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TECHNICAL REPORT

The Listening to Teachers Study:

*Towards a More Equitable Post-Pandemic
Early Care & Education System in New York City*

August 3, 2022



Prepared For :
The New York City
Early Childhood
Research Network

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Image: Bank Street College of Education

Abstract

This is the summary report for the second year of the Listening to Teachers Study which asks how early childhood educators in New York City (NYC) have been faring through the ongoing COVID-19 pandemic. The study's purpose has been to seek deeper understandings of what NYC's early care and education (ECE) workforce has experienced during the Pandemic to inform decision-making about the city's future ECE systems by raising issues for reflection and action-oriented discussion.

The study has followed a multistage, exploratory-mixed methods design, incorporating: 1) ongoing consultation with ECE stakeholders to incorporate questions of interest to them – and their reactions to emerging findings; 2) a survey focused on understanding nuances in the workforce and how these might relate to well-being and coping (June 2021, $n=663$); and 3) in-depth interviews with racially minoritized educators, given the Pandemic's disproportionate effects on communities of color (Spring 2022, $n=28$).

These data were analyzed through an iterative, constant comparative method that combined descriptive and inferential statistics with mixed deductive-inductive analysis of open-ended survey questions and interview transcripts. Among the key findings:

- 86% reported being affected by 5 or more (of 11) economic, health, social, and emotional stressors.
- 32% had a household income below \$35K – in New York City.
- FCC professionals far more frequently worked with infants and toddlers than other survey contributors; were weathering more economic stresses; and reported significantly higher rates of suffering and struggling.
- 61% reported not feeling burned out in June 2021, but the odds of program leaders indicating potential burnout were 1.7 times higher than all others.
- Support from supervisors and system representatives (e.g., coaches) reduced the odds of someone reporting potential burnout.
- The odds of those identifying as Black, Indigenous, or Other People of Color being in leadership positions were less than their white colleagues.

It is important to note that these findings are limited to those who contributed to this study and should not be applied to all of NYC's early childhood educators; however, the totality of findings raise important questions about systemic issues moving forward, among these: What is being done to support the workforce's holistic well-being? In particular, what is in place to sustain program leaders and family child care professionals? What is the status of wage equity efforts? What is being done to nurture diversities in the workforce? What more can be done?

“I discovered that I am worth more than I once thought,”

declared a contributor to the Listening to Teachers Study, a multiphase, mixed method inquiry into how New York’s early childhood educators have been faring during the COVID-19 Pandemic. The study’s first phase involved a statewide survey conducted in May of 2020 ($n=3,355$) which provided information about the Pandemic’s initial effects on early childhood educators, most notably its negative consequences on contributors’ emotional well-being.*

This is the summary project report for the study’s second phase (April 1, 2021-April 30, 2022), which includes (1) a survey focused on New York City’s (NYC) early educators ($n=663$), (2) phenomenological interviews ($n=28$), and (3) ongoing consultation with early childhood leaders, advocates, and educators to discuss emerging findings, for the study’s ultimate purpose is to use data to stimulate reflection, discussion, debate, and – hopefully – actions that contribute to the further development of NYC’s ECE system.

Highlights & Implications

While the data continue to undergo further analysis, and with the **clear caveat that what follows only applies to the participants in this study**, the key findings addressed in this report are:

Well-being



Consistent with the 2020 survey, emotional support continued to be the most frequently identified need ($n=317$) and formal mental health was the least used approach to coping ($n=98$) (page 16).

Educators’ emotional well-being is important on multiple levels. First-and-foremost they are more than their job. They are people. Second, there can be ripple effects for their families and loved ones. Third, common sense and ample evidence supports the proposition that teachers who are doing well are better for children. [1]



32% had a household income below \$35K (page 18). Of those who responded to the open-ended survey question about where new resources are needed ($n=383$), the top three areas were pay equity/benefits; support to families; and general operating funding/facilities (page 24).

*The term contributor is being used in place of "respondent," "subject," "informant," or "participant" as a small acknowledgement of their centrality to this project. Also Pandemic is capitalized because it is being used as a proper noun.
[1] Becker, Goetz, Morger & Ranellucci, 2014; Hindeman & Bustamante, 2019

Highlights & Implications



Also consistent with last year, social support was the most selected form of coping ($n=374$). This year questions about workplace social support were added, with 69% agreeing or strongly agreeing that they felt supported by their co-workers; 59% by their supervisors, and 38% saying they felt supported by representative from “the system” (a coach, licensing specialist, etc.). However, **only support from supervisors and from system representatives were found to lower the odds of someone reporting potential burnout** (page 17).

Support from supervisors, along with working conditions and compensation, has been shown to be a major factor in reducing turnover, with one study finding that participants who rated supervisory support low were more than two times as likely to leave their jobs. This study estimated that each teacher who leaves can cost districts \$20,000 or more. [2]

Who's there for the leaders?



Program leaders who participated in the study (survey and interviews) were uniquely affected. **The odds of program leaders reporting potential burnout was 1.7 times higher than everyone else** (page 21).

This speaks to the importance of not just focusing on them as instructional and administrative leaders for their staff but also of attending to their support needs. Again, first-and-foremost to them as people but also for their loved ones, staff, children, and families to whom they are connected.

Family Child Care: Forgotten Frontline Workers



Consistent with last year, significantly more FCC professionals and their families were weathering economic stresses than other survey contributors. While, in general, they reported higher rates of “suffering” and “struggling,” a large majority also expressed optimism about the future (page 23).

FCC professionals are arguably among the most disregarded of early childhood educators. However they are an important group, as the odds of their primarily working with infants and toddlers were 5.7 times higher than other survey contributors (page 23).

Highlights & Implications

Who do we mean by *THE* workforce?



53% of leaders who contributed to the survey identified as Black, Indigenous or Other People of Color (BIPOC) vs. 69% of all others; however, **the odds of BIPOC contributors being in leadership roles were significantly less than their white colleagues** (page 18).

This finding raises questions about pathways to leadership for BIPOC educators, which may have further implications on documented racial bias in ECE hiring, which has further implications on the emerging evidence that Black and Latine children can benefit from having teachers who are cultural and linguistic mirrors in their classrooms. [3]



8% of survey contributors identified as LGBTQ+ (vs. estimates of 8-10% for the U.S. population); 3% identified as disabled (vs. an estimated 27% of the adult population); and 4% identified as men (both cis- and transgender; vs. approximately 3% nationally) (page 18). [4]

Acknowledging this sample's non-representativeness, these *simple* demographic findings are important topics for reflection and discussion about efforts to “transform the workforce” and promote “diversity, equity, and inclusion” (DEI). Doing so has deep implications for who is being recruited into the field; what and how they are being taught; how teacher education and professional development **feel** to them; and how the field is *walking the walk* of DEI-imbued, developmentally appropriate practices (i.e., thinking carefully about adult development in the culturally responsive ways expected of ECE teachers). [5]

General Methodological Insights



While these findings can only apply to this study's 663 contributors, many of the effect sizes reported are small, and there have been null findings, some key insights that emerge from this study are:

- * Human significance is often hidden in prosaic statistics (e.g., a lesson from the Pandemic is that a small percentage of a large number people is a lot of people).
- * In popular discourse, statistical significance is often conflated with social significance and conversely, non-significance to non-meaningful. Not only is this incorrect, it is counter to a learning stance. [6]

Policy-Practice Questions

Taken as a whole, the findings in this report call attention to opportunities to consider the ways that different initiatives can be leveraged [7]:

- * How can efforts to promote children's social and emotional learning be more closely tied to teachers' well-being?
- * How accessible and effective/culturally-responsive are employee assistance programs? (when they are available)
- * How are leaders being prepared to support staff – both directly and via school culture/climate (as a medium for healing centered interaction) – and what is being done to sustain *them*?
- * What are opportunities to formalize the social support involved in coaching as a foundation for both well-being and improved instruction?
- * Given the importance of the birth to three period, and the higher likelihood that very young children are being cared for in Family Child Care, what opportunities exist to better understand and strengthen Family Childcare Networks?
- * What is being done to support the incumbent-but-uncredentialed ECE workforce? What more can be done?
- * In what ways are ECE teacher preparation and professional development welcoming and nurturing a plural workforce?
- * Are efforts to address pay disparities within ECE being conceptualized as a part of well-being, particularly in-light of racial/ethnic-economic disparities within the profession?

The Study's Context

The Straus Center for Young Children & Families at Bank Street College of Education was originally founded in 2015 and was reconceptualized in 2019 to focus on practice-oriented, policy-relevant, and equity-committed research, particularly analyzing efforts to professionalize ECE; the experiences and effects of this systematizing; and how inclusive, culturally and linguistically sustaining practices are shaping family and community engagement.

The overall purpose of this emerging agenda is to use data to engage with educators, policymakers, and families in reflection and dialogue about needed practice and policy changes. However, the center's reformulation coincided with the COVID-19 Pandemic's intersection with state-sanctioned, anti-Black violence symbolized by, but not limited to, the murders of Breonna Taylor and George Floyd.

This "Dual Pandemic's" universal - but deeply inequitable - impact briefly called the center's role into question, for what was desperately needed from academia were biomedical and public health research into the SARS-CoV-2 virus; its spread; prevention; effective treatment; vaccine development; the role of racist-classist policies and practices in COVID-19's differential health effects; and analyses of policing. [8]

We love you! (Now get back to work.)

What is now the Listening to Teachers project emerged from a sense of responsibility about how to play a small role within this Dual Pandemic. A path emerged as many, but not all, workplaces and public spaces were closed, shedding light on the multilayered needs early care and education programs and schools play as both child care and developmental settings. Parents, most often mothers, juggled what were already difficult pre-pandemic work-life balances, whether as "essential workers;" those navigating Byzantine unemployment and other emergency financial assistance; or as privileged remote workers learning the intricacies of multiple online video conferencing applications.

On March 16, 2020, entertainment executive Shonda Rhimes hyperbolically tweeted,

"Been homeschooling a 6-year old and 8-year old for one hour and 11 minutes. Teachers deserve to make a billion dollars a year. Or a week." [9]

Despite these kinds of public statements, little substantive attention was being paid to educators' Pandemic experiences when compared with a rising discourse about the economy and the Pandemic's ramifications on children and families. [10]

The 2020 Survey

The initial survey was emailed to 25,192 members New York's Aspire registry who worked in direct care roles including: program leaders, family child care professionals, lead teachers, assistant teachers, related services, and support staff. The survey was open for one week, from May 5 to May 12. It was available in English and Spanish and was made up of between 29 and 38 nominal and qualitative items (i.e., Likert scale, choice, and open ended), with the actual number varying by respondent type (e.g., job role or program type). For example, there were specific items for contributors working in New York City programs, program leaders, family child care professionals, and for those who were accessing or attempting to access various forms of public assistance.

Contributors were asked about:

- Program type (e.g., Head Start, family child care, etc.), to consider the sample's programmatic representativeness and any between-groups differences
- Program zip code, both to consider the geographic representativeness of the sample, as well as the role of geography in the impacts on providers
- Job role
- Stressors
- Concerns about COVID-19's potential effects on their ECE programs
- Health and economic effects of COVID-19 on their ECE programs
- Existing and desired supports (e.g., health insurance, information, etc.)
- Open-ended questions regarding other information or concerns

The response rate was 13% ($n=3,355$).

Summary of 2020 Findings

While unsurprising now, what the initial group of contributors had to say was completely unknown at the time. Their responses suggested the important role public funding, both existing early childhood sources like Head Start or New York State and City preschool funding as well as emergency funding, played in stabilizing programs and therefore people's economic well-being - for those that had access to these funds. Approximately 60% of program leaders reported that they were fully paying their staff. However, programs funded primarily through family fees, as opposed to public funds, were most frequently closed and/or had furloughed or laid off staff. [11]

Summary of 2020 Findings

Another issue that emerged was how and when respondents received communication, with confusion expressed about accessing information about closures and openings, updated health and safety guidelines, Payroll Protection Program loans, Unemployment Insurance, etc. A positive corollary of this was the part that some Child Care Resource and Referral agencies and local Offices of Children and Family Services played in supporting programs.

Lastly, and importantly, the first survey shed light on the contributors' emotional well-being, with the interactions of gendered labor (i.e., the overlap of professional and domestic caregiving); the disproportionate economic impacts on certain ECE segments (e.g., family child care); the cognitive, emotional, technical, and financial demands of providing online ECE; few opportunities for educators to consult in decisions that affected them; and the limitations of self care in the face of a natural-but-human-exacerbated disaster of this scope and scale. [12]

Findings from 2020 that Bear Remembering

- * 68.3% of NYC contributors reported knowing someone who had died from COVID-19.
- * Mental health support was the most frequently requested support ($n=910$) and professional mental health services were their least reported approach to coping ($n=216$)
- * Those working remotely were approximately one-and-a-half times more likely to rate their emotional well-being negatively than those whose settings were closed.
- * While the exact number was unclear from the 2020 data, it is not often discussed that many teachers are parents and caregivers for other family members:

"I am a mother of 3 boys and live with my elderly parents. I am also a current grad student... and working with my EC children. It's so much all at once.... I have to answer to my boss, my research boss, my professors, my children's teachers/principals and to my class parents. I feel overwhelmed at times and feel that I can't go on... But, when I have my ZOOM meeting with my children, my heart melts seeing them and seeing the joy on their faces."

Applying Lessons Learned in 2021

As the naïve optimism of the Pandemic's early stages waned, a central question being discussed in U.S. policy circles was how to help ECE programs to recover – as a part of the nation's economic recovery. There were no shortage of proposals and white papers on reimagining the system and plentiful surveys of the Pandemic's effects on parents, children, and teachers (by one count, 297 survey reports); however, public discussions of workforce well-being continue to be minimal, more often focusing on working parents and children's well-being. Furthermore, these rarely include practitioners' voices and perspectives or ground-up evaluation of how systems have functioned. [13]

Most notably, given the long-simmering issues of structural racism that surfaced in 2020, this advocacy has not prominently addressed systemic racism in ECE, evidenced in anti-Black exclusionary punishment; pay disparities; bias in hiring practices; and research documenting BIPOC teachers' marginalization. Reimagining the system must include close examination of how traditional ECE policy issues (e.g., underfunding, systemic fragmentation, pay disparities, etc.) are signs of deeper social ailments. [14]

Reflection on the initial survey's findings – including how many respondents shared details of their experiences that begged (sometimes literally) for human-to-human follow-up which we could not provide; on how our findings converged with what other studies were reporting [15], and in light of overwhelming evidence that ECE is not immune from the U.S.'s structural inequities resulted in the following methodological decisions:

1. More detailed demographic items to both get a richer snapshot of survey contributors and for analytic purposes
2. Planning for more ongoing consultation with ECE stakeholders
3. Items addressing burnout, suffering, and thriving
4. Interviews specifically with educators of color

A period marked by social distancing required an engaged approach, even if impacted by the continued need to be socially distant.

[13] Child Care Aware, 2020; Dym Bartlett & Stratford, 2021; National Women's Law Center, 2021; Urban Institute, 2021;

[14] Austin et al., 2019; Boyd-Swan & Herbst, 2019; Gilliam, 2005; Souto-Manning, Buffalo & Rabadi-Raol, 2019; [15] e.g., Gilliam, 2021

Approach

Beyond the imperatives of engagement in a time of social distancing, a more interactive and iterative process has analytic benefits of recursively probing data for meaning (*fig. 1.*). As remedies to these issues, the study has followed a multi-phase, exploratory mixed methods design that began by consulting with key ECE stakeholders (e.g., policy makers, sector leaders, etc.) to elicit their questions, present them with a draft survey and interview questions for comment, and to set a schedule for follow up consultation with them. [16]

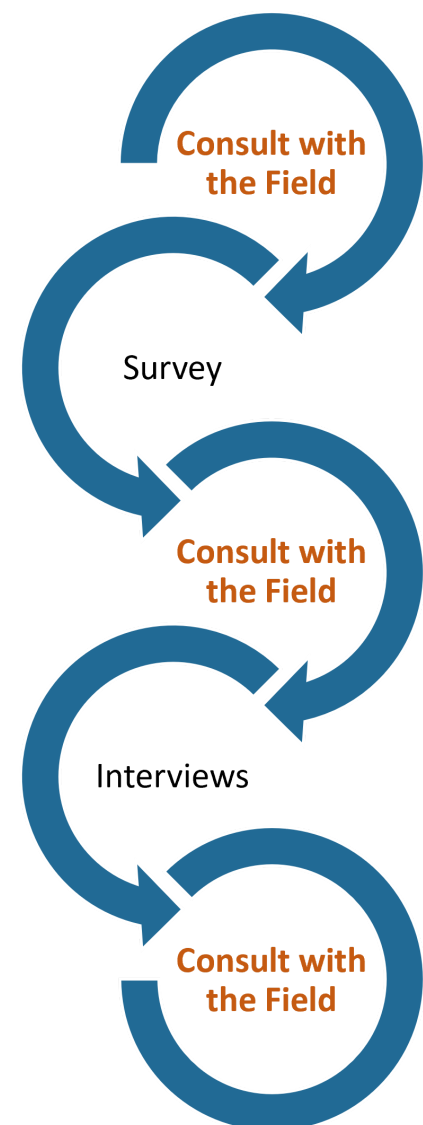
Stage 1. Stakeholder Consultation

This study aimed to build upon the foundation of research-practice partnership created by the NYC Early Childhood Research Network. As in 2020, this phase began by engaging with key ECE stakeholders around the question: What questions do you have for the workforce that would enable you to consider in order to build a better system? The purpose of these meetings was two-fold.

First, it was a chance to shape the study in consultation with experts on NYC's ECE landscape by unearthing and incorporating questions that were meaningful to them. Second, this type of dialogic engagement is a critical, often forgotten, piece in spanning research-to-policy gaps. [17]

At that point fourteen meetings were held with representatives from the NYC Department of Health and Mental Hygiene, the NYC Department of Education, several philanthropic foundations, professional organizations, a family childcare network, and within Bank Street College of Education (i.e., Head Start, Family Center, School System Partnerships, Center for Culture, Race, and Equity, and the Center for Emotionally Responsive Practice). These conversations not only influenced the survey but also helped shape the interview protocol.

fig. 1. A Dialogic Approach



[16] Creswell & Plano Clark, 2018; Glaser, 1965; [17] Canto-Farachala & Larrea, 2020; Patton, 1997

Stage 2. The Survey

The survey revisited the broad question posed in May 2020 of how ECE professionals were faring - a year into the pandemic, as well as questions that emerged while analyzing those data regarding associations, group differences, and predictive relationships. It included items from that earlier survey (e.g., job role, program type, well-being ratings, needed help, coping, and the invitation to share stories of their experiences) but did not include the questions about program status (open, remote, closed) or public/private benefits access.

Changes

As mentioned earlier, there were three major additions. The first was a revised demographic section asking about personal characteristics (i.e., years in the field, education level, household income, felt gender, sexual orientation, disability identity, and race/ethnicity). The second addition emerged from the Dual Pandemic's clear impact on the prior year's contributors and its ongoing nature. Therefore we hypothesized that, despite many signs of resilience, the stress and strain at this confluence might have been pushing professionals to their limits, therefore a modified version of a single-item burnout screening was added [18]:

Please select the description that best describes how you're feeling:

- a) I enjoy my work. I don't feel burned out.*
- b) I'm occasionally under stress, and I don't always have as much energy as I once did, but I don't feel burned out.*
- c) I am definitely feeling like I am burning out and am feeling physical or emotional exhaustion.*
- d) The feelings of burnout I'm experiencing won't go away. I think about frustration at work a lot.*
- e) I feel completely burned out and wonder if I can go on. I am at the point where I may need some changes or may need to seek some sort of help.*

The authors of this screening found that it correlated with the emotional exhaustion subscale of the more widely used, but longer and proprietary, *Maslach Burnout Inventory* (MBI) and concluded that it could serve as a practical replacement for the MBI when time and other resources are limited.

[18] Rohland, Kruse, & Rohrer, 2004 ($r=.64$; $r\text{ square}=.5$; $p<.001$); Nagasawa & Tarrant, 2020b

To be clear, this use was for non-diagnostic purposes (i.e., would not be *definitive*), but we did recognize that asking about burnout could surface clinical issues for individual contributors. As a part of harm-benefit analyses, we concluded that the policy relevance of learning about this issue outweighed potential risks, particularly given the original survey's findings about respondents' emotional well-being. [19] However, because of this issue's seriousness, contact information for the NYC Crisis Services/Mental Health help line and mobile crisis teams was included as a part of this item.

The third major addition to the survey was the result of the consultation process, where multiple colleagues expressed concerns about a deficit focus. Therefore the *Cantril Self-Anchoring Striving Scale* was incorporated. This asks respondents to rate their best and worse possible life (present and future). [20]

Please imagine a ladder with steps numbered from zero at the bottom to 10 at the top. The top of the ladder represents the best possible life for you and the bottom of the ladder represents the worst possible life for you.

- *On which step of the ladder would you say you personally feel you stand at this time? (ladder-present)*
- *On which step do you think you will stand about five years from now? (ladder-future)*

We also asked them to provide a rating based upon their recollections of spring 2020.

Gallup uses the *Cantril Scale* in large-scale surveys across 150 countries and has developed a Life Evaluation Well-Being Index that categorizes the data into: thriving (≥ 7 for present and ≥ 8 for future); struggling (5-6 for present, 5-7 for future); and suffering (≤ 4 for present, ≤ 4 for future). They have examined their index's construct validity by looking at its correlations with country-level characteristics like the *United Nations' Human Development Index* Ranking, per-capita GDP, per-capita health expenditures, etc. [21]

The addition of these validated items was important to get a somewhat more precise snapshot of contributors' emotional well-being. **This is an extremely policy-relevant issue, given research on mental health promotion that suggests the importance of attending to moderate levels of distress to ameliorate the risk of more severe, longer-term mental health issues.** [22] As one contributor pointed out,

"I am not sure we are prepared for the catch-up game we will be playing as we watch and experience recovery."

Sampling

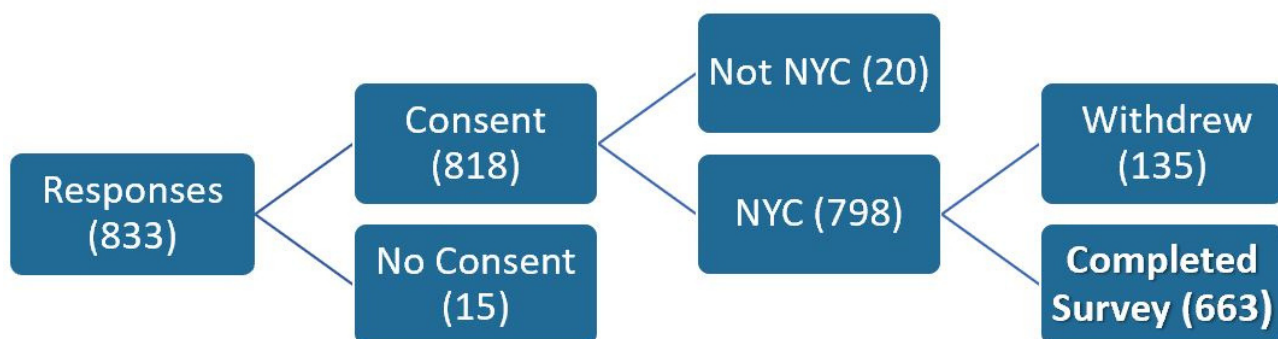
As in 2020, the survey was distributed broadly to the Aspire Registry’s participants, but this time limited to those working in New York City ($N=23,020$). While this approach introduces multiple issues, key among these non-generalizability due to self-selection and response biases (i.e., how who chooses to respond and to what questions they respond influences results), it was necessary for several inter-related reasons: available resources, time, and the logistical complications of drawing a clustered-stratified (geography-program type), deidentified random sample and then re-associating selected cases with email addresses – within the realities of recruiting participation (i.e., multiple follow-up invitations, redoing this process for every non-response/withdrawal).

The survey’s launch was delayed because we were informed that other surveys were also being circulated during the planned time window. It launched on June 14 and remained open, with three emailed prompts, until July 2. The response rate was 3.6% ($n=833$). While low response rates are endemic to this surveying approach, the time of school year and the amount of surveying that has been happening during the Pandemic may have affected participation. [23]

The sample was further reduced by ($n=170$) because of: (1) not consenting ($n=15$); (2) not working in NYC ($n=20$); or (3) withdrawing by not completing the survey ($n=135$). The remainder ($n=663$) responded to questions throughout the survey, although not every item, again highlighting issues of selection and response biases (*fig. 2*).

Contributors' characteristics can be seen in the Appendix, Tables 1 - 7.

fig. 2. Final Sample



[23] Fricker, 2012; Tanne, 2018; At last count the Urban Institute (2021) had compiled 297 reports based upon surveys of early childhood educators conducted during the pandemic.

Stage 3. The Interviews

The study's final major stage involved seeking more in-depth information from a subsample of BIPOC early childhood educators about their experiences and recommendations for a *post*-pandemic ECE system. However, the latter question about systems recommendations can be a difficult question to answer directly.

Therefore, a shortened version of Irving Seidman's phenomenological interview protocol was used to understand participants' ongoing experiences during the pandemic, how these shaped their practice, and to engage with them in co-reflection on their vision for a future ECE system. While similar to other forms of semi-structured interviewing (i.e., some predetermined questions with freedom for interviews to occur organically), it differs in that it is framed by three key foci: (1) a person's life history (modified in this case to be a reflection on their lives at the earliest moments in the Pandemic); (2) their practices of daily life; and (3) evaluation and meaning-making. [24]

This method provided an opportunity to explore how teachers' Pandemic biographies intersected with their program ecologies, important because education reforms and educators' responses to them are too rarely incorporated into policy discussions and decisions that affect them. In its classic form, the three facets are explored over three, 90 minute interviews which allows for great depth, particularly because there are periods for reflection in-between interviews. However given educators' challenging schedules, particularly in the current moment, the protocol was modified for one interview.

Sampling

The survey served as the basis for recruiting contributors to be interviewed. The initial objective was to conduct between 25-27 interviews, proportionately sampled from this pool of volunteers by NYC Borough, then program type (e.g., Family Child Care, NYC Early Education Centers, Early/Head Start, EC Special Education, and Tuition-dependent programs), then job roles to examine positional representation.

Initial attempts to recruit interview participants went more slowly than anticipated, perhaps due to a combination of the recruitment strategy's complexity and issues related to the pandemic's variability. Initially 319 survey respondents opted in. Of these 202 were eligible based upon their racial/ethnic identities. This list was then broken down by NYC borough. These lists were randomized and individuals were selected by program type and job role. Ultimately 152 invitations were sent, with 40 consents and scheduled appointments. Of these, 28 interviews were completed, but in order to meet the numerical objective, the sampling frame was abandoned (see Appendix, Table 9).

[24] Seidman, 1998

Analytic Approach

As this was an exploratory-mixed methods design, there were some predetermined questions and hypotheses, such as possible associations between contributors' characteristics and experiences (e.g., burnout, hopefulness, perspectives on the Pandemic based upon identity and positionality, etc.), but the primary strength of this approach lies in using different forms of data to refine initial research questions and generate new ones based upon constant comparison – an iterative, back and forth process - between emerging patterns and relationships across statistical and textual analyses. [25]

To illustrate, the survey was analyzed in multiple stages. As is typical, its categorical and ordinal data were summarized descriptively (i.e., absolute/relative frequency counts and contingency tables). Second, responses to the survey's open-ended question(s) were read deductively (i.e., with an eye towards specific issues of well-being, experience of stressors, lessons learned/type, etc.) and inductively (i.e., making note of unanticipated issues and evocative or potentially illustrative passages [in vivo coding]).

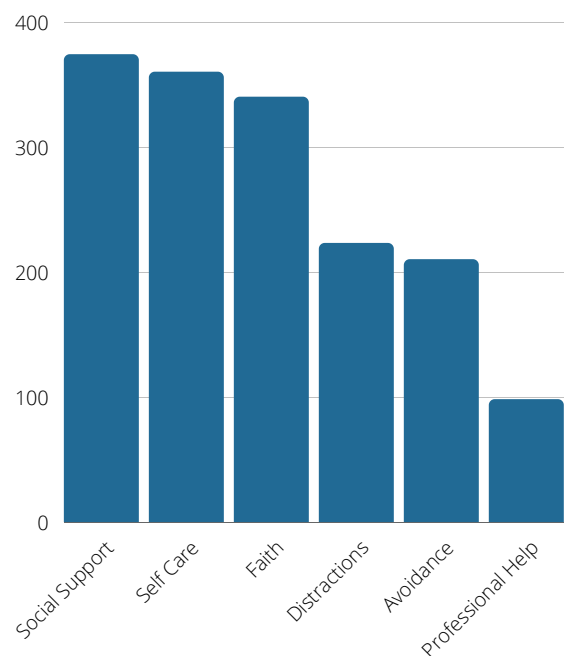
What is somewhat less typical is that these impressions were recursively compared with each other as a part of making sense of the data. This is a process that is common in so-called qualitative research where textual data are initially coded, then reconsidered into initial clusters of meaning, and then finally collapsed into themes. While encouraged, it is less common to place different forms of data into meaning-making dialogue with each other, as is the approach in this study. [26]

Illustrating this Approach

To illustrate, consistent with the 2020 survey, general emotional support continued to be the most frequently identified need ($n=317$) and formal mental health was least used approach to coping ($n=98$). From this, the coping items were consulted (*fig 3*).

Social support was also a general category, with contributors given examples like co-workers, friends, or family. Distractions were things like hobbies, while avoidance referred to not reading the news, participating in social media, etc.

fig. 3. Approaches to Coping (#)



[25] NOTE: While discussed as "quantitative," much survey and psychometric research is actually often qualitative; Creswell & Plano Clark, 2018; Glaser, 1965; [26] Nagasawa, 2021

Illustrating this Approach, continued

Social support was the most selected form of coping ($n=374$); however, in a missed opportunity to explore different forms of social support, contributors were only asked about workplace support and the role of representatives from the system, a decision based upon the job satisfaction literature and a hypothesis that emerged in Phase I about the role of systemic support. [27]

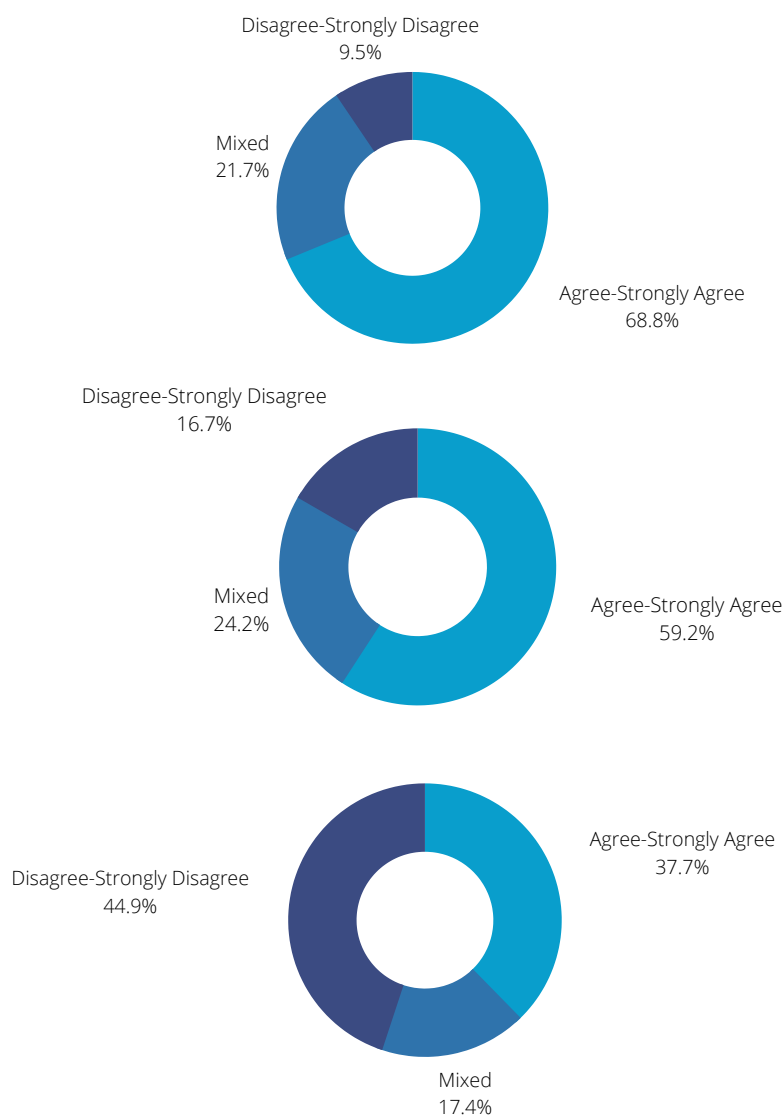
When the data on workplace support were consulted, 69% agreed or strongly agreed that they felt supported by their co-workers; 59% by their supervisors; and 38% said they felt supported by “the system” (fig. 4). The emerging impression was that direct workplace support, particularly from co-workers was generally stronger than from the system. This was bolstered by comments like this one from a program leader,

“My work community became like family, and I discovered that I work with some of the most caring and wonderful people. It really helped.”

However, additional analysis of the relationship between workplace social support and burnout, showed that **coworker support was not significantly associated with burnout and only higher ratings of support from supervisors and from “the system” (e.g., coaches, licensing specialists, etc.) appeared to be protective in this sample.** [28] This finding may have remained hidden without the constant comparison approach.

While statistically significant, the model was not strong, only explaining 11.9% of the variance in reporting potential burnout and correctly classifying 65.2% of responses. Despite this, **it raises questions to pursue about what helpful supervisors and coaches do and how to promote and reward these practices.**

fig. 4. Support from Colleagues, Supervisors & “the System”



[27] Jorde-Bloom, 1988; Carver-Thomas & Darling-Hammond, 2017; [28] Binomial logistic regression, $\chi^2(3)=36.693$, $p \leq .001$, $n=399$; support from coworkers (OR=.961, 95%CI .682, 1.354); supervisors (OR=.655, 95%CI .485, .844); support from “the system” (OR=.596, 95% CI .468, .760), Nagelkerke R square=.119, Appendix Table 1

Discussion of Other Findings

Who were the contributors?

Demographics are often considered in limited ways, most commonly to determine a sample's representativeness of a population and as analytic variables. However, **this study's ultimate purpose is to use data for reflective purposes. Therefore the question of who responded to the survey leads to a broader question about representation: Who is being referred to when THE workforce is being named?**

Contributors represented all five of NYC's Boroughs, although there was markedly disproportionate participation from Manhattan (high) and from Queens (low). In sum, this sample compared with the Aspire Registry (NYC) in the following ways:

Teachers and support staff (i.e., non-teaching) were represented at proportions similar to the Aspire population. Leaders, family child care professionals, and others (e.g., early interventionists) were present in higher numbers and assistant teachers at lower numbers. The starkest difference was in the substantially higher proportion of formal education (i.e., college educated) in this sample (68%) than in the NYC Aspire population (33%).

Additionally:

- 71% had four or more years of experience in field
- 62% identified as BIPOC - although **the odds of BIPOC contributors being leaders were significantly lower than their white colleagues (13.9% of all BIPOC contributors vs. 28% of all white contributors)** [29]
- 35% were parents of at least 228 children*
- The sample was economically bimodal, with 23.5% having a household income falling into the \$20-35K range and 23% falling into the \$50-75K range. 25% reported a household greater than \$75K, suggesting social class differences within the field.

Meaningfully, this group was plural in other ways:

- 7% (45 people) identified as lesbian, gay, bisexual, pansexual, or asexual
- 1% (7 people) identified as either transgender or non-binary
- 3% (22 people) identified as disabled

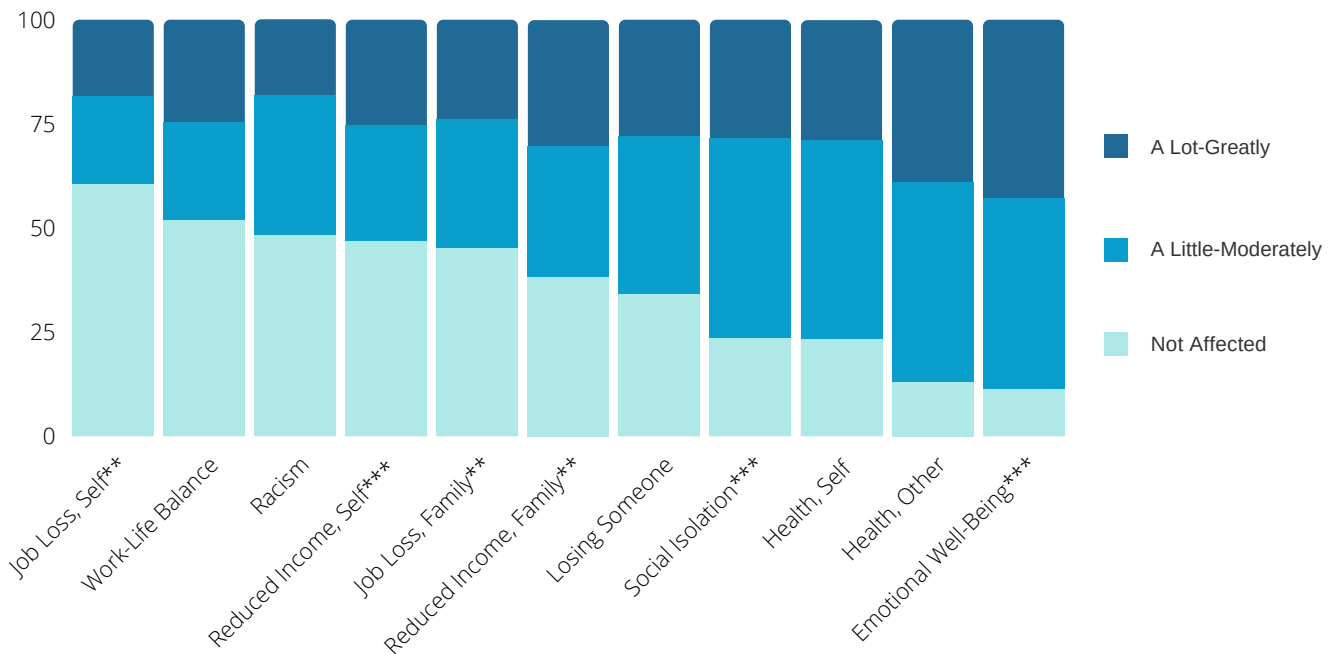
Overviews of the sample's characteristics can be found in the Appendix: Table 3 (Contributors' Characteristics); Table 4 (Participation by Borough); Table 5 (Borough: Race/Ethnicity); Table 6 (Contributors' Job Roles); Table 7 (Program Type); Table 8 (Funding Source); and Table 9 (Interview Contributors). [30]

[29] Test of Independence, Race/Ethnicity : Leader $\chi^2(1)=16.442, p \leq .001, \phi = -.169$ (OR=.414, 95% CI, .268 to .639), Appendix Table 2; [30] Fisher's Exact Test, Interviewees : Overall Sample, only significant differences in sexual and disability identities, $p = .036; p \leq .001$, respectively. *Not all who identified as parents answered this follow up question.

Stressors

Contributors were asked to rate how they were affected on 11 economic, health, and social stressors, from not at all to greatly, with the lightest portions of the bars (*fig. 5*) reflecting those who said that they were not affected at all by that particular stressor. Unsurprisingly the pattern is very close to what was seen in 2020. Importantly, **86% (n=566) reported being affected by 5 or more of these stressors.**

fig. 5. Affected by Stressors (%)



*** $p \leq .001$, ** $p \leq .01$ (FCC vs. Others)

Responses differed for each item, ranging between $n=643$ and $n=656$.

Because contributors could choose not to answer questions, the dataset contained missing values which affected the kinds of multivariate analyses that could be conducted. For instance the first model developed asked if identities (racial/ethnic, parent) and social class (household income, education level, and job role) were associated with job loss, but the results were untrustworthy due to the number of outcome-predictor combinations with no data. Therefore, for the most part, more straightforward analyses were conducted.

Of the program types, family child care (FCC) professionals who contributed to this survey had different experiences than their colleagues, with **FCC being more negatively affected economically: job loss-self, lost wages-self, job loss-family, and lost wages, family; but less negatively affected in terms of experiencing loneliness or negative emotional well-being.** [31] This raises questions about both how to better support FCC professionals economically and if there may be something about the model's sociability that provided some buffering of emotional distress during the pandemic - at least for some of them.

[31] Tests of homogeneity, FCC : job loss-self, $\chi^2(2)=12.623, p=.002, V=.143$; lost wages-self, $\chi^2(2)=19.002, p \leq .001, V=.175$; job loss-family, $\chi^2(2)=11.062, p=.004, V=.134$; lost wages, family, $\chi^2(2)=9.826, p=.007, V=.126$; experiencing loneliness, $\chi^2(2)=13.441, p=.001, V=.148$; and negative emotional well-being, $\chi^2(2)=17.468, p \leq .001, V=.168$, Tables 10-15

Burnout

As the Pandemic has worn on, both the popular and professional media have periodically raised the issue of teachers burning out, with one *New York Times* headline declaring, "This Is Not Sustainable," and another in *Education Week* proclaiming, "Teachers Are Not OK, Even Though We Need Them to Be," a concern that is matched by an emerging research literature, including the 2020 phase of this study. [32]

It was comments like this one from an assistant teacher that called attention to the need to honor our colleagues' work during the Pandemic by listening to them and trying to learn from their experiences,

"[My coworkers] are single mothers with second jobs and struggling to balance homeschooling their kids. They are burnt out and struggling fiscally, mentally, and emotionally during this pandemic..."

Bearing in mind the findings from last year about how difficult work-life balance was for some, a special education teacher this year said,

"I lost my dad March 2021, not COVID related. Things got worse then. I was already feeling burned out because of work and now the grief on top of that and all my personal stuff too, it didn't help. Overall super burned out."

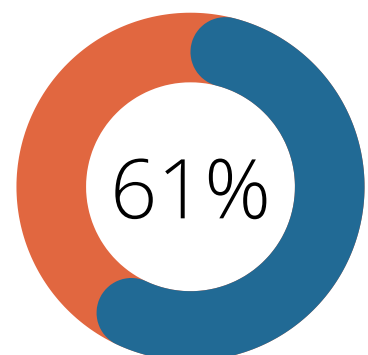
Disclosures like these serve as reminders that behind the at-one-time alarming Pandemic statistics are people's lives. This reminder applies to the statistics in this report as well.

A Kind of Rorschach Test

During the consultation process, multiple stakeholders expressed reservations about including burnout in the survey for various reasons: questions about the concept's validity, concerns about what would be found, and seeing it as a deficit focus to name a few. The responses during the ongoing consultation process have been similarly interesting, with some seeing the results (*fig. 6*) as positive (the majority were not saying they were burnt out). Others have suggested that 39% at potential risk of burning out seems too low. The reality is that the construct is debatable and there is little prevalence data available, although one pre-pandemic study of teachers reported that 38% of its participants were at risk of burnout. [33]

Regardless of one's stance, 235 contributors to this study reported being in some degree of distress. What is being done to reach them?

fig. 6. Not Feeling Burned Out



[32] Noble & Macfarlane, 2005; Sandilos, Goble & Schwartz, 2020; Schaack, Le & Stedron, 2020; Singer, 2020; Will, 2021; [33] Maslach & Leiter, 2016 argue that it is over-diagnosed; Stormont & Young Walker, 2017

When the ratings of potential burnout data were probed, many suspected differences in burnout were not born out. For instance, no significant associations were found between racial/ethnic identity, being a parent, and ratings of potential burnout. [34] Too often, non-statistically significant results are treated as not socially significant, which is incorrect. This result may be better understood as reflecting the Pandemic’s cross-cutting influence on how contributors responded to this item. However, job role was found to be significantly associated with these ratings, with assistant teachers less frequently reporting potential burnout than might be expected and program leaders more than expected, with **the odds for leaders were 1.7 times all others** (fig 7). [35]

Who's there for the leaders?

Complicating that finding, there was a clear theme of resilience in both the survey and interviews,

"As someone who has anxieties, I learned that I can be calm in the face of chaos, adaptable, flexible and display leadership qualities when I needed to be."

But there was also an understandable underlying tension. One leader wrote,

"Aprendí a vivir cada día en su máximo esplendor, fue difícil enfrentar esta pandemia, pero al mismo tiempo me enseñó que la vida es muy vulnerable."

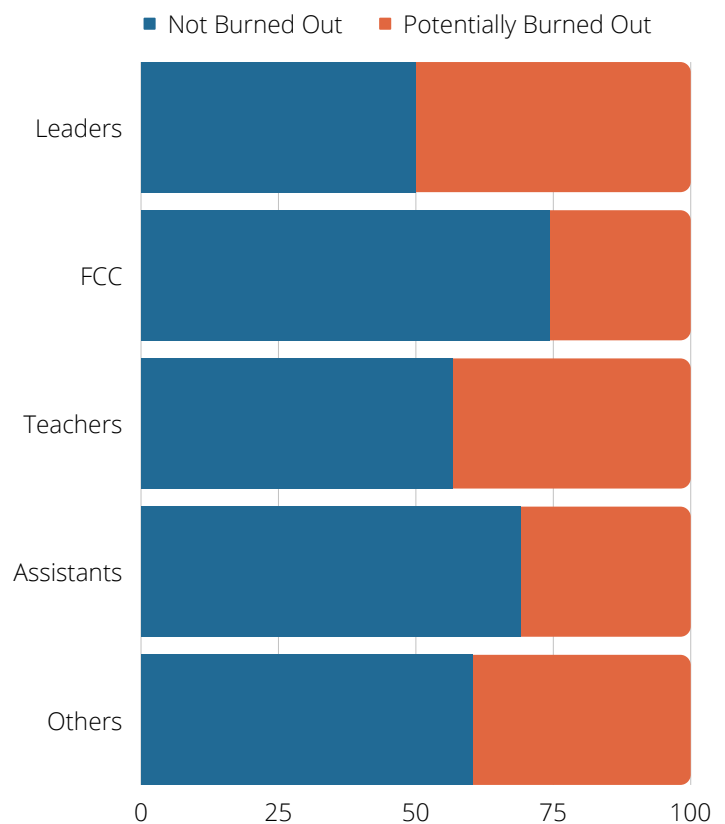
(I learned to live each day to its fullest, it was difficult to face this pandemic, but at the same time it taught me that life is very vulnerable.)

Another added,

"Haven't really processed the year yet. I just kept running and pivoting trying to keep my head above water."

Taken together, these results speak to the importance of not just focusing on leaders' instructional and administrative responsibilities to their staff but also of providing intentional support to *them*.

fig. 7. Potential Burnout by Job Role (%)



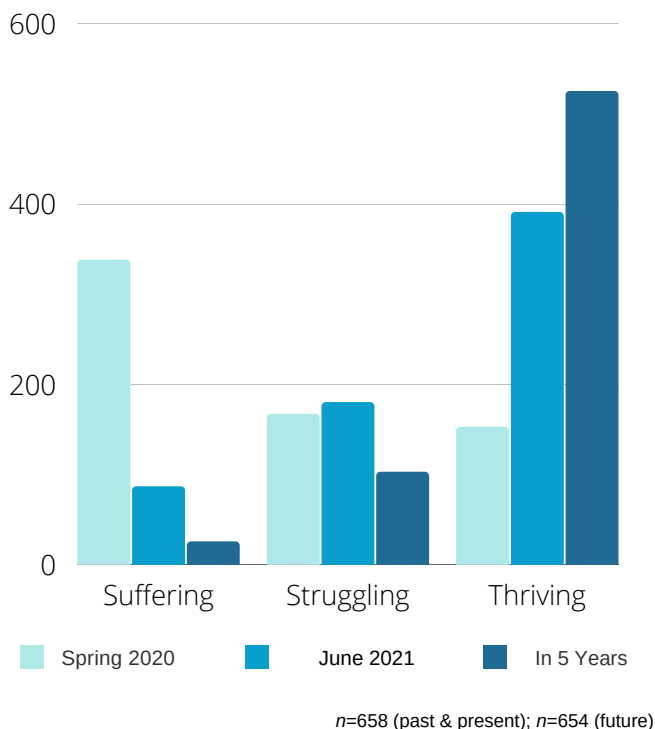
[34] Loglinear analysis, race/ethnicity : parent : burnout resulted in $\chi^2(4)=6.331, p=.176, n=560$; [35] Test of homogeneity, leaders : all others: $\chi^2(1)=6.385, p=.012, \phi=.103$ (small effect), (OR=1.698, 95% CI 1.123, 2.566), Appendix Table 16

Suffering, Struggling & Thriving

As previously discussed, the *Cantril Self-Anchoring Striving Scale* was included this year as a way of being strengths-focused without dismissing pandemic-realities. While some might critique self-anchored scales (where a person bases their ratings on their self-understanding) as being problematically subjective, this same conceptual fuzziness offers important advantages: (1) by respecting people; (2) highlighting that much data that are treated as absolute are actually rife with uncertainty; and (3) calling attention to the need for drawing upon multiple forms of data in research. [36] As with all of the results in this report, contributors' responses to the *Cantril Scale* (fig. 8) must be viewed in light of other data, some included in the study's data generation and some to be collected in future studies.

The lightest shaded bars in fig 8. are contributors' ratings of how they were doing in 2020, with considerably more saying they were suffering-struggling (77%) than thriving.* The pattern flips with the medium-shaded bars (June 2021), with 60% saying that they were thriving and 80% seeing themselves as thriving in five years. This reinforces impressions

fig. 8. Suffering, Struggling & Thriving (#)



of contributors' overall fortitude. However, by focusing only on the majority of responses, there is a risk of both taking their resilience for granted and dismissing those who may be struggling within circumstances that are unlike any the U.S. has faced in over a generation as *lacking resilience*.

What if resilience means leaving the field? as might have been the case for this leader,

"I learned a lot about myself in terms of creativity, adaptability, and courage. Many positive outcomes for me. BUT. The thing I'd like to say here is that this year I also learned that education is not a field I want to continue in."

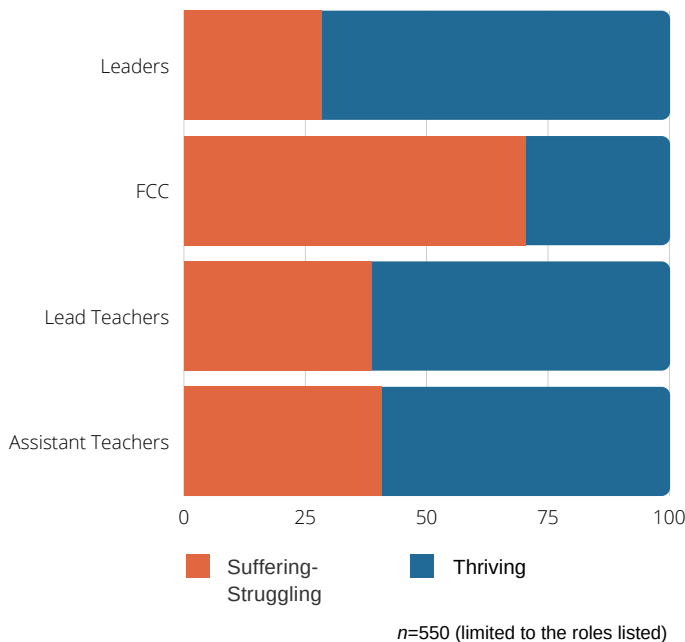
Her statement elicited a negative reaction in one consultation meeting, a sentiment akin to *good riddance*. Perhaps education is not the right path for this contributor, and this is an empowered choice. She also raises points for reflection about what needs to be done to care for the people who make up the ECE workforce, as a part of emerging from the Pandemic.

*Gallup's criteria for categorizing "right now" scores were used for the retrospective ratings (see p. 13).
[36] McClelland, 2017

Suffering, Struggling & Thriving: Family Child Care

Looking at suffering-thriving only in the aggregate also provides a limited snapshot. In what can be seen as emblematic of its place in ECE, as a group FCC appeared to be having different experiences in June 2021 than their colleagues (*fig. 9*). [37] Unfortunately, it was difficult to glean insights about this through the interview process. While efforts to oversample FCC professionals for the survey were generally successful ($n=97$, 15% of total sample vs. 1.5% of the Aspire population), similar efforts for the interviews were less so (only twenty-one FCC contributors responded to the survey's open-ended items and only 1 out of the 4 scheduled interviews with FCC professionals was completed).

fig. 9. Suffering-Struggling vs. Thriving, By Job Role, June 2021 (%)



So while caution must be taken not to oversubscribe meaning for everything in this report, this must especially be the case with this group's textual data. That said, this FCC professional recalled,

"...before the pandemic, I had two full-time employees and one part-time which were not able to stick with me because we were closed for a while. Right now, I pretty much work by myself.... now I'm changing the diapers. I'm doing the food program [USDA Child and Adult Care Food Program]. I'm answering the phone, the e-mails, the attendance. I'm doing everything."

Her recollection is a reminder that FCC professionals were the most economically affected group in both the 2020 and 2021 surveys and may complicate facile interpretations about lower levels of negative emotional impact (see p. 19). Her experiences also call attention to other aspects of this sector's uniqueness among this study's contributors:

- 50% reported working primarily with infants and toddlers (vs. 15% for everyone else).
- The odds of FCC professionals working primarily with infants and toddlers was 5.7 times their colleagues. [38]
- **73% reported a household income less than \$50,000.**
- 82% identified as BIPOC (vs. 62% for the whole sample)

Given what is known about the developmental vibrancy of the 0-3 period, this is an important ECE sector that must be attended to.

[37] These differences were statistically significant $\chi^2(2)=13.151, p=.001$, Cramer's $V=.145$; [38] Test of homogeneity, FCC, 0-3 : Others, 0-3: $\chi^2(1)=61.234, p<.001, \phi=.315$ (medium effect), (OR=5.661 95% CI 3.553, 9.02), Appendix Table 17

Imagine.

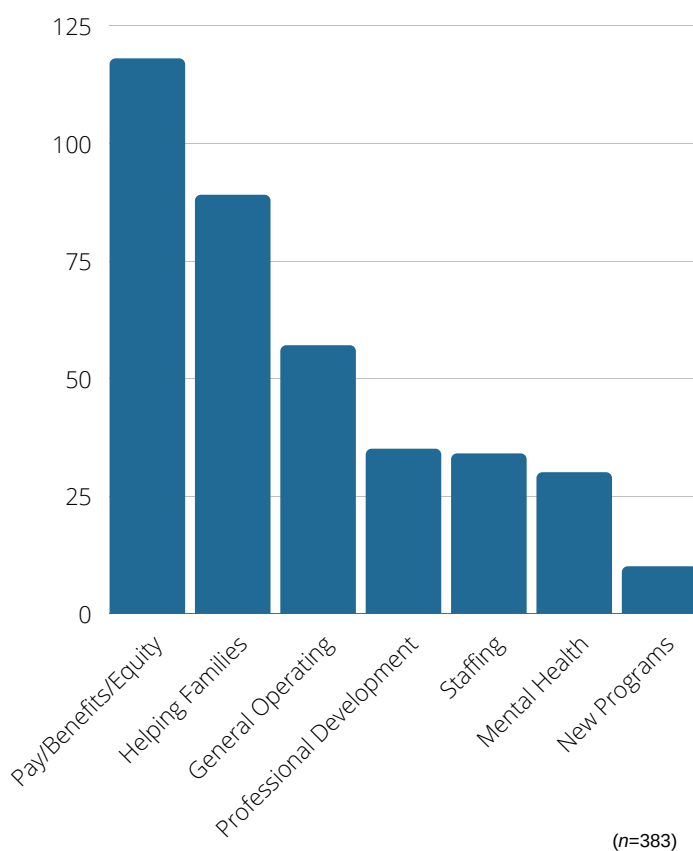
When this phase of the study began, the Biden Administration's "Build Back Better" initiative, and its potential \$400 billion for ECE, had recently been announced. Contributors to this study were asked,

Imagine that a lot of new funding is available for early care and education. What should it go to?

As with all of the textual data, their responses were "open coded" - a tallying of their recommendations. These were then "selectively coded," placed into groups, which were

then named (*fig. 10*). For most of these recommendations this process was straight-forward, such as pay/benefits, but some explanation is warranted.

fig. 10. Where are resources needed? (#)



"Helping families," includes social services, material support and education. "General operating" is broader, including classroom resources, technology, new outdoor spaces, security, or upgraded buildings. Professional development ranged from general to specific mentions (e.g., literacy, STEM, equity). "Staffing" includes general classroom staff as well as special education assistants, teachers, and related services. "Mental health" includes services for children, families, and teachers. "New programs" refers to special classes (e.g., art, technology) and wrap around care. While it could have been rolled into staffing, these seemed to be somewhat unique recommendations for ECE.

While it might be easy to dismiss calls for increased pay and benefits as self-serving, it is important to remember that the multiple funding streams in ECE (broadly: child care, private preschool, public preschool, and Head Start) create pay disparities within the field, as do one's racial identity and working with younger children, something alluded to by the 32 responses that specifically used the term equity when referring to compensation. [39]

Conclusion

This report address the question of how some of NYC's early childhood educators were faring after over a year living with COVID-19, but these analyses must be approached with caution and cannot be used to draw conclusions about all of NYC's early childhood educators, let alone those across New York State or the country.

That said, this study's best use is to prompt reflection, raising policy-into-practice questions like those on page 4, spurring debate among educators, parents, policy decision makers, philanthropists, and academics about what needs to be done to continue listening to educators about their experiences, needs, successes **and** how to translate lessons learned from them into actions in classrooms, programs, systems, professional development, teacher education and research.

Acknowledgements

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About the Straus Center

The Straus Center for Young Children & Families at Bank Street College of Education was established in 2015 to conduct and promote practice-oriented, policy-relevant, and equity committed research, with a particular concern for inequities and traumas produced by the interaction of racism, classism, sexism, and ableism. For more information, click [here](#) (link).

Other Reports from the Listening to Teachers Study

PHASE I

Forgotten frontline workers: A snapshot of COVID-19 and family child care in New York

New York early care and education survey: Understanding the impact of COVID-19 on New York's early childhood system

Who will care for the early care and education workforce? COVID-19 and the need to support early childhood educators' emotional well-being

PHASE II

Forgotten frontline workers - One year later

"Nadie nos han preguntado..." (Nobody has asked us...)

Reports can be accessed [here](#) (link)



APPENDICES

Table 1*Association Between Racial/Ethnic Identity & Job Role*

		Leader	All Others	Total
BIPOC	Count	56	348	404
	Expected Count	73.3	330.7	404.0
	% within Race/Ethnicity (BIPOC/white)	13.9%	86.1%	100.0%
	Adjusted Residual	-4.1	4.1	
White	Count	49	126	175
	Expected Count	31.7	143.3	175.0
	% within Race/Ethnicity (BIPOC/white)	28.0%	72.0%	100.0%
	Adjusted Residual	4.1	-4.1	
Total	Count	105	474	579
	Expected Count	105.0	474.0	579.0
	% within Race/Ethnicity (BIPOC/white)	18.1%	81.9%	100.0%

$X^2(1) = 16.442, p \leq .001, \phi = -.169$ (inverse relationship, also seen in the adjusted residuals), OR = .414 (95% CI: .268, .639), which speaks to the lower odds of people with BIPOC identities being program leaders vs. their white identifying counterparts.

Table 2*Types of Support and Reported Risk of Burnout*

	B	S.E.	Wald	df	Sig.	Exp(B)	95% CI	
							Lower	Upper
Risk of Burnout (Nagelkerke $R^2 = .119$)								
Support from Supervisor	-.424	.153	7.622	1	.006	.655	.485	.884
Support from Co-Worker	-.040	.175	.052	1	.820	.961	.682	1.354
Support from System	-.517	.124	17.446	1	<.001	.596	.468	.760

Table 3*Contributors' Characteristics*

Race/Ethnicity	<i>n</i>	Sample %	Aspire %
Black/African American (including Continental African and Afro-Caribbean)	135	20.4	20.6
Indigenous (including American Indian, Alaska Native, Native Hawaiian, and Pacific Islander) ¹	4	.7	.3
Latine/Hispanic ²	180	27.1	29.5
Asian American	61	9.2	10.7
Middle Eastern/West Asian/North African	3	.5	-
Bi- or Multi-Racial	25	3.8	2.2
White	181	27.3	29.3
Other/Not Specified	3	.5	7.3
Prefer Not to Answer	56	8.4	-
Missing	15	2.3	.1
Felt Gender			
Woman (including trans- and cis-)	523	78.9	95.1
Nonbinary	3	.5	-
Man (including trans- and cis-)	27	4.1	4.6
Prefer to Self-Describe/Not Specified	2	.3	.4
Prefer Not to Answer	57	8.6	-
Missing	51	7.7	8.8
Sexual Orientation			
Lesbian or Gay	9	1.4	-
Bisexual	16	2.4	-
Asexual	15	2.3	-
Pansexual	5	.8	-
Straight	491	74.1	-
Prefer to Self-Describe/Not Specified	14	2.1	-
Prefer Not to Answer	80	12.1	-
Missing	51	7.7	-
Identify as Disabled			
Yes	22	3.3	-
No	602	90.8	-
Prefer Not to Answer	24	3.6	-
Missing	15	2.3	-
Parent			
Yes	233	35.1	-
No	403	60.8	-
Missing	27	4.1	-
Household Income			
< \$20,000	41	6.2	-
\$20,000 - \$34,999	157	23.7	-
\$35,000 - \$49,999	121	18.3	-
\$50,000 - \$74,999	154	23.2	-
\$75,000 - \$99,000	68	10.3	-
> \$100,000	85	12.8	-
Missing	37	5.6	-
Formal Education			
High School Diploma/General Equivalency Degree	43	6.5	56.6
Some College	85	12.8	4.6
Associate's Degree	57	8.6	4.8
Bachelor's Degree	144	21.7	16.0
Master's Degree	303	45.7	17.1
Doctoral Degree	5	.8	.3
Missing	26	3.9	5.9
Years of Experience in the Field			
< 1 Year	24	3.6	-
1-3 Years	126	19.0	-
4-9 Years	182	27.5	-
10-15 Years	111	16.7	-
> 15 Years	179	27	-
Missing	36	5.4	-

¹ Those identifying as Native Hawaiian/Pacific Islander were grouped with those identifying as Native American/Alaska Native based upon the United Nations, uncoded, definition of Indigeneity, which is based in part on ties to ancestral lands and experiences of colonization (Martínez Cobo, 1982).

² The survey used the terms Latina/o/x and Hispanic; however, of those who chose to self-describe their racial/ethnic identities ($n=37$), 60% wrote Latina, Hispanic, or a specific ethnicity (e.g., Puerto Rican). Some observers have argued that Latinx reflects English-dominance, classism, and the flattening of a dynamic and fluid ethnic group and offer Latine as a more linguistically-grounded approach to signifying gender inclusivity (see Del Real, 2020; Noe-Bustamante, Mora & Lopez, 2020; Slemp, 2020).

Table 4*Contributors' Geographic Distribution*

	Interview <i>n</i>	Survey <i>n</i>	Sample %	Aspire Registry %
Bronx	6	128	19.3	17.7
Brooklyn	9	212	32.0	35.4
Manhattan	9	172	25.9	15.8
Queens	3	111	16.7	24.2
Staten Island	-	37	5.6	6.8
Missing	1	3	.5	
	28	663	100	100

Table 5*Contributors' Racial/Ethnic Identification by New York City Borough*

	Survey <i>n</i>	Survey %	Aspire %	Interview <i>n</i>
Bronx				
Black or African American (including Continental African and Afro-Caribbean)	28	22.4	27.3	2
Indigenous (including American Indian, Alaska Native, Native Hawaiian, and Pacific Islanders)	1	.8	0.2	-
Latine/Hispanic	67	53.6	56.9	3
Asian American (including South, Southeast, and East)	4	3.2	3.3	-
Middle Eastern/West Asian/North African	0	0	-	-
Bi- or multi-racial	6	4.8	2.3	1
White	18	8	5.6	NA
Other/Not Specified	9	7.2	4.3	-
Brooklyn				
Black or African American	60	29.1	27.9	7
Indigenous	0	0	0.2	-
Latine/Hispanic	34	16.5	18.6	2
Asian American	18	8.7	7.3	-
Middle Eastern/West Asian/North African	1	.5	-	-
Bi- or multi-racial	5	2.4	2.0	-
White or Caucasian	64	31.1	34.4	NA
Other/Not Specified	22	10.7	9.6	-
Manhattan				
Black or African American	27	15.9	16.1	3
Indigenous	2	1.2	0.2	-
Latine/Hispanic	48	28.2	33.2	3
Asian American	19	11.2	8.4	2
Middle Eastern/West Asian/North African	0	0	-	-
Bi- or multi-racial	9	5.3	2.4	1
White or Caucasian	58	34.1	34.9	NA
Other/Not Specified	7	4.1	2.6	-
Queens				
Black or African American	18	16.7	15.6	1
Indigenous	1	.9	0.6	-
Latine/Hispanic	22	20.4	29.4	-
Asian American	20	18.5	23.7	1
Middle Eastern/West Asian/North African	1	.9	-	-
Bi- or multi-racial	5	4.6	2.1	1
White or Caucasian	28	25.9	20.4	NA
Other/Not Specified	12	11.1	8.3	-
Staten Island				
Black or African American	2	5.4	6.2	-
Indigenous	0	0	0.4	-
Latine/Hispanic	7	18.9	18.5	-
Asian American	0	0	8.2	-
Middle Eastern/West Asian/North African	1	2.7	-	-
Bi- or multi-racial	0	0	2.2	-
White or Caucasian	21	56.8	58.9	NA
Other/Not Specified	6	16.2	5.6	-

Note: One interviewee's borough was unknown. Of the 202 interview volunteers, 4 identified as Indigenous (Native American, Native Alaskan, Native Hawaiian, and Pacific Islander). All were invited to participate in an interview but none of these contributors responded, nor did any of the 8 volunteers from Staten Island.

Table 6*Job Roles*

	<i>n</i>	Sample %	Aspire %
Program Leader	113	17	10.6
Family Child Care Professional ¹	47	7.1	1.5
Lead Teacher	217	32.7	33.9
Assistant Teacher	176	26.5	46.9
Support Staff ²	37	5.6	6.28
Other ³	45	6.8	.46
Missing	28	4.2	-

¹Family child care, group family child care, and unlicensed homebased. The overall sample for FCC combined those who responded to this item plus nonduplicated responses to the program type question (table 5).

²Non-teaching staff

³Early intervention, mental health consultants, and owners

Table 7*Program Type (everyone)*

	<i>n</i>	%
Centers		
Non-profit	178	26.8
For-profit	50	7.5
Private School		
Religious	23	3.5
Not-religious	109	16.4
Home-Based		
Family Child Care	34	5.1
Group Family Child Care	63	9.5
Department of Education ³		
Prekindergarten, Public School	23	3.5
3K/Prekindergarten, District Preschool Center	89	13.4
4410 Program (Early Childhood Special Education)	40	6
Other	19	2.9
Missing	35	5.3

³Note: the Department of Education contracts with centers to provide ECE

Table 8*Funding Source (only directors/owners)*

	<i>n</i>	%
DOE	198	53.4
Independent Program, Primarily Parents Fees	112	30.2
Early Head Start/Head Start	32	8.6
Independent Program, Primarily Voucher	29	7.8

Table 9*Interview Contributors' Characteristics*

Race/Ethnicity	n (%)	Interview Pool %	Overall Sample %
Black/African American (including Continental African and Afro-Caribbean)	13 (46.4)	34.6	20.4
Indigenous (including American Indian, Alaska Native, Native Hawaiian, and Pacific Islander) ¹	-	1.9	.7
Latine/Hispanic ²	9 (32.1)	37.1	27.1
Asian American	3 (10.7)	10.4	9.2
Middle Eastern/West Asian/North African	-	-	.5
Bi- or Multi-Racial	2 (7.1)	6.4	3.8
White	-	NA	27.3
Other/Not Specified	1 (3.5)	9.4	.5
Felt Gender			
Woman (including trans- and cis-)	26 (92.8)		78.9
Nonbinary	1		.5
Man (including trans- and cis-)	1		4.1
Prefer to Self-Describe/Not Specified	-		.3
Prefer Not to Answer	-		8.6
Missing	-		7.7
Sexual Orientation**			
Lesbian or Gay	-	< 1	1.4
Bisexual	4 (14.3)	5.4	2.4
Asexual	1	3.5	2.3
Pansexual	-	< 1	.8
Straight	18 (64.3)	78.7	74.1
Prefer to Self-Describe/Not Specified	-	1.9	2.1
Prefer Not to Answer	1 (3.6)	7.4	12.1
Missing	4 (14.3)	1.4	7.7
Identify as Disabled***			
Yes	4 (14.3)	3.5	3.3
No	20 (71.4)	94.1	90.8
Prefer Not to Answer	-	2.5	3.6
Missing	4 (14.3)		2.3
Parent			
Yes	9 (32.1)	41.5	35.1
No	15 (53.6)	58.4	60.8
Missing	4 (14.3)	-	4.1
Household Income			
< \$20,000	1 (3.6)	< 1	6.2
\$20,000 - \$34,999	7 (25)	27.2	23.7
\$35,000 - \$49,999	3 (10.7)	23.3	18.3
\$50,000 - \$74,999	3 (3.9)	29.2	23.2
\$75,000 - \$99,000	2 (7.1)	8.4	10.3
> \$100,000	3 (10.7)	6.4	12.8
Missing	4 (14.3)	-	5.6
Formal Education			
High School Diploma/General Equivalency Degree	-	9.9	6.5
Some College	3 (10.7)	17.8	12.8
Associate's Degree	1 (3.6)	10.9	8.6
Bachelor's Degree	5 (17.9)	20.3	21.7
Master's Degree	15 (53.6)	40.6	45.7
Doctoral Degree	-	< 1	.8
Missing	4 (14.3)	-	3.9
Years of Experience in the Field			
< 1 Year	1 (3.6)	4.9	3.6
1-3 Years	3 (10.7)	23.3	19.0
4-9 Years	7 (25)	28.2	27.5
10-15 Years	2 (7.1)	18.3	16.7
> 15 Years	11 (39.3)	22.8	27
Missing	4 (14.3)	2.5	5.4

Interviewees were compared with the sample: sexual orientation, disability identify, felt gender, education, and income. Significant differences were found between the interview contributors and the whole sample, with higher proportions of those interviewed identifying as LGBPA and as disabled: Fisher's Exact Test, ** $p=.036$; *** $p\leq.001$, respectively.

Table 10*Program Type: Job Loss, Self*

		Not at All	A Little/ Moderate	A Lot/ Greatly	Total
All Others	Count	333	101	86	520
	Expected Count	317.4	109.7	92.9	520.0
	%	64.0%	19.4%	16.5%	100.0%
	Adjusted Residual	3.6	-2.4	-2.0	
Family Child Care	Count	43	29	24	96
	Expected Count	58.6	20.3	17.1	96.0
	%	44.8%	30.2%	25.0%	100.0%
	Adjusted Residual	-3.6	2.4	2.0	
Total	Count	376	130	110	616
	Expected Count	376.0	130.0	110.0	616.0
	%	61.0%	21.1%	17.9%	100.0%

 $X^2(2) = 12.634, p = .002, V = .143$ **Table 11***Program Type: Lost Wages, Self*

		Not at All	A little/modera te	A lot/greatly	Total
All Others	Count	264	141	120	525
	Expected Count	246.9	142.9	135.3	525.0
	%	50.3%	26.9%	22.9%	100.0%
	Adjusted Residual	3.8	-.5	-3.9	
Family Child Care	Count	28	28	40	96
	Expected Count	45.1	26.1	24.7	96.0
	%	29.2%	29.2%	41.7%	100.0%
	Adjusted Residual	-3.8	.5	3.9	
Total	Count	292	169	160	621
	Expected Count	292.0	169.0	160.0	621.0
	%	47.0%	27.2%	25.8%	100.0%

 $X^2(2) = 19.002, p \leq .001, V = .175$

Table 12*Program Type: Job Loss, Family*

		Not at All	A Little/ Moderate	A Lot/ Greatly	Total
All Others	Count	245	163	113	521
	Expected Count	233.0	163.5	124.5	521.0
	%	47.0%	31.3%	21.7%	100.0%
	Adjusted Residual	2.7	-.1	-3.0	
Family Child Care	Count	30	30	34	94
	Expected Count	42.0	29.5	22.5	94.0
	%	31.9%	31.9%	36.2%	100.0%
	Adjusted Residual	-2.7	.1	3.0	
Total	Count	275	193	147	615
	Expected Count	275.0	193.0	147.0	615.0
	%	44.7%	31.4%	23.9%	

 $X^2(2) = 11.062, p = .004, V = .134$ **Table 13***Program Type: Lost Wages, Family*

		Not at All	A Little/ Moderate	A Lot/ Greatly	Total
All Others	Count	209	165	147	521
	Expected Count	197.6	164.7	158.7	521.0
	%	40.1%	31.7%	28.2%	100.0%
	Adjusted Residual	2.6	.1	-2.8	
Family Child Care	Count	25	30	41	96
	Expected Count	36.4	30.3	29.3	96.0
	%	26.0%	31.3%	42.7%	100.0%
	Adjusted Residual	-2.6	-.1	2.8	
Total	Count	234	195	188	617
	Expected Count	234.0	195.0	188.0	617.0
	%	37.9%	31.6%	30.5%	100.0%

 $X^2(2) = 9.826, p = .007, V = .126$

Table 14*Program Type: Loneliness*

		Not at All	A Little/ Moderate	A Lot/ Greatly	Total
All Others	Count	108	269	144	521
	Expected Count	120.1	254.6	146.3	521.0
	%	20.7%	51.6%	27.6%	100.0%
	Adjusted Residual	-3.2	3.2	-.6	
Family Child Care	Count	34	32	29	95
	Expected Count	21.9	46.4	26.7	95.0
	%	35.8%	33.7%	30.5%	100.0%
	Adjusted Residual	3.2	-3.2	.6	
Total	Count	142	301	173	616
	Expected Count	142.0	301.0	173.0	616.0
	%	23.1%	48.9%	28.1%	100.0%

 $X^2(2) = 13.441, p = .001, V = .148$ **Table 15***Program Type: Emotional Well-Being, Self*

		Not at All	A Little/ Moderate	A Lot/ Greatly	Total
All Others	Count	48	237	241	526
	Expected Count	57.7	241.8	226.5	526.0
	%	9.1%	45.1%	45.8%	100.0%
	Adjusted Residual	-3.5	-1.1	3.3	
Family Child Care	Count	20	48	26	94
	Expected Count	10.3	43.2	40.5	94.0
	%	21.3%	51.1%	27.7%	100.0%
	Adjusted Residual	3.5	1.1	-3.3	
Total	Count	68	285	267	620
	Expected Count	68.0	285.0	267.0	620.0
	%	11.0%	46.0%	43.1%	100.0%

 $X^2(2) = 17.468, p \leq .001, V = .168$

Table 16*Differences in Burnout Ratings by Job Role*

		Not Feeling Burned Out	Potential Burn Out	Total
Program Leader	Count	56	56	112
	Expected Count	67.8	44.2	112.0
	% within Job Role	50.0%	50.0%	100.0%
	Adjusted Residual	-2.5	2.5	
Family Child Care Professional	Count	32	11	43
	Expected Count	26.0	17.0	43.0
	% within Job Role	74.4%	25.6%	100.0%
	Adjusted Residual	1.9	-1.9	
Lead Teacher	Count	118	90	208
	Expected Count	125.9	82.1	208.0
	% within Job Role	56.7%	43.3%	100.0%
	Adjusted Residual	-1.4	1.4	
Assistant Teacher	Count	112	50	162
	Expected Count	98.1	63.9	162.0
	% within Job Role	69.1%	30.9%	100.0%
	Adjusted Residual	2.6	-2.6	
Support Staff	Count	18	16	34
	Expected Count	20.6	13.4	34.0
	% within Job Role	52.9%	47.1%	100.0%
	Adjusted Residual	-.9	.9	
Other	Count	29	15	44
	Expected Count	26.6	17.4	44.0
	% within Job Role	65.9%	34.1%	100.0%
	Adjusted Residual	.8	-.8	
Total	Count	365	238	603
	Expected Count	365.0	238.0	603.0
	% within Job Role	60.5%	39.5%	100.0%

Scores were recoded into a dichotomous variable (1-2 = Not feeling burned out; 3-5 = potential burn. Zero cells had an expected count < 5. Test of independence: $X^2(5) = 16.301$, $p = .006$, $V = .164$. When program leaders were compared to all others, $X^2(1) = 6.385$, $p = .012$, $\phi = .103$, OR = 1.698 (95% CI 1.123, 2.566)

Table 17*Present Suffering to Thriving*

		Suffering	Struggling	Thriving	Total
All Others	Count	62	135	332	529
	Expected Count	68.4	144.5	316.0	529.0
	%	11.7%	25.5%	62.8%	100.0%
	Adjusted Residual	-2.1	-2.4	3.6	
Family Child Care	Count	19	36	42	97
	Expected Count	12.6	26.5	58.0	97.0
	%	19.6%	37.1%	43.3%	100.0%
	Adjusted Residual	2.1	2.4	-3.6	
Total	Count	81	171	374	626
	Expected Count	81.0	171.0	374.0	626.0
	%	12.9%	27.3%	59.7%	100.0%

$X^2(2) = 13.151, p = .001, V = .145$

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