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Profiles of Well-Being Among Early Childhood Educators

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ABSTRACT

Research Findings: This study used a person-centered data analytic approach to identify distinct subgroups of early childhood educators ($n=133$) based on their responses to multiple indicators of well-being (psychological, financial, and health indicators). Various fit indices established a two-class solution. Specifically, one group was characterized by more positive well-being and the other by less positive well-being. Subgroup differences were the greatest for indicators of psychological well-being, including self-care and self-compassion. In addition, educators with less than a bachelor's degree, working as assistant teachers, receiving less pay, with more adverse childhood experiences, were overrepresented in the less positive well-being group, demonstrating system inequities and opportunities for improvement. *Practice or Policy:* These findings have implications for supporting the early care and education workforce. Specifically, findings suggest psychological well-being, including self-care and self-compassion, may be relevant focus areas for organizational and systems change efforts or interventions. Furthermore, findings suggest that trauma-informed approaches and support for assistant teachers are particularly important to promote equity and well-being across the workforce.

Early childhood (EC) is a crucial developmental period characterized by vast learning and growth (Shonkoff & Phillips, 2000). Given that approximately 60% of children under the age of five in the United States are in at least one non-parental child care arrangement (Department of Education/National Center for Education Statistics, 2016), EC educators are poised to contribute substantively to children's development. Research shows that EC educators' well-being is an important consideration for ensuring effectiveness in all aspects of care and education work – forming positive relationships with children and families, interacting with children in positive and engaging ways, and ultimately supporting children's development (Jennings & Greenberg, 2009)—and that EC educators' well-being is also a worthy goal for its own sake (Cumming, 2017). Unfortunately, numerous studies have documented that EC educators' well-being within the context of the workplace is cause for concern. For instance, past work has indicated high rates of clinically significant depressive symptoms, financial hardship, chronic health concerns, and high stress (Hindman & Bustamante, 2019; Lessard et al., 2020; Whitaker et al., 2013; Whitebook et al., 2014). Perhaps unsurprisingly then EC educators are leaving their jobs at high rates; annual turnover rates range from 25% to 50% (Burton et al., 2002; Miller & Bogatova, 2009; NAEYC, 2004). Recent studies also suggest that a large portion of EC educators who leave their jobs also leave the profession altogether (Bassok et al., 2021; Grant et al., 2019).

Although EC educator well-being is considered important, the complexity of well-being can be challenging to capture in a single measure. Furthermore, contextual factors, such as characteristics of the practice environment, are critical, but often overlooked in past conceptualizations of EC educator

well-being (Cumming & Wong, 2019). The present study seeks to extend past work by using a person-centered data analytic approach (e.g., latent class analysis) to identify distinct subgroups of EC educators based on their responses to multiple indicators of well-being. We also examine to what extent EC educators' well-being subgroups differ regarding personal characteristics, which may suggest where support should be prioritized.

Theoretical Framework

The Prosocial Classroom theoretical model offers a framework for conceptualizing how EC educator well-being may relate to quality of the classroom environment, and subsequently, children's development (Jennings & Greenberg, 2009). It proposes that educators with higher levels of well-being and social-emotional competence can develop closer relationships with their students, which leads to healthier classroom environments, and ultimately, improved social and cognitive outcomes for students. Consistently, a 2015 report by the National Research Council (NRC), places EC educator well-being at the center of a model for delivering high quality early childhood services (NRC, 2015). Like the Prosocial Classroom Model, the NRC model shows that EC educator well-being impacts the behaviors of the educator, which impacts relationships and interactions with families, children, and other professionals, which subsequently impacts child outcomes. Notably, this model also recognizes the conditions that affect EC educators' well-being, including the knowledge and competencies of the practitioner as well as the practice environment.

The Early Childhood Professional Well-being Ecological Framework (Gallagher & Roberts, 2022) complements and extends past work by presenting individual and contextual factors that can affect staff well-being in early childhood settings (see Figure 1). Adapted from a model of clinician well-being (Brigham et al., 2018), the framework is apt to various human services professions. At the center of the conceptual framework are child outcomes, the primary goal of early care and education. Consistent with the Prosocial Classroom Model, child outcomes are depicted as being shaped by interactions and relationships with the educator, which are shaped by educators' well-being. The Early Childhood Professional Well-being Ecological Framework presents various individual and contextual factors that can affect staff well-being in EC settings in the areas of Personal Factors, Job Role, Professional Learning and Development, the Practice Environment, Organizational Factors and Leadership, Regulations and Policy, and Social/Cultural Factors. Visually, these components overlap to demonstrate the way these factors interact and intersect. The framework also suggests that contexts may have greater potential influence on well-being than personal elements (Gallagher & Roberts, 2022). The current study is grounded in the Early Childhood Professional Well-being Ecological Framework by recognizing the importance and complexity of EC educators' well-being.

Early Childhood Educators' Well-Being

Cumming and Wong (2019) define EC educator well-being as "a dynamic state, involving the interaction of individual, relational, work-environmental, and socio-cultural-political aspects and contexts. Educators' well-being is the responsibility of the individual and the agents of these contexts, requiring ongoing direct and indirect supports, across psychological, physiological and ethical dimensions" (p. 12). Despite the multi-dimensionality of the well-being construct, research studies of EC educators' well-being tend to focus on isolated constructs, such as financial well-being, health, and indicators of psychological well-being (Hall-Kenyon et al., 2014), despite the relevance of all aforementioned constructs in holistically understanding EC educators' well-being.

In terms of financial well-being, many EC educators are paid poverty-level wages and utilize public support programs (Authors, 2018; Berlin et al., 2020; Ryan & Whitebook, 2012; Whitebook et al., 2014). EC educators' financial well-being is associated with turnover intentions (Schaack et al., 2020), as well as less positive outcomes for children. Specifically, children in classrooms with educators who cannot pay for basic expenses have less positive emotional expressions and behaviors (King et al.,

CONTEXTUAL ELEMENTS

INDIVIDUAL ELEMENTS



Figure 1. The Early Childhood Professional Well-being Ecological Framework (Gallagher and Roberts (2022); reprinted with permission from the Buffett Early Childhood Institute).

2016). Many issues have also been documented in terms of EC educators' health and psychological well-being. For instance, in a recent review on the health status of EC educators, Lessard et al. (2020) found high rates of overweight and obesity, depression, and other health concerns, across studies. Although estimates of EC educator depression vary by study, some recent estimates are as high as 30%–37% (Johnson et al., 2020; Ling, 2018; Linnan et al., 2017). EC educator stress and depression are associated with more conflict in teacher-child relationships (Whitaker et al., 2015), lower quality instruction (Ansari et al., 2020; Hamre & Pianta, 2004; Jeon et al., 2014; Penttinen et al., 2020) and poorer outcomes for children (Authors, 2016; Hindman & Bustamante, 2019; Jeon et al., 2014; McLean & Connor, 2015; Zinsser et al., 2013). Silver and Zinsser (2020) found teachers with higher levels of depression were more likely to request that a child is removed from their care.

Although self-care and self-compassion are recognized as positive (Jennings, 2015), they have not been consistently examined in the EC research literature. Self-care, or actively taking time to focus on oneself, in the context of the workplace includes taking breaks, taking time off, or setting boundaries (Lee et al., 2020). Self-care at work represents the *person in context*, requiring both environmental conditions and personal actions. For example, taking a break requires certain conditions (e.g., scheduled break times; adequate staffing coverage) as well as personal actions (e.g., communicating when a break is needed; actually taking a break). In a study of Pre-K through grade 12 educators, 59% of educators indicated that they could not easily take a restroom break during the workday, which subsequently, was associated with adverse health consequences (Winchester et al., 2022). A related concept, self-

compassion, refers to the ability to feel warmth and understanding toward one's self when experiencing challenges, and includes mindfulness, common humanity, and self-kindness (Neff, 2011). Within the workplace context, self-compassion may promote resilience and has been positively associated with emotionally supportive teacher-child interactions (Jennings, 2015). As a result, the present study examines self-care and self-compassion as indicators of EC educators' well-being.

Although research has rendered important results about individual contributions (e.g., stress or depression), studies do not consistently account for the complexity of well-being. Specifically, most research on EC educator well-being, to date, has utilized variable-centered analytic models (e.g., correlations, regressions), which assume that the population is homogenous in how predictors operate on outcomes. The current study examines EC educators' well-being using a person-centered approach, considering the complexity of well-being by identifying distinct subgroups of EC educators based on their responses to various indicators (Flaherty & Kiff, 2012). Therefore, this study uses various health, psychological, and financial indicators to examine well-being subgroups among EC educators.

Examining Well-Being and Personal Characteristics

Due to systemic oppression and discrimination, personal characteristics can operate as social mechanisms that confer access to resources that can impact health and well-being (Marmot & Wilkinson, 2005; Paradies et al., 2015). Such personal characteristics can include wealth, race (e.g., white privilege), and education (VeneKlasen et al., 2002). When considering EC educators, these social constructs can determine who has/had access to certain opportunities and who has power and privilege at work and in other settings (Lloyd et al., 2021). In many EC settings, there are also institutional hierarchies based on job role in which assistant teachers hold less positional power than lead teachers or other leaders. Additionally, assistant teachers are often women of color (Austin et al., 2019) and are more likely than lead teachers to share linguistic and cultural backgrounds with their students (Jacoby, 2021). The current study seeks to understand the extent to which EC educator well-being varies by personal characteristics that have historically reflected power and privilege, specifically, race and ethnicity, educational attainment, pay, and job role. Understanding how EC educator well-being varies by personal characteristics can suggest where well-being resources can be targeted to promote equity in the workplace.

Additionally, we examine how EC educator well-being varies by childhood trauma or adverse childhood experiences (ACEs). ACEs include abuse, neglect, or household dysfunction, and have been associated with long term health and well-being outcomes (Felitti et al., 1998). Previous work has shown EC educators report higher levels of ACEs when compared to the general population (Hubel et al., 2020; Whitaker et al., 2014). However, less is known about how EC educator well-being varies by ACEs, which is examined in the present study.

Present Study

The current study examines the following research questions: First, what meaningful well-being subgroups of EC educators distinctly exist based on the co-occurrence of psychological, financial, and health indicators? We hypothesize that multiple latent classes will emerge to identify subgroups of educators who share aspects of well-being. Second, to what extent do EC educators' well-being subgroups differ regarding personal characteristics? We hypothesize that latent classes will differ regarding personal characteristics indicative of power and privilege, and ultimately indicate where targeted support may be beneficial.

Method

Participants and Procedures

As part of a broader study, survey data were collected from EC educators at six early learning centers in the Midwest. Half of the centers served infant through preschool aged children and half

of the centers served only infants and toddlers; all centers served children and families based on Early Head Start and Head Start eligibility criteria. Electronic surveys were administered through Qualtrics in the summer of 2019. The research team sent site directors an anonymous link and asked them to distribute the survey to all staff at the site. Site directors were also asked to take the survey themselves. The survey focused on staff experiences as EC educators, including their perspectives on their own well-being and took approximately 15 minutes to complete. Additionally, site directors reported the total number of staff employed per site which was used to estimate the survey response rate.

A total of 133 educators completed the survey (estimated response rate of 54%). A portion of the respondents ($n = 12$) did not complete any of the items included in the analysis and were removed from the analytic dataset. Descriptive statistics for the demographics of the remaining 121 respondents are as follows. Respondents were 97.20% female with an average age of 34.02 years ($SD = 10.40$ years). Over half of the respondents identified as White (56.20%), 25.70% identified as Hispanic, Latino, or Spanish origin, 14.30% identified as Black or African American, and 3.80% identified as another race. Two out of five respondents were Lead Teachers (40.5%), 5% were Coach Teachers, 9.1% were Co-lead Teachers, 20.7% were Associate Teachers, 15.7% were Teacher Aides, and 9.1% held other roles, including Administrators and Family Engagement Specialists. All respondents worked full-time (40 hours per week). On average, educators had 10.49 years of experience in EC ($SD = 8.14$) with an average of 3.64 years at their current school/center ($SD = 3.56$). Thirteen percent of educators completed high school as their highest form of education. The rest of the educators had at least some postsecondary education (86.9%); specifically, 16.70% had attended some college, but did not have a degree, 12% had associate's degrees, 29.60% had bachelor's degrees, 12% attended some graduate school, and 16.60% had graduate degrees.

This study was approved by the Institutional Review Board of a large public university in the Midwest. All participants provided written informed consent prior to enrollment in the study.

Measures

All measures utilized in this study, described in more detail below, were collected through the electronic surveys.

Health

Health including physical health, and mental health, were captured through the Center for Disease Control's Health Related Quality of Life measure (CDC, 2000; Bluth & Eisenlohr-Moul, 2017). Participants were asked to indicate the number of days during the last month their **physical health** was not good. The specific question was "Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?" On average, respondents indicated 3.67 physically unhealthy days ($SD = 5.82$) and 7.4% of the sample had 14 or more physically unhealthy days. Similarly, participants indicated the number of days in the last month that their **mental health** was not good. The specific question was "Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your physical health not good?" On average, respondents indicated 8.69 mentally unhealthy days ($SD = 8.07$) and 25.6% of the sample had 14 or more mentally unhealthy days.

Psychological Well-Being

Psychological well-being was captured using the 18-item Psychological Well-being (Ryff & Keyes, 1995). Respondents indicated their level of agreement with on a seven-point scale from "strongly agree" to "strongly disagree" to statements such as "I like most parts of my personality" and "For me,

life has been a continuous process of learning, changing, and growth.” For individuals with missing data, the missing values were replaced with the average of the responses to the other items from the appropriate subscale for each individual. A sum composite score was calculated in which higher scores indicated greater psychological well-being ($\alpha = .82$). Scores ranged from 58 to 124 ($M = 96.99$, $SD = 13.78$).

Self-Care Practices

Self-care practices were captured using the 18-item Self-Care Practices Scale (SCPS; Lee et al., 2020). Specifically, 9 items related to **personal self-care practices**, such as “I participate in activities that I enjoy” and “I get adequate sleep for my body;” and 9 items related to **professional self-care practices**, such as “I take small breaks throughout the workday” and “I am able to say ‘no’ when appropriate.” Respondents indicated how often they engaged in self-care activities on a four-point scale from “very often” to “rarely.” For individuals with missing data, the missing values were replaced with the average of their other scores on the personal or professional self-care items as appropriate. Sum composite scores were calculated for personal self-care ($\alpha = .83$) and professional self-care respectively ($\alpha = .77$), such that lower scores indicated more engagement in self-care practices. Personal self-care scores ranged from 9 to 32 ($M = 20.64$, $SD = 5.34$) and professional self-care scores ranged from 9 to 36 ($M = 23.71$, $SD = 4.68$).

Self-Compassion

Self-compassion was captured using the 12-item Self-Compassion Scale (Raes et al., 2011). Respondents indicated how often they engaged in certain practices on a five-point scale from “almost never” to “almost always.” Example items include “When I feel inadequate in some way, I remind myself that feelings of inadequacy are shared by most people” and “When something upsets me, I try to keep my emotions in balance.” An average composite score was calculated in which higher scores indicated greater self-compassion ($\alpha = .81$). Scores ranged from 2 to 4.64 ($M = 3.26$, $SD = .62$).

Job Stress

Job stress was captured using the 19-item Job Content Questionnaire (Karasek et al., 1988). Respondents indicated how often certain statements related to their job using a five-point (1 = never, 5 = all of the time). Consistent with past work (Whitaker et al., 2015), three subscales were used to capture job demands, job support, and job control, respectively, by creating sum scores.

Job Demands

Job demands (5 items; $\alpha = .74$) included items such as “Do you have enough time to get everything done?” and “Do you have too many demands on you (reversed)?” For individuals with missing data, the missing values were replaced with the average of the responses to the other items from this subscale. Job demands ranged from 5 to 20 ($M = 12.39$; $SD = 3.28$) such that lower scores indicated more demands (and more job stress).

Job Support

Job support (5 items; $\alpha = .79$) included items such as “Do you get help and support from your coworkers?” and “Do you get information you need from your supervisor?” For individuals with missing data, the missing values were replaced with the average of the responses to the other items from this subscale. Job support ranged from 5 to 24 ($M = 12.71$; $SD = 3.47$) such that lower scores indicated more support (and less job stress).

Job Control

Job control (9 items; $\alpha = .74$) included items such as “Does your job provide you with a variety of things that interest you?” and “Do you have a say in decisions about your work?” For individuals with missing data, the missing values were replaced with the average of the responses to the other items from this subscale. Job control ranged from 11 to 36 ($M = 23.76$; $SD = 4.45$) such that lower scores indicated more control (and less job stress).

Economic Challenges

Economic challenges were captured through difficulty paying electric bills and health care expenses, respectively (Mayer & Jencks, 1989). Respondents indicated if they experienced the economic challenges (yes/no) anytime in the past 12 months. For **difficulty paying electric bills**, 33.1% of respondents indicated they were not able to “pay the full amount of the gas, oil, or electricity bills” in the past year. For **difficulty paying health care expenses**, 28.9% of respondents indicated they did not have enough money to pay for necessary health care and/or medicines in the past year.

Personal Characteristics

Personal characteristics included race and ethnicity, educational attainment, pay, and job role. For race and ethnicity, a three-category variable was created with the following categories: Black (14.9%), Hispanic (26.7%), and White (58.4%). For educational attainment a four-category variable was created with the following categories: high school (29.6%), Associate’s (12.0%), Bachelor’s (41.7%), and Graduate (16.7%). Hourly pay was calculated by asking respondents to indicate first their current amount of pay and second to specify the rate of their pay (month v. year). For each respondent both a yearly rate and a monthly rate were calculated, and the hourly rate was used for these analyses ($M = \$19.09$, $SD = \$6.04$, range \$10/hour - \$41/hour). For job role, a three-category variable was created with the following categories: Lead Teachers and Coach Teachers (45.5%), referred to henceforth as “Lead Teachers,” Co-Lead, Associate Teachers, and Teaching Aides (45.5%), referred to henceforth as “Assistant Teachers,” and all other roles (9.1%). We included other job roles, mostly consisting of administrators (e.g., site directors) and family engagement specialists, because they play an important role in EC settings; the decision to keep other job roles as a separate category is in recognition that they have responsibilities and qualifications that differ from lead and assistant teachers.

Adverse Childhood Experiences

(Felitti et al., 1998) were collected by asking respondents to review a list of experiences and add up the number they experienced in the first 18 year of life, which could have included abuse, neglect, poverty, substance abuse, divorce or separation, domestic violence, mental illness, or parent incarceration. On average, respondents experienced 2.60 ACEs ($SD = 2.56$; range 0–9). Specifically, 28.9% of respondents experienced no ACEs, 16.7% experienced one ACE, 11.1% experienced two ACEs, and 43.3% experienced three or more ACEs.

Analytic Plan

To answer the first research question, *What meaningful well-being subgroups of EC educators distinctly exist based on the co-occurrence of psychological, financial, and health indicators?*, a series of latent class analyses (LCAs) were conducted using Mplus version 8.4 (Muthén & Muthén, 1998–2017). Specifically, the LCA included nine continuous variables (physical health, mental health, psychological well-being, personal self-care, professional self-care, self-compassion, job demands, job control, and job support,) and two categorical variables capturing economic challenges. Maximum likelihood

estimation with robust standard errors (MLR) was used for all analyses, as it is the preferred option when one or more of the variables is both categorical and ordered (Muthén & Muthén, 1998–2017).

Model fit was assessed using several fit indices: Loglikelihood H0 value, the Akaike Information Criteria (AIC), the Bayesian Information Criteria (BIC), the sample-size adjusted Bayesian Information Criteria (adj. BIC), and the entropy score. The tech 11 output was also requested, which provides the Vuong-Lo-Mendell-Rubin (VLMR) Likelihood ratio test. This test compares the fit of the model with the number of classes requested to the fit of the model with one class less than the number requested.

To answer the second research question, *To what extent do EC educators' well-being subgroups differ regarding personal characteristics?*, chi-square tests were used to examine differences among the classes by race and ethnicity, educational attainment, and job role, and t-tests were used to examine differences by pay and ACEs.

Results

The bivariate correlations among LCA indicators are shown in Table 1. The series of LCAs fit one through five classes to the data. The fit indices for each potential class solution are listed in Table 2. The Loglikelihood H0 value, AIC, BIC, and sample-size adjusted BIC should move closer to zero as the number of classes fit to the data are increased; however, the amount of movement toward zero will start to plateau. For these analyses, the movement toward zero began to plateau after the addition of the third class. Entropy is a single value representation of the fit of the model, and can range from zero to one with values closer to one indicating better model fit (Collins & Lanza, 2010). Ideal entropy values are 0.80 or higher, and the entropy score for the two-class model were just below that cut off (0.77) while the entropy scores for the three, four, and five class models were all higher than the cutoff. The tech 11 output providing the VLMR Likelihood ratio indicated that only the two-class solution provided better model fit than the class solution with one less class.

The models testing three, four, and five classes did not properly identify. Various troubleshooting techniques were explored, including increasing the number of iterations and adjusting the starting value. When the models were identifying the three, four, and five class solutions, at

Table 1. Bivariate correlations.

	1	2	3	4	5	6	7	8	9	10	11
1. Physically Unhealthy Days	1										
2. Mentally Unhealthy Days	.61**	1									
3. Psychological Well-being	-.35**	-.32**	1								
4. Personal Self-Care (rev)	.31*	.26**	-.46**	1							
5. Professional Self-Care (rev)	.13	.18	-.41**	.62**	1						
6. Self-Compassion	-.36**	-.32**	.61**	-.49**	-.38**	1					
7. Control (rev)	.25**	.28**	-.02	.12	.12	.06	1				
8. Demands (rev)	-.36**	-.19	.15	-.15	-.12	.19*	.05	1			
9. Support (rev)	.20*	.30**	-.17	.12	.20*	-.15	.24*	-.12	1		
10. Difficulty Paying Electricity	.12	.11	-.10	.17	.04	-.02	.21*	.12	.09	1	
11. Difficulty Paying Health Expenses	.18	.19*	-.15	.17	.02	.04	.28*	.03	.02	.52**	1

Note: * = $p < .05$ ** = $p < .01$.

Self-care and stress (control, demands, and support) are reverse coded.

Table 2. Latent class analyses model fit comparisons.

Number of Classes	AIC	BIC	Loglikelihood	Adj. BIC	Entropy	VLMR
1	6278.40	6334.32	-3119.2	6271.08		
2	6154.47	6243.93	-.3045.2	6142.76	.77	.001
3	6091.62	6214.63	-3001.8	6075.52	.86	.61
4	6045.03	6201.59	-2966.5	6024.54	.88	.23
5	6033.51	6223.62	-2948.8	6008.63	.86	1

least one of the class sizes was too small ($n = 4$) to calculate reliable estimates. This small class is likely the reason for the non-identification of the models. In the two-class solution, the average latent class probabilities for most likely class membership (the probability that for a particular class the individuals placed in that class actually belong to that class) are 0.93 for both classes. This information along with the strong fit indices for the two-class solution support accepting the two-class solution.

The two-class solution indicated one class with *more* positive well-being and one class with *less* positive well-being. The first class (49% of sample), labeled “more positive well-being,” was characterized by more favorable well-being across indicators [fewer unhealthy days, greater psychological well-being, more frequent self-care (as evidenced by lower scores), more self-compassion, less stress (as evidenced by lower control and support scores and a higher demand score), and less economic strain]. The second class (51% of sample), labeled “less positive well-being,” was characterized by less favorable well-being on all indicators [more unhealthy days, lower psychological well-being, less frequent self-care (as evidenced by higher scores), less self-compassion, more stress (as evidenced by higher control and support scores and lower demand scores), and more economic strain]. In Table 3, we present the standardized estimates for each indicator within the two classes. A visual depiction of the standardized means for the continuous indicators for the two-class solution is shown in Figure 2. Furthermore, a visual inspection of the standardized means shows that the patterns of responses across the two classes are distinct.

Next, chi-square tests and t-tests were used to examine differences among the classes by race and ethnicity, educational attainment, job role, pay, and ACEs. No significant differences were found by race/ethnicity, $X^2(2, N = 101) = 4.15, p = .125$. Significant differences were observed by educational attainment, job role, pay, and ACEs. In terms of educational attainment, educators with bachelor’s degrees and/or graduate degrees were overrepresented in class 1: more positive well-being (71%) compared to class 2: less positive well-being (44%), $X^2(3, N = 108) = 8.48, p = .037$. In terms of job role, educators in leadership roles were overrepresented in class 1: more positive well-being (63%) compared to class 2: less positive well-being (46%), $X^2(2, N = 121) = 6.31, p = .043$. In other words, most educators in class 2: less positive well-being were assistant teachers or aides. In terms of pay, educators in class 1: more positive well-being, on average, were paid more ($M = \$20.40/\text{hr.}$) than educators in

Table 3. Descriptives, standardized estimates, and item response probabilities.

Variable	Group 1: More positive well-being ($n = 59$)		Group 2: Less positive well-being ($n = 62$)		Total ($n = 121$)		
	<i>M</i>	<i>S.E.</i>	<i>M</i>	<i>S.E.</i>	<i>M</i>	<i>SD</i>	Range
Physically unhealthy days	0.29	0.08	1.04	0.14	3.67	5.79	0–30
Mentally unhealthy days	0.73	0.11	1.59	0.22	8.69	8.03	0–30
Psychological Well-being	10.01	1.06	8.36	0.78	96.99	13.71	58–124
Personal Self-Care ¹	4.25	0.39	5.98	0.63	20.64	5.31	9–32
Professional Self-Care ¹	5.46	0.57	6.84	0.64	23.71	4.66	9–36
Self-Compassion	7.60	0.68	5.97	0.47	3.26	0.62	2.0–4.6
Demands ²	4.11	0.34	3.68	0.26	12.39	3.26	5–20
Support ³	3.54	0.27	4.04	0.32	12.71	3.45	5–24
Control ³	5.27	0.42	5.52	0.46	23.76	4.43	11–36
	Item Response Probabilities		Item Response Probabilities				
Difficulty paying bills							
Yes		0.31		0.36			
No		0.70		0.65			
Difficulty affording health care							
Yes		0.27		0.30			
No		0.73		0.70			

Notes:

¹Lower self-care scores indicate more frequent self-care practices.

²Higher demand scores indicate fewer demands.

³Lower support and control scores indicate greater support and control, respectively.

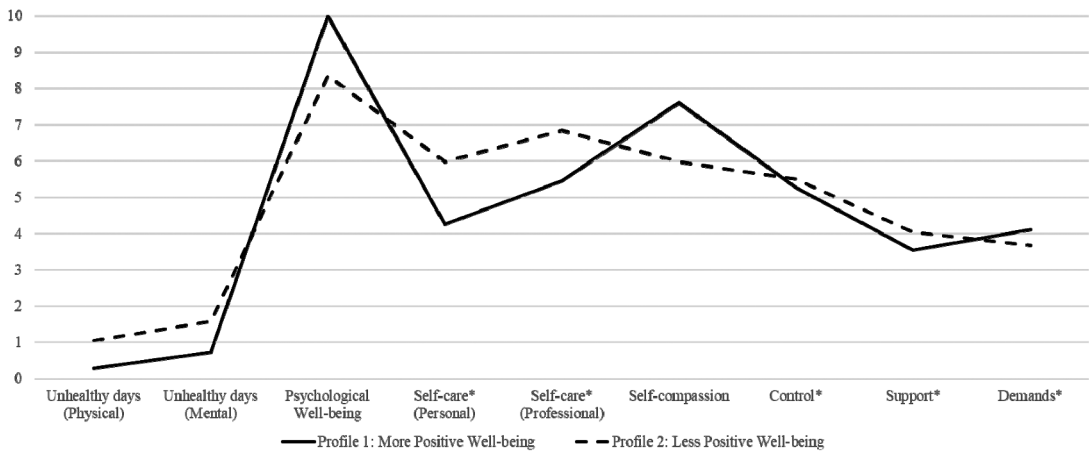


Figure 2. Standardized means for the two-class solution. Note: * indicates a reverse coded variable.

class 2: less positive ($M = 17.57$), $t(110, N = 112) = 2.53, p = .013$. In terms of ACEs, educators in class 1: more positive well-being, on average, had fewer ACEs ($M = 2.09$) than educators in class 2: less positive ($M = 3.16$), $t(88, N = 90) = -2.03, p = .045$.

Discussion

In this study, we sought to identify existing well-being subgroups of EC educators based on psychological, financial, and health indicators, and to understand how well-being subgroups differ regarding personal characteristics that historically reflect power and privilege. First, a two-class solution to the latent class analysis indicated one subgroup of educators with *more* positive well-being and one subgroup of educators with *less* positive well-being. The more positive well-being subgroup had more favorable psychological, financial, and health indicators, on average, compared to the less positive well-being subgroup. Second, well-being subgroups differed regarding educational attainment, job role, pay, and ACEs; specifically, educators with higher educational attainment, in leadership roles, receiving higher pay, with fewer ACEs, respectively, were overrepresented in the more positive well-being subgroup.

Early Childhood Educators' Well-Being

Research has established that EC educators' well-being is important and worth promoting to fully realize the benefit of early care and education (Cumming, 2017; Jennings & Greenberg, 2009; Jennings et al., 2020; NRC, 2015). Consistent with previous work, our study found that EC educators' well-being is cause for concern. For example, health indicators in the present study were similar to estimates from the Pennsylvania (PA) Head Start Study and less favorable than the general population. Specifically, 7.4% of our sample had 14 or more physically unhealthy days compared to 10.1% in the PA Head Start Study and 5.9% in the general population; 25.6% of our sample had 14 or more mentally unhealthy days compared to 18% in the PA Head Start Study and 9.5% in the general population (Whitaker et al., 2013). Overall, however, most studies have focused on individual indicators of well-being that do not necessarily account for the complexity of EC educators' well-being in the workplace.

Consistent with Cumming and Wong's (2019) definition of EC educator well-being as "a dynamic state, involving the interaction of individual, relational, work-environmental, and socio-cultural-political aspects and contexts" (p. 12) and the Early Childhood Professional Well-being Ecological Framework (Gallagher & Roberts, 2022), it is difficult for a single measure to adequately capture the complexity of EC educators' well-being. As such, our study extends past work by

examining the co-occurrence of psychological, financial, and health indicators. It was expected that multiple latent classes would emerge to identify subgroups of educators who share aspects of well-being, which it did; however, it was somewhat unexpected that this approach would reveal a contrast, that is, two subgroups delineated by more positive and less positive indicators of well-being. This may reflect the interconnectedness of various facets of well-being as well as compounding effects. For instance, an educator who can practice self-care at work by taking a break, may experience positive mental health benefits, which in turn, reinforces their self-care practice. In turn, one's positive mental state may make it easier to practice self-care in the future, further reinforcing the cycle. In contrast, an educator who cannot take a break may experience negative consequences to their mental health. Those mental health challenges may make it difficult to practice self-care, which further exacerbates those challenges.

In fact, in the present study, the two well-being subgroups varied most for indicators of self-care, self-compassion, and psychological well-being, all of which were at least moderately correlated (demonstrating interconnectedness), and all considered facets of psychological well-being in the present study. This suggests that psychological well-being may be especially relevant for interventions and organizational change efforts. Specifically, organizational leaders could explore ways to improve the conditions and structures of the workplace to create more opportunities for self-care at work. An example includes the provision of break time throughout the day, which also requires considerations for adequate staffing, including substitute teachers or floaters, planned break times, providing educators a way to indicate when they need a break (in-the-moment), and providing a quiet location to take breaks. It is also important to establish workplace cultures that encourage and expect self-care, as opposed to self-sacrifice, which is often the prevailing norm in caring professions (e.g., van Nistelrooy, 2014).

EC educators also need the tools, knowledge, and skills to promote their own resilience and well-being at work, such as mindfulness and self-compassion strategies. Mindfulness, a component of self-compassion, along with common humanity and self-kindness (Neff, 2011) has received increasing attention in intervention and support efforts (Emerson et al., 2017; Flook et al., 2013; Jennings, 2015). A systemic review of mindfulness interventions for educators of school-aged children (5–18 years) found that mindfulness-based interventions had the strongest effects on teachers' emotion regulation (Emerson et al., 2017). Additionally, self-compassion interventions have shown promising effects among adolescents and college students (Bluth et al., 2017; Smeets et al., 2014).

Well-Being Subgroup Differences by Personal Characteristics

As previously mentioned, in the present study, EC educators with specific characteristics (higher educational attainment, in teacher leadership roles, receiving higher pay) were overrepresented in the more positive well-being subgroup. EC educators with more power and privilege likely have more resources and opportunities to promote their well-being both in and outside of the workplace (e.g., not working multiple jobs to pay their bills, having more autonomy in the workplace). Put differently, educators with less than a bachelor's degree, working as aides or assistant teachers, receiving less pay were *underrepresented* in the more positive well-being group. Like many professions, educational attainment, job role, and pay are highly interconnected in EC settings (Whitebook et al., 2014). Within most EC organizations, a hierarchy exists in which assistant teachers and aides hold less positional power despite being crucial contributors to the care and education of children. For instance, assistant teachers in Head Start are more likely than lead teachers to share linguistic and cultural backgrounds with their students, which can facilitate relationships and communication with children and families (Jacoby, 2021).

As more efforts seek to support early educators' well-being, including increasing pay and compensation and elevating the importance of the profession, aides and assistant teachers must be included, and even prioritized, in these efforts. Instead, if the field focuses exclusively on promoting the well-being of those with more positional power (e.g., lead teachers; teachers with advanced degrees), the

field risks deepening existing inequities, which would likely result in far-reaching negative consequences. According to the prosocial classroom model, hindrances to teacher well-being can affect classroom relationships, classroom/school climates, and ultimately, children's social and cognitive outcomes (Jennings & Greenberg, 2009). As such, the well-being of all early childhood educators needs to be promoted.

Additionally, in the present study, well-being classes varied by educators' trauma histories. The more positive well-being group experienced fewer ACEs, on average, than the less positive well-being group. This finding is consistent with research on the long-term health consequences of childhood trauma (Felitti et al., 1998), suggesting that ACEs may partially explain differences in well-being. It is important to note, however, that people have immense potential to overcome adversity, and, "ACE scores are not destiny" (Danielson & Saxena, 2019, p. 3). As such, it is unlikely that ACEs fully explain the differences in well-being classes found in the present study.

Consistent with previous work, ACEs were common in our sample of EC educators (Hubel et al., 2020; Whitaker et al., 2014); most of the sample experienced at least one ACE. Research suggests that individuals who experienced ACEs may feel a personal calling to human services professions, including early care and education (Authors, 2018; Esaki & Larkin, 2018). As such, trauma-sensitive approaches are important for supporting the EC workforce and may include providing a sense of safety, providing peer support, promoting collaboration, and promoting empowerment, among other strategies (Danielson & Saxena, 2019). One approach that was found to be effective in EC included a professional development course for preschool teachers which focused on the effects of trauma paired with relational processes. Specifically, findings suggest that participants were able to feel emotionally safe through relational processes, which facilitated awareness and acceptance of personal trauma, leading to greater compassion in the classroom (Herman & Whitaker, 2020).

Limitations and Future Directions

This study utilized a relatively small sample of EC educators in one U.S. state and in one type of EC setting (e.g., center-based care serving families with limited access to economic resources). This relatively small sample could have contributed to the models testing the three-, four-, and five-class solutions not identifying. Future work should seek to understand EC educator well-being profiles using larger, ideally nationally representative, samples of EC educators in various early care and education settings. To do so, larger studies of the EC workforce need to include comprehensive measures of workforce well-being beyond what is typically collected. Similarly, more work is needed to create and refine measures of EC educator well-being to capture the complexity of the work, as well as the multitude of factors that can affect EC educator well-being, but for which we lack measures, such as regard for the profession or EC policies (Gallagher & Roberts, 2022).

Future work could also explore intersectionality in relation to well-being. Although there were no significant differences by race and ethnicity, EC educators of color have been historically underrepresented in EC leadership roles and overrepresented in lower paying roles (Austin et al., 2019; Johnson-Staub, 2017). Furthermore, future work could investigate other social determinants of health, such as racism, and collect information regarding individual's experience of discrimination, race-related stress, or similar constructs. In relation to EC educators' well-being at work, it may be particularly beneficial to understand experiences of racism and discrimination specifically within the context of the workplace.

Conclusion

Early childhood educators are essential to providing children with high quality early learning experiences. Workplaces and systems must function to support EC educators' well-being, and EC educators must be equipped with strategies and provided opportunities to promote their own well-being. Psychological well-being, including self-care and self-compassion, may be relevant areas to focus

organizational and systems change efforts or professional development interventions, particularly those using trauma-sensitive approaches. Furthermore, to promote equity and well-being across the workforce, assistant teachers should be included and prioritized in efforts to support the EC workforce.

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