



Health and Well-Being of Teachers in Rural Nova Scotia: Examining Health Promotion Barriers and Accessibility Challenges within a Rural Health Perspective

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Abstract

Globally, school teachers are experiencing high levels of stress/burnout due to increasingly complex job demands, causing them to consider leaving the profession. Rural educators face additional place-specific well-being challenges like geographic isolation and inadequate health care access. The current study aimed to investigate the well-being experiences (which includes health, particularly mental health) of teachers living and working rurally (at least 30 min drive from the nearest town of 10,000 or more people). Participants were full-time, licensed, public-school teachers in rural Nova Scotia, Canada (n=11). One-on-one interviews provided data for thematic analysis of the interrelationships between teacher well-being and rurality. Research participants described largely negative well-being, particularly in the mental health domain. Participants talked about high levels of stress/burnout/exhaustion, not feeling valued/questioning their worth, and debating quitting/retiring early. Interviewee mental well-being challenges were intensified by the health inaccessibility impacts inherent to rural living. Geographic isolation, inadequate health care, lack of fitness facilities, time and money constraints, substitute teacher shortages, fewer classroom supports, and community perceptions acted as access barriers to health promotion for rural teachers in Nova Scotia. Although literature confirms the poor state of general teacher well-being, there is a paucity of research regarding the factors influencing rural teacher well-being, particularly from a Canadian/Nova Scotian perspective. This research adds nuanced data on the specific rural living factors impacting the well-being of educators. Identifying well-being barriers provides avenues to better support the teachers that our systems and communities rely on, and may contribute to increasing effective health promotion programs to help them become more resilient.

Keywords: health promotion, educators, rural health, accessibility, well-being

Background

Education systems across the world are suffering from persistent mental health crises (Corrente et al., 2022; Culshaw & Kurian, 2021; OECD, 2017). Student well-being forms the bulk of research, policy initiatives, and interventions in schools (Fung et al., 2012; Langford et al., 2014; McIsaac et al., 2017; Naylor et al., 2006; Reed et al., 2008; Veugelers & Fitzgerald, 2005). In recent years, teacher health has emerged as an important factor in the functioning of both schools and communities. Educators experience a myriad of challenges that can impact well-being including escalating school violence, increasing classroom complexity, and heavy workloads (Adair, 2024; Bower & Carroll, 2017; Brady & Wilson, 2021; Carroll et al., 2022; Farley & Chamberlain, 2021). Teacher well-being is notably poor, specifically in mental health domains, and the COVID-19 pandemic created additional strain that has yet to be ameliorated (Canadian Teachers' Federation, 2020; Corrente et al., 2022; Côté et al., 2022; Hutchison et al., 2022; Mazrekaj & De Witte, 2024).

Rural teachers face place-specific well-being challenges such as multi-grade/multi-age teaching assignments, geographic isolation, and health care access concerns (Friesen, 2019; Tang, 2018; Willis & Gainger, 2020). Research from Australia states, “a concerningly large proportion (more than half) of teachers in this study reported finding their jobs either very or extremely stressful and were seriously considering leaving the profession” (p. 461, Carroll et al., 2022); levels of stress and burnout were noted to be higher for teachers in rural/remote areas of the country (Carroll et al., 2022). A study on rural Chinese teachers identified 39% as “surviving” and 10% as “languishing” meaning that they scored low and very low, respectively, on all eight constructs of well-being on the Teacher Subjective Wellbeing Questionnaire (Cui et al., 2022). Well-being concerns for teachers in Newfoundland included: “persistent tiredness; feelings of guilt; feeling overwhelmed, rushed or stressed; lack of time for themselves; certain physiological problems, such as headaches, voice problems, urinary problems (which many linked to a lack of routine washroom breaks) and lower limb pain; and difficulty taking time off when ill” (p. 82, Temple Newhook, 2010). Geographic isolation had a negative impact on teacher recruitment/retention in rural areas of South Carolina (Tran et al., 2020). Research with Australian teachers also noted geographic isolation as a common theme impacting teacher well-being (Willis & Gainger, 2020).

Living rurally adds to the complexity of health promotion. Lack of access to health care in rural areas is a known issue globally (UN International Labour Organisation, 2015) and within Canada, specifically (Sibley & Weiner, 2011; Wilson et al., 2020); “the needed services are often too far away and, in turn, inaccessible with regards to geographic location” (p. 47, Friesen, 2019). A review of transportation barriers to health care access in the US noted that six of nine referenced studies reported distance as a barrier to health care access (Syed et al., 2013). In rural Canada, “there is a lack of diagnostic services, poor access to emergency care, and a lack of medical specialists” (p. 45, Garasia & Dobbs, 2019). Willis and Gainger (2020) note that, “an absence of health services in remote areas significantly impacts the provision of education” (p. 20). Rural teachers face the dual well-being burden of experiencing barriers to their own health promotion access coupled with the strain of classrooms impacted by students lacking healthcare access.

Physical activity is an integral component of overall health promotion and contributes to improved health outcomes (Hoffmann et al., 2016). According to Statistics Canada (2021), the rates of physical activity are very low with only one in five Canadians meeting the requirements as directed by Health Canada. Additionally, the World Health Organization (WHO) suggests that a lack of physical activity is the fourth leading risk factor for mortality. This economic burden equates to a value of approximately \$300 billion (WHO, 2022). The impact of inactivity can be catastrophic for society. Compared to adults living in urban centres, rural residents have a poorer overall health status, higher rates of disease and reduced life expectancy (Long et al., 2018). Examining the impact of barriers to physical activity within rural communities can even be more impactful. Barriers such as lack of resources, facilities, added costs and lower motivation may be critical factors for health and well-being investigation (Pelletier et al., 2021). Exploring those barriers, educators and community health practitioners can delve into inequities which surface and determine potential solutions for a remedy. Gilbert et al. (2019) suggest that the absence of facilities which can support multi modes of physical activity can be a barrier for rural communities and residents. It is within this scope that innovation and creativity can be utilized to prepare options for rural communities to engage within various forms of physical activity. In a recent study by Pelletier et al. (2021), the most common environmental barrier for rural residents was the lack of access to free or low-cost facilities. Rural residents showed 85% higher odds of reporting at least one social or built environmental barrier to physical activity when compared to urban respondents (Pelletier et al., 2021). As researchers, it is imperative to advocate for evidence-based initiatives that can support rural health and well-being initiatives to improve the overall health outcomes of educators who live, teach and serve within remote or rural Canadian communities.

Although teacher well-being research is a growing field, much of the data produced is quantitative in nature (Hascher & Waber, 2021). The perspectives of rural educators are less well understood as well-being discussions tend to be presented in aggregate, though there are distinct differences between schooling environments and lifestyles by area. This study aimed to explore the well-being experiences of teachers in rural Nova Scotia (NS) and gain a more nuanced understanding of the specific factors impacting health promotion, and thereby foster ideas on effective interventions.

Methodology

The results presented in this paper are part of a larger study designed to investigate the well-being experiences of teachers in rural NS, Canada. This study was approved by the Research Ethics Board at Cape Breton University, File #2024024.

The researchers used the lens of a critical theory paradigm to explore the topic through a dialogic/dialectical approach (interviewing). Critical theory “not only describes the world or generates knowledge about it but also seeks to change it by detecting and unmasking beliefs and practices that limit human freedom, justice and democracy” (p. 47, Scott & Morrison, 2006). It was expected that teachers had rich lived experience on the topic of well-being; eliciting and interpreting their stories was therefore best served via basic qualitative research design. Critical reflexivity and researcher self-reflection were key aspects of the research process under a critical

theory paradigm to remain “aware of how power operates in the various aspects of conducting and writing research” (p. 940, Bettez, 2015).

Participants

The NS public school system is comprised of seven English language Regional Centres for Education and one Francophone schoolboard. Purposive sampling of teachers working at rural-identified schools and living in a rural community was undertaken (Creswell & Guetterman, 2019). Rurality was defined as recommended by Statistics Canada and the Rural Secretariat: “towns and municipalities outside the commuting zone of larger urban centres” (p. 12, du Plessis et al., 2002). Centres were considered urban if they have a population of 10, 000 or more (du Plessis et al., 2002). Participants were recruited voluntarily via social media (NS Teachers Facebook page) and recruitment flyers mailed to each rural-identified school.

Inclusion Criteria

This study focused on licensed, full-time NS public school teachers working and living in a rural setting (30+ min drive from a town of 10,000+ people) for at least one year.

Data Collection

Basic demographic information (gender, age, teaching experience, school location) was obtained through a short online questionnaire via primarily close-ended questions in English. Informed written consent was obtained on the initial landing page of the online questionnaire (hosted via SurveyMonkey). All demographic survey responses were reviewed for eligibility. Teachers who were ineligible to participate in the interview portion of the study had their demographic data deleted.

Semi-structured, one-on-one interviews were conducted in English in the manner best suited to the individual participants: face-to-face, phone call, or Microsoft Teams Meet. Interviews began by reviewing written informed consent, reiterating research purpose, and obtaining additional verbal consent for audio/visual recording. Audio data was recorded and transcribed in its raw form with identifiers (participant name, school name, town name) removed to preserve anonymity. Participants were assigned a pseudonym for ease of reference. Interviews were conducted and transcribed by the first author, an M.Ed. student undertaking this research as the basis of thesis work. Teams Meet interviews were conducted via the secure university account provided during to this author during graduate studies.

Data Analysis

Demographic data was examined in Microsoft Excel to provide univariate, descriptive information on the types of participants that choose to take part in this study. Anonymized interview transcripts were coded using ATLAS.ti software (Version 24, Lumivero). Inductive thematic analysis of coded data uncovered relationships between rurality, well-being, and the teaching profession. Coding and theme development was undertaken by the first author.

Findings

Participant Demographics

A total of 11 school teachers were interviewed for this study and were generally representative of the current professional demographic: majority female (n=10, 91%) and over 40 years of age (n=7, 64%). Most of the participants had been teaching for at least 15 years in rural areas (n=7, 64%). Five of the interviewees taught at a high school (45%), three at elementary schools (27%), one at a P-12 school (9%), and two were in coaching/mentoring roles not tied to specific schools (18%). Geographically within the province, participants were employed by the Chignecto-Central (n=6, 55%), Annapolis Valley (n=2, 18%), Halifax (n=2, 18%), and Strait (n=1, 9%) Regional Centres for Education.

Thematic Analysis Results

As part of the larger study designed to answer the main research question: “*What are the well-being experiences of teachers in rural Nova Scotia?*”, interview participants described negative emotional states and focused on mental rather than physical health. Four themes were developed from the data, contributing to this negative state of mental well-being: unsupportive administrators/RCE/system, unachievable workload, poor student well-being, and lack of access to well-being supports. Rurality contributed to the last three themes to varying degrees. The results for general well-being states and Theme 4: Lack of Access to Well-being Supports will be described in more detail in the following sections.

Current State of Well-being for Rural Teachers in Nova Scotia

Mental health was the focus in participant definitions and descriptions of well-being, as opposed to physical health. In this study, teachers described an overwhelmingly negative state of mental well-being including: (1) stress, burnout, and exhaustion, (2) not feeling valued and/or questioning their worth, and (3) thoughts about leaving classroom teaching or retiring early. Betty brought these themes together when she described how her well-being was influenced by being a teacher at a rural school:

I would say negatively, overall, is the answer to that. But [teaching as a profession] consumed my time and it consumes my heart as well because you know you're not doing the best by your kids [(meaning students)], you know you cant do the best by your kids, you know the policies that are in place don't have the right people in place to make them happen. You're being asked to do the impossible without the gear and... who wants to come to a work environment like that every day?

Nine of the participants in this study noted feelings of stress, burnout, and exhaustion. Marjorie said, “*I'd like to have less stress at work.*” Betty talked about the increasingly overwhelming demands of the profession over the course of her career and lamented, “*it scares me because the young teachers that are coming up are going to burn out before they're in year five, if they haven't already walked away by then.*” The fatigue levels experienced by rural teachers in this study were summed up by James: “*I find it really hard these days... I'm going home, and I'm completely mentally spent.*”

Not feeling valued in their roles and/or questioning their professional worth added to the stress and mental load of teachers in this study. Daisy said, *“Mental health wise, I just find that's really getting to me this year 'cause I feel like... I don't feel like I'm doing a good job. That's been the last couple years. I feel like I'm overwhelmed a lot.”* In discussing the ways her well-being could be better supported, Wendy brought up the idea that, *“teachers in general, we are passionate about what we're doing, it's just feeling appreciated for that, right, which sometimes is a struggle.”* Rebekah called for an ethic of care to be applied to educators:

I just think we need to be aware that teachers are struggling too, and we're freaking people! And we don't get unplugged at 2:30 when the kids leave. And we should be treated as such [(as humans)], but I don't feel like we are right now.

Thoughts of leaving classroom teaching, either for a different position within the public education system or entirely (changing professions/retiring early), surfaced as a result of these negative mental well-being experiences. Este disclosed, *“I don't want to leave, I wanted to work till I was 65, I like working. And now I can't wait to retire, and I look at the job postings once a week.”* Two of the n=11 participants in this study had already left traditional classroom teaching roles for mentoring/coaching positions with different responsibilities. Questioning her effectiveness led Betty to switch roles: *“A lot of moving out of my classroom and into the position I'm in right now is because I felt like I wasn't making any difference and that I was actually sliding backwards, and I couldn't stand it.”* Rebekah reported, *“not being a [classroom] teacher, honestly, is what allowed me to keep my well-being going straight ahead.”* Betty worried about her colleagues and the future of education as a profession in NS, stating:

I can see more and more teachers retiring early, even if it's at their own expense. I know people who have gone out on med leave and then had them retire right after just because they had to, they couldn't physically be in the classroom. They were afraid for themselves.

Rural Health Promotion Accessibility

A main contributor to the state of negative mental well-being in participants was the accessibility/health promotion challenges inherent to rural living. Educators in this study described four types of place-based barriers to optimal well-being: (1) rural-specific factors, (2) general factors exacerbated by geographic location, (3) teaching-specific factors intensified by rural living, and (4) community perception.

Rural-specific factors that acted as barriers to optimal well-being for teachers included distance, shortages of health care access, and lack of fitness facilities. Distance from health promoting activities was the most cited challenge for rural teachers in this study and was mentioned by nine of the n=11 participants. Eloise supported her mental health by connecting with family/friends which was difficult as she lives further away: *“I have to travel to see most people so taking the time to do that...”* Inez recalled how living rurally impacted her ability to take part in health promoting activities, stating, *“There's less access to things. Going to walking track... or I love swimming, but a swimming pool is 45 minutes away... I can't do those things.”* When discussing supports for her health, Abigail noted how fewer services were available in rural locations: *“I am aware of some select [NS Teachers' Union] deals and discounts in regard*

to – *I’ll say health and wellness – discounts and opportunities. A lot of those are Halifax-focused which sucks.*” James struggled with the lack of adequate healthcare in rural areas, noting:

I think the biggest issue for my well-being is that I know that I need to have better access to physiotherapy, massage therapy, things like that. I know I have back problems. I’m on a waitlist for a rheumatologist since September [currently April]. So, there’s lots of things that I know that I need to do but there’s no real resources around here for that.

Sophia asked, “*can we get more doctors? And more health professionals like in the community and actually have appointments that you can see them in like the next week.*” Lack of health care services/professionals in rural communities greatly impacts well-being. Many people choose to attend fitness facilities/classes to be proactive about their mental and physical health; unfortunately, rural areas suffer from a deficit of these spaces as well. Abigail reported, “*there’s no, like zero options, for a fitness facility. Which I do understand, it’s just a downfall.*” Marjorie felt that “*there could be lots more adult type clubs... like we could have a walking club, a running club, things like that after school*” to better support well-being in her community.

Non-rural specific factors negatively impacting health promotion, exacerbated by geographic isolation, were lack of time and money. Shortages of time and money are global complaints related to accessibility but are often in shorter supply for rural residents due to the challenges discussed previously. For example, driving longer distances costs more money (gas) and eats up more time. James described how rural living was “*not great when you need to drive an hour to go to a grocery store to get reasonably priced food items*”, emphasizing this point. Abigail was hoping to transfer to a school closer to the rural community in which she currently lives for financial reasons, stating, “*cost of living, cost of gas right now... I’m not going to the gym. If I get what I want next year and come to this rural school, its amazing because its so close, I don’t have to pay for gas, etc.*” Time was a concern for Inez who said, “*I would like to support my physical well-being more and get out and exercise, but I find that I do not have the time to do it with my current schedule.*” In addition to the lack of fitness facilities described previously, a few teachers in this study noted that their rural community did have fitness classes, but they were during work hours. Daisy wished her town had “*things that are in accessible times of day.*”

Teaching as a profession provides its own challenges to enhancing well-being. These difficulties are exacerbated in rural schooling locations and include substitute teacher shortages and fewer classroom supports. Sophia talked about how “*rural schools have literally no subs*” and the impact this has on implementing her curriculum, stating: “*My physics classes get cancelled every time I go to PD. I think it’s been five times this semester.*” The threat of instructional discontinuity adds to teacher stress and can result in presenteeism (coming to work when unwell) and teachers avoiding taking time off for necessary health appointments. James discussed the reality of taking sick leave and how teachers “*put some of that stuff off... you don’t want to miss work because then its more work to plan for a day you’re absent than just coming. So, I do find myself coming sick a lot.*” Rural schools can also suffer from having fewer classroom supports, which leaves more of the burden on individual teachers and negatively impacts their well-being. Sophia mourned how “*The math consultants don’t come out as much because it’s a long drive for them, which I get, but at the same time... we need it as much.*” Inequities for rural teachers compound negative well-being states and make it more difficult for individuals to access healthcare supports.

An important factor that emerged from the research was the avoidance of health promotion activities in rural communities due to public perception. Rebekah said, “*I feel like I don't have the freedom that everybody else has because I'm under that public eye, I guess.*” Wendy felt the need to carefully choose which public activities she attended where students/parents might be: “*I'm very conscious of where I'm at or where I'm being seen. Because in a small community, I usually... you always run into somebody you know.*” Sophia was cognizant of not being able to authentically show up at all times, describing the “*pressure from the community even if you know things are... I guess even if things aren't going great for you, there's not a lot of sympathy from other people and then you feel that as well.*” Eloise found the intersection of parenthood and her career challenging, stating:

I don't really want to go in public after school sometimes because I don't want to see students... even taking my kid to the park its like, I see students that I would have to discipline at school and want to do that at the park.

Discussion

Overall, the rural NS teachers in this study presented negative views of their mental health and well-being. They described feeling stressed, burnt out, and exhausted. They did not feel valued in their roles and questioned their worth, which led to thoughts of early career termination. Accessing health promoting services and activities is key to supporting optimal well-being. Interviewees noted that living rurally in NS came with four types of barriers to optimizing their health: geographic isolation (distance, fewer health care services, lack of fitness facilities), exacerbated general societal difficulties (lack of time and money), intensified struggles inherent to the teaching profession (sub shortages, classroom supports), and strain from public perception. These findings will be reviewed within the context of existing literature, where possible.

Well-being Challenges for Rural Educators

Stress, burnout, and exhaustion were hallmarks of negative teacher mental health in this study, a finding corroborated by existing teacher well-being literature (Carroll et al., 2022; Cui et al., 2022; Temple Newhook, 2010). Evidence for sub-optimal rural teacher well-being is growing; the data discussed in this paper provides a NS/Canadian-specific perspective that aligns with and strengthens the knowledge base. In addition to poor physiological states, rural NS teachers in this study shared emotional stories where they didn't feel valued and questioned their worth as an educator. These findings also align with literature describing how “on average in the 28 OECD countries, only one in four teachers (24.5%) reported feeling valued in society, only 18.4% by the media, and only 13.3% by policymakers” (p. 10, Akiba et al., 2023). Many teachers choose their career path because they want to make a difference in their students' lives. Not feeling valued inspires a sense of dejection and compounds negative mental health states.

Experiencing high levels of stress, burnout, and exhaustion coupled with not feeling valued leaves teachers to question their worth and contemplate leaving the classroom, either via swapping roles/responsibilities (e.g. becoming a coach/mentor) or quitting/retiring early. A 2024 survey of NS teachers reported that 84% had considered leaving the profession or teaching in another province/country, with 76% listing burnout as a major factor in this consideration

(Cooke, 2024). This finding is similar in other Atlantic Canadian provinces; 78% of teachers in Prince Edward Island have experienced burnout and 64% thought about quitting (Yarr, 2023). For Albertan teachers, “16 per cent said they will retire, 14 per cent said they’ll leave the profession altogether, and seven per cent said they plan to move and teach in another province” by 2027 (Amato, 2022). Statistical data specific to rural educator well-being and attrition is less available. Research in the US found that the number of rural teachers has decreased sharply, there is more job turnover, and staffing issues are persistent in rural educational settings (Ingersoll & Tran, 2023). Understanding and ameliorating the factors that contribute to teacher attrition, especially in rural school systems, is an important area of focus for future research and educational policy development.

Rural Living Barriers to Health Promotion

Rural living had a direct negative impact on teacher well-being for the participants in this study. Struggles with distance/geographic isolation and difficulties accessing adequate healthcare are consistent with the limited literature on rural health promotion barriers. Time and money are in short supply globally due to rising costs of inflation and pressures of individualism. For people in rural spaces, these barriers to health promotion are even more significant. Garasia and Dobbs (2019) state that “travelling long distances for health care substantiates the already high transportation costs” (p. 44) for rural Canadians. Newer findings from this research, highlighted below, are the negative impacts of lack of fitness facilities and profession-specific challenges on accessibility of teacher well-being supports in rural settings.

Fitness facilities and classes are used to support both mental and physical health. Having limited recreational opportunities was a challenge identified by teachers in rural locations of the US (Tran et al., 2020); however, nuanced insight into the associations between lack of recreation/fitness opportunities in rural areas and teacher well-being has not been extensively researched and represents an important avenue for rural community health promotion.

Educators in rural schools face additional healthcare access challenges from exacerbated system substitute teacher shortages and being provided fewer classroom supports due to geographic isolation. Inadequate staffing of relief personnel burdens educators and may result in presenteeism, worsening burnout and detracting from well-being (Corrente et al., 2022). Canadian school systems are starting to experience teacher shortages (Previl, 2023; Zhu, 2024), which have become rampant in other countries like the US (Comai et al., 2025). NS has suffered primarily from substitute teacher shortages over the last few years (Previl, 2023). Rural areas without a pool of retired teachers interested in subbing often lack personnel to cover for school staff absences. Beyond the cited news releases, recent research on the impacts of substitute teacher shortages on educator well-being is lacking. A couple of participants in the current study also talked about how higher ups like subject area consultants do not come to their worksites as often as urban schools because of driving distances. This disadvantages both the teacher who is asking for support and their students and represents potential for educational inequity within a system. Lack of support increases teacher stress and negative well-being states. Literature on reduced classroom supports for rural schooling environments is scant. Future research should aim to understand the breadth of rural schooling factors contributing to negative teacher mental health states.

Finally, being a teacher in a small, rural location caused individuals to feel the burden of public perception, deterring them from participation in community well-being supports. This accessibility barrier would likely impact people employed in all professional careers and is not expected to be specific to educators. Relevant research in this area was difficult to find for comparison. Case studies conducted in the UK on the recruitment of healthcare professionals to rural communities revealed that “social navigation” was an incredibly valuable tool to promote retention (Maclaren et al., 2025); assisting professional career newcomers with feeling welcome and as though they belong in a close knit community “was often stressed, even before health care workers arrived or had accepted a post” (p. 185). Pharmacists in rural Australia described perception of community and community recognition as positive factors contributing to their retention (Terry et al., 2024), highlighting the importance of relationships. However, teachers in the current study were not describing a lack of belonging or inability to fit in with their communities, but rather an avoidance of being seen/known in more casual settings. The burden came from awareness that they would be identified as a teacher and thus feel the need to perform/mask authentic selves while engaging in activities. Additionally, some interviewees described stresses of seeing students in public spaces and the internal conflict of whether to engage in behaviour correction outside of the classroom. Australian educators noted “significantly reduced anonymity for teachers in remote places because everyone knows everyone’s business” (p. 28, Willis & Gainger, 2020). Small town politics were identified as a challenge to rural teaching by educators in the US (Tran et al., 2020). While these examples are specific to teaching, it is expected that individuals in other professional careers (health care) would experience similar concerns in relation to public perception. For example, health care professionals may not want to engage with community members after work if they are nervous that people will informally ask about medical conditions. As these trends are not heavily reported in the literature, this is largely theoretical but represents an interesting avenue for further research.

Study Limitations

The participants in this study were employed by a large geographic area of the public school system in NS, but representation of some Regional Centres was missing. There were no participants from Cape-Breton Victoria, Tri-County, or South Shore Regional Centres for Education. Notably, these centres cover geographic areas on the farthest ends of province and may have additional and unique insights for teachers living and working in more physically isolated/remote regions of NS.

This research also presents a limited view of intersectionality in rural educational spaces. No self-identified non-binary participants took part in this study. In addition, there were no participants employed by the Conseil Scolaire Acadien Provincial (Francophone school board). Anecdotally, participants interviewed via Microsoft Teams were all visibly white/white passing. Data on ethnicity was not collected as part of this research, but it is expected that teachers belonging to marginalized/minority-identity groups would have added health promotion access barriers. Future research should aim to gain perspectives from rural BIPOC, disabled, 2SLGBTQIA+, etc. educators to better understand the full breadth of accessibility challenges for rural teacher health and well-being.

Conclusion

Educators are experiencing a mental health crisis that could have significant impacts on communities via teacher shortages and deteriorating school climates, which is likely to be exacerbated in rural schooling contexts. There is limited qualitative data on the specific factors impacting rural teacher well-being, particularly from a Canadian perspective. Educators in rural NS shared narratives of poor mental health, which aligns with general teacher well-being research and adds to the growing pool of rural-specific data. Rurality introduced health care accessibility barriers that made supporting well-being challenging. While it is known that living rurally is associated with some level of geographic isolation and limits access to health services, newer barriers including lack of fitness facilities, intensified teaching-specific concerns, and public perception emerged. Additional research is needed to understand the breadth of factors impacting the well-being of rural educators, and effective interventions to address same.

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