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Teacher Experiences During and After the COVID-19 Pandemic in Latin America and Spain: A 20-Country Study

Bryan R. Christ ¹, Lucie Adams ², Benjamin Ertman ³, Sofia Catalina Arango-Lasprilla ⁴,
Natalia Albaladejo-Blázquez ⁴, Paul B. Perrin ^{1,3,*} and Rosario Ferrer-Cascales ⁴

¹ School of Data Science, University of Virginia, Charlottesville, VA 22903, USA; brc4cb@virginia.edu

² Human Biology, University of Virginia, Charlottesville, VA 22903, USA; mnr3jd@virginia.edu

³ Department of Psychology, University of Virginia, Charlottesville, VA 22903, USA; kgv5jx@virginia.edu

⁴ Department of Health Psychology, University of Alicante, 03690 Alicante, Spain; laspri000@gmail.com (S.C.A.-L.); natalia.albaladejo@ua.es (N.A.-B.); rosario.ferrer@ua.es (R.F.-C.)

* Correspondence: perrin@virginia.edu

Abstract: The COVID-19 pandemic severely affected teaching and student outcomes throughout the world, yet the long-term impacts of the pandemic on teachers and students in Latin America and Spain remain largely underexamined. This study examined the experiences of 5416 teachers from 20 Spanish-speaking countries during and after the pandemic, with an emphasis on teachers' health, teaching experiences, and school-based support; perceptions of their students' experiences and struggles; and relationships with students, families, and colleagues. The study used an online survey design with recruitment primarily based on snowball sampling, with most variables being collected using Likert-style responses. Descriptive statistics as well as bivariate correlations between variables were calculated. The results suggested that teachers were mostly healthy and reported moderate fear of COVID-19, though there was much variability. While, on average, teachers did not believe the pandemic had had a negative impact on their relationships with parents, colleagues, and students, they believed that the pandemic had a meaningful negative impact on their students by increasing problems in five key domains: educational, behavioral, social, emotional, and familial. Teachers had received very little training regarding online teaching, although they were moderately satisfied with the resources they had received to teach online and the safety measures their schools had implemented. Schools should provide additional support to teachers, students, and families during times of prolonged stress such as pandemics to help mitigate their lasting effects on students' academic and psychosocial functioning.

Keywords: teachers; COVID-19; health; online teaching; psychosocial functioning



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1. Introduction

On 11 March 2020, the World Health Organization (WHO) declared COVID-19, or Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2), a pandemic due to its high transmission level [1], the gravity of the threat it posed to many individuals' health [2], and the lack of information on clinical action and an explanation of how to control it [3]. Initial reports of COVID-19 emerged in Wuhan, China, in December 2019, after which it spread worldwide, with a total of 775 million cases and over 7 million deaths reported to date [4]. After the declaration of COVID-19 as a pandemic, many countries implemented, based on the WHO's recommendations, measures to control the spread of the virus, including states of emergency, lockdowns, isolation, and social distancing.

Although enacted to keep citizens from contracting SARS-CoV-2, social isolation and quarantine measures negatively impacted people's mental health, increasing stress, depression, and anxiety [5,6]. Seemingly no group escaped the negative psychological effects of social isolation, including children and youth [7–11], teachers [12,13], healthcare personnel [14–16], and older adults [17–21].

The COVID-19 pandemic severely affected all facets of life, including education [22,23]. Due to social isolation measures and the risks of in-person schooling, school was moved to online modalities [24]. Due to the sudden onset of COVID-19, schools often did not have the opportunity to effectively train teachers in online learning tools and modalities [25,26]. Furthermore, many students in schools in low-income countries were often unable to access the technology necessary for online learning [27,28]. Schools also often lacked the resources to properly support both students and teachers in online learning, leading to prolonged school closures [29]. School closures and the movement to online classes resulted in profound learning loss across the globe, ranging from an average of around 3 percentage points in primary school performance (overall and in mathematics) in the Netherlands to 5 to 10 percentage points in mathematics from grades 3 to 8 in the U.S. [30,31]. A study on the effects of the COVID-19 pandemic on learning loss among 3161 students ages 10 to 15 in Mexico found more substantial losses: 20% for low-socioeconomic-status (SES) students and 12% for high-SES students on reading comprehension (reading), as well as 22.4% for low-SES students and 13.6% for high-SES students on addition (mathematics) [32].

The lack of online learning support and the uncertainty of the COVID-19 pandemic negatively affected teachers' health and relationships. During the COVID-19 pandemic, teachers' quality of life declined, and they experienced higher levels of anxiety and distress, especially for those teaching remotely [33–35]. Surveys of teachers in Bosnia and Herzegovina and South Africa found that teachers who experienced fear of contracting COVID-19 while in the classroom had lower teaching satisfaction and greater anxiety due to concern for their own and their family members' health and lives [36,37]. In a survey of 5300 teachers in the U.S., COVID-19 fears, higher general anxiety and depression, and lower quality of life led to high levels of burnout (57%), stress (72%), and difficulties balancing work and family life (37% never; 20% sometimes) [38]. Between 24.85% and 93.4% of teachers experienced burnout or emotional exhaustion, loss of empathy, and feelings of failure during the pandemic in the U.S., Chile, and Peru [39–41].

The switch to online learning modalities during the COVID-19 pandemic, and the ensuing social isolation, also impacted students, especially those in high school, leading to higher levels of depression, generalized anxiety, PTSD, suicidal ideation, and stress [42–44]. A survey of both adolescents and adults in the U.S. found that adolescent mental health symptoms were more severe than those of adults during the pandemic (e.g., 55% of adolescents versus 29% of adults experienced depression, 48% versus 29% experienced anxiety, and 38% versus 16% experienced suicidal ideation and behavior) [43]. A separate study of 451 adolescents and young adults in the U.S. found that depression increased from pre- to post-pandemic, especially for females, with the mean score on the Children's Depression Inventory (CDI) increasing by almost 4 points overall, over 4 points for girls, and about 2.5 points for boys [42]. Generalized and social anxiety also increased overall for both adolescent boys and girls [42]. Because schools were physically closed, students often connected with each other online and through social media. However, a study of over 1000 Canadian adolescents found that more time spent connecting with friends online was linked to higher levels of depression [45].

Although the challenges faced by students and teachers during the COVID-19 pandemic are well documented in the Northern Hemisphere, North America, Europe, and Asia, fewer studies have explored the impact of the pandemic on students and teachers in Latin America and Spain. In addition to these two regions sharing a common language, the impact of the pandemic on students and teachers in Latin America and Spain is particularly important to consider holistically given that these areas similarly experienced some of the worst COVID-19 outbreaks in the world [46,47]. COVID-19 cases were first reported in both global regions by February 2020, and pandemic-related restrictions ended by the middle of 2021 in Spain and most areas of Latin America [46–50]. The known studies that have explored the impact of COVID-19 on students or teachers in Latin America and/or Spain are summarized in Table 1. As shown in the table, a longitudinal study of 63 teachers in Chile showed that teacher quality of life significantly decreased during the COVID-19

pandemic, while rates of depression, stress, and anxiety all significantly increased [51]. A study of teachers in Peru found that those experiencing symptoms of burnout (emotional exhaustion, depersonalization, and lack of personal achievement) had lower levels of job satisfaction [39]. Another study of burnout among teachers in Chile found that 93.4% of teachers experienced emotional exhaustion, 84.9% experienced a lack of personal fulfillment, and 66.4% experienced depersonalization [40]. This may have been tied to concern about the spread of COVID-19: a study of Peruvian teachers found that 61.3% of teachers had moderate or high levels of concern about the spread of COVID-19 [52].

Table 1. Existing studies exploring student and teacher outcomes from COVID-19 in Latin America and/or Spain.

Study	Countries Covered	Sample Size	Teacher Experiences Studied?	Student Experiences Studied?
Lizana et al. [51]	Chile	63	Yes	No
Cortez-Silva et al. [39]	Peru	205	Yes	No
Lepe and Gutiérrez [40]	Chile	152	Yes	No
Estrada-Araoz et al. [52]	Peru	648	Yes	No
Mautong et al. [53]	Ecuador	626	No	Yes
Gómez-Restrepo et al. [54]	Colombia	657	No	Yes
Torres et al. [11]	U.S., Mexico, Ecuador, Chile, Peru, and Spain	1113	No	Yes

Being a student was found to be a risk factor for more severe levels of depression, anxiety, and stress among a sample of 626 young people (mean age of 29.6) in Ecuador [53]. A study of students aged 12 to 18 in Colombia found that 30% experienced moderate-to-severe depression symptoms, 18.9% experienced moderate-to-severe anxiety symptoms, and 22.3% experienced symptoms of post-traumatic stress disorder (PTSD) during the pandemic [54]. Finally, a study of 1113 college students across six countries (U.S., Mexico, Ecuador, Chile, Peru, and Spain) found that students in Mexico, Chile, Spain, and Ecuador had lower levels of social support during the COVID-19 pandemic compared to college students in the U.S. [11].

Purpose of the Current Study

Although some studies have explored the effects of COVID-19 on teachers and students in Latin America and Spain, the lasting effects of the pandemic in Spanish-speaking countries are still largely unexplored. In addition, these existing studies often focus on one specific domain (e.g., teacher burnout or stress) in one specific Latin American country. There is no study that explores the impacts of the pandemic on teachers in a broader range of Latin American countries and Spain and across multiple domains, including not only personal health but also their perceptions on school-based support for pandemic teaching and changes in relationships with and/or problems faced by students, families and colleagues. As a result, the purpose of the current study was to explore and quantify the experiences of teachers from 20 different Spanish-speaking countries during and after the COVID-19 pandemic, including the impact of COVID-19 on teachers' health, online teaching and relationships with students, and online school support.

2. Methods

2.1. Participants

A total of 5416 teachers completed the survey from 19 Latin American countries and Spain. There were three inclusion criteria: (a) being 18 years of age or older, (b) having experience teaching at the primary or secondary level in Latin America or Spain, and (c) having been employed as a teacher from before the COVID-19 pandemic to the time they completed the survey. All participants provided informed consent to participate under the University of Alicante's Institutional Review Board-approved protocol. All data were

collected in Spanish between June 2022 and June 2023, over two years into the pandemic in these global regions, allowing us to assess the longer-term impact of COVID-19 on teachers and their perceptions of its impact on students.

2.2. Instruments

The survey collected data on the following: (a) demographic information, (b) employment characteristics (e.g., workplace location, years of teaching experience, etc.), (c) information related to COVID-19 and participant health (e.g., whether participants contracted COVID-19, COVID-19 vaccination status, pre-pandemic mental and physical health issues, current health status, etc.), (d) adaptations and support for virtual teaching, (e) the impact of COVID-19 on students, teachers, and families, and (f) fears related to COVID-19.

Researchers from Spain, the United States, and Colombia collaborated to develop the survey. The authors developed some of the items assessing the impact of online teaching and fears related to COVID-19. Several of the other items were adapted from those developed by [55]. The survey was launched in two phases: one phase included Spain and 18 Latin American countries ($n = 2004$), and the second phase included a larger sample of participants from Ecuador ($n = 3412$). We adapted some of the items in the second phase based on feedback from local colleagues to make them more aligned with the educational system in Ecuador, and we note these changes in Section 3.

2.3. Procedure

We launched the online survey using Qualtrics (www.qualtrics.com, accessed on 16 December 2024). To distribute the survey using a snowball approach, we initially contacted teachers from various schools in Colombia and Spain and asked them to share the survey with other teachers after completion. We shared the survey in teacher-related channels on several social media platforms and apps to extend our reach (Facebook, WhatsApp, Twitter, and Instagram). On these platforms, we shared the study link on pages, groups, and networks for teachers and educators across Latin America. Additionally, we sent the link to different scientific associations of teachers in various Latin American countries. For example, in Argentina, we contacted the Asociación Educar, which has over a million followers and has been conducting training courses for teachers throughout Latin America for the past 21 years. The largest group of their followers are from Argentina. This association helped us by sending an email to over 5000 teachers in their database with information about our study and inviting them to participate. As another example, in Ecuador, we reached out to the Ministry of Education, and they assisted us by distributing the study to various teachers across the country. In all situations, teachers were encouraged to share the survey link with other teachers or organizations with which they were familiar. The first page of the survey contained information related to the purpose of the study and the informed consent.

3. Results

3.1. Demographics and Background

Table 2 presents basic demographic information about the participants. The majority of the sample consisted of women (69.1%, $n = 3744$), and although the largest subsample was from Ecuador (66.7%, $n = 3412$), 20 different Spanish-speaking countries were represented. Teachers' family socioeconomic status was not collected in the Ecuadorian subsample, but the rest of the sample rated their socioeconomic status on a scale from 1 to 7, with 1 being the lowest and 7 being the highest; on average, participants reported just below the middle of the range of possible values, with no participant reporting a 7.

Table 2. Demographic information.

Variable	Mean	SD
Age (n = 5416)	44.70	9.30
Family socioeconomic status (n = 2004)	3.31	0.67
	Frequency (n)	Percentage (%)
Gender (n = 5416)		
Man	1662	30.7
Woman	3744	69.1
Transgender woman	1	0
Nonbinary	4	0.1
Other	5	0.1
Country of residence (n = 5416)		
Antigua and Barbuda	1	0
Argentina	1028	19
Barbados	1	0
Bolivia	16	0.3
Colombia	282	5.2
Costa Rica	9	0.2
Chile	115	2.1
Ecuador	3614	66.7
El Salvador	1	0
Guatemala	11	0.2
Honduras	2	0
Mexico	91	1.7
Nicaragua	1	0
Panama	7	0.1
Paraguay	29	0.5
Peru	39	0.7
Dominican Republic	2	0
Uruguay	98	1.8
Venezuela	7	0.1
Spain	62	1.1
Romantic relationship status (n = 5416)		
Not partnered	2167	40
Partnered	3249	60
Urbanicity of residence (n = 5416)		
Urban	4394	81.1
Rural	1022	18.9

Table 3 presents teachers' training and teaching characteristics. Participants were generally seasoned teachers, having taught for over 16 years on average. Over 45% of the sample had a bachelor's degree (45.4%, n = 2458), and nearly three quarters (74.1%, n = 4011) had received a degree in education. Slightly more than half worked in secondary schools (56.8%, n = 3076), and nearly all participants reported that they were currently working full or part time (97.6%, n = 5287), mainly in public schools (82.9%, n = 4490). When launching the survey in Ecuador, local colleagues modified some of the questions, including those related to student age, to make them more relevant to the experiences of teachers in this country. Therefore, students' ages were reported in the following groups in the Ecuador subsample: 0–5, 6–8, 9–11, 12–14, and 15–17 years old. In this subsample (n = 3412), there were more teachers who taught older students (ages 12 and above) than younger students. For the rest of the sample (n = 2004), students' ages were reported in the following groups: 0–5, 6–11, 12–16, and 17–18 years old. In this subsample, there were more teachers who taught students in the middle of the age range (ages 6–11 and 12–16) than those at either extreme (ages 0–5 or 17–18). In both samples, there were several teachers who taught more than one age group, as the count for each age group exceeds the number of teachers in the sample.

Table 3. Teacher training and teaching characteristics.

Variable	Mean	SD
Years as a Teacher (n = 5416)	16.20	9.40
	Frequency (n)	Percentage (%)
Educational attainment (n = 5416)		
Non-university studies	811	15
Diploma	324	6
Bachelor’s degree	2458	45.4
Master’s degree	1704	31.5
PhD	111	2
Postdoctoral fellowship	8	0.1
Degree in education (n = 5416)		
Yes	4011	74.1
No	1405	25.9
Educational level taught (n = 5416)		
Primary	2340	43.2
Secondary	3076	56.8
Current employment situation (n = 5416)		
Employed full or part time	5287	97.6
Not employed (reduced-time employee, on leave, unemployed)	129	2.4
Type of school (n = 5416)		
Public school	4490	82.9
Private school or concerted school	926	17.1
Age group taught (Ecuador; n = 3412)		
Ages 0–5	439	12.9
Ages 6–8	677	19.8
Ages 9–11	956	28
Ages 12–14	1274	37.3
Ages 15–17	1533	44.9
Age group taught (rest of sample; n = 2004)		
Ages 0–5	208	10.4
Ages 6–11	868	43.3
Ages 12–16	1095	54.6
Ages 17–18	796	39.7

3.2. Teacher Health Characteristics

Table 4 presents teachers’ health characteristics. Slightly more than half reported (51.6%, n = 2794) that they had previously tested positive for COVID-19, and nearly all had received a COVID-19 vaccine (97.7%, n = 5289). There were few teachers in the sample who had had a pre-pandemic chronic illness, mental illness, or neurological disease (less than 15% of the sample for each condition). On a scale ranging from 0 to 4, with 0 being the lowest fear of COVID-19 and 4 being the strongest fear of COVID-19, the sample reported an average fear of COVID-19 directly in the middle of the range, with all possible values being reported. The wide standard deviation (1.7) suggests there was a lot of variability in teachers’ reported fear of COVID-19. On a scale ranging from 1 to 5, with 1 being the worst overall health and 5 being the best overall health, the sample reported a mean overall health score of just above the middle of the range, with all possible values being represented.

Table 4. Teacher health characteristics.

Variable	Frequency (n)	Percentage (%)
Have you tested positive for COVID-19 (now or in the past)? (n = 5416)		
Yes	2794	51.6
No	2622	48.4
Have you been vaccinated for COVID-19? (n = 5416)		
Yes	5289	97.7
No	127	2.3
Pre-pandemic chronic illness (n = 5416)		
Yes	805	14.9
No	4611	85.1

Table 4. *Cont.*

Variable	Frequency (n)	Percentage (%)
Pre-pandemic mental illness (n = 5416)		
Yes	462	8.5
No	4954	91.5
Pre-pandemic neurological disease (n = 5416)		
Yes	126	2.3
No	5290	97.7
	Mean	SD
Fear of COVID-19 (range 0–4; n = 5416)	1.95	1.7
Overall health rating (range 1–5; n = 5416)	3.44	0.81

3.3. Impact of COVID-19 on Teachers and Teachers’ Perceptions of the Impact of COVID-19 on Their Students

Table 5 presents the impact of the COVID-19 pandemic on teachers and teachers’ perceptions of the impact of COVID-19 on their students. Teachers reported having taught online for over a year on average as a response to COVID-19, with a range of 1–31 months, although there were several teachers (n = 432) who did not teach online at all during the pandemic. Teachers were asked to separately rate the improvement of their relationships with parents, colleagues, and students following COVID-19. On a scale from 1 to 6, with 1 being worse off than prior to COVID-19 and 6 being the most improvement following COVID-19, participants reported a mean overall relationship improvement score of 3.67 (SD = 1.53, range: 1–6). This finding suggests that the teachers did not believe the pandemic meaningfully impacted the relationships they had with parents, colleagues, and students, as a score of 3 equates to the relationships staying the same. However, the fairly wide standard deviation suggests there was variability in teachers’ perception of the impact of COVID-19 on their relationships. The sample of teachers was then asked to report their perception of the impact of COVID-19 on their students as it relates to increasing the prevalence of five types of problems: educational, behavioral, emotional, social, and family. Across all areas, the majority of teachers reported an increase in problems, suggesting they perceived the pandemic as causing a meaningful negative impact on their students in these domains.

Table 5. Impact of COVID-19 on teachers and students.

Variable	Mean	SD
Months taught online due to the pandemic (n = 4984)	14.37	6.88
Relationship improvements (n = 5416)	3.67	1.53
	Frequency (n)	Percentage (%)
Workload compared to before COVID-19 (n = 5416)		
Decreased	321	5.9
Remained the same	1651	30.5
Increased	3444	63.6
Children have more problems now vs. pre-pandemic in:		
Educational problems (n = 5416)		
Yes	4758	87.9
No	658	12.1
Behavioral problems (n = 5416)		
Yes	4054	74.9
No	1362	25.1
Emotional problems (n = 5416)		
Yes	4193	77.4
No	1223	22.6
Social problems (n = 5416)		
Yes	3305	61
No	2111	39
Family problems (n = 5416)		
Yes	3832	70.8
No	1584	29.2

3.4. Pandemic and Online Teaching School Support

As shown in Table 6, teachers reported their satisfaction with pandemic measures and online teaching support. Participants were asked to rate their satisfaction with the educational resources their school provided them for teaching online during the pandemic on a scale from 1 to 6, with 6 being the most satisfaction. The sample's mean resource satisfaction score (3.73; SD = 1.41) suggests that most teachers were mildly satisfied with the resources they received, although the wide standard deviation implies there was a lot of variability in teachers' reported satisfaction. Participants also reported their satisfaction with the security measures their school imposed to mitigate the spread of COVID-19 on a scale from 1 to 5 with 5 being the most sufficient. The participants' average satisfaction with their school's COVID-19 measures (3.56; SD = 1.09) suggests most teachers were somewhat satisfied with these measures. Finally, the sample was asked to report the level of training they received for online teaching in response to the pandemic on a scale from 0 to 7, with 0 being no training and 7 being receiving the most training offered. Participants' mean training score of 1.77 (SD = 1.30, range: 0–7) suggests most teachers received very little training.

Table 6. Teacher-reported satisfaction with online teaching support and resources.

Variable	Mean	SD
Satisfaction with online teaching resources (range 1–6; n = 5416)	3.73	1.41
Satisfaction with school COVID-19 safety measures (range 1–5; n = 5416)	3.56	1.09
Level of training for online teaching (range 0–7; n = 5416)	1.77	1.30

3.5. Bivariate Correlations Between Variables

Table 7 displays bivariate correlations among the main variables included in the preceding descriptive analyses. As shown in the table, one of the strongest (large-sized; $r \geq 0.5$) correlations was between online teaching resource satisfaction and satisfaction with school COVID-19 safety measures ($r = 0.51$). Other medium-sized ($0.3 \leq r < 0.5$) correlations included those among each of the five areas of teachers' perceived increases in student problems after the pandemic, with the exception that perceived increases between emotional and social problems and behavior and social problems were highly correlated ($r = 0.54, 0.50$, respectively). These problem areas also had small ($0.1 \leq r < 0.3$) negative correlations with teachers' satisfaction with online teaching resources and their schools' COVID-19 safety measures. Teachers' perception of an increase in workload because of the pandemic also had a small positive correlation with a perceived increase in each of the five problem areas and a small negative correlation with satisfaction with online teaching resources and school COVID-19 safety measures. Each of these correlations were statistically significant. Many demographic variables had statistically significant correlations with these post-pandemic outcome measures, though most of these correlations were small. Some small demographic correlations appeared between rurality and a decrease in teachers' perceptions of student emotional and social problems, secondary teacher status and an increase in teachers' perceptions of student emotional and social problems, SES and increased satisfaction with online teaching resources and school COVID-19 safety measures, teaching in a public school and having lower satisfaction with online teaching resources and school COVID-19 safety measures, and increased age and higher education levels and increased satisfaction with the level of training received for online teaching. Please see Table 7 for the specific correlation coefficients for each relationship discussed.

Table 7. Bivariate correlations among variables.

Variable	Age	SES	Male	Partnered	Rural	Years as a Teacher	Edu. Degree	Education	Secondary Teacher	Employed	Public School Teacher	Months Online Teaching	Workload	Edu. Problems	Behavior Problems	Emotional Problems	Social Problems	Family Problems	Satis. Online Teach. Resources	Satis. School COVID-19 Safety Measures
Workload compared to before COVID-19	-0.03	-0.03	-0.06	0.00	-0.06	-0.01	-0.03	-0.04	-0.01	-0.02	-0.09	0.01								
Student educational problems increased after pandemic	0.00	-0.01	-0.03	0.01	-0.08	0.01	-0.01	0.03	0.06	-0.03	-0.07	0.04	0.16							
Student behavioral problems increased after pandemic	0.01	0.00	-0.03	0.01	-0.08	0.01	0.00	0.04	0.06	0.00	-0.07	0.02	0.16	0.45						
Student emotional problems increased after pandemic	0.00	0.02	-0.08	0.01	-0.16	0.03	-0.03	0.01	0.11	-0.04	-0.18	0.02	0.17	0.44	0.49					
Student social problems increased after pandemic	0.00	0.02	-0.07	0.01	-0.12	0.04	-0.02	0.02	0.13	-0.04	-0.16	-0.01	0.17	0.34	0.50	0.54				
Student family problems increased after pandemic	0.00	-0.05	-0.02	0.02	-0.09	0.04	-0.01	0.05	0.08	0.00	-0.02	0.05	0.14	0.40	0.44	0.45	0.49			
Satisfaction with online teaching resources	-0.02	0.13	-0.01	0.01	0.04	-0.02	0.02	-0.04	-0.02	0.00	-0.15	-0.06	-0.16	-0.14	-0.14	-0.11	-0.10	-0.15		
Satisfaction with school COVID-19 safety measures	0.07	0.11	0.01	0.01	0.04	0.04	0.03	-0.03	-0.03	0.00	-0.10	-0.08	-0.14	-0.12	-0.14	-0.13	-0.14	-0.15	0.51	
Level of training for online teaching	0.10	0.02	0.02	-0.01	-0.04	0.08	0.04	0.11	0.06	0.03	0.01	0.08	0.00	0.03	0.02	0.03	0.01	0.04	0.07	0.09

Note. Bolded values were significant at the 0.05 level (2-tailed).

4. Discussion

Although it is well documented that the COVID-19 pandemic severely affected teaching and student outcomes throughout the world, the long-term impacts of the pandemic on teachers and students in Latin America and Spain remain largely understudied. To address this gap, the goal of the present study was to examine the experiences of teachers from 20 different Spanish-speaking countries during and after the pandemic, with a particular emphasis on how the pandemic impacted teachers' health, teaching experiences and school-based support, perceptions of their students' experiences and struggles, and relationships with students, families and colleagues. Generally, teachers were mostly healthy and reported moderate fear of COVID-19, though there was much variability. While on average teachers did not believe the pandemic had had a negative impact on their relationships with parents, colleagues, and students, they believed that the pandemic caused a meaningful negative impact on their students by increasing problems in five key domains: educational, behavioral, social, emotional, and familial. Teachers reported having received very little training regarding online teaching, although they were moderately satisfied with the resources they had received to teach online and the safety measures their schools had implemented to prevent the spread of COVID-19. Many of the post-pandemic teacher outcomes were highly correlated such that an increase in challenges in one area was associated with an increase in challenges in many other areas.

We surveyed over 5000 teachers from 20 Latin American countries and Spain, most of whom were seasoned educators, women, and from Ecuador. While socioeconomic status was not collected in Ecuador, teachers in the rest of the sample tended to be below the middle socioeconomic range. A little under half of teachers had a bachelor's degree, with most of those with degrees having an education degree. A majority worked in secondary public schools, with teachers from Ecuador predominately teaching older students and teachers in the rest of the sample teaching students in the middle of the age range (6–16). While a few studies have explored the impact of the COVID-19 pandemic on teachers in Chile [40,51] and Peru [39,52], the present study is the first to explore longer-term impacts of the pandemic for teachers in a broader range of Latin American countries and Spain and across multiple domains, including not only personal health and COVID-19 fears, but also relationships with students, families and colleagues.

In general, teachers were healthy prior to the pandemic, as very few reported pre-pandemic chronic, neurological, or mental illnesses. Half of the teachers had previously tested positive for COVID-19, but nearly all were vaccinated. Teachers' self-reported overall health and fear of COVID-19 were both in the middle of the range of their respective question response options, though the large standard deviation for COVID-19 fears suggested there was much variation. While the finding that teachers' self-reported overall health was moderate diverges from previous work documenting severe negative impacts of the pandemic and remote teaching on teachers' mental health [33–35], there could be several factors that explain this divergence. First, the self-reported measure of health used in the present study asks about health globally rather than mental health specifically. As a result, teachers may have interpreted the question as relating primarily to physical instead of mental health, and the sample had generally been healthy prior to the pandemic. In addition, previous studies have documented that teachers who had greater fear of COVID-19 were at higher risk for adverse mental health outcomes [36–38], and teachers in our sample reported only a moderate amount of COVID-19 fear. While a previous study in Peru found that most teachers had a moderate or high level of concern about the spread of COVID-19 [52], it is likely the more moderate level of COVID-19 fear we found could be due to the fact that nearly all participants were vaccinated for COVID-19, which is a key moderator of COVID-19 fear [56]. Additionally, most teachers were also somewhat satisfied with the safety measures their schools had put in place to prevent the spread of COVID-19, which could also have contributed to their lower level of COVID-19 fear.

The average teacher had spent over a year teaching online as a response to the pandemic. Teachers did not believe the pandemic or teaching online had negatively impacted

their relationships with parents, colleagues, and students, although wide standard deviations again suggested a lot of variability. However, teachers did believe students were experiencing more problems in five key areas because of the pandemic: educational, behavioral, social, emotional and familial. In addition, these beliefs were also highly correlated such that teachers who believed that students experienced an increase in problems in one area were more likely to believe students also faced increased problems in the other areas. These beliefs parallel other studies finding that the pandemic negatively impacted students' academic growth and mental health both globally and in Latin America [11,30–32,42–45,53,54]. One unique element of the present study is that these past studies generally did not consider the impact of the pandemic on students' behavioral, social and familial problems. Additionally, the studies examining the impacts of COVID-19 on students in Latin America and Spain focused on either academic or mental health outcomes in Mexico, Ecuador, Columbia, Peru, Chile and/or Spain [11,32,48], while the present study included a much broader range of countries and student problems. Thus, the present study significantly contributes to the body of research on the impact of the COVID-19 pandemic on student outcomes by including a more comprehensive set of impacted domains and a larger range of localities underrepresented in existing literature, though these student outcomes are reported by teachers rather than students themselves.

Teachers were moderately satisfied with the resources they had received to teach online as a response to the pandemic, but there was a lot of variability, suggesting that this belief was not unilateral. Teachers who felt they had received adequate resources for teaching online were more likely to feel their school had implemented sufficient measures to prevent the spread of COVID-19. This is likely because receiving online teaching resources is indicative of moving instruction online due to the pandemic, which is perhaps the most effective way to prevent the spread of COVID-19 in schools. Additionally, teachers who believed their students were experiencing more problems in one or more of the five domains assessed were less likely to be satisfied with their online teaching resources and school safety measures. Teachers also had less satisfaction with their online teaching resources and school safety measures if they felt as though their workload had increased due to the pandemic. Taken together, these findings suggest that teachers who faced more challenges because of the pandemic were more likely to feel that their school did not adequately address pandemic-related challenges, including providing sufficient resources to teach online and preventing the spread of COVID-19. Teachers also reported having received very little training for online teaching. This finding is commonly reported in the literature, although the present study is the first to find a consistent lack of training for online teaching across a broad range of Latin American countries and Spain [25,26].

4.1. Implications for Teacher Programming and Support

The present study suggests that while teachers in Latin America and Spain believed their relationships with students, families and colleagues remained relatively unchanged during the COVID-19 pandemic, they believed their students experienced a meaningful increase in challenges across key areas of functioning, even a year or more into online learning as a response to the pandemic. As a result, schools should provide additional support to teachers, students and families during times of prolonged stress such as pandemics to help mitigate their lasting effects on students' academic and psychosocial functioning. Additionally, teachers in these countries reported having received very little training in online teaching, contributing to the growing body of literature suggesting that teachers should receive training in the event of a transition to online learning in the future.

4.2. Limitations and Future Directions

One limitation of the present study is that most of the teachers were from Ecuador, and there were several countries that were underrepresented, having only one or a few respondents. As a result, the findings from the present study may not generalize fully to these underrepresented countries. Additionally, while our research team chose to modify

several questions to make them more applicable to the experiences of teachers in Ecuador, these changes made it difficult to compare findings from teachers in Ecuador to the 19 other represented countries in several cases. For example, we did not collect socioeconomic status in Ecuador and reported the ages of students differently in Ecuador. Another limitation is that all of the questions in the current study had closed, often Likert-style answer choices rather than open-ended response options. This allowed a more concrete articulation of whether teachers in the sample were facing more challenges as a result of the COVID-19 pandemic, but not how or why. Future work should consider including qualitative, open-ended questions to illuminate how and why teachers were facing increased challenges in various areas to better inform school and community interventions to address these challenges. A final limitation is that we did not collect responses directly from students and instead rely on teacher reports of increasing problems for students they teach in five key domains. Despite these limitations, the present study uniquely contributes to the growing literature on the global impact of the COVID-19 pandemic on students and teachers by considering a broader range of Spanish-speaking countries and reporting outcomes across a wide range of issues affecting both teachers and their students.

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