

# Secondary trauma, burnout, and teacher self-care during COVID19: A mixed-methods case study

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## Abstract

Manifestations of teacher burnout have been negatively associated with students' academic achievement, school satisfaction, and perceived teacher support. The 2020–2021 school year presented unique challenges for teachers, who had to find new ways to support their students, their families, and themselves. This study examined teachers' experiences with secondary trauma, burnout, and self-care during COVID-19 at one K-5 trauma-informed school, the Wellington (pseudonym). We chose a mixed-methods convergent design utilizing both qualitative and quantitative data to support the findings. Using three measures, the Professional Quality of Life Scale, Mindful Self-Care Scale, and Teaching Self-Efficacy Scale, in fall 2020 and spring 2021, we examined 19 faculty and educational staff members' perceptions of and experiences with secondary trauma, burnout, and self-care. In spring 2021 we interviewed 13 of these teachers. Teachers noted how COVID-19 brought increased responsibilities at home and school, as well as disrupted self-care routines. However, data indicate stable compassion satisfaction, low secondary trauma, and average range burnout. Notably, faculty reported self-care in the form of supportive relationships and sense of purpose. These findings suggest that a trauma-informed approach may foster a supportive work environment, mitigating burnout.

## KEYWORDS

compassion fatigue, self-care, teacher burnout, trauma-informed

## 1 | INTRODUCTION

The COVID-19 school year from 2019 to 2020 presented unique challenges for school communities. This study began before COVID-19 emerged, designed to study secondary trauma, teacher burnout, and self-care at the Wellington K-5 elementary school that identified as a trauma-informed school. The researchers wanted to understand how secondary trauma affected the school's teachers, and also whether there was a connection between teacher burnout and self-care related to working with students exposed to trauma. We were unexpectedly in a position to conduct this study during the 2019–2020 COVID-19 school year and, therefore, adjusted our design to include consideration of COVID-19.

Teacher burnout and resulting teacher shortages have received more publicity during the COVID-19 year, yet these are not new issues (Pressley, 2021). Research regarding teacher shortages by Sutchter et al. (2019) suggested that if the rate of teacher retention improved, there would not be a teacher shortage. Among the many reasons that teachers leave the profession is lack of support (Sutchter et al., 2019) and emotional exhaustion (Swider & Zimmerman, 2010). Teacher shortages are more problematic in high-poverty and high-minority schools, creating a two-tiered system of education where wealthier communities retain sufficient numbers of better trained teachers (Sutchter et al., 2019). This study examines educators' experiences with secondary trauma, burnout, and self-care in the hopes of supporting both students' and teachers' mental health.

Three research questions framed our study:

1. To what degree do teachers experience symptoms of secondary trauma and burnout?
2. To what degree do teachers report signs of compassion satisfaction and efficacy in their teaching?
3. What is the teachers' knowledge about secondary trauma, and what is their experience with self-care?

## 2 | LITERATURE REVIEW

The collective trauma of the COVID-19 pandemic underscores the important role that schools play in supporting student mental health and consequently, the importance of work conditions that enable school personnel to support students and themselves (Green & Bettini, 2020). Given the collective trauma associated with the pandemic, students' increased mental health needs, limited resources, teachers' integral role in supporting students' mental health, and the continued growing number of teachers leaving the profession since the onset of the pandemic (Steinerr & Woo, 2021), educators' professional quality of life is important to examine.

### 2.1 | Guiding theoretical model

Professional well-being among those who work in the "helping professions," such as teachers and counselors, has received growing attention over the past decades (Stamm, 2010), including the "costs of caring" (Figley, 1999) and responses to direct or indirect exposure to trauma (Stamm, 2010). Stamm (2002) developed a data-informed model distinguishing perceived positive aspects of helping, or compassion satisfaction, from the negative aspects, referred to as compassion fatigue. Compassion satisfaction is characterized by positive appraisals about work, which may include the impact of one's work, abilities and/or colleagues. In contrast, compassion fatigue encompasses negative symptoms associated with working with others, namely, burnout and secondary trauma. According to Stamm's, 2002 model, a complex interplay of perceptions regarding three "environments" contribute to the degree to which people may simultaneously experience compassion satisfaction and fatigue: work conditions and tasks, the individual(s) being helped, and the caregiver/helper individual characteristics that lend to resiliency or vulnerability in response to stressors, including trauma.

## 2.2 | Burnout and secondary trauma: vulnerability and impact

Burnout is a psychological syndrome characterized by feeling ineffective at work, emotionally depleted, and/or cynical about clients or students (Maslach et al., 1997; Stamm, 2002). Professions requiring interactions with people pose a risk for burnout, and thus, teachers who are engaging with students and staff on a daily basis are at risk. However, teacher burnout severity may fluctuate depending on individual factors, such as personality (Kim et al., 2019), organization factors such as work conditions (Skaalvik & Skaalvik, 2009), and transactional factors, that is, teachers' perceptions of both the work conditions and resources with which to navigate them (Chang, 2009). For example, transactional factors such as perceived low social support, especially from administrators (Maslach et al., 2001; Pressley, 2021), and perceptions of student misbehavior (Aldrup et al., 2018; Aloe et al., 2014) contribute to teacher burnout.

The negative impact of burnout on teachers is wide ranging. For example, teacher burnout has been found to be associated with mental health problems such as depression (Capone et al., 2019), absenteeism, job performance, and retention (Swider & Zimmerman, 2010). Among students, satisfaction with school, achievement and perceptions of teacher support have been found to be negatively correlated with teacher burnout (Arens & Morin, 2016). Similarly, in their systematic review, Madigan and Kim (2021) found evidence that teacher burnout was associated with lowered student achievement and motivation (Kim & Burić, 2020). More specifically, teacher burnout has been associated with student cynicism (Tikkanen et al., 2021) and disruptive behaviors were greater in classrooms with teachers whose stress and coping were correlated with burnout than those who were not (Herman et al., 2020). Taken together, these findings suggest that burnout is a component of compassion fatigue which can affect both school personnel and students.

Another component of compassion fatigue is secondary traumatic stress (Stamm, 2002). Secondary traumatic stress, also referred to as vicarious trauma (Pearlman, 1995), is characterized by fear, intrusive thoughts, and/or avoidance in response to direct or indirect exposure to traumatic events (Hydon et al., 2015; Stamm, 2002). There is the risk of secondary traumatic stress for anyone who works with children who have been traumatized, as others may be exposed to students' stories of violence, abuse, or crises. Additionally, those who have experienced trauma may be at increased risk for secondary traumatic stress (National Child Traumatic Stress Network, 2011). Unlike burnout, secondary trauma symptom onset can be abrupt (Stamm, 2010). However, the relationship between secondary traumatic stress job satisfaction and burnout among teachers is not clear. One study investigating public school teachers found high secondary traumatic stress, but there was average job satisfaction and burnout (Borntreger et al., 2012). In related findings, Christian-Brandt et al. (2020) reported that while lower compassion satisfaction and higher burnout were associated with plans to leave the profession, secondary traumatic stress was not.

## 2.3 | Compassion satisfaction, self-efficacy, and self-care

Where compassion fatigue encompasses the negative aspects of working in a caring profession, compassion satisfaction encompasses positive views about the work of helping. Compassion satisfaction includes positive views about the impact of the work, colleagues, and clients, as well as self-efficacy, a positive appraisal of one's ability to do the work (Stamm, 2002, 2010). There are few studies on compassion satisfaction in education. Caringi et al. (2015) concluded that compassion satisfaction may shield teachers from burnout.

In contrast to compassion satisfaction research in education, there is extensive research on the conceptualization, measurement, and practice implications of self-efficacy. According to Bandura (1986), teacher self-efficacy involves educators' belief in their capability to perform particular tasks and face challenges (Bandura, 1986). Self-efficacy has been found to be positively related to job satisfaction (Avanzi et al., 2013; Federici & Skaalvik, 2012), and negatively associated with burnout (Avanzi et al., 2013) and emotional exhaustion

(Federici & Skaalvik, 2012). More recently, Soncini et al. (2021) investigated teachers' experiences with remote learning during COVID-19 and concluded that self-efficacy was a buffer against teacher burnout. Taken together, these findings suggest that self-efficacy may play a role in contributing to compassion satisfaction and perhaps, mitigating burnout.

The World Health Organization (WHO) defines self-care as “the ability of individuals, families, and communities to promote health, prevent disease, maintain health, and to cope with illness and disability with or without the support of a healthcare provider” (WHO, 2018, What do we mean by self-care?). Self-care is a wide-ranging concept, encompassing many aspects of health including hygiene, nutrition, exercise and leisure, living conditions, income, culture, self-medication (WHO), faith, support, and sense of control (Everly & Lating, 2013).

Although self-care practices within stressful working conditions have been found to mitigate compassion fatigue among mental health professionals (Coleman et al., 2016) and teachers (Schussler et al., 2018), self-care is often promoted through a Western, medical model lens. This model emphasizes the individual rather than the community (Michaeli, 2017), which critics note does not address the organizational structures that are contributing to stress and exhaustion (Lewis et al., 2022; Pyles, 2020).

## 2.4 | Trauma-informed schools

A considerable number of students have been exposed to trauma, which evidence suggests can affect their ability to attend to the demands of schooling and learning. In addition, at times, schools can be a site of recreating trauma (Olson, 2009; Venet, 2021). Due to the evidence that trauma affects students' learning and that school practices can augment trauma or, conversely, support a student exposed to trauma, many schools have adopted a “trauma-informed” or “trauma-sensitive” approach. Venet (2021) suggests that adopting these approaches is a matter of educational equity. These approaches do not look the same in every school but often have some consistent themes, such as asking a child what happened to them rather than “what did you do” when a child is showing behavioral symptoms. This takes the blame off the child and creates a supportive environment rather than a punitive atmosphere (Ballin, in press; Cole et al., 2013). Cole provides a definition of a trauma-informed school, where “all students feel safe, welcomed, and supported and where addressing trauma's impact on learning on a school-wide basis is at the center of its educational mission” (p. 11) An important tenet of trauma is that it is school-wide.

In her book *Equity-Centered Trauma-Informed Education*, Venet (2021) noted that many of the commonly used definitions of trauma-informed approaches refer to trauma that has already happened to the child. Venet argues for the need to also consider what goes on in schools that can contribute to trauma, so she defines an equity-centered, trauma-informed education that includes equity and social justice as key drivers to a trauma-informed school and community. Adopting a trauma-informed approach supports the students' emotional well-being allowing them to have more mental capacity to focus on academics and learning (Cole et al., 2013). Venet (2021) notes that for students to be successful in school, teachers also need to feel cared for to avoid burnout. She describes an “ethic of care” (p. 129) suggesting that all people in the school need to feel cared for. In her description of the trauma-informed approach, she includes the need to provide support and care for teachers as part of the caring culture suggesting that self-care should not be the sole responsibility of each individual teacher but instead should be part of the entire school culture.

## 2.5 | Literature summary

School personnel are working in highly stressful environments with limited resources in the middle of a pandemic (Sutcher et al., 2019). They are simultaneously trying to care for their students while taking care of themselves. Their efforts are occurring amidst working conditions beset with staffing shortages and inequitably distributed

resources by race and social class, which persisted long before the pandemic (Green & Bettini, 2020). Given these circumstances, school personnel are at greater risk for burnout and secondary traumatic stress, which in turn, can negatively affect the students they are trying to serve. In addition, teacher retention is crucial to mitigating the growing teacher shortages (Sutcher et al., 2019). Some schools have embraced a trauma-informed approach to address the socioemotional needs of students and to create a caring and supportive school environment for all members of the school community inclusive of teachers (Venet, 2021). Without a fully supportive teaching environment, school personnel are less likely to experience compassion satisfaction, which has been associated with retention and decreasing burnout (Caring et al., 2015).

## 3 | METHOD

### 3.1 | Research design

A case study design allows researchers to understand a unique case or to learn more about an issue or phenomenon by examining one or more cases where the issue or phenomenon is present. Researchers use instrumental case studies to examine an issue or phenomenon through a particular case or cases (Stake, 1995). We utilized an instrumental case study design to learn about educators' quality of life, efficacy, and self-care in a trauma-informed school during the COVID-19 pandemic. For this case study, we chose a mixed-methods convergent design utilizing both qualitative and quantitative data to support the findings (Creswell & Guetterman, 2019). This approach provides an in-depth analysis as well as a broader view of the topics of the research. Through a qualitative approach, we wanted to learn from the individual teachers about how they viewed their exposure to trauma and their self-care, information which we were able to more easily obtain from interviews than from a survey. We also wanted to know, more broadly, how teachers viewed self-care, efficacy, and quality of life as these pertain to educators working with students affected by trauma. We obtained these data using quantitative measures. Applying the convergent approach, we analyzed the qualitative and quantitative data separately and then found areas of convergence. If we observed areas of divergence, we noted these as well.

Qualitative researchers, as described by Creswell (2014), use multiple sources of data. We utilized interviews, open-ended questions, and quantitative data. The quantitative method of our research can be described as nonexperimental descriptive research, in which the researcher is looking for a description of an event rather than a comparison (McMillan & Wegin, 2010). Our aim was to describe how school personnel in a trauma-informed school experienced burnout, secondary trauma, self-care, compassion satisfaction, and efficacy.

### 3.2 | Research questions

We framed our research around the following research questions:

1. To what degree do teachers experience symptoms of secondary trauma and burnout?
2. To what degree do teachers report signs of compassion satisfaction and efficacy in their teaching?
3. What is the teachers' knowledge about secondary trauma, and what is their experience with self-care?

### 3.3 | Research site

This case study involved one K–5 elementary school in the northeastern United States (referred to in this study by the pseudonym “Wellington School”). There are 215 students at the school, along with a total of 33 teachers and

support staff. Over the past 6 years, Wellington School has adopted the school-wide trauma-informed approach that includes a strong network of support faculty, a common mission to create a safe school environment for all children, and an established understanding that the child's behavior is a message that often needs decoding and compassion (Ballin, 2022). Based on research conducted by Ballin (in press), Wellington school has implemented a trauma approach through: (1) training the teachers and staff; (2) establishing a network of supportive staff including a behaviorist, a therapeutic classroom teacher, a full-time school counselor, and nurse; (3) supporting a co-teaching model with general education and special education teacher in every classroom; (4) creating common areas to support students' emotional needs. Overall, there appears to be a strong sense of community as reported by the teachers, students, and parents.

While it can be difficult to identify students affected by trauma, compared to others in the district, Wellington School has the highest percentage of students considered "economically disadvantaged" and a higher percentage than average when compared to the state. Sixty-eight percent of students at Wellington are identified as low income and 79.2% are identified as "high needs," according to Massachusetts Department of Education statistics. These numbers can be compared to the overall state, which reports 43.8% low-income students and 55.6% high needs (Massachusetts Department of Elementary & Secondary Education, 2022). Additionally, the principal, based on experience at the school, identifies the student population as one that has a high number of students living with trauma. Trauma stressors in this community identified by the principal include drug addiction, domestic violence, and poverty. This study site was chosen for the faculty's commitment to embracing the trauma-informed approach, as well as the interest shown by the principal and adjustment counselor in exploring issues of secondary trauma and burnout for the teachers.

### 3.4 | Participants

A total of 19 Wellington educators out of a possible 33 participated in either fall 2020 or spring 2021 data collection, or both fall and spring. There was one male participant and 18 females. Participants reflected a broad of roles within a typical elementary school, including eight classroom teachers, an administrator, a nurse, a paraprofessional, and eight specialists (e.g., physical education teacher, special educator, reading, behavioral, etc.). Among the classroom teachers, almost all grades, one through five, were represented. While our goal was for all 19 educators to participate in both fall and spring surveys as well as the spring interview, 17 participated in the fall survey, 13 participated in the spring survey and interview, while 9 of 19 total participated in both the fall and spring survey along with the interview (see Tables 1 and 2). In the fall survey, we recruited participants during a remote school meeting. The researchers presented a PowerPoint about the research. Participants that agreed to be part of the research were given time during the meeting to take the survey. In spring, recruitment was limited to email as there was no time available during faculty and staff meetings. As a result, we had fewer participants in spring for the interview that followed the survey.

Data collection began in the fall of 2020 when school buildings reopened and the majority of participants reported teaching in the building in fall, with one teacher and one specialist reporting a hybrid model, while all participants reported teaching in the school building in spring. Overall, the 19 participants reported longstanding careers in the field of education,  $\bar{x} = 17.63$  ( $SD = 9.7$ ) years of experience, while the reported years at Wellington School,  $\bar{x} = 10.39$  ( $SD = 7.56$ ), were lower and varied. In sum, participants represented a group that was experienced and familiar with Wellington School. In the demographics survey, our focus was on the teachers' years of experience in education and at Wellington, the research site. We did not gather data on age of teachers, race, and ethnicity.

We invited teachers and staff to participate in a remote faculty meeting in the fall. After describing the study, we provided a link to the survey which, following informed consent, they could complete online through Qualtrics survey software. A follow-up email with an invitation to participate was sent to faculty and staff approximately 1

TABLE 1 Participants' professional quality of life and self-efficacy means and standard deviations

Data collection time	Professional quality of life				Self-efficacy					
	Compassion satisfaction		Secondary traumatic stress		Efficacy total		Instructional strategies		Classroom management	
	M (SD)	M (SD)	M (SD)	M (SD)	M (SD)	M (SD)	M (SD)	M (SD)	M (SD)	
Fall 2020 (n = 15)	45.60 (4.76)	24.87 (4.48)	25.36 (4.48)	90.43 (7.22)	28.29 (4)	31 (2.83)	31.14 (2.03)			
Fall only (n = 6)	45.33 (4.1)	24.50 (4.23)	25.33 (4.59)	91.80 (6.18)	29 (2.91)	31.4 (3.29)	31.4 (2.19)			
Spring 2021 (n = 13)	41.50 (5.76)	24.08 (5.36)	23.33 (5.67)	85.42 (9.06)	25.46 (6.4)	28.75 (4.1)	29.75 (0.28)			
Spring only (n = 4)	45.75 (3.40)	19.5 (4.51)	17.67 (3.78)	88.50 (5.97)	30.25 (5.73)	28.50 (3.31)	29.75 (3.3)			
Fall 2020 and Spring 2021 (n = 9)	41.44 (4.7)	24.5 (5.1)	25.38 (4.7)	90.78 (8.12)	28.22 (4.66)	31.11 (2.67)	31.44 (2.24)			
	39.37 (5.6)	26.11 (4.5)	25.22 (4.9)	83.88 (10.27)	24.33 (6.58)	28.86 (5.15)	28.14 (3.63)			

week after the fall 2020 faculty. In spring 2021, we recruited participants through two email announcements as there was no time available during a spring faculty meeting. In the spring, participants were also invited to participate in a semistructured interview upon completion of the online survey and following the spring survey, they were invited to participate in an interview via Zoom.

At the end of the spring survey, participants indicated if they were willing to participate in a 30-min interview and then scheduled a time to meet remotely on Zoom with one of the researchers. Researchers reviewed informed consent procedures verbally at the beginning of the interview and the interviews were recorded with participant permission. After each interview, the Zoom transcript was assigned a number to keep the interviews anonymous for confidentiality and coding purposes. All participants were offered a 50.00 gift card for their participation in the study. The study received Internal Review Board approval from Simmons University.

### 3.5 | Measures

#### 3.5.1 | Quality of life: secondary trauma, burnout and compassion satisfaction

To assess educators' levels of secondary trauma, burnout, and compassion satisfaction, we administered the Professional Quality of Life Scale (ProQOL 5) (Stamm, 2010). The ProQOL5 measures frequency with secondary trauma, burnout, and compassion satisfaction in the past 30 days using a 5-point scale (1 = *never* and 5 = *very often*), with high scores indicating higher frequency. Raw scores are converted into scaled score ranges, using a ProQOL5 conversion table with a corresponding category of low, average, or high. Reported subscale reliabilities are acceptable to good: Cronbach's  $\alpha = 0.81, 0.75, 0.88$ , for secondary traumatic stress, burnout, and compassion satisfaction, respectively.

#### 3.5.2 | Self-efficacy

We examined self-efficacy with a modified version of the Teachers' Sense of Efficacy Scale short form (Tschannen-Moran & Hoy, 2001), a 12-item measure that includes three subscales: efficacy in student engagement, efficacy in instructional strategies, and efficacy in classroom management. We modified one item from the efficacy in instructional strategies subscale from the use of an "alternative strategy" to "trauma-informed strategies" implementation. For ease of use we modified the rating scale to indicate the degree of confidence to a 10-point scale of 1 = *nothing* and 10 = *a great deal*, where higher scores indicated higher confidence. Reported internal reliability is rated as moderate to high: Cronbach's  $\alpha = 0.90$  overall,  $\alpha = 0.81$  engagement, and  $\alpha = 0.86$  for instruction and engagement.

#### 3.5.3 | Self-care

We measured self-care with the Mindful Self-Care Scale - Brief version (Cook-Cottone & Guyker, 2018). The 24-item scale includes six subscales: mindful relaxation, physical care, self-compassion and purpose, supportive relationships, supportive structure, and mindful awareness. Each subscale contains three to five statements that participants rated on a 5-point scale (1 = *never* and *regularly*). High scores indicate high reported self-care activities. Reported reliability is good:  $\alpha = 0.77, 0.77, 0.86, 0.78, 0.74, \text{ and } 0.79$  for physical, supportive relationships, mindful awareness, self-compassion and purpose, mindful relaxation, and supportive structure, respectively (Hotchkiss & Cook-Cottone, 2019).



To assess participants' experiences during the COVID-19 pandemic we included two open-ended questions at the end of the survey: (1) In light of COVID-19, have your caretaking responsibilities (within the home/family) during the workday changed? If yes, how so?; (2) What have you noticed about your self-care practices in light of COVID-19? Please comment on any self-care changes since you have returned to the school building classrooms or have been teaching virtually.

### 3.5.4 | Secondary trauma, self-care and school support views

To explore participants' conceptions of and experiences with secondary trauma and self-care in the school context three researchers developed interview questions pertaining to the research questions, creating seven interview questions. We asked about participants' understanding of secondary trauma and self-care, as well as the impact, if any secondary trauma and self-care had on their teaching and/or professional development. With regard to school support, we asked about the ways in which they saw school leadership supporting and/or undermining efforts to minimize secondary trauma and foster self-care. Finally, we asked participants to describe what promotes or discourages self-care overall and then specifically during the school day.

## 3.6 | Data analysis

To analyze our data, we followed Creswell's (2014) convergent parallel design, which creates the expectation that the qualitative and quantitative data may provide different information but will converge and inform the research questions from different perspectives.

### 3.6.1 | Quantitative data analysis

Survey data was collected using Qualtrics software and then downloaded into SPSS statistical software to recode and reverse score items as measures indicated, calculate summary scores, and then analyze data with descriptive statistics. To further examine quality of life, self-care, and efficacy levels among participants as well as possible participant effects, we disaggregated data from those who participated in both fall and spring as well as from those who participated only in fall or only in spring (see Tables 1 and 2).

### 3.6.2 | Qualitative data analysis

To code the qualitative data from the open-ended questions and interviews, three researchers separately read through the data and then applied their own coding schemes, looking for themes. Coding involved looking at the data and organizing into categories, then assigning names to these categories or themes. The researchers then used the themes to create a "storyline" (Creswell, 2014; p. 200). Creswell noted that the researcher allows the categories "to emerge from the data" (p. 198). Each researcher coded independently; then we compared our themes and found consistent themes that emerged from our separate lists.

To validate the data, we ascribed to Creswell's (2014) methods of triangulation, member checking, and reflexivity. For triangulation we used interviews, open-ended questions from the survey demographics section, and the three survey measures. To include member checking, we asked all participants to review the transcripts from the interviews. We used multiple coders who coded independently, to address reflexivity, which describes how the researcher's personal background influences the research and how researchers could shape the study based on the

themes they put forward (Creswell, 2014). In addition, we discussed our role in the research and our biases as they emerged.

## 4 | FINDINGS/RESULTS

We determined our findings/results by merging our qualitative and quantitative data, allowing the data to talk to each other, thereby giving us more confidence in our analyses (Creswell, 2014). Quantitative data were disaggregated by the data collection periods for which the participants were present: both fall and spring, fall only, and spring only (see Tables 1 and 2). The qualitative data analysis yielded five consistent themes: supportive work environment, shared understanding of trauma effects on students, knowledge of self-care, concerns that the school schedule inhibits self-care, and educator disconnection from the term “secondary trauma.” We aligned these themes and survey results with our research questions and developed four categories: (a) burnout and secondary trauma symptoms, (b) compassion satisfaction and self-efficacy (c) relational and adaptive self-care, and (d) obstacles to self-care.

### 4.1 | Burnout and secondary trauma symptoms

We examined burnout and secondary trauma with survey and interview questions. Table 1 outlines all Professional Quality of Life (ProQOL) 5 raw subscale scores; corresponding scaled score levels of burnout and secondary traumatic stress are discussed here. Burnout summary scaled scores suggest participants fell within the low average levels of reported burnout in both fall 2020 and spring 2021 (see Table 1). Secondary traumatic stress levels also fell within the low end of the average range in both fall 2020 and spring 2021. Among participants who took part in both fall and spring surveys, secondary traumatic stress remained in the low average range (see Table 1).

From our qualitative data, we learned that teachers knew the definition of secondary trauma but did not seem to connect to it. In interviews, most participants provided a definition but did not articulate how they were affected by the students' trauma, while some responded by talking about students' trauma rather than their own responses. One teacher noted that she was relatively new to the school and perhaps that was a reason she did not feel so deeply affected. She described seeing another teacher crying about a child's situation at home: “She was crying and she seemed very upset about it. She's worked here a lot longer than I have, and she knows a lot of the students really well and what they've gone through.” Other teachers said that they were exhausted but did not link their exhaustion to secondary trauma. All the interviewees seemed to have a rudimentary understanding of secondary trauma, but none seemed to have reflected on it before our conversations.

### 4.2 | Compassion satisfaction and self-efficacy

Scaled compassion satisfaction scores fell within the high range for all fall 2020 groups and the high average range for spring 2021 groups (see Table 1). Mean self-efficacy scores ranging from 12 to 120 were 90.43 (SD = 7.22) and 85.42 (SD = 9.06) for total fall and spring participant groups, respectively, while a slight downward trend was also present for participants who took part in fall and spring; the sample size does not allow for examination of statistical differences.

Interview data also reflected compassion satisfaction and efficacy in that participants described examples of how their work had value and they were making a difference in the lives of the students, despite the behavioral challenges they sometimes witnessed. Notably, they attributed behavioral challenges to the effects of the child's exposure to trauma. Self-efficacy appeared in qualitative data as shared knowledge of how trauma affects students.

TABLE 2 Participants' reported mindful self-care means and standard deviations

Data collection time	Mindful self-care total		Self-care relax		Self-care exercise		Self-compassion and purpose		Self-care relationships		Self-care structure		Self-care aware	
	M (SD)		M (SD)		M (SD)		M (SD)		M (SD)		M (SD)		M (SD)	
Fall 2020 (n = 15)	80.36 (7.84)		13 (3.51)		13.73 (3.56)		11.67 (3.13)		17.33 (2.19)		14.87 (2.33)		9.00 (2.22)	
Fall only (n = 6)	78.17 (10.46)		13 (4.47)		12.17 (3.18)		12.67 (3.83)		16.67 (1.37)		15.50 (2.74)		8.17 (2.56)	
Spring 2021 (n = 13)	75.67 (11.63)		11.31(3.84)		14.62 (3.75)		10.92 (3.14)		16.58 (3.34)		13.08 (2.06)		9.85 (2.70)	
Spring only (n = 4)	75.33 (16.26)		18.00 (3.46)		12.25 (4.03)		11.75 (3.78)		18.00 (3.46)		14.25 (2.87)		9.75 (3.78)	
Fall 2020 and Spring 2021 (n = 9)	83.75 (5.78)		13.56 (3.4)		14.44 (3.25)		11.56 (2.65)		18.11 (2.21)		14.67(2.24)		9.88 (1.55)	
	75.78 (10.95)		16.11 (3.37)		15.67 (3.32)		10.56 (3)		16.11 (3.38)		12.56 (1.51)		9.89 (2.37)	

For example, several teachers noted, and the one administrator explained, that outside of the school, most people did not understand what it was like to work every day with students who were exposed to trauma. And yet, within the school community, there appeared to be a sense of shared understanding of the students' trauma and how to best respond. One teacher explained,

*Someone else is having a freak out, so I guess I'm able to ... start at a place where I'm calm, then when someone else is having a difficult time, then I can kind of understand where that's coming from better and, like, figure out ways to help in a more productive way.*

### 4.3 | Relational and adaptive self-care

One of the highest reported types of self-care was relationship support; mean self-care support scores ranging from a possible 4–20 were 17.33 (SD = 2.19) in the fall group and 16.58 (SD = 3.34) among faculty that participated in the spring. Participants also reported relatively high on the self-care awareness and structure subscales, which include a manageable schedule, as well as physical and relationships that support a healthy work-life balance. Mindful Self-Care means and standard deviations are shown in Table 2. Participants described a sense of support from colleagues and the administration during the interviews as well as self-care adaptations in response to COVID-19 in their responses to open-ended survey questions.

Self-care subscale survey results are consistent with the qualitative data theme of a supportive work environment and relational self-care. Interview data indicated numerous forms of relational and structural support such as teachers and specialists giving each other breaks, noting that “people watch out for each other” and describing generally positive talk in the faculty and staff room. From the open-ended questions in the survey, we know that teachers felt more demands, fatigue, and overwhelm during the COVID-19 year. Yet, based on the interviews, we noted a theme of teachers feeling supported by other teachers and for some, also by the administration. The principal noted, “I try to take care of staff by checking in with them often, showing that I am concerned about difficulties they may be having and providing support either through the school adjustment counselor, nurse or behavioral staff.” One teacher described this support: “There's staff, they're also not just administration, but other staff that can kind of help you out in a better way, and that's like accepted and encouraged by administration, which is a really great thing.” Another interviewee noted the support among the teachers. “It seems like a really good network ... the teachers help support each other.” Finally, a teacher described a positive feeling in the whole school. “The whole school in general there's a very positive vibe in our school, which is nice. I don't feel like you see that very often in the workplace.”

How teachers practiced self-care differed, but they all described its meanings in similar ways. Teachers described their self-care as prayer, walks, exercise, getting tasks done that they didn't want to do, reading, spending time alone, and putting themselves first.

*It means taking care of it, means setting boundaries, and it means taking care of myself and being kind to myself, and when I say taking care of myself, I mean basically mentally, spiritually, and emotionally, professionally. Just give myself grace and let things go when I need to let them go.*

Participants also viewed self-care as integral to supporting students. One teacher noted,

*I definitely think when I have time to do certain things like exercise and things like that, I can come in with, a much more calm like reasoning skills and then I can, like, meet people with more understanding and more compassion.*

During the COVID-19 year, teachers expressed a loss of self-care routines as well as the need to adapt, and many noted that they had less time due to increased demands. One teacher explained:

*In light of COVID, I've lost people, places, and activities that anchored my life—my mom died, a local farmstand where I often (happily) shopped is closed; I no longer go the Y for exercise classes I had participated in for 20 years; friends I used to gather with I no longer see... I hadn't realized how important my weekly routines were to my self-care.*

Participants referred to individual self-care practices primarily happening outside of the school day. Teachers did not have expectations that the administration would support their self-care. Teachers described the offer from the administration of after-school yoga classes as an example of administrative support for self-care. Some appreciated the yoga class and others did not. Some teachers observed that since they were “older” (as they defined themselves), they had gotten more committed to making sure they did some kind of self-care every day. “I’m older than I used to be and I think I’m wiser than I used to be, I think I’m better at setting boundaries and better at self-care, and I protect my self-care routines.” One self-described younger teacher suggested she did not understand the need for self-care.

#### 4.4 | Obstacles to self-care

Participants observed that the tight and fixed schedule of the school day made it impossible or at least difficult for self-care practices during the school day. The nurse reported that she did not even have time for lunch breaks. Teachers described the stress of trying to get to a bathroom during the day, with limited time and limited bathrooms for staff. The reading teacher, however, said that she has a more flexible schedule and, therefore, more time to go to the bathroom.

Some teachers commented that they liked the free yoga classes after school and the occasional free food from the principal, but that what they really needed was more time and less work. One teacher viewed these efforts as not enough

*... we have some yoga that's happening at our school now, which is wonderful... but I also think that it's ... also a deeper respect and appreciation for teaching. That's what I expect. And that I don't see demonstrated.*

One participant described her frustration with messaging self-care as an essential endeavor but the lack of time to do it. “It just feels really, like, superficial to say, well, you have to do all these things but make sure you take care of yourself. Now that feels like almost condescending at that point.”

## 5 | DISCUSSION

The purpose of this study was to examine school personnel views of and experiences with secondary trauma, burnout, self-efficacy, and self-care in the context of a school that identifies as trauma-informed. School personnel reported relatively high compassion satisfaction and self-efficacy, as well as low to average levels of burnout. Reported secondary traumatic stress levels were low and while faculty defined secondary trauma, they did not connect that definition to themselves. However, findings indicate faculty feel generally supported overall as well as by their coworkers and administration. Despite reporting more demands during COVID-19 and a loss of self-care routines, the participants were found to have an average range in burnout. Our findings were not what we expected from a school that reports having a large population of students exposed to trauma during a pandemic.

The Wellington School embraces a trauma-informed approach. We surmise that an unintended consequence of the trauma-informed approach is that it appears to create a less stressful environment for teachers, both because the children's behavior is expected to be challenging and because teachers feel connected on a similar mission, which helps them support each other. The trauma-informed approach may create a unifying culture where the students are allowed and expected to have challenging feelings, and this does not reflect negatively on the teachers. Teachers at this school are aware of their unifying culture which may protect them from burnout and/or secondary trauma as well as contribute to their compassion satisfaction and self-efficacy.

Faculty and staff community self-care highlights the "community" aspect of WHO's definition of self-care as "the ability of individuals, families and communities to promote health..." (WHO, 2022). In their collective efforts to be the best they could be to implement a trauma-informed approach to students' challenging behavior, faculty, staff, and administration are seemingly engaging in a form of collective care or "ethics of care" (Venet, 2021) that goes beyond individualized notions and practices of self-care (Michaeli, 2017). Perhaps the trauma-informed attention to promoting community self-care through colead classrooms and a culture of collective support serves to mitigate compassion fatigue (burnout and secondary traumatic stress) among educators as it has been found among mental health professionals (Coleman et al., 2016).

From the qualitative data, we know that teachers and staff also noted that the school schedule made it difficult to do self-care and that during COVID-19 they felt more fatigued, which made it more challenging to do some self-care such as exercise. Our findings are consistent with Venet (2021), who refers to the working conditions of teaching as dehumanizing noting that the work schedule often does not allow time to go to the bathroom. It is understandably difficult to navigate work conditions where faculty are called to work with vulnerable children with a trauma-informed approach, provide and receive social support, but not being able to access the bathroom when necessary. Administrator's efforts to promote self-care in the form of yoga after school, while well-intended, may not feel consistent with all teachers' conceptions of self-care and/or school day experiences and thus may contribute to a sense of disconnection rather than support. Assessing and discussing conceptions of self-care seems an opportunity for leaders to listen and respond and teachers to feel heard.

## 5.1 | Limitations of the study

As a case study, our findings reflect data from one school and, therefore, we cannot extrapolate to all schools. The small sample size limited quantitative data analysis; statistical differences between groups could not be examined and descriptive statistics are from relatively small groups. Additionally, only about half of the school community participated in this study. For the quantitative data, we needed to address the "response bias" as noted by Creswell (2014). Creswell explains bias as "the effect of nonresponses on survey estimates" (p. 162). For our study, this means we need to understand how the people who did not respond may have responded, which might have influenced our results. It is possible that the people who did not respond felt too overwhelmed to take the time to participate in a survey and an interview. They might have been the population that experienced more burnout or reported secondary traumatic stress. Additionally, it is possible that people experiencing secondary trauma may not have wanted to share with us or complete a survey, leading to underreporting of their symptoms.

## 5.2 | Conclusion/implications for practice

As researchers and educators, we were surprised by our results. They were not what we expected given that we did our research during the COVID-19 pandemic year 2019–2020, in a school that reported having a high percentage of students affected by trauma. We wondered how the impact of being a trauma-informed school may have affected the teachers' relatively low burnout, their lack of connection to the idea of secondary trauma, and their compassion satisfaction.

Our case study raises more questions than perhaps it can answer given the small sample size, but it does give us some information regarding a major crisis in education regarding teacher retention. Teacher attrition has been linked to, among other factors, a lack of support (Sutcher et al., 2019). We noted the trauma-informed approach, self-care, and collective care as potential mitigating factors that might explain how these teachers managed given the high-stress environment of COVID-19 and working with students affected by trauma. Slade (2021) described the need to attend to school culture and climate because as some educators well know, self-care (when conceptualized as solely individual practices) alone will not address the stressful demands of a school day. These findings offer support for a trauma-informed approach with its focus on faculty and staff care as well as understanding student behavior through a trauma lens. Given the collective trauma of the pandemic, a focus on a trauma-informed approach seems important to implement.

Yet despite the support that faculty felt from each other, they also noted the stress of the school day, which included too many demands and not enough time to do self-care. The question remains, how can teachers receive more support during the school day to give themselves the care they need to be caregivers for their students? The teachers in this study noted that maintaining their self-care is challenging particularly during a pandemic, and also given the lack of unstructured time during the school day. Teachers are doing self-care, but the teacher schedule is limited, and teachers need more time during the school day with fewer demands. The trauma-informed approach helps create a culture of support, but it does not address the daily crunch of the school day, which teachers noted gives them no time for the bathroom and for some, no time for lunch, which could contribute to burnout and teacher attrition. It would seem to make sense for administrators and leaders to attend to these daily realities and engage in some collaborative effort to address them. In the larger picture, supporting teachers is a way to address the teacher shortage, and to show teachers the respect that they deserve. This study raises important questions meriting further research, particularly concerning the connections among the trauma-informed approach, teacher retention, burnout, and access to self-care. This study examined teachers who were returning to in-person learning after the first few months of the pandemic. Given the longevity and far-reaching implications of the COVID-19 pandemic, further research might ask teachers more directly about how a trauma-informed approach plays a role in managing the demands of teaching during multiple years of a pandemic and how their self-care mitigated their stress and coping.

## CONFLICT OF INTEREST

The authors declare no conflict of interest.

## DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

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