

## **“The Weight Falls on My Shoulders”: Perceptions of Compassion Fatigue Among Israeli Preschool Teachers**

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### **Abstract**

Compassion fatigue is defined as indirect or secondary trauma that develops among caregivers as a result of their involvement in the trauma state of the individual under their care, to the point that they begin to empathize with and become deeply involved in the other person’s feelings and suffering. The present study evaluated perceptions of compassion fatigue among 15 preschool teachers in Israel by means of qualitative in-depth semi-structured interviews. The study’s findings show that preschool teachers are under a great deal of stress. Their work is multifaceted and entails major responsibility, causing them to feel “alone in the battle.” Most preschool teachers find it difficult to strike a balance between their professional and their personal lives. The study found that during the course of their work, all the interviewed teachers had helped at least one child and his or her family cope with trauma, leading them to experience pain, worry and helplessness. The teachers felt the support provided by the Ministry of Education was inadequate and expressed their need for a more appropriate and accessible support system. The study highlights the feelings of stress and burnout preschool teachers experience at work, the significant impact of secondary trauma on their lives and the need for a formal support system.

**Keywords:** preschool teachers, compassion fatigue, secondary trauma, burnout, kindergarten

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## **Introduction**

Direct involvement in traumatic incidents is not the only way people become exposed to trauma and experience its consequences. Indeed, people close to those who have been traumatized, including educators, can be indirectly affected (Finklestein et al., 2015; Levkovich & Duvshan, 2020; Levkovich & Ricon, 2020). Compassion fatigue among educators is described as indirect trauma and secondary harm that develops while educators become involved in helping students cope with stressful situations (Figley, 1995, 2002).

Epidemiological research indicates that more than 58% of young people have experienced at least one trauma, with the majority of trauma survivors experiencing multiple traumatic incidents (Finkelhor et al., 2013). Children affected by trauma need a safe, caring and consistent environment (Swick et al., 2013). Preschool teachers are vulnerable to compassion fatigue because of their supportive role and their potential exposure to their students' traumatic and violent experiences, disasters or crises (Keller-Dupree, 2013). Their compassion fatigue symptoms are similar to those found in posttraumatic stress disorder and include nightmares, avoidance, agitation and withdrawal (Finkelhor et al., 2013).

Since educational work often demands major emotional involvement, educators are highly likely to develop compassion fatigue symptoms (Levkovich & Duvshan, 2020; Levkovich & Ricon, 2020). This is especially true among those working with preschool-aged children, where the teacher plays a major role in the children's lives by providing care, concern and empathy. Studies that examined educators' perceptions of the support they gave to their students after traumatic incidents found that most expressed uncertainty, concern and worry stemming from their lack of knowledge and skills and from the inadequate support provided by the school staff (Alisic et al., 2012; Levkovich & Duvshan, 2020; Levkovich & Vigdor, 2020; Tener & Sigad, 2019). These teachers raised concerns about their professional role and the impact of the assistance they provide on their own lives (Alisic et al., 2012; Borntrager et al., 2012; Naig, 2010).

For years Israeli society has been subject to an ongoing and complex political reality of conflict on the battlefield and the home front as well. Ongoing situations such as these are liable to change citizens' lives, arouse anxiety and fear and sometimes even threaten their

very existence (Canetti et al., 2017). This complex reality has created a major challenge for those in the helping professions in Israel charged with serving the affected population. The professional literature discussing the impact of this trauma usually focuses primarily on the victims and emphasizes the destructive aspects of exposure to potentially traumatic incidents (Lahad & Leykin, 2015). Recently, a growing body of literature has begun examining the impact of trauma on circles beyond the victims themselves (Lahad, 2017). Teachers and education professionals as well as those in other helping professions are exposed to the same difficulties as the rest of the Israeli population. Indeed, these studies found a high degree of exposure to life-threatening situations and high levels of stress among these professionals, along with high levels of professionalism and stamina (Lahad & Leykin, 2015; Levkovich & Duvshan, 2020; Levkovich & Ricon, 2020; Levkovich & Vigdor, 2020). Furthermore, these helping professionals had to cope with conflicts between personal and professional considerations (Dekel et al., 2016).

Many studies of compassion fatigue have examined health professionals (e.g., medical doctors and nurses) as well as mental health professionals (e.g., psychologists and social workers), so that compassion fatigue in these professions is well documented (Cocker & Joss, 2016; Turgoose & Maddox, 2017). Yet relevant research is lacking about educators in general and preschool teachers in particular (Naig, 2010; Rothschild, 2006).

The purpose of this study is to enhance knowledge about compassion fatigue among preschool teachers, as well as to shed light on the complexity of their work and their coping methods and to provide information about their sources of support.

### **Compassion fatigue**

The concept of compassion fatigue describes the presence of posttraumatic symptoms among educators and caregivers who tend to become over-involved in their students' or patients' experiences. The term "compassion fatigue" was coined by Figley (1995) to describe a condition in which therapists from different disciplines are exposed to their patients' cumulative suffering, distress and trauma. Figley contended that caring exacts a price and that professionals who hear stories of fear, pain and suffering may experience similar feelings because they care. Hence, he defined secondary traumatization "as the

stress deriving from helping others who are suffering or who have been traumatized” (Figley, 1999, p. 10). He claimed that individuals who are in contact with trauma survivors may develop a traumatic response without actually experiencing any trauma. Symptoms may be provoked by repeated or extreme confrontation with the details of a traumatic incident without any direct sensory impressions and are often delayed in time.

Compassion fatigue can have emotional, physical and behavioral manifestations (Figley, 2002; Naig, 2010). Emotionally, caregivers may experience episodes of sadness, depression, fear, helplessness, guilt and general anxiety, while outbursts, irritability and even withdrawal can be expected in their behavior. They may attempt to avoid the trauma of those under their care to the point of becoming indifferent to their needs. Alternatively, they may become too invested in anything related to their charges. They lose interest and pleasure in their work and in activities they previously enjoyed, their concentration diminishes, and they report experiencing intrusive thoughts. On the physiological level, they may have headaches, sleep difficulties, digestive issues, rapid heartbeat, feelings of weakness and more (Figley, 2002; Naig, 2010). These high levels of stress and psychiatric disorders can be explained by factors such as the nature of the organization, job demands, job workload, the work environment and individual personality attributes (Sabin-Farrell & Turpin, 2003).

Among the risk factors predicting compassion fatigue are personality, available internal resources, and personal and professional vulnerability factors. In addition, personal trauma in the past as well as certain features of the current traumatic incident and number of years of professional experience are risk factors for compassion fatigue (Alisic et al., 2012; Craig & Sprang, 2010). A study that examined 765 elementary school teachers who had been exposed to trauma found that fewer years of teaching experience and less training in dealing with trauma as well as working with multiple traumatized students all led to high levels of compassion fatigue (Alisic et al., 2012). Caregivers working with children have been found to be at increased risk of secondary traumatization (Bride et al., 2007). Another study suggests that a caregiver’s sense of professional loneliness also poses a risk of compassion fatigue (Dekel et al., 2016). A systematic review of 31 studies on compassion fatigue among first responders found a number of protective and risk factors for secondary traumatization, including pre-traumatic (e.g., age, gender), peritraumatic (e.g., exposure, emotional exhaustion) and post-traumatic (e.g., social support, alcohol & tobacco use)

factors (Greinacher et al., 2019).

Burnout and compassion fatigue are known to have unique effects on professionals' well-being (Figley, 2002; Levkovich & Ricon, 2020). Burnout is defined as a psychological syndrome with three components: emotional exhaustion, feelings of being drained of resources that go beyond mere physical fatigue, and feelings of frustration, anger and dissatisfaction. Depersonalization refers to negative thoughts and feelings toward both colleagues and clients. Lack of personal accomplishment entails a sense of diminished self-esteem and a decreased sense of being able to achieve anything (Blöchliger & Bauer, 2018; Schaufeli et al., 2009).

It is important to distinguish compassion fatigue from burnout as these constructs somewhat overlap. Burnout refers to responses to stress that can occur in any profession and is not linked directly to showing compassion. Burnout can include feelings of hopelessness, work-related problems, high workload, lack of professional support in the workplace, and the sense that one's efforts do not make a difference in the lives of those being served (Stamm, 2012). Compassion fatigue, in contrast, is unique to the helping professions and is highly related to fear and anxiety (Figley, 2002). Compassion fatigue may lead to depression and stress-related illnesses (Figley, 2002; Levkovich & Ricon, 2020).

### **Compassion fatigue among preschool teachers**

The work of preschool teachers is varied and complex. They are responsible for the preschool's pedagogic program and its educational environment (Oplatka & Stundi, 2011). Studies have shown that teachers in preschools are exposed to multiple and simultaneous stressors that generate a difficult working environment (Baumgartner et al., 2009). This stress may come from several sources, among them time pressure, non-teaching tasks, parental issues, interpersonal relationships and so forth (Hall-Kenyon et al., 2014). A study of 150 Romanian preschool teachers showed that they experience such high levels of stress that almost half of them are tempted to give up this profession (Clipa & Boghean, 2015). In kindergarten classrooms in Finland, teachers' stress demonstrated a negative association with children's learning motivation (Pakarinen et al., 2010), while in the United States kindergarten teachers' depressive feelings, a component of burnout, were negatively

associated with classroom quality, even after controlling for teachers' educational background and years of experience (Pianta et al., 2005).

Various studies examining the prevalence of compassion burnout among educators' report that 70%-75% of the participants exhibit some degree of compassion fatigue (Borntrager et al., 2012; Koenig, 2014). Only a few studies have examined compassion fatigue among preschool teachers. Naig (2010) investigated stress and coping in the context of burnout and compassion effects. The study was conducted among four early childhood special education teachers and included interviews and observations. Its findings revealed the following sources of stress: working as part of a team, providing guidance and support to families experiencing challenges and difficulties, and the need to cope with a great deal of paperwork. Nevertheless, the teachers derived professional satisfaction from their ability to support their co-workers, work with the families and balance their personal lives and their work.

A study that examined secondary trauma symptoms among teachers found that 81.4% reported one or more posttraumatic symptoms (intrusive thoughts, over-excitement or avoidance), 55.1% reported two symptoms, and 39% reported experiencing all three symptoms (Hatcher et al., 2011).

Compassion satisfaction, one of the components of compassion fatigue, refers to the positive outcomes of the satisfaction stemming from one's ability to help and connect with another individual through empathy (Stamm, 2012). While burnout and secondary traumatization are negative components, compassion satisfaction serves as a protective factor when it comes to compassion fatigue (Stamm, 2012). Studies have found that when compassion satisfaction levels are high among educators, compassion fatigue and burnout are lower (Bozgeyikli, 2012; Van Hook & Rothenberg, 2009). Research suggests that organizational conditions (e.g., employment conditions and sense of loyalty to the organization) as well as the employee's personal resources (e.g., sense of control, optimism, coherence) influence levels of compassion satisfaction (Van Hook & Rothenberg, 2009).

### **Preschool education in Israel**

In Israel, preschools are under the supervision of the Ministry of Education (MoE), with supervisors responsible for implementing MoE policies, overseeing the preschool teachers'

work, guiding new preschool teachers and providing training courses and other professional development opportunities (Ezer et al., 2010; Oplatka & Stundi, 2011). The MoE established a state system of preschool education for children aged 3–6 at low tuition rates and free of charge in the final year. In parallel, a wide variety of private preschools (ages 0–5) are also available. The MoE established a curriculum for these state-supervised preschools that includes learning goals and objectives, types of classroom activities and teaching methods (Oplatka & Stundi, 2011). Preschool teachers are trained for this job at colleges of education supervised by the MoE, where they earn a B.Ed. degree in early childhood education that qualifies them to teach kindergarten plus the first two grades of primary school (Oplatka & Stundi, 2011).

Israeli preschool teachers work in isolated facilities that are not physically connected to any institution and are autonomous in terms of management. Their primary responsibilities include managing the preschool staff (e.g., assistants, counselors, music teachers), organizing the day-to-day pedagogical activities in the preschool, and generating a fun and positive atmosphere. The preschool curriculum aims to promote the development of children's psycho-motor, emotional, social and intellectual skills while helping children internalize social values and cultural scenarios (Ezer et al., 2010).

## **Methods**

### **Aim and research questions**

In this study we sought to explore perceptions of compassion fatigue among Israeli preschool teachers. To this end, we asked the following research questions: How do preschool teachers experience compassion fatigue in their work? How do they perceive of their work with children who face difficult and traumatic situations?

### **Methodology**

The study used the qualitative-phenomenological approach that seeks to identify

phenomena by examining how they are perceived by those acting in a situation. This approach entails studying individuals' lived experiences and reducing these experiences to a description of their universal essence (Creswell & Poth, 2017).

### ***Participants***

The participants included 15 preschool teachers ranging in age from 34 to 63 who worked with groups of children age 3-6 at state preschools under MoE supervision. The number of children in each preschool ranged from 16 to 36. All participants were married with 2-4 children. Four held bachelor's degrees and five held master's degrees. Their professional experience ranged from 2 to 30 years. All are full-time MoE employees.

### ***Data collection and analysis***

The qualitative data in this study were collected using semi-structured, in-depth interviews (Creswell & Poth, 2017). The interviews were conducted based on an interview guide that included significant key areas but was flexible enough to allow for a dialogue to develop between interviewer and interviewee and for meaningful self-expression (Brinkmann & Kvale, 2015). The interviews lasted between 45 and 60 minutes and were audio-recorded and transcribed verbatim. The resulting transcripts were analyzed thematically (Creswell & Poth, 2017). Data collection proceeded until theoretical saturation was reached (i.e., additional interviews yielded no new material for analysis).

Sample questions were: How would you define trauma? Tell me about a case where a child you know, in your kindergarten, experienced such an incident (what did you feel, how did you cope, describe your relationship with the family)? How did you cope after you helped the child? What emotional and professional support did you receive during your work? What do you think can help a preschool teacher deal with a traumatized child?

First, the researchers carefully read the interview transcripts, line by line, in order to identify significant repetitive motifs and patterns. Then, they analyzed the data collected in the interviews and marked sentences, descriptions and important phrases that dealt with the common topic under investigation. The topics were grouped into major categories and themes. Subsequently, additional subcategories and themes were identified that had been excluded from the initial data analysis. The themes and categories that emerged in the study

were compared with the data from the literature review in an attempt to answer the research questions. This comparison between the findings and the theoretical material made it possible to identify those findings that support the theory and those that contradict it. (Brinkmann & Kvale, 2015).

### *Ethics*

All participants gave their informed consent before entering the study, and participant confidentiality was maintained throughout the study (Brinkmann & Kvale, 2015). The participants were informed that they were free to discontinue their participation at any time. None of the participants chose to do so.

## **Results**

Three major themes emerged from the study: 1) Preschool teachers' experiences in working with trauma situations. 2) Preschool teachers' experiences of compassion fatigue in their work. 3) Sources of support for teachers dealing with traumatic incidents.

### **Preschool teachers' experiences in working with trauma situations**

Teachers described their responsibilities, which included managing the preschool routines, children and staff and maintaining regular contact with parents and outside factors (e.g., community officials, psychologists, paramedical staff). These responsibilities are simultaneous, requiring teachers to function on several levels at the same time and to set priorities during their intense day-to-day routine with the children. The result is that the teachers often feel overwhelmed and sometimes even confused. In addition, the interviews point to a discrepancy between the teachers' concept of their educational role (the one they aspired to achieve) and all the other requirements of their job. The complex and multidimensional nature of the job of a preschool teacher often leads to feelings of loneliness. Teachers describe their difficulty in separating preschool from home, which does not allow them time off work and even increases their feelings of being overwhelmed

and overloaded.

“This administrative role adds a lot of things that sometimes really interfere with my functioning as a preschool teacher . . . I often feel that all this extra nonsense gives me less time for the real job I studied for-working with children.”

All the teachers mentioned having faced a variety of traumatic situations throughout their years of work, including divorce, death of a parent as the result of accident or heart attack, car accidents involving the child and the family, and illness of a parent or a sibling. They described how they dealt with each case after receiving the news and how they helped and supported the child and the family. They all described feelings of empathy and compassion alongside feelings of confusion and helplessness, and they all devoted a great deal of time and thought to how to help the child and how to act in the various circles of trauma (family, preschool, parents and community).

Moreover, the teachers reported feeling shaky, helpless, uncertain and panicked upon receiving news of a traumatic incident relevant to one of the children and they described physical responses such as trembling, crying and sweating. Their uncertainty about who they should help-the child or the preschool staff-was also a source of stress.

“I don’t know how this responsibility fell on me, but I told myself I should not be the only one to notify him about this (the loss of his father) because I had a feeling I wouldn’t be able to... so I immediately called the preschool psychologist.”

Working with children who experienced indirect ongoing trauma was also mentioned as challenging. Most of the teachers talked about how hard it is to work with children who have been traumatized in one way or another. They discussed their strong desire to help these children, their feelings of empathy and emotional vulnerability, and their sense of helplessness because they did not know the right way to help. Such cases require a great deal of mental strength. Moreover, the procedures to be followed when dealing with such extreme cases are often unclear, and this ambiguity creates confusion, frustration and insecurity.

"Over the years there have been more and more extremely traumatized children who have had to face very difficult situations, so you have to find the right way, the creative way... You search for the right way and it doesn't always work... And the psychologist says something else and the parents themselves are often helpless.... and it's hard, it keeps me awake."

In all the interviews, the teachers considered team management to be an important part of their work. Some saw team management as a challenge as well as a burden, while others saw the team in terms of partnership and support. Yet they also noted that the need to support the team members in dealing with traumatic incidents was often unpleasant and led to feelings of distress.

"I had to be very courageous to prevent the team from falling apart and leaving me to cope on my own. I find myself working on autopilot ... there is simply no choice, and when there is no choice, there's no choice. But that's how I am."

### **Preschool teachers' experiences of compassion fatigue in their work**

The teachers showed signs of secondary trauma, stating that they were personally affected by the traumas in the children's lives. They continued thinking about the situation after work. These thoughts often kept them up at night and even came at the expense of time spent with their families. In addition, these traumatic incidents brought back their own past traumas, so that handling them was even more difficult emotionally. Some teachers even explained why the child's emotional trauma brought back their own traumatic experiences. Clearly, they engaged in introspection and attempted to deal with these emotions, but they paid a price for this introspection.

"One day I sat with him (a boy whose father had committed suicide) while he was having a tantrum. We cleared the room because he was throwing things and screaming horribly... and it reminded me... I remembered my mom screaming like that when my brother was killed... It did something terrible to me, I had a very, very hard time with it... It brought me back to the topic of death and, of course, I took it home with me and it occupied me a lot at night. I paid no small emotional price for this."

One preschool teacher gave a painful description of how she helped a boy whose mother had been killed in an automobile accident. The boy aroused empathy and compassion in her. During that period, she dreamed about the boy at night as well as about her own children. She worried about their health and welfare and about those close to her. In fact, for some time she avoided driving on the road where the mother had been killed:

“I would wake up at night covered in sweat. I dreamed I saw my children at my funeral, just like I had seen him (the boy whose mother had been killed). They were crying and I could not help them. I trembled in fear. For a long time I simply avoided driving there. I was really afraid something would happen to me.”

The teachers talked about how violence in the home or toward a child affected them. One teacher told about a case of incest between a father and his daughter, who was in her preschool class. One of the girl's siblings reported the incident, and this aroused a tremendous uproar in the home. The girl withdrew into herself, and the teacher felt frustrated, responsible and guilty:

“How is it that I did not see that this (incest) was happening to a girl in my preschool class? What else am I missing... this is what scares me. I wanted to embrace her and draw her close to me, to take care of her. When I heard about the incident, I said, enough, this is so awful, I can't believe it could happen. It's hard for me to say this, but this even affected me in my relations to those nearest and dearest to me. It was hard for me when they tried to get close to me. Everything made me jump.”

### **Sources of support for teachers dealing with trauma**

The teachers noted that in dealing with cases of trauma, they report to their supervisor (for informational purposes) and contact the preschool psychologist for help and guidance. Yet they also indicated that the psychologist's guidance is usually limited to the initial days after the traumatic incident and is not sufficiently available later on when things return to normal.

In Israel, each preschool psychologist works with a number of preschools. Consequently, each preschool is visited by a psychologist once every two weeks on average for a period of around two hours. The participating preschool teachers noted that this is not enough. Moreover, these visits are often cancelled due to holidays or urgent cases in other

preschools requiring the psychologist's attention. The limited amount of time the psychologist spends in the preschool is devoted mainly to observing the children rather than to helping them.

In addition, all the teachers stated they had received no methodical or structured training for dealing with traumatized children. Thus, in such cases they act intuitively and according to their gut feelings, which only increases their sense of insecurity and confusion. They tend to wonder whether they are doing the right thing. Most of the interviewees mentioned the loneliness of their jobs. Despite being part of a team, preschool teachers feel alone, without any colleagues or support system. The preschool teacher is the only one at the preschool with all the responsibility on her shoulders. These teachers have no way of telling others what is on their mind and of relieving some of their burden and no one to listen to their difficulties or help them deal with their problems, leading to even more stress. One of the participating teachers told about the case of a girl whose parents were going through a malignant divorce. The girl was in a state of emotional distress, and the teacher described her need to embrace the girl and be there for her. Yet the teacher herself was left without any support:

"I felt I needed to embrace her more, but there is no one to embrace me. I'm the one who needs to listen every time, I'm the one who needs to take care of everything. Who is listening to me? She unburdened everything that happened to her on me. How can I unburden myself?"

Almost all the teachers interviewed expressed disappointment and frustration with the support provided by the system. Under the heading "support agents" the teachers mentioned preschool psychologists, counselors, pedagogical instructors and supervisors. The teachers were most notably disappointed with the work of the preschool psychologists, who they felt were supposed to address and monitor difficulties with children and parents but were for the most part unavailable. The short and infrequent visits by the psychologist are not enough. The teachers felt they are alone on the battlefield, with no one to guide them and certainly no one to help them deal with their personal difficulties. They expressed feelings of helplessness, frustration and anger toward the system for not giving them the support they need. Because the psychologists visit the preschools so infrequently, the teachers usually devote those visits to consultations about children or parents, leaving their own emotional difficulties unheard and unmet. They remain frustrated and lonely in the face of

the challenges and feelings they experience during their work.

“I always have a tendency to think about the other side, and how busy they are. Before I call someone, I always think about what a burden I’ll be placing on them. They have an endless line of people like me. The supervisor doesn’t need my problems now, that’s right, she’s really busy.”

In all the interviews, the teachers mentioned receiving emotional support from sources outside the MoE’s official support system, including their spouses, families, peers, friends and private psychologists. They all clearly demonstrated a need to share their everyday experiences at the preschool, pour out their hearts and vent their thoughts and feelings. Their daily routine in the preschools is busy and intense and does not allow them any time to process their experiences. Only on their own time after work hours can the teachers let it all out and share what is in their hearts. Hence they receive the most emotional support from those close to them-family and friends. Sometimes this imposes a burden at home and takes a toll on the teachers’ families. Some expressed feelings of anger and frustration with this situation.

“For me, my support group was my family. I was lucky to have a sister with whom I shared a lot about this whole thing and it really helped me, a sister who is in this profession, but if someone doesn’t have someone like that... It’s very, very difficult.”

The teachers receive emotional support from their families, often eliciting feelings of anger and frustration and generating more stress and strain at home.

## **Discussion**

The aim of this study was to examine perceptions of compassion fatigue among preschool teachers. All the teachers in the current study encountered at least one case of traumatized children and their families at their preschool during the course of their work. Because preschool teachers are the responsible person at the preschool and work closely with the children and their families, they are highly likely to develop symptoms of

compassion fatigue. Providing educators with help in dealing with their emotions that stem from interacting with traumatized children is long overdue (Levkovich & Eyal, 2020). While the symptoms often are caused by exposure to traumatized individuals and to their descriptions of and reactions to a traumatic event (Naturale, 2007), sometimes the symptoms emerge merely from working in a helping profession or from helping or wanting to help other people (Figley, 1995; Rothschild, 2006). Bride, Jones and MacMaster (2007) found that children's caregivers are at increased risk of secondary traumatization. Preschool teachers who work with young children are also likely to be at risk. They establish rapport with the children and often develop maternal feelings for them. Support for this can be found in the study by Levkovich and Ricon (2020), which concludes that assisting a traumatized student may also affect a school counselor's personal life. The same is true for preschool teachers in the present study.

The interviews show that preschool teachers act with great empathy and sensitivity towards traumatized children and their families. Figley (1995) underscores two main components that increase the likelihood of compassion fatigue among caregivers: empathy and exposure. He contends that empathy, which is a key tool in understanding and assisting someone else who has been traumatized, may also pose a risk of trauma for the caregiver. In addition, caregivers' exposure to trauma victims can make them vulnerable and even trigger trauma, sometimes as a result of encountering a traumatic story that resembles something they experienced in their own lives and sometimes due to unresolved trauma. The findings of the current study support this contention by showing that preschool teachers experience particular difficulties when a child's trauma resembles a traumatic personal experience from their past. Indeed, various studies show that a history of personal trauma among caregivers is a significant factor in predicting the development of compassion fatigue (Alisic et al., 2012; Craig & Sprang, 2010; Levkovich & Duvshan, 2020; Levkovich & Ricon, 2020).

The findings of the current study show that preschool teachers experience a great deal of stress and strain that can lead to burnout. Similar to previous studies (Oplatka & Eizenberg, 2007; Oplatka & Stundi, 2011), the present study showed that preschool teachers feel burdened by the multitude of roles and responsibilities placed on their shoulders. The literature shows that teaching load and intensity are major factors in burnout (Hall-Kenyon et al., 2014). As noted, the present study underscores preschool teachers' heavy workload.

They must function on several levels simultaneously, and this causes pressure, confusion, lack of energy and strength, and a sense of struggle to do their job. Such feelings can lead to a state of emotional fatigue (Schaufeli et al., 2009). Unlike the other effects mentioned here, the burnout component of compassion fatigue is not specifically limited to those working with traumatized individuals but is more a reaction to environmental and job demands (Craig & Sprang, 2010). A meta-analysis of 41 studies among workers indirectly exposed to trauma suggested a strong association between burnout and compassion fatigue (Cieslak et al., 2014). Burnout refers to a state of physical, emotional, and mental exhaustion caused by long-term involvement in emotionally demanding situations (Levkovich & Ricon, 2020). In a study among UK therapists who work with trauma clients, higher risks of burnout were associated with higher risks of secondary traumatic stress (Sodeke-Gregson et al., 2013).

Nevertheless, despite the sense of overload and fatigue described by the preschool teachers, the interviews also show that they are extremely devoted to caring for highly traumatized children and invest a great deal of effort and personal time in their work. The interviewees' decision to "go above and beyond" by investing many hours of their own time is partly due to their sense of educational mission and their commitment to their role as early childhood educators (Oplatka & Stundi, 2011). This extra commitment may make it hard for the teachers to separate preschool from home and to strike a balance between their individual lives and their work. In the interviews, the teachers noted that their job does not end when the preschool day is over, thus increasing their sense of being overloaded and overwhelmed. Indeed, the literature provides evidence supporting the connection between over-commitment and development of emotional fatigue and burnout (Levkovich & Eyal, 2020; Szigeti et al., 2017).

All the interviewees mentioned the need for support from the system in their work with traumatized children. In addition to counseling and training regarding how to act and cope, they need an attentive ear and someone to embrace their difficulties, especially in light of their loneliness and isolation as having sole responsibility for the preschool. Dekel et al. (2016) found that a caregiver's sense of professional loneliness was a risk factor for developing compassion fatigue. Other findings indicate that levels of compassion fatigue are affected by the helper's available personal resources as well as by vulnerability factors

such as exposure to trauma, number of patients, seniority and professional experience, feelings of loneliness, level of professional development, and personal history with trauma (Adams et al., 2008; Alisic et al., 2012).

Preschool teachers in Israel work alone and are physically isolated from their colleagues. Throughout the day they must deal with many situations and uncertainties on their own, without anyone to consult or to share their troubles. The resulting strain, stress and pressure as well as the frustration of being unable to achieve their work goals can lead to burnout and compassion fatigue symptoms among preschool teachers (Maslach et al., 2001). While the professional literature includes very few studies on compassion fatigue among preschool teachers and educators working with young children, the work of Naig (2010) provides support for the current research findings. In investigating stress and coping in the context of burnout and compassion fatigue, Naig identified pressures caused by working as part of a team, working with and supporting families facing challenges and difficulties, and heavy workload (Oplatka & Eizenberg, 2007). The interviews offer significant evidence that MoE support does not meet the teachers' needs. This help is not sufficiently available and therefore is of little use. The findings indicate that in the absence of available professional sources of support, teachers seek out informal sources of support (family, friends, colleagues). Nevertheless, emotional support from family members often causes more stress and strain at home and can even lead to further anger and frustration (Helm, 2010; Levkovich & Duvshan, 2020; Levkovich & Vigdor, 2020).

The findings of this study support the need to develop and implement intervention programs to help preschool teachers cope with traumatized children and their families. Special attention should be given to the role of the teachers in dealing with trauma and in guiding them and providing a response to their difficulties. Preschool teachers should become familiar with such programs in advance to prepare them to deal with cases of trauma and to provide them with practical and emotional coping tools. Moreover, teachers should also receive ongoing guidance in dealing with cases of trauma to help them preserve their mental well-being. Exposure to trauma can affect the well-being of helping professionals and lead them to develop compassion fatigue. Yet specific identified strategies may help ameliorate the effects of personal and professional traumatic events such that they do not impinge on the quality of care and do not precipitate burnout. Future

research should examine methods to combine preschool teachers' strategies for coping with trauma with the satisfaction they derive from helping children and their parents deal with trauma.

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