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Saints, Superheroes, and Zombies: Early Childhood Professionals' Well-Being and Relational Health in the Waning Days of the COVID-19 Pandemic

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Abstract

Early childhood education is a demanding profession. Understanding how early childhood (EC) professionals' draw on internal assets and external resources to sustain well-being is critical, as their well-being is linked to the quality of the care and education they provide. This phenomenological study examined professionals' strengths and assets, how they used them to manage workplace demands to sustain well-being, and how they engaged with broader systems to enhance the quality of care and education they provide. Thirteen focus groups were conducted with 98 English-speaking ($n = 87$ female, 3 male, 8 missing gender) and 23 Spanish-speaking ($n = 22$ female, 1 missing gender) EC professionals. Analysis identified three interdependent themes: (1) holistic well-being; (2) centrality of relationships; and (3) interactions with systems. Participants reported well-being ranging from struggling to sustaining. Relationships with children, families, and co-workers were a source of motivation, commitment, and satisfaction with their work. Participants emphasized the importance of caring for their own well-being to effectively care for others. Systems both supported and hindered well-being. Participants used support-seeking, problem-focused, proactive, and restorative strategies to cope with stressors. Findings underscore the relational and systemic dimensions of EC professionals' well-being and the strategies they employ to sustain it.

Keywords: early care and education; ECE workforce; early childhood professionals; well-being; coping; stress; transactional models of stress and coping; relational health; infant mental health; strength-based approaches; qualitative research; emotional labor; Job Demands-Resources model; COVID-19 pandemic



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1. Introduction

Convergence of research evidence from infant mental health and early childhood social-emotional development, developmental science, neurobiology, physiology, and resilience indicates that early relational experiences are pivotal for healthy long-term development (e.g., Britto et al., 2017; National Academies of Sciences, Engineering, and Medicine, 2019). The American Academy of Pediatrics has defined relational health as “the capacity to develop and sustain safe, stable, and nurturing relationships, which in turn buffer the harmful effects of early stress and allow for healthier brain development as well as better

long-term physical and mental health” (Garner et al., 2021). Children can have multiple safe, stable, and nurturing relationships with family members and non-familial caregivers. Indeed, most young children (69%) in the U.S. are in some form of early care and education (ECE) while their parents work (Annie E. Casey Foundation, 2023), and therefore the quality of relational experiences with early childhood (EC) professionals is critically important for children’s healthy development. Our study with EC professionals concerns the adults who are paid to care for and educate young children as caregivers, educators, and teachers, as these roles are intertwined and essential for effective support of children’s development.

EC professionals navigate physically, cognitively, and emotionally demanding roles, balancing children’s emerging self-regulation, collaboration with families and colleagues, health and safety, and the design of engaging learning experiences (Cassidy et al., 2011; Phillips et al., 2016). Consequently, EC professionals’ well-being, strengths, and assets are important foci for research and for supporting quality of caregiving in the context of multiple and dynamic demands. The essential purpose of this study is to examine EC professionals’ perspectives, specifically of how they leverage their strengths and assets to manage professional demands and sustain their well-being, both central to the quality of care and education they provide.

This study examines EC professionals’ perspectives on their well-being, their experiences of ordinary and extraordinary stressors at the end of the COVID-19 pandemic (November and December 2022), and how they leveraged their strengths and assets to cope with stress and develop new strengths. To frame the current study, in the following sections we summarize research on EC professional well-being, predictors of well-being, and associations with quality of care. Next, we describe models of stress, coping, and adaptation and how such models can be used to examine EC professionals’ strengths and assets in the context of professional and other demands. The status of early childhood education in the context of the COVID-19 pandemic is then described. Finally, research questions and design of the current study are presented.

1.1. Early Childhood Professional Well-Being

The well-being of EC professionals is increasingly recognized as a crucial component of quality ECE (National Research Council, 2015; Madill et al., 2018). Well-being not only affects professionals’ personal and professional lives but also significantly influences classroom climate, child development outcomes, and staff retention. A multidimensional construct encompassing emotional, psychological, physical, and professional domains, well-being includes job satisfaction, work–life balance, stress levels, and a sense of professional purpose (Organisation for Economic Co-Operation and Development, 2020). In early childhood settings, these dimensions often intersect with additional factors such as emotional labor, resource limitations, and low social status of the profession (Jeon et al., 2018).

1.2. Predictors of Well-Being

Workplace conditions play a pivotal role in shaping well-being. High staff-to-child ratios, inadequate support, limited planning time, and lack of professional autonomy contribute to elevated stress levels (Cumming, 2017). In contrast, supportive leadership and collegiality have been shown to buffer against occupational stress (Jones et al., 2020). EC professionals frequently engage in emotional labor, often managing their own emotions while supporting those of young children. This continuous emotional engagement can lead to burnout, a condition characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment (Maslach & Leiter, 2016; Lunenberg et al., 2021). Low pay and limited professional recognition remain persistent issues in ECE, contributing to high attrition rates and low morale (Whitebook et al., 2018). Many EC professionals report

feeling undervalued compared to educators in K-12 settings, despite the demands of their roles. Access to meaningful professional development has been associated with increased self-efficacy and job satisfaction (Sims et al., 2021). Moreover, when professionals perceive that they have agency over curriculum and pedagogical decisions, they report higher levels of motivation and well-being (Urban et al., 2019).

1.3. Associations Between Early Childhood Professional Well-Being and Quality of Care

Well-being directly affects the quality of teacher-child interactions, a key predictor of child outcomes in early education (Jennings & Greenberg, 2009). High teacher stress correlates with less sensitive and more reactive caregiving, potentially impacting children's social-emotional development (Sandilos et al., 2020). Additionally, well-being influences staff retention and program stability—two essential factors in maintaining high-quality care. The U.S. Department of Health and Human Services (U.S. Department of Health and Human Services, 2024) validated this connection with policy in the “Final Rule on Supporting the Head Start Workforce and Consistent Quality Programming”. The rule explicitly cites the importance of a supported and stable workforce for quality programs and services for young children and families enrolled in Head Start. Included in their program guidance are requirements for enhancing staff wages, benefits, and supports for mental health.

1.4. Stress, Coping, and Adaptation

Transactional models of stress, coping and adaptation explicate the processes through which people address challenges and associated distress (e.g., negative affect). Stress has been conceptualized as a process that begins with an event or “pileup” of events that is appraised as threatening or that exceeds the person's capacity to address it, responses to the stressor, and outcomes on a continuum from positive (i.e., stressor resolved, distress mitigated, personal growth) to negative (i.e., unresolved stressor or pileup of additional stressors, amplified distress) (Compas et al., 2017; Lazarus & Folkman, 1984; Pearlin et al., 1981). The stress-outcome association is probabilistic and is mediated and/or moderated by cognitive appraisals, internal resources (e.g., physical and mental health, knowledge, dispositions) and external resources (e.g., social and structural support). Outcomes of stress can be adaptive, for example, when coping strategies effectively address challenges and mitigate distress or when new capacities are developed through the challenge process. Unresolved or chronic stress can have deleterious effects on physical and mental health (Russell & Lightman, 2019).

Coping is conceptualized as intentional efforts to act on a stressor (i.e., problem solving) and to regulate associated distress (i.e., cognitive re-framing, seeking social support) (Compas et al., 2017; Lazarus & Folkman, 1984). Cognitive appraisals of magnitude and importance of the stressor and of one's efficacy and resources to cope with the stressor influence choice and enactment of coping strategies (Lazarus, 1974). For example, when a stressor is appraised as manageable and salient and the self as capable of addressing it, problem-solving is more likely. However, if a stressor is out of one's control or self-efficacy is insufficient, emotion-focused coping (i.e., regulatory strategies) is more probable (e.g., Schmidt et al., 2010; Stanislawski, 2025). When a stressor can be effectively addressed through effective coping strategies or development of new capacities in response to challenge it is considered “good stress.” “Tolerable stress” can be managed through activating internal and external resources that mitigate negative outcomes. “Distress” refers to uncomfortable emotions and a cascade of physiological changes that occur when stressors pile up, are chronic, and uncontrollable (McEwen, 2016). Of particular significance for the current study, the processes of stress, coping, and adaptation encompass the ways in which

EC professionals actively engage with their environments, marshaling internal and external resources and building on their assets and strengths in response to stressors.

1.5. ECE in the COVID-19 Context

When the World Health Organization declared that COVID-19 was a global pandemic on 11 March 2020, most early care and education programs in the U.S. closed in response to stay-at-home orders to prevent spread of the disease. Although necessary to protect health and life, these closures added stress to an already strained childcare workforce that was understaffed and underpaid. It is difficult to attract and retain EC professionals in a profession that under ordinary circumstances does not provide a living wage for a single adult with no children in any state in the U.S. ([Center for the Study of Child Care Employment, 2024](#)). Economic stress undermines well-being of EC professionals and the quality of care they provide ([Whitaker et al., 2013](#); [Grant et al., 2019](#)) and when programs are understaffed professionals take on additional responsibilities and often are unable to take breaks during the workday, further undermining physical and psychological well-being ([McLean et al., 2021](#); [Madill et al., 2018](#)).

The COVID-19 pandemic, which precipitated the data gathered for this study, posed new programmatic stressors that impacted business owners of family childcare homes, and trickled down to teaching staff in center-based programs. Childcare program closures varied by types of programs. In Spring, 2020, at the start of the pandemic in the U.S., 63% of center-based programs were closed and 27% of family-home-based programs were closed. Almost all (99%) of Head Start programs closed ([Lin & McDoniel, 2023](#)). Even temporary closures often resulted in loss of tuition revenue making it nearly impossible to cover fixed costs like rent, utilities, and staff wages, threatening program sustainability ([Bipartisan Policy Center, 2020](#); [National Association for the Education of Young Children, 2020](#); [U.S. Department of the Treasury, 2021](#)). Some ECE programs that served children of “essential workers” remained open throughout the pandemic, and some programs never re-opened. When programs were allowed to begin opening in early summer 2020, extraordinary demands related to the COVID-19 pandemic were added to the ordinary demands. The CDC and the Nebraska Department of Health and Human Services issued guidance for childcare programs to operate while mitigating risk of COVID-19 infection. Required prevention measures included masking for all adults and for children older than 2 years of age, and sanitation, ventilation, and hygiene procedures that effectively reduced disease transmission, but also added responsibilities and costs for EC professionals. Broken supply chains made supplies expensive and challenging to find. It is within this context that participants described their well-being, strengths and assets, how they used their strengths and assets to cope with ordinary and extraordinary stressors, and their interactions with systems designed to support their work.

1.6. The Current Study

This study examined how EC professionals defined and described their well-being, and how they drew on their strengths and assets to address professional demands and to sustain their well-being during the waning days of the COVID-19 pandemic. Leveraging focus group data gathered in a statewide needs assessment, this secondary analysis was designed to capture EC professionals’ lived experiences and generate insights into how their mental, physical, and economic well-being intersected with broader systems and resources designed to support their work (e.g., health, regulatory, and economic systems). We used phenomenological research design and analysis because it facilitates examination of participant lived experiences regarding bounded phenomena and permits researchers to interpret how participants make meaning about their experiences, thus enabling characterization

of commonalities and uniqueness within participant experiences and meaning-making (Creswell, 2013). We addressed the following research questions:

How do early EC professionals define and draw upon their strengths and assets to promote and sustain their well-being?

In what ways do EC professionals use their strengths and assets to cope with job stressors?

How do EC professionals engage with broader systems to build strengths and assets that enhance the quality of care and education they provide?

2. Materials and Methods

The data analyzed for this study were originally collected as part of a statewide needs assessment. To ensure broad geographic state representation and participation of EC professionals working in varied settings and backgrounds, we partnered with regional early childhood coordinators and trusted community members. These partners completed the Community Involvement in Research Training (CIRT) required by the Institutional Review Board and received additional training to support participant recruitment and focus group facilitation. Twelve interviewers, including one based on a sovereign tribal reservation, conducted 13 focus groups across the state. Nine groups ($n = 98$) were conducted in English and four ($n = 23$) in Spanish. Nine focus groups were conducted via Zoom, with recordings automatically and securely saved in the project Zoom account. The remaining four groups were conducted in person; facilitators were provided digital recorders and pre-paid shipping materials for secure return of audio files. Participants received a \$30 Visa gift card as compensation. Facilitators received \$500 upon completion of training and \$500 following facilitation of their assigned focus group.

2.1. Participants

Ninety-eight English-speaking ($n = 87$ female, 3 male, 8 missing gender identity) and 23 Spanish-speaking ($n = 22$ female, 1 missing gender identity) EC professionals participated in this study. Informed consent and the demographic survey were administered via the Qualtrics platform. Nine participants completed only the informed consent and did not answer any survey questions, which accounts for missing demographic information. English- and Spanish-speaking samples are described separately in Supplementary Materials, including professional role, participant education and credentials, ages of children served, whether they served children with special needs, and participant racial and ethnic identities.

English-speaking participants reported working a mean of 14.6 years in the early childhood field (range: 1–43), and Spanish-speaking participants reported a mean of 7.14 years working in the early childhood field (range: 1–20). The mean age of English-speaking participants was 40.9 years (range: 18–69) and for Spanish-speaking participants was 41.4 years (range: 21–58). Within the English-speaking sample, 8 participants reported they also spoke Spanish, 1 participant spoke Japanese, 1 spoke Hockak, and 1 spoke sign language. Within the Spanish-speaking sample, 13 participants indicated they spoke a language other than Spanish but did not identify the language.

2.2. Focus Group Protocol and Procedures

Each focus group began with a welcome, an explanation of the study's purpose and procedures, a reminder of confidentiality, and ground rules (e.g., one person speaking at a time, respect for differing views). Facilitators noted that the session would last 75 min, with the option to extend to 90 min if participants wished to share more, though no one was

required to stay longer. Sessions were audio recorded and transcribed verbatim; Spanish sessions were transcribed in both Spanish and English.

Focus group questions covered five main topics: (1) Introductions (professional role, motivations for their work, and perceptions by families and the public); (2) Participant definitions of well-being and impacts of COVID-19 pandemic; (3) Interactions with families; (4) Observed changes in children's development and behavior during the pandemic and responses to support children; and (5) supports accessed in practice and their effectiveness. Full protocols and interviewer training details are provided in the Supplementary Materials.

2.3. Positionality and Theoretical Orientation

All authors are grounded in ecological systems theory ([Bronfenbrenner & Morris, 2006](#)) so are attuned to observe phenomena and their interactions at the micro-, exo-, meso-, and macrosystemic levels. As developmental scientists, we consider how transactions between people and their environments drive growth over time. Two authors have experience in early care and education and infant and early childhood mental health. One author is completing a psychiatric residency. We all share a strengths-based perspective, similar to the Reggio Emilia "image of the child" as competent, capable, and agentic ([Edwards et al., 2011](#)). We similarly view EC professionals as competent, capable, and agentic.

2.4. Analysis

The original study was designed as a needs assessment with a priori topics of inquiry, so we initially used descriptive phenomenology within the frame of protocol coding ([Saldaña, 2021](#)) to identify and cluster statements reflecting similar experiences within each question set representing the pre-determined topics. In the first round of coding, two researchers read through all responses to each question and identified preliminary codes for categorizing responses within each question. Next, data were uploaded to the MaxQDA (2022) qualitative data analysis platform and questions were divided between two researchers who read through all responses and assigned codes. The two researchers recorded memos within the data and in a separate data coding log and discussed the fit of the data to the codes. Some codes were eliminated, and a few codes were added before the third round of coding, in which both researchers read through all the questions using the new codes and revising the old codes.

Next, we used the creative coding module in MaxQDA (2022) to reorganize some of the codes into new overarching categories and to combine some codes. For example, responses describing motivations for child care work emerged from the first set of questions when participants introduced themselves and described what motivated them to do their work, and in response to a question about what gives them a sense of enjoyment, satisfaction, and accomplishment in their work, so the same codes were applied to both questions and examined together. We created a table with each code accompanied by exemplar quotes. All four authors discussed the codes and came to consensus, accomplishing the needs assessment aims and ending the first phase of the study.

2.5. Second Phase of Analysis

Because the purpose of this paper is to understand the lived experiences of EC professionals as it relates to their well-being and how it was affected by the COVID-19 pandemic with a focus on how they used their strengths and assets to address professional demands and to sustain their well-being, in the second phase of analysis we continued to use a phenomenological approach to identify themes in the data ([Braun & Clarke, 2006](#); [Creswell, 2013](#)). We began by examining a table created in the first phase of data analysis that displayed each code alongside many text passages exemplifying the code. We discussed patterns we observed in terms of higher-order codes that would combine more basic codes

into bigger ideas or concepts, thus concept coding (Saldaña, 2021). We engaged both inductive and deductive analysis, considering how the process models of stress and coping and transactional models might be evident in the data while also observing patterns expressed in the data that were relevant to our overall research purpose. Next, we iterated between categorizing examples of how each concept was expressed in the data and how concepts appeared to be connected to each other through a process of concept mapping (Bernard et al., 2017) and splitting and lumping codes (Saldaña).

3. Results

Results are presented in alignment with our research goal of understanding ECE professionals' strengths and assets; how they used their strengths and assets to support their well-being and to cope with professional stressors; and how they interacted with systems to build assets and strengths that promote quality of care. To address this goal, we first needed to understand how participants defined and described both their well-being and their stressors at the end of the COVID-19 pandemic. Second, we describe EC professionals' definitions and descriptions of well-being, including examples representing a continuum from reflection and growth to burnout and poor health. Third, we describe a theme we denoted "Centrality of Relationships" for participants' motivation, commitment, and satisfaction with their work. Fourth, we describe participants' understanding of their own value and the value of their work, an asset that contributes to their well-being and professional motivation, commitment, and satisfaction. Finally, we describe formal and informal systems with which participants interacted that sometimes supported their well-being and work, sometimes hindered it, and sometimes both simultaneously.

3.1. Stressors Reported by Early Childhood Professionals

Participants reported a wide range of stressors associated with the COVID-19 pandemic that were layered upon ordinary work-related stressors related to staffing, resources, relationships, and financial concerns. Uncertainty about COVID-19 and guidance to prevent disease, anxiety about children, families, loved ones, and themselves contracting the disease, fluctuating ability to stay open due to illness among staff and families, and challenges obtaining PPE and basic supplies, including food for children, cast a pall over their work every day. As one participant stated, "it was very stressful just because you just never knew what was coming." With respect to supplies:

Making sure we had what we needed was sometimes hard.

In January of 2020, a case of gloves was \$43. In June of 2020, a case of gloves was \$176, and then it went down to \$143. I think most recently, we paid \$78, but we need gloves. We needed gloves before the pandemic. . . just economic stress of just feeding our children and being able to find the food that we need and have it at a reasonable price. . .

The expense of supplies and fluctuating attendance of children and staff compounded economic stressors:

Financially, my center was impacted. You know, whether staff was out sick more and we had to tell families we can't take your kids today. I didn't charge for days that families weren't in attendance. Especially if it was due to my staff not being able to be there, we weren't able to provide care. During COVID, I didn't charge for sick days, but that had a negative impact on me that was pretty significant.

Participants described fear of COVID-19 and the stress of preventing it in their programs:

For me, the most difficult thing was the fear. I still fear COVID because many, many people around me died.

I think it was very stressful trying to keep it out of my house. I met parents at the door, and we probably did that for 6 months. And every parent was okay with it.

A few participants left the profession due to fear of COVID-19:

When this all started, I was very scared. So, this was one of the reasons that when I found another position in the same organization, I took it. . . I got COVID at the daycare. And I was really scared.

Stressors reported by participants reflected all aspects of well-being—physical, psychological, social, and economic, and the stressors were interrelated and amplified each other (e.g., staffing and economic well-being). Next, we turn to participants' descriptions of well-being, how it was affected by COVID-19, and how they used their strengths and assets to cope with the stressors associated with the pandemic.

3.2. *Early Childhood Professionals' Well-Being*

Conceptualization of well-being was established by participants at the beginning of each focus group and provided a foundation and reference for subsequent discussion of well-being. Participants defined well-being as holistic, encompassing physical, psychological, emotional, spiritual, and economic dimensions.

I think well-being is you have to look at it holistically, like physical, mental, spiritual, emotional.

I would say well-being to me it's kind of talking about your whole self. I mean like body, mind, spirit, everything.

Well, the same word says it, well-being. Be well and in every way. Not only emotionally but also physically. Well, economically also because not that money also matters, but it takes away the stress.

This multidimensional conceptualization of well-being was described in all focus groups.

Participants often described the importance of caring for their well-being for the sake of others, including their families, the children and families they serve, and their co-workers:

For me, wellbeing is just making sure we stay healthy and that we can not only be here for our job, but also our own families, too.

I feel like we're trying to make everyone happy, that sometimes we don't think about ourselves. I know in my profession. . . I feel like I don't even have time to, like, dress nice or do my hair, do my make-up or any of that stuff because I'm gonna sweat during the day cause I'm running around, changing diapers. I just think we're always just worried about, at least me, how we're making everybody else feel. And so, sometimes I lack at my self-care or how I am feeling because I am worried about the kids or the parents and what they feel and think.

I look at well-being as a form of self-care, as well. I think that as they always say, when you're on a plane you always have to put on your mask first before you help any others, and I think it's very important to make sure that our cups are as full as possible, because we always have to give so much to our team.

Caring for one's well-being for the sake of others was described in all focus groups, reflecting a commitment to caring for others and an interdependent, relational perspective on well-being. Commitment to caring for others is a core asset of EC professionals in this study, however, risk of burnout increases when they do not attend to their own well-being.

3.3. *Struggling and Burnout*

Participants' descriptions of their well-being and the dynamics around their well-being on a continuum from struggling and burnout to sustaining well-being. Exhaustion was a common theme, reflecting distress and burnout:

I am exhausted every, single day. Every, single day. Every, every day. Even on a Saturday, and I don't even work on Saturdays, but I want to say the demand of the job, it seems like it's a little bit overwhelming because we take on everybody's responsibility. Especially when say for instance, you're short staffed. Say that there are behaviors in the classroom and you're handling different behaviors. Say you have reports that we all have to do and turn in and all of those paper work things, so I think it just becomes a little bit overwhelming, especially when you think about that and then of course, sometimes we are the last people to take care of ourselves, is ourselves, because we put everything [everyone else] on the forefront.

Participants described how being exhausted made it difficult to exercise and take care of themselves:

I'd say my physical has changed since the pandemic. I don't know if I can just blame it on the pandemic, but before I didn't have any issues and now I do. I put on some extra pounds and now it's really hard to get off because you've got to find time—you know to get it off, and your job sometimes is so draining, and you're exhausted, and you just want to get home and relax, and then you get home late and it's dark outside—so that's less motivating. So, then you want to just grab a bite to eat from the restaurant, which ain't good, you know fast food.

We do have a gym and staff get paid an hour to go up and work out. You know, get paid for that hour to work out because you're so exhausted with the kids. Usually everybody just kind of goes home, you know, like I'm tired.

These quotes illustrate how work-related stressors contribute to exhaustion, which makes it harder for EC professionals to have the energy and time to take care of themselves.

Stressors are interrelated and amplify each other. One participant noted the connection between professionals' experiences of stressors, low pay, exhaustion, and leaving the profession, which increases stressors for those who remain:

The teachers are leaving, and it makes me think it's because of all that stress. You can't be well because you don't have money to do a lot of things, for your health and all that. So, it's very stressful and it makes me think you do a very big job. . . you cut everything out. You do everything for the classes and get paid very little.

This participant noted the connection between financial resources needed for well-being, including health. Another participant poignantly described how the COVID-19 pandemic had affected their colleagues:

I think one of the biggest things that's just hard to see, like as being a veteran staff, just to see how like people's well-being was years ago and just to see how they are now, where after like sometimes people is like zombies. Like they doing the best they can for the kids, but they're giving up on they self. So I just feel like I'm here for the kids, cuz that's all—you know, that's all we promote being here for the kids.

Both quotes above also reflect commitment to the children—doing “everything for the classes” and “I’m here for the kids,” however they are struggling with their well-being in the context of many stressors and few resources.

3.4. Work–Life Balance

Work–life balance was discussed within the context of struggling with well-being and sustaining well-being. Fifty unique passages mentioned work–life balance. Some descriptors reflecting struggling with well-being included “there’s no balance,” “chaos,” and “non-existent.”

I feel like even when I am not physically at work, whether—even if I’m home with my family, or at a ball game or whatever, my mind is constantly on work. I don’t feel like there is much of a balance. I feel like I’m never giving my family the attention that I want to be because I’m constantly being pulled mentally to work-related things. Um—which is stressful and then my kids are yelling at me like, “Did you hear what I said? Like, stop looking at your phone.” And but then I’m stressed because then I’m like, “I’ve got to get back to this parent,” or—so, I feel like there’s—the work–life balance is a struggle for me.

Participants with better work–life balance described how program leaders created systems and practices to support work–life balance:

We use Brightwheel for our communication. If there’s a message that comes across when I’m at home, I don’t like that. I leave work at work. I’m not—I’m the teacher, yes. But I don’t have to respond to that immediately. So I can—I don’t have a problem leaving work and leaving work because I have my own family. So when I’m at work, I’m at work. If my husband or my kids need to get a hold of me they can, that’s fine. I’ve had to leave to go take care of stuff. But I don’t know, when I clock out, I mean I clock out. Our boss is able to do that for us, and she wants that to be, you know?

Supportive systems and practices such as providing breaks, paid time off, and helping professionals minimize their unpaid work were important for managing work–life balance.

3.5. Sustaining Well-Being

Sustaining well-being was often described in the context of reflection and growth, sometimes after experiencing the consequences of neglecting self-care (emphasis added).

I don’t eat breakfast, so I would have a coffee, and then by lunch time, I was doing everybody’s breaks to make sure that everybody had an opportunity to break. So, I was feeding off of a Diet Pepsi, and then by the afternoon, I was trying to support classrooms, so then I would go to an iced tea, and then by the time I would get home, I would just be so drained that I’d go to sleep, and then last July, I ended up getting super sick. I was in the hospital with a kidney stone. *So, it just kind of made me change more of that mindset for myself in making sure you’re taking care of you, and I think that hit reality for me*, understanding not only is it me, but I also don’t know what staff are going through, and if they have any physical or anything mental that’s going on, to take care of themselves.

In a way COVID opened my eyes to be like, you need to give 110 no matter what, with your own family, with your own students, but also take time for yourself and make sure that your own well-being, you need to be there emotionally and physically your own self, because if you’re not there and you’re drained, then you’re draining your students, you’re draining your family, like *you need to take that time and step away from everything and realize why you’re doing it, how you’re doing it, and are you doing it right*.

These passages exemplify participants’ reflections in response to the stressor of illness resulting from lack of self-care in one case, and in response to the stressors associated with COVID-19 in the other, and both connect their own well-being with the well-being of

others. The second quote also reflects the importance of connecting everyday actions with the bigger picture—“realize why you’re doing it”—that is essential for commitment and motivation in any endeavor. Another participant reflected that the principles of Conscious Discipline® they were learning to practice with children were effective for supporting her own well-being.

3.6. Self-Care and Well-Being

Self-care includes proactive strategies for sustaining well-being as well as intentionality in managing stressors. Participants described self-care in a variety of ways, including recognizing when they need to pause and care for their physical and psychological needs, ways to “de-stress” after the workday, establishing boundaries, proactive self-care strategies.

Well-being for a teacher can look like taking, you know, two minutes in the bathroom to breathe and splash some water on your face.

Being someone that was on the job all the time, you just learn to stop and pause and like, wait a minute, it’s okay to take care of yourself. So, it’s a struggle, though.

I make sure to do yoga or do some sort of workout almost every night, so that that way I can kinda de-stress. Or just listen to music.

Given the proclivity of EC professionals to “give 110” for the children, families, and colleagues at work as well as their families at home, it is not surprising that participants stated that establishing and maintaining boundaries was important for sustaining their well-being.

I also know that sometimes I just have to step back and say no for the sake of my well-being, because with our profession, we are enormously overloaded and stressed out, that’s gonna reflect to the kids. Try to hide it or not, they’re gonna pick up on that and it’s really gonna affect our job and our patience.

It is notable that the example of setting a boundary—to “say no for the sake of my well-being,” is connected to job performance—“that’s gonna reflect to the kids. . . it’s really gonna affect our job and our patience,” reflecting well-being for the sake of others. In this example, a director described how she set boundaries with her staff:

I really had to set some boundaries both with our staff and with just my routines, in terms of like, do not call me at 7:00 on a Sunday night because you have a snuffle. We have a process, and we have a procedure. And that’s really for my self-preservation, because I need to get a good night’s sleep or else I’m going to be ineffective to do my job the next day, and it’s hard because you do develop relationships with people and you want them to feel like you’re on their side . . . I think like setting those boundaries has been really important for me for my own personal well-being.

Sustaining well-being requires proactive strategies and strategies for restoring oneself after experiencing challenges. Proactive strategies for sustaining well-being identified by participants included having a routine and beginning the workday with comforting rituals:

I think it helps your well-being having a routine. So, if I stick to a routine, I don’t know, it makes you happier I guess. Keeps the kids happy.

I do take some time to meditate in the morning when I come in, I do get my cup of tea, I turn my little heater on, I’ll have my jazz music going so I can just, you know, kinda set the tone for myself for the day.

Strategies for restoration described by participants included walking the dog, listening to music, having a sweet treat, taking a bath, and prayer:

For me, [when I have a bad day] And you end up very stressed. I tell my husband, “Ok, I’m going to walk the dog. I need to be alone.” And I take the dog and we go on a walk or—or I go somewhere alone and—and I read or something like that just to get my mind off it. If it’s a really bad day, I put on relaxing music, I have tea or whatever to get my mind off it and start to release the stress.

I’m exhausted that day if I have a stressful day, and I go and get myself my chocolate ice cream or something, and I’m good. Or I take a bath. A really hot bath.

I have to go in prayer every day.

Awareness of when they need restoration and what works for them, and routinely engaging in restorative activities is a strength for promoting well-being.

3.7. Centrality of Relationships

Relationships with children, families, and co-workers appeared in response to multiple questions in the protocol, indicating broad relevance to participants and consistent with early childhood education as a relationship-intensive profession. Although frequency per se does not necessarily connote importance to participants or researcher, it is noteworthy that 47 discrete passages were coded as “Relationships with Children and Families” while several additional passages described the importance of relationships with co-workers. Therefore, we labeled this theme “Centrality of Relationships.”

3.8. Relationships with Children: Joyful and Making a Difference

One participant’s response to a question about what motivates her to work in ECE, and her response represents the essence of many other participant statements indicating that relationships are an important source of motivation and enjoyment of the work:

I will say the kids and I love working with the families. Let’s see, coworkers and money. I need a job to pay my bills.

Many participants described experiencing joy and playfulness in their work with children in response to questions about what motivates them to do the work and what gives them a sense of satisfaction:

I literally love to go to work. It’s a must for me. It helps me emotionally and everything. Seeing those little kids and the things they do to make me laugh, it just makes my day.

The other day one of the kids fell and another child said, “oh can you come help me,” and they helped them and they patted their back, and that just makes my day because it’s like we’re helping them to help others, and they get it.

Participants described situations in which the children they care for are delighted to see them out in public and understand that reflects trust in the relationship:

You spend all day with them, and you build those relationships, and then you see them out in the real world just them to recognize you and be like hey, I know you’re a safe person, and that’s cool.

Experiencing joy and trust in relationships with children is important for EC professionals’ well-being.

Participants indicated that bearing witness to the difficulties in children’s lives can be challenging and they have compassion for children:

They say these things like, my sister has gone away and she’s never coming back. It’s things that they are struggling with and the only thing you can do is just comfort them and console them and remind them that you love them

even though, you know, like so-and-so is not in their lives or isn't in their life at the moment, but honestly, I feel like there's very little we can do but they are challenging. I know psychologically I feel like some of the things that I hear about from, you know, these three- and four-year-old's mouths, it's just like ugh, you know. It's just heart wrenching.

This participant described how it was "heart wrenching" to learn about the difficulties in children's lives and used her compassion and skills to support the child's social and emotional well-being. In this example, the participant is providing a safe, stable, nurturing relationship for the child in the midst of their struggles, thus supporting early relational health.

Many participants commented on the importance of making a difference in children's lives:

I can share my talents and my gifts. I love to work with them. I am so happy with them, and they are so happy with me, and I love when they arrive, and they are appreciative of my help and it's all what motivates me.

Building that relationship and having a connection with the child and helping them develop, especially in ways that are critical to the way that they're going to function for the rest of their lives.

EC professionals in this study understand the importance of the work they do for children's current and future development, they are motivated by this knowledge, and they take pride and joy in their work.

3.9. Relationships with Families: Appreciation, Trust, Expertise, Team

Participants described how parents recognizing the importance of the work they are doing with their children and expressing their appreciation provides satisfaction in their work:

I feel like the parents in our program, especially those that have been around for a while, view us like a second family to their children. We have a lot of parents that call us saints and superheroes.

...just parents acknowledging like hey, my child did this, you know, at home and like oh, my gosh, thanks. Like, you know, that you're the reason why they did that. Like knowing that our work is being seen. That's pretty rewarding too.

I also love when the parents come at the end of the day and say that they love that I am bilingual and in my classroom I speak only Spanish and the parents are so happy when they hear their kids speak in Spanish.

Although participants reported that "it depends on the parent" whether they recognize the importance of the work they do with their children, the evidence indicated that this is an important source of motivation and satisfaction in their work.

The importance of families trusting them was evident in several passages, for example:

I mean it's the relationships with the family. I was at Wal Mart this weekend and one of our newer infants, who has been there less than two months, was there with mom. The mom was alone and she saw me. She waved me down and I came over and talked to her, and she's like 'I've got to pee. Can you please just [laughter] take my baby?' And just the fact that he's been there less than two months and she felt comfortable just handing me her baby so she can go and take care of her needs, and being able to do that, and having the time and the space to be like 'yes, please give me the baby. I want the baby.' Just building those relationships is where the joy comes from.

They arrive and open the door to my house themselves. It's very beautiful to see this, because the parents are happy and know their kids trust us enough to be in our house.

Participants also described the importance of being trusted and their expertise being recognized by parents, for example, when parents come to them with a question about their child's development and behavior and ask "Do you have any ideas? What would you suggest?" Similarly, participants appreciated the trust parents placed in them when parents are "able to talk to you and tell you, you know, what's going on, and trusting you," especially because understanding the parent's concerns and the child's life experience is so important for partnering with families.

The importance of trusting relationships with families was also evident when parents brought other family members to a participant's program:

I raised entire families. The sister, the cousin, the other sister. . . they brought me the entire family. They brought me their children. All of them.

This participant took pride in raising "entire families" and having family members bring more children and families into her program.

EC professionals described the importance of building a team or partnership with parents:

We're going to do this together. You're not alone and let the parent know that I'm here. I want to build a partnership with you.

Participants expressed commitment to building partnerships even when it was sometimes challenging:

I can go to any family and have that conversation whether they cuss me out or, you know, they're nice to me. I don't shy away from no family because we in this together. Sometime they kick and scream not to get on the team. And sometime they look at you like you ain't on my team. Yes, I am. I'm on your team. And it's like you never waiver. I'm never going to let you think I don't want to talk to you. I'm going to have to just take a deep breath and I'm going to talk to you.

I have this quote in my room. It's—the most challenging kid need the most love. I also tag that with parents.

Teaming with parents was also evident when participants were asked about how they communicate with families about developmental or behavioral concerns:

I always make sure and start with a part of a positive or two about the child, instead of coming at it about what the child is doing wrong, or what's going on in the classroom. So, I will start with something they are doing really well with and then I will just be honest and fill in the family about what is going on at school and . . . just ask questions about what's going on in the home environment. See if there's similarities or differences and just try to work together with the family to come up with a plan as to how to help them. I am always very clear with the family and tell them that I am not there to tell them what to do with their child, I am not. . . just going to give them a list of things that they need to do, but that I am there to work as a team to help their child together. So, that's how I approach it.

The professional in this passage takes a partnership approach to "just try to work together with the family to come up with a plan" and is empowering the family to make choices about their child and then support the family in enacting those choices.

Participants expressed compassion and understanding for families experiencing hardships and understood that parents' behavior toward them was influenced by the stressors

they were experiencing. One participant described working with a child and parent who were dealing with a serious illness in the family that was affecting both the child's and the parent's behavior. The parent was so preoccupied with the caregiving role of the other family member that they had limited time to interact with the child, and the child was worried about the parent and the family member. The participant helped the parent to understand that the child was "stressed out" by the situation too, and helping the child express herself and helping the mom understand her child's perspective supported the family, and the participant stated that "The mom, now she has a different respect for me. And just building those partnership with the family." This exemplifies the critical role that EC professionals can play in supporting early relational health and family well-being.

Similarly, when a child was sick and needed to go home, their parent "lost it" on the phone and the professional was supportive:

I'm new. I got a new job. I don't have anyone to pick her up. My insurance hasn't started yet—and I was offering her a lot of support, but there's only so much you can do, because you still can't have her there getting other people sick. And then when she arrived, she was calm at that point, and apologized for being upset, and I sympathized with her as far as understanding that's a lot to figure out on your own, especially, but I think that's a big challenge.

The professional's understanding provided important validation and compassion for a parent facing stressors, illustrating the important role EC professionals play in helping families to cope with stressors and consequently supporting early relational health. Likewise, the trust and appreciation of families supported the well-being of participants in this study. Additionally, participants took pride in their ability to navigate challenges with families and build effective partnerships, an important part of their professional identity.

3.10. *Relationships with Co-Workers*

3.10.1. Perspectives of Professionals

Mutual support. Participants described the importance of support within the workplace for their well-being. Many participants stated that having breaks outside the classroom was important for their well-being:

Always take our break. And if you're like having a tough time like call somebody who can switch it around and get you a second out to breathe.

We're really good about helping each other out. If we need to step out for a minute, you know, do you need a minute? Do you need to step out? You know, if we have a baby that's crying forever, she [director] will come out of her office and help us out. So just that like atmosphere of just helping each other out and being there for each other I think is how we support our well-being as best we can.

Friendships in the workplace were also mentioned as contributing to well-being in the workplace, reflected in statements such as "I love my co-workers," and "My job is my happy place. I get to work with [friend]." Others connected the relationships they have at work with their own mental health: "...relationships can help your mental health a lot, having others to talk to." Similarly, a participant shared that "having other teachers in the classroom to talk about, like if your struggling, and the director also," is helpful for their work and well-being.

Family childcare providers often do not have co-workers in their program, yet they also described the importance of supportive relationships:

I have a friend who is like a sister to me, but she also works with young children and has for many years, so we can relate a lot. And we just know, you know, that we can just relate so easily without saying much. I also have an amazing sub.

Other important relationships reported by family childcare providers included provider groups and classes “where you get to interact with everybody.” One family childcare provider stated that she hired a part-time educator to work with the infants while she worked with preschoolers in the morning because although she “could do it all herself” she knew that she would be better able to give her full attention to one group of children and that having another person working with her would reduce stress.

3.10.2. Perspectives of Administrators

Participants who were administrators were intentional in supporting staff well-being in a variety of ways:

I want to make sure that I’m very intentional with how I approach a team. And so, if it means that you’re getting snacks- like a snack break down the hallway. . . or if I am just helping giving them an extra 15 min on their breaks because they need time to decompress. We will have some opportunities like we had yoga on the yard, and mindfulness breaks, and so it was just a couple of things that we had to do as an organization to kind of help support staff during COVID.

What I make sure that I do is, number one, if,—I mean, this just real deal. If the kids are, you know, crying too much, I’m quick to say, baby, go on outdoors, have you a little break, you know, cause that’s important for them as well as it is for me.

One administrator described the importance of encouraging the staff to build team relationships to support their well-being:

I think it’s been really important to encourage our staff to really build their team and build their relationships with one another because then when someone’s going through something rough, it’s a lot easier for your team to- that ebb and flow- so-and-so’s having a bad day, so I’m going to step in and help out, because I know tomorrow is going to be a better day, and I’ve seen a lot of that happen naturally with our staff and I’m really impressed with the way they come together for each other.

Some administrators described the importance of taking responsibility for things like after-hours communication with families so that their staff could have better work–life balance:

Quite a few of us in here are supervisors and directors, and assistant directors, and our work life, we want that for our staff, so we take on more. We, you know, push our life back so they can have that, and that comes with the position, and we’re willing to do that because of the position we’ve accepted. [We] are able to take on that so that the newer staff, and the staff who aren’t in that responsible role, have a chance to say no, I’m clocked out, I’m going home.

3.11. *Knowing Their Value and the Value of Their Work*

The evidence indicated that participants understand the value of their work for children, families, and communities. Multiple participants described how their work with children supports parents to be able to go to work and employers to have productive employees. Participants also shared that during the COVID-19 pandemic, they were considered by others to be “essential workers,” however, they have always known they were essential workers. Many participants described the important impacts of their work for children:

I think people in the community, and just in general, think we just play with the kids all day, which is kind of true, we do. But they don’t understand how valuable play is to children. I think as a society there’s not enough education about how to

let kids be kids and why that's important. I don't think people realize either that we're the ones that are teaching children basic hygiene, and manners, and how to interact socially, and how to value our world and relationships. Like we build the foundation for who they're going to be.

They don't understand the whole, the planning that goes into [teaching] or the home visitation, and the fact that these are little human lives that they're with you eight, ten hours a day, so that's a huge responsibility that you have, to make them into nice little citizens and giving them those great foundational values that they can hopefully continue on and use throughout their life.

You have to know your worth. It isn't about the money, but don't underrate yourself, I guess. You deserve good pay, and if your parents don't like it, they'll go somewhere else.

3.12. Systems

Participants described how different dimensions of the systems within which they worked affected their well-being. For example, participants gave examples of how their directors built and supported their teams, provided flexibility, when possible, to attend to personal matters (e.g., doctor appointments, children's events), created spaces in their programs for "de-stressing" such as a mindfulness room or massage chair, providing snacks, or stepping into their classroom when they needed assistance. Participants also noted that when their program was part of a larger organization, they were able to have more benefits such as a gym membership and paid time off. Good communication among leadership and providing opportunities for professional growth were also cited as important:

Something that I think of when I think of well-being is just being supported, so whether it's with a parent showing gratitude and appreciation for everything that they're doing for their children, or the company providing good benefits-financial, physical, mental, whatever it is, and then executive directors, making sure they have all the materials they need. Making sure they have good development plans for long-term careers and things like that, so having open communication with your managers and directors.

However, many programs do not have access to such resources and struggle to provide adequate pay and keep professionals:

I think one of our biggest struggles was that in our community, everybody raised their wages, and for us that was really, really hard to do and we still struggle with that. So, we lost a lot of staff because we weren't able to pay what everybody was doing, competitively. We ended up raising our rates like 30 percent which only gave my staff like a dollar more. It still continues to be a big problem for us.

Inclusive leadership and opportunities for growth were also cited as important program-level characteristics supporting well-being:

I know as far as [program] goes, too, we've been including the teachers in some of the leadership meetings and things like that so that we do feel like our opinions are being heard and everybody is looking out for everybody and we're always up for conversation and okay, this is how we're feeling, how can we solve that problem and just really being in a good mindset about how to be progressive and keep moving forward but still make sure that everybody is cared for.

The early childhood education staffing crisis preceded the COVID-19 pandemic but was substantially exacerbated by it because in addition to difficulty attracting and retaining staff, programs had to address frequent staffing changes because professionals or their

family members had COVID-19 and could not work. Center-based programs adapted by combining classes, for example, but children's attendance was also unpredictable:

The expectations were so high and there were no resources. There was no well-being. It was fight to survive and that's what it was. And then on the administrative side of things you're out twenty kids, how are you going to pay your bills? How are you going to pay your staff that can be there?

Many participants reported closing classrooms or whole programs during times when they did not have enough staff.

Broader systems such as local and state health departments and childcare licensing entities were mentioned as important system supports. For example, regularly scheduled conference calls hosted by one county were cited as very helpful for providing information about how to mitigate spread of COVID-19. However, some participants noted that much of the information was focused on center-based programs with minimal information oriented to family childcare programs.

Several participants reported receiving pandemic relief funds, and all stated that it was helpful. Participants used the funds to keep employees, pay rent, and cover the increased costs of everything from cleaning supplies to food. Pandemic relief funds were instrumental in sustaining programs until enrollment increased, and prices of goods decreased. Several participants remarked that in addition to material support, the pandemic relief funds made them feel seen and valued:

It almost felt like they know we exist. Like, they do know that we're struggling, too. I mean, there was a lot of talk about the nurses and the doctors and the people who had to go out [inaudible] into the work field to do all this stuff, but then, I mean—these kids, in the beginning it was these kids are these super spreaders and all that. But then the parents are dropping their kids off into our homes and affecting all of our families, and it was, like, this is stressful. So, to get that, almost, like, a bonus, it was kinda nice to be appreciated and to know that we weren't forgotten.

Another participant stated that it was like "...the state figured us out. Like, we can't have all of these jobs out in the State if we weren't here." Unfortunately, there were unintended consequences of the pandemic relief funds. Because EC professionals earn so little, a substantial proportion of them qualify for public assistance (e.g., housing assistance, supplemental nutrition assistance, health care, child care subsidy) and even small increases in their income can make them ineligible:

I had so many people tell me no [they did not want to receive the pandemic relief funds]. They were, like, if you raise that, then I'll lose my benefits, I'll lose my housing, I'll lose my this and that. And I'm like, okay. So, so what do we do? Uh, I literally had a person I had, I gave her a bonus and then she, she got her raise, and she was, like, now since you gave me that raise my rent went up 300 dollars. I felt so bad, but I was, like, you know, this is what this money was for.

This is a classic example of the problematic "benefits cliff" in which a low-earning worker loses assistance benefits when they receive a small pay increase, and loss of benefits results in their actual income being lower, despite receiving the pay increase.

4. Discussion

This qualitative analysis examined how EC professionals relied on their strengths—both existing and newly developed—to cope with job-related stressors, sustain their well-being, and maintain the quality of care and education they provided. Participants varied in their descriptions of well-being with a range from struggling and burnout to sustaining

well-being. Those who reported struggling with well-being described being overwhelmed by demands and having insufficient resources to meet them, consistent with stress and coping models (Compas et al., 2017; Lazarus & Folkman, 1984; Pearlin et al., 1981), and the Job Demands-Resources (JD-R) model of burnout (Demerouti et al., 2001). While not a central theoretical model for this study, the JD-R model emerged as consistent with the lens through which many EC professionals viewed their work. Many who described exhaustion and burnout stated that they were giving all for the sake of others and had nothing left for themselves—an experience in line with the burnout and disengagement proposed by the JD-R model when job demands require effort exceeding that gained through job resources, thereby depleting the physical and emotional energy of EC professionals. On the other hand, some participants described reflection and growth—critical strengths—to change the way they cared for their own well-being, for example, after experiencing illness, seeing that their work–life balance and personal well-being were not optimal, or applying Conscious Discipline® (Bailey, 2015) principles to themselves. Participants described using support seeking and collaborative problem-solving coping strategies as well. Participants used proactive strategies to promote their well-being such as having a routine and exercising, and they used restorative strategies such as going for a walk, prayer, or taking a hot bath after a challenging day as well. A clear message emerged from the EC professionals that restorative practices were highly personal and individualized.

We identified clear patterns in the data suggesting that professionals understand the importance of their well-being for their work with children and families and capacity to care for their own families, and that they are committed to caring for their own well-being to be able to care for others. This interdependent and relational perspective on well-being was reflected in the theme Centrality of Relationships, which participants expressed through descriptions of their relationships with their own families and with the children, families, and colleagues with whom they worked. This relationship focus was evident throughout participant discussions of well-being, stressors, supports, work–life balance, and knowing the value of the work they do to “make a difference” in the lives of children, families, and their communities. The knowledge that they are having a positive impact gives them strength even when they are misunderstood or under-appreciated. Understanding their value helped them to advocate for themselves (i.e., “know your worth”).

EC professionals in this study described and demonstrated many assets that they used to support their well-being, cope with professional stressors, and promote the quality of care and education they provided. Because early childhood education is a relationship-intensive profession, the centrality of relationships was evident in professionals’ motivation, commitment, and satisfaction; their well-being and strategies to sustain it; their coping with stressors; and their understanding that well-being undergirds the quality of care and education they provide. Resoundingly, participants emphasized that relationships with children and families—and recognition of their work’s impact—were central to their well-being, even though such relationships involve emotional labor and challenges (Jeon et al., 2016). Powerful expressions of commitment to children and families such as “I’m on your team and it’s like you never waiver” and “...the most challenging kid need the most love. I also tag that with parents” reflect commitment to supporting children and families even when it is difficult.

EC professionals in this study expressed compassion for children experiencing great difficulties in their lives and responded to children in ways that supported early relational health such as to “comfort them and console them and remind them that you love them” and provide a safe space for them. Some participants understood that children expressed their distress through their behavior and used this understanding to support children’s social-emotional development. EC professionals are important front-line professionals who

can promote infant and early childhood mental health daily as they help children feel loved and included, cope with stressors, and make sense of the world. Compassion is a critical asset that fuels the quality of work with young children.

Participants relied on support from co-workers and administrators as a coping strategy that was both emotion-focused, helping them to self-regulate and supporting their well-being, and problem-focused, helping them to navigate workplace challenges. Importantly, support was described as mutual, with participants describing “stepping in” when their colleagues needed them and having someone to go to if they need to “get it together” before they can be with their students. Professionals appreciated emotional and instrumental support from directors, and administrators were intentional in caring for the well-being of their teaching staff by making sure they took their breaks, stepping in when needed, and encouraging them to take care of themselves. Such administrative support is pivotal as supportive leadership and collegiality have been shown to buffer against occupational stress (Jones et al., 2020). Family childcare providers often do not have co-workers, but a few had part-time help or subs that they indicated were instrumental to their well-being and ability to do their work well. They also sought informational and social support from informal networks. Effective social support can mitigate stress which is critical for EC professional well-being and quality of care, as teacher stress correlates with less sensitive and more reactive caregiving, potentially impacting children’s social-emotional development (Sandilos et al., 2020).

Centrality of relationships was also evident as participants almost always described the importance of caring for their own well-being for the sake of caring for others. This reflects an interdependent, relational perspective on well-being. Commitment to caring for others is a core asset of EC professionals in this study and was expressed in relation to both work and family relationships. However, it is equally important for EC professionals to care for their well-being for their own sake. Several participants described reflection and growth that led to adopting strategies to better support their well-being such as establishing boundaries, being mindful about self-care and work–life balance, and engaging in proactive and restorative activities to support their well-being.

We also examined how EC professionals engaged with multiple systems to build strengths and assets that enhance the quality of care and education they provide. Many reported supportive workplace conditions while others did not; however, even when workplaces were supportive, participants were sometimes too exhausted to take advantage of health-promoting resources. Characteristics of systems and the supports and resources they provided varied greatly. For example, participants reported that larger programs were able to provide more benefits and services, while smaller programs sometimes did not even have a break room. Providing opportunities for collaborative leadership and career growth and development were characteristics of systems described as supporting well-being, consistent with research indicating that access to meaningful professional development was associated with self-efficacy and job satisfaction (Sims et al., 2021) and having agency over curriculum and pedagogical decisions is associated with greater motivation and well-being (Urban et al., 2019).

The findings of this study center on the complexity of being well in the context of a chaotic societal time, doing a profession that demands high levels of caring. Professional early childhood teachers offer more than ABCs and 123s—they are entrusted with establishing foundations for relational health with children while their parents work. As professional caregivers, they are challenged to provide what parents do, but in a group setting. Noddings (1984) has documented the value of caregiving for society—as well as the toll it takes upon the carers—most of whom are women. Noddings saw caring as the responsibility of schools in general, though the early childhood profession has led the

education field in taking on the caring role and highlighting its importance in developing the relational health of children (Noddings, 2005). For young children to have safe, stable, nurturing relationships (Garner et al., 2021), all their caregivers need safe, stable, nurturing relationships and contexts as well. EC professionals have many strengths that make them superheroes; however, if they do not have good well-being, burnout is a risk and instead of being fully present and responsive with children, they may be physically present but psychologically absent, like zombies.

Some policies were beneficial for supporting well-being of EC professionals and programs, such as providing subsidy reimbursement regardless of child attendance, and others had mixed results; although the pandemic relief funds were overwhelmingly helpful in keeping early childhood programs financially stable, some unintended consequences such as professionals losing other benefits when they received relief funds undermined the central purpose of the funding.

Limitations

Several limitations should be considered when reflecting on these findings. This study relied on focus group data from a single U.S. state during the waning period of the COVID-19 pandemic. While the pandemic provided a unique lens for examining EC professional well-being, stressors and supports may differ in other contexts and time periods. Although we included both English- and Spanish-speaking focus groups, and one from a sovereign nation, additional linguistic and cultural perspectives were not elevated in these analyses. Finally, as with all qualitative research, findings reflect participants' perceptions and meaning-making rather than objective measures of well-being or workplace quality. Nonetheless, this study contributes important insights into the assets and strengths that EC professionals draw upon to sustain their well-being and relationships in the workplace, underscoring the need for supportive policies and systems that amplify these capacities.

5. Conclusions—Implications for Practice and Policy

Children's early relational health relies on the well-being of the adults who care for them and has long-term consequences. Supporting EC professionals' capacity to leverage their assets and strengths to build and sustain well-being is imperative for quality early care and education, including support for early relational health and family well-being.

The findings of this study hold multiple implications for practice and policy. Regarding practice, early childhood settings can support EC professionals by implementing strengths-based reflection in their culture and relationships. Program leadership should protect restorative time with breaks and basic needs (e.g., water, bathroom breaks, sustenance), consistent with the Head Start Performance Standards (U.S. Department of Health and Human Services, 2024). Workplace culture can support professional relationships and regularly monitor staff well-being.

Policy implications include establishing policies at the program/local level, as well as at the macro-systems level. Programs can reduce professionals' administrative burden and install processes to support communication with families (e.g., communication platforms) and establish boundary-setting with families. At the broader policy level, state agencies can use federal and state dollars to provide health benefits and mental health supports and establish reasonable classroom ratios and coverage for breaks. These policies simultaneously support EC professional well-being and program quality and are among the recommended policies for Head Start programs, in the time following the pandemic (U.S. Department of Health and Human Services, 2024).

Ultimately, the continuing early childhood education staffing crisis is a larger systems-level problem because EC professional compensation is constrained by what parents can

pay, and families spend between 8.9% and 16.0% of their income on childcare for one child (Poyatzis & Livingston, 2024). Low-income parents pay a higher percentage of their income on childcare (Toussaint-Comeau & Jaffe, 2024). The U.S. Department of Health and Human Services defines childcare as “unaffordable” when families pay more than 7% of their income for childcare. The staffing crisis will not be solved until early care and education is viewed and treated as a public good with public investments enabling EC professionals to be justly compensated and programs to have the resources they need to promote well-being and provide quality care and education.

Future Research

Future studies could extend these findings by broadening the scope and methods used to examine EC professionals’ well-being. Multi-state or national studies would capture greater variation in cultural, geographic, and policy contexts. Longitudinal research is also needed to track how professionals’ strengths and assets develop over time and in relation to shifting demands such as staffing shortages, compensation changes, or policy reforms. Mixed-methods designs that integrate qualitative inquiry with quantitative measures of well-being, job resources, and child outcomes would clarify how workforce well-being influences program quality. Finally, intervention research should test strengths-based strategies—such as relational leadership, reflective supervision, and asset-focused professional development—to determine their effectiveness in enhancing professionals’ well-being and, by extension, children’s relational health.

Supplementary Materials: The following supporting information can be downloaded at: <https://www.mdpi.com/article/10.3390/educsci15111539/s1>, S1: Participant Demographics; S2: Focus Group Protocol; S3: Technical Detail about Interviewer Training; S4: Themes, Codes, and Evidence.

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