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To cite this article: Angela Hodgkins, Peter Gossman, Rachael Paige & Richard Woolley (27 Oct 2023): 'We cry together every day' – expressing complex emotion in research with early childhood practitioners, *Early Years*, DOI: [10.1080/09575146.2023.2266587](https://doi.org/10.1080/09575146.2023.2266587)

To link to this article: <https://doi.org/10.1080/09575146.2023.2266587>



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Published online: 27 Oct 2023.



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'We cry together every day' – expressing complex emotion in research with early childhood practitioners

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ABSTRACT

This article uses selected findings from a small-scale research project entitled 'Exploring early childhood practitioners' perceptions of empathic interactions with children and families'. The project used an Interpretive Phenomenological Analysis (IPA) methodology to explore data from a small number of early childhood practitioners working in nurseries and preschools in the UK. Participants completed diaries, reflecting on empathy throughout their working week; this was followed by a semi-structured interview to further discuss the diary content. This article focuses on findings demonstrating emotion within close empathic relationships with children, indicating that the inherent emotional labour has the potential to cause stress and burnout, although empathic satisfaction can counter this to some extent. The findings of the project call for improved reflective supervision for early childhood practitioners who report an impact upon their own well-being daily. There are potential opportunities for applying findings to international contexts and to parallel roles in working with children.

ARTICLE HISTORY

Received 13 June 2023
Accepted 27 September 2023

KEYWORDS

Empathy; emotional labour; practitioners; stress; supervision

Introduction

There has been an increase in published research into emotion within early childhood practice over the last decade. For example, Page's (2018) writing on 'professional love' (p125) emphasises the emotional aspect of the work and the importance of practitioners being able to manage their own and children's emotions. Elfer et al.'s (2018) research in nurseries also identified complex emotional demands on practitioners and advocated for 'work discussion groups' (p892) with particular attention on discussing emotion in interactions between practitioners and children. Elfer's recommendation for discussion is echoed by an Australian study by Cooper et al. (2023), who highlight aspects of routine care practices which can be 'emotionally intense experiences' (p515) that need to be acknowledged and discussed in order to help practitioners develop ways of supporting children and protecting themselves from emotional harm.

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This research on emotion with the profession has not specifically focused on empathy, and the impact of empathic interactions on practitioners. The research project described here aimed to examine empathy in particular and invited early childhood practitioners working in the UK to keep a reflective diary for over a week to record instances of empathy within their practice. A semi-structured interview was then undertaken, to examine aspects of the diary content in more detail. Initial analysis of the data indicated significant emotional impact of empathic interactions on participants. A second phase of the research was subsequently conducted with a focus on these emotional effects on practitioners' lives. The research showed the significance of the emotional impact of these interactions on participants, including both positive, satisfying aspects and emotional exhaustion.¹

Literature review

The primary aim of this research was to investigate empathy, a specific aspect of emotion which has not been examined in early childhood practice in the UK. To embark on this exploration, it is important to commence with a clear and comprehensive definition of empathy.

Defining empathy

Defining empathy is problematic; although people largely understand it as seeing a situation from another person's perspective, there are conflicting interpretations of the concept among and within academic disciplines (Zahavi 2017). The word empathy originated in Ancient Greece from the words *ἐν* (in) and *πάθος* (feeling) culminating in the word *ἐμπάθεια* (*empathēia*) or 'feeling into' (Harper 2000). The first evidence of empathy being used in the field of psychology was documented in 1918 (Southard), but it was psychologist Carl Rogers whose explored the concept as a 'core condition' for therapeutic relationships. Rogers (1980) considered empathy, the ability to see through someone else's eyes, to be extremely valuable in all interpersonal relationships. Rogers' work has become well known in professions based on interpersonal relations and therapeutic interactions.

The range of definitions of types, levels and measurements of empathy today maintain the confusion surrounding the concept (Hall, Schwartz, and Duong 2019). However, two forms of empathy widely researched and examined, and relevant to this research study, are cognitive empathy and affective empathy. Cognitive empathy involves thinking, and trying to imagine, how another person might be feeling. Manassis (2017, 9) describes this as 'putting oneself in another's shoes'. In cognitive empathy, people use their own ideas of behaviour to understand others' mental states. Conversely, affective empathy is an emotional response. It occurs when one shares in the emotions of another person, literally 'feeling their pain' (Gallese et al. 1996), as in this example,

If I am empathically sad that your cat was run over, my sadness is more appropriate to your situation – having lost a loved pet – than to my own, being a mere bystander to tragedy (Maibom and Maibom 2017, 23).

Affective empathy can be advantageous in helping to build close relationships with people, but it has the potential to develop into personal distress when witnessing someone else's pain causes us to feel the emotion oneself (Hodgkins 2022). Affective empathy can lead to distress if the feeling of empathy becomes 'painful and intolerable' Konow Lund et al. (2018). The distress experienced can be internalised by the observer, resulting in anxiety, guilt and depression (Tone and Tully 2014). If this emotional distress is sustained, it can become so painful that, in some people, it becomes empathic over-arousal (Eisenberg 2005), a feeling of distress so intense that the person is no longer capable of expressing empathy. This level of high distress, which results in limited empathy for others, would understandably be an unwelcome consequence for those caring for young children. Hence, there is value in researching empathic interactions and their effects on practitioners, to ascertain protective practices.

Empathy in early childhood practice

From the conception of the first training course in childcare in the UK, in 1892, empathy has been considered essential for those working with young children. Childcare was described in 1892 as,

a career opportunity for women of genteel birth who, perhaps, could not cope with the intellectual rigours of teacher training, but had empathy with, and awareness of, the needs of young children. (Wright, 1999, 10)

This rather insulting description bears little resemblance to today's highly trained professionals, yet empathy has remained a crucial aspect of the role. Surprisingly, research on empathy within the profession is not to be found. There is extensive research on emotion within nursery work, suggesting that the profession is a highly emotional one. Elfer and Wilson (2023), for example, identify close relationships in early childhood settings as 'evoking joy and satisfaction, but stress and uncertainty too' (p165). However, empathy is rarely expressly identified as being a distinct factor in this emotion work. There is an abundance of research examining empathy skills in the nursing profession (see, for example, Konow Lund et al. 2018; Motthagi, Poursheikhali, and Shameli 2019) and in social work (Gerdes and Segal 2009; Hall, Schwartz, and Duong 2019). However, searches of empathy and early childhood practitioners (various job titles) predominantly result in studies on teaching and developing empathy in children. Those relating to early childhood practitioners are based on emotional labour and compassion fatigue, but not specifically on empathy.

Emotion in early childhood practice

Stress and burnout in early childhood practice, especially among women, have been recognised as an issue since the research of Bain and Bartlett in 1980 (cited in Jackson, Forbes, and Goldschmied 2012, 72). This problem has been exacerbated by a long-standing assumption within society that women are inherently better equipped to provide care and empathy (Taggart 2016). The scarcity of men in childcare settings further compounds this issue, as it perpetuates the message that only women are capable of nurturing and teaching young children, and that only women can exhibit

gentleness and care (Jackson, Forbes, and Goldschmied 2012, 163). Unfortunately, this stereotype has contradicted the idea of early childhood practice as a legitimate profession (Seaman and Giles, 2021). According to a survey conducted by the Department for Education in 2022, 97% of early childhood professionals in the UK are female. Although empathy, along with compassion and patience, has historically been associated with feminine traits (Osgood 2010), research suggests that there is no significant difference in empathy demonstrated by men and women (Baez et al. 2017). However, the gender-related issues and the complexity of emotional labour make it challenging to reconcile professionalism with the demonstration of emotion (Hodgkins 2023).

Considering the interconnection of professionalism and emotion, the literature has extensively explored the relationship between emotion and professional development, identity, practice and accountability (Moyle, 2001), and many researchers echo the view that early years practitioners can engage in high-level professional practice while displaying genuine emotions. Manning-Morton (2006) emphasised the importance of developing highly empathic responses to young children which, she claims, are emotionally taxing for practitioners.

In contrast to viewing emotional labour as exploitative, Osgood (2010) suggests that emotions should be reclaimed as vital elements in early childhood education and care (ECEC) practice (p130).

Within early childhood practice, society expects particular emotions to be demonstrated. Hochschild (2012) coined the term 'emotional labour' to describe the concealment of emotions which are seen as unacceptable, and 'feeling rules' to describe the demonstration of appropriate emotions within the workplace. Over half of the jobs that women undertake involve emotional labour, according to Hochschild. Early childhood practitioners are expected to show the emotions appropriate to the expectations of the profession (Barry, Olekalns, and Rees 2019), and to learn to manage 'expressions of love, attachment, empathy and loss' (Elfer and Wilson 2023, 180). Emotional labour can produce negative consequences for professionals. The struggle of an early childhood practitioner to comply with 'feeling rules' and to demonstrate positive emotion at all times, whilst denying negative feelings, can cause depression and burnout (Hodgkins 2023). It can be challenging to remain positive, smiley and patient when being close to young children's emotional distress, which can be upsetting for those working with them. Datler, Datler and Funder's research on practitioners' support during transitions (2010) reflects this, and notes

... how hard and disturbing it is to be confronted so intimately with the primitive and often catastrophic emotions of very young children during their process of transition from home care to out-of-home-care. (82)

Transitions, whether from home to nursery, from one setting to another, or one carer to another, are difficult for young children (Klette and Killén 2019). Children are particularly vulnerable at this time, with the majority experiencing anxiety and insecurity (Early Education 2021). The development of close connections between practitioners and young children is crucial to the transition process and demands empathy (Ainsworth et al. 1978). An initiative designed to support this, which has gained popularity in the UK over the last 5 years, is emotion coaching (Rose, McGuire-Snieckus and Gilbert, 2015).

Table 1. Details of participants.

Pseudonym	Job role	Setting
Mel (F)	Early Years Educator, baby room (0–2 year-olds)	Large private daycare nursery for 0–5 year-olds, suburban area
Harriet (F)	Early Years Educator, toddler room (2–3 year-olds)	Large private daycare nursery for 0–5 year-olds, suburban area
Jake (M)	Manager	Rural pre-school for 3–5 year-olds
Joel (M)	Manager	Large private daycare nursery for 0–5 year-olds, suburban area
Cheryl (F)	Teaching Assistant, school reception class (4–5 year-olds)	Small suburban primary school
Debbie (F)	Deputy Manager	Inner city daycare nursery for 0–5 year-olds
Aadiya (F)	Early Years Teacher, school reception class (4–5 year-olds)	Large suburban primary school
Andrea (F)	Early Years Educator pre-school (3–4 year-olds)	Small rural private daycare nursery for 0–5 year-olds
George (M)	Deputy Manager	Small rural private daycare nursery for 0–5 year-olds

Key to UK qualifications:

Early Years Educator – someone who is qualified to a minimum of Level 3 at college (age 18+).

Early Years Teacher – someone who has graduated with a university degree in early years.

Emotion coaching entails practitioners' use of empathy to help young children identify, understand and regulate their emotions. The role of the practitioner is to help the child to recognise and name the emotion they are feeling (Krawczyk 2017), to validate the child's emotion and to help the child to manage their feelings. Tuning into a child so that one can identify their emotions requires empathy from practitioners. The research discussed in this article aimed to identify empathy within their daily practice, to discover practitioners' views on these interactions and, additionally, to identify any emotional cost to themselves.

Methodology

Theoretical foundations

The research, due to its valuing of reflection on everyday practice, aligns with a feminist paradigm. The appreciation of routine experiences is a principle of feminist research (Renzetti 1997), as is the value of giving people a voice, both of which this research sought to do. The research aimed to interpret the lived experience of practitioners' worlds, to 'create new, richer understandings and interpretations of social worlds and contexts' (Saunders, Lewis, and Thornhill 2019, 149). When conducting qualitative research with people, which examines their understanding of a phenomenon and which makes sense of people's beliefs and emotions, interpretivism is an appropriate choice of research paradigm.

Interpretive Phenomenological Analysis (IPA) was the selected methodology for this study, due to its suitability for gaining insights into individuals' experiences and understanding of a given phenomenon. Pietkiewicz and Smith (2014) suggest that the number of participants in IPA studies should be small, to facilitate an in-depth investigation into participants' lived experiences. Consequently, a sample of nine practitioners was recruited, detailed below (Table 1). Participants were from a range of different types of childcare and education settings within the UK and were invited to take part in the research through email information forwarded to them from gatekeepers (managers).

Methods

Reflective diaries were selected as a suitable data collection method, as these allowed participants to record their understanding of everyday activities and feelings in their own words and to record in as much or as little detail as they wanted. Reflective diaries are ideal for providing participants with a voice with an unobtrusive method (Alaszewski 2006).

It was apparent from the literature that there could be an emotive aspect to the experiences described by participants and reflective diaries allow participants the time and space to reflect on their feelings and to 'tell their own story' (Burford 2021, 171). There are several published research studies using a diary-interview method which have recorded more depth of exploration and clarification of content than using a diary alone (for example, Bedwell, McGowan, and Lavender 2012; Hewitt 2017). Zimmerman and Wieder (1977) suggest that diaries are most useful when used as scaffolding, to provide a structure for subsequent interviews. Therefore, the diary-interview data collection method was adopted.

Participants' needs were paramount, so the research required careful management, with attentiveness and consideration of people's emotions at every stage. A personal reflective research diary was also maintained by the researcher, to acknowledge views and reflections on the process. Recognising that researchers' personal experiences and interests are likely to have an impact on the research, a reflexive approach to the research was important to aid self-awareness (Goldspink and Engward 2019) and thus ensure rigour, integrity and reliability.

Ethical practice

A benefit of the diary-interview research approach is its suitability as an opportunity to express difficult or extreme emotions experienced whilst working (Bedwell, McGowan, and Lavender 2012). Evidence from the literature review highlighted the potential for difficult or stressful interactions influencing participants. Therefore, ethical issues had to be carefully considered in the research process: at the planning stage, in the research design, during data collection and analysis and in the storing and sharing of data (Creswell 2014). Alase (2017, 17) refers to the protection of participants as 'the sacred obligation of the researcher', so care was taken to endeavour to keep participants feeling safe and secure throughout the research relationship. The creation of an empowering relationship between researcher and participants was key to this sense of reassurance (Solvason, Hodgkins, and Watson 2020). Time was spent building rapport, developing trust and interpersonal relationships.

Although researchers can predict emotional responses when researching particular topics (for example, bereavement, mental illness, abuse), it is not possible to predict what may cause upset in everyone, due to individuals' life experiences and personal dispositions. Researchers cannot know everything about participants' lives, but with the IPA approach, one is able to explore unanticipated and unexpected findings (Smith, Flowers and Larkin, 2021). In this research project, for example, the COVID-19 pandemic and the permanent closure of a participant's nursery could not have been predicted.

Data analysis strategy

Reflective diaries and semi-structured interviews were conducted, and data analysed using Smith, Flowers and Larkin's (2021) seven-stage IPA process. The process incorporated several rounds of reading and re-reading of diaries and interview transcripts, then the construction of personal experience themes for each participant, followed by amalgamation of these into group experience themes. For example, one of the group experience themes, common to all participants, was the impact of empathy on self. All nine participants described emotional consequences of empathic interactions within their practice. For some, this was exhaustion; for others, it was emotional upset, which, at times, affected their personal lives. This was a key finding.

Discussion

Experiencing empathy

In the first semi-structured interview, participants were asked what they thought empathy was. Empathy was understood in a variety of ways; a range of views taken from data from all nine participants is presented in Table 1, which demonstrates multiple ways of describing it.

Interrogation of the data revealed evidence of both cognitive and affective empathy within the data. Both Joel and Jake gave definitions of empathy which involved some cognitive effort, '*... trying to understand their viewpoint*' (Joel, interview 1) and '*... thinking about how people feel*' (Jake, interview 1).

In their use of the terms 'trying to understand' and 'thinking about', they are describing the mental process of trying to recognise how someone else is feeling. Cognitive empathy involves imagining what we would think, feel and do if we were the other person (Spaulding, in Maibom, 2017); this appears to be what is happening for Joel and Jake. In the examples, neither of the practitioners describe feeling the emotion themselves, they are using cognitive processing to understand what it must be like to be the other person in this situation, attempting to 'put oneself in another's shoes' (Manassis 2017, 9).

Other participants defined empathy as a sharing of the feelings of others, the idea being that empathising with another person means that one also feels the emotion of the other person, as if emotion is contracted from others (Maibom and Maibom 2017), as in these quotes from Debbie and Cheryl, '*... it's going through it with them*' (Debbie, interview) and '*... feeling the way they're feeling*' (Cheryl, interview).

These examples match with definitions of affective empathy in the literature. These participants picked up the emotion themselves and experienced it alongside the child. Other participants described picking up the body language, facial expression and tone of voice of children and identifying their emotion. This example of a first aid incident, from George, describes the fact that he feels the emotion in the child's voice and feels upset himself,

... he says, 'look it's absolutely fine' - and we can hear it in his voice and oh it really breaks my heart. (George, interview)

Hoffman (2012) sees tone of voice as an 'expressive cue' (p90) that can convey strong emotion. George can 'hear' the distress in the child's voice and is clearly emotionally

affected by the distress in the voice of this child. There was plenty of evidence in diary and interview responses of practitioners empathising with children, and in many of the examples, practitioners became upset when children were upset. They had an emotional response to a child's emotion, which can be defined as above, as 'affective empathy' (Hoffman 2012). If one feels the emotion of another person (Gallese et al. 1996), and becomes upset themselves, then managing this personal distress can be a challenge.

Impact of empathy on practitioners

All nine of the participants recorded emotional responses within their diaries and/or spoke about them in the research interviews. The research highlighted countless examples of close empathic relationships with children influencing practitioners' lives outside of the work setting. For every participant, there was an emotional effect that persisted outside work and affected their home lives, as the examples here illustrate,

... I thought about him all weekend (Mel, diary 2, p2),

... I take it home with me and then I can't stop thinking about it (Harriet, diary 1, p2),

... all the time I'm constantly thinking about things that have happened, like safeguarding I don't know how to switch off (Debbie, interview 1).

The instances of highly emotional responses from participants were considerable; diaries and interviews included comments like '*I get really upset about it*' (Mel), '*I come home and cry*' (Harriet) and '*all the time, I'm constantly thinking about it*' (George). Transitions, particularly the separation of babies from parents at the start of childcare, were a key area of difficulty for practitioners. One participant, Mel, wrote,

If there's a child who's really struggling with separation from their parents and they're really upset it used to get to me a lot and I'd get really upset about it. (Mel, diary 1, p5)

This reflects the view of Datler, Datler and Funder (2010), that being sensitively receptive to young children's distress is painful. Some comments revealed overwhelming emotion, for example,

'I'm always upset, I come home and cry' (Harriet) and 'we [the staff] cry together most days'(Debbie).

It seems that, for these participants, emotion can be consuming, they are clearly feeling the pain of the children (Gallese et al. 1996). There is evidence that this level of personal distress can result in stress and burnout for practitioners (Elfer et al. 2018; Taggart 2016). The internalising of another person's emotions can result in poor health and burnout as the conflict between one's outward expression and one's internal feelings produces conflict between mind and body (Hülshager and Schewe 2011). In early childhood practice, where 'feeling rules' (Hochschild, 2013) mean that practitioners are expected to demonstrate positive emotion only, this is a dichotomy.

Emotional labour

The research identified numerous examples of practitioners' emotional labour within early childhood practice. Within the data were many examples of practitioners prioritising the children's feelings over their own. For example, Cheryl, who works with a young child who has a specific learning need, said,

... his needs come first, and it is my job to be there for him and to support. To him I am that familiar and secure base that he needs when he cannot express his emotions. He can lash out or scream at me. I completely understand that this is due to frustration and the fact that he cannot convey his emotions. (Cheryl, interview)

This endorses Page and Elfer's (2013, 561) view that early childhood practice is emotionally complex and that practitioners prioritise the emotions of the child over their own, 'putting their own needs (in) second place'. Another example from this study is George, who talked about a difficult conversation with a child's parents which had made him feel angry. George says,

... when they are around, I am gentle and really try to develop a relationship with them. However, when they aren't around ... I'm angry and wonder why they blame me. (George, interview)

George's description exemplifies emotional labour, the suppression of emotions perceived as inappropriate (in this case anger) and the exhibiting of emotion appropriate to the role (in this case gentleness). George tries to empathise with the parents but cannot understand their point of view. His attempts to remain calm and gentle whilst feeling angry internally are an example of the emotional stress that has the potential to cause burnout.

In Mel's diary, there is an illustration of tension between her own emotions, her empathy for a parent and the expectations of her role. Mel had been caring for a baby who was struggling to settle at nursery. Mel described how the baby had been distressed for a large portion of the day and his mother had also been very upset by the separation. In this interaction, Mel experienced empathy with both the child and the child's mother. However, Mel had been told to follow the nursery's unwritten policy of not telling parents if their baby had been upset all day. The reason for the rule was that babies often take a while to settle, so practitioners are told to tell parents only about positive aspects of the child's day to prevent unnecessary upset. Mel followed this instruction, but the internal struggle is clear in her diary entry,

At first, I was feeling good at not adding to Mom's guilt, seeing her relief at not hearing that her son had struggled again. I told Mom about the positives to spare her feelings, but I had mixed emotions, feeling glad at sparing Mom's feelings, feeling guilty about omitting the truth and really not sure whether it was the right thing to do! (Mel, interview)

Mel is clearly feeling conflicted between the emotional labour rules of her role and her own ethical beliefs (Barry, Olekalns, and Rees 2019), leaving her feeling confused and guilty. This imbalance between personal and organisational values, if persistent and continuing, has the potential to result in burnout (Hunt, Denieffe, and Gooney 2017). The relationship between empathy and guilt is documented in Motthagi, Poursheikhali and Shameli's (2019) study of empathy in nursing. In the study, the authors suggest that a high level of empathy and a sense of responsibility often lead to feelings of

guilt. In Mel's example, she feels empathy for both child and mother. She feels a sense of responsibility to the company she works for to follow the rules, and responsibility to prevent emotional upset to the mother. The guilt she feels seems to be intense, which supports Motthagi et al.'s (2019) claim.

Self-care strategies and sources of support

In many of the examples described in the diaries and interviews, it was clear that emotional support was a necessity. In Debbie's interview, she talked about her staff team '*crying together daily and supporting each other*'. The reality of practitioners crying every day is very concerning, but peer support appears to be an effective way for Debbie and her colleagues to manage this. Debbie described her staff team as being very close, open and supportive. Being able to express strong emotion at work may protect her from negative consequences later. Suppressing such extreme emotion would create even higher levels of stress, anxiety and depression (Hunt, Denieffe, and Gooney 2017). Practitioners clearly need opportunities to discuss the emotional impact of their close empathic relationships and to provide peer support for each other. Therefore, the creation of a supportive environment where this can happen is a recommendation of this report. Elfer and Wilson's (2023) research also recommends that reflective supervision for staff, which focuses on emotion, is essential for practitioners. The Department for Education (2021) states that supervision in UK early childhood settings should provide support, coaching and training for practitioners. However, there is no guidance on how often supervision should be provided, its frequency nor on how to provide emotional support. Supervision for staff has been a requirement of early childhood settings since 2012, but this is inconsistent (Hodgkins 2019, 54), with very little emotional support offered within supervision sessions in many cases. In other caring professions, for example, nursing (Motthagi, Poursheikhali, and Shameli 2019; Ng, 2020) and social work (Lynch, Newlands, and Forrester 2019; Winter et al. 2019), reflective conversations with a focus on emotion are an established component of the supervision for practitioners. Elfer and Wilson's (2023) research advocates work discussion groups as a model of professional reflection, stressing that discussion must include emotion in order for professional reflection to be meaningful. In this empathy study, one participant describes support available at her nursery, although this happens only once a year and her words hint at support not always being encouraged. She says,

We have supervision every year, and we have optional counselling, it's with our SENCO so I don't think we'd be allowed in there every day, but if we need to chat, we can go to her and we could probably go to our child protection officer as well, yet she's probably quite busy, they generally are, aren't they? (Andrea, interview)

The supervision for staff appears to be low priority in Andrea's place of work. Early childhood practitioners need emotional support in order to cope with the empathetic demands of their role, and appreciation of the emotional labour within the profession. As Datler, Datler and Funder (2010, 82) point out, 'there is no adequate concept of professional work established that includes the conviction that struggling with the task of understanding children's primitive emotions is part of the job of caregivers'.

Empathy satisfaction

The number and intensity of negative empathy experiences described by participants during this project create a question about what emotionally sustains these practitioners within the profession. It is important to state that there were many examples of empathy satisfaction in diaries and interviews, as well as negative emotion in respect of empathy. Participants reported feeling proud when they could see children developing and learning. Comments relating to satisfaction were present in the majority of participants' responses, for example,

... just to see the little changes that have happened over the last six months, the breakthroughs, that makes it all worth it. (Cheryl, interview)

The practitioners also clearly enjoyed being with the children. Jake, writing about laughing with his group of toddlers whilst eating lunch, said,

it was one of those moments where you just go crikey this is the best job in the world. (Jake, interview)

This fulfilment could be the motivation for remaining in a profession which offers relatively little pay or recognition. In the UK, 18% of early childhood setting staff receive less than the UK National Living Wage (Department for Education 2022). Solvason, Webb, and Sutton-Tsang's (2020) report concerning early years practitioners working in maintained nurseries found that the practitioners gave 'descriptions of the relentless exhaustion of the role with their deep passion for it'. The positive effects of the role, the 'compassion satisfaction' labelled by Figley and Figley (2013), play a vital role in this emotional profession. Andreychik (2019, 147) writes 'feeling your joy helps me to bear your pain', to describe this phenomenon within nursing and teaching. He asserts that increasing professionals' 'positive empathy' through fulfilling relationships and the sharing of triumphs and successes results in reduced stress and an improved quality of professional life. The examples that Jake and Cheryl give above demonstrate fulfilment and pride in sharing achievements; this may safeguard them against burnout.

Conclusion and implications for practice

The findings of this research project indicate that early childhood practitioners express empathy and that this has an effect on their own emotions. Hochschild's (2012) assertion that 'feeling rules' are an intrinsic aspect of early childhood work is supported by participants' reflective descriptions. The emotion resulting from empathic interactions found in diary entries and interviews from all participants demonstrates the emotional load within the role, yet practitioners also find great satisfaction in their relationships. For some practitioners, the emotional impact of empathic interactions can be overwhelming, as the examples given in this article attest. This has consequences for managers of early childhood settings, if they are to avoid empathic distress in practitioners. Caring for young children is valuable and important work but attention must be given to the care for practitioners too. Providing opportunities for supervision which allow for the sharing of emotions can help practitioners to unburden themselves and build resilience. In a profession where we encourage young children to express their emotions, we should ensure that this extends to the practitioners too. This research is applicable beyond the UK, and there are areas for further research including comparative studies in international contexts. As much of the

research on this subject is situated in nursing and counselling contexts, findings are also applicable to parallel roles in working with young children, for example, for teaching assistants, family support workers and playworkers.

Note

1. Pseudonyms are used for participants throughout to protect anonymity; participants' own words are presented in *italics*.

Acknowledgments

With grateful thanks to the participants known in this paper as Harriet, Mel, Aadiya, Jake, Joel, George, Cheryl, Andrea and Debbie, for your generosity of time and your openness throughout this project.

Disclosure statement

No potential conflict of interest was reported by the author(s)

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