Stress and Coping in the Early Childhood Workforce

Raviant LLC:
The social and emotional development of young children is critical for later social and academic success. Scientific consensus concludes that the rate of brain growth in infants, toddlers, and young children is unparalleled (Pujol et al, 2006; Zeanah, 2009). Children in their first years are particularly dependent on caregivers to navigate and survive their environment; therefore, the context of early development should be seen through the lens of the dyad/caregiver, family and community. Supporting or enhancing the immediate caregiving environment, such as improving attachment between the caregiver and the child, can have positive effects on a developing child.

The earliest years present a unique opportunity, as children’s brains are developing and continually shaped by the environment and early experiences (Zeanah & Zeanah, 2009). At the same time, they are totally dependent upon the knowledge and ability of close caregivers to shield them from harm and promote healthy social and emotional development such as attachment and self-regulation. This underscores the importance of promoting positive relationships which support the healthy social and emotional development of young children.

Sixty percent of children under five years of age experience at least one day of nonparental care each week according to the National Center for Education Statistics (2016) However, unlike the comprehensive public school system in the United States, early childhood education opportunities are a mosaic of a public and private efforts. Healthy child development, in the early years is guided by caregivers through attachment, teaching practices, and quality early learning environments that are strengths based and culturally and developmentally appropriate.

There is a critical need to support families and early childhood professionals to respond to the emotional and behavioral needs of young children. Mental health concerns, such as
anxiety, poor regulation and challenging behaviors in young children, are prevalent across early care and learning (ECL) settings. Upshur, Wenz-Gross and Reed (2008) noted that in a sample of Head Start preschool programs over a 3-year period, about 34% of all children exhibited challenging behaviors.

Two factors that may be linked to this high rate of children with challenging behavior child stress and teacher stress.

**Child Stress:**

The science regarding the impact of early experiences on brain development and overall health is an increasing area of interest for the public health and policy sector. In particular, the mental health of young children, also expressed as healthy social and emotional development, is a critical foundation upon which subsequent developmental competence is built. When this competence is lacking children may have difficulty self-regulating emotions and managing behaviors (McKown, Gumbiner, Russo, & Lipton 2009).

Children who suffer abuse, neglect and trauma in their earliest years, such as those in the child welfare system, are more vulnerable to a) hypervigilance, b) hyperarousal, c) anxiety, d) depression or other internalizing behaviors, e) diminished executive functioning, f) depressed reaction to positive feedback, and g) developmental delays (Children’s Bureau, 2015). Very young children make up the largest percentage of the population of children involved in child welfare (Beckman, 2010; Williams, 2012). When children experience trauma such as maltreatment at an early age, it can mold their perception of the world, depressing their natural desire to explore and learn.

Van der Kolk (2005) noted that children with a history of complex trauma are more likely to have difficulties with emotional regulation, learning tasks, and a higher risk of later
psychiatric concerns. In early childhood settings, expulsion and suspension for challenging behavior remain a persistent problem (Gilliam, 2005; Perry, Dune, McFadden & Campbell, 2008; Gillam 2019).

**Teacher Stress:**

Another factor related to the quality of the early childhood environment is teacher well being. Teacher well being is correlated with child outcomes. Jeon, Buettner, & Snyder (2014) found that teacher depression was correlated with teacher appraisal of child behavioral problems as well as overall classroom quality. Jeon Buettner, Grant & Lang (2018) found that Class ratios, lack of support or supervision are organizational factors which are likely to impact feelings of stress in staff. These factors are a problem because as teachers stress rates climb there is evidence that that increased stress makes teachers vulnerable to secondary trauma and burnout which may negatively impact their positive coping strategies and subsequently their caregiving ability. (Ruprecht, Tomlin, Perkins, Viehweg, 2019)

**Compassion Fatigue**

For the purpose of this study compassion fatigue will be explored as type of teacher stress. Figley, defined compassion fatigue as the cumulative effects of burnout combined with secondary trauma. Burnout is described as a response to stressors at work (Freudenberger, 1974) and characterized by emotional exhaustion, depersonalization and loss of feelings of self-efficacy (Maslach & Johnson, 1981). Depersonalization is a concept of devaluing other individuals resulting in less responsivity to others, particularly in the workplace. Compassion fatigue a construct that has been most frequently studied in nursing and other helping professions such
mental health workers or EMT’s and is just beginning to be studied in the public education sector.

Secondary trauma is the experience of vicarious trauma when a caregiver is exposed to working with individuals who have experienced trauma. It is important to note that Secondary trauma an expected outcome of working with others who have experienced trauma and has many of the same clinician indicators of Post Traumatic Stress Disorder (McBride. 2007).

**Purpose of the study:**

This study originally intended to explore the relationship between teacher stress and the use of exclusionary practices. Once Covid-19 hit the United States many school systems turned to remote learning and this topic felt less relevant. Research from the health field regarding pandemic services teaches us that professionals who had more information, regularly briefed, provided protection felt more safe and experienced less burnout overall. (Matsuishi, Kawazoe, Imai & Ito, 2012). We can imagine then, in a time of great uncertainly for teachers that we must be prepared to get a baseline reading of teacher stress and investigate ways to support the wellbeing of teachers who are being asked to engage with students across a wide spectrum of pedagogy in order to maintain the educational progress of American students.

The purpose of this study is to examine the well rates of compassion fatigue and satisfaction and how teachers are coping with current stressors in their environment.

The survey was deployed in May 2020 approximately two months after stay at home orders went into effect due to a pandemic of corona virus.

Descriptive Statistics:
157 completed surveys were analyzed. Respondents were lead teachers in birth to five settings - Alaska, Oregon and Utah. The categories of licensed child care, licensed family child care and licensed group home child care were combined into one licensed child care $n = 49$, public pre-elementary special education $n = 50$, Public Pre-elementary $n = 33$, and $n = 17$ for Head Start. 8 respondents did not answer this question.

| 22 or less | Low |
| 23 to 41   | Moderate |
| 42 or more | High |

**Compassion satisfaction:**

Higher scores on this scale represent a greater satisfaction related to your ability to be an effective caregiver in your job. (Pro Qol p 17)

Overall compassion satisfaction moderate/high $n = 136$, $M = 40.39$, $SD = 6.64$.

**Burnout** is associated with feelings of hopelessness and difficulties in dealing with work or in doing your job effectively. These negative feelings usually have a gradual onset. They can reflect the feeling that your efforts make no difference, or they can be associated with a very high workload or a non-supportive work environment. Higher scores on this scale mean that you are at higher risk for burnout. (Pro Qol, 17). Burnout was moderate in this overall population ($M = 23.68$, $SD = 5.73$).

**Secondary Traumatic Stress:** The second component of Compassion Fatigue (CF) is secondary traumatic stress (STS). It is about your work-related, secondary exposure to extremely or traumatically stressful events. Developing problems due to exposure to other’s trauma is somewhat rare but does happen to many people who care for those who have experienced extremely or traumatically stressful events. For example, you may repeatedly hear stories about
the traumatic things that happen to other people, commonly called Vicarious Traumatization.
Moderate in this population (M = 22.98, SD = 5.77).

Resources

82.2% of respondents reported have access to a supervisor when problem solving is needed
followed by 56.1% of lead teachers who had access to reflective supervision, mentoring, or
coaching. 51.6% of teachers noted Early Intervention Services as a resource to their program,
38.2% of teachers identified thread as a resource and 32.5% had access to mental health
consultation. Only 5 teachers reported no access to any of those resources.

Group Differences:

Significant differences were found only between child care and public-pre elementary in the
areas of compassion satisfaction and burnout. Lead teachers in child care settings had higher
levels of compassion satisfaction (M = 42.57, SD = 4.61) compared to public school counterparts
(M = 38.84, SD = 7.42) (p < .01).

Similarly burnout scores were lower for lead teachers in licensed child care settings (M = 22.40,
SD = 5.76) than those in the in the public pre-elementary context (M = 24.93, SD = 5.52).

Discussion:

Significantly higher compassion satisfaction and lower burnout scores within the child care
realm compared to public pre-elementary practitioners.