%)
Bisexual	21 (2.9%)
Gay or Lesbian	20 (2.7%)
Heterosexual/Straight	660 (90.0%)
Age, mean years (SD in years)	41.7 (10.2)
<b>Occupational Characteristics</b>	
Years in profession, mean years (SD in years)	15.7 (9.1)
Works directly in the classroom	695 (84.8%)
<b>Teaching Panel<sup>1</sup></b>	
Elementary	384 (52.4%)
Secondary	288 (39.3%)

*Note.*  $N = 733$ . Numbers in brackets are percentages unless otherwise indicated. Participants preferring not to specify their gender or sexual orientation, or no response to the gender or sexual orientation items, resulted in totals less than 733.

<sup>1</sup>Elementary includes participants who selected elementary, junior high/middle school, early childhood education, or any combination of these three response options. Secondary includes participants who selected secondary, vocational, or both of these response options.

## Measures

### **Occupational Characteristics**

Participants were asked questions about their work role as teachers including which educational panel they worked in (elementary, secondary, junior high/middle school, early childhood education, adult education, vocational education), if they worked directly in the classroom (yes/no), how many years they had been working as a teacher, and how many hours per week (on average) they were spending outside the school day on preparation and other school work.

### **Mental Health Issues**

Participants were asked whether they had ever suffered from a mental health issue in the course of their professional training or career (yes/no). To make it clear what was considered a mental health issue, this question included a description of mental health issues as *mental or psychological stress or distress, burnout, anxiety, depression, other mood disorders, substance use or dependence, post-traumatic stress disorder, or serious thoughts of suicide*.

### **Help-Seeking and Changes to Work**

Participants were asked to indicate whether they had ever made any changes to their work or training in response to a mental health issue (yes/no). Those who responded yes were then asked to choose one or more responses from a list of options representing potential changes (e.g., retreated/took sick days/vacations, sought formal accommodations from the employer).

### **Stigma and Repercussions for Using Sick Days**

Two items were created for the present study to assess whether participants experienced stigma about or repercussions for using sick days. The first item asked if participants had ever felt stigmatized for accessing their sick days (yes/no). The second item asked if they had experienced formal or informal repercussions for accessing their sick days (yes/no).

### **Leaves of Absence**

Participants were asked a series of questions designed to explore experiences taking formal leaves of absence: whether they had ever considered taking a formal leave of absence from their work for a mental health issue (yes/no), whether they believed they would be able to take a leave of absence for mental health issues if needed (yes/no/I don't know), and if they had ever taken a formal leave of absence from their work for a mental health issue (yes/no). We defined a leave of absence as a temporary period during which an individual is away from their job or training program but continues to be considered employed or enrolled. This definition does not include other types of time away from work, such as vacation, paid time off, sabbaticals, or remote work.

Participants who had never taken a formal leave of absence were asked to select one or more potential reasons for not doing so (e.g., I have professional supports in place that enable me to stay at work, financial reasons).

Participants who had taken a formal leave of absence were asked how many leaves for mental health issues they had ever taken, whether they had experienced difficulty requesting a formal leave of absence, whether they had experienced difficulty obtaining a formal leave of absence, and whether they believed their leave of absence had an impact on one or more outcomes (e.g., personal income, students). They were also asked to select one or more responses from a list of options that had facilitated taking a leave

of absence (e.g., supportive supervisor) and what barriers they had encountered in the course of taking their leave of absence (e.g., unsupportive supervisor).

### **Presenteeism**

Two single-item measures were included to assess two separate aspects of presenteeism: attending work while ill and the negative impact of mental ill-health on the quality of work. Participants were asked how often they had worked despite feeling that they really should not have worked because of their state of mental health on a 5-point scale (1 = *not at all*, 2 = *a little*, 3 = *somewhat*, 4 = *a fair amount*, 5 = *a great deal*). They were also asked to what degree they felt that their mental health had negatively affected the quality of their work on a 4-point scale (1 = *never*, 2 = *seldom*, 3 = *sometimes*, 4 = *often*). Given that the survey was administered in the context of the COVID-19 pandemic, these two items were first asked with the prefix *Since the start of the COVID-19 pandemic* and then asked with the prefix *in the 4 weeks prior to the start of the COVID-19 pandemic*.

### **Data Analysis**

All statistical analyses were conducted using IBM SPSS Statistics 27. Procedures for data cleaning and analyses followed recommendations by Tabachnick and Fidell (2019) for univariate and bivariate statistics. Analyses were conducted on the subset of data for participants who indicated that teacher was their role in education ( $N = 749$ ). Participants who dropped out of the survey ( $N = 16$ ) before answering the question on ever having suffered a mental health issue over the course of their career were excluded from the analyses, resulting in a final sample of 733 teachers.

We first conducted descriptive statistics on variables representing demographic and occupational characteristics. This included computing means, standard deviations, and ranges for continuous variables (e.g., age) and frequencies and percentages for categorical variables (e.g., gender). Based on preliminary analyses of the frequencies for categorical variables, we determined that the number of participants who selected non-binary was too small to include as a separate category for gender. Because of the low numbers of teachers who identified as racialized or Indigenous, we created a Black, Indigenous, and People of Colour (BIPOC) categorical variable with “yes” representing teachers who identified as racialized or Indigenous and “no” representing all other teachers in the sample. Likewise, we created a sexual orientation variable with one category representing teachers who identified as bisexual, gay, or lesbian, and another category representing teachers who identified as straight/heterosexual. Finally, we created a teaching panel variable with two categories: elementary and secondary. We acknowledge that there is variation across Canada, within provinces, and even school boards and districts with regard to school organization by grade and whether Grades 6, 7, and 8 teachers belong to the elementary or secondary panel. Because the majority of teachers who responded to the survey resided in Ontario, we chose to follow the Ontario model and included teachers who selected elementary, junior high/middle school, early childhood education, or any combination of these three response options as belonging to the elementary panel. The secondary panel included participants who selected secondary, vocational, or both of these response options.

For the main questions exploring mental health and leaves of absences, we computed frequencies and percentages of categorical outcome variables for all teachers and by gender (man; woman), teaching panel (elementary; secondary), BIPOC identity (yes; no), and sexual orientation (bisexual/gay or lesbian; heterosexual/straight). We then conducted chi-squared tests of independence to examine whether responses were related to gender, teaching panel, and, where possible, to BIPOC identity and sexual orientation. Finally, we conducted paired-samples *t*-tests for the two continuous outcome variables representing presenteeism using gender and teaching panel. We did not conduct paired samples *t*-tests using BIPOC identity or sexual orientation because the sample was extremely unbalanced with respect to these two variables, which resulted in inadequate power to detect a significant effect.

## Results

### *Mental Health Issues and Changes Made in Response to a Mental Health Issue*

We found that 62.9% of all teachers in the sample indicated having had a mental health issue over the course of training or their career (see Table 2). Chi-square tests of independence indicated that a larger proportion of teachers identifying as women (65.4%) had a mental health issue as compared to men (52.1%),  $\chi^2(1) = 8.43, p = .004$ . A greater percentage of teachers who identified as BIPOC, identified as bisexual or gay or lesbian, or were working in the secondary panel reported having had a mental health issue over the course of their career, but these differences were not statistically significant for BIPOC identity [yes; no],  $\chi^2(1) = 0.31, p = .58$ , sexual orientation [bisexual/gay or lesbian; straight/heterosexual],  $\chi^2(1) = 2.12, p = .15$ , or teaching panel [elementary, secondary],  $\chi^2(1) = 3.38, p = .07$ .

Table 3 shows changes teachers made to their work in response to experiencing a mental health issue, with retreating, taking sick days, and taking vacations being the most common changes made across all groups. The percentage of teachers identifying as women (41.7%) who indicated seeking social support at work was significantly higher than men (27.4%),  $\chi^2(1) = 5.27, p = .02$ . The percentage of teachers identifying as men (37.0%) who indicated seeking out workplace mental health promotion programs or services was notably higher than women (28.3%), but this difference was not significant,  $\chi^2(1) = 2.19, p = .14$ .

**Table 2**

*Numbers and Percentages of Teachers Who Have Ever Suffered from a Mental Health Issue Over the Course of Their Training or Career*

	In the course of your professional training or career, have you ever suffered from a mental health issue?		
	<i>N</i>	Yes	No
All Teachers	733	461 (62.9%)	272 (37.1%)
Gender <sup>1</sup>			
Man	140	73 (52.1%)	67 (47.9%)
Woman	583	381 (65.4%)	202 (34.6%)
BIPOC <sup>2</sup>			
Yes	48	32 (66.7%)	16 (33.3%)
No	685	429 (62.6%)	256 (37.4%)
Sexual Orientation			
Bisexual/Gay or Lesbian	41	30 (73.2%)	11 (26.8%)
Straight/Heterosexual	660	408 (61.8%)	252 (38.2%)
Teaching Panel			
Elementary	384	228 (59.4%)	156 (40.6%)
Secondary	288	191 (66.3%)	97 (33.7%)

<sup>1</sup>The number of teachers indicating non-binary for gender was too small for analysis.

<sup>2</sup>BIPOC = Black, Indigenous, and People of Colour

**Table 3**

*Changes to Work Made in Response to Experiencing a Mental Health Issue by Gender and Teaching Panel*

	All Teachers ( <i>N</i> = 461)	Gender		Teaching Panel	
		Man ( <i>N</i> = 73)	Woman ( <i>N</i> = 381)	Elementary ( <i>N</i> = 228)	Secondary ( <i>N</i> = 191)
1. Retreated/Took sick days/ vacations	226 (49.0%)	38 (52.1%)	184 (48.3%)	120 (52.6%)	92 (48.2%)
2. Sought formal accommodation from employer	59 (12.8%)	9 (12.3%)	49 (12.9%)	31 (13.6%)	26 (13.6%)
3. Sought support from union	97 (21.0%)	14 (19.2%)	81 (21.3%)	49 (21.5%)	43 (22.5%)
4. Sought out workplace mental health promotion programs or services	136 (29.5%)	27 (37.0%)	108 (28.3%)	67 (29.4%)	59 (30.9%)
5. Sought social support at work (i.e., talk to a friend/ colleague)	182 (39.5%)	20 (27.4%)	159 (41.7%)	99 (43.4%)	68 (35.6%)

*Note.* For the *N* = 461 teachers who indicated having had a mental health problem in the course of their professional training or career, 283 (61.4%) indicated they had made changes in response to a mental health problem, and 178 (38.6%) indicated they had not made any changes. Analyses not conducted by BIPOC identity or sexual orientation because of low cell numbers.

### *Stigma and Repercussions for Accessing Sick Days*

Responses to the items asking whether participants experienced stigma or repercussions for accessing their sick days are shown in Table 4. Over a third of teachers reported experiencing stigma for accessing sick days, and almost 20% indicated having experienced formal or informal repercussions for accessing sick days. With respect to experiencing stigma for accessing sick days, there were no significant differences by gender [man; woman],  $\chi^2(1) = 0.37, p = .55$ , BIPOC [yes; no],  $\chi^2(1) = 1.11, p = .29$ , sexual orientation [bisexual/gay or lesbian; straight/heterosexual],  $\chi^2(1) = 1.10, p = .29$ , or teaching panel [elementary; secondary],  $\chi^2(1) = 1.64, p = .20$ . With respect to experiencing formal or informal repercussions for accessing sick days, there were also no significant differences by gender [man; woman],  $\chi^2(1) = 0.21, p = .64$ , BIPOC [yes; no],  $\chi^2(1) = 1.67, p = .20$ , sexual orientation [bisexual/gay or lesbian; straight/heterosexual],  $\chi^2(1) = 0.58, p = .45$ , or teaching panel [elementary; secondary],  $\chi^2(1) = 1.84, p = .18$ .

**Table 4**

*Stigma and Repercussions for Accessing Sick Days*

	<i>N</i>	Experienced Stigma for Accessing Sick Days	Experienced Formal or Informal Repercussions for Accessing Sick Days
All Teachers	730	282 (38.6%)	145 (19.9%)
Gender <sup>1</sup>			
Man	140	51 (36.4%)	30 (21.4%)
Woman	580	227 (39.1%)	114 (19.7%)

	<i>N</i>	Experienced Stigma for Accessing Sick Days	Experienced Formal or Informal Repercussions for Accessing Sick Days
BIPOC <sup>2</sup>			
Yes	48	22 (45.8%)	13 (27.1%)
No	681	260 (38.2%)	132 (19.4%)
Sexual Orientation			
Bisexual/Gay or Lesbian	41	19 (46.3%)	10 (24.4%)
Straight/Heterosexual	656	250 (38.1%)	128 (19.5%)
Teaching Panel			
Elementary	384	138 (35.9%)	70 (18.2%)
Secondary	288	118 (41.0%)	65 (22.6%)

<sup>1</sup>The number of teachers indicating non-binary for gender was too small for analysis.

<sup>2</sup>BIPOC = Black, Indigenous, and People of Colour

### *Formal Leaves of Absence in Response to a Mental Health Issue*

Table 5 shows responses to survey questions about leaves of absence for teachers who indicated having experienced a mental health issue over the course of their training or career. Chi-square tests of independence indicated that identifying as either a man or woman was unrelated to having considered taking a formal leave of absence,  $\chi^2(1) = 0.01, p = .91$ , or actually having taken a formal leave of absence,  $\chi^2(1) = 0.005, p = .95$ . Teaching panel was also unrelated to the proportion of teachers who considered taking a formal leave of absence,  $\chi^2(1) = 2.36, p = .13$ , or who actually took a formal leave of absence,  $\chi^2(1) = 1.81, p = .18$ .

Almost 40% of teachers surveyed have taken a formal leave of absence for mental health issues, while over 70% had considered it. The average number of formal leaves taken by teachers who took at least one formal leave of absence was 1.92 ( $SD = 2.20$ ). This did not differ between those who identified as men and women,  $t(180) = 0.79, p = 0.43$ , or between elementary and secondary school teachers,  $t(173) = 1.31, p = .19$ . For teachers who did take a formal leave of absence, 23.4% reported difficulty obtaining a leave. Differences in obtaining a leave were not significant between those who identified as men and women (13.8% of men, 25.5% of women),  $\chi^2(1) = 1.85, p = .17$ , or by teaching panel (24.5% of elementary, 21.9% of secondary),  $\chi^2(1) = 0.16, p = .69$ .

For teachers who had never taken a formal leave of absence despite experiencing a mental health issue, the top reasons (see Table 6) for not taking the leave included not believing that their mental health issue was severe enough to warrant taking a leave (57%), the impact on students (49.5%), professional impact (45.1%), and financial reasons (42.5%; as shown in Table 6). The percentage of those who identified as men (61.4%) believing the mental health issue was not severe enough was notably higher compared to women (55.3%), but this difference was not significant,  $\chi^2(1) = 0.56, p = .46$ . The percentage of elementary school teachers (52.4%) indicating the impact on students was a reason for not taking leave was also notably higher compared to secondary (44.9%) school teachers, but these differences were also not significant,  $\chi^2(1) = 1.36, p = .24$ .

**Table 5**

*Being Able to Take a Leave of Absence if Needed, Having Ever Considered Taking a Leave of Absence, and Having Taken a Leave of Absence by Gender and Teaching Panel*

	<i>N</i>	If you needed to take a leave of absence for mental health issues, would you be able to?			Have you ever considered taking a formal leave of absence from your work for a mental health problem?		Have you ever taken a formal leave of absence for a mental health issue?	
		Yes	No	I don't know	Yes	No	Yes	No
All Teachers	461	249 (54.0%)	40 (8.7%)	172 (37.3%)	325 (70.5%)	136 (29.5%)	184 (39.9%)	277 (60.1%)
Gender								
Man	73	46 (63.0%)	1 (1.4%)	26 (35.6%)	52 (71.2%)	21 (28.8%)	29 (39.7%)	44 (60.3%)
Woman	381	200 (52.5%)	37 (9.7%)	144 (37.8%)	269 (70.6%)	112 (29.4%)	153 (40.2%)	228 (59.8%)
Teaching Panel								
Elementary	228	129 (56.6%)	21 (9.2%)	78 (34.2%)	159 (69.7%)	69 (30.3%)	102 (44.7%)	126 (55.3%)
Secondary	191	101 (52.9%)	13 (6.8%)	77 (40.3%)	146 (76.4%)	45 (23.6%)	73 (38.2%)	118 (61.8%)

*Note.* *N*s represent number of teachers who responded they had ever suffered from a mental health issue over the course of their career. Analyses not conducted by BIPOC identity or sexual orientation because of low cell numbers.

**Table 6**

*Reasons For Not Taking a Leave of Absence by Gender and Teaching Panel*

	All Teachers ( <i>N</i> = 277)	Gender		Teaching Panel	
		Man ( <i>N</i> = 44)	Woman ( <i>N</i> = 228)	Elementary ( <i>N</i> = 126)	Secondary ( <i>N</i> = 118)
1. I have professional supports in place enabling me to stay at work	22 (7.9%)	5 (11.4%)	17 (7.5%)	8 (6.4%)	10 (8.5%)
2. I believe my mental health issue is not severe enough to warrant a leave	158 (57.0%)	27 (61.4%)	126 (55.3%)	70 (55.6%)	63 (53.4%)
3. Financial reasons (i.e. it is unaffordable to take a leave)	118 (42.5%)	22 (50.0%)	94 (41.2%)	53 (42.1%)	50 (42.4%)
4. Staff impact (i.e. I have employees that rely on me)	49 (17.7%)	6 (13.6%)	42 (18.4%)	25 (19.8%)	17 (14.4%)

	All Teachers ( <i>N</i> = 277)	Gender		Teaching Panel	
		Man ( <i>N</i> = 44)	Woman ( <i>N</i> = 228)	Elementary ( <i>N</i> = 126)	Secondary ( <i>N</i> = 118)
5. Professional impact (i.e. stigma associated with disclosure /confidentiality/ reputation/impact on career opportunities, advancement or licensure)	125 (45.1%)	21 (47.7%)	102 (44.7%)	53 (42.1%)	58 (49.2%)
6. Impact of leave on students	137 (49.5%)	23 (52.3%)	112 (49.1%)	66 (52.4%)	53 (44.9%)
7. Lack of replacement (i.e. locum, replacement instructor)	85 (30.7%)	14 (31.8%)	69 (30.3%)	43 (34.1%)	28 (23.7%)

*Note.* *N*s represent number of teachers who indicated not having taken a formal leave of absence despite having experienced mental health issues. Chi-square tests of independence showed no significant differences by gender or teaching panel for any of the response options. Analyses not conducted by BIPOC identity or sexual orientation because of low cell numbers.

### *Perceived Impact of Taking a Formal Leave of Absence*

Responses about the impact of taking a formal leave of absence (Table 7) revealed that most teachers who had taken a formal leave of absence believed that their leave had an impact on students (68.5%) and on their personal income (52.2%). Many also believed that taking a leave also had an impact on their colleagues (44.0%) and, to a lesser extent, on other staff and employees (23.4%). This pattern was similar for gender and for elementary and secondary school teachers, with chi-square tests of independence revealing no significant differences between these groups for any of the response options (personal income, colleagues, students, staff/employees).

**Table 7**

*Perceived Impact of Leave of Absence by Gender and Teaching Panel*

	All Teachers ( <i>N</i> = 184)	Gender		Teaching Panel	
		Man ( <i>N</i> = 29)	Woman ( <i>N</i> = 153)	Elementary ( <i>N</i> = 102)	Secondary ( <i>N</i> = 73)
Personal income	96 (52.2%)	15 (51.7%)	80 (52.3%)	51 (50.0%)	41 (56.2%)
Colleagues	81 (44.0%)	9 (31.0%)	71 (46.4%)	48 (47.1%)	27 (37.0%)
Students	126 (68.5%)	21 (72.4%)	103 (67.3%)	73 (71.6%)	45 (61.6%)
Staff/Employees	43 (23.4%)	9 (31.0%)	32 (20.9%)	20 (19.6%)	19 (26.0%)

*Note.* *N*s represent number of teachers who indicated having taken a formal leave of absence. Participants could select multiple responses. Chi-square tests of independence showed no significant differences by gender or teaching panel for any of the response options. Analyses not conducted by BIPOC identity or sexual orientation because of low cell numbers.

### *Facilitators and Barriers to Taking a Leave of Absence*

Table 8 contains information on facilitators and barriers to taking a formal leave of absence for teachers who had taken a formal leave of absence. Having a supportive partner/family was the most endorsed facilitator across all groups of teachers, which was closely followed by having financial coverage while on leave. A higher percentage of those who identified as women compared to men indicated that having a supportive supervisor facilitated taking a leave of absence, but this difference was not significant,  $\chi^2(1) =$

2.61,  $p = .11$ . A higher percentage of those who identified as men compared to women also indicated that having a supportive union representative facilitated their leave of absence, but this difference was again not significant,  $\chi^2(1) = 0.96, p = .33$ . The item most endorsed across all groups of teachers as a barrier to taking a leave of absence was concern for the impact that a leave of absence would have on students. Having an unsupportive supervisor was also considered a barrier by a substantial portion of teachers across all groups.

### Presenteeism

Table 9 shows the results of paired-samples  $t$ -tests comparing responses to the single item asking participants to what degree the state of their mental health had negatively affected the quality of their work since the start of the COVID-19 pandemic and in the four weeks prior to the start of the COVID-19 pandemic. Teachers as an overall group believed that the state of their mental health had negatively affected the quality of their work significantly more since the start of the pandemic,  $t(730) = -25.05, p < .001$ , compared to the four weeks prior to the pandemic. Whereas 49.1% of all teachers responded that their mental health had *not at all* negatively affected their work a great deal prior to the pandemic (33.5% *a little*, 11.4% *somewhat*, 4.5% *a fair amount*, and 1.5% *a great deal*), only 12.6% responded that their mental health had *not at all* negatively affected their work since the start of the pandemic (26.4% *a little*, 30.5% *somewhat*, 21.5% *a fair amount*, and 9.2% *a great deal*).

Results were similar by gender and by teaching panel, with all groups indicating that their mental health had significantly affected the quality of their work more since the start of the pandemic. Independent-samples  $t$ -tests indicated that the reported differences between those who identified as men and women were not significant for the four weeks prior to the start of the pandemic,  $t(719) = -0.57, p = .57$ , 95% CI [-0.22, 0.12], or since the start of the pandemic,  $t(720) = -1.88, p = .06$ , 95% CI [-0.42, 0.01]. There were also no differences between elementary and secondary school teachers for the four weeks prior to the start of the pandemic,  $t(669) = 0.43, p = .67$ , 95% CI [-0.11, 0.17], or since the start of the pandemic,  $t(670) = 1.27, p = .21$ , 95% CI [-0.06, 0.29].

**Table 8**

*Facilitators and Barriers to Taking a Formal Leave of Absence for Teachers Who Have Ever Taken a Leave of Absence by Gender and Teaching Panel*

	All Teachers ( $N = 184$ )	Gender		Teaching Panel	
		Man ( $N = 29$ )	Woman ( $N = 153$ )	Elementary ( $N = 102$ )	Secondary ( $N = 73$ )
<b>Facilitators</b>					
Supportive supervisor	47 (25.5%)	4 (13.8%)	43 (28.1%)	33 (32.4%)	13 (17.8%)
Supportive union representative	61 (33.2%)	12 (41.4%)	49 (32.0%)	34 (33.3%)	26 (35.6%)
Financial coverage while on leave	103 (56.0%)	17 (58.6%)	85 (55.6%)	56 (54.9%)	44 (60.3%)
Supportive partner/family	120 (65.2%)	20 (69.0%)	99 (64.7%)	67 (65.7%)	47 (64.4%)
Supportive school district/board/ HR/upper admin	25 (13.6%)	4 (13.8%)	20 (13.1%)	15 (14.7%)	8 (11.0%)
<b>Barriers</b>					
Unsupportive supervisor	53 (28.8%)	10 (34.5%)	42 (27.5%)	29 (28.4%)	21 (28.8%)
Unsupportive union representative	11 (6.0%)	0 (0.0%)	10 (6.5%)	6 (5.9%)	3 (4.1%)
Unsupportive partner/family	9 (4.9%)	3 (10.3%)	6 (3.9%)	2 (2.0%)	6 (8.2%)
No financial coverage while on leave	13 (7.1%)	3 (10.3%)	10 (6.5%)	6 (5.9%)	6 (8.2%)
Concern for impact on students	111 (60.3%)	16 (55.2%)	94 (61.4%)	58 (56.9%)	45 (61.6%)

*Note.*  $N$ s represent number of teachers who indicated having taken a formal leave of absence. Questions on facilitators and barriers only asked if participants indicated they had taken a formal leave of absence. Analyses not conducted by BIPOC identity or sexual orientation because of low cell numbers.

Similarly, Table 10 shows results of paired-samples *t*-tests comparing responses to the single item asking participants how often they had worked despite feeling they should not have because of the state of their mental health since the start of the COVID-19 pandemic and in the four weeks prior to the start of the COVID-19 pandemic. The results again indicated that teachers had worked more often than they felt they should since the start of the pandemic,  $t(730) = -20.07, p < .001$ . Whereas 48.2% of all teachers responded that they had *never* worked despite feeling they should have prior to the pandemic (31.6% *seldom*, 13.4% *sometimes*, 6.8% *often*), only 20.1% responded *never* since the start of the pandemic (21.7% *seldom*, 34.4% *sometimes*, 23.8% *often*). Results were again similar by gender and by teaching panel, with all groups indicating that they had worked significantly more often since the start of the pandemic compared to the four weeks prior to the start of the pandemic despite the state of their mental health. Independent-samples *t*-tests indicated that the reported differences between those who identified as men and women were significant for both the four weeks prior to the start of the pandemic,  $t(719) = -2.51, p = .01, 95\% \text{ CI } [-0.39, -0.05]$ , and since the start of the pandemic,  $t(720) = -2.51, p = .01, 95\% \text{ CI } [-0.44, -0.05]$ , with women reporting that they worked more often compared to men at both times. There were no differences between elementary and secondary school teachers for the four weeks prior to the start of the pandemic,  $t(669) = 0.67, p = .50, 95\% \text{ CI } [-0.09, 0.19]$ , or since the start of the pandemic,  $t(670) = 0.67, p = .50, 95\% \text{ CI } [-0.12, 0.20]$ .

**Table 9**

*Degree That Mental Health Negatively Affected Quality of Work by Gender and Teaching Panel*

	Prior to COVID-19			Since COVID-19			$\Delta M$	<i>t</i>	<i>df</i>	<i>p</i>	95% CI	
	<i>N</i>	<i>M</i>	<i>SD</i>	<i>N</i>	<i>M</i>	<i>SD</i>					<i>LL</i>	<i>UL</i>
All Teachers	731	1.76	0.93	733	2.88	1.16	1.12	25.05	730	<.001	1.04	1.21
Gender												
Man	140	1.71	0.89	140	2.71	1.20	1.00	10.12	139	<.001	0.80	1.20
Woman	581	1.76	0.94	582	2.92	1.15	1.15	22.70	580	<.001	1.05	1.25
Teaching Panel												
Elementary	383	1.77	0.91	383	2.94	1.17	1.17	18.06	382	<.001	1.04	1.30
Secondary	288	1.74	0.93	288	2.83	1.13	1.09	15.93	287	<.001	0.95	1.22

*Note.* Response options ranged from 1 (not at all) to 5 (a great deal). Analyses not conducted by BI-POC identity or sexual orientation because of low power to detect a significant effect size.

**Table 10**

*How Often Participants Worked Despite Feeling They Should Not Have by Gender and Teaching Panel*

	Prior to COVID-19			Since COVID-19			$\Delta M$	<i>t</i>	<i>df</i>	<i>p</i>	95% CI	
	<i>N</i>	<i>M</i>	<i>SD</i>	<i>N</i>	<i>M</i>	<i>SD</i>					<i>LL</i>	<i>UL</i>
All Teachers	731	1.79	0.92	733	2.62	1.06	0.83	20.70	730	<.001	0.75	0.91
Gender												
Man	140	1.61	0.84	140	2.41	1.09	0.80	8.65	139	<.001	0.62	0.98
Woman	581	1.83	0.94	582	2.66	1.04	0.83	18.57	580	<.001	0.74	0.92
Teaching Panel												
Elementary	383	1.81	0.91	383	2.63	1.05	0.82	14.48	382	<.001	0.71	0.93
Secondary	288	1.76	0.93	288	2.60	1.06	0.83	13.39	287	<.001	0.71	0.96

*Note.* Response options ranged from 1 (never) to 4 (often). Analyses not conducted by BIPOC identity or sexual orientation because of low power to detect a significant effect size.

## Discussion

A high number of teachers in our study, over 62%, reported having had a mental health issue at some

time during their careers, with those teachers identifying as women reporting higher rates. Our finding that more teachers who identify as women reported a mental health issue contrasts with the research of Bermejo-Toro and Prieto-Ursúa (2014), who found no differences between genders. We also found no significant differences in ever having a mental health issue related to BIPOC identity, sexual orientation, or teaching panel. One possibility for these contrasting results is that we asked participants if they had *ever* experienced a mental health issue over the course of their career, which may differ from studies that asked about current or recent experiences of mental health issues.

The ways in which teachers in our study made changes in their work in response to experiencing a mental health challenge are notable for a couple of reasons. First, in terms of prevalence, the majority of teachers who experience a mental health challenge (over 61%) indicated that they made changes to their work, with almost half retreating or taking sick days or vacations. This finding of using sick days and short-term absences as a way to cope with job stress has been reported in the international literature as well (Moletsane et al., 2015). Second, these types of individual responses can keep the true nature of the burden of teachers' mental health on the individual and "under the radar" in terms of workplace health and wellness reporting. If teachers are managing through these means, their employers may be unaware of the problem at both the employee and system levels.

For the teachers in our study who experienced a mental health challenge, almost 40% took a leave of absence from work, while over 70% had considered it. Unlike Bermejo-Toro and Prieto-Ursúa (2014), we found that gender was not related to taking a leave for mental health reasons, nor was grade level taught. There were also no differences between gender and teaching panel (elementary or secondary) in the number of leaves taken by those with a mental health challenge. Despite this, teachers who have taken a leave of absence due to mental health reasons averaged 1.92 leaves each. This is a significant number of leaves, supporting recent media reports that leaves of absence among Canadian teachers are high (Yousif, 2021), creating issues around adequate staffing (Rushowy, 2022). In addition, the belief that their mental health challenge was not severe enough to take a leave was common among all teachers in our study.

The stigma of mental health challenges remains a concern for teachers in our study and has been consistently found in the literature (BCTF, 2020; Ferguson et al., 2017; Ferguson et al., 2022). Over 38% of teachers in our study experienced stigma for using their sick days, and almost 20% experienced formal or informal repercussions for using their sick days. This finding is congruent with our pilot study, wherein we found that teachers who access their sick days feel punished and experience repercussions from administrators and school systems (Ferguson et al., 2022). Experiencing stigma or repercussions for using sick days was not related to BIPOC identity or sexual orientation, which is surprising given that BIPOC educators experience other forms of prejudice in Canada (Grace, 2020; Lopez, 2020). Of teachers who had a mental health challenge but did not take a leave of absence for mental health reasons, 45.1% indicated that there would be a potential impact as a professional, regarding stigma, disclosure, and career advances, among others. Ferguson et al. (2017) also found that a perceived stigma of teacher stress impacted teachers' social support usage as a coping mechanism for stress. While the stigma of mental health issues is a larger societal issue (Canadian Mental Health Association, 2021), more work and education are clearly needed within all levels of school systems to combat the negative association with mental health challenges experienced by educators.

We found that a supportive partner/family was a facilitator for all groups of teachers in our study when taking a leave for mental health reasons. Over 20% of teachers experiencing a mental health problem reported seeking support from their union. Union support for taking a leave was also valued among teachers in our study. Previous research has established that a network of social supports is an important facet for teacher mental health and well-being (Ferguson et al., 2017; Greenglass et al., 1994). Almost 40% of teachers in our study who experienced a mental health challenge sought social supports at work. A higher percentage of those teachers who identify as women than men sought social supports at work, supporting Ferguson et al.'s (2017) finding that teachers who identified as men were less likely to access social supports for stress.

Having an unsupportive supervisor was also reported as a significant barrier to taking a leave of absence for mental health challenges among all teachers in our study. The role and support of supervisors have been found in the extant literature to have a key role in teacher mental health (CTF, 2022) and teacher illness and absences (Dworkin et al., 1990; Howard & Howard, 2020). The social supports

from supervisors can ameliorate teacher mental health (Zhang & Zhu, 2007). While support from family, friends, and supervisors and their impact on teacher mental health has been documented in the literature, the social support specifically for teachers taking a leave of absence due to mental health concerns has not been studied in the past, and is a unique contribution of our study. Over 23% of those teachers who did take a leave of absence for mental health reasons in our study reported difficulty in obtaining the leave. Supportive supervisors can play a crucial role in aiding and supporting teachers in obtaining a leave of absence. Support from the education unions, in particular, has been understudied as a social support for teacher mental health. Education unions are also able to assist teachers in facilitating the process and paperwork involved with obtaining a leave, and the role of unions in supporting teacher mental health warrants further research. As the COVID-19 pandemic limited teachers' access to social supports and teachers felt isolated (BCTF, 2020), considering the role of social supports for teacher mental health and wellness needs to be a priority for schools and school systems post-pandemic.

The majority of teachers in our study experienced sickness presenteeism due to mental health challenges, with 34.4% of teachers reporting that they "sometimes" and 23.8% "often" worked despite feeling that they should not have since the start of the pandemic. Our results indicate that presenteeism for mental health concerns was exacerbated during the COVID-19 pandemic, adding to the existing research that Canadian teachers' mental health took a serious toll during the pandemic (BCTF, 2020; CTF, 2020; Larson et al., 2023; Laidlaw, 2023; Mental Health Research Canada, 2020; Will, 2021). Dudenhöffer et al. (2017) found that sociodemographic variables were not significantly related to presenteeism. We also found that the teaching panel (elementary or secondary) was not significant for presenteeism among the teachers in our study. However, there were gender differences for both prior to and during the pandemic for how often those who identified as women worked when they should not have due to mental health issues compared to men, with women reporting that they worked more often despite the state of their mental health at both times. Thus, while presenteeism worsened for both genders, those who identified as women reported that they worked more often when ill before and during the pandemic compared to men. All groups of teachers in our study believed that their mental health negatively impacted the quality of their work.

When considering taking a leave of absence for mental health reasons, the teachers in our study felt that their leave would impact others, with the impact on the students being the most frequently noted (68.5%). The impact that the leave of absence would have on students was also the most cited barrier to taking a leave. In addition, for many teachers who chose not to take a leave despite experiencing a mental health issue, the impact that the leave would have on students was a deciding factor. This concern regarding the perceived impact on students is reflected in the literature, which states that student achievement is indeed negatively impacted by teacher absence (Herrmann & Rockoff, 2010; Miller et al., 2008). The results also indicate that teachers care deeply about students and are willing to sacrifice their own health to be in the classroom for their students, although working when burnt out or experiencing emotional exhaustion also negatively impacts student achievement (Arens & Morin, 2016; Madigan & Kim, 2021).

Finances played a crucial role for the teachers in our study concerning taking a leave of absence due to mental health concerns. For those teachers who took a leave of absence for mental health concerns, having financial coverage for the leave was a facilitator for taking the leave. Among those teachers who did not take a leave despite mental health issues, financial coverage was one of the top three reasons for not taking the leave. Thus, having the financial coverage for the leave is crucial, but perhaps the amount is not adequate for all teachers' financial situations.

Our findings support Allegro and Veerman's (1998) model of determinants for taking a leave of absence for illness. The teachers in our study considered the micro-, macro-, and meso-level factors in their decision to take a leave for mental health challenges. At the micro level, mental health issues, the financial impact of the leave, having a supportive family/partner, and the stigma of taking a leave were all important considerations for teacher participants when taking a leave. Meso-level factors, such as the impact that the leave would have on students, peers, staff, support from supervisors, and support from the union, were also facilitators and barriers for taking a leave. We also found that education unions play an important role for teachers considering a leave for mental health challenges at the macro level, as the unions can assist teachers in navigating leave entitlements, workplace legislation, and labour laws. For the almost 40% of teachers who experienced a mental health challenge at work, the micro, meso, and

macro factors tipped in favour of taking a leave. Roughly a quarter of teachers felt they often worked when they should not have since the COVID-19 pandemic because of mental health issues, indicating that for a large portion of teachers, the micro-, macro-, and meso-level determinants for a leave of absence were not met or were not adequate to take a leave.

### *Limitations*

Some caution is needed when interpreting results because of low cell numbers for some response items. For instance, we were unable to include responses such as non-binary in the gender analysis because only two participants identified as such. We also combined participants who identified as racialized or Indigenous into one category to make comparisons based on BIPOC identity and participants who identified as bisexual, gay, or lesbian into one category to make comparisons based on sexual orientation. Even using these broader categories, however, we were unable to conduct some of the analyses that focused on a subset of the sample (e.g., participants who had taken a leave of absence).

Because this research was part of a larger survey on leaves of absence and return to work of professional workers during a stressful time, we used several single-item measures to reduce participant burden. Also, because of the survey design, we were unable to conduct regression analysis to predict barriers and facilitators for taking a leave of absence or presenteeism.

Our survey was also conducted during the COVID-19 pandemic, a time of uncertainty that deeply affected the core of teaching (Hargreaves, 2021). Teachers' retrospective responses on their pre-pandemic mental health, facilitators and barriers of leaves of absence, and workplace presenteeism while in the midst of a global pandemic likely impacted their responses. Finally, we also recognize that teaching is a profession that is in constant flux, including pre-, during, and post-pandemic times. Teaching assignments, students, administrators, and contexts can change year to year. A variable that may cause stress or pose a significant challenge for teachers may or may not be present in the following school year.

### *Suggestions for Research and Practice*

We recommend further research with a larger sample of teachers using a survey designed to predict barriers and facilitators of leaves of absence and presenteeism. We also recognize the importance of intersectionality and, therefore, we encourage future researchers to design studies that engage with various populations, such as individuals who identify as non-binary, Indigenous, racialized, and living with a disability, and to investigate these teachers' experiences of leaves of absence and return to work. More research and school system support are needed to explore and limit the impact that teachers' leaves of absence have on students and their achievement. While it is evident from the research that teacher absences impact student achievement (Herrmann & Rockoff, 2010; Miller et al., 2008), so too may teacher presenteeism, that is, when teachers work when ill (Arens & Morin, 2016; Madigan & Kim, 2021). Supporting teachers to take a leave when ill and supporting student achievement need not be mutually exclusive.

Examining gender issues for teacher mental health and presenteeism are important considerations for schools and future research. Those teachers who identified as women were more likely to experience mental health concerns. While teachers of both genders reported working when they shouldn't have due to a mental health issue, presenteeism was significantly higher for those who identified as women. Investigating gender variables (such as parenthood and care work) and implementing supports for teachers to take sickness days when needed for mental health challenges are needed foci in future research and practice.

The role that education unions play in teacher mental health has been highlighted in our study. We recommend further research into how education unions can best support teachers in their mental health challenges and facilitate taking a leave of absence when needed. Along with our findings and future research, unions can plan programs and support, as well as fill needed gaps, in supporting teacher mental health. The financial strain of taking a leave was also an important barrier for teachers in our study. This is another avenue for education unions to consider, as improved benefits and leave entitlements could be important considerations for collective bargaining.

More research is needed to explore and break down the stigma of mental health issues among teachers. Social supports are linked to the perceived stigma of teacher mental health concerns (Ferguson et

al., 2017). As we exit the pandemic phase of COVID-19, researching and reviving social supports for teachers and mental health within and outside of schools should be a priority, as teacher isolation impacts teacher mental health and entrenches stigma. Again, unions play a key role in the social support for teachers with mental health concerns; however, due to stigma, teachers may need encouragement or education programs to utilize unions as support. School administrators and principals also need further training and resources to assist teachers with mental health concerns and with supporting the leave-of-absence process. Such support from those in supervisory roles may also help ameliorate the stigma of teacher mental health challenges.

## Conclusion

Our research fills an important void in the literature exploring Canadian teacher mental health, leaves of absence, and presenteeism. Teachers are a vital part of the workforce, and teacher absenteeism and leaves of absence are not only high financial costs for school boards and school systems but also impact student achievement (Herrmann & Rockoff, 2010; Miller et al., 2008). Improved workload and working conditions would ameliorate stress among teachers, and this stress reduction is linked to lower levels of teacher illness and absence (Dworkin et al., 1990; Howard & Howard, 2020). If teachers experience mental health issues and need to take a leave of absence, taking a leave should be a smooth and supportive process, free from stigma and with as few barriers as possible. This compassionate procedure of facilitating a leave may aid in a faster recovery and help teachers return to work happier and healthier.

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## Conflict of Interest

The authors have no competing interests to declare.

## Declaration of Interest

While the authors partnered with the stated teachers' federations for recruitment and survey design, all data collection, analysis, and reporting were completed by the authors independently. The authors received no form of remuneration. Therefore, the authors declare that they have no competing interests.

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