Exploring Early Childhood Practitioners' Perceptions of Empathic Interactions with Children and Families

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Abstract

The importance of empathy for anyone working with people surely cannot be contested, and in work with young children in the early childhood profession it is of the utmost significance. Yet empathy is generally not explicitly included in job descriptions or training specifications. Its nebulous nature means that it is difficult to qualify.

In early childhood practice, the development of close personal relationships between practitioners and young children is paramount. Practitioners need empathy to 'tune into' children to understand their needs. Although there has been an increase in research into emotion within early childhood practice over the last decade, none have examined empathy in particular.

This study draws on theories of empathy (for example, Rogers, 1959) and investigates types of empathy seen in early childhood practice. The aim and objectives of the research are to investigate how practitioners perceive empathy within their practice, to identify types of empathy being demonstrated and to understand the impact, if any, on practitioners' wellbeing. An additional aim is to give voice to this marginalised group of professionals.

The study was conducted within a qualitative paradigm using a constructivist epistemology. Reflective diaries were completed by nine practitioners in England, followed by semi-structured interviews to further examine diary content. Data analysis was conducted using Smith, Flowers and Larkin's (2022) seven step Interpretive Phenomenological Analysis approach.

Analysis of diaries and interview transcripts illustrated practitioners' close empathic relationships with children, colleagues and parents/carers. Practitioners demonstrated cognitive and affective empathy in their interactions, affective empathy in particular influencing their lives outside of work. This study illuminates the exhaustion and emotional cost of empathic interactions for early childhood practitioners.

The findings of the project recommend acknowledgement of the emotional impact of the role and preparation for this in education and training. It calls for improved reflective supervision for practitioners who report an impact upon their own wellbeing daily.

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Chapter 1: Introduction

This research has emerged from the researcher's two career strands: early childhood practice and counselling, both requiring empathy from practitioners. Based on firsthand experiences of witnessing early childhood practice from both professional and academic viewpoints, it is evident that empathy plays a significant role. However, published research on early childhood practitioners' use of empathy cannot be found.

1.1 Empathy

Empathy is generally understood, in common parlance, as the ability to see things from other people's points of view; to 'walk in another's shoes' (Smith, 2016). However, in academic study, it is far more complex, with multiple definitions of empathy and considerable uncertainty surrounding the concept. Empathy has been studied through the lenses of different fields of study, for example: physiology, social psychology, developmental psychology and neuroscience. Consequently, acquiring a definitive definition is very challenging. Hall and Schwartz (2019, p.225) argue that 'the diversity in conceptual and operational definitions threatens the ability of researchers to advance the field'. In fact, psychologist Hoffman (2000, p.30) who has spent his academic career exploring the development of empathy says, 'the more I study empathy, the more complex it becomes'.

The work of psychologist Carl Rogers has brought the study of empathy into renown. Rogers (1942) was influential in exploring the concept of empathy as one of the 'necessary core conditions', along with 'congruence' and 'unconditional positive regard'; three attributes that Rogers deemed to be essential in establishing a productive therapeutic relationship between counsellor and client. Rogers (1980) described empathy as the 'sensitive ability and willingness to understand the client's thoughts, feelings and struggles from the client's point of view' (p.85). Although Rogers' principle of empathy is still a cornerstone of counselling and psychotherapy today, other interpretations have since developed. Researchers have formulated theories of types of empathy (Maibom, 2017), levels of empathy (Belzung, 2014) and stages of empathy (Cunico *et al*, 2012). Although challenging to define, it is agreed throughout the literature, that empathy is an interpersonal skill that is beneficial for anyone working with people. There is extensive published research relating to the benefits of empathy for the caring professions, in particular nursing and social work. In nursing, empathy is said to improve nurses' sensitivity and responsiveness to patients (Irving and Dickson, 2004). In social work, it is claimed that practitioners' empathy improves the physical, mental and social wellbeing of service users (Lynch *et al*, 2019). In the early childhood profession, however, the experience of empathy within practice is a neglected area of research. There has, in recent years, been some research interest in the emotional aspects of working with children (see for example Page, 2018; Elfer *et al*, 2018). Such research is focussed on the emotional labour of early childhood practice, but this is not expressly

related to empathy. Moreover, there appears to be a contradiction in values within the sector. Whilst children are encouraged to express their emotions (see section 2.4.4 on emotion coaching), emotional labour rules (see section 2.5.3) for practitioners demand the demonstration of positive emotion only in the workplace. This incongruity generates questions of the nature of empathy and its effects on the empathiser.

1.2 Early Childhood practice

The childcare profession in England has undergone many changes since the first formal training, the 'training for ladies as children's nurses' began at the Norland institute in 1892 (Wright, 1999). The main aim of the training then was to offer,

> a career opportunity for women of genteel birth who could not cope with the intellectual rigours of teacher training, but had empathy with, and an awareness of, the needs of young children (p.7).

The early childhood profession in England has historically been predominantly female; despite efforts to encourage males into early childhood as a career (Thorpe *et al*, 2020), the workforce remains 97% female (The Economist, 2022). The traditional perception is that working with young children is a role undertaken by women, the assumption that caring for others is a maternal, female role (Fairchild and Mikuska, 2021). This tension has been researched and critiqued for decades; an influential publication by Moyles (2001) was among the first to analyse the paradox between emotional passion for the work and the need for professionalism. Moyles declares (2001),

> early years practitioners have shown themselves able to engage in high level, critical (and passionate!) reflection on their own practices, to link associated theory and to challenge political prescription (p.81).

Childcare was originally situated in the health sector but was later incorporated into education with the opening of nurseries during the first world war, when women needed to work (Nutbrown and Clough, 2014). Changes over time were triggered by the 1944 Education Act, the 1960 Pre-school playgroup movement and the 1967 Plowden report. However, it is since 1988 and the Educational Reform Act (Nutbrown and Clough, 2014) that interest in the profession resulted in a raft of new policies and development of qualifications. The professionalisation of the workforce, and a move towards graduate leadership was instigated by the Labour government in 1997 (Lloyd and Hallet, 2010), with financial support for training and an attempt to raise the profile of early childhood work. However, the Early Years Professional Status and Early Years Teacher initiatives have instead exacerbated institutional divides between teachers and early childhood practitioners (Lloyd and Hallet, 2010, p.19) and changes to the profession have been limited to a market-based position (Langford, 2019) where practitioners must '*perform* professionalism and be judged against an external

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set of criteria' (Osgood, 2010, p.120), resulting in more pressures with no change to status, increase in pay or improvement in conditions. Indeed, research by Lyndon (2022) identified that many early childhood practitioners, who are supporting children and families during the current cost of living crisis, are themselves living in poverty. As workforce reform and the move towards graduate status (Nutbrown, 2012) increased demands on the workforce for higher qualifications and more accountability, the tension between the two constructions of the maternal, caring practitioner and the highly trained professional, is a threat to practitioners' wellbeing (Basford, 2019). It is clear that knowledge is gendered (Muradyan, 2020), and due to the historical position of early childhood practice as 'women's work', the profession is overlooked and devalued and has become a marginalised section of education. Socially constructed skills, such as nurturing others, are expected from females who grow up surrounded by such societal expectations from a young age (Colley, 2006). This social construction is then reinforced through education and training for caring roles (Skeggs, 1997). Such gendered ideals also create issues for men undertaking the work; the idea that they, because they are men, cannot be caring or nurturing.

The profession has experienced an escalation in work stress and emotional exhaustion in the past decade (Jena-Crottet, 2017; OECD, 2019). The additional pressures of the Covid-19 pandemic have contributed to high levels of stress and emotional exhaustion within the profession (Eadie *et al*, 2021). An increase in research examining emotion and exhaustion in the profession has acknowledged the challenges of the role (see for example Elfer *et al*, 2018; Løvgren, 2016; Jeon *et al*, 2019), hence the timeliness of this research.

Although empathy is widely accepted to be an essential skill for those working with children, the perception and impact of empathy in early childhood practice has not been examined. Given the researcher's interest in empathy and professional background in early childhood practice, it is important to outline the position in relation to this study.

1.3 Reflexivity and the researcher in context

Reflexivity is a widely accepted practice within the social sciences and an essential component of this research. Reflexivity, of itself, is feminist because it challenges the hierarchical norms of objectivity and positivism (Whitson, 2017). In this research, my presence is acknowledged; I cannot be separated from the research. This subjective stance encourages consideration of people's emotions and of the roles that researcher and participants play in the research process. Whitson (2017, p.299) emphasises that,

'Researcher subjectivity attunes us to ways in which our subjectivities shift through the research process and are intimately connected to and mediated by the process of research and our interactions with our research participants.'

Being explicit in relation to one's own position and its influence on the research is an important aspect of the rigour of qualitative research (Subramani, 2019). As a researcher, I acknowledge that my own values and experiences will influence, and are likely to be transformed by, the research. As an Interpretive Phenomenological Analysis researcher, I acknowledge that I have a dual perspective, blending self-awareness and analysis with my insight into others' lived experience (Goldspink and Engward, 2019).

My own professional career began in 1982 when, aged 16, I enrolled on an NNEB (National Nursery Examination Board) 'nursery nursing' course. I had always wanted to work with children but was not predicted to achieve the grades required for teaching or nursing, so the course was the obvious choice for me. I had a long and enjoyable career in the childcare profession, working as a nanny, a nursery nurse in special school and primary school, a childminder, a teaching assistant and an inclusion development worker. In my 30s, I began to feel disillusioned with the low status and poor pay and conditions, and I embarked on further training. Gaining qualifications in teaching adults and in counselling, I worked as a childcare lecturer in Further Education, then a senior lecturer in Higher Education, my current position. I believe that I am in exactly the right job for me now. I have the privilege of working with some amazing practitioners and to influence and learn from them. My strengths are in encouraging and supporting students with empathy and compassion, and my role in supporting new members of staff as a mentor enables me to utilise these same strengths. Empathy is a key value in all aspects of my life, as a wife, mother and grandmother, as a teacher and as a researcher. Empathy has always held a fascination for me; therefore, it was a clear focus for PhD study and research.

Transient insider

Roberts (2018) introduced the term 'transient insider' to explain a research position which aligns with my own. As a former NNEB nursery nurse, I have an insider position which is useful in establishing trust, building rapport and helping participants feel seen and heard. Early childhood practice is familiar to me; my personal experiences give me an inside appreciation of the profession. However, my current role as a senior lecturer and researcher allows me a different perspective as an outsider. The relationship between researcher and participants is at the heart of this study, so understanding the transient nature of having both an insider and outsider position is useful in understanding the emotional nature of the research.

Embracing reflexivity means accepting my own influences on the research. This is not a research project that promises an unbiased objective/scientific view, it is one where my own person is accepted and considered, and my personal position situated within the research. Feeley, Thomson and Downe (2020) recommend that researchers state their prior experiences and potent influences at the beginning of the research process, therefore these are summarised below in figure 1.1:

Figure 1.1: Researcher's personal position

I have a professional background as an early childhood practitioner

I believe that early childhood work is a crucially important profession, and that it is undervalued in our society

My counselling training and experience has taught me that empathy, congruence and unconditional positive regard are important in working with people

A self-reflective journal will be used as a strategy to facilitate reflexivity (Ortlipp, 2008) and create transparency in the research process. Roberts (2018, p.123) recommends reflection on emotion at every stage of the research in order to examine one's position as a 'transient insider'.

1.4 Aim and objectives of the research

This research stems from an interest in empathy in early childhood practice, combined with a desire to understand the emotional impact of empathy on practitioners. The overarching aim of the study was and is to bring these two aspects together and to investigate how early childhood practitioners perceive empathy within their practice. The research subject is identified as:

'Exploring Early Childhood Practitioners' Perceptions of Empathic Interactions with Children and Families'

Having previously studied the subject of empathy, it was evident that there was a multitude of definitions and theories about types and stages of empathy. The first objective, then, was to review the literature relating to empathy, and to identify any gaps in the research. The second objective was to conduct empirical research to explore participants' understanding of empathy within their practice; this was to be conducted using a reflective diary-interview method. Consequently, the third objective was to attempt to identify the type(s) of empathy being demonstrated in interactions by practitioners with children and their families. Initial reading concerning current early childhood practice portrayed a profession experiencing an increase in stress and emotional exhaustion, but there was little mention of empathy in recently published research. Therefore, understanding the impact, if any, of empathic

interactions on practitioners was a fourth objective. These aims and objectives are shown in figure 1.2 (below).

Figure 1.2 Aim and objectives of the research

Aim - to investigate how early childhood practitioners perceive empathy within their practice and understand the impact, if any, on practitioners

Objective 1 - review the literature relating to empathy and early childhood practice in order to understand existing knowledge and highlight potential gaps in current research

Objective 2 - conduct research using a reflective diary - interview method in order to explore practitioners' understanding of empathy

Objective 3 - compare and contrast participants' descriptions of empathy displayed in interactions with children in order to identify types of empathy

Objective 4 - investigate potential links between practitioners' empathic interactions and their own emotions in order to identify implications for practice

As research is an iterative process, however, objectives may evolve as the study progresses.

1.4.1 Potential contribution to knowledge

Although studies have recognised the significance of empathy in working with others, research has yet to investigate systematically the ways that early years practitioners in England perceive and manage empathic interactions with children and families. The aim of this research is to contribute to the understanding and lived experience of empathy within the profession. Although empathy is accepted as being important in the role (Solvason and Webb, 2022), there are no specific requirements for empathy within the early years educator standards (NCFE, 2023) or the early years teacher standards (DfE 2013). However, there is recent research which suggests that there is a high level of emotion within the profession, which can result in distress or compassion fatigue (Elfer, 2012; 2015; 2018, Taggart, 2011; 2016, Page and Elfer, 2013; Page, 2018). None of these studies focus on empathy directly, but it would be interesting to examine whether the 'emotional overload' that Elfer *et al* (2018) debate is due to, or related to, practitioners' empathic interactions. It is suggested that there may be potential in the education and training of early years practitioners for development of this essential skill and an appreciation of the potential effects of empathy on themselves within the workplace. Greater understanding of the role of empathy within the profession could potentially lead to the inclusion of empathy development within early childhood training. The hope is that in disseminating

the research findings more widely, there will be more appreciation of the importance of empathy for practitioners.

An additional potential impact of this research is that managers will benefit from information about the effects of empathic interactions on early years professionals, and this in turn may result in an increase or adjustment to current supervision arrangements and an awareness of support needs.

1.5 Methodological approach and methods

The philosophy underpinning this research is constructivist and interpretive, with an overarching feminist paradigm, discussed more fully in chapter 3. The group of participants sampled in this study are from a marginalised group (Campbell, 2013), so a feminist approach was appropriate in promoting their voices. Skeggs (1994) explains, 'feminist research begins from the premise that the nature of reality in western society is unequal and hierarchical'. The dominance of male membership in the scientific professions results in powerful scientists 'pronouncing truth on subjects affecting women' (Gregg, 1987, p.8).

The relationship between feminist research and objectivity is debated by Lloyd (1995), who advocates acceptance and consideration of sex and gender distinctions in social science research. From a position of social justice, the aim is to listen to and value participants' lived experience, challenging the hierarchy by valuing and amplifying the early childhood practitioner voice. In this way, the social and political context in which the study is situated has informed the methodology and research approach.

Interpretivist Phenomenological Analysis (IPA) was chosen as the methodology, as the aim was to explore the lived experience of a group of people (Smith, Flowers and Larkin, 2022) and to explore their understanding of the phenomenon of empathy. The research employs a value-bound, reflexive axiology (Saunders, Lewis and Thornhill, 2019), so the values of the researcher are accepted and noted throughout the research process.

Reflective diaries were chosen as a data collection method, for several reasons. Asking practitioners to keep a reflective diary of their interactions allowed them to write freely and encouraged the sharing of emotions as well as detailed descriptions of practice, culminating in 'a rich abundance of data insight' (Alase, 2017, p.18). Examination of IPA studies in similar sectors suggested a benefit in the diary-interview method (Zimmerman and Weider, 1977). In Bedwell *et al*'s (2012) research with midwives, semi-structured interviews were found to provide an opportunity for clarifying points and probing for more detail to promote deeper discussion, so this method was adopted.

1.6 Structure of the report

This chapter has outlined the aim and objectives of the research and given some context to my own interest in the subjects of empathy and early childhood practice. A brief introduction to the literature and the methodological approach have been included. Subsequent chapters of this report will be organised as follows:

Chapter two details a literature review exploring empathy and early childhood practice. The chapter begins with a history of the concept of empathy and the differences between empathy and compassion, two terms often confused. Types of empathy and descriptions of empathy in a range of academic disciplines are described. As there is little published research into empathy in early childhood practice, empathy in similar professions (nursing, social work and teaching) is explored and reported. The chapter concludes with a review of the literature concerning early childhood practice in general.

Chapter three includes discussion of the chosen methodological approach, theoretical foundations and research philosophy. Interpretive Phenomenological Analysis in relation to data collection and data analysis is discussed and justified. The chosen methods of reflective diaries and semi-structured interviews are rationalised, and ethical considerations and practices explained.

Chapter four details the data analysis strategy employed (Smith, Flowers and Larkin's (2022) seven-step IPA approach) and details the process with examples taken from analysis of the first participant's data. Given the significance of reflexivity in IPA research, reflexivity and double hermeneutics are discussed.

In chapter five, data from all nine participants are analysed using Smith, Flowers and Larkin's (2022) approach. Each participant's data is summarised in a table and Personal Experiential Themes (PETs) are distilled into Group Experiential Themes (GETs), which summarise themes from the whole group.

Chapter six is the discussion chapter, where findings from chapter five are discussed in detail with the literature reviewed in chapter two.

Chapter seven concludes the report, drawing together the main findings and considering the extent to which the research aim and objectives have been met. Implications for further research are explored, and suggestions for early childhood practice are recommended.

Chapter 2: Literature Review

2.1 Introduction

The aim of this literature review is to examine current research in the field of empathy within the context of early childhood practitioners' practice. The subject of empathy has received critical attention since the word was first used in the English language at the start of the 20th century (Titchener, 1909). Much of the academic literature relating to empathy is located in the field of counselling and therapy, arising from the work of Carl Rogers (1959), which will be discussed later in the chapter. Despite the interest in empathy, defining the concept has always been problematic. Empathy is widely understood as being the ability to understand others' feelings, to see things through other people's eyes, imagining what it would be like to be that person in that situation (Baumeister and Vohs, 2007). Over the past century, empathy has been a key element of studies in counselling, psychology and sociology; however, there are conflicting interpretations of the concept among academic disciplines (Zahavi, 2017). This literature review aims to map the field in respect of ideas relating to empathy and its use, specifically in caring professions, aiming to present a broad overview of the existing literature in order to examine key concepts (Tricco, 2016, p.2) and highlight gaps in order to position and justify proposed research, a strategy endorsed by Grant & Booth (2009).

The first section of the review will look at the origins of empathy in academic literature and provide a range of definitions and ideas about what empathy is, including cognitive, affective and multi-dimensional types of empathy, and physiological theories. The difference between empathy and compassion will be examined, and the debate as to whether empathy skills are innate or can be learned or developed will also be reviewed. This research aims to examine the understanding of empathy by early childhood professionals. Consequently, in the second section of the chapter, empathy is examined as a necessary skill in caring professions. A range of research papers will be explored which discuss empathy in nursing, social work, teaching, and specifically for those working with young children. In order to examine the empathy experience of practitioners working within the early childhood profession, it is useful to examine social and emotional expectations of the profession itself, so a brief history of the development of the profession and an overview of early childhood practice within the England today will be provided in the third section. This will culminate in section four with a discussion of empathy specifically in the early childhood sector; of which there is little published research. The aim of this research is to examine the way that early childhood professionals experience and interpret empathic interactions and the potential personal impact. The chapter concludes with analysis of the implications of empathy for early childhood practice.

2.2 Empathy

2.2.1 Classic literature / empathy as a historical concept

The word empathy originates from the Ancient Greek ἐν (en – in) and πάθος (pathos – feeling / passion) culminating in the word ἐμπάθεια (*empatheia*), which is translated as 'in physical affection or passion' (Harper, 2000). The term *empatheia* was later translated to the German '*Einfühlung* (feeling into)' by Lotze and Vischer in 1873, then to the English word 'Empathy' by Titchener in 1909 (Ganczarek, J., Hünefeldt, T. and Belardinelli, O. 2018). However, the meaning of the word has changed over the last 100 years. Empathy was first seen in relation to the enjoyment of art as 'aesthetic sympathy' (Lipps, 1903) and was described as the ability to project one's own feelings and movements into an object, for example, 'a viewer perceived a mountain or architectural column as if it were rising because the viewer transferred his or her own feelings of stretching upwards into the mountain or column' (Lanzoni, 2019). Lanzoni explains that empathy is experienced as a passive reflection of another.

The first documented evidence of empathy being used in a therapy context with a patient was by psychologist Southard in 1918. In the 1930s, psychologists and sociologists began to explore the links between empathy and understanding others (Lanzoni, 2018). Arguably, it is since the work of psychologist Carl Rogers that the study of empathy has gained momentum (Friedman, 2016, p.337). Rogers established three core conditions for therapeutic relationships which included empathy, alongside congruence and unconditional positive regard. Rogers was influential in exploring the concept of these 'core conditions' and deemed them to be essential in therapy interactions (Rogers, 1959, p.135). The concept was developed for the counselling profession and still forms the basis of person-centred counselling and therapy today (Brown, 2007). Rogers had a strong conviction that, although the conditions are essential in a therapeutic connection, they are equally as important in any interpersonal relationship.

Rogers (1980, p.85) described empathy as the 'sensitive ability and willingness to understand the client's thoughts, feelings and struggles from their point of view'. Being able to understand how another person may be feeling, to 'see completely through the client's eyes' (Rogers, 1980, p.85) is acknowledged as contributing to successful relationships**.** However, this raises intriguing questions regarding the extent to which one can truly see things in the same way as others. Rogers' (1957, p.210) defined empathy as the perception of 'the internal frame of reference of another', being sensitive to the emotions, 'as if' one was the other person. Although Rogers' view of empathy is still leading practice within counselling and psychotherapy, other interpretations have developed; these are outlined within this chapter, and some of the multitude of definitions is illustrated in Figure 2.1.

To develop the definition of empathy, a closer look at the concept demonstrates its complexity and multi-layered nature. Two forms of empathy widely researched and examined are 'cognitive empathy' and 'affective empathy'. Cognitive empathy involves rational understanding of the feelings of others, but without an emotional effect on the empathiser. In affective empathy, in contrast, there is a sharing of the emotions, with the empathiser experiencing the emotion of the other person themselves (Molenberghs, 2017). These two forms of empathy are further discussed in sections 2.2.3 and 2.2.4. The scope of definitions of empathy is further obscured by misperceptions of the qualities of empathy and compassion.

2.2.2 Empathy vs. Compassion

The terms 'empathy' and 'compassion' are sometimes mistakenly used interchangeably (Singer and Klimecki, 2014); however, they are very different concepts. Empathy is the capacity to understand or share the feelings of others, whereas compassion is a desire to act, which is one of the consequences resulting from empathy (Maibom, 2017). Singer and Klimecki (2014, p.875) suggest that there are two possible reactions to empathy: compassion (which they also term 'empathic concern') or empathic distress. They suggest that reacting with compassion is an 'other-related emotion' leading to the motivation to help, whereas reacting with empathic distress is a 'self-related emotion' that can result in emotional upset or a withdrawal from the situation in order to protect oneself. This is discussed further in section 2.5.5. These distinctions are applied by many academic writers, for example: Decety and Jackson, (2004), Hoffman, (2000) and Galetz (2019). Galetz' (2019) description of the difference between empathy and compassion is:

> While empathy is a present-based, spontaneous response to an experience with another person or group of persons, compassion should be considered an innate, attitudinal state. It is a relational concept, which usually precedes interaction (p.450).

Galetz' understanding of the difference between empathy and compassion is centred on the idea that empathy is about 'being one with', whereas compassion is about 'being external to'. When we empathise, we try to understand the feeling and to seek common ground. When we show compassion, we feel sorry for the other person, and we try to find a solution to help them. Galetz (2019) concludes that compassion develops from empathy, 'one must have empathy before having compassion' (p.453). The next section examines compassion in more detail.

Compassion

Taggart (2016, p.176) sees compassion as calling upon personal emotions to 'seek to alleviate suffering, vulnerability, or inequality', so expressing empathy through action. Indeed, it is possible to have empathy without compassion, to feel the suffering of others without taking action (Hoisington,

2011). Bloom (2016) asserts that empathy can be used for malicious reasons; if we can read how other people are feeling, then we can more easily seduce, exploit or bully. Arguably then, compassion can be thought of as the *positive* outcome of empathy. Compassion is characterised by an impulse to act and make things better, claim Singer and Klimecki (2014), who rationalise that compassion produces positive feelings, good mental health and prosocial motivation. Conversely, empathic distress and internalising another person's emotions results in negative feelings, poor health/ burnout and withdrawal (Lim and DeSteno, 2016). Lim and DeSteno (2016) also suggest that compassion is 'a forward-looking coping response' which is positive and developmental. Their research identifies three things that enhance compassion; life adversity (the suggestion that if you have survived tough times, you will identify with others), empathy, and a compassionate disposition. This view of compassion being a personal disposition contrasts with Taggart's (2015) view that compassion, like empathy, is a skill that can be taught and developed. This is further discussed in section 2.2.8.

Compassion is essential in work with young children; it is a key factor in attachment relationships, and it helps to nurture children into becoming well-adjusted, compassionate adults (Taggart, 2016). Dachyshyn (2015) urges the early childhood education and care (ECEC) sector to use compassion in all interactions with children and families, by always being 'heartfully present' (p.37). Heartfulness is defined by Dachyshyn (2015, p.37) as 'responding from the heart…from a place of deep compassion and empathy'. In the teaching profession, Rodgers and Raider-Roth (2006) talk about the importance of teachers having 'an alert mind…with a compassionate heart' (p.267). However, the function of the 'head and heart' analogy to differentiate between logical thought and emotion is not always constructive, maintain Hendricks and Thibodeau (2017), who question whether people's language accurately confirms their mental representation. Nonetheless, Dachyshyn (2015) uses the analogy to appeal to early childhood workers to respond from the heart, rather than from the head. This is in direct disagreement with the call for 'rational compassion', a term coined by Bloom (2016) as an alternative to empathy. Bloom's (2016) book 'Against empathy' has a misleading title. Bloom is not against concern and care for others, nor is he against the endeavour to understand how people are feeling. Bloom (2016) advocates contemplation of moral principles, considering costs and benefits of actions, and attempting to make people's lives better *without* putting oneself in the other person's position. This notion of 'rational compassion' could be understood as a form of cognitive empathy (see 2.2.4) which results in compassion for others. The premise of the argument he presents is that the attempt to feel the emotions of others is flawed. He suggests that empathy is biased, that we are more likely to feel empathy, for example, for someone who is like us (racially, socially, etc.), or who is more attractive. Bloom (2017) uses the example of people feeling more empathy for a news story of a little girl stuck in a well than the multitude of people affected by climate change, which seems illogical.

Feeling empathy for a group, suggests Bloom (2016), can also make us feel angry, so empathy can even be 'weaponised' by politicians and can generate anger towards those causing suffering. Prinz (2011) also believes that empathy is prone to bias, and she suggests concern based on moral judgement which involve emotions to be superior to compassion. Conversely, Morgan (2017, p.1), writing about compassion in healthcare, considers it to be lacking in 'richness and clarity' and believes empathy, with an emotional component, to be far superior in understanding the multiple responses to others' distress. Bloom (2016) and Singer and Klimecki (2014) draw a comparison between compassion and cognitive empathy; that compassion encompasses feelings of concern and a desire to help, but it does not include the sharing of the other's suffering.

2.2.3 Defining and researching empathy

One of the greatest challenges in researching empathy is the lack of a common conclusive definition of what it is and how it relates to, or differs from, other similar experiences such as sympathy, mimicry, emotional contagion and perspective taking (Zahavi, 2017, in Maibom, 2017). Hall and Schwartz (2019, p.237) discuss the consequences for researchers, as the understanding of, and approaches used in empathy studies, differ so much that it is impossible to examine them systematically. They go on to suggest that 'the term empathy is used promiscuously' (Hall, Schwartz and Duong, 2021, p.11) for other similar experiences (for example sympathy or pity), which further complicates and threatens the advancement of the field. Hepburn and Potter (2007) identify a considerable overlap in dictionary definitions of empathy and sympathy. Arguably then, the range of definitions and methods used to measure empathy maintains the confusion surrounding the concept. Hall, Schwartz and Duong (2021) summarise this, claiming that 'the term empathy is popular, yet fuzzy' (p.5). One of the most prolific writers on the subject of empathy development, Hoffman (2000, p.30), declares 'the more I study empathy, the more complex it becomes'. Even in the most recent sources, finding a definition of empathy that is not confused with sympathy or pity is challenging (Galetz, 2019). Figure. 2.1 (see below) details just some of the many definitions of empathy.

The study of empathy is approached differently in various academic disciplines. Developmental psychologists (for example Hoffman, 2000 and Eisenberg, 2005), describe the development of empathy in childhood. They illustrate the way that young children react to others' distress because of the way it affects them. As children grow and develop, their distress becomes less egocentric and develops into concern for the other person, this transformation is what we understand as empathy.

Figure 2.1: Initial literature search for Empathy - mind map of definitions
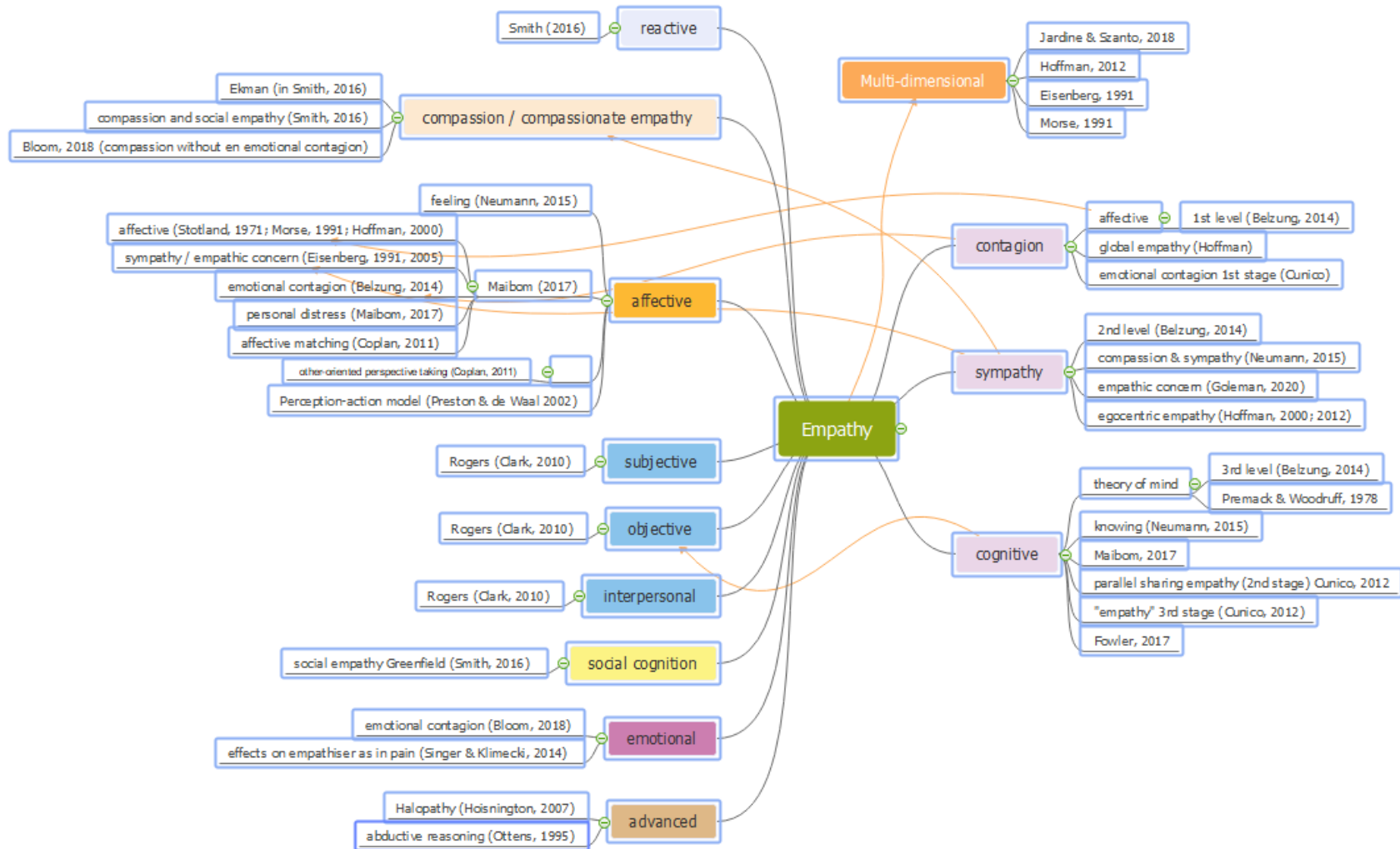
A theory in the field of neuroscience describes 'catching' emotions from others; the term 'emotional contagion' depicts this phenomenon. Bernhardt and Singer's (2012) review of literature in neuroscience identifies pain, disgust, fear, anger, anxiety, pleasure, embarrassment and sadness as the emotions that can be 'contracted' from others empathically. There have been some interesting discoveries in neuroscience in the 21st century, pertaining to links between hormones and empathy, which is further discussed in section 2.2.7.

In social psychology, empathy is usually understood as 'simulation' or 'perspective taking' (Maibom, 2017), which constitutes a cognitive view of empathy. It is in social psychology that empathy 'tests' are to be found. Such tests measure dispositional empathy and theory of mind; examples are the Hogan Empathy Scale (Hogan, 1969), the Interpersonal Reactivity Index (Davis, 1980), the Balanced Emotional Empathy Scale (Mehrabian, 1996) and the empathy selection test (Tottenham *et al*, 2009). However, such measures are prone to bias (Neumann *et al*, 2015), therefore are not used in this study. This is discussed further in section 2.3.

As well as variation in definitions of empathy, there are also different ways of describing types and stages of empathy. Some writers describe a hierarchy of empathy skills, from emotional contagion at its most basic to more advanced levels of empathy (Belzung, 2014; Cunico, 2012).

Levels of empathy

Belzung (2014) describes emotional contagion as the most basic kind of empathy, as the result is 'unconscious bodily synchronization' (p.179) rather than conscious imitation. An example of this would be yawning when one sees others yawn, or all the babies in a nursery crying when one starts to cry. There is no conscious decision to react, it is 'an automatic, instinctive, non-controllable process' (Belzung, 2014, p.180).

The concept of evolving levels of empathy continues with a second level which involves the unconscious emotional contagion alongside a desire to help. An example of this could be seeing someone crying after falling down and wanting to help them. This second level of empathy, according to Belzung (2014), involves understanding the feelings of others, and it requires 'theory of mind' to enable us to understand and want to help. Theory of mind is 'the ability to attribute mental states to oneself, and to others, and to understand that others have beliefs, desires, intentions, and perspectives that are different from one's own' (Premack and Woodruff, 1978, p.155). An important point about empathy is that one feels *with* someone, but one does not confuse oneself with the other. When empathising with someone, we know that the emotion we are aware of is the emotion of another. If this self–other distinction is not present, then this is simply emotional contagion (Singer and Klimecki, 2014, p.875).

A third 'level' of empathy, described in counselling and psychotherapy, is characterised as 'advanced empathy'. Advanced empathy (Egan, 2013) involves picking up and working with feelings recognised from body language or voice tone. This is potentially much more powerful than basic empathy, as the other person may not be consciously aware of their own feelings. Egan (2013, p.48) describes advanced empathy as 'a composite skill'; the skill to read non-verbal cues and to 'sense' what is being felt but not said or consciously realised by the other person. Rogers (1980, p.142) calls this 'sensing meanings of which he or she is scarcely aware.' Wong (2004) calls it listening with a 'sixth sense'. Because advanced empathy is associated with reading unconscious feelings, it is also closely related to intuition. Intuition is unconscious and automatic and is often referred to as a 'gut feeling' (Slipman et al, 2021). Previous research studies have implied that women are more likely to use intuition rather than cognitive decision making, and that these intuitive decisions are less accurate than the latter (Sinclair and Ashkanasy, 2005). More recent research, however, (for example Bao et al, 2022) has disputed this, suggesting instead that women are indeed more likely to use intuition, but their decision making tended to also be more accurate whether they use intuition *or* cognitive decision making skills.

Claxton's (2003) view is that when we use intuition, we are using implicit learning and sensitivity as unconscious 'ways of knowing' (p.33). These 'ways of knowing' include a heuristic approach (Meinert and Krämer, 2022) using knowledge that we have amassed through experience and that we use unconsciously, along with the ability to make accurate judgments and decisions without having to explain or justify them. This use of personal experience to understand someone's reality is one expounded by Neukrug *et al*, (2013), who maintains that one can experience empathy by 'drawing upon personal experience and using intuition and imagination to understand the reality of the client' (p.34). In Brown's (2012) article based on her research with midwives, she compares empathy and intuition. Brown's view is similar to Claxton's (2003); she also argues that intuition is the use of 'tacit knowledge developed through experience' (p65), each new experience resulting in a repositioning of views and beliefs. Brown (2012) considers the difference between empathic knowing and intuitive knowledge. She suggests that intuitive knowledge is developed through experience and is something that everyone has and can develop through reflection. The relationship between empathy and intuition has been debated since Heidegger's lectures in 1919 (Ferencz-Flatz, 2015) and the connection between the two terms is still argued today by Claxton (2003) and Egan (2016). The example of intuition that Brown (2012) uses is of women in labour claiming that their midwife 'just knew' what they were thinking and needed. Empathy, on the other hand, Brown suggests, is 'a vicarious experiencing of the feeling' (p.65), which appears to describe affective empathy.

2.2.4 Cognitive Empathy

Cognitive empathy can be defined as the capacity to understand someone else's state of mind from their perspective (Spaulding, 2017). It is an intentional process which involves the ability to 'put oneself in another's shoes' (Manassis, 2017, p.9) and to do so without experiencing distress oneself. It requires the ability to self-regulate one's own emotions and the 'cognitive flexibility' (Decety and Lamm, 2006) required to understand someone else's perspective. Greenburg, Baron-Cohen, and Rosenberg (2018) describe the cognitive processing as 'mentalising' and explain,

> I learn about myself through others' reactions to me, which I understand increasingly well through improved self-understanding that permits me to place myself increasingly effectively into their shoes (p.9).

There are two different positions which aim to explain the concept of cognitive empathy: 'theory-theory' and 'simulation theory' (Belzung, 2014). In 'theory-theory', people use their own ideas of the way that mental states impact on behaviour (Carruthers and Smith, 1996). This is often described as 'folk psychology'. With a folk psychological theory, 'we infer from another person's behavior [sic] what his or her mental states probably are' (Spaulding, 2017, p.14). The idea is closely related to 'theory of mind', the ability to understand your own mental state, and that of others, and to understand that they are different (Premack and Woodruff, 1978). In child development, research has shown that children invent theories to explain what they observe (Gopnik and Wellman, 2012). In Gopnik's (2010) experiment with one year olds, the children watch a researcher's reaction to eating different foods and they choose to give her the foods that make her look happy. Children's theories become more and more accurate as they have more experiences.

The second position is 'simulation theory', described by Davies and Stone (1995, in Spaulding, 2017). In simulation theory, one does not need to create a theory, empathy is simply a case of imagining what we would think, feel and do if we were the other person and consequently, we understand what the other person thinks, feels and does (Spaulding, 2017, in Maibom, 2017). From a cognitive psychology perspective, cognitive empathy is a 'sequence of ordered stages wherein sensory input is transformed, reduced, elaborated, stored, recovered, and utilized' (Krch, 2011, no date). Cameron *et al*'s (2019) study conflicts with Krch, suggesting that it is never possible to know that we understand how someone else feels.

Both cognitive philosophies involve the creation of cognitive theories based on perceptions, hence the relevance to empathy, which requires perception of others' emotions. Manassis (2017) provides an example of professionals using cognitive empathy. She describes therapists and counsellors who are so used to using phrases such as 'that must have been very difficult for you' and 'I can see how sad

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that has made you' (p.10), that they recite them with no, or very little, emotion; this is purely cognitive empathy. However, this could be a generalisation on Manassis' part. Manassis (2017) asserts that cognitive empathy can also be used maliciously, by people who attempt to understand how others are feeling in order to take advantage of them; they are able to do so with no emotional involvement. Decety and Yoder (2016), whose study is based on research with 265 adults in the U.S., suggest that, in a justice situation, cognitive empathy is more important than affective (emotional) empathy, as it is more objective. Their study, which examined people's responses to injustice, suggests that cognitive perspective taking and reasoning are more effective than emotional sharing in a fight against injustice, as emotion can lead to personal distress, which gets in the way of logical decision making (p.11). Decety and Yoder (2016) suggest that cognitive empathy is more likely to align with common sense and moral judgment than emotional (affective) empathy. However, Manassis' (2017) view, grounded in practitioner reflection, suggests that cognitive empathy on its own is rare and, as previously described, is not always positive.

2.2.5 Affective Empathy

Affective empathy, sometimes known as emotional empathy, is an emotional response to another's emotion, rather than a cognitive one (Hoffman, 2000). This type of empathy resonates with the original German *Einfühlung (*feeling into), which was translated into the English word *Empathy* by Titchener in 1909 (see section 2.2.1). Later interpretations of affective empathy can be found in Stotland (1969) and Stotland, Sherman and Shaver*'s* (1971) experimental studies. In Stotland and Dunn's 1963 study (cited in Stotland, 1969), participants were asked to record their emotional response to people (models) who were completing tasks to varying degrees of success. The models were experiencing either stress and embarrassment through failure, or the pleasure and pride of success. The researchers conceptualised empathy in terms of the effect of the models' emotions on the participants and found that, when watching the models failing, participants demonstrated physical signs of their own discomfort (for example, sweating palms) and they reported feeling tense. Thus, there were clear signs of emotional contagion, an emotional reaction in response to the emotions of others.

In affective empathy, one's emotions are said to be more akin to someone else's than one's own. Maibom (2017) gives this example to illustrate affective empathy,

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

According to Gallese *et al* (1996), brain research suggests that the phrase 'I feel your pain' may literally be true, in affective empathy we experience the pain of others ourselves. The respondents in Stotland

and Dunn's study were feeling stressed merely by observing others under stress. However, Hoffman (2000) points out that we can feel a different emotion from the person we are observing, for example feeling anger when observing someone being attacked. In this instance, the person attacked is feeling fear, not anger. Hoffman's (2000) suggestion is that 'empathy arousal' (p.30) often produces the same feeling as the other person, but not always. Empathy arousal is related to, but not the same as, emotional contagion. Whilst empathy arousal occurs when one connects with others on an emotional level, emotional contagion is the unconscious sharing of someone else's emotion (Decety, 2010).

Maibom (2017) suggests that we can also feel empathy with someone who does not feel the emotion themselves, again providing a useful example to illustrate the point. If we were to observe someone doing something embarrassing, for example, saying something insensitive about a colleague within the colleague's earshot, we can feel embarrassed for the person, even if the person themself does not feel embarrassed. We may feel the emotion that it is appropriate for the other person to feel, although this may be more akin to sympathy than empathy. Sympathy is usually understood as feeling *for* someone but not sharing the emotion; 'a more removed, less immersed, third-person perspective' (Maibom, 2017, p.23). Eisenberg *et al* (1991, p.25) describe sympathy as distinct from empathy, although it may stem from empathy. In Eisenberg's definition, empathy is usually accompanied with a desire to make someone feel better, and so it requires some cognition. With sympathy, however, there is no attempt to share the other person's emotion or to try and imagine what it would be like to be the other person. Manassis (2017) gives an example of watching news of a natural disaster on TV, suggesting that we would be unable to watch any TV news if we empathised with the plights of everyone, so we show care through sympathy, which is less personal and less emotional.

Affective empathy affects us personally; feeling the emotions of another person can result in 'empathic distress' (Hoffman, 2000; Grant, 2014). If we see someone in distress, we feel distressed ourselves so it becomes personal distress. Hoffman (2000) terms this 'egocentric empathic distress', as the person empathising in this case needs comfort from the distress for him/herself. Taking action and helping others can alleviate this feeling of distress in the empathiser. Hoffman's view (2000) is that when we come to someone's aid, the feeling of distress in us depletes; we feel better when we help the other person. Hoffman's research provides many examples of people who are particularly empathic (who score highly in empathy tests), and are more likely to help, volunteer and donate money to causes, than those who are less empathic. Empathic distress is further discussed in section 2.5.5. Maibom (2017) concludes that affective empathy is important in building social relationships, but the most important factor in such empathy is how we manage the effects and personal distress. Morse *et al* (1991, p.82), in their research into nurse/ patient relationships, describe emotional empathy as reading people's needs and 'knowing implicitly' what to do when someone is in distress.

This type of empathy is, they say, gained from experience and modelling. Hoffman's (2000) work supports this, claiming that,

> ...the sight of the blood, the sound of the cry, or any other cue from the victim or the situation that reminds us of our own past experiences of pain may evoke an empathic distress response (p.47).

Hunt, Denieffe and Gooney (2017) suggest, in their study of empathy in nurses, that the emotional impact on practitioners means that affective empathy is a high demand consequence of the role, but cognitive empathy is a resource that can act as a buffer. They conclude that training for nurses should aim to strengthen cognitive empathy and to teach nurses to regulate their emotions.

Positive effects of empathy

Significantly, studies of the effects of affective empathy generally focus on negative emotion (see, for example, Hoffman, 2000; Manassis, 2017; Greenberg et al, 2018). However, it is important to call attention to the positive effects of empathising with others experiencing happy events. Neuroimaging research by Morelli, Rameson and Lieberman (2014), where participants' reactions to images and descriptions of others experiencing a wide range of emotions, found that empathy increases our concern for others, regardless of whether the motion felt is negative or positive. An example of an image used in Morelli, Rameson and Lieberman's (2014) research is an image of people looking happy with the attached description 'this person just got engaged to the love of their life' (p.40). For those working in caring professions, there is evidence in the literature that sharing in the positive emotions of others protects against burnout and makes work more enjoyable (Andreychik, 2019). Andreychik's literature based study of research with mental health providers and teachers describes 'pleasant vicarious positive emotionality' (p.149) when working with people who are feeling positive emotions such as hopefulness and joy.

Cognitive and affective empathy are distinct, and these distinctions will be key in this research. However, in agreement with Manassis' (2017) view that there are very few instances of pure cognitive empathy, a view of empathy has developed, which contains aspects of both cognitive and affective interpretations. Mercer and Reynolds (2002), reflecting on empathy in the health profession, suggest that empathy is multi-dimensional and has 'moral, cognitive, emotive and behavioural components' (p.9).

2.2.6 Multi-dimensional Empathy

The definition of multi-dimensional empathy recognises its 'multifaceted nature' (Davis, 2017, p.112), and incorporates aspects of both cognitive and affective empathy. Affective matching (Coplan, 2011) is a key component of this approach. Affective matching describes a parallel reaction to another

person's distress; however, Eisenberg *et al* (1991) believe that this *emotional* effect is followed by a response resulting from some form of *cognitive* activity. In Eisenberg's view, the two types of empathy always go together, cognitive activity always following an emotional reaction. Developmental psychologist Hoffman (2000), whose research describes affective empathy, experiencing the emotions which are affecting others, also claims that the empathiser needs to be able to understand the situation cognitively to some extent.

Many examples of multi-dimensional empathy are found in literature, for example in Morse *et al*'s (1991) review of research projects within the field of nursing. Morse *et al* (1991) conclude that emotional empathy itself is not sufficient in the nurse-patient relationship, it is the cognition and actions resulting from the emotional response that are of value to patients. Gerdes and Segal's (2009) model of empathy for social workers is another example of the approach, comprising both the involuntary affective response and the conscious decision making of cognitive empathy. Their model, based on social cognitive neuroscience, has three components; 1) affective matching, 2) cognitive processing and 3) conscious decision making to take 'empathic action' (p.114). Gerdes and Segal's (2009) view is that, without action in response to empathy, a person cannot be said to be truly empathic. The Gerdes and Segal (2009) article describes a scenario where a young, newly qualified social worker visits a single mother living in poverty in a rural area and struggling to care for her children. The researchers suggest that affective empathy alone would likely cause the worker to feel overwhelmed with emotion. The worker needs to be able to cognitively process what is happening in order to take appropriate action. Affective empathy alone may result in an urge to jump in and solve an immediate problem, which may not be in the family's best interests in the long term. Cognitive empathy alone, however, may not engender the will to do something to help. Gerdes and Segal's (2009) model has implications for the education and training of social workers, but the principles can be extrapolated to other caring professions.

2.2.7 Physiological explanations of empathy

21st century developments in imaging have resulted in some interesting discoveries in neuroscience. In 2010, Hurlemann *et al* discovered a strong link between the hormone oxytocin and empathy in adults. Their experiment of the effects of an oxytocin nasal spray on men demonstrated an increase in their emotional empathy. The study aimed to find a solution to social, cognitive and mood disorders, but an unexpected result of the research was the increase of affective empathy. The presence of oxytocin was found to increase feelings of trust, calmness and security in people, which Hurlemann *et al* (2010) claim are conditions conducive to empathy.

Scientific empathy studies in the 21st century also include the investigation of genetics. The first systematic investigation into the link between empathy and genetics was conducted by Warrier *et al* (2018), an extensive empathy study with 46,861 participants. The study confirmed that 10% of differences in humans' ability to empathise can be attributed to genetic variation. The results are interesting; however, if genetic variation accounts for 10% of differences in empathy, further investigation is required to gain a better understanding of other factors affecting empathic ability. Warrier *et al*'s (2018) scientific study investigated the genetic component of empathy and found that 'genetic variations associated with empathy also play a role in psychiatric conditions and psychological traits' (p.1). The study also identified that females exhibit a greater capacity for empathy than males. The findings were similar to those reported by Hurlemann *et al* (2010) who also identified differences between men and women's levels of empathy, with women exhibiting significantly more instances of affective empathy than men.

Over the past decade, studies (for example Manassis, 2017) have explored the idea of a genetic predisposition for empathy, with a particular emphasis on mirror neurons. Mirror neurons are brain cells which activate when we take action *or* when we see someone else taking action. Research into mirror neurons began with animal experiments in the 1990s, when Rizzolatti (cited in Decety and Jackson, 2004) discovered that the activation of neurons in primates' brains during their own actions coincided with the activation observed when they were merely observing another individual performing the same action. Later research by Decety and Jackson (2004) adds to the view that the neural circuit involved in action overlaps with that activated by the observation of the action when performed by another individual. Decety, in various studies with colleagues, (Decety & Jackson, 2004; Decety & Lamm, 2006; Decety & Moriguchi, 2007) developed the concept that 'empathy is the dynamic interaction of neural networks' (Decety and Moriguchi, 2007, p.4) Iacoboni (2009) suggests, therefore, that mirror neurons are the basis of the capacity for empathy. However, a critique of the theory suggests that, because much of the research in this area was carried out on primates, rather than humans, this cast doubt about whether mirror neurons exist, or whether the mirroring that is seen is an occasional phenomenon (Dinstein *et al*, 2008; Lingnau *et al*, 2009; Hickok, 2009).

Debes (cited in Maibom, 2017) explains that later experiments with human subjects have added to the legitimacy of the mirror neurons theory. An example from Debes is research indicating the same neurons being activated when watching someone grasping a hot cup of coffee as when one grasps a hot cup of coffee oneself. Mirror neurons help people to learn through imitation and learn to reflect the emotions, body language and facial expressions of others. They are responsible for the imitation of facial expressions by babies. This explains why very young babies smile when an adult smiles at them, even though they cannot yet know what this means (Burkitt, 2014). Gerdes and Segal (2009,

p.117) see this as mirroring the emotions we see in others; our bodies reacting when we see someone in pain, laughing or crying, so that we feel a degree of the emotion too. This conflicts with the position of Hoffman (2000), who understands the example of the newborn baby smiling not as a true example of an empathetic response, but rather a 'possible early precursor' (p.714), part of the process of learning empathy. There is agreement, however, with the viewpoint that mirror neurones are associated with empathy. Conkbayir (2021) asserts that mirror neurons play 'an integral role in deciphering other people's future intentions' (p.14) and thus help us to understand others' points of view.

2.2.8 Developing empathy

It is well documented that the ability to empathise with others develops throughout childhood (see for example: Hoffman, 1987; Gerhardt, 2015; Garnett, 2018), with the urge to comfort others in distress emerging around the age of 12 months (Decety, 2010). Piaget's (1932) theory of cognitive development argues that children develop through fixed stages, as does Vygotsky (1962). Whereas Piaget (1977) believed in the child's ability to self-discover and saw children as little scientists, Vygotsky (1962) saw children as little apprentices, requiring a more knowledgeable other to guide these discoveries and developing theories. The main difference in the views of Piaget and Vygotsky is that, for Piaget, development drives learning, and for Vygotsky, learning drives development (Fowler, 2017).

 As children develop theory of mind (see section 2.2.3) and begin to interact with others in the first three years of life, understanding of their own and others' emotion develops rapidly (Hoffman, 2000). The ability to regulate emotion advances as children grow and move into adolescence (Decety, 2010), when they acquire a more sophisticated understanding of the nuances of helping others (Hoffman, 2000). Manassis (2017, p.21) claims that humans all have 'a brain primed for empathy'. Mirror neurons in the brain play an essential role in 'supporting the understanding of the action-intention in others, thereby supporting pro-social behaviour and empathy' (Gus, Rose and Gilbert, 2015, p.33). Neurons are activated when actions are executed and observed (see section 2.2.7), an early example is a baby watching his mother and imitating her smile (Conkbayir, 2021). As babies develop, they learn to observe and interpret facial cues, which aids the development of social relationships. Tone and Tully's (2014) review of research identified that newborn babies are capable of exhibiting distress when others show distress, suggesting that affective empathy may be seen in babies from birth. Hoffman (2000), however, would suggest that this is more likely to be emotional contagion, rather than affective empathy (see section 2.2.7). Cognitive empathy, in comparison, develops later as children learn to understand the reasons for the distress (Sodian, 2011). Genetic behaviour studies show that

there are both hereditary and environmental influences on the development of both types of empathy; affective and cognitive, as described by Knafo & Uzefovsky's (2013) meta-analysis of twin studies. A genetic link supposes that the ability to demonstrate empathy can be innate, a part of one's personality (Ratka, 2018). Warrier *et al* (2018) suggest that this is the case, that personality factors correlate with empathy, agreeing with Maibom (2017) that an individual's attitudes, beliefs and personality determine the way that one reacts to another's emotion. Both authors consider that some people are more likely to experience personal distress when faced with suffering than others. The idea of 'natural empathisers' is one credited to psychologist Baron-Cohen (2003) who contends that there are people who continually think about the feelings and thoughts of others. Baron-Cohen (2003, p.24) describes these as natural empathisers, 'you are not empathizing …in order to appear appropriate, or as an intellectual exercise. You are doing it because you can't help doing it.' So, for some people, empathy is a personality feature which, according to Denckla, Fiori and Vingerhoets (2014), is associated with an increased likelihood to experience distress. Their longitudinal survey study examined the association between empathy and crying, using attachment, empathy and crying proneness scales. Their study found a link between affective empathy and susceptibility for crying, but not between cognitive empathy and crying. They concluded that understanding another person's emotions (cognitive empathy) is unlikely to lead to crying, whereas sharing in the emotion with others (affective empathy) is likely to do so. The research goes on to discuss the functions of crying, which include the release of emotional energy and as a means of prompting emotional support from others.

In contrast to the theory of empathy as an innate skill, a facet of one's personality, there is a wealth of literature recognising empathy as a teachable skill that can be developed further throughout adulthood (see for example: Alligood, 2005; Ozcan, Oflaz and Cicek, 2010; Cunico, 2017; Konow-Lund, 2018). Although empathy is a skill, which therefore can be taught and learned, Rogers (1951) has consistently maintained that there is much more to it than that. For empathy to be effective, Rogers (1951) says we need to develop an appropriate mindset. Su (2014) believes that the development of empathy needs to be driven by the individual; her experience in teaching higher education students suggests that pedagogies focussing on 'becoming' support the development of such capabilities. The idea of 'becoming' empathetic is echoed in McNaughton's (2016) research with non-clinical health students. In this research, McNaughton first identified pre-requisites for empathy, which she observed to be self-, other- and bodily-awareness, and then worked with the students on fostering these abilities with the aim of increasing empathy. According to McNaughton (2016), to be able to demonstrate empathy, people first need three pre-requisites. The first described is 'self-awareness' so that one can distinguish one's own values from those of others. The second pre-requisite, 'other awareness' is then necessary to understand other people's perspectives and to imagine their point of

view. The third pre-requisite identified is 'body-awareness'; McNaughton saw this as the need for people to be aware of their own physical state (for example physical tiredness, inability to relax or concentrate, sleep quality) in order to imagine the physical states of others. In McNaughton's (2016) study, these three pre-requisites were then developed through wellness activities, for example mindfulness, yoga, inspirational reading or brisk walking (p.507).

If empathy skills can be developed, then presumably they can also be taught. Galetz' (2019) research with nursing students aimed to identify ways of teaching empathy, with the objective of improving care and compassion for patients. Attempting to improve students' empathy, Galetz devised simulations in which students were required to put themselves in the position of a person in a given scenario and to discuss their feelings about the situation. Galetz concluded that, although it was not possible to instil a disposition of empathy in students, drawing their attention to empathy resulted in raising their awareness. In another nursing study, Cunico *et al* (2012) also aimed to develop empathy during the training of nursing students. Training was embedded in all three years of the nurses' training, with basic communication skills in year one, communication techniques based on a range of patients' needs in year two, and management of complex relationships in year three. The Balanced Emotional Empathy Scale (BEES, Mehrabian, 1996) was used to measure empathy before and after training. Interestingly, the results showed that the training increased empathy in women but not in men. This difference between the sexes was not found by Baez *et al* (2017), whose study found no difference in empathy demonstrated by males and females. However, there were differences in the ways that participants described empathy and its importance. In the study, women self-reported higher levels of empathy than men and the frequency of practical responses to moral dilemmas was higher in men than women. Therefore, caution is needed when drawing any conclusions about sex and gender differences. In Baez *et al*'s (2017) research, for example, women portrayed themselves as being more empathic, 'suggesting that their responses are influenced by their own ideas of gender norms' (Hodgkins, 2022, p.48). The question of a difference in empathy regarding gender could be a social construct rather than innate.

In the field of nursing, both Cunico (2016), and Dean and McAllister (2018) recommend that empathy training can make a difference to patient care and therefore should be a fundamental aspect of nurse training. In education, Roberts *et al*'s (2019) research with preschool teachers made similar recommendations and suggested that training which incorporates the management of emotion and exhaustion decreases the likelihood of stress and burnout in teachers. Subsequently, in the U.S.A., early childhood teacher educators McGowan, Christenson and Muccio (2021) conducted self-study research, designed to learn about their own beliefs, through reflection on practice and discussion. Data was collected in the form of field notes and transcripts of group Skype conversations, which

enabled them to develop an integrated understanding of empathy. Their research concluded with a model of empathy based on their shared definition, focussing on 'connecting with others with sensitivity and enthusiasm and bridging differences through authentic attempts at perspective taking' (p.119). Bridging difference was important to McGowan, Christenson and Muccio (2021), who had all experienced prejudice as children. One of the researchers commented, 'I became a teacher so that kids like me could have a different experience than I had' (p.117).

There is some suggestion that trauma in one's past can increase one's ability to demonstrate empathy. Lim and DeSteno (2016) conducted two research studies, the first examining the personal histories of people who give regularly to charity and the second, a similar study in a laboratory context with university undergraduates, designed to test the robustness of the first study. The findings from these two empirical studies suggest that a history of adversity *is* linked to an increase in empathy, and results in compassion and a desire to relieve the suffering of others. However, interestingly, the studies found that recent adversity does not increase empathy. Lim and DeSteno (2016) suggest that individuals need time to develop 'post-traumatic growth' (p.181). A later study by Greenberg *et al* (2018) also examined post-traumatic growth and claimed that adults who have experienced childhood trauma display elevated levels of empathy. The Greenberg *et al* (2018) study examined cognitive empathy and affective empathy and found that both types were substantially higher in people who had experienced trauma in childhood. The increase in affective empathy was particularly pronounced. Self-reported limitations of the Greenberg *et al* (2018) study, however, related to the difficulties in measuring empathy.

2.3 Measuring empathy

Much has been written about the challenges of measuring empathy (Davis, 1983; Decety and Jackson, 2004; Neumann *et al*, 2015), one of these being the lack of a clear definition (see 2.1). According to Neumann et al, researchers have attempted to measure empathy since the 1940s, but their review of seventeen measures (see table 2.3.1) suggests that these are largely inadequate. Several of the measures are based on self-reporting which, suggest Neumann *et al* (2015), is subjective and prone to bias, as empathy is understood to be a socially desirable trait. Innovative neuroimaging techniques which identify areas of the brain associated with empathy and facial electromyography (a technique for evaluating and recording the electrical activity produced by skeletal muscles) could potentially be more accurate but are difficult to interpret, again as the definition of empathy is variable in different studies. Neumann *et al* (2015) suggest that a combination of approaches may be the most successful, using self-reporting alongside observation of behaviour. Despite the perceived lack of evidence of accuracy, empathy scales are widely used in contemporary studies. An example is Mottaghi, Poursheikhali and Shameli's (2019) study of nurses' empathy, which used Davis's (1983) empathy test.

The test measures four aspects of empathy: the first of the measures is perspective taking, which measures how often one adopts the point of view of another person. The second is the fantasy scale, which measures the tendency to transpose oneself into the feelings of others in books, TV programmes etc. The third is empathic concern, measuring feelings of warmth and compassion for others, and the fourth is personal distress, feeling personal emotion in reaction to the emotions of others (Davis, 1983). Mottaghi, Poursheikhali and Shameli (2019) reported difficulty in extracting results from the test. A summary of empathy tests is presented in Table 2.1 below.

Self-Report Measures
1. Balanced Emotional Empathy Scale (Mehrabian, 1996)
2. Multidimensional Emotional Empathy Scale (Caruso & Mayer, 1998)
3. Empathy Quotient (Baron-Cohen & Wheelwright, 2004)
4. Feeling and Thinking Scale (Garton & Gringart, 2005)
5. Basic Empathy Scale (Joliffe & Farrington, 2006a)
6. Griffith Empathy Measure (Dadds, 2008)
7. Toronto Empathy Questionnaire (Spreng, McKinnon, Mar, & Levine, 2009)
8. Questionnaire of Cognitive and Affective Empathy (Reniers *et al*. 2011)
Behavioural Measures
1. Picture Viewing Paradigms (Westbury & Neumann, 2008)
2. Comic Strip Task (Volm *et al*. 2006)
3. Picture Stories (Nummenmaa, Hirvonen, Parkkola, & Hietanen, 2008)
4. Kids Empathetic Development Scale (Reid *et al*. 2011)
Neuroscientific Measures
1. Magnetic Resonance Imaging (MRI)
2. Functional Magnetic Resonance Imaging (fMRI)
3. Facial Electromyography (fEMG)
4. Electroencephalogram (EEG)
5. Event-Related Potentials (ERPs)

Table 2.1: Empathy measures, based on a review by Neumann *et al* (2015)

The decision not to use one of the published empathy measures has been taken partly because of the potential lack of accuracy. Attempting to measure empathy would likewise be incongruous in a qualitative study. The aim of this study is to investigate individuals' own understanding of what the phenomenon of empathy means to them.

2.4 Empathy in caring professions

As there is little research into early childhood practitioners' use of empathy, examining research in comparable caring professions offers useful material for consideration. The requirement for those working in caring professions to demonstrate empathy in their profession is common across the

disciplines of nursing, social work and teaching (Boyer, 2010; Cunico, 2012; Grant, 2014; Konow Lund, 2018).

2.4.1 Empathy Research in Nursing

In nursing, empathy is reported to increase nurses' sensitivity and responsiveness to patients (Irving and Dickson, 2004) and to improve communication (Morse *et al*, 1991). Morse *et al*'s later (2006) research focussed on nurses' responses to patients who were suffering; findings were based on biographical and autobiographical accounts of interactions gathered from existing literature. The conclusion was that empathy is desirable and therapeutic and is crucial in positive nurse-patient interactions. Ng (2020) includes empathy among the 'soft skills' required in nursing; this research also identified empathy as being highly important, along with the related skills of responsiveness and assurance. However, Ramsden (2023) argues that referring to empathy as a 'soft skill' is a patronising description for a skill which is the foundation for building relationships with others.

Research by Cunico *et al* (2012) led them to conclude that empathy is a critical component of the nurse-patient relationship, and they considered it to be both an observable and a teachable skill. Their quantitative research with student nurses in an Italian university evaluated the effectiveness of training sessions designed specifically with the aim of increasing empathy skills. The researchers analysed a range of research instruments designed to measure empathy and opted for the BEES (Balanced Emotional Empathy Scale) (Mehrabian, 1996) to measure student nurses' empathy skills at the start of their three years training and again at the end of their third year. Empathy-enhancing training sessions were designed to help participants put themselves in another person's position and to develop self-awareness, as these were understood by the researchers to be methods of developing empathic competencies. One group of students (the intervention group) participated in the additional empathy training, whilst the others (the control group) received the standard training. Results showed a statistically significant difference; the new empathy training interventions increased the empathy of student nurses substantially, as measured by the BEES assessment. Interestingly, there was a noticeable gender difference, with female students assessed as having higher empathy skills than males at the start of the course, and some male students in the control group demonstrating lower levels of empathy by the end of the course than they did at the beginning. The researchers suggest that a possible reason for this may be that these male students had such low empathy skills, it was harder for them to be influenced by specific training. In the intervention group, however, the scores for male participants increased. The researchers recommend that more research is undertaken to examine this difference between the sexes. The debate regarding such differences is discussed in 2.2.8.

There has been a wealth of research into empathy training for nursing students since the Cunico *et al* (2012) study (for example Bry *et al*, 2016; Gholamzadeh *et al*, 2018; Konow Lund, 2018), resulting in the development of numerous strategies designed to aid and enhance empathy in student nurses. A study in Sweden undertaken by Bry *et al* (2016) researched empathy in neonatal nurses. There is arguably some similarity between the job roles of this group of nursing professionals and early childhood practitioners in that both are working with young babies and their parents/ families, although one might argue that the parents will be experiencing the nature of the care very differently. In the Bry *et al* (2016) study, nurses were given communication skills training which emphasised the importance of responding empathically to parents' emotions. The research was undertaken by audio recording of interactions between nurses and parents, both before and after the training. Words used in the conversations were classified into categories (physical, practical, psychological, social, small talk) and occurrences of these words counted. Empathic opportunities in the conversations were identified and nurses' responses to these opportunities were classified to determine the level of empathic response: 'empathic, exploring, generalising, ignoring or inadequate' (Bry *et al*, 2016, p.399). The study reports that, after the communication skills training, conversation between nurses and the babies' parents increased, and empathic responses increased, whereas *nurse-centredness* (nurses talking more than patients during interactions) decreased. The study concluded that training improved nurses' ability to respond to babies' families with empathy.

An Iranian study by Mottaghi *et al* (2019) examined empathy with experienced qualified nurses. This study focussed on the negative impacts of empathy, which the authors identified as 'compassion fatigue, empathy-based guilt and secondary traumatic stress' (p.1). The authors believed that empathy was an important skill; their aim was to investigate the relationship between being empathetic and experiencing a negative impact on themselves. This study used Davis's (1983) empathy test, which measures perspective taking, fantasy, empathic concern, and personal distress (see section 2.3). Results showed that a significant 77% of nurses in the study experienced compassion fatigue through feelings of guilt and secondary traumatic stress, following feelings of anger and helplessness when watching patients going through trauma or devastating illness (p.2). The researchers called for interventions and training focussing specifically on management of empathy-based guilt and empathic distress. In the study by Motthagi *et al* (2019), the researchers acknowledged the limitations, as the study was carried out in one region of Iran. It is not known whether cultural differences may explain the focus on negative emotions and the suggestion of training to manage distress, rather than to improve skills.

2.4.2 Empathy Research in Social Work

There is an abundance of research into care and compassion in social work, especially for social workers working with children (see for example: Bride & Figley, 2007; McClure, 2010; Montiero *et al*, 2016). However, few of these studies focus explicitly on empathy. An exception is research by Cameron and Maginn (2008), who studied the training of social workers in a children's home. The study highlighted the crucial significance of fostering empathy skills among social workers. By doing so, these professionals can effectively develop close and secure relationships with children, enhancing their overall effectiveness and impact. Despite the evidence, however, empathy is notable by its absence in written social work policy and procedure. A study by Gerdes and Segal (2009) argues that, although empathy is critical in social work practice, there is no definition or conceptual model of empathy within the field, which is what the authors aimed to develop. In their study, they point out that social work educators tell practitioners that empathy is very important, but they rarely offer advice on developing the skill. In the article, Gerdes and Segal (2009) propose their 'social work model of empathy' (p.114), based on the latest (at the time) interdisciplinary research into the subject. Interestingly, the authors suggest that whilst social workers agree that empathy is important, there is no mention of 'empathy' in the NASW (National Association of Social Work) Code of Ethics, nor in the Encyclopaedia of Social Work. Gerdes and Segal (2009) intimate general misunderstanding about what empathy is and whether it is a trait, a skill, a feeling or an action. This corroborates the confusion surrounding definitions of empathy previously discussed (Hall and Schwartz, 2019). Following Gerdes and Segal's (2009) study of empathy, their resultant model identified affective responses, cognitive processing and conscious decision-making as three components of empathy essential for social workers. These three components echo those of Eisenberg's multi-dimensional empathy (discussed in section 2.2.6). The Gerdes and Segal (2009) study also identifies methods of teaching social work students to develop each component, using results from physiological research on mirror neurones, thus adding to the theory that empathy skills can be taught.

In relationship-based practice in Social Work, empathy, compassion and attentiveness are the three components of care, according to Ruch (2005; 2018). Ruch (2018) maintains that good relationships are central to good practice and claims that social workers are 'drawn to' (p.113) empathise with others. This endorses the view that people skilled in interpersonal skills, such as empathy, are drawn to the social work profession. Related to this, Lynch, Newlands and Forrester (2019) carried out qualitative research to try to answer the question 'what does empathy sound like in social work communication?' The aim of their study was to understand empathy as a skill required for effective child protection social work. This mixed methods study analysed 110 audio recordings of child protection meetings between workers and parents. Findings indicated that social workers who

demonstrated high levels of empathy made efforts to understand the feelings of children and parents. Reflection and curiosity were identified as skills used by social workers to help them understand the emotions of others and consequently be more effective (the link between empathy and reflection is discussed further in section 3.3.1). However, the study by Lynch, Newlands and Forrester (2019) also revealed low levels of empathy in the majority of social workers studied. The authors suggested that this was not due to a lack of training but could be ascribed to workers protecting themselves against emotional overload, a synonym for 'empathic distress' (this concept is discussed further in sections 2.2.5 and 2.5.5). Lynch, Newlands and Forrester (2019) also declare that,

> It is possible that the low level of empathy is linked to the legacy of a bureaucratic social work system (Munro, 2011), which placed little value on social worker demonstration of empathy (p.146).

The authors claim that training is unlikely to make a significant difference to empathy and call for reflective supervision as a protective factor that promotes resilience and would therefore allow for greater empathy. A similar study by Winter *et al* (2019) also calls for supervision for social workers which focuses on expressing and managing emotion with the purpose of promoting resilience in practitioners.

2.4.3. Empathy Research in Teaching

The association between emotion and teaching has been observed and studied by a number of researchers, examples include Isenbarger and Zembylas (2006), Keller *et al* (2014) and Jennings (2015). However, as was found in studies of social work, much of the relevant literature in teaching concerns emotion, but not specifically empathy. Isenbarger and Zembylas' (2006) two-year action research study examined the role of emotional labour in one teacher's experience. The study established that the caring aspect of the teacher's role was an important factor in her commitment, satisfaction and self-esteem. However, findings also showed that the emotional labour required for 'caring teaching' (p.128) came at a personal emotional cost to the teacher. The recommendations of the study include opportunities for teachers to discuss their emotions and support each other.

Research by Keller at al (2014) also examined emotional labour in teaching. The authors revealed examples of secondary school teachers in the study suppressing or faking their emotions in a third of lessons, resulting in emotional exhaustion. In this study of emotional experiences and exhaustion in the classroom, the word empathy is not mentioned, although the researchers do discuss affectivity; the negative emotions arising from others' emotional experiences. This sentiment supports that of Malm (2009), who interviewed teacher training lecturers about the competencies and qualities they consider essential for trainee teachers. Malm found that formal competencies such as subject knowledge and pedagogy were stressed much more than personal attributes. Malm called for more

awareness of, and training in, personal development for trainee teachers including self-awareness, empathy and collaborative skills.

There is very little academic literature concerning empathy and teaching in the early school years. An exception is a study from the U.S.A. by Peck, Maude and Brotherson (2015), whose research with preschool teachers emphasised the importance of empathy in building relationships with a diverse range of children and families. The research focussed specifically on how teachers empathised with families from different cultural groups. Haslip, Allen-Handy and Donaldson (2019), also based in the U.S.A., wrote about the importance of empathy in working in early childhood, identifying a link between expressions of love, kindness and healthy relationships with school success. Their research used a 'strength-spotting' approach which required preschool teachers to note down examples of their own, and the children's, strengths in the areas of love, kindness and forgiveness. Analysis of the results identified empathy as the most frequently identified strength in children. In teachers themselves, empathy was described in relation to their responses to children in distress. Apart from the Peck, Maude and Brotherson (2015) and Haslip, Allen-Handy and Donaldson (2019) studies, both emerging from the U.S.A., there appears to be a paucity of research into empathy, particularly in England.

The following table shows the key terms used in each of the studies regarding empathy in caring professions discussed in sections 2.4.1-2.4.3.

Emotional labour	Morris and Feldman (1996), Isenbarger and Zembylas (2006), Keller *et al* (2014), Jennings (2015)
Empathy and sensitivity	Irving and Dickson, (2004), Ng (2020)
Empathy in relationships	Cameron & Maginn (2008), Peck (2015), Ruch (2018), Haslip (2019)
Empathy and communication	Morse (1991), Bry *et al* (2016), Lynch, Newlands and Forrester (2019)
Empathy as a teachable skill	Mehrabian (1996), Malm (2009), Cunico *et al* (2012), Bry *et al* (2016), Gholamzadeh *et al*, 2018), Konow Lund (2018)
Stress / secondary trauma / compassion fatigue	Keller (2014), Mottaghi *et al* (2019), Lynch *et al* (2019), Winter *et al* (2019)
Affective empathy	Gerdes and Segal, (2009), Rose, McGuire-Snieckus and Gilbert (2015)
Cognitive empathy	Gerdes and Segal, (2009)

Table 2.2 Key terms in empathy studies

Although practitioner empathy is rarely mentioned in research in schools, it has been specifically recognised in the 'emotion coaching' approach in schools in the last decade. Rose, McGuire-Snieckus and Gilbert (2015, p.1784) assert that 'the affective teacher behaviours of warmth and empathy are strongly associated with positive school outcomes'. Emotion coaching is discussed further in the next section.

2.4.4 Emotion Coaching

Despite the lack of research regarding empathy in early childhood practice, emotion coaching is gaining popularity in the U.K. (Rose and Gilbert, 2018). At its core, it requires early childhood practitioners to demonstrate empathy to help young children understand and regulate their emotions. Early childhood is a time when children are learning to control their overwhelming emotions and to behave in socially acceptable ways. There are three stages of emotional development in early childhood; stage one (age birth to one) is noticing emotions, stage two (age two to three) is expressing emotions and stage three (age three to five) is managing emotions (Meinke, 2019). The development of empathy in childhood is also discussed in section 2.2.8. The age of the children attending early childhood settings in this (Hodgkins) empathy study are between the ages of six months and five years. Throughout this age phase, there is rapid socio-emotional development, and there is evidence that high quality interactions with adults increase children's development in this area exponentially (Malik and Marwaha, 2022). Goleman (2020) agrees that it is the interactions between young children and adults that influence their future emotional intelligence. Goleman (2020, p.13) says that a child's earliest years are 'a critical opportunity for setting down the essential emotional habits that will govern our lives'. Emotion coaching is an initiative that facilitates empathy development and social interactions with children (Temple, 2019). In the approach, adults working with the child are encouraged to provide scaffolding and support, to help the child recognise and label the emotion they are feeling (Krawczyk, 2017). It is important to validate the child's emotion (Gus, Rose and Gilbert, 2015), so the child feels listened to and understands that their emotions are accepted. In order to do this, empathy must be a requirement. Examples from research into advanced empathy with early childhood practitioners (Hodgkins, 2019) demonstrate practitioners' ability to understand how a child is feeling and their awareness of subtle signs indicating the emotional state of the child. This awareness enables practitioners to support children in managing these emotions (Hodgkins, 2022, in Solvason and Webb, 2022).

2.5 Early Childhood Practitioners

2.5.1 The Profession

The initial challenge in researching this group of professionals is the range of terminology used to describe the role. Qualified professionals working with young children have a wide range of titles (see figure 2.2 below). Titles have changed over the past four decades due to changes in qualification requirements, most recently following the Nutbrown review (DfE, 2012), which aimed to provide some clarity over the multitude of job roles. Furthermore, the role itself has undergone changes, from being situated in the care / health sector in the 1960s, to the evolution of the profession within education (Wright, 1999), to the professionalisation and market-based position that exists in early childhood practice today (Langford, 2019). However, some of the more traditional terms, for example, nursery nurse, are still used today and there is no one title that describes a person qualified to work with young children in the U.K. (National careers service, 2023).

Figure 2.2 Range of job titles in the early childhood profession
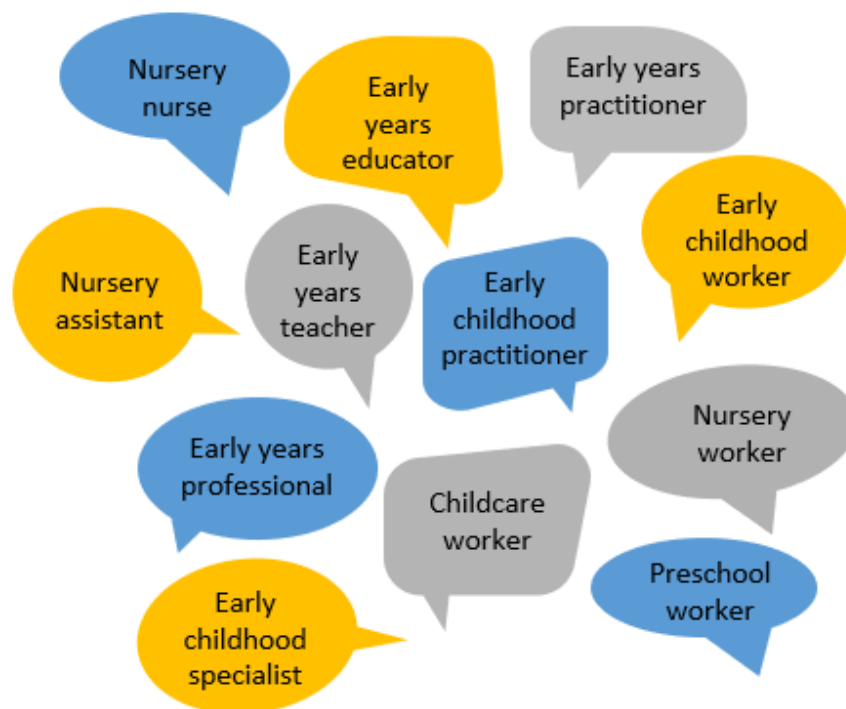
Early childhood care and education (ECEC) has long been seen as low profile, low status work (Osgood, 2009). Research carried out by the Social Mobility Commission (2020) revealed that many practitioners are struggling to meet living costs and are leaving the profession for low-skilled work (for example in supermarkets) where wages are higher. The report claims that 'the instability of the EY workforce is related to the perception that it is an unattractive, low-skilled, low-pay profession' (Social

Mobility Commission, 2020, p.14). In a career offering little more than minimum wage in many cases, the report identifies disproportionate work demands. Practitioners describe,

> …long hours, inadequate working conditions and considerable amounts of paperwork as causes of exhaustion and low morale, feeding a desire to leave EY for less-demanding work (p.5).

The social, political, cultural and gendered context

The concept of empathy within early childhood education and care is intricately woven into the fabric of social, political, cultural, and gendered contexts. As highlighted by Chaplin (2015, p.18),

> 'children are encouraged either through explicit teaching, through modelling, or through subtle encouragement of certain behaviours by socialization agents, to adopt gender-role consistent behaviours'. Within the domain of early childhood practice, there is a prevailing perception that it is inherently 'women's work,' perpetuating stereotypes that associate emotion and sensitivity with femininity, as outlined by Richards (2013). Arguably then, this perception implies that qualities like emotion and sensitivity, often deemed as feminine traits, are unfortunately marginalised when compared to the traditionally perceived attributes of masculine strength and capability.

The vast majority of practitioners working with children in the U.K. are female; this is even more pronounced in the early childhood sector, where 97% of workers are female (DfE, 2022). This may be significant when examining the requirements for these workers, in identifying the skills and qualities required to work with young children.

The characterisation of 'childcare' as women's work contributes to its devaluation, especially within politics. Lewis and West (2017) provide an example of this, illustrating the fact that government ministers clung to the traditional stereotype of men as breadwinners and women as homemakers between 1961 and 1981. This persisted even as statistics clearly indicated a significant doubling in the numbers of working mothers during that period. This persistent gendered perception not only perpetuates the undervaluation of childcare but also underscores the need for a more progressive and inclusive understanding of caregiving roles in contemporary society. In 2005, The DfES Childcare Workforce Strategy stated that,

> 'the early years workforce is critical to … giving children the best start in life… the workforce plays a crucial role in determining the quality of provision… the better the quality of childcare and early education, the better it is for children's development' (pp. 24–5).

However, as Osgood (2009) points out, this view implies that early childhood practitioners are lacking in skills and 'in need of transformation through top-down measures including new qualifications and a process of professionalisation conceived by government' (p.736). Following Nutbrown's independent review of early childhood care and education in 2012, the introduction of a graduate 'teaching' qualification in early childhood in England provided a 'seductive promise' (Osgood, 2012) that practitioners would at last be treated equally to qualified teachers in school. Unfortunately, this has not materialised and early childhood 'teachers' still experience low pay and lack of professional development opportunities, in comparison to teachers with QTS working with older children in schools (Kay et al, 2021). Only five of the 19 recommendations identified by Nutbrown (2012) in the review were accepted, and she expressed disillusionment, declaring,

> '...yet again, babies, toddlers, young children, and their families, have to be content with something different, something that is 'not quite' the same in status...yet again...the thousands of women and the small number of men who dedicate energy, intellect and commitment to providing the best they can to the youngest children...are to content themselves with something less than their colleagues working with older children'.

In 2006, Colley conducted research focusing on early childhood education, examining class, gender, and emotion in the field. Her study shed light on the historical gender-stereotyped and vocational culture prevalent in the profession. Colley explains that, historically, it was commonly believed that 'working-class girls' were drawn to this line of work due to a societal preference for care-related jobs, considered more appealing than other supposedly less meaningful and less desirable occupations, like retail (Colley, 2006, p.20). Osgood (2009) highlights that even in more recent times, the workforce in early childhood education is 'positioned in the role of servitude to middle class families' (p.737). This echoes a perspective dating back to 1892, which viewed working with young children as a suitable career option primarily for women of genteel birth (Wright, 1999).

Colley's (2006) study involved participants from a further education college enrolled in childcare programs. These students identified certain socially constructed gender-stereotyped feminine traits, such as being 'kind and loving, warm and friendly, gentle and affectionate', as essential qualities for success in this profession. Colley (2006, p.25) described the prevailing image of the 'perfectly sensitive and gentle nursery nurse.' However, such perspectives are shaped by social conditioning in the home and subsequently reinforced through education and training for caring roles (Skeggs, 1997). By examining these aspects of early childhood education, Colley's (2006) research sheds light on the complex relationships between societal expectations, gender roles, and the nurturing profession of childcare.

Noddings, in the first 1984 edition of her book 'Caring – a feminine approach to ethics and care' discusses her theory of the 'ethic of care', the idea that natural caring and a desire to make people feel better are significant in women's experience This could be due to a social construction of femininity. Noddings asserts, in response to critics of the use of the term 'feminine' and the associated gendered assumption, that 'it is feminine in the deep classical sense— rooted in receptivity, relatedness, and responsiveness' (Noddings, 1984, p.2). In the 2013 edition of the book, Noddings renamed her theory a 'relational approach' rather than a 'feminine approach'.

The question of why the empathic discourse is gendered has been addressed by Strauss (2004, p.447) who suggests that culturally 'empathy is more important in women's identities than men's'. This explains why, in the self-reporting of empathy, for example in research by Baez et al (2017), women are more likely to score their empathy more highly then men. Baez *et al* (2017, p.3) suggest that, 'as emotionality and sensitivity are both part of the stereotypical feminine role, women could be more willing than males to portray themselves as empathic.' There is also evidence that parents talk more to their daughters than their sons about how they are feeling and about how their actions make people feel (Maccoby, 1998). This increased communication may have implications for the development of empathy and could contribute to gender differences in this regard. Even today, gender stereotypes remain in existence in early childhood settings and need to be challenged (Hedlin, Åberg and Johansson (2019, p.95).

In the U.K. today, men account for only 2-3% of the early childhood workforce (Weinstein, 2020). There is substantial research evidence that in general terms there is merit in a diverse workforce (Hays-Thomas and Bendick, 2013), yet stereotyping is still widespread, with male early childhood practitioners still perceived as having different skills from females. Results of a study by Thorpe *et al* (2020) indicated that the stereotyping of male practitioners positions them as being bolder and able to provide exciting physical learning opportunities. The study also identified some suspicion of sexual misconduct within the profession (p.923), which is likely to deter male workers. An earlier study by Hedlin, Åberg and Johansson (2019), based on interviews with male and female preschool teachers in Sweden, identified two gender-specific positions seen in early childhood settings, 'the fun guy and the possible perpetrator' (p.95). The study showed that male workers felt under pressure to live up to the image of the 'fun guy' (p.110), whilst also striving to be seen as 'a physically cautious man, as a "safe" man' (p.111). The authors argue for the need to continue to challenge gender stereotypes.

Recent attempts have been made to increase the recruitment of males to the profession, including a £30,000 DfE project in 2019. The project aimed to challenge stereotypes, break down barriers and challenge the myth that men are less suited to caring roles than women. Criticisms of projects like

this, however, suggest that they sustain gender norms. The argument presented by the DfE (2019), that men are important as male role models for children, 'presupposes outdated views of gender identities' (Hedlin, Åberg and Johansson, 2019, p. 97). Results from the project (Warin *et al*, 2020) identified care as still persistently being seen as a feminine characteristic and stressed the need for gender sensitivity and training in gender awareness for employers. However, when men do enter the early childhood profession, they can expect 'rapid promotions to more prestigious and/or lucrative positions as compared to their women peers' (Sargent, 2004, p.174), which Sargent suggests is an incentive for men, who are in demand in these roles, to stay in the profession. This suggests that early childhood practice is women's work, and that 'emotion' is a female flaw, that is insignificant compared to masculine strength and capability. However, more recent writers (see for example, Osgood, 2010; Page and Elfer, 2013) assert that appropriate emotional practice is essential when working with young children. Osgood (2010, p.131) proclaims that 'emotional professionalism should become celebrated rather than denigrated and obscured from public discourse'.

It has not been possible to find any definitive research evidence for gender distinctions in empathy displayed by early childhood practitioners. There is evidence that women show higher levels of empathy than men in general terms (Cunico *et al*, 2012), but examination of such differences within the early childhood profession would potentially contribute towards stereotyping and gender inequality.

2.5.2. Skills and Dispositions

Working with children, as in nursing and other care occupations, is perceived as 'vocational' work, the expectation being that people will enter the profession because of the sort of person they are (see Colley, 2006, section 2.5.1); the sort of person who cares and wants to make a difference (Atkinson & Claxton, 2000). The work is of relatively low status and is poorly paid, with many qualified early childhood practitioners earning minimum wage, hence the view that people work for the personal satisfaction, rather than monetary reward (Erdiller and Dogan, 2015). This could be a way of justifying low paid employment (Findlay, Findlay and Stuart, 2009; Jovanovic, 2013). The skills that are utilised by early childhood practitioners are often invisible to those outside the profession and this predominantly female profession is therefore a victim of gendered pay inequality (Findlay, Findlay and Stuart, 2009, p.422). It is argued that one such unnoticed skill is likely to be empathy, yet there is little published research with this professional group.

In the U.K. today, it appears that some skills are valued more highly than others, and some are not seen as skills at all, but as part of the natural mothering instinct of the worker (Noddings, 1984; Findlay *et al*, 2009). There is evidence that even early childhood practitioners themselves value some skills,

for example educational activities, above physical care such as nappy changing and feeding (Findlay, Findlay and Stuart, 2009), suggesting a belief that only the teaching / pedagogy aspect of the job is worthy. There is a fundamental assumption that 'mothering' skills are understood to be innate, as opposed to pedagogical skills, which are learnt and valuable (Findlay, Findlay and Stuart, 2009; Moyles, 2010). This echoes Solvason and Webb's (2023) assertion that practitioners have traditionally been perceived as 'less than' (p.2) their qualified teacher colleagues. The assumption that working with young children is instinctual and only requires a caring disposition is strongly contested by Press et al (2020), as is the assumption that the play-based curriculum in early childhood settings only requires adults to supervise them. This is despite a wealth of research evidence to the contrary, for example the EPPE (Effective Provision of Preschool Education) study (Sylva et al, 2010) which established a link between higher qualifications and training of staff and increased progress by children. Since publication of the EPPE report, a graduate-led early childhood workforce has been accepted as essential to improving the quality of early childhood provision in the U.K. (Hensall et al, 2018). In the study by Hensall et al (2018), who interviewed highly qualified practitioners, practitioners saw themselves as leaders who were able to bring about change in the sector, yet they also prized the emotional qualities, including empathy, which they saw as being an important aspect of the early childhood practitioner role. Basford's (2019) research, which examined the views of early childhood graduate professionals, corresponds with this view, finding tension between the two constructs of the maternal, caring practitioner and the highly trained professional.

Being the 'right kind of person' is often seen as being as important (or more important) than qualifications and skills (Colley, 2006). A study by Tietze *et al* (1996), uses this description of the ideal early childhood worker, 'she should display sensitivity, gentleness, enthusiasm, effort, and enjoy contact with children' (p452). The gendered language in this description substantiates the unhelpful stereotype in the literature that women are 'better biologically equipped to demonstrate altruism and self-sacrifice' (Jovanovic, 2013, p.529).

Besides the personal qualities described above, a link has been identified between empathy and communication skills. Several researchers (for example Morse *et al*, 1991; Cunico *et al*, 2012; Bry *et al*, 2016) have linked good communication skills with increased empathy in nursing and social work research. Effective communication in work with young children, according to Yates and Simmons (2020, p.156) encompasses 'understanding yourself and how others respond to you'. This description of self-awareness was identified by McNaughton (2016) as one of the precursors to developing empathy. A review of the literature on skills and dispositions in the early childhood profession corroborates the perceived lack of recognition of the early childhood workforce and the emotional impact of their work (Fairchild and Mikuska, 2021).

2.5.3. Emotional wellbeing in early childhood work

There is ample evidence of stress within the early childhood profession. Campbell-Barr and Leeson (2016) refer to early childhood practitioners as being 'all things to all people' (p.63), resulting in practitioners' own wellbeing being sacrificed. Solvason, Webb and Sutton-Tsang's (2020) research found nursery practitioners at a time of receding funds and rising expectations, where they felt there was 'literally no more slack left' (p.68). The Covid-19 pandemic has been a particularly challenging time for practitioners and has exacerbated stress within the profession in recent years (Nelinger *et al*, 2021).

Emotional labour

Emotions, then, are integral to the profession and workers expected to display the emotion appropriate to the rules and expectations of employers (Barry *et al*, 2019). This includes empathy (Findlay, Findlay and Stuart, 2009; Hensall *et al*, 2018). The 'commercialisation of feelings' is examined by Hochschild (2013) who terms this *emotional labour*. Hochschild asserts that the management or suppression of emotions that are seen as inappropriate, and the introduction of positive emotion cues, or 'feeling rules' (p.50) are expected to be consistent with the image required for the job. She describes two types of emotion work, surface acting and deep acting.

Surface acting involves showing outward signs of a particular emotion, for example smiling when smiling is socially appropriate. Ellis & Tucker (2015, p.138) use the example of attending a funeral of someone you were not close to, following hearing the good news that you will inherit lots of money from the person. Surface acting would involve looking sad at the funeral, which is the socially acceptable emotion for the occasion.

Deep acting, in comparison, is concerned with not only deceiving others that you are feeling a certain way but also deceiving oneself, so you are genuinely feeling the emotion (Hochschild, 1983). This could entail, for example, listening to a co-worker whose husband has left her by thinking back to when that happened to you and feeling the emotion you felt at the time. This deep acting has a close affinity with empathy. Jonggab (2018) explains that in deep acting, we identify with another person and feel as if we are the other person; we share in the emotion, which is synonymous with affective empathy. Jonggab's research with nurses indicates that when a nurse smiles at a patient and does so only to satisfy the emotional needs of a patient, this is emotional labour. However, if the emotion of the patient is shared with the nurse and the smile becomes a real smile for the nurse, then this is empathy. Jonggab (2018) agrees with Hochschild (2013) in the belief that surface acting is more likely to result in stress, depression and burnout than deep acting. Although deep acting involves more depth of feeling, the emotion is genuine. Surface acting, on the other hand, produces conflict between one's

outward expression and one's internal feelings, which in turn produces conflict between mind and body (Hülsheger and Schewe, 2011), leading to stress.

Page and Elfer (2013) assert that prioritising the emotions of the child over their own is not merely a skill but rather an instinct, rooted in practitioners' deep understanding of the child, and their strong bond with them. This aspect of ethical practice is crucial for practitioners in their interactions with children. Taggart (2019, in Langford, 2019) also sees care and compassion as a feature of ethical practice,

> The implication is that, if we can reconceptualise the capacity for love, caring and intimacy as ethical dispositions, the way is then open towards cultivating such dispositions in professional programmes (p.99).

The list of attributes required in someone who works with young children includes caring (Noddings, 2015), loving (Cousins, 2017) and demonstrating emotional warmth (Cameron & Maginn, 2008). A caring, warm, loving person appears to be the right sort of person for this profession. Colley (2006, p.14) explores this in her case study research with childcare students in a Further Education college. Colley found that childcare trainees were expected to adopt specific ways of behaving, with gentleness and sensitivity. Colley's research, which was with a solely female sample, also revealed a belief among these childcare students that, as they were caring for other people's children, it was important that they were seen as 'nice girls' (p.24), resulting in Colley's concern that the role produces 'docile' and 'uncomplaining caregiving' (p.27). Colley suggests that it is the lack of power and the exploitation of the early childhood worker's emotional labour, rather than the demands of the children, which are emotionally draining. This passivity and lack of control is a threat to practitioners' wellbeing (Tebben *et al*, 2021). Basford's (2019) research further unveils an emotional burden experienced by practitioners, resulting in feelings of incompetence and a perceived lack of trust in their professional competence.

Emotional labour, when managed well, can have positive outcomes, fostering and nurturing meaningful relationships, however, Hochschild (1983) contends that the outcomes for practitioners are often guilt and stress. Research by Faulkner *et al* (2016) with early childhood practitioners highlighted high levels of depression in the profession and effects on wellbeing such as 'exhaustion, sleep disturbances and physical health problems' (p.280). The Faulkner *et al* study (2016) found that interactions with parents/ carers and the public perception of their role as merely babysitters were the most prominent stressors.

Attachment and Transitions

One of the foremost responsibilities of an early childhood practitioner is to build secure attachments with young children and to guide them through transitions. A transition for a young child is a process, a change, which can be environmental or emotional, such as the transition from home to an early childhood setting, or from nursery to school (Seaman and Giles, 2021). Transitions from one room to another within a setting can be just as significant for a young child, as can transitions from one carer to another or even from one part of the day to another (Klette and Killen, 2019). Children are particularly vulnerable at times of transition with most feeling a degree of anxiety and insecurity (Early Education, 2021), therefore empathy is crucial in this process (Ainsworth *et al*, 1978). Research by Datler, Datler and Funder (2010) describes the intensity of a child's emotion during this critical time, they state:

> Within the framework of our research project we were obliged, repeatedly, to witness the experience of how hard and disturbing it is to be confronted so intimately with the primitive and often catastrophic emotions of very young children during their process of transition from home care to out-of-home care (p.82).

In early childhood settings, transitions should be managed sensitively, with partnership between the child, the child's family and the practitioners, all working together to provide as smooth a changeover as possible. The EYFS guidance (DfE, 2021) advocates a key person system, where each child has a named worker who builds a relationship with the child and family and who is responsible for ensuring that the child's needs are met (DfE, 2021). Although, because of staff rota systems and inevitable staff changes, young children should have secure relationships with all caregivers within the setting, as their key worker is unlikely to always be there (Jarvis, 2020). The key person is a crucial link between home and the care setting and is 'vital in providing reassurance and creating close, supportive, ongoing relationships with families' (Early Education, 2021, p.17). The birth to five guidance published by Early Education (2021) also stresses the importance to the child of feeling 'known.' Feeling known, having confidence in the fact that the people around the know about who they are, your characteristics and your needs, is a basic human need (Purvanova, 2013), therefore, information sharing and partnership with families is crucial during times of transition.

Since the seminal work by Bowlby (1969) on attachment, it has been widely accepted that a caring relationship with a consistent person who cares and is able to meet the baby or young child's needs is essential (Elfer, 2015). Research by Ainsworth *et al* (1978) studied attachments and identified three types: *avoidant, resistant* and *securely attached*. The study illustrates the way that children who are securely attached to a caregiver can explore their environment confidently, knowing that their *secure base* will be there if they need to return to it for comfort and security. Empathy is an essential skill

which enables interpretation of the non-verbal communication signals of the child (Eisenberg, 2005). Although the early work by Bowlby (1969) and Ainsworth *et al* (1978) advocated the importance of the attachment between mother and child, later research by Gopnik, Meltzoff and Kuhl (1999) established that young children can form multiple attachments from birth, including with other family members and caregivers in early childhood settings. Dencik (1989, p.155) advocates for 'dual socialisation', describing the benefits of socialisation in more than one environment for young children. Dencik believed that children needed to be able to develop attachments in a setting other than the home and learn to adapt and adjust to learn how to socialise in the (then) modern world. Since the publication of Dencik's article, the number of children attending early childhood settings (nurseries, preschool groups and childminders) has increased from 668,576 in 1989 (Rumbold, 1990) to 1,568,500 in 2021 (Gov.uk., 2022).

Two studies by Macagno and Molina (2020) examine the development between young children and their key workers in early childhood settings. Their results suggest a decrease in *avoidant* and *resistant* behaviours over time, but no increase in *secure attachment*. However, the increase in *non-distressed* children indicates an increase in children's feelings of security over time. Macagno and Molina (2020) describe non-distressed behaviours as 'an indicator of positive adaptation' (p.359). The research was conducted with young children between the ages of four months and three years, as the authors believed this to be a crucial stage in children's emotional development. Current research into neuroscience reinforces this view, the first 1001 days of a child's life (from conception to a child's second birthday) having been identified as a critical time for the development of emotional and mental health. The Wave Trust report (2014) reports of the first 1001 days:

> Ensuring that the brain achieves its optimal development, and nurturing during this peak period of growth, is vitally important and enables babies to have the best start in life. Whether out of concern for an individual baby's wellbeing or safety, or for the costs in society of poor attachment, it is imperative that how children are raised is guided and influenced by this principle and evidence (p.5).

Several studies in the early 21st century (see for example Jarvis, 2020 and Conkbayir, 2021) have reported on abnormally high levels of cortisol, the stress hormone, in babies and young children who spend long days in daycare settings (Jarvis, 2020). Such studies support Bowlby's (1988) view that young children should ideally be cared for at home for the sake of their emotional health. The evidence from these cortisol studies (Dettling *et al*. 2000; Watamura *et al*. 2003; Watamura, Kryzer, and Robertson 2009, cited in Jarvis, 2020) calls for prioritising security in relationships between young children and caregivers. In most industrialised countries today, the majority of children spend some time in childcare settings, where they are cared for by professionals, hence the necessity for

attachments with young children based on 'warmth, affection and responsive care' (Conkbayir, 2021, p.75). Research by Page and Elfer (2013) into the attachment interactions of early childhood practitioners and young children discuss the role of empathy in building these emotional attachments, which are said to be emotionally demanding and complex for practitioners.

2.5.4. Empathy and early childhood practitioners

As early as 1896, empathy was thought to be essential in working with young children (Wright, 1999), yet research on empathy within the profession is not to be found. There is extensive research on emotion within nursery work (Colley, 2006; Cousins, 2017; Elfer *et al*, 2018; Page, 2018), all suggesting that the profession is a highly emotional one. However, empathy is rarely expressly identified as being a factor affecting this. As previously noted, there is an abundance of research examining empathy skills in the nursing profession (Cunico, 2012; Hunt, Denieffe and Gooney, 2017; Konow Lund, 2018; Dean and McAllister, 2018; Mottaghi, 2019) and a little related to the teaching sector (Boyer, 2010; Csaszar, 2018). However, literature searches of empathy and early childhood practitioners (various job titles) predominantly result in studies on teaching and developing empathy in children. Those relating to early childhood practitioners are based on emotional labour and compassion fatigue, but not specifically on empathy. As the literature in other caring professions points to empathy having an effect on professionals, there is value in studying this within early childhood practice. One article by Peck, Maude and Brotherson (2015) examines preschool teachers' perspectives of empathy. The article is based in the U.S.A. and focusses on the relationship between empathy and building relationships within families from diverse backgrounds; therefore, the discussion is around empathising with people who are different from themselves. This study (Peck, Maude and Brotherson, 2015) provides some valuable results in relation to the ways that the preschool teachers identified empathy within their practice. However, there are significant dissimilarities between the profession in the U.S.A. and England. Preschool teachers in the U.S.A. are educated to degree or masters' level, whereas statistics from the Education Policy Institute (Hutchinson *et al*, 2018) indicates that only 68.3% of the workforce in the U.K. has a level 3 (school leaver) qualification or above. Another difference is in ages of children cared for in the Peck, Maude and Brotherson (2015) study. Preschools in the U.S.A. are for children aged 3-5 and are followed by kindergarten, which is equivalent to Year 1 in England. In England, private day nurseries take children from 3 months until the start of reception class age 4-5 years. Therefore, sample groups are not directly comparable.

2.5.5. Impact of empathy on practitioners

In recent years, there has been growing interest in investigating the emotional demands of early childhood work. Findlay, Findlay and Stewart (2009), Taggart (2016), Elfer *et al* (2018) and Page (2018) have all conducted research into this area and, in some cases, into compassion fatigue within the

sector (Taggart, 2016; Elfer *et al*, 2018). The latest of these is a study by Nelinger *et al* (2021) which investigated the emotional impact of the work during the Covid-19 pandemic, which has understandably affected the whole profession, including this research. The post Covid-19 report by Nelinger *et al* (2021) identifies a training need for early childhood practitioners, as 53% of the respondents in the report had not had any training in young children's mental health and this caused them stress. Another report, by Culshaw and Kurian (2021) based on research with teachers following the pandemic, points out the fact that even before the pandemic, the teaching profession was experiencing mental health challenges. The researchers identify empathy as one of the traits demonstrated by teachers and they call for support for these professionals, whose wellbeing is not being nurtured.

There is evidence in these studies that the emotional load within the role results in stress and fatigue for the practitioner. Stress caused by empathy, 'empathic distress' (Hoffman, 2000), discussed in 2.2.5, is potentially a contributing factor, although not explicitly attributed in these studies.

Empathic Distress and Exhaustion

An article by Smith (2016, p.96) is entitled 'walking in another's shoes and getting blisters', a poetic way of expressing the way that empathy can impact on the empathiser. Empathic distress (Hoffman, 2000) has been introduced in section 2.2.5 of this chapter in relation to affective empathy, where feeling the emotions of another person can trigger distress in the empathiser. Hoffman (2000) asserts that this distress is necessary as, if managed effectively, it precedes helping others in an attempt to alleviate suffering. Hoffman cites various studies that support the theory that the more empathic the person is, the more likely they are to help. In an experiment by Gaertner and Dovidio (1977), undergraduate students listened with headphones to a researcher working. They heard the researcher pausing to straighten a stack of chairs that were in danger of falling on her. They then heard the researcher screaming out that the chairs had fallen on her. The students' speed in getting up to go and help directly related to their heart rate. The more the student was distressed, the quicker they ran to help. Another study, by Latane and Darley (1968) where students were aware of someone having a seizure found a statistical correlation between those who were allowed to go and help and the physiological effects of the stress (sweating, trembling) on the students. Those who were allowed to help felt better, and those who were not allowed to help found that their symptoms of stress intensified. These studies seemingly proved Hoffman's (2000) theory of empathic distress as a prosocial motive to be convincing. Hoffman's theory has three elements; empathic distress is associated with helping, empathic distress precedes helping, and observers feel better after helping.

Conversely, empathic distress which is not managed in a positive way by helping, can lead to hyper-arousal (Manassis, 2017) and personal distress. This is a risk associated with affective empathy, which can lead to 'empathic over-arousal' (Hoffman, 2000; Eisenberg, 2005), or 'hyper-arousal' (Manassis, 2017). Hoffman (2000) states,

> Empathic over-arousal can be defined as an involuntary process that occurs when an observer's empathic distress becomes so painful and intolerable that it is transformed into an intense feeling of personal distress, which may move the person out of the empathic mode entirely. At the other extreme, empathic distress can be too weak to motivate prosocial action (p.198).

Hoffman (2000) determined that there is an optimal state of empathy. He describes an experiment where observers were shown vignettes of distressing situations. As the subjects' distress increased, the observer's distress also increased. A problem occurs when the observer's distress is greater than that of the person being observed. At this point, the observer can no longer help the other person, as they are suffering themselves, from empathic over-arousal. Figley (1995), a colleague of Hoffman's, examined his previous career as a reporter; he had interviewed Vietnam veterans about their war experiences. He remembered the interviews making him feel angry and frustrated, leaving him feeling traumatised himself. In Figley's example, he coped with this by doing something to help the situation, by establishing a consortium to help veterans.

Management of emotional distress is difficult; a nursing study by Morse *et al* (1991) suggests that cognitive empathy can lead to detachment and dissociation as nurses are encouraged to protect themselves from the emotional aspect of interactions to maintain objectivity and remain 'professional'. Morse *et al* (1991, p.82) examine biographical and autobiographical accounts of caregiver–patient interactions to provide examples of emotional empathy. 'The instantaneous recognition of another's plight causes reflexive feelings of helping that trigger expressions of first-level responses in the caregiver' (p.85). Consequently, this type of empathy, they say, is more useful than cognitive empathy, and is gained from experience and modelling, rather than learned by rote. The literature-based study examined accounts of relationships between nurses and their patients and identified a range of types of interaction. They discuss two types of empathy, which they describe as therapeutic empathy and emotional empathy. From the definitions of these types of empathy in the text, what Morse *et al* regard as 'therapeutic empathy' (p.82) which is learnt, can also be characterised as cognitive empathy and what they term emotional empathy is akin to affective empathy. Morse's study concludes with the view that affective empathy is the most effective in nursing. Affective empathy, sharing in the feelings of others, helps to build social relationships, but an important factor

in affective empathy is how we manage the effects of potential emotional distress on ourselves (Hoffman, 2000).

The research report published by Nelinger *et al* (2021) identified a myriad of difficulties experienced by practitioners following the Covid-19 pandemic. Findings highlighted that 91% of practitioners had dealt with challenging situations involving children with mental health, social or emotional issues. Large numbers of practitioners had been dealing with children who were bereaved or affected by violence and abuse, and 71% of them said they had been stressed or upset when dealing with difficult situations. There is no doubt that there was a significant negative impact on practitioners in the U.K. Solvason, Webb and Sutton-Tsang (2020) conducted a mixed methods study with staff working in maintained nursery schools in England, involving a survey, telephone and in-person interviews, field notes from visits and a focus group. In their responses, practitioners gave descriptions of 'the relentless exhaustion of the role' (p.198). A study by Carson *et al* (2017) had also identified significant emotional exhaustion in early childhood teachers in the U.S., resulting in people leaving the profession. There is evidently a balance to be felt between passion for the work and emotional exhaustion. In Solvason, Webb and Sutton-Tsang's (2020) report, practitioners communicated 'the relentless exhaustion of the role with their deep passion for it' (p.198).

Cameron, Harris and Payne (2016) describe emotional exhaustion at work as a 'felt depletion of emotional energy and resources' (p.106). They suggest that people may avoid empathy to protect themselves against being exhausted and overwhelmed. Another study by Cameron *et al* (2018) suggests that people choose whether to empathise, by weighing up the rewards and costs to themselves. Rewards are in the form of satisfaction and pride in helping, but the costs can be distress and exhaustion. This view is in contrast to Gerdes and Segal's (2009) assertion that the development of empathy skills can help *prevent* compassion fatigue and burnout. Gerdes and Segal's (2009) study suggests that the emotion regulation required in developing empathy skills can help people to use their strengths and can promote social justice.

Avoiding Empathy
Empathic distress may potentially lead to a protective withdrawal from the situation, as highlighted by Singer and Klimecki (2014). A study by Cameron *et al* (2019) aimed to examine how difficult and 'effortful' (p.963) empathy is, using a random sample of adults from the general public in Canada and the U.S.A. Their study involved participants being shown photographs of faces and being given the choice of either describing the person cognitively or attempting to feel what the person in the picture is feeling. Results showed that 74% of participants avoided empathy, preferring to answer cognitive questions than to try and feel the emotions of the person. Participants expressed the desire to prevent themselves becoming upset. There were concerns about their own ability to understand the feelings

of others accurately and concern about not having enough time to truly empathise. Interestingly, however, the study did show that adults were more likely to want to empathise with children in need than with adults in need. Cameron *et al* (2019) concluded that empathy is emotionally costly.

Empathy and job Satisfaction

A contrasting view, that compassion and emotion work can have positive influence on people, can be found in studies by Stamm (2013) and Andreychik (2019). Stamm (cited in Figley, 2013, p.107) claims that 'compassion satisfaction' plays a vital role in the caring professions. Stamm's research was carried out with individuals from a range of caring professions: carers, rape crisis workers, mental health workers and victim support counsellors. Stamm (2013, p.113) concluded that 'a person could be at high risk for experiencing compassion fatigue and, at the same time, still experience high compassion satisfaction'. Within the early childhood profession, there is certainly evidence of compassion satisfaction, alongside negative effects (Elfer *et al*, 2017).

A research study by Cumming and Wong (2019) looked at early childhood educators' work-related well-being in Australia, which has a very similar system to that of the U.K. (Teach In, 2022). The researchers identified similar findings to those outlined above, describing a profession with high emotional demands and a lack of support and funding. The researchers called for the identification of preventative measures for practitioner stress and holistic support for practitioners. Recommendations of the study included increased financial, material and relational conditions and greater autonomy over their work environments. These conclusions echo those of Elfer *et al* (2018) who also suggest an imperative need for support for early childhood practitioners in the U.K.

2.6 Support and self-help strategies

There is evidence in this review of literature that a variety of factors, including empathic distress, are causing stress within the early childhood profession (Taggart, 2016; Elfer *et al*, 2018; Page, 2018). However, some writers (for example, Cumming, Logan and Wong, 2020) believe that the wellbeing of practitioners is still underacknowledged in research. This belief is supported by the amount of research relating to early childhood practice in comparison to research in nursing and social work (see section 2.4).

Since the Tickell review of the early years (2011), it has been a requirement of early childhood settings in England to provide supervision for staff. The requirements state that supervision should include discussion of children's development and well-being, solutions to issues with children and coaching to improve personal effectiveness (DfE, 2021). Although recent studies recommend incorporating emotional support for practitioners, the current approach seems to lack such provisions. Nagasawa and Tarrant (2020) stress the importance of emotional support, following the recent trauma of the

Covid-19 pandemic. Hunter (2023) also urges the sector to keep the emotional wellbeing of all staff as a priority, recommending supervision based on respect and honest communication.

Practitioners experience and manage stress within the profession in different ways. Research by Tebben *et al* (2021), based on a case study with early childhood teachers in Ohio, identified similar stressors as in England, with staffing crises, the emotions of young children struggling with attachment, and staff feeling undervalued as professionals (p.153). In Tebben *et al*'s research, staff described the coping strategies they had developed. Strategies included creating routines and structure, deep breathing and mindfulness, positive self-talk, and supportive relationships with colleagues. Participants in the Tebben *et al* (2021) research said that they would value training with practical ideas in managing stress, but this was not available to them. Explicit training in empathy for early childhood practitioners has not been found in any of the literature reviewed here. There is some evidence of empathy training in nursing (Hunt, Denieffe and Gooney, 2017; Kim and Choi, 2018). These two studies describe empathy training through scenarios and role play, but there is little detailed information to be found on how training is delivered, or on proven effects of such training.

Tebben *et al*'s (2021) study, like Elfer's (2012) research in English nurseries, identified supportive relationships with staff as being crucial. Elfer's research consisted of work discussion groups, where participants discussed a particular issue relating to their role, followed by individual reflective writing to evaluate the usefulness of the discussion. The research concluded that there was a strong need for practitioners to talk about their work, particularly about relationships with others at work. Elfer (2012) suggests that professional reflection helps to contain the stress and anxiety arising from close emotional work with children. Basford (2019) also recommends collaborative spaces as opportunities for more reflection. The association between reflection and empathy is well supported in research (McNaughton, 2016; Lynch, Newlands and Forrester, 2019; Ouedraogo, 2021). Lynch, Newlands and Forrester's (2021) study identified higher levels of empathy among child and family social workers who engaged in regular reflective practice. McNaughton's (2016) research with early childhood students also recognised the value of reflective practice in developing empathy. The recommendation for reflective conversations within early childhood settings, therefore, has merit in managing the impact of empathic interactions.

Carson *et al*'s (2017) study with early childhood teachers in the U.S. identified 'rejuvenation strategies' (p.805) which practitioners used every day as a way of managing daily stress. In the study, practitioners reported needing a 'micro-break' (p.806) of only 15 minutes or less to gain a benefit from this. Rejuvenation strategies included taking a short walk, stretching, engaging in some physical exercise, mindfulness and breathing exercises. These are similar strategies to those outlined in nursing and

social work literature, which focus on support networks, organisation and a positive attitude (Steele *et al*, 2005; Denovan and Macaskill, 2013; Tebben *et al*, 2021).

2.7 Conclusion

This literature review began with an investigation of empathy, with a historical context and an attempt to define the term. The range of explanations in a variety of fields of study creates a challenge, as Hoffman (2000, p.30) asserts, 'the more I study empathy, the more complex it becomes'. However, two variants of empathy have been reviewed, 'cognitive empathy' and 'affective empathy'. A feature of the use of empathy is the outcome, which may be compassionate action or empathic distress (Singer and Klimecki, 2014). These consequences for the empathiser have been examined to investigate the impact of empathic interactions.

There is further debate relating to empathy as an intuitive quality or a skill to be learned or developed. This has consequences for the training of those in caring professions. As the literature on empathy and early childhood professionals is sparse, literature has been reviewed which relates to similar caring professions: nursing, social work and teaching. Studies in these professions have been examined and parallels drawn with the early childhood profession. To outline the specific needs and characteristics of the early childhood workforce, the profession itself has been examined, along with a range of published views on the skills and dispositions of this group of professionals. The distinct characteristics of the early childhood profession are significant. The social, political, cultural and gendered context makes it apparent that, despite moves towards professionalisation, it remains a workforce suffering from a lack of recognition and reward. Traditional views of childcare as 'women's work', and the devaluing of emotion and sensitivity as less than professional traits (Richards, 2013) have contributed to this portrayal. There is little published research relating to empathy within early childhood practice, but emotional elements of the work are well known, so studies on emotional wellbeing within the profession have been discussed (for example Page and Elfer, 2013 and Taggart 2019). The subject of support and self-help strategies for practitioners has also been researched.

Although studies have recognised the significance of empathy in working with others, research has yet to systematically investigate the ways that early childhood practitioners in England perceive and manage empathic interactions with children and families. The aim of this study is to capture empathy as experienced by the practitioners themselves, in their own words.

Chapter 3: Methodology and Methods

The objective of this research was to carry out a small-scale study of practitioners within early childhood settings to explore their understanding of empathy within their practice. A review of the literature highlighted potential difficulties with defining empathy (Hoffman, 2000), so keeping an open mind and a reflective approach to understanding the lived experience of practitioners was important throughout.

3.1 Theoretical Foundations

Figure 3.1 depicted below illustrates the underlying research methodology that forms the foundation of this study.

Figure 3.1: The Research Process, adapted from Crotty's (1998) Four Elements
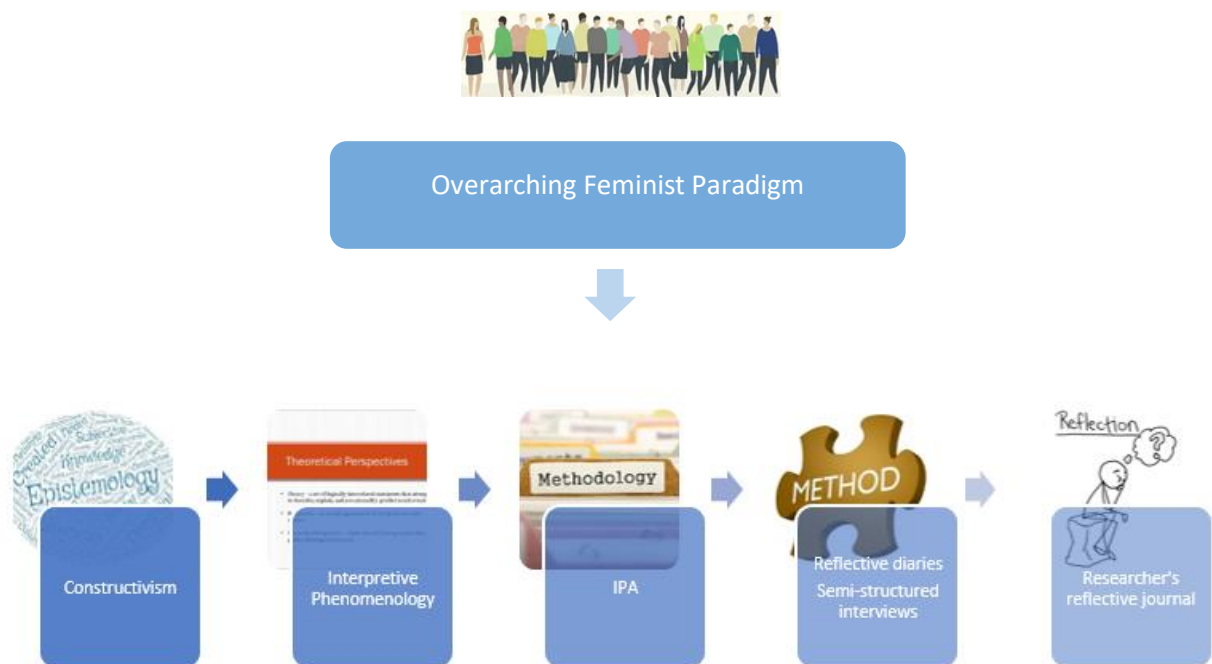
3.1.1 Research Philosophy

Ontology (how we view the world) and epistemology (how we investigate the world) are difficult to keep separate, as Crotty (2012, p.10) asserts 'to talk of the construction of meaning is to talk of the construction of meaningful reality'. However, defining the researcher's world views, beliefs and assumptions is essential in creating a robust methodological underpinning for the research (Crotty, 1998) (Fig. 3.1). Stainton (2020) describes research philosophy as the roots and trunk of a tree. As the roots of the tree determine the growth of branches and leaves in a particular configuration, so the ontology and epistemology will logically determine the methodology and methods of the research. One's philosophical position influences methodological decisions and shapes the relationship between

researcher and participants (Mills and Birks, 2014). The researcher's background, roles and experiences become a layered foundation on which to understand the research meaningfully (Pelosi, 2018). As my own world view clearly impacts on my research, my perceptions of the social world determined the research methodology and methods I considered to be valid for this research (Wellington *et al*, 2005, p.100).

The ontological position taken in this research is one of nominalism, the belief that one's interpretation of the world is based on a person's inner subjectivity and personal *lens*, through which one views the world (Saunders *et al*, 2019). My own professional background is in two distinct fields: early childhood practice and counselling. These professions, however different, have commonalities; both are grounded in the formation of positive social relationships, and both necessitate empathy. The ontological assumption that empathy is essential in personal relationships has shaped both my philosophical position and my choice of research subject. My professional background has influenced not only my disciplinary ontology but also my research approach. As a counsellor, I took a person-centred approach to therapy and as an early childhood practitioner and higher education lecturer, I have maintained a person-centred approach in my attitudes to work. The core conditions (Rogers, 1957) of empathy, congruence and unconditional positive regard, which are the cornerstones of person-centred practice, are important aspects of my personal and professional philosophy and are both aspirational and challenging. There is debate in the literature relating to this and how aspects of the core conditions can create dissonance between each other. An example of this can be found in McMillan's (2004) work, where he highlights potential conflict between unconditional positive regard and congruence. This implies that achieving 'total acceptance' (p.59) of others might not be feasible in all interactions with every individual. Empathy, the third of Rogers' necessary core conditions, can also be a challenge. Rogers (1980) emphasised the changing nature of empathic understanding and the necessity to consistently assess whether one's perception of the other person is accurate, rather than making assumptions that the person's feelings have not changed.

3.1.2 A Feminist Paradigm

Guba and Lincoln (2005) define a paradigm as a worldview which reflects the researcher's assumptions relating to ontology and epistemology. McGuinness (2009) claims that 'reflection on practice and valuing the everyday is a feminist approach' (p.339) and there are many who agree (see, for example, Renzetti, 1997; Jackson & Mannix, 2004; Morrison, 2012; Coddington, 2015; Mazanderani, 2017). An example of the approach is found in McGuinness' (2009) research with students of 'feminist geography', in which the researcher sought to encourage students to reflect on the routine events of their everyday lives in order to dispute power structures that limit and confine women and shine a new light on their experiences. Schaef (1992) declares,

'women are deprived because they are forced to find their meaning in a system or habitat that is alien to them, since they have no part in the shaping of it: Women grew up in a foreign culture - a White Male System, which always defines what is 'right' - true and good, and if our perceptions are not consonant with White Male thinking, we distrust them, we think we are wrong and not able to communicate.' Whether women feel unable to communicate due to this feeling of inferiority, or whether they want to speak up but are not given the opportunity to do so, providing them with a voice is paramount.

Principles of Feminist Research

Giving a voice to those who are marginalised is perhaps the most important of all feminist principles, having been denied this and treated as less important, and with less to say, than men for decades. Pope John XXIII, as recently as 1963, said,

'Since women are becoming ever more conscious of their human dignity, they will not tolerate being treated as mere material instruments, but will demand rights befitting a human person, both in domestic and public life.' (O'Donovan, 1988, p636).

The opportunity to speak up and the appreciation of everyday experiences are incorporated in Renzetti's (1997) five principles of feminist research, which lends weight to the appropriateness of daily reflective diaries in a feminist interpretive approach. A feminist study by Hyers (2007) examined women's responses to racism, anti-Semitism, heterosexism and sexism. Hyers used a diary method to allow participants to write open-ended descriptions of incidents. Participants were free to decide which incidents were significant and therefore suitable for recording. Hyers' (2007) research incorporates all five of Renzetti's (1997) principles, which are outlined in figure 3.2 below; these have been illustrated with examples from later studies which demonstrate each of the principles.

Fig 3.2: Renzetti's (1997) five principles of feminist research with illustrative examples relating to work within the context of early childhood

1. a focus on gender inequality and a commitment to changing this
- Early Childhood is traditionally seen as 'women's work', hence is subject to gender inequality; research is crucial to challenging this (Findlay *et al*, 2009)

2. giving voice to everyday experiences, particularly of the marginalised
- Research which gives a voice to the intellect of early childhood workers regarding their work as professionals is limited (Campbell, 2013)

3. be committed to social action
- Diary research promotes participation and engagement in the research process by participants; this contributes towards a 'feminist analysis of social processes' (Meth, 2003, p195)

4. build in reflexivity to the research process
- A reflexive stance where bias and prejudices are considered enables researchers to critically review the socialiy situated nature of their research (Kingdon, 2005)

5. aim for a more empowering relationship between the researched and the researcher
- Feminist scholars argue that diaries can help to develop sensitive and empowering relationships between researchers and participants (Cancian, 1992)

As well as the principles above, minimising intrusiveness whilst everyday experiences were being recorded was important in the empathy study, as the aim was to encourage free expression of voice to those who are often overlooked. The chosen method of individual diaries, completed privately in participants' own time, was less intrusive than other face-to-face methods, e.g., observations (Janssens *et al*, 2018; Gawley, 2018), as it provided them with the autonomy to choose which parts of their experience to record. Reflective diaries have the potential to be cathartic or therapeutic for participants (Välimäki *et al.*, 2007; Jayalath *et al.*, 2016) and to provide them with a voice (Alaszewski, 2006). The importance of voice for marginalised groups aligns with that of Friere (2005, translated by Ramos, 2015), who was led by the principle of giving voice to those who are oppressed. My own view as expressed throughout this thesis is one that acknowledges the marginalisation of early childhood practitioners and the lack of awareness of all that the role entails. The fact that 97% of early childhood professionals in the U.K. are female (DfE, 2022) is to some extent responsible for the lack of appreciation of the profession. A report by the Social Mobility Commission (2020) exposed a profession where workers are struggling to meet living costs, working long hours in inadequate working conditions and suffering exhaustion and low morale. An aim of feminist research is to give voice to everyday experiences, particularly the marginalised (Morrison, 2012), thus a feminist paradigm was seen to be central to this study because of this desire.

3.1.3. A Constructivist Epistemology

Constructivism, a cognitive theory rather than a philosophy (Savin-Baden and Howell-Major, 2013), was first described by Piaget (1966) to explain the way that children learn, by constructing meaning based on their previous knowledge. Constructivism describes the active creation of knowledge and the 'internal construction where individuals assign meaning to experiences and ideas' (Savin-Baden and Howell-Major, 2013). Constructivist researchers do not start with a theory, they start with an aim to gather individuals' reconstructions of their realities in order to create a theory from a pattern of meanings (Cresswell, 2003). Lee (2012) draws a distinction between radical constructivism and social constructivism, the former relating to meaning created by an individual and, the latter, meaning generated by a collective. This research involving individual reflective empathy diaries, therefore, is situated as radical constructivism. The terms constructivism and constructionism are often mistakenly used interchangeably (Rob and Rob, 2018) but, despite both arising from the stem word *construct*, they are distinct ideas. Constructionism builds on the original idea of constructivism (the construction of knowledge) and explains people's desire to express the knowledge they have constructed so that others can understand or see it (Papert and Harel, 1991). The process of construction involves problem solving, which aids the understanding of knowledge (Guzdial, 1997), hence constructivist research aims to explain a conundrum (in this case, 'how is empathy experienced by early childhood practitioners?') so that it can be understood.

The researcher's perspective on data is an integral part of this empathy research; therefore, the ontological and epistemological positions in relation to the topic influenced the approach. In consideration of the ontological continuum from extreme realism to nominalism, this research design followed a nominal position. Therefore, the position taken followed the same belief, that individuals interpret phenomena subjectively, through their own lenses. This aligns with a constructivist view that there are no such things as facts (Schutz, 1967). Therefore, there is no such thing as a factual truth of the way that early childhood practitioners experience empathy; perspectives are created by individuals. As the stance is that of knowledge being experiential, personal, subjective and constructed (Wellington *et al*, 2005, p.102), the epistemological approach to the creation of knowledge within this study is an interpretivist one.

3.1.4 An Interpretive Phenomenological Approach
Interpretivism

Interpretivism is the notion that humans are meaning-makers, constructing their own meanings of their own worlds. Interpretive research aims to create 'new, richer understandings and interpretations of social worlds and contexts' (Saunders *et al*, 2019, p.149). Interpretivist researchers understand that they play an important role in making sense of and interpreting data (Saunders *et al*, 2019). There is

no assumption that all participants understand phenomena in the same way or that participants will understand it in the same way the researcher does (Flick, 2020). Individuals' views of the world are inextricably linked to their life experiences (Pietkiewicz *et al*, 2014). Results are unlikely to be exact, so scope is likely to be more limited than in a positivist research study, but the aim is to discover something new, rather than to test out hypotheses, by searching for patterns in the experiences of individuals (Aspers and Corte, 2019). Interpretivism is appropriate for research which is concerned with the feelings or behaviours of people in society, which Stainton (2021, no date) terms 'grey areas… which cannot be achieved through the analysis of numbers.' Empathy is one such grey area.

Phenomenology

A strand of interpretivism focussing on a subjectivist examination of the way individuals behave in the world, and see themselves in the world, is phenomenology, which stems from Heidegger's philosophy of 'dasein'. Heidegger's description of 'dasein', is translated as 'existence', or 'what we understand, when we understand *what* and *that* things are' (in German, translated and interpreted by Carman, 2003, p.4). Neal (2016) defines a phenomenon of interest as a broad framework that one researches in order to understand. The phenomenon to be examined, empathy, is a nebulous one which has proven difficult to define (see chapter 2). Husserl (1927, cited in Smith, Flowers and Larkin, 2022) who established the school of phenomenology, explains the way that reflection can help people to understand phenomena,

> … through reflection, instead of grasping simply the matter straight out…we grasp the corresponding subjective experiences in which we become conscious of them…For this reason, they are called "phenomena", and their general essential character is to exist as the consciousness of, or appearance of, the specific things and thoughts (p.13).

An interpretive approach, with the aim of interpreting the meanings that people create regarding empathy, was therefore deemed to be appropriate. As people's views of the world are interconnected with their beliefs and life experiences, the complexity of their social realities warranted collection and interpretation (Saunders *et al*, 2019).

3.1.5 Interpretive Phenomenological Analysis (IPA)

The complexity of people's social realities is substantial, so interpretivist researchers strive to collect what participants believe to be meaningful, providing detailed examinations of personal lived experience (Smith and Osbourne, 2015). Saunders *et al* (2019, p.149), explain that 'phenomenologists, who study existence, focus on participants' lived experience; that is, the participants' recollections and interpretations of those experiences.' Phenomenological studies thus focus on how people understand and talk about objects and events (Pietkiewicz and Smith, 2014), in order to make sense of them. This constitutes a 'contextualised phenomenology' typical of Heidegger and later Merleau-

Ponty (1962, cited in Smith, Flowers and Larkin, 2022, p.18). Merleau-Ponty explains the need that we humans have to describe our perception of the world and what constitutes the truth to us, 'thus, we must not wonder if we truly perceive a world; rather, we must say: the world is what we perceive' (Merleau-Ponty, translated by Landes, 2012, cited in Smith, Flowers and Larkin, 2022).

Other qualitative approaches also aim to analyse their participants' lived experiences (for example, narrative studies, case studies, ethnographic studies). These often include the stages of reading and describing associated with IPA research (Cresswell, 2013). However, Alase (2017) asserts that IPA provides a more in-depth data analysis than other methodologies and Thomas (2006) agrees, maintaining that IPA 'seeks to uncover the meaning that lives within experience and to convey felt understanding in words' (p.241). IPA is more than a method of analysis; it is an approach to undertaking the research from start to finish. The aim of this empathy research was to examine this lived experience of a particular group of individuals; early childhood practitioners. Asking them to record their experiences and recollections in diaries, and subsequently interpreting the responses, was appropriate and therefore IPA was indicated and was the methodology accordingly adopted.

Interpretive Phenomenological Analysis (IPA) presents an effective way of offering insights into how people make sense of a given phenomenon, by recording and interpreting the lived experience of research participants (Smith, Flowers and Larkin, 2022). In IPA, note Smith, Flowers and Larkin (2022), 'participants are selected on the basis that they can grant access to a particular perspective on the phenomena being studied' (p.49). A sample represents a perspective, rather than a population; an idiographic approach to examination of individuals' understanding and experience of a phenomenon (Smith, Flowers and Larkin, 2022, p.49). The sample in this study provides perspectives of early childhood practitioners' lived experience of the phenomenon (empathy) as collected via diaries and interviews, thus illustrating the appropriateness of the research approach.

IPA is a flexible approach that lends itself to a broad range of data collection methods and analysis (Pringle *et al*, 2009). In their critical evaluation of the use of IPA, Brocki and Wearden (2006) conclude that 'diaries seem to provide an excellent alternative to providing a narrative account for analysis' (p.94), as they provide an insider's perspective of the phenomena examined'. Smith, Flowers and Larkin (2022) express surprise that little has been published about IPA research using diaries, as this seems a fitting method, focussing as it does on one person's lived experience. This empathy study addresses that lack of literature and begins to fill the gap.

3.2 Data Collection

3.2.1 Method - Reflective diaries

The link between reflection and examination of a phenomenon is well established in phenomenology. Husserl (1927, cited in Smith, Flowers and Larkin, 2022) described this as 'grasp[ing] the corresponding subjective experiences in which we become conscious of them' (p.19). Through reflection on empathy in their practice, it was hoped that participants would explore their understanding of empathy. Reflective diaries are an ideal method for this.

Although still relatively new as a qualitative research method, the use of reflective diaries in qualitative social research has increased in the last two decades (Filep *et al*, 2018). Reflective diaries offer an opportunity for researchers to record the lived experiences of individuals who collectively make up a group; consequently, they have been used successfully in a variety of disciplines including social care (Gawley, 2018; Herron *et al*, 2019), psychology (Ohly, 2010; Travers, 2011), nursing (Jasper, 2005; Välimäki *et al*, 2007), midwifery (Bedwell *et al*, 2012), and education (Hewitt, 2017). Although literature on reflective diaries is becoming more extensive, particularly studies in the field of health, there is a far more limited number of empirical research articles relating to this method and its deployment compared to other qualitative methods (Alaszewski, 2006). There are few examples of published empirical research which include a diary element within the early childhood sector (Page and Elfer, 2013; Wong *et al*, 2015; Macagnos, 2020); these were examined closely to ascertain insights into the usefulness of the method within this empathy study.

Research has acknowledged numerous advantages of selecting the reflective diary as a method for this study. Diaries allow people to record their individual understanding of everyday activities (Morrison, 2012), giving researchers rich descriptions of participants' understanding and feelings about a concept (Bedwell *et al*, 2012). The act of writing itself can help participants fix their ideas and views in a tangible way (Bedwell *et al*, 2012) and diaries can illustrate how participants' understanding and viewpoints change and develop over time (Herron *et al*, 2010). Kenten (2010) explains;

> Each diary entry….is sedimented into a particular moment in time: they do not emerge 'all at once' as reflections on the past, but day by day strive to record an ever-changing present (p.2).

It is this journey of understanding, and the development of participants' personal positions, that provide the researcher with rich data, an essential component of IPA (Smith, Flowers and Larkin, 2022). Diaries can capture emotions and rich descriptions, information about the participant and about his/her culture and they can be a tool for reflection, creativity and empowerment (Meth, 2003). Keller *et al* (2014)'s research into teacher stress and burnout emphasises the importance of research causing as little intrusion as possible in busy professionals' lives. Within a naturalistic approach to the

research, where the aim is to minimise the impact and intrusiveness of the research (Alaszewski, 2006), individual diaries are ideal. Inviting participants to record their empathic interactions in reflective diaries aimed to 'facilitate the elicitation of stories, thoughts and feelings' about empathy (Smith, Flowers and Larkin, 2022, p.56). Participants were asked to write about times they were aware of using empathy within their everyday practice and then, in the follow up interview, they were asked to define empathy and to examine what it meant to them.

Rich Data

Qualitative research should expose the complexities and richness of the phenomenon being investigated (Given, 2008). Consequently, data collection methods need to allow for participants' stories to include 'a rich abundance of data insight' (Alase, 2017, p.13) of their lived experiences. As an example, Page and Elfer (2013) conducted research with early childhood practitioners which included an individual daily diary element, alongside other qualitative methods (in-depth interviews and group discussion). They found that the diary records, more than other methods used, captured 'the day-to-day raw reality of the work' (p.562) and illustrated the intense feelings experienced by practitioners within their daily practice. The diaries, which were completed over five months by nursery practitioners, attempted to examine attachment interactions between children and practitioners. Within the diaries, practitioners recorded a wealth of emotions occurring within their personal lived experience of these interactions.

Reflective diaries therefore allow researchers to analyse changes in the participants' understanding and interpretations of the phenomenon over time and in the context of their work in a way that other qualitative methods, e.g., interviews, may not (Bedwell *et al*, 2012; Herron, 2019). Diaries allow participants to record experiences and emotions soon after they occur, which reduces the risk of recall inaccuracy or bias (Kenten, 2010). The immediacy of the diaries is in direct contrast with interviews, which may take place sometime after the event. This is a further benefit, as the diaries capture fresh thinking (Hewitt, 2017). Hewitt's research with primary school teachers observed similar data collection advantages, with diaries providing the researcher with information about the life of the diarist and making experiences which are rarely expressed, visible. Another example, Hewitt's (2017) research with science teachers, uncovered some interesting views about teacher-child relationships during fieldwork trips, as teachers' thoughts were recorded contemporaneously. This is important in reducing self-censorship, reframing and retrospection bias (Hewitt, 2017), hence increases research credibility.

As with other diary studies (see for example Bedwell, 2018; Hubbs and Brand, 2018), Alaszewski (2006) concurs that a trusting relationship between researcher and participants must be maintained to

minimise disruption and distortion and to elicit honest, rich and resonant data. It is argued that the aim is to obtain participants' honesty, rather than an idealised representation of themselves. As with any research, credibility and trustworthiness of data are key (Lincoln and Guba, 1985); one of the many benefits of diary research is the capture of detailed accounts of the diarists' reality (Alaszewski, 2006; Gawley, 2018). Shenton (2004) emphasises the difficulty in attaining honest responses but asserts that researchers must make provisions to help foster honesty. Provisions can include giving opportunities for participants to decline to participate and ensuring that those taking part are doing so willingly and freely. Researchers, notes Shenton (2004), should aim to create a rapport with participants and to emphasise their objective stance and professional ethics. An IPA approach is ideal for creating rapport and developing a bonding relationship between researcher and participants (see later section in this chapter on 'creating a bond').

Rich data based on reflection and creative expression within diaries helps researchers to make connections and develop new perspectives, claims Jasper (2005), whose article on reflective writing emphasises the transformative nature of reflective writing, both to the participant and researcher. This can be seen in Gawley's (2018) study of university students' sleep experience. Gawley encouraged participants to be creative and to express personal opinions in their diaries, and he observed that diarists' creativity and complexity of thought developed as their confidence grew over time, which enhanced the research. Wagstaff *et al* (2014) emphasise that there is potential for creativity within an IPA approach and that the diary method is likely to produce 'in-depth, thoughtful accounts of subjective experiences, incorporating verbatim participant quotes, illuminating metaphors and relevant literature' (p.8). Hyers and Walmer, (2021, cited in Cao and Henderson, 2020) also suggest that reflective diaries allow creativity, for the researcher in the construction of diaries, and for participants, as they are not restricted to particular linguistic narrative.

Scrutiny of published diary studies illustrates the appropriateness of the method for gathering rich data. Bedwell *et al*'s (2012) diary research with midwives, for example, elicited for the researcher rich descriptions of participants' experiences and their emotional responses to them. The reflective nature of the diary as a tool encourages a high level of contemplation and analysis by participants, which is potentially beneficial to them in their practice and which reveals thoughts which can be further examined (Travers, 2011).

Reflective Writing

Reflective thinking is defined by Dewey (1933, in Kholid *et al*, 2022) as 'an active, persistent and considerate thinking activity based on the prior knowledge and experience in making a decision' (p.319). Kasalak *et al* (2022) agree with this definition and emphasise the significance of thinking deeply in order to make meaning. Reflective thinking is put into practice in reflective writing.

Hubbs and Brand's (2016) description of a 'paper mirror' is a fitting portrayal of reflective writing, which reveals the thoughts and feelings of the individual. Reflection is the process of exploring a phenomenon (Bedwell *et al*, 2012); it clarifies the meaning to the individual and, as such, results in new conceptual perspectives (Boyd and Fales, 1983). Dewey (1933) describes reflection as 'active, persistent and careful consideration which helps find the way through uncertainty' (p.118). According to Hall and Schwartz (2019), empathy, the subject of this research is one besieged with uncertainty and confusion, because there is no common conceptual definition. Hence, reflection via a diary should provide the best opportunity for expression and interpretation by individuals.

Schön (1991) notably coined the terms 'reflection in action' and 'reflection on action' and detailed the benefits of reflecting both in the moment and subsequently after the event. Burford (2021) also claims that allowing participants time to reflect allows for 'nuanced detailed understandings of everyday experience' (p.163). Reflection and emotion are interconnected, claim Gkonou and Miller (2020), thus the use of reflective diaries in this empathy research allows the collection of data which is 'closer to the feeling' (Burford, 2021, p.165) than other qualitative methods. Reflection is particularly encouraged in diary research (Morrison, 2012); consequently, reflection on experience contributes to understanding and learning about practice and may lead to individual action or a reflexive change in behaviour (Jasper, 2011). Such 'reflective activism' is described by Hanson and Appleby (2014, p.24) as a 'way of being'. It builds on a strong value base that assumes responsibility for improving the quality of provision for children and families. Ultimately, this was the aim of research, to make a change and bring about both social and individual good (Bloor, 2010), to adhere to the ethical principle of beneficence, a cornerstone of social research (Bogolub, 2010).

Bolton, a prominent supporter of the power of writing for reflection and action, explains that such writing (2009), is a 'self-illuminatory and exploratory process' (p.752) and is rewarding to the writer. Bolton and Delderfield (2018) claim that reflective writing is enjoyable and intuitive may explain why, in Bedwell's (2011) research with midwives, diaries included lots of reflection, despite there being no instruction from the researcher to be reflective. Reflection is accepted as an aid to the development of individual practice in many professions (Schön, 1991; Brookfield, 1995; Bolton and Delderfield, 2018) and it is this practice that develops understanding and enables the writer to examine issues and solve problems and dilemmas (Jasper, 2011). Reflection is an essential component of the early childhood profession (Elfer *et al*, 2018); consequently, this group of professionals were likely to be reflective in their practice (Osgood, 2010). Therefore, data collection based on reflection was ideally suited to the empathy research with this group of professionals.

The method of collection of reflective data should be comfortable for the participants, in order for them to be able to explore the phenomena fully (Alase, 2017). In the reflective empathy diaries,

participants were asked to write freely about anything related to empathy which they felt was important. It was crucial to acknowledge that empathy is recognised as a subject that involves emotions (Michels, 2015; Hunt, Denieffe and Gooney, 2017; Demetriou, 2018; Benzel, 2019) therefore the capture of emotions demanded further examination.

Capturing Emotion

There are many types of empathy described in literature, with emotional (affective) empathy being just one of them, but the view taken in this study is that empathy is always emotional to some extent. The following section will explain why this is the case. In Hunt, Denieffe and Gooney's (2017) study of burnout and empathy in nursing, the researchers discuss the impact of sharing emotions during empathic encounters and the resulting personal distress. In Bedwell *et al*'s (2012) research diary work with midwives, the participants recorded very detailed personal and intimate emotions; diaries were seen by some participants as a useful outlet for the stressful emotions they experienced at work. Bedwell *et al*'s (2012) paper concludes that a personal reflective diary is a suitable research method to use in exploring the lived experience of individuals and a useful method for capturing the very personal emotions and feelings that they experience. Diarists are likely to be more comfortable writing about emotional situations in a personal diary than in a face-to-face interview (Gawley, 2018). Expressions of emotion can be very significant. In a social geography diary study, which focussed on South African women's experiences of violence (Meth, 2003), diaries were used by participants to record personal feelings never before expressed, with one participant writing 'I never told anyone . . . this is the first time I'm talking about it,' (p.201), demonstrating the impact that reflective diary writing can have.

In a study of University students' stress and coping, Travers (2011) differentiates between different types of daily record, logs, journals and diaries. She asserts that where logs tend to be seen as factual, and journals as academic, diaries appear more personal, and the practice of writing 'Dear diary' (in newspapers, etc.) adds to the concept of a diary being for very personal and intimate use. The aim of the research was to gather personal viewpoints, not facts or academic discussions, consequently, reflective diaries were the preferred choice. Gawley's (2018) sleep study with university students supports this suggestion, with reports of participants 'talking to' the researcher through their diaries. Similarly, Day and Thatcher's (2009) research involving handwritten diaries is titled 'I'm really embarrassed that you're going to read this . . .'(p.249) and details the unsolicited and previously undisclosed information that a group of competitive trampolinists wrote about in their diaries. The research concluded a therapeutic outcome for participants, the diary writing allowing them to make sense of events and to vent emotions confidentially. Research by Prowle (2022) also identified a benefit to participants whose voices are rarely heard in research entitled 'thank you for asking me

about my story'. Her participants, forced migrants living in Wales, reported that their involvement in the research was cathartic.

It was reasonable, then, to assume that there would very likely be an emotional aspect to the encounters being described by participants in this study. This aspect was important to document, as long as safeguards were in place to manage participants' emotions. This concern was considered within the ethical considerations of the study (see 3.5.4).

Creating a bond

Due to the emotional element of this research, care had to be taken from the outset to create a respectful and empowering relationship between researcher and participants (Solvason, Webb and Sutton-Tsang, 2020). As previously identified, in IPA research, a bonding relationship between researcher and participants is key (Alase, 2017). It was therefore vital that a relationship of trust was built up between researcher and participants. Herron *et al* (2019), aware of the need to build rapport, to promote participant ease and to maximise retention of participants in her diary-interview study with carers, kept in touch with them on a weekly basis by email. This strategy was adopted in this empathy research, which enabled me to motivate participants to contribute, to support them throughout the process and to answer any queries about the research.

Alase (2017) affirms that IPA provides a sound basis for a bonding relationship between researcher and participant, which develops throughout the research process, and which is beneficial for the growth and development of understanding of both parties. The IPA approach aims to develop a relationship that enables participants to 'tell their own story in their own words' (Eatough and Smith, 2017, p.57). Participants who are secure in the participant–researcher relationship which in this instance is participant-oriented are likely to express themselves and their lived experience without distortion (Alase, 2017). Alase (2017) describes participant-orientated research as that which emphasising understanding the perspectives, experiences, and needs of the participants. This is important for the credibility of the research. Dadds (2008) appeals for research that has empathetic credibility, research that results in new personal and interpersonal understanding for participants and researcher and which contributes to positive human relationships.

Throughout this empathy research, there was regular contact with participants by email. Face to face contact was not possible due to the restrictions of the Covid-19 pandemic (see 3.5.1). Email correspondence comprised messages of thanks for participation, reminders of instructions and research deadlines. Interim findings were shared with participants, along with publications arising from the ongoing research (Hodgkins, 2021) and events relating to empathy which participants may have found interesting, e.g., empathy day (Empathy lab, 2021). Regular contact by email and in virtual

interviews enabled a secure research relationship in which participants could freely express themselves (Alase, 2017). Such a relationship is associated with the principle of feminist research which aims to create an empowering relationship between participants and researcher (Renzetti, 1997; see section 3.1.2).

Empowerment

Pascal and Bertram (2012), prolific researchers of early childhood today, propose that all early childhood research should be 'democratic, participatory and empowering' (p.479). In listening to the voices of individuals, who are members of the wider community of early childhood professionals, it can be argued that there is a potential for impact on the profession. An individual reflective diary method of research is co-constructed by the researcher and participant, resulting in what Pascal and Bertram (2012) describe as 'knowledge that is viewed as soundest and most trustworthy' (p.483). A strength of the diary research method lies with the empowerment of participants (Meth, 2003; Hewitt, 2017) who gain understanding of, and insight into, their experiences, which can strengthen their professional reflective practice. The diary can provide a 'voice'; this seems particularly relevant to research with individuals who traditionally have little power (Meth, 2003), a state which has been noted as applying to early childhood professionals (Findlay, 2009). The practice of 'giving voice to everyday experiences' (Renzetti, 1997) is a central tenet of a feminist paradigm.

The perception of the researcher as being in a position of power may affect the participants' notes, so co-construction is important in empowering the participant to take ownership of the process (Meth, 2003; Hewitt, 2017). Herron *et al* (2019) demonstrate the way that diaries have the potential for strengthening validation and self-advocacy. In their diary research with the carers of people with dementia, they describe one of the participants showing her diary to her GP to assist in her appeal for additional support for herself as her husband's carer. The diary provided detailed information but also raised the respondent's self-awareness of her situation, validated her experiences, and subsequently impacted positively on her life in a practical way. Another diary study with carers of people with Alzheimer's disease (Välimäki, 2007, p.68) noted that the diarists found it 'a therapeutic and pleasant experience'; they felt satisfaction in being instrumental in contributing to the field of Alzheimer's research. Naturally, the participant always has the power to decide not to share their diary with the researcher, or to withdraw its use from the study. The right to withdraw from any part of the research, with no detriment (BERA, 2018), was fully explained to participants at the outset of this study and at intervals such as the start of each phase of the research. The regular communication and sharing of publication outcomes resulted in a positive continuing relationship between researcher and participants, as evidenced by participants' enthusiasm to continue to a second phase of the research (see section 4.3.2 for details). Participants were proud of the publication in the Nursery Management

Today journal (Hodgkins, 2021) and shared it with their colleagues and friends. No participants were named or identified, but one participant shared the article on her social media page, writing 'so proud to be part of this important research'. A trusting relationship between researcher and participants was vital in creating satisfaction and empowerment within research. Likewise, empowering participants to take ownership of their involvement in the process indicated credibility of the research.

Rigour

Consideration of 'validity' and 'reliability' is crucial in all research. However, there is evidence (Ryan-Nicholls and Will, 2009) that quantitative methods are regarded by some as superior because of their greater attention to validity and reliability, implying that 'the treatment of qualitative data lacks rigour'. Cypress (2017, p.254) asserts that 'qualitative rigor' is an oxymoron, as qualitative research is 'a journey of explanation and discovery that does not lend itself to stiff boundaries'. In qualitative research, Lincoln and Guba (1985) replaced the evaluative criteria 'validity' and 'reliability' with 'dependability' and 'credibility' and these authors were the first to consider how trustworthiness can be demonstrated in qualitative research, in order to reassure the reader of the usefulness and value of the work. The term 'trustworthiness' is more appropriate for interpretative research than positivist research, says Sandelowski (1993, p.2), who argues that validity in qualitative studies should not be linked to 'truth' or 'value', but to 'persuasion whereby the scientist is viewed as having made those practices visible and, therefore, auditable. Sandelowski (1986, p.517) refers to this process as 'leaving a decision trail', so the reader is able to track and verify the research process. As well as 'dependability' and 'credibility', Lincoln and Guba (1985) also require confirmability and transferability to establish trustworthiness. To meet the requirement of confirmability, i.e., confidence in the assertion that other researchers would be able to confirm or corroborate the results, reflexivity is central to this research. The creating and maintenance of a trusting relationship between research and participants is necessary in generating truthful responses, as does the reflexive stance of the researcher (Jasper, 2005). Transferability, the degree to which the results can be transferred to other contexts or settings can be achieved with purposeful sampling (Forero *et al*, 2018).

Filep *et al* (2018) evaluated 43 qualitative research papers published between 2003 and 2017, from a range of disciplines (social geography, health and education) which used a diary method of data collection. Their evaluations were based on Baxter and Eyles' (1997) principles of rigour in qualitative research, which is based on a review of 31 empirical and 18 substantive papers. Examination of diary research indicated that significant improvements can be made in rigour; consequently, the criteria identified by them, based on the framework by Baxter and Eyles (1997), was applied to this research. Filep *et al*'s (2018) criteria for diary-based research are as follows:

Conceptual Framing	Methodological Reasoning	Positionality and Reflexivity	Co-construction and Representation of Meaning
A clear and detailed conceptual approach	A clear and detailed rationale for methodology	Clearly articulated researcher positionality	Rapport and clarity with participants
Clarity for an academic audience	Justified multiple methods	Clearly articulated reflexivity processes	Clearly articulated participant validation processes
	Clearly outlined participant diary practices		Clearly articulated procedures for analysis
			Diary quotations included in the resulting report

Table 3.1: Filep's (2018) criteria for diary-based research

Research by Filep (2018 – see table 3.1 above) into the use of diaries in published work indicates the tendency of diary researchers to neglect conceptual foundations, researcher positioning and analytical processes. Gawley's (2018) article on sleep diaries, notes 'the method necessitates social scientific application and deliberate analysis to confirm and strengthen its methodological applicability' (p.1). The criteria identified are intended to be a guide, a 'flexible tool' (Filep *et al*, 2018) for researchers and is applied to this empathy research, in order to enhance credibility and trustworthiness. This is outlined in table 3.2 below.

Boundaries

Acknowledging limitations within a study requires the researcher to assess factors influencing the rigour of the research process. Research by Ioannadis (2007), suggests that consideration of potential limitations is an important feature omitted from many research articles. Nevertheless, limitations and issues should be perceived as challenges which are important to acknowledge, rather than reasons not to use the method (Jasper, 2005). The emotional and personal characteristics of the subject (empathy) could have been an issue for some participants, as the intention was to elicit data of a sensitive nature. Cotton (2001), writing about reflective writing in nursing research, points out her concern that the private thoughts of participants, when entering the public sphere through publication, are then 'subject to surveillance, assessment, classification and control' (p.512).

Conceptual Framing	Methodological Reasoning	Positionality and Reflexivity	Co-construction and Representation of Meaning
Conceptual approach– Epistemology, theoretical perspectives, methodology & methods examined and justified	Detailed rationale for methodology has been discussed in relation to research aim	Researcher positionality has been considered in respect of rigour throughout the research process	Regular communication with participants on the research and associated topics. Repeated instructions for participants
Written for an academic audience, sections to be included in peer-reviewed academic journals	Justified diary-interview method and literature review	Reflexivity processes have been outlined and included at all stages of the research. Researcher reflections logged at every data collection point	Participant validation ensured at all stages; participants encouraged to talk about their views at every stage
	Diary practices for participants have been fully explained		Procedures for analysis clearly described and justified
			Quotes from diaries and interviews included in data analysis and discussion

Table 3.2: Details of empathy research, using Filep's criteria for diary-based research

The paradox between diaries being personal private documents and the sharing of such diaries with the researcher and future audience in a public way requires sensitive handing (Meth, 2003). A participant in Bedwell's (2012) reflective diary study, with midwives, wrote about her worries regarding sounding critical in her reflections, being troubled about how she portrayed others in the workplace and worrying about being judged by what she had written. Cao and Henderson (2021) assert that the researcher–participant relationship significantly impacts retention in a study, so researchers should strive to build rapport by being supportive. A diary is often 'a comfortable and familiar form of expression' (Hyers and Walmer, 2021, p.196) but effort should be made to ensure that participants feel at ease. Right from the beginning of the research relationship, it was beneficial to conduct what Pietkiewicz and Smith (2014, p.10) refer to as a 'warm up discussion' with the intention of reducing any anxiety about interviews.

To reduce any conflict for participants with regard to the sharing of their responses with me, it was important to put people at ease and to develop a supportive relationship throughout (Alaszewski, 2006). Participants were reassured that anonymity and confidentiality protocols were in place and that their identity and place of work could not be identified in any publication of data (BERA, 2018). A magazine article using initial findings from the research (Hodgkins, 2021) was sent to participants

before publication to demonstrate this. These strategies were undertaken with the intention of reducing anxiety, as advocated by Pietkiewicz and Smith (2014).

Potential challenges

Practical constraints on participants, e.g., lack of time and space to complete diary entries during work hours, particularly in a busy pressurised work environment was anticipated (Bedwell *et al*, 2012, p.153). The Covid-19 pandemic, and resulting pressures on the early childhood sector, presented an additional challenge to time management (NDNA, 2021). Care was taken to provide guidance to diarists and to avoid over complicating directions to prevent large amounts of irrelevant data being collected (Bedwell *et al*, 2012).

3.2.2 Method - Diary-Interview

As previously discussed, there are many advantages to diary research, however, there is evidence to suggest that when diaries are used in combination with other research tools, the approach is even more effective in deepening exploration of a phenomenon (Crosbie, 2006; Kenten, 2010). Hewitt maintains that diaries alone are insufficient (2017) as they do not allow for sufficient depth of discussion. There are several studies using a combination of diaries and interviews which claim to produce such deep discussion. For example, Zimmerman and Wieder (1977), who devised the diary-interview method, suggest that diaries are useful as scaffolding, providing a structure which provides a basis for subsequent processes, such as interviews. The research is therefore enhanced, enabling the researcher to explore diary entries in more detail during the interview. Bartlett (2012) agrees that the two methods used together can lead to deeper understanding for both researcher and participants. In Bedwell *et al*'s (2012) study of midwives' experiences, participants kept a diary, which was followed up by an interview, conducted with the intention of exploring the content of the diaries further, to clarify points and to prevent misinterpretation by the researcher. The purpose of the diary was to collect data, and to focus a participant's mind on the issue being studied, prior to a subsequent interview (Bedwell *et al*, 2012). Participants in the study were asked to bring their diaries to the interview so they could refer to them, and the diaries were then left with the researcher. Bedwell *et al* (2012) concluded that diaries were an ideal method for conducting phenomenological research, with the diary-interview method providing an opportunity to clarify or probe diary narratives. Zimmerman and Weider (1977) and Alasewski (2006) propose carrying out an initial pre-diary interview, as well as a post-diary debriefing in the form of an interview, in order to build a relationship between interviewer and participant. Hewitt (2017), using the diary-interview method with primary school teachers, positions the interview as a debrief, following the diary keeping, and used an interview only at the end of the diary keeping period. Filep's (2018) assertions that regular contact with participants supports the building of rapport and would allow for further instruction, clarification

and reassurance corroborates the idea of having pre- and post-diary interviews. The aim is additionally to keep in regular contact with participants by email: discussing the research project, sharing initial findings and expressing thanks for their continued engagement.

The objective of an IPA study is to present 'an intimate focus on one person's experience' (Smith, Flowers and Larkin, 2022, p.56), hence, individual diaries, coupled with interviews, are ideal as they allow participants to describe their own experiences in their own way (Alaszewski, 2006). Interviews can also encourage personal descriptions, if the technique is semi-structured and in depth, akin to a guided conversation; hence diaries and interviews can work well together. Within the interview component of the diary-interview approach, Alaszewski (2006) recommends endeavouring to make it as like a normal conversation as possible to maximise the richness of the data. A naturalistic approach to interviewing (Wagstaff *et al*, 2014) and a flexibility to enable the conversation to be led by the participant enables communication of what is truly important to the participant. Although it can never be truly like a conversation, Alaszewski's (2006) recommendation to strive for as normal a conversation as possible within the interview is appropriate for making participants feel at ease.

Empathy, as previously discussed, is a complex phenomenon. Smith, Flowers and Larkin (2022) suggest that, in an interview focussed on an abstract concept such as empathy, it is not appropriate to ask complex research questions of participants directly. Instead, they suggest that IPA interviews should attempt to 'come at the research question sideways' (p.58), facilitating discussion on related topics in order that the research question will be answered subsequently, when analysis has been completed. This would be conducted in an honest way, with no sense of deception (Tracy, 2010). With a desire to elicit as much deep understanding as possible, the recommendations proposed by Bedwell (2012) and Bartlett (2012) for employing reflective diaries and interviews appeared fittingly appropriate. The rich data collected in these studies was useful in this empathy research. Asking early childhood practitioners for their perceptions of empathic interactions within their practice is a complex request. Discussing their experiences and feelings around empathy within diaries and interviews, however, should result in a deeper understanding of such perceptions for both participants and researcher.

Studies like Bedwell *et al*'s (2012) with midwives and Wall *et al*'s (2004) with nurses have identified the diary-interview method as being ideal for examining lived experiences within an IPA approach. A double hermeneutic process where individuals interpret their social world, and at the same time, the researcher interprets these interpretations, was created within diary and interview reflections (see 3.6.3). Participants contemplated their experiences, and the researcher examined the development in participants' understanding (Clancy, 2013). The researcher, in this process, makes sense of the participants' sense-making (Tuffour, 2017). Broomhead (2013) employed an IPA approach in her

research to analyse parents' perceptions of teacher empathy within a school for children with special educational needs. Broomhead (2013) used Smith, Flowers and Larkin's (2009) six stage approach (a precursor to their seven step approach of 2021) to analyse the data. The resulting deep reflection and engagement proved impactful to teacher educators; the results of the study being recognised by the European Agency for Development in Special Needs Education (2012) as important to include in future teacher training. These examples illustrate the appropriateness of reflective diaries for an IPA study, and for studies about empathy. The personal reflective component of the proposed diary-interview research is enhanced by a trusting relationship between researcher and participant, trust being an integral characteristic of the IPA approach (Alase, 2017). Because of the constraints on social proximity due to the worldwide Coronavirus pandemic (Gov.uk, 2021), interviews were carried out virtually using an online platform which participants were familiar with. The friendly face to face interactions recommended by Alasewski (2006) had to be virtual. This approach demonstrated numerous benefits, such as increased geographic reach, reduced costs and flexibility. Research by Oliffe *et al* (2021) which detailed benefits and limitations of conducting interviews on a virtual platform, found that participants able to talk in their own homes were more relaxed when discussing emotions. Oliffe *et al*'s (2021) conclusions were echoed in this research, as can be seen in participants' responses (see section 6.5 and appendix 3). A timeline detailing data collection can be seen in table 3.3 below.

Identifying appropriate interview questions

Potential interview questions evolved from immersion in the data at the data collection stage, as advised by Smith, Flowers and Larkin (2022). The reading and re-reading of diaries prompted the need for further explanation in some cases. In Bedwell *et al*'s (2012) research with midwives, the researchers established that although diaries can provide rich data, 'the lack of direct interaction with the writer can leave researchers with the feeling that they require further explanation' (p.155). This was the case with the majority of reflective diaries analysed in this empathy research. For example, one participant used the word 'reflecting' many times in his diary; so, as I read the entries, I noted that an interview question about reflective practice to explore his understanding of the relationship between empathy and reflection further. Another participant wrote in her diary 'the child was going to cry'. I noted that in the subsequent interview, I would ask how she knew this? The comment may have been an example of advanced empathy techniques, but more exploration would ascertain if this was the case.

8th- 14th Feb 2021	Evaluation of pilot	Feedback on pilot of reflective diary and semi-structured interview. Alterations made.
1st– 12th Mar 2021	Research briefing	Virtual meetings with each participant to initiate a supportive relationship, provide instructions for using the reflective diary and to answer any questions or concerns.
15th March- 7th Apr 2021	Phase A Reflective diary 1	Participants asked to make notes on empathic interactions throughout their working week, with a suggested one example per day, to keep it manageable within the working day. Instructions flexible and open to interpretation by the participant.
7th Apr- 4th May 2021	Interview 1	Questions focussed on experience of diary keeping and recorded content, the experience of diary keeping and any difficulties, recorded content. Participants invited to elaborate on notes made and thoughts about empathy.
5th May- 18th June 2021	Data analysis	Transcription of interviews, findings from diaries analysed. Focus for second diary (Phase B) identified.
21st June- 10th July 2021	Phase B Reflective diary 2	Participants asked to keep a diary for 1 week. The focus of the second diary will be decided after examination of diary 1.
12th July- 5th Sept 2021	Interview 2	Questions on experience of diary keeping and any difficulties, recorded content. invite participant to elaborate on notes made and thoughts about empathy.
9th Sept- 10th Oct 2021	Data analysis	Transcription of interviews.

Table 3.3: Data collection timeline

In her diary-interview study with carers, Herron's (2019) interview questions were drawn from the diary entries, the intention being to clarify meaning and encourage further depth of discussion. Her preparation for the interviews would include reading through the diary and identifying entries in need of further examination. Bartlett (2012) also devised individual interview questions from participants' diary data, as did Jacelon and Imperio (2005) in their study of chronic health problems in older adults. Bartlett's (2012) diary-interview research with dementia patients followed a similar process, although some of her questions were more open ended, for example, 'What comments do you think are most important, and why?' and 'tell me more about this comment'. This seems to align more appropriately with research that aims to examine participants' views without making assumptions. Smith, Flowers and Larkin (2022) stress that the objective should be to reveal the participants' thoughts and ideas about the phenomenon in question, not to examine how they feel about the researcher's ideas.

A second phase

Janssens *et al* (2018) assert that a second round of diaries is beneficial, to validate themes emerging from the first round. This echoes the decision made in this empathy study, to ask participants to take part in a second round of diaries (Phase B, discussed further in…). The initial diary invited participants to communicate their understanding of empathy with very little direction given by the researcher, the objective being to elicit their perceptions of the phenomena in a way that was as objective as possible. Initial data from the diaries and interviews were recorded, transcribed, and analysed, using an IPA approach. When the first diaries were examined, and interviews provided further detail, it became clear that there were numerous comments about the emotional impact of empathy on the practitioner. Therefore, to examine this impact further, a second phase of the research was planned, Phase B focusing on emotional impact on the empathiser.

The research, comprising two phases of diaries and interviews, took between six and eight months for each participant. Other diary research studies involve the completion of research diaries over time in order to consolidate ideas and identify developing understanding. A study of trampolinists by Day and Thatcher (2009) used diaries over a three-month period with diaries completed at regular intervals. In Day and Thatcher's (2009) research, they describe collecting a large amount of in-depth data over time, which gave the researchers a deeper understanding of each participant's perspective. They found that as time went on, participants were more comfortable in writing about events of a sensitive or emotional nature. These descriptions could then be investigated further in the subsequent interview.

3.2.3 Semi-Structured Interviews

Semi-structured interviews were most appropriate for this research, as they foster a dialogue between researcher and participant which has the flexibility to investigate unexpected issues and to examine themes further (Biggerstaff and Thompson, 2008). As with all research methods, the interviews had limitations. However, these were arguably lessened by combining interviews with reflective diaries. Flick (2020) suggests that prepared interview questions may omit points that are important to the participant. With this research, interview questions arose directly from the reflective diaries, therefore interviews developed concepts from participants' own contributions. Interviews allowed participants to respond to questions 'as freely and as extensively as they wish' (Flick, 2020, p.231), whereas a fixed list of questions, adhered to rigidly, would not have encouraged lengthy reflective responses (Pringle *et al*, 2011). The opportunity to modify questions in response to participants' discussion in real time is essential in IPA research (Alase, 2017); furthermore, interesting comments made in the empathy diaries could be gently probed further and unanticipated topics explored (Pietkiewicz and Smith, 2014). An example of this was one of the participants (Debbie) reflecting on the closure of her nursery

during the time of the research. Debbie had been very upset about the closure, having worked at the nursery happily for many years. Alase (2017) asserts that putting participants at ease is the foremost concern when conducting IPA interviews, as it is only then that they will feel able to openly discuss such experiences. With the researcher-participant relationship established at the briefing interview (Filep *et al*, 2018), participants in the empathy study appeared to feel comfortable in discussing their experiences.

The advantage of IPA is in detailing participants' journey of understanding and the development of their own personal positions about the phenomena being investigated (Smith, Flowers and Larkin, 2022). The second phase of diaries and interviews (Phase B) was planned to facilitate this development of understanding and found notable elaboration on understanding between the first and second interviews. The participants were the experts on their own experiences, and it was crucial to be open to wherever the discussion may have progressed. The competency involved in conducting objective and flexible interviews which enabled participants to feel comfortable (Sharpley, Munro and Elly, 2005), was rehearsed in a pilot interview situation.

3.2.4 Piloting methods

A pilot study is useful in preparing for any challenges that may arise and to increase the researcher's confidence in using research instruments (Malmqvist *et al*, 2019). The quality of the research is therefore enhanced, as any weaknesses can be addressed before the data collection process begins. Cao (2021, cited in Cao and Henderson) recommends that researchers themselves carry out a pilot of reflective diaries. Cao's research was about the experiences of higher education researchers, and she states that the experience of carrying out the diary herself before giving it to participants was useful in verifying feasibility. For the empathy research, as diaries were to be completed by practitioners working in early childhood settings, it was felt that Cao's (2021) suggestion of completing the diary myself would be of limited purpose in this case. In this instance, as I am not personally working within the profession, however, it was important to ascertain how achievable it might be for the participants to complete the diary during a working day. Therefore, to ascertain this and whether the diary instructions are clear and unambiguous, and to prepare for a proficient interview, an acquaintance who is an early childhood practitioner was asked to undertake a reflective diary for a few days. This was followed up with a pilot of the semi-structured interview. This colleague was not included in the sample for the research, in the interests of ethical practice and to avoid bias, as she is known to the researcher on a personal level. The pilot formed a structured opportunity to reflect on and modify the instructions given to participants and it proved to be a worthwhile process.

On first providing the participant with the diary and instructions, she asked lots of questions, for example 'how many examples should I write about?' and 'this happened... is that the sort of thing you mean?' She also identified a typo on the participants' letter, which was easy to correct. The first thing the pilot participant did was to excitedly try out the new pen I had provided and to write her name and the name of the nursery on the front of the diary. She fed back that the instructions were very helpful, but she asked me for some verbal instruction as well. She suggested that I send a friendly email to the participants, just outlining what they need to do, in simple language, a suggestion I agreed with and adopted. The pilot participant took the diary and completed an entry on day 1. She pointed out that her colleagues had a high workload at the moment and that the Covid-19 pandemic and the recent heavy snowfall had led to stress that may mean that participants would take a longer time to respond and to be able to spend potentially less time completing a diary. The original plan had been to ask participants to complete the diary over one week and to aim to collect five examples of practice to describe. However, the pilot participant asked for two weeks to gather five examples. This led to me changing the instructions so that the time period for diary completion was negotiable.

After piloting the diary, the semi-structured interview was also piloted. The interview was recorded for the purpose of examination of technique and the suitability of questions asked. The most useful discovery about my personal interview style is that I struggle to leave silences when these may have been useful. Smith, Flowers and Larkin (2022) stress the importance of letting the participant talk, enabling the interviewee time to think and consider what they want to say. Sharpley *et al* (2005) assert that when interviewers end silences, this leads to a diminishing of rapport, whereas silences initiated and terminated by the person being interviewed can increase this. Silence within interviews can be unsettling but is often necessary to allow participants 'thinking time'. Silence can allow participants time to reflect and formulate a response (Hankel, 2020). It can be essential in the production of meaning, say Bengtsson and Fynbo (2018), who quote Foucault's position 'what we don't say cannot be disqualified as being of no importance' (p.22). Silences can encourage reflection on the issues being discussed (Pietkiewicz and Smith, 2014). Kaplan (2018) suggests that in Western society, a four second silence is uncomfortable, but interjecting when a participant has paused risks stopping his/ her train of thought and can prevent someone from making an insightful comment. Leaving silence within the interviews was something that remains a challenge for me, although I continued to strive to do so, however the pilot process increased my awareness of this issue.

3.3 Assessing dependability and credibility

As discussed in 3.2.1, when assessing validity of qualitative research, Lincoln and Guba (1985) prefer the terms 'dependability' and 'credibility' to 'validity' and 'reliability'. However, there has been significant debate, focussing on IPA research in particular, about what might constitute the validity

and quality of qualitative research (Vicary, Young and Hicks, 2017). As a method, IPA is subjective, the view and experience of the researcher being integral components of the process. Consequently, the data gathered is analysed differently by different researchers. Golsworthy and Coyle (2001) indicate that even though this is recognised as a feature of IPA research, for some people it raises questions about validity. It is important that any criteria used to evaluate the validity of IPA research must be appropriate to this methodology. Holt and Slade (2003, cited in Brocki and Weardon, 2006) believe that the validity of a study should be assessed in terms of how the themes can be applied to other situations. However, the aim of IPA is to produce an in-depth analysis of a small group; thus, the study aimed to explore the perceptions of empathy within a distinct group of early childhood practitioners. Therefore, measures based on the view of Holt and Slade (2003) for example, are not aligned. The conclusions drawn from this empathy research are representative of the small group of practitioners involved in the study; they may be relatable to similar groups, but creating generalised conclusions is not the intention of the study. However, providing contextualised analysis of the group allows for 'transferability to persons or contexts which are more or less similar' (Smith, Flowers and Larkin, 2022, p.46).

Smith, Flowers and Larkin (2022), whose approach to data collection and analysis have been utilised in this study, recommend Yardley's (2000) four broad principles with which to measure validity and quality in IPA research. An IPA study by Goodall (2014), which examined mental health in social work, had also used Yardley's principles with success in a study which had similarities with my own use of a researcher's reflective diary. The four principles identified by Yardley are: sensitivity to context, commitment and rigour, transparency and coherence, impact and importance. These are outlined below.

3.3.1 Sensitivity to context

It was understood before this research began that empathy had the potential to be a sensitive subject for some participants, being closely related to emotion (Day and Thatcher, 2009). Therefore, the need for sensitivity in handling diaries and when conducting interviews was paramount. The building of a relationship between researcher and participants which was built on trust was important. In an IPA study, building rapport between researcher and participants is important for participants to feel at ease and so respond honestly (Alaszewski, 2006) and an important aspect in the retention of participants (Cao and Henderson, 2021). At the start of the research process, an informal chat to explain the research process and introduce myself was undertaken, as a 'warm up discussion' (Pietkiewicz and Smith, 2014). This had the outcome of allaying anxieties and establishing rapport. Smith, Flowers and Larkin (2022) also state that 'the researcher may show sensitivity to…the socio-cultural milieu in which the study is situated' (p.180). The fact that the researcher had previously been

an early childhood practitioner also had an impact on sensitivity, as participants knew I understood their context. As a 'transient insider' (Roberts, 2018, p.123), reflection was a necessity for the examination of researcher positionality. Great care was taken in collecting the data accurately and verbatim quotes from participants have been used throughout, giving participants a 'voice' in the research.

3.3.2 Commitment and rigour

Careful collection and accurate recording of the data, as well as showing sensitivity to participants, demonstrates rigour within the process. Paying close attention to the reflective diaries and to participants during interviews, meticulous transcription of diaries and interviews, and painstaking adherence to the seven steps of IPA data analysis all ensure commitment to the accuracy of participants' responses. Rigour, in qualitative research, refers to the thoroughness of the study (Smith, Flowers and Larkin, 2022). To demonstrate rigour within this research, Filep *et al*'s (2018) criteria for diary-based research was applied (see Table 3.3.1). This ensured conceptual framing, methodological reasoning, positionality, reflexivity and co-construction / representation of meaning were all demonstrated within the study. According to Smith, Flowers and Larkin (2022), 'good IPA studies tell the reader something important about individual participants … as well as the themes' (p.182) with extracts from participants illustrate the conclusions drawn.

3.3.3 Transparency and coherence

To demonstrate transparency in an IPA study, Yardley (2017) suggests that the stages taken need to be clearly described, which is the case in this study (see section 4.1 and figure 4.8). Recruitment of participants and arrangements for data collection and analysis have been made clear. In a wider sense, transparency in qualitative research is concerned with the researcher sharing information about their actions, decisions, and communications (Furse and Kitson-Boyce, 2023). This report demonstrates openness in its descriptions of process.

Arguments presented are coherent; themes have been organised logically and careful writing and redrafting of sections has been carried out for reasons of consistency and clear logical process. The seven step process of IPA followed (Smith, Flowers and Larkin, 2022) is somewhat complex; tables and diagrams have been used with the intention of ensuring coherence of the processes for readers (see chapter 4). Smith, Flowers and Larkin (2021, p.182) say that 'if the study is claiming to be IPA … the phenomenological and hermeneutic sensibility should be apparent in the write-up.' They maintain that a coherent IPA study must demonstrate close attention to the phenomenon studied and that the researcher position should be in attempting to make sense of participants' experiences. This has been the case throughout this study. A phenomenon is something that can be studied and that is difficult

to understand or explain fully (Britannica dictionary, 2023). Empathy is such a phenomenon, one which has been examined throughout this study by attempts to make sense of participants' understanding.

3.3.4 Impact and importance

Ultimately, research should have something to say which is interesting or important. Research can make a difference and initiate change for the better (Bloor, 2010). The Economic and Social Research Council (ESRC, 2023, no date) define impact as 'the demonstrable contribution that excellent research makes to society'. However, there are various kinds of impact that can originate from research, including attitudinal impact, awareness, economic impact, social impact, influencing policy and cultural influence (Rapple, 2019). This empathy research aims to facilitate awareness of the work of early childhood practitioners, a group traditionally perceived as 'less then' (Solvason and Webb, 2023) but who, in this research, have demonstrated extraordinary empathy, compassion and emotional labour for the sake of the children they care for. There is potential for changing attitudes towards the early childhood profession and to influence policy. There has been a movement to raise the profile of early childhood practitioners in the U.K. in the early 2020s with the 'first five years count' campaign aiming to highlight the value of the sector (NDNA, 2022). Research such as this, when disseminated to a wider audience through conference presentation, social media and networking with decision makers, MPs and colleagues all help to add evidence to the growing appreciation of this marginalised sector. The researcher's own personal position and professional background within this sector has been explained throughout. The dual role of the researcher 'both like and unlike the participant' (Smith, Flowers and Larkin, 2022, p.35) is an important aspect of IPA research.

3.4 Research Ethics

It is fundamental to consider research ethics throughout the process of a research study, at all stages; prior to and at the beginning of the study, during data collection and analysis, reporting, sharing and storing the data (Cresswell, 2014). Consequently, ethical considerations were revisited regularly throughout this process. The welfare of the research participants was of paramount importance. The intention of the research was to make a difference to future early childhood practitioners' lives, to understand and appreciate the demands of the role and the skills they are using. Beneficence is a fundamental principle in research with people and is particularly important as the subject being studied is an emotional one, empathy and emotion being intrinsically linked (Andreychik, 2019). The intention was to go further than simply doing no harm (Hugman, Pittaway and Bartolomei, 2011), it was to bring about good (Bogolub, 2010). It is hoped that greater understanding of the emotional demands of early years practice will provide awareness of the responsibilities of the role and should

support training and supervision, which will benefit practitioners. Stern (2016) terms this 'virtuous research', using the researcher's qualities of honesty and kindness throughout the research process. I would add empathy to the list of qualities, as empathy for the practitioners as participants is vital and adds another layer to the research story.

3.4.1 Recruitment of study participants

To facilitate detailed and time-intensive analysis of each participant's account, IPA participant numbers should be small (Pietkiewicz and Smith, 2014). The aim is to produce an in-depth exploration of a particular group's experience of empathy, depth rather than breadth being foremost (Pietkiewicz and Smith, 2014). Turpin *et al* (1997) recognise that PhD programmes utilising IPA in Britain recommend between six and eight participants, to enable the researcher to extract rich data. However, Smith, Flowers and Larkin (2022) suggest that the number of participants depends on the subject, the richness of the responses and practical restrictions. Smith, Flowers and Larkin (2022), to illustrate the flexibility needed in deciding on participant numbers, use the example of an IPA study of parents of children with a rare medical disorder; the number of people who experience this particular phenomenon will understandably be very limited and, consequently, the sample is likely to be very small. Consideration of the advice in these studies lead to an intention to aim to recruit a small number of participants, around 6-10 people for this study. Appreciation of the possibility that participants may lose interest or passion part way through the project (Cao, 2021) led me to aim for 10-12 participants. Over the previous three years, informal discussions with ex-students and colleagues have included discussion of my interest in empathy and my desire to research the subject in early childhood settings. This resulted in several practitioners and setting managers expressing a desire to be involved in any future empathy research because of its interest and currency. Consequently, three nursery / preschool managers were keen for their staff to be invited to take part in the project and offered gatekeeper access to staff working in their settings. Their interest and enthusiasm impacted positively on the recruitment of their staff.

Managers were contacted by email and asked if they would email a participant invitation to their staff, so the range of practitioners ranged from newly qualified workers to qualified and experienced Early Years Educators, room leaders, Deputy managers and managers themselves. Emails were sent to the three nursery managers, asking whether they, as gatekeepers, were willing to send a participation invitation email to their staff and to forward my email on to their staff in order to invite participants to volunteer for the study. It was made clear that no one would be under any obligation to take part. Managers themselves could also volunteer to take part, providing they were working directly with the children. It was acknowledged that different levels of management might affect the data, and this would be examined. A brief outline of the aims and expectations of participants was provided,

including the amount of time that participation was likely to take. No incentives were offered for participation in the study, other than the opportunity to be involved in something that may prove useful for the profession by highlighting their skills. The approach, therefore, was altruistic as well as compassionate.

Early childhood practitioners working at these four nurseries were likely to number around 40, so the intention was to invite all practitioners to take part, and it is envisaged that some practitioners would not be interested, and others may have felt that it would be too time consuming. The Covid-19 pandemic was an additional factor which could have resulted in a lower uptake of participation. The nurseries were contacted one at a time, so that in the event of there being a large number of volunteers, not all of the nurseries would be approached. A small nursery chain was approached first, as staff at the two nurseries involved numbered 30. In the event of a very low number of volunteers, then gatekeepers at additional nursery settings, known to the researcher, would be approached to ascertain if they would send out (internally) the recruitment email.

This approach was adopted, as the worldwide Covid-19 pandemic resulted in a very stressful year for early childhood settings in the U.K. The Local Government Association (2020) outline the difficulties for the sector from temporary closures and the resulting financial difficulties. A report by Nelinger *et al* (2021) describes the significant negative impact of working in early childhood setting during the pandemic. Nelinger *et al*'s (2021) research revealed that 42% of practitioners had worked with children suffering from adverse emotional wellbeing due to the pandemic. It also revealed that over the year 2020-2021, 71% of staff had felt stressed or upset when dealing with difficult situations, and 74% said they felt confused and unsure of how to deal with them. It is perhaps no surprise, then, that there was a lack of enthusiasm and commitment for such a research project. When the first emails to settings resulted in only five willing participants, additional settings were approached. A total of ten early childhood settings were contacted, and a sample of nine participants was eventually recruited.

3.4.2 Informed consent

All potential participants were provided with a participant information letter (see appendix 3) which provided details of the research project, including why their participation was necessary, what they would be asked to do, what would happen to the information they provide, how that information would be used and how and to whom it will be reported (BERA, 2018, p.15). These letters were sent out to gatekeepers (nursery managers) to distribute to their staff, along with a covering information letter for the gatekeeper, explaining the expectations of the study. Contact details were be included and volunteers asked to contact the researcher with expressions of interest in participation.

It was stressed that there was no obligation for them to take part, and there was a realistic approximation of the time that the diary studies and interviews would take, so that potential

participants were fully informed of the expectations, should they agree to take part. Care was taken to ensure that participants 'understood the purpose and value of proposed research projects' (BAECE, 2011, p.7). Managers and participants were always to be kept informed of progress and findings shared with them when the research concluded. BERA (2018) state that 'researchers have a responsibility to consider what the most relevant and useful ways are of informing participants about the outcomes of the research in which they were or are involved' (p.14). Participants and gatekeepers were invited to discuss the dissemination of findings in a manner that was useful to them. Findings were shared in an aggregated, anonymised form. I offered to talk to staff during a staff meeting, or to provide a poster or leaflet detailing their involvement in, and the findings of, the study to display in the nursery, whichever was most useful to them.

The practitioners who volunteered to take part in the study were asked to sign a consent letter prior to the first interview. The letter also explained that if they wished to withdraw from the research (or withdraw their data) up to one month after the final data collection point, then that could be done by email with no detriment to the participant. Ongoing consent was checked at each contact point, rather than assuming consent at the start is acceptable at all stages. As diaries were sent out and interviews organised, email communications always included a message stressing that if they no longer wanted to contribute to the research, then they could stop and withdraw at any point. Consequently, although all nine participants completed the first diary and interview, only seven chose to continue to the second diary and interview, the Covid-19 pandemic being stated as one reason for this. In addition, a nursery at which one of the participants worked was forced to close due to financial difficulties. Although at first the research participant insisted that she wanted to continue and to reflect on how she demonstrated empathy with colleagues and families as the nursery closed, the stress of the situation meant that she was unable to. The participant was thanked for her contributions and her commitment to the project and assured that she would be informed of the research findings and news of any subsequent publication outputs.

3.4.3 Confidentiality, Anonymity, Data Storage and Disposal

As I collected reflective diaries from participants and conducted interviews to discuss these, it was not possible to carry out this research without participants' identity being known to me. However, pseudonyms were used by me in all notes and records so that participants could not be identified. Pseudonyms were chosen to reflect participants' identities; for example, research was undertaken to identify a name for the participant known as Aadiya which represented her origin and culture. All names of participants were anonymised or removed from my analysed data in the completed research project and any paperwork with names included was destroyed. No names of nursery / preschool settings were used, nor were the towns and areas that they are in; care was taken to prevent deductive

identification of settings or practitioners. The data collected was processed on a password protected computer and the data stored, encrypted, on a university password protected and backed up cloud account. Recorded interviews were also stored on a password protected device. Raw data (i.e., diaries and interview notes / recordings) generated for this project were transferred into digital format as soon as possible, and paper-based data destroyed. Anonymized digital metadata (transcriptions, data reduction records) were kept in case of future publication opportunities. Datasets were to be uploaded to Worcester Research and Publications (WRaP) in accordance with UW's open access policy.

3.4.4 Potential risks and safeguarding

With this study, it was important to acknowledge that empathy is recognised as a subject that involves emotions (Hunt *et al*, 2017; Demetriou, 2018; Benzel, 2019). It was reasonable, then, to assume that there was very likely to be an emotional aspect to the encounters being described by participants in this study. In Bedwell *et al*'s (2012) research diary work with midwives, for example, participants recorded very detailed personal and intimate emotions. This real-world feature of IPA research demands ethical sensitivity (Wagstaff *et al*, 2014). In the Bedwell study, diaries were seen by some participants as a useful outlet for the stressful emotions they experienced at work. However, it needs to be acknowledged that this research is not 'therapy'. It was therefore important to ensure that safeguards were in place to manage participants' emotions. Alase (2017) considers the protection of human participants in IPA research 'the sacred obligation of the researcher' (p.17), with the privacy and dignity of participants being paramount.

As the sample size was small, it was possible to develop a respectful, productive, close relationship between myself as researcher and the participants. The British Association for Early Childhood Education (BAECE) code of ethics highlights the importance of 'build[ing] collaborative relationships based on trust, respect and honesty' (p7). Care was taken to provide positive encouragement and active listening during interviews and to empower participants to have a voice (Meth, 2003). If, at any point, interviews became distressing, they would have been stopped immediately, and the participant referred to help. Each early childhood setting is required to provide 'high levels of support for well-being issues' (Ofsted, 2021) and so there should have been provision in each of the settings to support members of staff with emotional stress. I produced a list of services, to provide additional support should it be required, and this was given to participants at the first briefing session.

It was also important to recognise likely *positive* outcomes of the diary experience on participants' well-being, for example empowerment (Meth, 2003; Hewitt, 2017), and improvement in professional reflective practice (Day and Thatcher, 2009).

As with any research involving childcare settings, it was vital to follow each settings' safeguarding policy if I became aware of any safeguarding concerns relating to a child or family that a participant was working with. The welfare of the child is paramount (Children Act, 1989) in any work carried out in such settings. This would be discussed openly with the participant and any concerns passed on to the Manager or Designated Safeguarding Lead at the nursery / preschool. No such concerns were noted.

3.5 Conclusion

This chapter began with an overview of the theoretical foundation of the methodology of this research project. The research philosophy has been justified and the process from constructivism to interpretive phenomenology, to IPA to the methods selected. A feminist paradigm identified principles of feminist research which were interconnected within the research. Reflective diaries were chosen as a method which is both unobtrusive and unstructured, encouraging reflection and the collection of rich data. The diary-interview method offered an opportunity for further investigation of diaries (Zimmerman and Wieder, 1977) during semi-structured interviews.

This chapter has outlined all stages of ethical considerations, from the recruitment of participants to consent, risk assessment and safeguarding. As the subject of empathy can be an emotional one, it was important to build trusting relationships at the outset of the project and to listen and empower participants (Meth, 2003).

Chapter 4: Data Analysis Strategy

As previously identified, credibility and trustworthiness in a study and therefore of the data within it are key (Lincoln and Guba, 1985), so it is beneficial to make all aspects of analysis visible. Sandelowski (1986) calls this process 'leaving a decision trail' (p.28), so that the research process is exposed and accessible. This chapter describes the strategies used to analyse the data within an IPA approach in order to make sense of participants' meanings (Pietkiewicz and Smith, 2014).

4.1 The seven-step IPA approach

The methods chosen for data collection and subsequent analysis were two phases of reflective diaries and semi-structured interviews (see data collection timeline, Table 3.4). These provide an overview of the participants' perceptions of empathy within early childhood practice. The data captured was rich and complex, a necessity for qualitative research (Given, 2008). Table 4.1 below describes the steps of the research undertaken, which addresses Smith, Flowers and Larkin's (2022) seven step approach. To aid readers in the identification of the steps, the following symbols are used in this chapter:

📖	Step One: Reading and re-reading (individual case by case)
🔍	Step Two: Exploratory noting (individual case by case)
☀️	Step Three: Constructing experiential statements (individual case by case)
🔀	Step Four: Searching for connections across experiential statements (individual case by case)
📊	Step Five: Naming and consolidating/ organising personal experiential themes (PETs) (individual case by case)
⏭️	Step Six: Continuing the individual analysis of other cases
❋	Step Seven: Working with personal experiential themes (PETs) to develop group experiential themes (GETs) across cases

Table 4.1 Seven step approach (Smith, Flowers and Larkin (2022)

This approach, designed by Smith, Flowers and Larkin (2022), has been commended as revolutionising phenomenology (Alase, 2017). Alase (2017) emphasises Smith *et al*'s aspiration that researchers, as they gain confidence, will develop their own IPA work further, extending beyond their prescribed step by step process. Smith, Flowers and Larkin (2022) express IPA as not merely a research instrument, but an approach that develops as it is used. This view reinforces the view of Pietkiewicz and Smith (2014), who warn against adhering to the steps unerringly, advising researchers to be flexible and creative in their thinking. In this empathy research, an additional stage of using NVivo, a data handling software package designed to aid researchers in the handling of qualitative data, was adopted (QSR, 2021). This additional step was completed after Smith, Flowers and Larkin's (2022) seven stage process, and it

presented different ways of looking at the data in the form of charts and word clouds, which added to the researcher's immersion in the data. A further adjustment to Smith, Flowers and Larkin's (2022) process was the inclusion of a sub-step for the purpose of researcher reflexivity (see table 4.5).

4.2 Process of data analysis

To illustrate the process of data analysis, using Smith, Flowers and Larkin's (2022) seven steps, excerpts from the interrogation of data from the first participant, Mel, will be used with examples from transcripts of her diaries and interviews. The diagram below describes the process of data analysis (Fig 4.1 below). In research Phase A, Mel completed a reflective diary for a week, which was followed up with a semi-structured interview, with questions based on the diary notes made. A second diary and interview were conducted in Phase B and data from both phases was analysed following steps one to three of Smith, Flowers and Larkin's (2022) seven step approach. At Step Four, data from both phases for Mel were merged into experiential statements. At Step Five, Mel's experiential themes are merged into consolidated Personal Experiential Themes (PETs). Step Six is the continuing analysis of the other cases, on an individual basis, steps one to five conducted with each participant. At Step Seven, PETs were examined and developed into group experiential themes (GETs) across all cases.

Figure 4.1: Diagram showing process of data analysis
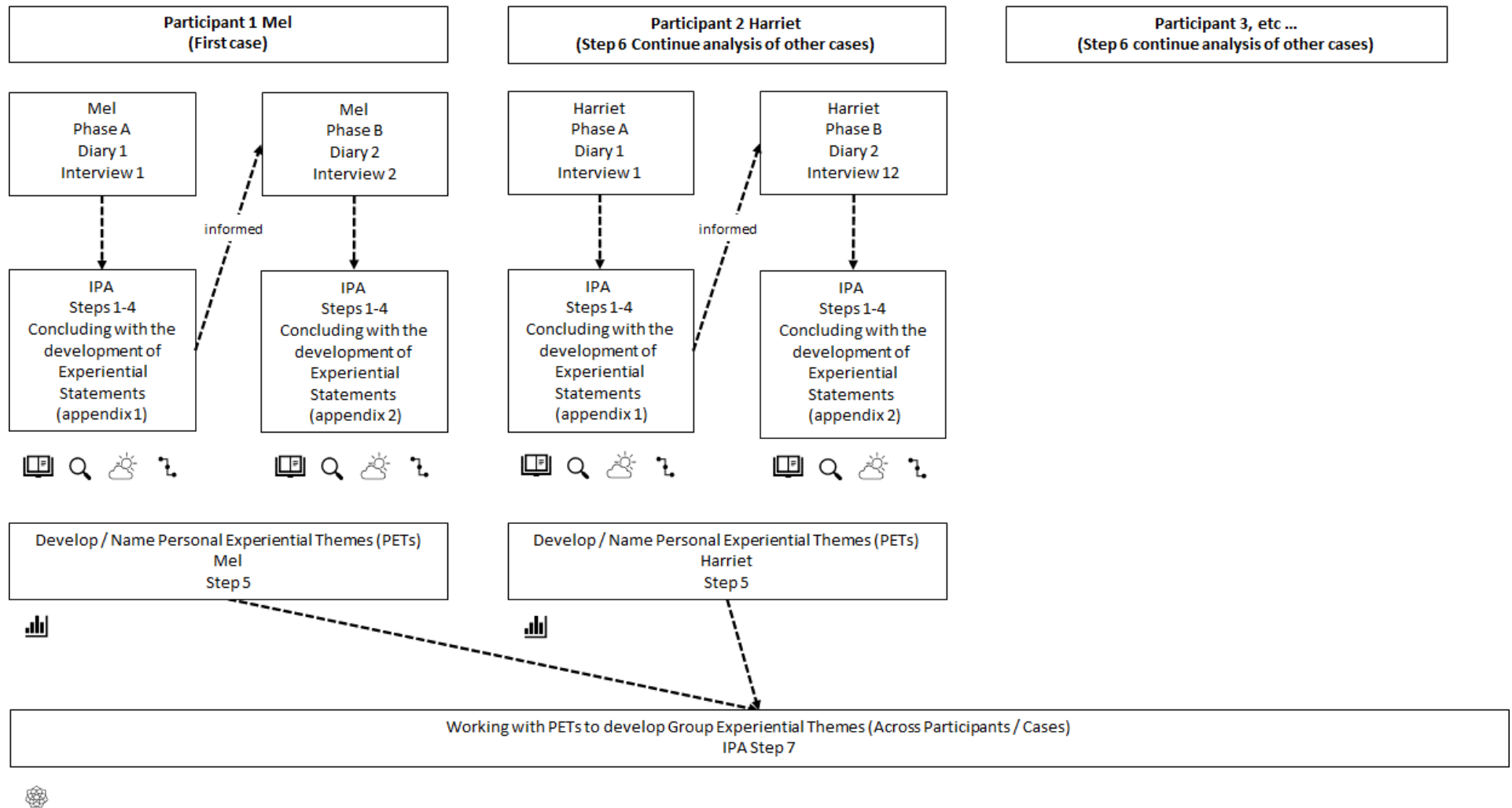
The research involved two phases; Phase A was the first diary and interview; Phase B is the second diary and interview. Figure 4.2 illustrates the process of Smith, Flowers and Larkin's (2022) steps one to four for Phase A data.

Figure 4.2: diagram showing steps 1-4 (Smith *et al*, 2021) for Phase A
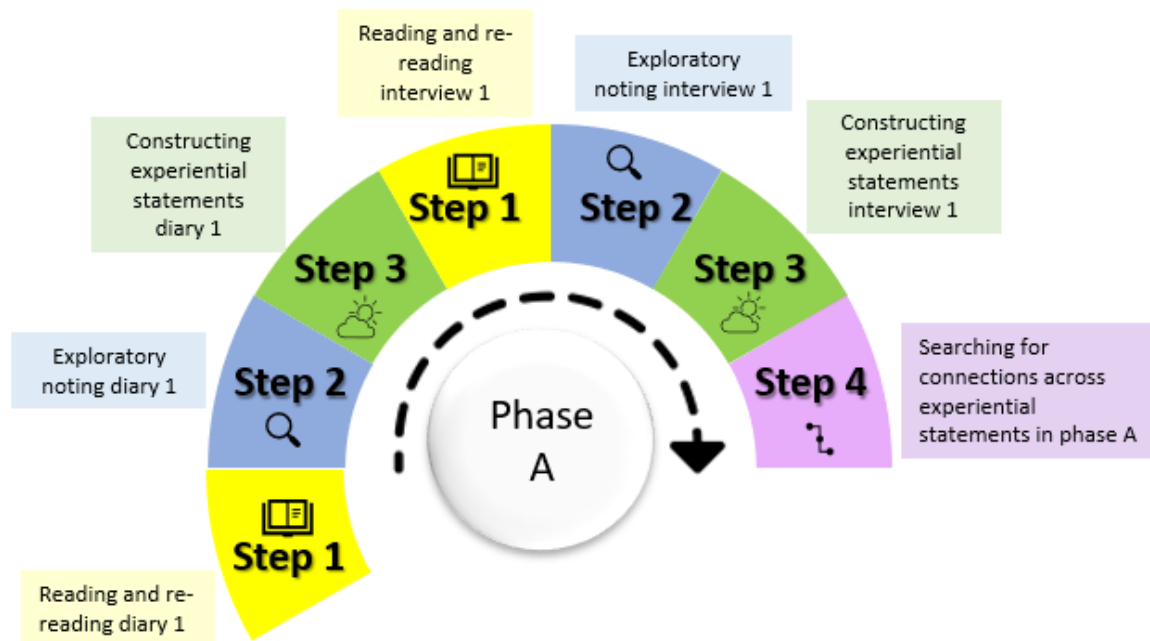
4.3 Illustration of data analysis process with examples from the first participant (Mel)
4.3.1 Phase A
Reflective Diary

The first step, in Phase A of the data collection, required participants to keep a reflective diary for one week in which they recorded and reflected on instances of empathy that had occurred within their practice during the preceding week (see chapter 3, section 3.3). The first step (Smith, Flowers and Larkin, 2022) was reading to immerse oneself in the data.

Step One: Reading and re-reading

Reading and re-reading diary entries was undertaken to get a deep sense of what the participant was writing. Immersing oneself in the data, by reading and re-reading is the first step of Smith, Flowers and Larkin's (2022) seven step approach. Repeating the process of reading carefully promotes understanding of the writer, the first experience of attempting to enter the participant's world. Smith, Flowers and Larkin (2022) identify the need to 'slow down our habitual propensity for quick and dirty reduction and synopsis' (p.78) at this step, which I found I needed to focus on, rather than the quick summary of complex information required in my day to day work. Reading and re-reading diaries, and

listening to recorded interviews several times, enables the researcher to focus on the participant and what he/she is saying (Pietkiewicz and Smith, 2014). It makes the researcher look at the data again and again, stimulating the development of new ideas with each reading. With each re-reading, different words and phrases jump out and become significant. Re-reading after reading several diaries allows the development of connections between them to appear. All of this was undertaken and throughout the process of analysing the data, I benefitted from increased familiarity, returning to the original diary entry or interview and reading/listening again to ensure that I was not making any assumptions, that I was detailing the true voice of the participant. Alase (2017) recommends that in IPA studies, one should read transcripts at least three times to get a sense of what the participant is saying and to reveal themes and categories, advice that was followed in this case. The following tables in this section elucidate the process, using excerpts from the analysis of the first participant (Mel)'s data. Table 4.2 below illustrates an example of reflection on a second reading of Mel's diary.

Transcription (diary)	Reflection on re-reading the diary
I empathised with the children sensing they were picking up on my anxieties and could sense I was not calm, so neither were they.	*sensing* seems to be the way Mel describes empathy, and she seems to be saying that emotions are contagious, with the babies experiencing her emotions.
I made a big effort to calm myself and sang to the children to settle them. Eventually they all went to sleep and we got everything done in time!	In this section, she demonstrates awareness of her own state of mind.

Table 4.2: Extract from Mel's (Phase A) diary, showing reflection on reading (Step 1)

Smith, Flowers and Larkin (2022) discuss the researcher's common feeling of being overwhelmed by the data at this point and suggest that recording one's own observations of the reading is helpful in order to document reflexivity. As can be seen in section 4.4, the strategy of reflecting at every step of the process was planned, as my own reflections were always intended to be an integral part of the analysis (as recommended by Pillow, 2003). Goldspink and Engward (2019) characterise this as 'attending to reflexive echoes' (p.292), the view that reflexivity, being aware of and accepting one's own views helps researchers maintain a 'dual perspective of being both inside and outside the research' (p.302). Goldspink and Engward (2019) also suggest attending to reflexive echoes at the end of Smith, Flowers and Larkin's (2022) Step Three. To remain as close to the original meaning of the participants as possible, a sub-step of reflection was completed at the end of each diary and interview.

Step Two: Exploratory Noting

The second step involved close examination of the language used and an evaluation of meaning. It comprises exploration of the language used in the participant's first diary entry (Phase A) in order to 'produce a comprehensive and detailed set of notes and comments on the data' (Smith, Flowers and Larkin, 2022, p.79). This process is illustrated in Table 4.2 below. Alase (2017, p.16) suggests that this is the step where the researcher gets closer to the 'core essence' of the lived experience of the participant. However, there is no set way of doing this, no rules within IPA other than the examination of descriptions, language used, and abstract concepts emerging, in order to explore meaning and discover the lived experiences of the participant (van Manen, 2018). Smith, Flowers and Larkin (2022) discuss 'a healthy flexibility in analytic development (p.77), therefore the set of common processes set out by the authors can be adjusted and customised. On reading a transcript of an interview in which the researcher had explored the data in this way, presented in Smith, Flowers and Larkin (2022, p.85-6) I devised a colour-coded table, which detailed the diary entries and interview transcripts line-by-line and then identified description **(green)**, linguistics **(purple)** and conceptual comments **(orange)** (see Table 4.2 for an example). Descriptive comments enabled me to understand what is noteworthy and important to the participant. Conceptual comments are more complex, as the researcher is now attempting to abstract the meaning within the participant's words. For example, (Table 4.3, below) I have suggested that Mel has a core belief that people should be happy at work. This may be an assumption of mine based on my own views, hence the need for reflective thinking throughout the process. Hermeneutic interpretation emphasises the need for researchers to be aware of any potential distortions based on assumptions (George, 2020). Analysis of reflective diaries and interview transcripts enabled me to ascertain things I wanted to explore more fully. It enabled the identification of questions for the subsequent interview, which was then transcribed and analysed in a similar way using the same description, linguistics and feelings process.

Transcription (diary)	**Exploratory Noting** Descriptive – describing content Linguistic – exploring use of language Conceptual – engaging at a more interrogative and conceptual level
She felt like she couldn't talk to the room leader as they don't have a great working relationship.	Difficult relationships
I advised Abbey to speak to our manager, who in my experience is really good at dealing with this sort of problem discretely.	'fixing' the problem / dealing with the problem What does she mean by discretely? Why is discretion important?
I hope she does speak to him, as no one should feel this unhappy at work	Wanting it to be ok Value – happiness at work

Table 4.3: Extract from Mel's (Phase A) diary, showing close examination of language (Step 2)

Step Three: Constructing experiential statements

This step involves managing the data and attempting to reduce the volume of detail (Smith, Flowers and Larkin, 2022) whilst examining emergent themes, relationships and patterns within the data. There is a shift at this step from descriptive observation into what Goldspink and Engward (2019) term 'deeper interpretive work'. Smith, Flowers and Larkin (2022) suggest constructing such themes into experiential statements, staying close to the participants' lived experience. The process at this step is to construct a concise summary of what is being said. Experiential statements are usually expressed as phrases which, according to Smith, Flowers and Larkin's (2022, p.87) 'speak to the experiential core of the piece and contain enough particularity to be grounded and enough abstraction to be conceptual.' This is a complex process of determining the significance of what has been recorded.

Examples of experiential statements identified from the sample above (Table 4.2) were 'difficult relationships' and 'fixing the problem'. Each diary and interview were analysed immediately after completion. As more diaries and interviews were transcribed, it became easier to identify themes that were common to multiple participants. Having immersed myself in the words of the participant and analysed those words in detail, I was now well equipped to capture the essence of participants' experiences without distorting or misrepresenting their meaning.

Smith, Flowers and Larkin (2022) point out that this step of analysis takes the researcher further away from the participant and it includes more of the researcher's ideas. This can be difficult, as the researcher must decide on important themes to include (Janssens *et al*, 2018). In a paper by Wagstaff *et al* (2014), a PhD researcher feels uncomfortable about moving further away from the participant's words and 'herding' words into broad themes. In the text, she asks rhetorically, 'How can I know that

the themes that get dropped are not crucial for the participant?' (p.7). This view echoes my own unease at this step, but the continual reflection that Wagstaff engaged in and that I focussed on helped to allay this discomfort, supporting the point that Goldspink and Engward's (2019) make, that reflexivity is particularly important at Step Three. The following experiential statements (Table 4.4) were constructed from the data in Mel's Phase A diary.

Experiential Statements	Transcription (diary)	**Exploratory Noting** Descriptive – describing content Linguistic – exploring use of language Conceptual – engaging at a more interrogative and conceptual level
Looking after nine babies is hard work	*We had 9 babies today and after lunch it's naptime. So myself, another EYE and the student settled the babies down on their beds with the lights down and classical music on.*	heavy workload overworked describing routine
Children can be unsettled at nap time	*A few of the children were quite unsettled and kept getting up and not wanting to lie down to sleep. I found myself getting quite stressed. I*	unsettled – positive language quite stressed self-awareness
There are different strategies to try when getting babies to sleep	*would sit with two babies rubbing their backs etc to get them to sleep, then would have to stop to get* *the others to lie back down by this time the other two had gotten up again! As I got more stressed, the harder I found it to calm the children to sleep. I was aware that we needed to fit in two lunch breaks and that we were on kitchen (so had to do all the washing up from 3 rooms after lunch)*	trying out strategies describing difficulty exclamation mark to stress point overworked heavy workload
The babies picked up on her anxieties	*I empathised with the children realising they were picking up on my anxieties and could sense I was not calm so neither were they.*	I empathised picking up on sense understanding of babies' feelings

Table 4.4: Experiential statements for Mel (Phase A) diary (Step 3)

Interview

Following the Phase A diary and consequent interrogation of the data, participants were invited to a semi-structured interview to further discuss the themes of their diary. Each interview was recorded and manually transcribed, to aid familiarisation with the data (Morrow *et al*, 2015). The interview transcriptions were also member checked and returned to the participants to be confirmed for accuracy and sense, as recommend by Birt *et al* (2016) in order to contribute to the study's credibility and trustworthiness.

Step One – Reading and re-reading

As with the Phase A diary, the transcription of the interview was re-read several times to gain an understanding of the participant's view. This process was adopted following Smith, Flowers and Larkin (2022) noting that it resulted in familiarity with the data. My own reflections were noted (see Table 4.5 below) after listening to the audio recording of the video, transcribing it and then re-reading, following the advice to read three times (Alase, 2017) again.

Interview one transcript	Reflection on re-reading transcript
All the time I think, with everyone, erm, me personally am a very empathetic person. I think about these things a lot and pick up on people's emotions a lot of the time.	It is notable that Mel writes about being 'an empathetic person' and the importance of that in this job. Reflection is coming through as important, too, what is the link? There is also a clear striving to make things better for the children in her care, a need to 'fix' what is wrong.
I think when you're reflecting on how something's gone, you obviously think about people's emotions in what you've been doing, you know, say if you've had a particularly stressful morning, or some of the children have been unsettled, you'll automatically think about why that is and how you can erm, you know, calm everybody down and settle the children	There is some self-reflection on how the work affects her own emotions, too.

Table 4.5: An extract from Mel's (Phase A) interview with reflection on reading (Step 1)

Step Two – Exploratory noting

As for the reflective diary, Step Two involved examining the language used in the interview, by colour coding the interview transcript and identifying descriptive content, linguistics and conceptual comments (Table 4.6 below).

Transcription (interview)	Exploratory Noting Descriptive – describing content Linguistic – exploring use of language Conceptual – engaging at a more interrogative and conceptual level
I think the sort of people that go into childcare are probably the sort of people that have high levels of empathy because they then want to work with children… and obviously want to put their kind of needs first, so I think its… and obviously they're more kind of caring children cos it's obviously a caring job, so I think empathy kind of feeds into that. I don't know if it can be learned, maybe, or maybe people can learn how to recognise it better, … but then I'm not sure if some people maybe just couldn't, they couldn't, you know, recognise, others' emotions.	Dispositions for Early childhood work Uses words 'caring' & 'empathy' in response – are they the same? 'it's a caring job, empathy feeds into that' Considering whether empathy can be learned – 'I don't know', 'maybe', 'no' careful consideration of the question

Table 4.6: Extract from Mel's (Phase A) interview, showing close examination of language (Step 2)

Step Three – Constructing experiential statements

Step Three involved the construction of experiential statements within the data from the Phase A interview (see table 4.7 below).

Experiential statements	Transcription of interview	Exploratory notes Descriptive – describing content Linguistic – exploring use of language Conceptual – engaging at a more interrogative and conceptual level
	Interviewer - You used the word reflecting a lot in your diary actually, I noticed that, so reflection and empathy are closely related, do you think?	
The work is stressful **Thinking about how to calm the children**	*Mel -* Yeah I think when you're reflecting on how something's gone, you obviously think about people's emotions in what you've been doing, you know, say if you've had a particularly stressful morning, or some of the children have been unsettled, you'll automatically think about why that is and how you can, you know, calm everybody down and settle the children	Terms 'stress' and 'settled/unsettled' crop up often Fixing the problem
	Interviewer - Do you think it's a skill that can be learned? Or do you think it's a … or do you think some people are just naturally…	

Experiential statements	Transcription of interview	Exploratory notes **Descriptive – describing content** **Linguistic – exploring use of language** **Conceptual – engaging at a more interrogative and conceptual level**
People who work with children usually have empathy **Empathy may or may not be learned**	*Mel - I think the sort of people that go into childcare are probably the sort of people that have high levels of empathy because they then want to work with children… erm and obviously want to put their kind of needs first, so I think its… and obviously they're more kind of caring children cos it's obviously a caring job, erm, so I think empathy kind of feeds into that. I don't know if it can be learned, maybe, or maybe people can learn how to recognise it better, erm… but then I'm not sure if some people maybe just couldn't, they couldn't, you know, recognise erm, others' emotions.*	Dispositions for EY work Uses words 'caring' & 'empathy' in response – are they the same? 'it's a caring job, empathy feeds into that' Considering whether empathy can be learned – 'I don't know', 'maybe', 'no' careful consideration of the question

Table 4.7: Constructing experiential statements from Mel's (Phase A) interview (Step 3)

4.3.2 Phase B

Smith, Flowers and Larkin (2022) encourage IPA researchers to be innovative in the way they approach data analysis. Thus, Phase B was informed by the emerging themes from Phase A. It became apparent from reading participants' words and examining language that there were potentially examples of both affective and cognitive empathy in the data collected in Phase A (see chapter 2, sections 2.2.2 and 2.2.3 for discussions on types of empathy). In the instances of affective empathy, participants described an emotional impact on themselves. Smith, Flowers and Larkin (2022) advise that 'preparing prompts for more complex or abstract questions' (p.58) is sometimes advantageous. Therefore, a question was added to the instructions for the Phase B diary, which was 'how did you feel at the time?' The rationale for adding this prompt was to ascertain whether participants were sharing in the emotions of others, which may indicate affective empathy (Hoffman, 2000). Steps one to three as detailed above (Fig: 4.2) were conducted in Phase B in the second diary and subsequent interview for each participant.

Figure 4.3: diagram showing Steps 1-3 (Smith, Flowers and Larkin, 2022) for Phase B
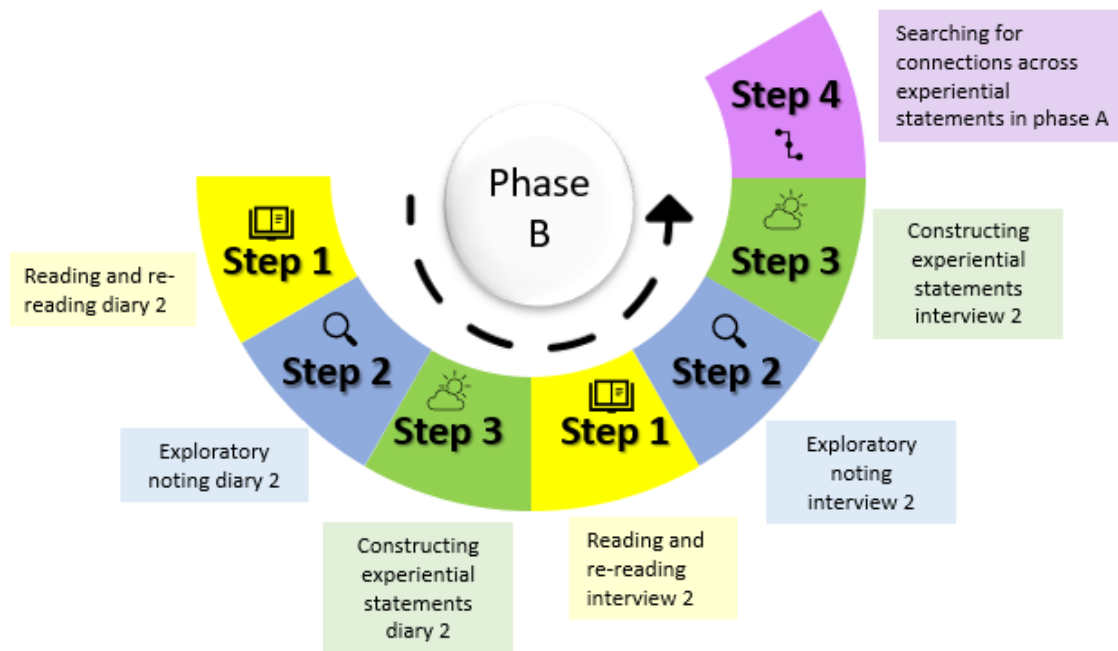
Reflective Diary

Step One – Reading and re-reading

As in Phase A, Step One, this step was concerned with immersing oneself in the data and becoming familiar with it by reading and re-reading. This time an additional analysis element of a column showing emotions recorded by the participant was also reflected upon, as this had been an additional requirement of participants in Phase B. Table 4.8 below shows reflection on reading at Step One.

Transcription		Reflection on re-reading the diary
Diary entry	**Your Emotions**	
Reflecting that I am becoming less empathetic or forming a block against strong emotions. A baby still struggling to settle in and cries when not held. *When at work I feel irritation. After I feel guilt at being irritated and unable to help this child.*	-Frustration -Empathy for the child struggling with separation -Guilt for feeling frustrated -Empathising with the other children upset by his crying all day	In the first entry Mel writes about how she protects herself against strong feelings of empathy for children and she is worried that this might mean she is becoming hardened to the children's emotions, but could it be that she is just handling things more professionally? Emotions of 'guilt' and 'frustration' may indicate difficulty in coping with difficult situations.

Table 4.8: Extract from Mel's (Phase B) diary, showing reflection on reading (Step 1)

Step Two – Exploratory noting 🔍

In Phase B, the Step Two close examination of language also needed to be applied to the emotions noted by the participant. Analysis of language in the third column (see table 4.9 below) therefore relates to both the event and emotions felt at the time.

Transcription		Exploratory noting
		Descriptive – describing content
		Linguistic – exploring use of language
Diary entry	**Your Emotions**	Conceptual – engaging at a more
		interrogative and conceptual level
Two toddlers wanting the same Thomas the Tank Engine toy. One refusing to share and the other getting upset. *Spoke to each child, validating their feelings and explaining how the other is feeling. Asking the child with the toy to give their friend a turn when they had finished playing with it. Offering to play with the other child while they waited, which cheered them up. The other child then took the Thomas toy to their friend, holding it out for them. I gave them lots of praise for good sharing and being good friends.* *Finding this rewarding, seeing the impact my practice has on the children, and other staff.*	*Empathising with each child, understand the child that has the toy not wanting to give it up. The other child wanting the toy and getting upset that the other won't give it up!*	describing the event empathising strategies used exclamation mark to stress a point cheered them up good result rewarding describing job satisfaction

Table 4.9: Extract from Mel's (Phase B) diary, showing exploratory noting (Step 2)

Step Three – Constructing experiential statements ⛅

In Step Three, experiential statements were identified from the transcripts and analysis of Mel's Phase B diary. Some of these were similar to those in Phase A (see Table 4.4) but some additional statements emerged in Phase B (see Table 4.10 below)

Experiential statements	Example of practice (in diary)	Emotions (recorded in diary)	Exploratory notes Descriptive – describing content Linguistic – exploring use of language Conceptual – engaging at a more interrogative and conceptual level
It may be possible to become less empathetic over time **Dealing with children who are upset is hard** **Practitioners feel guilty if they are frustrated**	*Reflecting that I am becoming less empathetic or forming a block against strong emotions. A baby still struggling to settle in and cries when not held.*	*Frustration* *Empathy for the child struggling with separation* *Guilt for feeling frustrated* *Empathising with the other children upset by his crying all day*	forming a block frustration empathy guilt describing the situation

Table 4.10: Experiential statements from Mel's (Phase B) diary (Step 3)

Interview

Again, as in Phase A, the reflective diary in Phase B was followed up with a semi-structured interview to further examine the diary entries. Transcription of the interview was analysed using Smith, Flowers and Larkin (2022) steps one to three.

Step One – Reading and re-reading

After conducting the interview using MS Teams and recording it, the audio file was listened to, and the transcription read and re-read in Step One of the data analysis process. As with all steps, my own reflections were noted throughout the interview transcript (see table 4.11 below).

Interview two transcript	Reflection on re-reading transcript
I think I pick it up from body language and facial expressions and it's not just the children its staff as well so if a member of staff walks in the room you can kind of tell and if they're having a bad day or if they look particularly stressed you can say 'are you alright?' and try and talk to them and see what the problem is,	There are some really interesting things in this interview, about compassion fatigue and types of empathy. Mel is clearly an empathetic sort of person and she seems to be able to pick up an unspoken signs of people's emotions which I believe may be an element of advanced empathy.

Table 4.11: Immersion in transcription from Mel's (Phase B) interview alongside an excerpt of reflection on immersion in the data (Step 1)

Step Two – Exploratory noting

In Phase B, as in Phase A, the second of Smith, Flowers and Larkin's (2022) steps is concerned with close examination of the language used. Again, descriptive comments were summarised, language explored, and conceptual comments noted (see Table 4.12 below).

Transcription	Exploratory noting Descriptive – describing content Linguistic – exploring use of language Conceptual – engaging at a more interrogative and conceptual level
like for example there's a child who's really struggling with separation from their parents and they're really upset it used to get to me a lot and I'd, you know, get really upset about it. Obviously, we've got a one to three ratio instead of 1 to 1 so you couldn't give that child the time that they wanted and needed which used to really stress me out.	really struggling really upset it used to get to me a lot explaining ratios stress me out

Table 4.12: Extract from Mel's (Phase B) interview, showing close examination of language (Step 2)

Step Three – Constructing experiential statements

In Step Three, experiential statements were again constructed from the transcript and exploratory notes. In the case of Mel's Phase B interview, five experiential statements were generated (see Table 4.13 below).

1.	She thinks about children who have been very upset when she is at home
2.	She enjoys being a role model for inexperienced staff and students
3.	She picks up the feelings of others through non-verbal signals
4.	She worries about becoming less empathetic
5.	She feels guilty about not being honest with parents

Table 4.13: Experiential statements from Mel's (Phase B) interview (Step 3)

In carrying out steps one to three for diaries and interviews in phases A and B, steps one to three have now been carried out twice for participant Mel. The next step (Step 4) was to combine these themes, as shown in the overview of data analysis steps in Fig: 4.1.

Step Four – Searching for connections across experiential statements

Steps one to three were repeated for each participant individually. By the time Step Four was reached for the first time in the process, transcriptions of reflective diaries and interviews from each participant had been analysed. Step Four involves mapping how the statements fit together, which are the most important and which align across participants. An example of a connection for Mel is the

creation of the cluster about *the impact of the emotion in the job on herself*. In her Phase A diary, Mel described a situation where a child was upset, which led to the experiential statement 'sometimes she feels stressed at work'. In her Phase A interview, an experiential statement was 'the job is emotional'. In her Phase B diary, she described having mixed emotions after an event, and in the following interview, she talked at length about the same event. These and other examples were connected into the cluster 'impact on self,' which Smith, Flowers and Larkin (2022) call a Personal Experiential Theme (PET).

Step Five - Naming the personal experiential themes (PETs) and consolidating and organizing them in a table 📊

Step Five is when clusters of experiential statements become each participant's personal experiential themes (PETs), which are then organised into a table, which illustrates interpretation of the data (Smith, Flowers and Larkin, 2022, p.94). Each PET has associated sub-themes, as can be seen below in table 4.14. Following Smith, Flowers and Larkin's (2022) advice, these have been collated in table 4.14 which shows the PET, sub themes and excerpts from the data.

Wagstaff *et al* (2014) note the difficulties of the identification of themes at this step, as they described feeling resistance to abandoning the focus on the individual. The researcher in Wagstaff's article was able to resolve the issue by creating individual unique themes for each participant. The researcher determines themes which capture and reflect the participant's understanding, so themes were noted alongside colour coded notes. It is important that the researcher makes notes of any thoughts, observations and reflections that occur while reading transcripts. In a reflexive hermeneutic study, notes are likely to include the researcher's own emotions (Biggerstaff, 2008), which will need to be analysed as part of the data analysis process. This was the case with this empathy study; reflections were noted in the researcher's reflective journal after every diary reading and every interview. An example of this can be seen in Appendix 3.

Table of Personal Experiential Themes (PETs) for Mel (Step 5)	
THEMES (PETs) A-D	
sub-themes	
examples from data	
PET A: IMPACT ON SELF	
sub-theme: impact on own emotions	
if there's a child who's really struggling with separation from their parents and they're really upset it used to get to me a lot and I'd, you know, get really upset about it.	Phase B interview
I thought about him all weekend	Phase B diary entry 3
When at work I feel irritation. After I feel guilt at being irritated and unable to help this child	Phase B diary entry 1
Empathy and guilt watching the student struggle with her emotions	Phase B diary entry 2
A few of the children were quite unsettled and kept getting up and not wanting to lie down to sleep. I found myself getting quite stressed.	Phase A diary entry 3
it's a very emotional job that we do	Phase A interview
it makes me feel sad as well and I do sometimes go home and still think about that child	Phase A interview

Table 4.14: Excerpt of PETs table for Mel (Step 5)

Figure 4.8: Smith, Flowers and Larkin (2022) steps one to five used in phases A and B
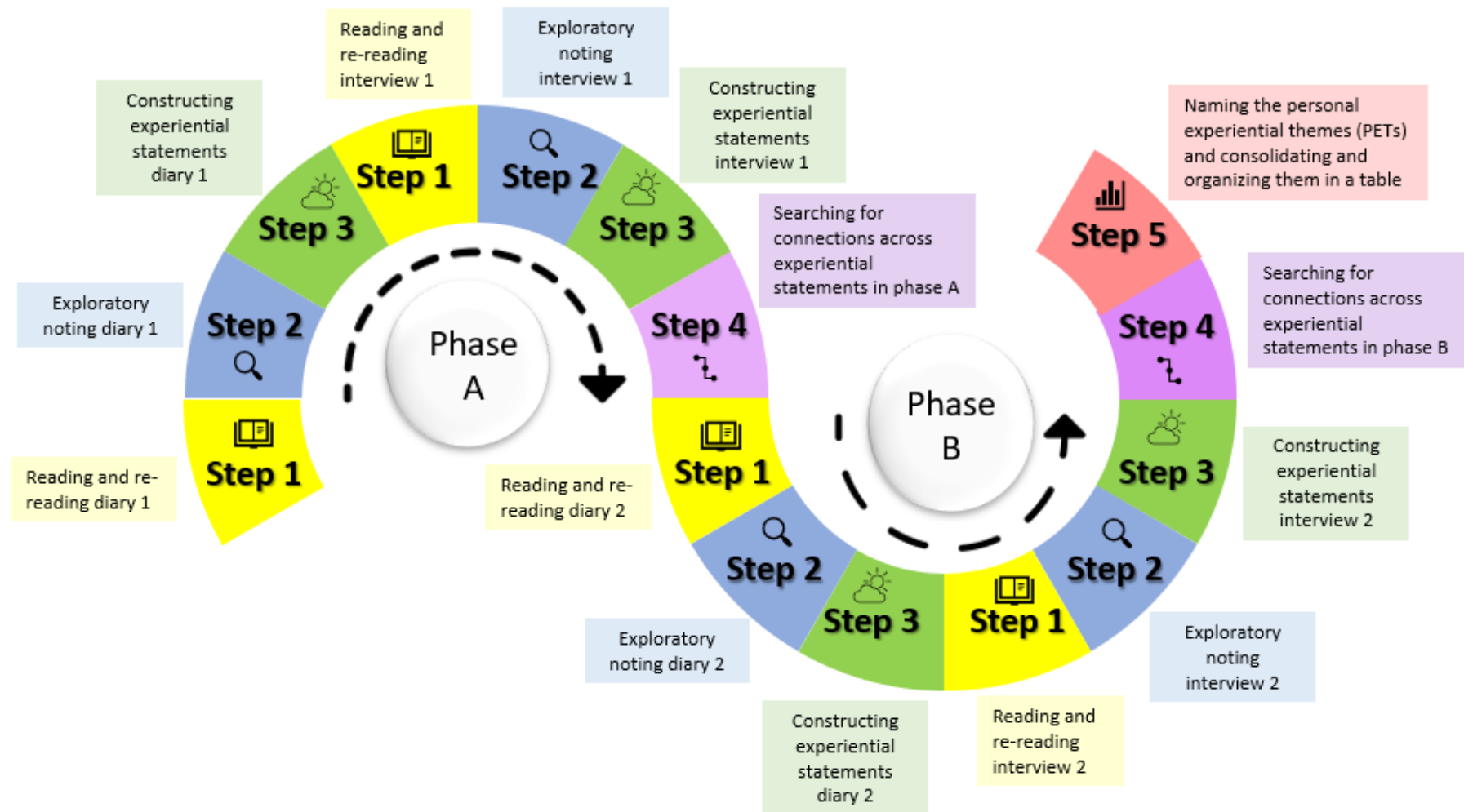
Step Six – Continuing the individual analysis of other cases ⏭

Smith, Flowers and Larkin's (2022) Step Six involves moving on to the next participant and repeating steps one to five for each person. It is important at this step for researchers to acknowledge that they will be influenced by what has already been found in the analysis of previous participants' diaries and interviews; however, Smith, Flowers and Larkin (2022) assert that, as long as the same process is rigorously adhered to for each participant, this is not problem.

As soon as steps one to five had been completed for the first participant, Mel, it was time to move onto the second participant, Harriet. Due to a number of personal reasons, some participants took part in Phase A only and did not want to continue on to Phase B (see table 4.15). All data, whether from participants who contributed to both phases, and those who contributed to Phase A only were analysed as a whole at steps five and six.

Participant	Phase A	Phase B	Reason for withdrawal
Mel	✓	✓	
Harriet	✓	X	high workload
Jake	✓	✓	
Joel	✓	✓	
Cheryl	✓	✓	
Aadiya	✓	X	high workload
Debbie	✓	X	nursery closed
Andrea	✓	X	no response
George	✓	✓	

Table 4.15: Table showing participants' involvement in phases A and B

Step Seven - working with personal experiential themes to develop group experiential themes across cases ⬡

At Step Seven, the researcher looks for patterns across cases, each 'case' being a single participant. Working with personal experiential themes, the researcher then develops group experiential themes (GETs) across cases. At this step, PETs (Personal Experiential Themes) are examined for similarities and are then grouped together into GETs (Group Experiential Themes). From these GETs, sub themes are also identified. With nine diaries and nine interviews in Phase A and six diaries and six interviews in Phase B, a significant amount of data had been accumulated. Smith, Flowers and Larkin (2022) suggest that, in this case, it is possible to use a computer, so it was at this step that NVivo data handling software (QSR, 2021) was used. This provided a manageable repository to enable me to manipulate the data easily. Inputting the data from all diaries and interviews, including my reflections at each

step, was time consuming but was another opportunity to re-read transcripts and to immerse myself within all of the original responses from participants. This sort of software does not allow for different types of coding (description, language and concepts). However, Wagstaff *et al* (2020) assert that it can be useful as an additional step in organising large amounts of data and making comparisons across cases. When inputting and coding samples of data in NVivo, the researcher identifies 'nodes', which make finding connections easy to identify. An NVivo node is a recurring word or phrase; many of these nodes because themes in my research. However, the software does encourage the construction of quantitative data, which I did not want, so the software was used for ease of data handling and finding connections only. Using NVivo enabled me to follow Alase's (2017) recommendation of breaking down lengthy responses to find the core essence of what was expressed in one or two words.

An example of how NVivo was used is the identification and creation of a node for 'transitions', which became a Group Experiential Theme in my analysis. Transitions are a principal aspect of early childhood practice; a transition for a child can be from home to nursery, from one class or room to another, or from one setting to another, e.g. from nursery to school. Sustaining warm and supportive transitions (Lazarri *et al*, 2019) is of the utmost importance in early childhood. Interactions relating to transitions were discussed very frequently in diaries and interviews and NVivo enabled me to easily find all entries related to transitions. Fig 4.9 (below) shows an example of how the NVivo software assisted in doing this. Mel's reflections in Phase A about children struggling to settle was about a transition, which many of the participants had written about in diaries and talked about in interviews. The additional step of data handling using NVivo (QSR, 2021) revealed a different view of the data. An example of this was a search of 'feelings words', which revealed the frequency of words used in diaries and interviews. This revealed a large quantity of negative feelings and allowed me to order 'feelings' words and identify patterns and trends. Inputting all data from diaries and interview transcripts into NVivo meant re-reading participants' words again, which was useful.

Figure 4:9 Screenshot from NVivo, showing sample of writing, coding and nodes (themes)

Nodes — Search Project

Name	Files	References
transition	22	98
Strategies	22	130
skills, training	7	20
safeguarding	4	6
Reflection	15	23
reassuring, calming	11	33
PSED	4	6
Practitioner role	26	179
knowledge of individual children	19	63
job satisfaction	12	28
impact on practitioner	23	121
feelings, emotions	29	357
empathy	26	120
Covid	20	51
communication	26	165
body language	7	14
behaviour, conflict	20	47

Drag selection here to code to a new node

transition

Reference 5 - 25.42% Coverage

Choosing to just focus on the positives when handing over to a parent at the end of the day. A new child, still struggling with separation from Mom, had a rocky day!

When Mom collected she had clearly been crying and talked to me about feeling guilty leaving upset to go to work, having a bad night then struggling at work, etc. I didn't want to add to her 'sugar coated' the hand over, telling her about the times her son was happy and content rathe when he was struggling.

- Empathising with Mom, knowing about Mom guilt, sleep deprivation, etc.
- Guilt about not telling the truth about the child still struggling.
- Also feeling good at not adding to the guilt. Seeing Mom's relief at not being told her s struggled again. Chose to tell Mom about the positives to spare her feelings.   Mixed emotio Feeling glad at sparing Mom's feelings.

Feeling guilty about omitting the truth.

Not sure whether it was the right thing to do!

<Files\\Mel diary 1 raw data> - § 2 references coded [11.90% Coverage]

Reference 1 - 4.92% Coverage

The new child comes from a home

with a single mother with hearing

impairment so my colleague and I

tried to empathise with the boy as

104

At Step Seven, it was important to look at all findings from all participants and to find connections and patterns. There were common Group Experiential Themes (GETs) which were identified from the data from all participants. As in Step Five, some themes needed to be reworded in order to connect them across the whole data set. For example, Personal Experiential Themes which at first were labelled 'managing children's strong emotions', 'talking to children about emotions', 'helping children to identify feelings' and 'using emotion coaching techniques' became 'emotion coaching'. Table 4.16 below summarises the GETs for all participants.

Step Seven: Group Experiential Themes (Smith *et al*, 2022)									
Group Experiential Themes	Mel	Harriet	Jake	Joel	Cheryl	Aadiya	Debbie	Andrea	George
Relationships with children	✔	✔	✔	✔	✔	✔	✔	✔	✔
Exploring and defining empathy	✔	✔	✔	✔	✔	✔	✔	✔	✔
Impact on self	✔	✔	✔	✔	✔	✔	✔	✔	✔
Relationships with adults	✔		✔	✔		✔	✔		✔

Table 4.16: Group Experiential Themes across all participants (Step 7)

Chapter 5 will detail analysis of all nine participants in the study. Findings from each of the participants has been interrogated using Smith, Flowers and Larkin's (2022) steps as detailed in this chapter.

4.4 Reflexivity

When a researcher has personal interest or experience relating to the topic, it is important to be aware of ways that this may impact upon the research (Saunders, Lewis and Thornhill, 2019). Examining the axiology of this research, it was evident that the values of the researcher are an integral part of the research process. The research philosophy is a reflection of one's own values, therefore recognising and reflecting on values throughout the research is important (Saunders, Lewis and Thornhill, 2019). Researchers must practice self-awareness whilst analysing the perspectives of others (McNaughton, 2016). Goldspink and Engward (2019) maintain that reflexivity helps researchers maintain this 'dual perspective of being both inside and outside the research' (p.291). Braun and Clarke (2013) recognise that, within an IPA study, analysis is interpreted subjectively and that the researcher's theoretical and political views influence this. However, with researcher awareness, open and honest conversations and a reflexive approach throughout, consideration of the researcher's views enrich the research process and relationship between researcher and participants (Subramani, 2019). Kingdon (2005), a midwifery researcher, defines reflexivity as a process of self-awareness, an essential scrutiny of the researcher's own feelings to demonstrate the trustworthiness of the research. However, Finlay (2002) warns that; 'taking the threatening path of personal disclosure, the researcher treads a cliff edge where it is all too easy to fall into an infinite regress of excessive self-analysis at the expense of focusing on the research

participants' (p.532). A balance arguably is therefore necessary between the researcher's awareness of self and focussing on the participants. Goldspink and Engward (2019) coin the term 'reflexive echoes', the researcher and participants' words and experiences resonating with each other. They argue the need for researchers to accept the emotional impact on themselves and to work with this to enhance the discussion, as IPA researchers are a part of the research. Consideration of the emotional reactions of the researcher is a tenet of feminist methodology (Whitson, 2017), who asserts that examination of the researcher's own emotions is an important part of the research process. Whitson (2017) advocates reflecting on process, interactions and findings, resulting in significant discussion on researcher subjectivity and impact. Goldspink and Engward (2019) describe Smith, Flowers and Larkin's (2009) previous process of IPA, which consisted of six steps, not seven. They suggest that when following the six step process, a 'substep' at Step 3, which they title '3b - attend to the reflexive echoes' in which the researcher takes the time to turn their attention to their own understanding. This is in addition to the usual essential reflective process underpinning IPA research, the acknowledge and exploration of the role of the researcher. Biggerstaff and Thompson (2008) recommend that researchers make notes of thoughts and reflections whilst reading or listening to participants' writing or audio files, as a means of identifying their own interpretations.

The positionality of the researcher within this empathy research is as a practitioner/ researcher; therefore, awareness of reflexivity was essential. My own interest in the subject of empathy, stemming from a career in early childhood and counselling, and twenty plus years of experience in working as an early childhood practitioner has resulted in my own understanding of empathy in early childhood practice. Goldspink and Engward's (2019) suggestion of adding a 'sub-step' to Smith, Flowers and Larkin's (2022) seven step analysis appears to be an effective method in acknowledging this position. In 'attending to the reflexive echoes' (Goldspink and Engward, 2019, p.291), I am able to reflect on my own developing understanding of empathy.

Empathy is concerned with emotion; therefore, it was important to acknowledge that there was an emotional element to this research which was likely to affect both participants and researcher. Asking people to reflect on emotions and relationships encourages exposure of their feelings, which raises some ethical concerns (Baker, 2021). It was important, therefore, to be mindful of the need to monitor participants' wellbeing and to identify sources of emotional support for any participants who needed it. Expectations of the researcher were for sensitivity within the process and empathy for the participants by building a relationship through regular contact. Sending periodic reminders and giving opportunities for participants to ask questions and clarify instructions helped to build the relationship (Burford, 2021). Confidentiality and anonymity were crucial in ensuring that participants felt safe and protected.

4.5 Double Hermeneutics

The word *Hermeneutic* comes from the Greek word *hermeneuein* meaning to interpret or make clear (Pietkiewicz *et al*, 2014). Hermeneutics in research describes interpretation; understanding the experience of another person is, therefore, interpretation success (George, 2020). Hermeneutics asserts that researchers should remain vigilant about prejudices and preconceived ideas and how these can distort their judgement. Hermeneutics requires an open mind and the ability to reconsider assumptions. George (2020, no date) suggests that 'this finitude of understanding is not simply a regrettable fact of the human condition but, more importantly, that this finitude is itself an important opening for the pursuit of new and different meaning'. Consequently, the beliefs of the researcher are frequently examined and justified. The process is circular, so rather than new understanding being based on previously founded beliefs, it is achieved through renewed interpretive attention to possible meanings, which inform the understanding that we already have (George, 2020). In Smith, Flowers and Larkin's (2022) seven step process of data analysis, the hermeneutic circle is completed during stage four, in critiquing participants' responses and interpreting parts of the data in relation to the whole.

In IPA research, the analytical process is often referred to as a 'double hermeneutic' (Pietkiewicz *et al*, 2014; Smith, Flowers and Larkin, 2022). This dual interpretation process involves participants making sense of the subject and the researcher making sense of the participants' understanding. Smith, Flowers and Larkin (2022) discuss Ricoeur's (1970) two interpretive positions, a hermeneutic of empathy and a hermeneutic of suspicion (which Smith, Flowers and Larkin (2022) rename as a hermeneutic of questioning). Using a hermeneutic of empathy involves attempting to see what the phenomenon under inspection is like from the participant's perspective, through his / her eyes. A hermeneutic of suspicion, in contrast, involves examining the experience using external theoretical perspectives. Smith, Flowers and Larkin (2022) suggest that good IPA research is both empathic and questioning.

This empathy research took a middle ground position with regard to hermeneutics, employing both empathy for the participants and questioning (Ricoeur, 1970). It was important in a study of empathy to try to see through the participants' eyes, as they were trying to see through the eyes of the children they work with. It was equally as important to question and make sense of their experience, creating mutual and multi-faceted understanding. The seven-stage process of analysis (Smith, Flowers and Larkin, 2022) is designed to foster a double hermeneutic approach. Although the primary aim of the research was to examine the lived experience of the participants and the way they interpret and understand empathy, it was also concerned with how the researcher understood the understanding of the participants.

In addition to Smith, Flowers and Larkin's (2022) steps, I kept my own reflective research diary and reflected on participants' comments at every step. It was important to practise self-awareness and to acknowledge my own views as an IPA researcher. Subjectivity is an accepted aspect of IPA research, and reflexivity enables the researcher to pay attention to subjectivity in the research process; Pillow (2003) describes considering 'how does who I am, who I have been, who I think I am and how I feel affect data collection and analysis?' (p.176). This is important in taking a reflexive approach to the research (Goldspink and Engward, 2019). These questions posed by Goldspink and Engward (2019) are ones that I used as prompts for my own reflections at each step of the process. This interpretation of reflexivity is further discussed in Chapter 3 (section 3.5.2).

Keeping a reflective diary, as a researcher, has also been an important aspect of the process. My experiences throughout the research, my thoughts on participants' comments and my own questions about empathy have been entwined with those of the participants. Goldspink and Engward (2019,) agree that 'through reading, thinking, listening and notably writing, reflexivity emerges as an active conversation between the raw data and the researcher's past and present self, unwrapping questions to recognise and then progress "taken for granted" appraisals' (pp.301-2). This has certainly been the case for me, as my initial assumptions about empathy within early childhood practice have been called into question. My own reflective process was a series of deliberate controlled reflections (Smith, Flowers and Larkin, 2022) written following every reading of a participant's diary, after every interview, and after every reading of an interview transcript. The act of writing reflections myself at regular points in the research helped me to organise my muddled thoughts into something more tangible.

The fact that the concept being examined was empathy itself created another layer of reflection to the process. To repeatedly observe the phenomenon of empathy from the viewpoints of the participant and the researcher, at every stage, illustrates a double hermeneutic. In addition, the researcher is empathising with the participants as they empathise with children and the growing understanding of the participants impacts on the researcher, further enhancing the researcher's growth of understanding of empathy.

4.6 Conclusion

This chapter has described the data collection strategy, which follows Smith, Flowers and Larkin's (2021) seven step IPA approach. As reflexivity is an important aspect of IPA research, this has been examined in detail and a reflective diary also kept by the researcher as part of the process of double hermeneutics (Goldspink and Engward, 2019). Reflections were recorded after each initial reading of a participant's diary and following every interview, with the purpose of documenting the evolving perspectives and insights of the researcher over time. Goldspink and Engward (2019) explain that this

encourages the researcher to engage with their own preconceptions, leading to increased phenomenological sensitivity towards the subject of research. In chapter 5, the data analysis process (Smith, Flowers and Larkin, 2021) has been outlined with examples of each stage from analysis of Mel, the first participant's data.

Chapter 5: Data analysis

5.1 Introduction

In the previous chapter, the application of Smith, Flowers and Larkin's (2022) seven step process in analysing the data was explained. This enabled the process of going from collections of diary entries and interview transcriptions to the point where a table of themes can now be summarised for each participant. In chapter 4, data from the first participant, Mel, was used as an example of the process at each step. In this chapter, now that steps one to six have been completed, the data from each participant will be presented in a table of Personal Experiential Themes (PETs) and will then show how the PETs have been integrated into Group Experiential Themes (GETs); this constitutes Smith, Flowers and Larkin's (2022) Step Seven, showing themes for the group as a whole.

5.2 Participants

Table 5.1 provides an overview of the work settings and job roles of the nine participants. Whilst recognising that factors such as age and length of experience in their roles may have significance, given the scope of this small-scale project, it was not feasible to delve into all potential influences on individuals' lives. The primary aim was to explore the experiences within a diverse group, with a particular emphasis on gender and the contextual aspects of participants' roles. As such, the characteristics highlighted in Table 5.1 include participants' sex, job roles, and levels of qualification, providing a focus on the elements most central to the inquiry. Names of participants and settings have been changed throughout the study to protect their anonymity.

Each of the participants' diary entries and interviews have been transcribed and analysed following the process described in figure 4.2, Participants' data analysis at Steps one to four are detailed in this chapter. At Step Four, interrogation of the data resulted in the identification of themes, which are identified in this section. Each participant's data is presented, as Smith, Flowers and Larkin (2022) suggest, in a table of PETs, showing themes and sub themes arising from the data.

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

Key: Early Years Educator – someone who is qualified to a minimum of Level 3 at college

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

Table 5.1: Participants

5.2.1 Participant one – Mel

Mel works as an early years educator in a large popular private daycare nursery for 0-5 year olds, one of a chain of two in a suburban area. Mel works in the baby room, with babies aged birth to eighteen months. Table 5.2 below details Mel's PETs.

Table of Personal Experiential Themes (PETs) for Mel (Step 5)	
THEMES (PETs) A-D **sub-themes** examples from data	
PET A: IMPACT OF EMPATHY ON SELF	
sub-theme: impact on own emotions	
…if there's a child who's really struggling with separation from their parents and they're really upset it used to get to me a lot and I'd, you know, get really upset about it.	Phase B interview
I thought about him all weekend	Phase B diary entry 3
…when at work I feel irritation. After I feel guilt at being irritated and unable to help this child	Phase B diary entry 1
…empathy and guilt watching the student struggle with her emotions	Phase B diary entry 2
A few of the children were quite unsettled and kept getting up and not wanting to lie down to sleep. I found myself getting quite stressed.	Phase A diary entry 3
…it's a very emotional job that we do	Phase A interview

…it makes me feel sad as well and I do sometimes go home and still think about that child	Phase A interview
…thinking a lot about if it's a good or bad thing that I am getting less emotionally attached.	Phase B diary entry 1
…feeling good at not adding to the guilt, seeing Mom's relief at not being told her son had struggled again, chose to tell Mom about the positives to spare her feelings. Mixed emotions, feeling glad at sparing Mom's feelings. Feeling guilty about omitting the truth. Not sure whether it was the right thing to do!	Phase B diary entry 4
When I first started in baby room I would use empathy a lot and quite often it would make you quite emotional and you think about it a lot afterwards but then having to think of those things everyday it kind of impacts on you less I think so that you become less stressed.	Phase B interview
If there's a child who's really struggling with separation from their parents and they're really upset, it used to get to me a lot and I'd get really upset about it… there's one child in particular who had really struggled to settle in and has been crying every day since he started after four or five weeks and I felt really sympathetic but then I found I was just getting really frustrated because personally there was nothing I could do and I wonder if that's me becoming less empathetic or maybe putting up a barrier to not get as stressed out.	Phase B interview
sub-theme: job satisfaction	
…pride at myself for encouraging them to make good choices… finding this rewarding, seeing the impact my practice has on the children, and other staff. Watching the children reach a compromise and be happy for receiving praise for this.	Phase B diary entry 3
PET B: EXPLORING AND DEFINING EMPATHY	
sub-theme: demonstrating empathy	
My colleague and I tried to empathise with the boy as to why he became upset and didn't want to play.	Phase A diary entry 1
Sometimes there isn't anything you can do, you can empathise but sometimes you can't just fix it	Phase B interview
sub-theme: imagining how others feel	
I empathise with the child thinking she must be tired and missing her parents after being at nursery since 7.30am	Phase A diary entry 2
I empathised with the children realising they were picking up on my anxieties and could sense I was not calm so neither were they.	Phase A diary entry 3
…empathising with the other children upset by his crying all day	Phase B diary entry 1
…empathising with Mom, knowing about Mom guilt, sleep deprivation, etc.	Phase B diary entry 4
sub-theme: defining empathy	
Every time I've thought about empathy, it's about people feeling sad, so that's obviously what you pick up on more and maybe I could have been more positive and written about times I'd empathised with children being happy	Phase A interview
Empathy just means emotions doesn't it? … being able to understand how somebody else is feeling… because if we can pick up on the children's	Phase A interview

feelings, we can then adapt what we're doing to help them or to make them happier	
I think I am a very empathetic person. I think about these things a lot and pick up on people's emotions a lot of the time… I quite often know how other people are feeling, or if somebody's quieter than usual, I pick up on that really quickly, I'm always talking to people and saying 'are you ok? you seem a bit quiet' or 'is there something wrong?"	Phase A interview
I think I pick it up from body language and facial expressions and it's not just the children its staff as well so if a member of staff walks in the room you can kind of tell and if they're having a bad day or if they look particularly stressed you can say 'are you alright?' and try and talk to them and see what the problem is… I think it is an automatic thing for me	Phase B interview
sub-theme: developing empathy	
I think the sort of people that go into childcare high levels of empathy because they then want to work with children… and obviously want to put their needs first… its a caring job, so I think empathy feeds into that. I don't know if it can be learned, maybe people can learn how to recognise it better, I'm not sure if some people just couldn't recognise others' emotions.	Phase A interview
…no I don't think it could be learned, I think some people just have that sort of personality, and then can do that sort of job, same as people who work in care with elderly people, they probably have the same sort of personality	Phase A interview
…I hope that it doesn't mean I'm becoming less empathetic because I think it makes you good at the job so hopefully it's just more of a coping strategy	Phase B interview
PET C: EMPATHY IN RELATIONSHIPS WITH ADULTS	
sub-theme: relationships among staff	
I advised A____ to speak to our manager, who is really good at dealing with this sort of problem discretely. I hope she does speak to him, as no one should feel this unhappy at work	Phase A diary entry 4
PET D: EMPATHY IN RELATIONSHIPS WITH CHILDREN	
sub-theme: knowledge of individual children	
If you've had a particularly stressful morning, or some of the children have been unsettled, you'll automatically think about why that is and how you can calm everybody down and settle the children	Phase A interview
sub-theme: emotion coaching	
…spoke to each child, validating their feelings and explaining how the other is feeling	Phase B diary entry 2

Table 5.2 PETs for Mel, Step Five of Smith, Flowers and Larkin's (2022) approach

5.2.2 Participant two – Harriet

Harriet works in the toddler room of a large private day nursery. She is qualified to level 3 in Early Years and she has worked at one other private day nursery before this one. Harriet took part in Phase A of the research only, as she was so busy with work, she was unable to continue in Phase B. In Phase A, Harriet kept a reflective diary for one week and then took part in a semi-structured interview. Smith, Flowers and Larkin's (2022) seven step approach to data analysis was carried out; the following table

(5.3) details Step Five, the concluding step to Harriet's personal data analysis, resulting in the following personal experiential themes.

Table of Personal Experiential Themes (PETs) for Harriet (Step 5)	
THEMES (PETs) A-D	
sub-themes	
examples from data	
PET A. EMPATHY IN RELATIONSHIPS WITH CHILDREN	
sub-theme: attachment & transitions	
…she was struggling with understanding why people were going. I feel she may have felt a loss of attachment: more so being 'left' as she hadn't built the stable connection to the room and/ or bonds.	Phase A diary 17/02/21 page 2
Child comes into setting upset as parent/carer has taken a toy home. Child was distressed and did not want breakfast which was unlike the child. EYE tried to show other toys the child could play with	Phase A diary 26/03/21 page 1
Child does not understand their move to a new room as they are unable to talk… (dev delay). Child does not want to go in the room so EYE swops staff to enable them to support them	Phase A 07/04/21 page 1
…with the children, like dropping off at the door, I used to be awful at it, I know I did myself. Oh, I couldn't leave my Mom, and I still get upset. It's quite a big thing.	Phase A interview
The child was more 'prepared' on the Wednesday - more aware of what will happen and that I am there to comfort her and for support.	Phase A diary 15/02/21 page 2
sub-theme: emotion coaching	
…I used empathy by using emotion coaching. 'I think you are feeling sad' 'shall we try…'	Phase A diary 15/02/21 page 2
…I used this strategy to also help children who felt sad as I had a new child that I was paying lots of attention too. – used it as a strategy to involve them. 'Shall we all hug?' 'we can all sing together'	Phase A diary 15/02/21 page 2
I explained to child 'ouch' 'I don't like it when you hit me' 'that hurt' … I used emotional coaching but also used a strategy to support their understanding of feelings and how their actions affect others. I tried to label my feelings but also included theirs, reasoning why they may of hit out and giving solutions to why and what we could do…	Phase A diary 18/02/21 page 1
…with emotional coaching, we need to reason with the child and understand why and how you can help them and it's like a process and it does really, it's helped me a lot more I think.	Phase A interview
PET B. EXPLORING AND DEFINING EMPATHY	
sub-theme: recognising emotions in others	
I used a calm voice and recognised the child was unable to understand and control their emotions.	Phase A diary 19/02/21 page 1
…the child knows when I'm about to leave the room, so I know they're going to be emotional.	Phase A interview
…even children that have been there for some time, they have cues (laughs). They do certain things and you know like one of child will go towards teddy and	Phase A interview

then I know that they're scared. I know that the one will literally go towards the beds and will get a blanket out … tired.	
You know when a child's feeling that way; they will change their personality in a second, like you'll have a child who's really happy and getting on with it and then something will affect that child and they won't want to go and play, and it's just getting behind why?	Phase A interview
sub-theme: demonstrating empathy	
EYE sympathises that the wipes are cold and it is not nice to be up high on nappy unit or have a dirty nappy. Explained about a soiled nappy will make them sore, make them sad.	Phase A diary 24/03/21 page 2
…I do use it quite a lot to be fair, but I've always been quite sympathetic anyway. I'm always the patient one who'll sit there with a child until they listen or something	Phase A interview
…but then its also hard to use empathy with them a lot of times, because I don't want to do it too much so it looks like I'm patronising.	Phase A interview
I tried to connect with the child using my own understanding of starting new work/ school etc.	Phase A diary 15/02/21 page 1
…EYE holds child's hand throughout breakfast, giving eye contact to show they are near and here for them.	Phase A 07/04/21 page 2
sub-theme: defining empathy	
…to be fair, when I was talking to others about it, it is a hard thing to describe	Phase A interview
I think it's just having like the ability to understand others' emotions and kind of having an understanding and putting your own … I find I put my own experiences to that person as well of the feeling that they're feeling.	Phase A interview
…not comparing myself but kind of like reflecting if I've had something that I could kind of put my shoes in their shoes so you understand them better. So it's like you're going through that experience with them.	Phase A interview
You've got to try and understand the background of why it's happened and finding out why they're feeling that way	Phase A interview
sub-theme: developing empathy	
…you can obviously learn that skill. Cos not many people are like that so if they aren't, they can't understand your sensitive personality, like they are quite abrupt…they obviously can learn emotional coaching and then through that, they do learn to be more sensitive, to feel, and they do learn that empathy.	Phase A interview
PET C: IMPACT OF EMPATHY ON SELF	
sub-theme: impact on own emotions	
…oh yeah, I'm always upset, I come home and cry	Phase A interview
I do really struggle at work a lot of the time, I think quite a few people do. Especially if you can't help them, even with emotional coaching, all these different strategies and they're still really unsettled, it is hard.	Phase A interview
…you take it home and then you can't stop thinking of it then	Phase A interview
…so when you're with someone else, then he'll go and do something to get your attention back again so that…it kind of makes you feel good cos they do want you, but then you also think 'why are you so needy?'	Phase A interview

Table 5.3 PETs for Harriet, Step Five of Smith, Flowers and Larkin's (2022) approach

5.2.3 Participant three – Jake

Jake is a qualified Early Years Teacher; he owns and manages a preschool in a small town in a rural setting. He took part in the whole research project, including phases A and B. His diary entries were the longest of the whole group's, with 22 diary entries over a week. The table below (5.4) details Step Five of Smith, Flowers and Larkin (2022) seven, the consolidation and organisation of Jake's data analysis, resulting in his personal experiential themes.

Table of Personal Experiential Themes (PETs) for Jake (Step 5)	
THEMES (PETs) A-E **sub-themes** examples from data	
PET A. EXPLORING AND DEFINING EMPATHY	
sub-theme: recognising emotions in others	
…could see she had questions and concerns	Phase A diary entry 2
She had never done this before and whilst she was not visibly crying or upset this looked like a response to something.	Phase A, diary entry 3
Today at the door a parent 'seemed a bit off' … it is important to know that people are there if you need them	Phase A diary entry 20
…some people you just meet and you just know that that person is awesome with children you know you can just tell they don't even have to be near children	Phase A interview
Today I noticed F (one of the girls) had taken herself off to the mud area to sit in the trees by herself... we all sat together to discuss how F might be feeling. It was a very valuable conversation think everyone benefited from it. I would hope to think that my emotions and body language was open and showing good listening skills.	Phase B diary
sub-theme: demonstrating empathy	
I know when I sent my daughters to nursery the more info I received the happier I felt.	Phase A diary entry 16
…unfortunately, after work today I received a message from one of the team to say she had miscarried… My wife and I have been in this situation a few times and have experienced great sadness in this area. This reminded me of the sad times the wife and I have had so was a little bit sad.	Phase B diary
Unfortunately, I'm terrible when people cry because that always makes me cry… If I see somebody crying, I think Oh no I'm going to cry now	Phase B interview
…all have feelings and we're all kind of wired similarly so yes you can still empathise and support them and then you could if you wanted to research it and then have more of an understanding of it but if you've been through it then you do have a bit more knowledge of the kind of force of feelings that someone might be going through	Phase B interview
I smiled at ____ and using limited/simple words joined her in the area... other children came over and the child was happy (now) to allow them in.	Phase A diary entry 3
One child was really missing their dinosaur that was in quarantine I decided to anti-bac that one toy so it could come out today.	Phase A diary entry 13
The child explained they were sad because they could not see their nanny and grandad We had a long conversation, whilst drawing, about what grandparents were like.	Phase A diary entry 19

We wanted to create opportunity for the children to spend some time 121 with an adult talking about their feelings. The children each talked about their worries and their feelings. I reminded them of the importance of talking to others if they had worries.	Phase B diary
sub-theme: defining empathy	
I described empathy as a bridge so like empathy connects me to you and it connects me to other people so without empathy you're always going to be kind of disconnected so empathy just joins people together	Phase A interview
sub-theme: developing empathy	
Do you think you need to have experienced things yourself in order to be empathetic with someone? Do you need to have gone through it? Yes it helps I do think it helps I know it shouldn't and I'm also starting to think that it helps if you've had children to do the job that we do.	Phase B interview
…there's somethings you kind of experience and you kind of live through them and it helps you understand it… because of what we'd been through I could really understand and we could help them as best we could	Phase B interview
PET B. EMPATHY IN RELATIONSHIPS WITH CHILDREN	
sub-theme: managing behaviour	
I was quick to spot the potential conflict and move over to carefully observe the situation.	Phase A diary
…with conflict and things we try not to rush in and take over the situation because they're all learning experiences and if you don't experience conflict then you're never going to learn how to deal with conflict	Phase A interview
sub-theme: knowledge of individual child	
…if a brand new child walks in, then I know that Emily will be able to build a good relationship with them I've never seen her not do it … she didn't go to college she doesn't know the theories she's just it's just something that she has	Phase A interview
…child is quite sensitive around playing with other children and chooses to play with themselves a lot of the time. This is ok but would help with their language development if they were more social.	Phase A diary entry 8
The key is knowing when a child needs you and when they do not. I left the child for a while as they were happily going through some stories.	Phase A diary entry 14
…we all know all the children really well, we have the next steps on the board but I could tell you what next steps John Bob Shirley everyone has because I'm with them all the time	Phase A interview
…we know all the children can we see them all the time we can pick up when their behaviour is slightly different	Phase A interview
PET C: EMPATHY IN RELATIONSHIPS WITH ADULTS	
sub-theme: relationships among staff	
One-2-ones are very important in building + maintaining relationships.	Phase A diary entry 5
At the end of the week I always try and 'check in' with each member of staff to make sure they are ok. It is difficult as we are all busy but it is important to listen to the staff team and be there for them.	Phase A diary entry 22
Sub-theme: relationships with parents/ carers	
They asked lots of questions (that is good) and I listened carefully to what they were saying.	Phase A diary entry 6
Parent concerned. I reminded the parent of all the support we were putting in and all the great work they are doing at home.	Phase A diary entry 7

I reassured them that we have an excellent relationship with the local schools and we will be working closely with them on a transition.	Phase A diary entry 7
I am a big believer that parents should be given as much info as possible.	Phase A diary entry 16
I know with Covid and everything parents are very anxious	Phase A diary entry 16
I then explained that children learn best through play and not every child likes sitting down and writing at 4 years old. It was perfectly normal and they would have plenty of time for these things when they got to school.	Phase A diary entry 17
Sometimes, like now, I cannot help but I can just listen and be there.	Phase A diary entry 20
Think it is important to care and be kind, if you can	Phase A diary entry 9
…by empathising showing empathy you kind of say we're here and this is where we need to be and working together we can get there	Phase A interview
…if the parents are happy and confident the children are going to be happy and confident we'll be happy because the children are happy you know so it's all connected.	Phase A interview
PET D: IMPACT OF EMPATHY ON SELF	
sub-theme: impact on own emotions	
…a child fell over just running outside fell over… even though that happens all of the time and there was nothing we could do about it that kind of I dwelled on that a little bit because that's the kind of person I am	Phase A interview
_____ said 'yes I might ask him to play later but he might be too busy'… this hit me quite hard and expressed this to my wife.	Phase B interview
…if it's been a busy day or if I feel more stressed than normal, I'll just go for a run and I'll have 20 minutes just kind of head down running and just thinking it through	Phase B interview
sub-theme: tiredness	
I think at one step I must have got tired and I just kind of battled through it and now I can't get any more tired	Phase A interview
sub-theme: job satisfaction	
…the difference you make in children's lives is just unbelievable and you know how fortunate we are in this position and how fortunate I am to have created this… the difference we're making the children and families the community and everything I wouldn't change it for the world	Phase A interview
There are more positives than negatives. I could point out, I think sometimes you get so wound up in the complexities of the job that you forget the simple… it was just lovely it was one of those moments where you can just go crikey this is the best job in the world you know you've got nine children all laughing at you and you just talking to them and listening to them answer	Phase B interview
…the day to day stuff we know when someone is a bit down because we work so closely together and we know each other so well and we just kind of have a good laugh together	Phase B interview
…we just all get on really well and we tease each other a little bit in a nice friendly way and it just helps to set the right mood really	Phase B interview
We had _____who's the quality assurance head round to look at all baby rooms in _____and she said I just wish I could bottle the atmosphere that you have here and take it round and just show everybody how it can be	Phase B interview
All you need to be doing is making sure that children are secure and happy and children will naturally thrive and develop so if we're doing those basic things	Phase B interview

then we're doing absolutely fine and if we can do extra things as well that's marvellous so just keep it nice and simple really and just have a nice time	
…we have a staff display by the door … mom said James is the owner he's the boss and the child said James isn't the boss James is just our best friend	Phase B interview

Table 5.4 PETs for Jake, Step Five of Smith, Flowers and Larkin's (2022) approach

5.2.4 Participant four – Joel

Joel is the manager of a private day nursery; he manages 20 staff and is responsible for delivering training to the two nurseries in the chain. He took part in the whole research project, phases A and B. Table 5.5 (below) details Step Five of Smith, Flowers and Larkin's (2022) Seven, the consolidation and organisation of Jake's data analysis, resulting in his personal experiential themes.

Table of Personal Experiential Themes (PETs) for Joel (Step 5)	
THEMES (PETs) A-E **sub-themes** examples from data	
PET A. EMPATHY IN RELATIONSHIPS WITH ADULTS	
Sub-theme: relationships between staff	
A member of the team was able to discuss their worries/ anxieties… I listened to the professional and provided the team member more support	Phase A diary entry 1
The man discussed previous discrimination he faced in his previous workplace. I asked him 'How this made him feel?' and reassured him of the policies and procedures we have in place to avoid this behaviour happening in the future.	Phase A diary entry 9
I try and encourage others to reflect … I always get them to reflect on well what are you doing is it your emotions that you're reflecting on the children	Phase A interview
Sometimes it's mentally tiresome because every conversation that you have has always got to be strength based so you're always thinking, how am I going to word this?	Phase B interview
Trying to dig to find the root cause of the problem with that member of staff and every individual is slightly different so it's understanding their point of view	Phase B interview
They said they felt they weren't doing enough so that was the emotion they felt but we were like well let's look at what we've done factually for that child.	Phase B interview
Sub-theme: relationships with parents	
The child appeared to be upset throughout the morning. When sharing our thoughts with uncle he explained the child was not living with his mom and Dad at the moment as mom needed to have surgery after breaking her ankle.	Phase A diary entry 3
Mom said she felt embarrassed and there were times when she felt as though she wasn't coping. I offered mom the child's mom some support	Phase A diary entry 4
…we have discussed in a managers' meeting how children's needs and development / opportunities may have changed due to the covid 19 pandemic We have asked parents to answer some questions about the impact.	Phase A diary entry 6

The parent had reported a domestic violence incident involving herself on the weekend. Therefore, I was aware of there is a lack of support for this child network around his family. I offered the parent the capacity to rearrange their funding	Phase A diary entry 8
Felt a sense of responsibility to convey accurate information, worried about how the parent may respond to hearing their child has a developmental delay. Feel sorry for the parent as they try to make sense of this interaction	Phase B diary entry 1
Informing a parent they were unable to stay with their child for a stay and play session due to Covid restrictions. Felt nervous and sad	Phase B diary entry 4
PET B. EMPATHY IN RELATIONSHIPS WITH CHILDREN	
sub-theme: managing behaviour	
After observing the child, I noticed that observed that he repeated was repeatedly demonstrating unwanted behaviour with the other children	Phase A diary entry 2
It's like they're craving that negative reinforcement but the staff you'll see visibly on their faces but they're just harassed by them and it's like actually I always say to them like look in the mirror and what you're reflecting onto them your emotions and actually they're going to give that back even more	Phase A interview
sub-theme: attachment and transitions	
…having a conversation with the child's key person about potentially slowing down the transition process and providing him with small group activities to support his PSED development.	Phase A diary entry 2
PET C. EXPLORING AND DEFINING EMPATHY	
sub-theme: imaging how others feel	
…as an Early Years leader I have realised how I spend the large part of each day thinking about how the team members feel - what motivates and demotivates, their strengths and interests – how they might act in different scenarios.	Phase A diary entry 7
…feel sorry for the parent as they try to make sense of this interaction	Phase B diary entry 1
…trying to understand how the parent may feel	Phase B diary entry 4
sub-theme: defining empathy	
…putting yourself in somebody else's shoes or trying to understand their viewpoint or trying to come at it from like the way that they're thinking or they're approaching problems, trying to understand that.	Phase A interview
sub-theme: developing empathy	
…at the moment I know that some staff have got anxiety … I feel like I can empathise with them more because of what I've gone through at home but it depends on your personality and your experiences but then I do think it is a skill as well. I think it's a conscious choice of whether you say no I can't do that or right I'll look into that for you or I can understand why you're asking and it's working on that skill	Phase A interview
I think it's like a conscious choice because anybody could say oh I don't really want to think how you might be feeling or I don't want to see your point of view … if you're a closed person and you're not listening to that are the person's point of view you will just stay like that You've got to be like open to it	Phase A interview
PET D. IMPACT OF EMPATHY ON SELF	
sub-theme: impact on own emotions	
I think as a leader it can be quite a lonely place to be as you are constantly self-reflecting on the decisions you make and how each decision will directly impact children and families.	Phase A diary entry 7

I'll take it home and start worrying about it, I think are we doing enough for these children and you know I feel a sense of responsibility and that's the thing that causes me too like overthink it and to be anxious and sometimes not be able to sleep. Am I doing enough for these children, if not why not and I know it's everyone's responsibility shared but ultimately as the manager of that setting it is my responsibility and I need to have the answers if they are not progressing or if there a safeguarding risk so that's the bit that gets me	Phase A interview
Felt Nervous, Empathetic – trying to understand how the parent may feel, Sad that parents are unable to support with stay and play sessions.	Phase B diary entry 3
I always make a conscious choice to keep work at work and home life separate and not for everything but that's because I like to make sure I'm really giving my all at work but my home life is protected	Phase A interview
sub-theme: tiredness	
…its been horrendous, I mean I've not known anything like it, at one point we'd lost nearly half our staff team just cos of isolating and stuff	Phase A interview
I feel as though I have shown empathy to the staff team by offering to support with their increased workload and where staff members have shown an increased discussed worries and concerns – we have worked together to create a practical plan.	Phase A diary entry 5
A member of staff shared concerns about their observation / workload … felt frustrated, determined, resilient – we are used to this pressure all of the time	Phase B diary entry 2
sub-theme: job satisfaction	
…it's about having an impact I'm seeing a difference whether that's in staff practise or in a Childs development. I like to feel that I'm making a difference not necessarily working with the children but through the staff team and making sure it's high quality practise	Phase B interview
…it's compliments like that when I think actually yeah this is a really good nursery, this is a really good setting. All we get feedback from parents and stuff like that saying thank you for doing that and it just makes it worth it	Phase B interview

Table 5.5 PETs for Joel, Step Five of Smith, Flowers and Larkin's (2022) approach

5.2.5 Participant five – Cheryl

Cheryl is a teaching assistant working in the preschool attached to a local primary school. Cheryl was very enthusiastic about taking part in the research and she was involved in both phases. At present, she is funded by the LEA to provide one to one support for a child with learning differences, but she also works with the whole class. Table 5.6 below outlines Cheryl's Personal Experience Themes (PETs).

Table of Personal Experiential Themes (PETs) for Cheryl (Step 5)
THEMES (PETs) A-C
sub-themes
examples from data
PET A. EMPATHY IN RELATIONSHIPS WITH CHILDREN
sub-theme: knowledge of individual children

Today at work a little boy in my key group became quite upset, I have noticed that since some children have started in our pre-school over the past weeks he seems to be overwhelmed by the change.	Phase A diary entry 1
He definitely seemed to be less overwhelmed outdoors I have noticed	Phase A diary entry 1
Adults need to be mindful when he becomes overwhelmed and also sensitive to his feelings and needs. Reassurance appears to be working.	Phase A diary entry 1
Because this child's language is limited, it is hard for the child to say how they are feeling – also the child's understanding is limited. I feel as her key person I know when she is having a difficult day by some of the behaviours the child displays.	
I was quite worried about this child as I knew that the emotions he was displaying were out of character for him	Phase B diary entry 1
…he can lash out at or scream at me. I completely understand that this is due to frustration and the fact that cannot convey his emotions	Phase B diary entry 2
I know that when this child becomes overwhelmed he likes to have a hug or be taken away from the situation	Phase B diary entry 2
sub-theme: emotion coaching	
I explained to him that our tummy can sometimes hurt if we feel nervous and it is okay to feel that way but we can tell a grown up if we feel that way.	Phase A diary entry 1
I showed her my feelings card and said "sad?" She nodded and then burst into tears. I gave her a cuddle – which she indicated she wanted by holding out her arms	Phase A diary entry 2
We then read a book about feelings and emotions and I told the girl the adults are here if she is feeling sad.	Phase A diary entry 4
As a professional I feel it is part of my job to tune into their emotions and help them when they are struggling emotionally	Phase A diary entry 4
sub-theme: attachment and transitions	
She told me she missed her mommy and wanted her to come back. I reassured her that mommy was coming back soon.	Phase A diary entry 4
Some children naturally do just settle, ready for it straight away, and then they're absolutely fine, but others can't and they need that little bit more support, so we give the children that little bit of extra support if they need it.	Phase A interview
His needs come first and that is my job to be there for him and to support. To him I am that familiar and secure base that he needs when he cannot express his emotions.	Phase B diary entry 2
I'm his secure base, you take things out on the people who are closest to you so he is able to express his emotions to me like I'm angry I'm upset	Phase B interview
PET B: EXPLORING AND DEFINING EMPATHY	
sub-theme: imagining how others feel	
I try to put myself in the boy's position and think about what reassurance or comfort would help me and try to take that approach to see if it helps.	Phase A diary entry 1
I put myself in the child's position and think about how confusing the world can be to them when they can't understand certain things they are being told or how to convey their emotions and feelings.	Phase A diary entry 2
I told the child that I would be angry and upset too if someone had taken something off me that I was enjoying playing with, but by hurting them it also makes the other child upset and that does not solve the problem.	Phase A diary entry 3

I feel for a lot of children at times the lockdowns have been quite confusing for them.	Phase A diary entry 4
…when they say oh like I miss my mom, and you just feel it like oh gosh, you know you do you feel it even more I think when you get when you're a parent and it does it pulls on your heartstrings	Phase A interview
I decided not to question the child as they may not understand the reasons why and this could have caused the child further upset.	Phase B diary entry 1
sub-theme: recognising emotions in others	
I could tell during the session that this child was struggling a little emotionally.	Phase A diary entry 4
The child seemed embarrassed by their accident and needed some reassurance that it is ok	Phase A diary entry 5
when he starts crying, she starts crying, 'cause she doesn't understand why he's crying so it makes it makes things a lot worse.	Phase A interview
…it was really hard at first to get to the bottom of it because it was quite hard for him to convey his emotions and he almost didn't know what to say he just didn't know how to put it into words	Phase B interview
…he couldn't tell me why he felt sad he just kept saying I feel sad I feel sad and I tried to get to the bottom of it.	Phase B interview
sub-theme: defining empathy	
…acknowledging other people's feelings and sometimes putting yourself in their position and think about how you would feel if you were them, trying to come at things the way the child does.	Phase B diary entry 1
I personally feel that I am quite empathetic. I think I feel like it's my personality, I'm very sensitive. I can get upset over the smallest things.	Phase A interview
…empathy is in everything we do, it's part of everything for me it's part of being a practitioner and I don't think I realised how much I empathised until I reflected back on my diary. It's all about emotion…it's part of human life	Phase B interview
sub-theme: developing empathy	
I think that it would be good for practitioners to go on some kind of training with regards to empathy … there's there needs to be more of an emphasis on empathy, because in September it will be very interesting to see, what children we're gonna have who have been spent over a year in a pandemic.	Phase A interview
I think you can go on like courses and you know be more aware of it… I also feel like as a practitioner you kind of need that in your personality. If you going into working with children.	Phase A interview
I think that there possibly should maybe be more taught about it at college	Phase A interview
PET C: IMPACT OF EMPATHY ON SELF	
sub-theme: impact on own emotions	
For me as a practitioner it can be at times challenging as it can be hard to calm the child when they are really upset, and it can last for quite a period of time.	Phase A diary entry 2
I'm constantly thinking of things like ok I need to plan this for them when they come back and things like that … this is what I'm worried about	Phase A interview
I do think about a lot of the children when I'm not at work.	Phase A interview

I do feel a bit anxious. My emotions are really heightened I feel when I can't calm her down and I'm like should I be able to calm her down? Am I failing because I can't calm her down?	Phase A interview
Sometimes I feel guilty as well because I'm spending the majority of the time with her giving her what she needs. But then, am I giving the other children what they need? You know, sometimes it's a bit of a juggle	Phase A interview
I felt quite helpless about what to do. I could see the impact that the conflict was having on the child but I could only do so much in regards to talking to the parents about the effect that it seemed to be having on the child.	Phase B diary entry 1
I can feel quite drained after the morning session when this child has had a bad day. If it has been a good day, I often feel a sense of relief.	Phase B diary entry 2
I think it was just how upset he was I am close to my family and if I put myself in that position when I was close to my nan and grandad if I was told I couldn't go and visit them it would be really upsetting and it was upsetting just watching him, the change in his emotions. I think it upset me at first because he couldn't tell me why he was upset but then when we got down to it and he spoke and seeing how upset he was made me quite emotional	Phase B interview
…when the day's over and you step back you feel guilty for feeling that way and you feel bad because ultimately it's not their fault	Phase B interview
…it's challenging and it's hard work, i do feel underpaid and as a sector we are under appreciated so I think if you didn't do it for the love of the job you'd never do it would you?	Phase B interview
I put my emotions aside and give the child the care and support he needs and deserves	Phase B diary entry 2
sub-theme: job satisfaction	
…moments when they have understood what you said or they're having good day you know that's what makes it really worth it.	Phase B interview
Just to see the little changes that have happened over the last six months, that makes it all worth it. He comes in the morning and knows who I am and he runs up to me and gives me lots of hugs and it seems like he feels safe with me	Phase B interview
…the children learning so much, the breakthroughs, just spending time with them getting to know them	Phase B interview
…you make real bonds with the children and the families.	Phase B interview

Table 5.6 PETs for Cheryl, Step Five of Smith, Flowers and Larkin (2022) approach

5.2.6 Participant six – Aadiya

Aadiya is an experienced early years educator and newly qualified teacher; she leads the reception class at a medium sized rural school. Aadiya is passionate about emotion coaching and maintaining the high quality of the provision at the school, which she thinks of as a family. Aadiya took part in Phase A of the research but then declined to take part in Phase B due to her increased workload. Table 5.7 below outlines Aadiya's PETs.

Table of Personal Experiential Themes (PETs) for Aadiya (Step 5)
THEMES (PETs) A-D
sub-themes

examples from data	
PET A. EXPLORING AND DEFINING EMPATHY	
sub-theme: defining empathy	
I anticipated that today I would need to exercise this skill more than ever.	Phase A diary entry 1
I think you show it all the time, empathy's part of everything. Empathy to me is part of human life. If you can't understand things from their point of view, you can't help them can you?	Phase A interview
sub-theme: demonstrating empathy	
I very much treat people how I want to be treated	Phase A interview
…it's the culture of the room, we all do it and I also model it to the children	Phase A interview
sub-theme: recognising the emotions of others	
…he was just so shy and just didn't like social interaction. He'd come into preschool and he'd just stand with his face against the wall because he just wanted it to swallow him up	Phase A interview
PET B: EMPATHY IN RELATIONSHIPS WITH CHILDREN	
sub-theme: knowledge of individual children	
…the thought of 'coming back' to school could have been unbearable to some children, I know this because I know my children.	Phase A diary entry 1
…he was really very quiet but as we got through the term, we started to see his humour and the things that made him tick	Phase A interview
…she doesn't react to being shouted at, she's one of the cleverest children I've ever met but her PSED is super low. She just can't manage her feelings	Phase A interview
sub-theme: emotion coaching	
…we gave him the opportunity to talk about returning and validate his feelings.	Phase A diary entry 1
I validated how she was feeling… "I can see you are feeling red. I am just standing with you and we are going to breathe together. "I can see your shoulders are all tight and your head is down. I bet it is quite confusing at the moment. I am here to help and we can go in when you're ready.	Phase A diary entry 2
We talked about it being ok to feel 'red' but we have to find a way to sort that feeling out without hurting anyone. Hurting people is not ok.	Phase A diary entry 4
PET C: EMPATHY IN RELATIONSHIPS WITH ADULTS	
Sub-theme: relationships with parents/ carers	
I once again validated her feelings and listened… I explained what her daughter needed. I showed mum strategies that she could try but not to ask for her child to explain anything while she is dysregulating.	Phase A diary entry 3
We decided on a positive behaviour management strategy and that her Mum would give her a warning 5 minutes before they have to leave in the morning	Phase A diary entry 4
…we built up a really good relationship with the family	Phase A interview
PET D: IMPACT OF EMPATHY ON SELF	
sub-theme: impact on own emotions	
…a lot of them are on my mind a lot of the time	Phase B interview

Table 5.7 PETs for Aadiya, Step Five of Smith, Flowers and Larkin's (2022) approach

5.2.7 Participant seven – Debbie

Debbie is an Early Years Educator and the deputy manager of an inner city day nursery. The nursery, at the time of this research, was part of a pilot project, trialling an emotion coaching approach. Debbie took part in Phase A of the research but sadly, her nursery was closed down in summer 2021, so she was not able to take part in Phase B. Table 5.8 details Debbie's responses from Phase A.

Table of Personal Experiential Themes (PETs) for Debbie (Step 5)	
THEMES (PETs) A-D **sub-themes** examples from data	
PET A. EMPATHY IN RELATIONSHIPS WITH ADULTS	
Sub-theme: relationships with parents/ carers	
Parent was late collecting child. I expressed that I knew how that feels and not to worry. Parent was grateful for this and expressed they were happy that I was understanding	Phase A diary entry 1
…it's not a very nice area and if you know you've got one dodgy family coming through the door it's like you're walking on egg shells all the time	Phase A interview
PET B: EMPATHY IN RELATIONSHIPS WITH CHILDREN	
sub-theme: emotion coaching	
I asked child A to come and have a chat. I asked if he knew how he felt when child B moved his Lego? Child A said "I did feel a little bit angry" I explained "I can imagine it made you feel a little bit angry, I think I might of felt a little bit angry too"… child was able to answer by giving options	Phase A diary entry 2
…emotional coaching has helped with regulating their behaviours and understanding and you know having less meltdowns from even our autistic children because we are giving them the tools to know that they can say no thank you	Phase A interview
…we'll only see the effects of transition this year on our children to see if they cope and regulate well with all of those changes that we've given them some tools to self regulate with	Phase A interview
sub-theme: attachment and transitions	
Child A comes into nursery and is upset. Mom explains that she is struggling with separation at the moment, as she has been very clingy at home	Phase A diary entry 3
…it's been so draining emotionally because the parents are constantly phoning and worrying and then you're like 'I hope we're pleasing the parents ' and the kids are really struggling and they're really upset and you think and you feel for them and you say Oh I know you're sad but it's okay mummy's coming back and it is really difficult	Phase A interview
PET C: EXPLORING AND DEFINING EMPATHY	
sub-theme: demonstrating empathy	
I express that she must be feeling so overwhelmed and upset, I imagine I'd feel the same if it was my dad…her occupied. I expressed that I totally understood where she was coming from and that I was on hand if needed.	Phase A diary entry 4
I can relate to those parents and some of these staff can't because they aren't parents so being a parent myself, I'm a little bit more relatable I think	Phase A interview
…dealing with a complaint, having to tell a parent that we've noticed some additional needs, or about safeguarding concerns … I do enjoy working with parents but I use my own experiences because my son is diagnosed with	Phase A interview

ADHD … I always say to parents look I do totally know where you're coming from I've been in your shoes	
…you can go on that emotional journey with them	Phase A interview
sub-theme: defining empathy	
I would define empathy as being able to relate to somebody and put yourself in … and try to imagine how they must be feeling	Phase A interview
sub-theme: developing empathy	
I personally think that it's more about your character and your personality… we've got some staff who are quite old school and you try to get them to be empathetic about situations and they're like 'ooh no you're just being ridiculous' … I think that maybe the older generation who haven't got it in their personalities would struggle to be taught it because they are set in their ways	Phase A interview
…so I do think it's more like a personality sort of thing and a character thing than a learned skill. But then I think we could teach our younger generation to be empathetic	Phase A interview
…the last year has been like a roller coaster for everyone and hopefully everybody's learned a bit of empathy from that last year and can relate to each other and hopefully will come out the other side better people	Phase A interview
PET D: IMPACT OF EMPATHY ON SELF	
sub-theme: impact on own emotions	
…it's getting worse I think and it's getting more emotionally taxing	Phase A interview
…all the time I'm constantly thinking about it especially safeguarding children … it's quite difficult to switch off … hopefully we're just doing what we have to do and hopefully people understand that but I don't know how I switch off	Phase A interview
I don't know how I switch off, I'm quite an emotional person I cry at everything and my husband says to me I don't know how you do what you do	Phase A interview
…we are very open we cry daily to each other over something	Phase A interview

Table 5.8 PETs for Debbie, Step Five of Smith, Flowers and Larkin's (2022) approach

5.2.8 Participant eight – Andrea

Andrea is an early years educator working in a rural day nursery in a deprived area of Southwest England. She is currently studying for a Foundation Degree in early years, and she works with children aged 2-3 years. Andrea took part in Phase A of the research but was too busy at work to be able to spare the time for phase B. Table 5.9 details Andrea's responses from Phase A.

Table of Personal Experiential Themes (PETs) for Andrea (Step 5)	
THEMES (PETs) A-C **sub-themes** examples from data	
PET A. EXPLORING AND DEFINING EMPATHY	
sub-theme: recognising emotions in others	
I do wonder if the child is experiencing empathy or if the child knows when they have a cuddle it makes them feel better.	Phase A diary entry 1
It appears the children are able to relate to how the bears are feeling by using their own feelings and experiences	Phase A diary entry 2

I feel the 2 year old is beginning to learn his actions can affect others.	Phase A diary entry 3
He appeared to understand being sad you need a tissue to wipe your tears away. He also questioned his own emotions towards the experience of the other child.	Phase A diary entry 4
sub-theme: defining empathy	
…empathy is when you can understand or relate to other people's emotions	Phase A interview
sub-theme: developing empathy	
I think you learn empathy because when you're a toddler you're very egocentric but from my experience when a child gets hurt, they can transfer what happened to them to how other people are feeling but I also think that there are some very young children that show an understanding of empathy whether they have that knowledge or not	Phase A interview
I think most people can unless there's a specific reason why you can't	Phase A interview
I think most people find empathy at challenge to be honest	Phase A interview
sub-theme: demonstrating empathy	
I'm considered as the soft one because I think that it's important to respond to the children's emotions. I think crying is quite a powerful communication, especially for non verbal children so they can only express themselves through crying or facial expressions. I would like to think that I show empathy, I really hope I do. The head always says that I'm the nurturing one so I'm going to assume that I'm quite empathetic	Phase A interview
…you can't do the job properly if you don't have empathy. You can't tell a child to stop crying because everything will be alright because you don't know why they're crying, you have to understand why they're crying	Phase A interview
…we help parents if they need funding for housing, so we have to pinpoint other agencies or we are a shoulder to cry on, so yes I think more than just looking after children we look after the whole family	Phase A interview
PET B: EMPATHY IN RELATIONSHIPS WITH CHILDREN	
sub-theme: emotion coaching	
If something happened like a child has snatched something we will try and explain why that's not OK, how that child is feeling and put an image or something that they would understand to it. so if a child's crying and they've clearly got an unhappy face that's what you look like when you're sad that's what other people look like when they're sad.	Phase A interview
sub-theme: attachment and transitions	
…you have to form a type of attachment with the children I know that sounds a really weird thing to say	Phase A interview
Some of the children came in as if they had not missed a day in their life and they just got on with it but other children struggled, and for three and four year olds they were using the word coronavirus and they were saying people are getting really ill	Phase A interview
PET C: IMPACT OF EMPATHY ON SELF	
sub-theme: impact on own emotions	
…we have supervision and we have optional counselling, it's with our SENCO so I don't think we'd be allowed in there everyday but if we need to chat we can go to her and we could probably go to our child protection officer as well yet she's probably quite busy they generally are aren't they?	Phase A interview

Table 5.9 PETs for Andrea, Step Five of Smith, Flowers and Larkin(2022) approach

5.2.9 Participant nine – George

George is the deputy manager of a rural private day nursery. He is currently studying for a Foundation Degree in Early Years. He was happy to take part in both phases of this research. Table 5.10 below details George's PETs.

Table of Personal Experiential Themes (PETs) for George (Step 5) THEMES (PETs) A-D sub-themes examples from data	
PET A. EXPLORING AND DEFINING EMPATHY	
sub-theme: demonstrating empathy	
At a young age my dad used to go away to sea. One child had to say goodbye to their parents as they went away with work, and this made them very upset. I spoke to the child about this happening to me when I was their age and this put the child at ease a little more and helped them settle.	Phase A diary entry 1
I spoke to the child about an operation I had and told them how I didn't want it but I let the doctors do it to make me better. After this the child calmed down and let me clean the wound. Using my experience supported the child in remaining calm.	Phase A diary entry 3
This made the child even more upset, so I gave them a cuddle and asked them what toys they wanted and they wanted cars, so I put the cars out and sat with them to calm them down.	Phase A diary entry 4
…hearing it from another child is good but hearing it from an adult they think oh wow it's not just me it's everyone who goes through this sort of stuff	Phase A interview
…because I suffer from mental health and anxiety issues, there are times that children are having a very sad day and I do empathise a bit more with them because I think they just need that extra bit more attention whereas no one else that suffers that sort of stuff at work	Phase A interview
sub-theme: defining empathy	
…understanding emotions of other people in a certain scenario, not trying to match the emotions yourself but trying to feel how they would feel and trying to understand the process behind it	Phase A interview
sub-theme: developing empathy	
I think it's a skill you can learn, I think you need to be introduced to opportunities so you can explore it to be able to understand it. Some people don't have a great sense of empathy but that could be because they haven't had a lot of scenarios where they can relate to things other people are going through or haven't been put in those situations themselves so I think it's something everyone has to a degree but it something you can develop over time through experience	Phase A interview
sub-theme: imagining how others feel	
…oh bless his little heart he hides his injuries to try and not let us see … he'll show me the other limb and say look it's absolutely fine and we can hear it in his voice and oh it really breaks my heart.	Phase A interview
…the one thing I can't relate to myself is the child aspect because I haven't got any children myself so I do my best to understand but I can't fully understand exactly where those emotions come from because I'm not a parent.	Phase A interview
I asked the child how they felt and I spoke about how I felt when my dog passed away a couple of years ago. Tapping into these memories brought sadness to	Phase B diary entry 3

me, but there was happiness as well as I thought of the good times with my dog and I helped the child feel better.	
…it made me think about when I become a parent and how I will feel these emotions as well when my children start school. So, I really feel that although I don't have children myself, I can still relate to the parents' feelings.	Phase B diary entry 4
I've had one little boy who bless his little heart was off for a few weeks … he comes back this week and starts school next week and bless his little heart he was an emotional train wreck this morning … I think that how much of a big deal people make about starting school I think that's what's making him so anxious	Phase B interview
…if I had gone through that sort of scenario myself I think I'd be able to relate more to the scenario the parents are going through … the fact that he is their first born and he's so nervous I don't think I can relate to that too much because I haven't got children myself	Phase B interview
I like to listen and get someone else's perspective and I like to have that reflection time to think right why are they saying this?	Phase B interview
PET B: EMPATHY IN RELATIONSHIPS WITH CHILDREN	
sub-theme: attachment and transitions	
I deal with every single one of them, every single tantrum, every single tear, every single nappy … quite a lot of the examples I could think of were the ones I deal with which are transitions, hand overs, just generally upset children	Phase A interview
PET C: EMPATHY IN RELATIONSHIPS WITH ADULTS	
sub-theme: relationships with parents/ carers	
…it can mean a lot to a parent … she's a single parent living with her parents, she wants to try and be independent but she can't, so for her with all that going on that phone call I gave her was important. OK my day is going to be OK because my child is fine. For some parents, when their child is their literal world, if they don't hear they're OK it can ruin everything for them	Phase A interview
…the worst thing I've seen is when a setting insisted a child is wrestled out of the parents' arms when they're both really upset I think that's awful	Phase A interview
sub-theme: relationships between staff	
…post COVID coming back to work and she found that very difficult… when she came back she was really upset, inconsolable so I took her outside and I said what is it that you're stressed about? … and I said you're not going to have to deal with things you don't feel comfortable with yet.	Phase A interview
PET D: IMPACT OF EMPATHY ON SELF	
sub-theme: impact on own emotions	
…when the parent arrived I said can you please phone me just to let me know how he's getting on and they didn't phone so for the whole weekend all I was thinking was I really hope he's OK I really hope he's OK and then on Monday when they came in I was like thank you for the phone call on Friday! I've been worried sick all weekend	Phase A interview
I can't remember the last time I had some time off where I didn't think about work at all	Phase A interview
I understand that the family are looking for reasons why their child won't settle so when they are around I am gentle to develop a relationship with them. However, when they aren't around my emotions differ to be sad and angry as I wonder why they blame me right from day 1.	Phase B diary entry 1
For whatever reason they were completely cutting me off and I know it probably wasn't personal but I couldn't help but take it personally	Phase B interview

sub-theme: job satisfaction	
…it's lovely the difference I make to some of the children especially if I'm out on the high street and they see me from over the road and they scream my name and there waving at me you know so obviously I've made some sort of impact on them	Phase A interview
This warmed my heart as not only is he now talking about his dad but he wants to see him again. It made the mum very happy to hear this when she picked up.	Phase B diary entry 2
…when I see them in the street or the parents contact me to babysit for them, they're showing off their early reading and their writing and it's so nice to see the impact that the early teaching has given them, first stride in their educational life. And then it sounds like well not selfish but like I'm tooting my own horn but it's nice to feel appreciated at the same time	Phase B interview
…if the parents came in for just an hour they'd be like wow you do so much more and that recognition really does make it feel just that little bit more worthwhile	Phase B interview

Table 5.10 PETs for George, Step Five of Smith, Flowers and Larkin's (2022) approach

5.3 Step Six: Continuing the individual analysis of other cases

As each new participant's data was interrogated at Step Six, there was a need to move each person's words into broad themes. Smith, Flowers and Larkin (2022) warn against duplicating ideas from one participant when working with the data of the next one. They say, 'it is important to treat the next case on its own terms, to do justice to its own individuality, to treat each case as a complete universe of inquiry' (p.99). This was a real challenge and something that needed to be reflected upon whilst working through this step. For example, when Mel described handling an argument between two children in her diary, her comment, 'I spoke to each child, validating their feelings and explaining how the other is feeling' was classified in the theme 'managing behaviour'. However, later, in Aadiya's diary, the entry 'we gave him the opportunity to talk about returning and validate his feelings' was classified in the theme 'emotion coaching'. The incidents the participants were describing were quite different but, on balance, it was decided to classify them both as 'emotion coaching'. There was a feeling of uncertainty, however, as emotion coaching is closely related to behaviour management but is not the same. Both participants had used the words 'validating feelings' so both were classified as 'emotion coaching'. Aadiya had used this term in her diary, but Mel had not. Therefore, the concern was that it was my assumption that Mel was in fact talking about emotion coaching. These dilemmas arose quite frequently during this step but by returning to the original transcriptions and continually reflecting on what participants said, I was able to accept that I had done my utmost to do justice to their meaning and appropriately classify.

5.4 Step Seven: Identifying Group Experiential Themes (GETs)

After organising all data collected into individual participants' PETs, the next step (Smith, Flowers and Larkin 2022) was to find connections and patterns across participants. The intention was not to find a

'group norm' (Smith, Flowers and Larkin 2022, p.100), but to acknowledge that I was investigating individual people's experiences and views. At Step Seven, the objective is to carry out a cross-case analysis and to highlight both personal and shared experiences for further examination. Table 5.11 (below) presents an overview of GETs across all participants.

5.5 Conclusion

In chapter five, data from all nine participants involved in the research have been presented. In following Smith, Flowers and Larkin's (2022) seven step process, steps one to four were completed in order to create tables for each participant in this chapter. Each table depicts Personal Experiential Themes (PETs) for each participant, organised into themes and sub-themes. These tables constitute Step Five; Step Six involved moving from case to case, culminating in Step Seven, Group Experiential Themes (GETs), shown in table 5.11. The Group Experiential Themes constitute a summary of data from all nine participants. These can now be examined and analysed alongside the literature from chapter two.

Step Seven: Group Experiential Themes (Smith *et al*, 2022)									
Group Experiential Themes & sub-themes	**Mel**	**Harriet**	**Jake**	**Joel**	**Cheryl**	**Aadiya**	**Debbie**	**Andrea**	**George**
Using empathy in our relationships with children	✓	✓	✓	✓	✓	✓	✓	✓	✓
-attachment & transitions are particularly challenging		✓		✓	✓		✓	✓	✓
-emotion coaching is used to teach children about emotion	✓	✓			✓	✓	✓	✓	
-managing behaviour requires empathising with the children			✓	✓					
-knowing individual children helps us to 'tune into' their emotions	✓		✓		✓	✓			
Exploring and defining empathy	✓	✓	✓	✓	✓	✓	✓	✓	✓
-we recognise emotion in others		✓	✓		✓	✓		✓	
-we show empathy towards others	✓	✓	✓			✓	✓	✓	✓
- we imagine how others feel	✓			✓	✓				✓
-we try to define what empathy is	✓	✓	✓	✓	✓	✓	✓	✓	✓
-our views on whether empathy skills can be developed	✓	✓	✓	✓	✓		✓	✓	✓
The impact of empathy on ourselves	✓	✓	✓	✓	✓	✓	✓	✓	✓
-our work impacts on our own emotions	✓	✓	✓	✓	✓	✓	✓	✓	✓
-we experience job satisfaction	✓		✓	✓	✓				✓
-tiredness			✓	✓					
Using empathy in our relationships with adults	✓		✓	✓		✓	✓		✓
-we demonstrate empathy with parents/ carers			✓	✓		✓	✓		✓
-we demonstrate empathy in our relationships with each other	✓		✓	✓		✓	✓		✓

Table 5.11: Group Experiential Themes (GETs) across all participants (Step 7)

Chapter 6: Discussion

6.1 Introduction

In this chapter, each of the four GETs (Group Experience Themes) and sub-themes will be discussed in relation to the literature previously reviewed. Chapter three outlined the process of employing Smith, Flowers and Larkin's (2022) seven step approach to data analysis. Steps one to five are illustrated in this chapter (see fig. 6.1, repeated below) and these steps describe how data obtained from each individual participant, from their reflective diaries and interview transcripts, was analysed.

In chapter five, the data analysis, data from Smith *et al*'s (2022) Step Five was organised into tables showing individual participants' Personal Experiential Themes (PETs) and sub-themes, with quotes from the data to illustrate each point. These steps are repeated for each of the participants, in order to understand each in its own right. Chapter five then explains Smith *et al*'s (2022) sixth step, which involves moving onto the next case and comparing terms across all participants. Chapter five concludes with an explanation of Step Seven, in which Group Experiential Themes (GETs) are identified; these are summarised in Fig.6.1 below.
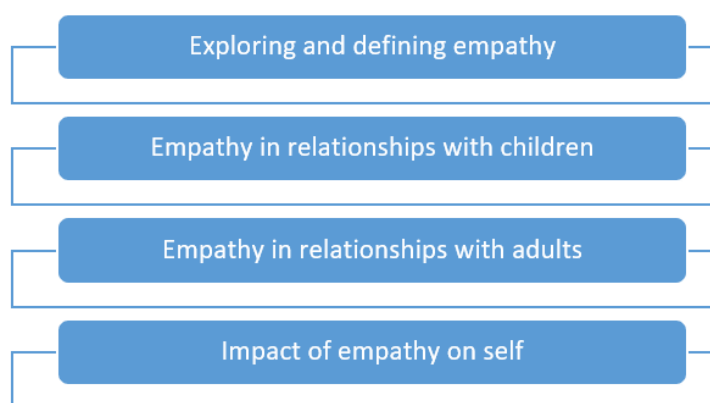
Figure 6.1: Group Experiential Themes (GETs)

The aim of this chapter is to compare primary findings (the Group Experience Themes: GETs) with the literature reviewed and to investigate connections and relationships between the existing literature and these findings. Direct quotes from participants are used to provide insight into individuals' lived experience and understanding. Pietkiewicz and Smith (2014) endorse using participants' own words to illustrate themes in order to 'enable the reader to assess the pertinence of the interpretations, and to retain the voice of the participants' personal experience' (p.13). Quotes from participants will be indented throughout the chapter for ease of identification.

Figure 6.2 Smith, Flowers and Larkin (2022) steps one to five used in phases A and B
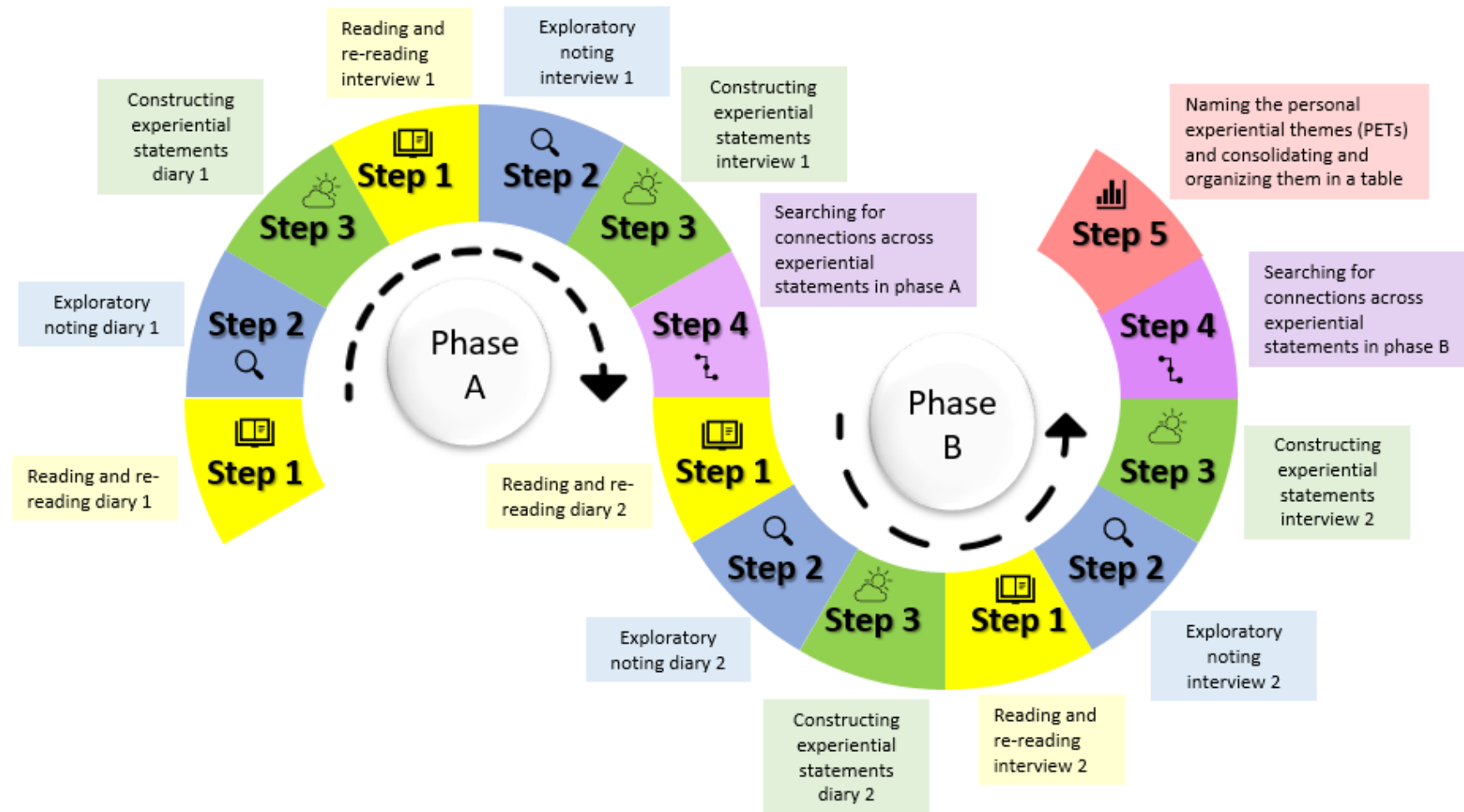
6.2 Exploring and defining empathy (GET Theme 1)

Reflective diary instructions in both phases asked participants to reflect on examples of empathy within their practice. As the literature highlighted confusion around definitions of empathy (Hoffman, 2000), participants were asked in the first interview for their own definition of empathy. Interrogation of the data from diaries and interview transcripts identified the following sub-themes relating to their thinking around definitions of empathy. The data indicated that participants:

- could define what empathy means to them,
- were able to recognise the emotions of others,
- gave examples of different types of empathy, and
- had views on whether empathy was an innate quality, or a skill that could be developed.

Each of these four sub-themes is now discussed in relation to the literature, with examples from participants' responses to illustrate the debate.

6.2.1. Defining empathy

Although there are examples of empathy throughout the data, it is interesting to examine how participants describe it when asked the question explicitly. The range of definitions supports the idea from Hall, Schwartz and Duong (2021) that empathy is very difficult to define because there are so many ways of understanding it. One participant expressed this difficulty:

> To be fair, when I was talking to others about it, it's a hard thing to describe (Mel, Phase A interview).

For those participating in this study, empathy is understood in a variety of ways. A range of views taken from data from all nine participants is presented in fig.6.3 (next page), which demonstrates a myriad of ways of describing it. Both Joel and Jake gave definitions of empathy which involved some cognitive effort,

> …trying to understand their viewpoint (Joel, Phase A interview),

> …thinking about how people feel (Jake, Phase A interview).

In their use of the terms 'trying to understand' and 'thinking about', they inferred the use of mental processes to try to understand how someone else is feeling. Spaulding (2017, cited in Maibom, 2017) describes empathy as imagining what we would think, feel and do if we were the other person; this appears to be what is happening for Joel and Jake. The definition by Spaulding is one that relates to cognitive empathy.

Figure 6.3: Defining empathy

Other participants defined empathy as a sharing of the feelings of others, the idea being that empathising with another person means that one also feels the emotion of the other person, as if emotion is contracted from others, as in these definitions by Debbie and Cheryl,

...it's going through it with them (Debbie, Phase A interview),

...feeling the way they're feeling (Cheryl, Phase A interview).

These examples of empathy correspond with definitions of affective empathy in the literature. Bernhardt and Singer (2012), for example, see empathy as an emotional contagion, one which is picked up by another person who then feels the emotion themself. Further examples of both cognitive and affective empathy from all nine participants are examined further in 6.2.3.

6.2.2. Recognising emotion in others

There is ample evidence in the data, from all participants, of their ability to recognise emotion in others; in the children they work with and in their interactions with colleagues and families. Rogers' (1980) description of empathy as 'the sensitive ability and willingness to understand the client's thoughts, feelings and struggles' (p.85) seems to be widespread within the practice of these participants, who demonstrate a variety of skills to strive to understand the emotions of others.

Body language/ voice

In their diaries and interviews, practitioners reflected on the way they interpreted children's body language or voice tone. Harriet, for example, has noticed that some of the children she cares for exhibit particular behaviours if they are feeling a certain way. She says,

They do certain things, you know... like one child will go towards teddy and then I know that they're scared (Harriet, Phase A interview).

Harriet knows this child well enough to understand what the child is feeling when exhibiting a certain behaviour. This example demonstrates both Harriet's knowledge of the individual child and her ability to tune into the child's emotions by reading behaviour clues. She may be using advanced empathy (Egan, 2013), or using intuition based on her knowledge of the child (Claxton, 2003) to pre-empt the child's behaviour. Similarly, Aadiya describes a child coming into preschool in the morning. She says,

...he'd just stand with his face against the wall because he just wanted it to swallow him up (Aadiya, Phase A interview).

Here, Aadiya is not only reading the child's emotional state; she is also interpreting what the behaviour means. The child, between four and five years old, is standing with his face against the wall, but he is not capable of explaining that he wants the wall to swallow him up, this is Aadiya's interpretation of what he is feeling, based on her relationship with the child. Campbell-Barr, Georgeson and Nagy-Varga

(2015) describe early childhood practitioners' emotional investment in the children with whom they work. They describe an emotional relationship which allows the practitioner to interpret the child's behaviour. Aadiya has seemingly built an emotional relationship with the child which enables her to interpret this behaviour. There are many descriptions in the data of practitioners recognising changes in behaviour based on their knowledge of a child. In this example, Jake describes a child displaying behaviour that is not, in itself, unusual behaviour, but which is unusual for her.

> Today I noticed F (one of the girls) had taken herself off to the mud area to sit in the trees by herself (Jake Phase B diary, p.3).

This does not appear to be a concern in itself, but the diary entry resumes with Jake continuing to observe the child. Children do not always show what we typically recognise as the outward demonstration of distress; sometimes, a change in a child's behaviour or play can be a sign that all is not well. In this example, Jake says,

> ...she had never done this before, and whilst she was not visibly crying or upset this looked like a response to something (Jake, Phase B diary, p.3).

This observation, knowledge of the child's usual behaviour, and his interpretation of her current behaviour allows Jake to interpret the child's emotional state so that he can intervene if necessary. The interaction demonstrates both recognition of ambiguous signs of emotion: which again could be understood as intuition (Claxton, 2003) or advanced empathy (Egan, 2013) alongside understanding of the particular child. These two concepts could be the same, or two interpretations of a behaviour. This is discussed further in 7.3.

Voice tone can be another indicator of emotion, one which is picked up by George who is describing a child who has fallen; George explained in the interview that this child has a fear of being given first aid. George reports,

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

Hoffman (2000) sees tone of voice as an 'expressive cue' (p.90) that can convey strong emotion. George can 'hear' the distress in the child's voice and is clearly emotionally affected by the distress in the voice of this child. Egan (2013) describes the picking up of feelings recognised from body language or voice tone as an advanced form of empathy, the ability to sense what is being felt by others, a sophisticated form of relationship building. Claxton (2003) might interpret the understanding of non-verbal clues as intuition based on knowledge. Whichever view one subscribes to, paying attention to and being able to understand non-verbal communication is widely regarded as one of the most

important 'soft' skills for anyone working with people (Lavender, 2004) and it is a crucial component in empathising with children (Svinth, 2018).

Many of the responses describe knowing how other people are feeling, without tacit knowledge (knowledge gained through experience) of how this happens. Mel gave examples of this in both of her interviews,

> I quite often know how other people are feeling, or if somebody's quieter than usual, I pick up on that really quickly, I'm always talking to people and saying, 'are you ok? you seem a bit quiet, is there something wrong? (Mel, Phase A interview).

Then, in her second interview, there is a similar observation,

> If a member of staff walks in the room you can kind of tell and if they're having a bad day or if they look particularly stressed you can say 'are you alright?' and try and talk to them and see what the problem is… (Mel, Phase B interview).

In these examples, Mel appears to be able to sense how others are feeling without knowing how she is doing this, and she responds to this sense by engaging with people to see how they are feeling and offering support. This 'knowing' is akin to Claxton's (2003) description of intuition. Claxton (2003) would interpret this as Mel 'using her experience with, and knowledge of, the other person to unconsciously identify changes in their behaviour' (p.33). Claxton's view is that people use the expertise they have accumulated and that they use this unconsciously, along with the ability to make accurate judgements and decisions without having to explain or justify them. In the examples above, Mel is making accurate judgements based on the knowledge she has about her colleagues, and she makes subconscious decisions about how to respond. Page and Elfer (2013), in their work on emotional interactions between staff and children in a nursery, examine this intuitive approach by practitioners. They also suggest that unconscious 'ways of knowing' originate from implicit learning and sensitivity. The findings of this study appear to support this theory. In Mel's interview responses, she does not describe noticing non-verbal cues, but she does discuss having a 'sense' of what the other person is feeling. The difficulty here is in deciding whether Mel (and other practitioners) are using intuition based on their knowledge of the other person, or whether they are using advanced empathy (Egan, 2013) by sensing what the person is feeling. A possibility is that intuition and advanced empathy are two terms for the same thing or that the two can co-exist in an action (knowing alongside sensing through behaviours).

Ottens, Shank and Long (1995), researchers in counselling and counsellor education, have written about advanced empathy and its application in counselling practice. They suggest that advanced empathy is based on implicit understanding, suggesting that the ability to do this effectively is based

on personal experience, concurring with Claxton's (2003) view. The example in this study of Mel 'picking up on' non-verbal signals suggests that she is using her personal experience of working with the other person and so is able to develop a view about how the person is feeling. This example appears to support both Ottens, Shank and Long's (1995) 'advanced empathy' and Claxton's 'intuition', indicating that they may be two categorisations of the same skill.

Anticipating emotion

Being able to tune into others and sense what they are feeling enables practitioners to foresee imminent reactions or behaviour. This is a useful skill to have when caring for children. Harriet gives this example,

> The child knows when I'm about to leave the room, so I know they're going to be emotional (Harriet, Phase A interview).

To be able to make this statement, Harriet must have an awareness of the way the child is feeling and consequently how the child is likely to react when she leaves the room. This knowledge, whether resulting from intuition or advanced empathy, enables practitioners to plan and prepare. In Harriet's example above, she tries to distract the child with a toy before leaving the room, and she explained in an interview that she tries to arrange her working day so that she does not have to leave the child for longer than absolutely necessary. The anticipation of another person's emotional reaction is a skill shown repeatedly within the diary and interview transcripts of this study. Being able to assess how someone else is feeling is a precursor to empathy and is often superseded by compassion (Maibom, 2017).

6.2.3. Types of empathy

Two central types of empathy arose from the literature, and both types were identifiable in the data; cognitive and affective empathy. In this section, examples of each type of empathy are discussed with examples from the research data. Multi-dimensional empathy, as a synthesis of the two types, will also be considered.

Cognitive Empathy

Cognitive empathy is the ability to understand someone else's state of mind from their perspective (Coplan, 2011). This type of empathy involves thinking rationally about the situation and trying to imagine how the other person is feeling, putting yourself in the other person's shoes (Manassis, 2017); this was evident in Joel's and Jake's definitions of empathy (6.2.1), shared earlier in this chapter. In these examples, it was clear that thinking was a part of their experience of empathy. Another skill used in cognitive empathy is imagination, which Yarrow (2015) claims is fundamental to the

experience of empathy. Debbie's use of the word *imagine* in some of her responses demonstrates this,

> I imagine I'd feel the same if it was my Dad (Debbie, Phase A diary, p.2).

> I think empathy is being able to relate to somebody, and to try and imagine how they must be feeling (Debbie, Phase A interview).

Imagining how someone must be feeling requires some cognitive effort. There are two types of cognitive empathy described in the literature ('theory theory' and 'simulation theory' see 2.2.3); the examples from Debbie's responses appear to describe 'simulation theory' (Morton, 2017), in which a person imagines how they would feel if they were the other person. Debbie does, in fact, voice this to the parents of the children she works with, pointing out to them that she can empathise because she is able to imagine what things are like for them, having been through a similar situation herself,

> I always say to parents 'look I do totally know where you're coming from, I've been in your shoes' (Debbie, Phase A interview).

Debbie's choice of words echoes Manassis' (2017, p.9) analogy of 'putting oneself in another's shoes' in her description of cognitive empathy. Several diary and interview reflections indicated this capability and demonstrate the creation of ideas about how other people are feeling. Some examples indicate that cognitive empathy is not always an instant understanding, that assessing and judging someone's emotion cognitively can take some time, as was seen with the use of reflective diaries. Here, George describes how he reflects back on an event,

> I like to listen and get someone else's perspective and I like to have that reflection time to think 'right, why are they saying this?' (George, Phase B interview).

Again, this describes a conscious cognitive effort to understand. The diary reflections proved to be an effective instrument in which to reflect on events and to consider possible interpretation of others' perspectives afterwards. Reflection appears to support cognitive empathy, which reinforces the view of Lynch, Newlands and Forrester (2021) whose study identified higher levels of empathy in workers who engaged in regular reflective practice. McNaughton's (2016) research also recognised the value of reflective practice in developing empathy in nursing students. Elfer's (2012) recommendation for reflective conversations within early childhood settings, therefore, has the potential to increase empathy, as well as managing the impact of empathic interactions. The impact of empathy on practitioners is discussed in section 6.2.6. In George's comment above, he claims to need time to reflect in order to think cognitively about others' perspectives. Another example of thinking things through after an interaction is found in Cheryl's diary, when she says,

I think about how confusing the world can be to them when they can't understand certain things they are being told, or how to convey their emotions and feelings (Cheryl, Phase A diary, p.4).

Cheryl is attempting to put herself in the child's position and to try and understand how the child must be feeling, supporting Spaulding's (2017) view that 'we infer from another person's behavior what his or her mental states probably are' (p.14). Mel also demonstrates this endeavour to understand a child when she says,

I empathise with the child thinking she must be tired and missing her parents after being at nursery since 7.30am (Mel, Phase A diary, p.2).

Mel is using cognitive processing to comprehend the child's situation and likely feelings. Cognitive processing is a term coined by Gerdes and Segal (2009) and describes the processing of information gained through empathy. Greenberg *et al* (2018, p.2) call this 'mentalising', which they use as a synonym for cognitive empathy, the ability to understand the mental states of others. Much of the literature around cognitive empathy supports the idea that one can understand another person's feelings cognitively (see for example Decety and Yoder, 2016; Manassis, 2017). Yet, there is also literature which describes cognitive empathy as 'effortful' and questions whether it is really possible to understand how someone else is feeling (Cameron *et al*, 2019). Harriet describes 'trying to understand' here, the word 'trying' suggesting some effort,

You've got to try and understand the background of why it's happened and find out why they're feeling that way (Harriet, Phase A interview).

'Trying' in this sentence signifies a process of thinking which necessitates conscious thought. There are many examples in the data of participants using the word 'trying' when they talk about empathy:

…trying to come at things the way the child does (Cheryl, Phase B diary, p.1),

…trying to think how you would feel if you were them (Cheryl, Phase B diary, p.2),

…trying to understand their viewpoint … their problems (Joel, Phase A diary, p.4),

…trying to understand how the parent may feel (Joel, Phase B diary, p.2),

…thinking about your own experiences and trying to understand theirs (Jake, Phase B interview).

Greenberg *et al*'s (2018, p.2) idea that cognitive empathy is akin to 'theory of mind' adds to the suggestion that it is a process of thinking and interpreting a person's emotion, in order to take appropriate action. Gerdes and Segal (2009) argue that the cognitive processing involved in trying to understand someone else's feelings is necessary in order to ascertain appropriate action to take. In this excerpt, Joel (a nursery manager) has to go through the process of trying to understand his team's

or parents' feelings in order to then take action to help. In his diary, he describes cognitive effort when employing empathy with his staff,

> I spend the large part of each day thinking about how the team members feel – what motivates and demotivates, their strengths and interests – how they might act in different scenarios (Joel, Phase A interview).

Joel also refers to empathy as being something he can choose to do,

> …a conscious choice… anybody could say 'I don't really want to think how you might be feeling' or 'I don't want to see your point of view'…you've got to be open to it really (Joel, Phase A interview).

This suggests that he can choose not to make the effort to empathise, and that other people may not be 'open to' empathy. A possible reason for this could be that because empathy requires effort, it is difficult. Andrea expresses this in her comment,

> I think most people find empathy a challenge to be honest (Andrea, Phase A interview).

Joel conveys a similar view,

> I think it's like a conscious choice because anybody could say 'oh, I don't really want to think how you might be feeling or I don't want to see your point of view' (Joel, Phase A interview).

This suggests that at times he may not want to empathise. This could possibly be due to the emotional effect of empathy, possibly even a symptom of 'compassion fatigue', which is discussed later in section 6.6. The type of empathy that Andrea and Joel are describing above is cognitive empathy, since this takes effort. A study by Cameron *et al* (2019) described empathy as difficult and 'effortful'. There is a suggestion in the literature that there is a contrast between cognitive empathy requiring conscious effort, and affective empathy being innate and automatic (Iacoboni, 2009).

Affective Empathy

Affective empathy, sometimes referred to as emotional empathy (Morse *et al*, 1991), is an emotional response to another person's emotion, rather than a cognitive response (Hoffman, 2000). It describes feeling the emotion with the other person, as in Maibom's (2017) example in 2.2.3. She explains how, when someone else's cat is run over, we feel sadness that is more appropriate to someone who has lost a pet, rather than someone hearing a story. Cheryl's example below of a child missing her mother is an example of affective empathy. Cheryl describes her own feeling of distress, which she portrays as having someone 'pull on her heartstrings',

> …when they say oh, I miss my mom, and you just feel it … and it does, it pulls on your heartstrings (Cheryl, Phase A interview).

George gives another example, expressing that it 'breaks his heart' when a child is hurt and upset,

> …oh, bless his little heart he hides his injuries to try and not let us see … he'll show me the other limb and say look it's absolutely fine and we can hear it in his voice and oh it really breaks my heart (George, Phase A interview).

In both examples, participants use the word 'heart', and they describe feeling the emotion themselves, which these examples from participants also illustrate,

> …it's like you're going through that experience with them (Harriet, Phase A interview),

> …going through it with them (Debbie, Phase A interview),

> …feeling the way they're feeling (Cheryl, Phase B diary, p.2).

The affective empathy that George describes above challenges the view of Baez *et al* (2017), that empathy is more important in women's identities than men's and Richards (2013) view that emotion and sensitivity are seen as female attributes. Jake is also aware of his own emotional state when others are experiencing strong emotion, but he reports this as a negative trait,

> Unfortunately, I'm terrible when people cry because that always makes me cry… If I see somebody crying, I think 'oh no I'm going to cry now' (Jake, Phase B interview).

The fact that Jake uses the words 'I'm terrible' and 'oh no' possibly suggests that he sees crying as a negative or unprofessional trait. He may be reluctant, culturally, for others to see his emotional reaction, as this is often viewed as a feminine trait (Richards, 2013). He describes feeling like he is going to cry himself, when seeing someone else cry, an example of what neuroscientists understand as 'emotional contagion' (Bernhardt and Singer, 2012), the idea that one can 'catch' emotion from another person. If one feels the emotion of another person (Gallese *et al*, 1996), and becomes upset themselves, then managing this personal distress can be a challenge. A literature review of research within the nursing profession by Morse *et al* (1991) implies that nurses often attempt to protect themselves from emotional interactions in order to remain professional. In the article, the authors suggest that nurses avoid such emotionally empathic communication. The question of whether empathy can be avoided is discussed in 6.7.1. In Jake's comment above, however, he is not suggesting avoiding the empathic interaction, he is merely reflecting on how he experiences the emotion himself.

At the end of her final interview, I asked Mel what she thought of the ideas of cognitive and affective empathy. Mel had often asked me what I was writing about in my study, and she was always interested in learning more. I explained the two types of empathy, describing first cognitive empathy, then affective empathy and she replied,

> I think that's me; I think I'm the second type. I think I pick it up from body language and facial expressions (Mel, Phase B interview).

The 'picking up' of feelings from others' non-verbal communication, as in this example from Mel, may demonstrate the effect of mirror neurons (Conkbayir, 2021). Alternatively, it could be an example of 'advanced empathy' (Egan, 2013). I then asked Mel if she consciously thinks to herself 'I wonder what it feels like to be that child?', if she consciously tries to imagine that, and her response was,

> No, not at all…I think it is an automatic thing for me… I pick up on people's emotions a lot of the time (Mel, Phase B interview).

Mel's empathic interactions appear to be innate (Iacoboni, 2009), rather than cognitive and effortful, signifying affective empathy. As in Jake's response above, when he describes being aware of becoming upset himself when someone cries, affective empathy seems to be an instinctive process (Belzung, 2014). Some people consider themselves to be naturally empathic, as this example from Cheryl denotes:

> I personally feel that I am quite empathetic. I think I feel like it's my personality, I'm very sensitive (Cheryl, Phase A diary, p.5).

This sensitivity aligns with Rogers (1980), who described empathy as the 'sensitive ability and willingness to understand the client's thoughts, feelings and struggles from the client's point of view' (p.85). Cheryl sees herself as sensitive and able to understand the children's feelings. The debate about whether a person can be naturally empathic is discussed further in 6.2.4.

Multi-dimensional empathy

A third type of empathy described in the literature, multi-dimensional empathy, combines cognitive and affective empathy. Eisenberg (1991) explains it as an emotional effect, followed by cognitive activity. There are examples of multi-dimensional empathy in the findings, too. These tended to be in the longer descriptions of practice, such as this example here from George:

> I asked the child how they felt, and I spoke about how I felt when my dog passed away a couple of years ago. Tapping into these memories brought sadness to me, but there was happiness as well as I thought of the good times with my dog and talking about these helped the child feel better (George Phase B diary, p.3).

In this example, George shares the child's feelings of grief and feels sad himself, but this is followed by a cognitive decision to use this memory to talk about his positive memories of the dog to help the child feel better. This example from George links an emotional reaction and cognitive processing and is the type of empathy that Eisenberg (1991) describes as multi-dimensional. Another example, from Cheryl, similarly illustrates an emotional response, followed by action. In this example, Cheryl is working with a child who has been upset about not being able to see his grandparents anymore, following a family argument,

After he told me he could not go to his Nan and Grandad's anymore I felt sad for him as it was clearly having a big impact on his emotions and well-being (Cheryl, Phase B diary, p.1).

Cheryl talked more about her own emotional response to this in the subsequent interview (see 4.2.5). She talked about her own close family relationships and how she felt upset about the idea of a child being separated from his grandparents. Following this emotional response, Cheryl took action by consulting with her manager, who then discussed the situation with the child's parents. Cheryl then took further action by planning an activity with the child to help him manage his own emotions,

We then spent some one-to-one time doing activities based around emotions (Cheryl, Phase B diary, p.1).

Gerdes and Segal (2009) suggest that one cannot truly be empathetic if there is no action in response to affective empathy. In their research with social workers, they explain that emotional (affective) empathy alone causes distress, but taking action can ease the empathiser's discomfort. Cheryl's comments following this appear to show her feeling more comfortable, especially later when the child's parents settled their family argument for the sake of the child,

I felt that I did the right thing by consulting my manager …. I felt relieved that it had all been resolved (Cheryl, Phase B diary, p.1).

Morse et al (1991) describe multi-dimensional empathy as being the most helpful within a professional relationship. In fact, Eisenberg (1991) argues that affective and cognitive empathy always go together. In this research, all of the examples of affective empathy were followed up with an action, which supports Eisenberg et al's (1991) definition of multi-dimensional empathy: affective empathy followed by an action. As seen before (see 2.5.5), affective empathy affects people in two ways, people can either take action or they can become distressed (Singer and Klimecki, 2014) but in this study, even the participants who became distressed were able to think about it (cognitive activity) and then take action. Gerdes and Segal's (2009) model of multi-dimensional empathy comprises three stages: affective matching, cognitive processing and conscious decision making (see 2.2.6). Examples from this research support this view, as can be seen in table 6.1 (below).

	affective matching	cognitive processing	conscious decision making
Cheryl, Phase B interview	I think it was just how upset he was… it was upsetting just watching him, the change in his emotions… seeing how upset he was made me quite emotional	After he told me… I felt sad for him as it was clearly having a big impact on his emotions and well-being	We then spent some one-to-one time doing activities based around emotions
Mel,	I felt frustrated because the child wouldn't settle	The only thing that settles the child is being held,	Comforters help, or distraction, trying to get

Phase A diary p2	and upset when his crying upset the other children	which isn't possible with a 1:3 ratio, so we have to try other things	the child interested in something else
	affective matching	**cognitive processing**	**conscious decision making**
Debbie, Phase A interview	there's been a couple of new children and it's been so draining emotionally… the kids are really struggling and really upset and you think and you feel for them and it is really difficult	Hopefully the emotion coaching will help. We'll see this year on our children to see if they cope and regulate well with all those changes. We've given them some tools to self-regulate with hopefully	You just have to say "oh I know you're sad but it's okay mummy's coming back" emotional coaching has helped with regulating their behaviours and understanding

Table 6.1: Responses mapped to Gerdes and Segal's (2009) model of multi-dimensional empathy

The act of making a decision and taking action may be useful in helping practitioners cope with the emotion of the child. Taking action to make a difference makes practitioners feel better. In this example by Mel, she is struggling because she is looking after three babies, one of whom was upset and wanted to be held. Mel did not have another member of staff with her to care for the other babies, so was unable to take action and hold the baby,

> I was just getting really frustrated because personally there was nothing I could do (Mel, Phase B interview).

The frustration that Mel feels, due to her powerlessness in the situation, is what Hoffman (2000) calls 'egocentric empathic distress' (p.99). Hoffman's view is that taking action and helping to alleviate the pain of others also relieves our own distress. In this case, if Hoffman is correct, if Mel had been able to hold the baby and alleviate his distress, her own emotional state would have been improved. Taggart (2016) defines compassion as the desire to alleviate suffering, which he claims is empathy through action; if practitioners are unable to do this, it results in their own distress. Colley's (2006) assertion that it is the lack of power that causes practitioners to feel emotionally drained matches Mel's example above. A lack of power and control (Tebben *et al*, 2021) and a lack of trust in one's professional competence (Basford, 2019) are threats to practitioner wellbeing.

6.2.4. Developing empathy skills

Empathy as an innate ability
For some of the participants, empathy was understood to be part of their personality, a personal attribute that people choosing to work with children have,

> I don't think you can learn it. I think the sort of people that go into childcare have high levels of empathy because they then want to work with children and obviously want to put their needs first… it's a caring job, so I think empathy feeds into that. The same as people who work

in care with elderly people, they probably have the same sort of personality (Mel, Phase A interview).

This echoes the view of Atkinson and Claxton (2000) who write about those entering vocational professions doing so because of the sort of person they believe themselves to be, 'the sort of person who cares and wants to make a difference' (p.21). Debbie and Cheryl agree with this concept,

I personally think that it's more about your character and your personality (Debbie, Phase A interview),

…as a practitioner you kind of need that in your personality (Cheryl, Phase B interview).

These participants discuss empathy as a part of who they are as people, and they believe that they have chosen to work in childcare because they are empathetic people. In the debate about how empathy develops, it seems possible that some people are genetically predisposed to affective empathy (Manassis, 2017), but there is also evidence (see for example, Knafo & Uzefovsky, 2013; Lakeman, 2020) pointing to the influences of early attachments and later experiences on our ability to feel and show empathy. Lakeman (2020) suggests that although the majority of people have the ability to feel empathy, environmental and medical factors will affect the ability to develop the skill. Harriet's response to the question in her interview of whether empathy is innate or can be developed is interesting. She says,

…not many people are like that so if they aren't, if they can't understand your sensitive personality…they obviously can learn emotional coaching and then through that they do learn to be more sensitive, to feel, and they do learn that empathy (Harriet, Phase A interview).

Harriet appears to believe that her sensitivity is closely related to empathy, and she uses the words '*sensitive*' and '*feel*' when describing the development of empathy. Harriet shares the view that colleagues who are less empathic cannot understand her sensitivity. Irving and Dickson's (2004) research with nurses also suggests that empathy is closely related to sensitivity; they assert that empathy results in the demonstration of increased sensitivity toward patients. Harriet's idea of a sensitive, empathic practitioner seems very similar to Colley's (2006) description of the caring, warm, loving person, the 'nice girl' (sic.) (p.18) who is the ideal Early Childhood Practitioner. Mel's comment above about people who choose caring professions being empathic, caring, and wanting to put others' needs first also endorses Colley's (2006) criticism of the depiction 'the perfectly sensitive and gentle nursery nurse' (p.25). Colley's (2006) condemnation of the choice of words when she writes about the 'nice girl' (p.24) feel rather uncomfortable and patronising, belittling the professional qualities of the role. Colley (2006) discusses the dated idea of working class girls presenting an appearance of being 'a nice girl' to appear respectable to their middle class employers, re-structuring their behaviours in a demonstration of emotional labour (Hochschild, 2012). The unease felt by me personally when

considering the labelling of practitioners as 'nice girls' is one of the 'whispering ghosts' referred to be Goldspink and Engward (2019).

There is evidence, explained by Knafo and Uzefovsky, (2013) to support the theory that there is a genetic influence on the development of empathy. However, there is more evidence to support the view that the majority of people have the ability to show empathy, although this ability may not be well developed in some people (Lakeman, 2020). Lakeman's research is situated in the management of people with mental health difficulties. He suggests that everyone has the capability to empathise, as everyone has mirror neurones, but not everyone is able to communicate empathetically. In Harriet's comment, she says that practitioners who have little empathy should *learn* to develop empathy skills in order to develop sensitivity and feeling. This may challenge Lakeman's theory that everyone has empathy, or it may suggest that there are some people who are not able to communicate empathy. Baron-Cohen (2003) believes that some people are natural empathisers, they perceive the emotions of others and effortlessly spend much of their time thinking about how others are feeling, which both influences their behaviour and enhances their social skills. Baron-Cohen (2003) says, 'you are not empathizing …in order to appear appropriate, or as an intellectual exercise. You are doing it because you can't help doing it' (p.24). This adds to the view that empathy, for some, is innate.

Developing empathy through experience

Broomhead's (2013) research with teachers, which looked at ways that teachers show empathy to the parents of children with Special Educational Needs and Disability (SEND) boldly states in its title, 'you cannot learn this from a book' (p.173). In the research, parents of children with SEND were asked how empathic they thought their child's teacher was. Most of the parents in the study said that teachers could not empathise unless they had a child with SEND themselves. The view that empathy is developed through experience and that one needs to have gone through the same experience as someone to be able to empathise with them was also expressed by some of the participants in this study. George explains his view,

> I think you need to be introduced to opportunities so you can explore it to be able to understand it. Some people don't have a great sense of empathy but that could be because they haven't had a lot of scenarios where they can relate to things other people are going through (George, Phase A interview).

Many of George's diary reflections indicate this view. As well as empathising with the child whose dog dies, he also empathises with a child who is missing an absent parent by remembering his own military father going away regularly. Jake also does this when he describes talking to a parent about miscarriage, something Jake and his wife had experienced in the past. Jake says,

> There's some things you kind of experience and you kind of live through them and it helps you understand it... because of what we'd been through I could really understand, and we could help them as best we could (Jake, Phase B diary, p.2).

I asked Jake in the second interview if he thought people needed to have experienced things to be able to empathise with someone, and he replied,

> Yes, it helps; I do think it helps. I know it shouldn't but I'm also starting to think that it helps to do the job that we do if you've had children yourself (Jake, Phase B interview).

Yarrow's (2015) research with childcare educators in Australia concurs, describing how the experiences practitioners go through shape their attitudes to the children they work with. This use of personal experience to understand the child's reality is one expounded by Neukrug *et al*, (2013), who maintain that one can experience empathy by applying one's own personal experience to understand another person; however, Neukrug *et al* also state that intuition and imagination are used alongside this personal experience. In contrast, Nussbaum's (2001, p.302) definition of empathy as the 'imaginative reconstruction of another person's experience' seems to suggest that one does not need to have had the experience oneself, that it is possible to imagine how another person feels even if you have not been through a similar experience yourself.

Participant Debbie talked about practitioners *learning a bit of empathy* through the experiences of the Covid-19 pandemic,

> The last year has been like a roller coaster for everyone and hopefully everybody's learned a bit of empathy from that last year (Debbie, Phase A interview).

This suggests that Debbie also thinks that empathy can be developed through adverse experience. Eadie *et al*'s (2021) discussion on the effects of the Covid-19 pandemic on early childhood practitioners highlights a negative impact on their own health, but an enduring positive relationship with the children they cared for, suggesting that empathic relationships had improved, but at the detriment of the practitioners' own emotional/ mental health. This could be due to empathic distress, the feelings of others triggering distress in the empathiser (Hoffman, 2000). The report by Nelinger *et al* (2021) on the emotional impact of early childhood work during the Covid-19 pandemic (see 2.5.5) echoes Debbie's response about its influence on the profession.

Learning empathy as a skill

In Harriet's response above, where she explains that she is a naturally empathic person, she also says that people who do not have this attribute can develop it, and she suggests this can happen through emotion coaching. It is not clear from Harriet's responses, however, how this development might be

achieved. Other participants agreed that empathy is a skill that practitioners can learn and develop. Cheryl suggests,

> …some kind of training … more should be taught about it at college (Cheryl, Phase B interview).

Research evidence from the field of education suggests that teaching empathy is possible. Su (2014) explores the concept of 'becoming' empathic and suggests that, in a higher education environment, person-centred pedagogies can support the development of personal graduate attributes, including empathy. MacNaughton (2016) agrees that fostering this ability within an education environment can increase empathy, which she suggests can be achieved by activities which increase self-awareness. There is scant research evidence on developing empathy skills in the training of early childhood students. One paper (Solvason, Hodgkins and Watson, 2021) explores the importance of preparing students for the emotion work of early childhood practice and makes suggestions for making explicit the emotional demands of the work, and of advanced empathy, in early childhood practice. It is only by making this visible that we can stress the importance of empathy skills in education and training.

Research by Cunico *et al* (2012) recommends explicit empathy training for nursing students, as their results indicate that such training increased students' empathy levels. In the Cunico study, empathy was seen as important enough to be included as an essential aspect of nurses' training. To be able to ascertain when such training works, though, may require a measurement of empathy. The Balanced Emotional Empathy Scale (BEES) (Mehrabian, 1996) was used in the Cunico study but has not been used here, as it is a quantitative measure; the phenomenological position of this study is that empathy itself is subjective and cannot be measured quantitatively (see section 2.3).

Another view emerging from this research is that individuals have a degree of empathy naturally, but that this can be developed further. George says,

> I think it's something everyone has to a degree but is something you can develop over time through experience (George, Phase B interview).

This view is shared by McNaughton (2016), who believes that there are pre-requisites that people need to possess in order to demonstrate empathy. According to McNaughton (2016), who writes about empathy development in nursing students, people first need to be aware of themselves (self-awareness), their own values and views in order to assess the values and views of others. This, she stresses, is important in understanding how others feel and in identifying any emotional impact on themselves. The second pre-requisite is awareness of one's own body which enables us to detect these states in others' bodies. Feeling physically well, says McNaughton, is likely to result in motivation to help and support others. The third pre-requisite is 'other-awareness', the ability to pay attention,

remember and use cognitive resources to understand others' perspectives. This is related back to experience; for example, in the McNaughton study, a student comments that, as she does not have children herself, she cannot truly empathise with students who have children. There are plenty of examples of self-awareness and other awareness in the findings from diaries and interviews in this research. Joel, talking about his conversations with members of staff at the nursery says,

> I think it's just having that awareness, so you know what your priorities are and what other peoples' are (Joel, Phase B interview).

And Cheryl talked about the need to be aware of the differences between children,

> You have to be very aware of their feelings at certain times and you know some children have completely different experiences to one another (Cheryl, Phase A interview).

There do not appear to be any examples of body awareness (for example physical tiredness, inability to relax or concentrate, sleep quality) in the data gathered; this may be because the participants were not asked about this specifically, or it may bring into question the application of McNaughton's (2016) research in healthcare to other professions. Contemplating McNaughton's (2016) views on the cognitive resources needed for empathy led to conjecture about how this might relate to the different types of empathy, affective and cognitive. Affective empathy describes feeling the emotions of others, whereas cognitive empathy is a logical, non-emotional response (see 2.2.2). Harriet's earlier comment about feeling the emotions of others is, she believes, because of her sensitive and empathic nature. FThis provokes a question of whether people who are naturally empathic are more likely to experience affective empathy and those who develop empathy as a skill more likely to be conciously deploying cognitive empathy. Maibom (2017) believes that some people are more likely to experience personal distress when faced with the suffering of others, which may be what is happening to Harriet. This is difficult to ascertain as there is no testing or measuring of empathy in this study, only self-perception. The aim of the study is to create a richer understanding of practitioners' worlds (Saunders, Lewis and Thornhill, 2019) and to explore whether the concept of empathy is understood by individuals in different ways (Flick, 2020), signifying that testing empathy would not be suitable in this study.

Empathy and reflection

Some participants gave conflicting views at different times within the research; this could potentially be a result of their shifting thinking about how they experienced empathy during their involvement in this research. Reflective diaries were chosen partly because of the potential to develop participants' reflections and feelings. Jasper (2011) describes the cognitive development instigated by reflective writing, explaining that understanding is developed by writing about a subject. This may explain why Cheryl gives a range of views about empathy in her diaries and her interview responses, as the

research progresses. In Phase A of the research, Cheryl expresses her view that empathy is about acknowledging the feelings of others and she understands it as a part of everything she does,

> …it's about acknowledging other people's feelings (Cheryl, Phase A interview),

> …empathy's part of everything (Cheryl, Phase A interview).

She also sees empathy as an important skill that can be further developed by training,

> I think you should go on courses and be more aware of it (Cheryl, Phase A interview).

In Phase B, Cheryl's discussions about empathy become more detailed, as her thinking has developed,

> It's acknowledging other people's feelings and sometimes putting yourself in their position and think about how you would feel if you were them, it's trying to come at things the way the child does (Cheryl, Phase B diary, p.1).

> I don't think I realised how much I empathised until I reflected back on my diary …it's all about emotion…it's part of human life (Cheryl, Phase B interview).

This collection of definitions of empathy seems to indicate Cheryl's reasoning at different points in the process of exploring the concept of empathy and its complexity. Boyd and Fales' (1983) view is that reflective learning on an experience can change someone's perspective. Cheryl's understanding of empathy does not appear to have changed, but her descriptions are more detailed and there is evidence of development of her learning when she says, 'I don't think I realised…until I reflected back on my diary'. A close link between reflective practice and empathy development is suggested by research from a nursing perspective (McNaughton, 2016) and a social work perspective (Grant, 2014). McNaughton's research, as previously discussed, indicates that nursing students' reflections result in an increase of understanding of others' perspectives, a pre-requisite of empathy. Grant's (2014) work with social work students advocates support for students' development of both empathic and reflective skills, in order to manage the emotional demands of the role. Grant goes on to recommend a teaching curriculum that develops reflective skills, as her research indicates that reflection increases empathy and protects emotional wellbeing.

6.3 Empathy in relationships with children

In phases A and B of this research, participants were asked to write about examples of empathy within their practice with children. All participants were able to give several examples of empathy within their work and relationships with children, including Andrea, the participant who unfortunately misunderstood the instructions in her first diary in Phase A and mostly described examples of children showing empathy to each other. All nine participants described examples of empathy in their work and relationships with children, and these were a strong feature in both diary entries and interviews

in both phases. This GET had four sub-themes, and these sub-themes, which were discussed by participants a number of times, are:

- attachment and transitions
- emotion coaching
- managing behaviour
- knowledge of individual children.

Each of these sub-themes will now be examined, drawing upon the existing literature.

6.3.1 Attachment and transitions

The first thing that became apparent when examining the data was the volume of discussion about transitions, which included many descriptions of the emotionally demanding and complex empathic interactions, which are also described by Page and Elfer (2013) in their research on attachment interactions in nursery. Participants in this study saw building attachments with children and supporting them through transitions as important aspects of their role and their diary entries often included reflections on this, as in these examples,

> …I reassured her that mommy was coming back soon (Cheryl, Phase A diary, p.4),

> She was struggling with understanding why people were going. I feel she may have felt a loss of attachment … being 'left' (Harriet, Phase A diary, p.2),

> The child was more 'prepared' on the Wednesday, more aware of what will happen and that I am there to comfort her and for support (Harriet, Phase A diary, p.1).

Elfer and Delaney's (2007) assertion that 'distress in children is stressful and many practitioners may feel anxious about children being separated from their families for long periods' (p.69) seems accurate in relation to this study. There were some instances of children's distress having a significant emotional effect on practitioners. Mel's response is one example,

> If there's a child who's really struggling with separation from their parents and they're really upset it used to get to me a lot and I'd, you know, get really upset about it (Mel, Phase B interview).

This reflects what Datler, Datler and Funder (2010) report in their research in nurseries, which recognises,

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

Examples from the participants, describing their support for children who were upset by the transition from home to nursery or school, were common and this was clearly something that was significant, and sometimes emotionally difficult, particularly for two participants, Harriet and Cheryl. These participants gave particularly emotive examples in their diaries and interviews. This is discussed further in section 6.6, which examines the effects of empathy on self. In their diary entries, participants described times when they displayed empathy in their interactions with children at times of transition. Cheryl, writing in her Phase B diary about supporting a child with specific learning needs, noted,

> His needs come first and that is my job to be there for him and to support. To him I am that familiar and secure base that he needs when he cannot express his emotions (Cheryl, Phase B diary, p.2).

Cheryl goes on to say, in a subsequent diary entry,

> He can lash out at or scream at me. I completely understand that this is due to frustration and the fact that he cannot convey his emotions (Cheryl, Phase B diary, p.4).

Cheryl's example of practice corroborates Page and Elfer's (2013) assertion that practitioners prioritise the emotions of the child over their own emotions, and that this is instinctive, based on their relationship with the child. Cheryl presents as understanding the child's behaviour; she works with the child on a one-to-one basis and the relationship they have developed means that she knows the child and his needs. Cheryl understands the child and, rather than being upset at 'being screamed at' (Cheryl's words), she prioritises his need to express his frustration over her own feelings. However, being screamed at is not pleasant; the impact of the possible suppression of Cheryl's feelings is further discussed in 6.6.

Getting to know individual children and being close to their emotions, is a crucial part of the attachment process (Early Years Alliance, 2019) and it requires empathy, as outlined in the original attachment theories described by Bowlby (1969) and Ainsworth (1978). A caring relationship with a consistent person has long been recognised as essential for young children, and Cheryl's relationship with her key child illustrates this point. The development of a close attachment can be stressful, however, in an early childhood environment, as Cheryl's point above demonstrates. The child that Cheryl describes appears to be having difficulty managing his emotions. Datler, Datler and Funder's (2010) descriptions of children feeling lost as they try to manage their feelings when starting at a new setting seems appropriate here. The emotional distress felt in these examples challenges Dencik's (1989) assertion that dual socialisation is essential for young children. When they wrote this over thirty years ago, society was changing and children were spending more time away from their parents, so needed to experience different settings and develop the skills required to adjust to these transitions.

It is difficult, however, to see how the depth of distress described by parties in this study can be good for young children. The participants' views suggest that dual socialisation is a very challenging expectation for practitioners as well as children. This demanding aspect of the practitioner's role is one that is underappreciated. Writing about the emotion involved in transitions, Datler, Datler and Funder's (2010) research stresses this point:

> There is no adequate concept of professional work established that includes the conviction that struggling with the task of understanding children's primitive emotions is part of the job of caregivers (p.82).

They describe the emotions of very young children as 'primitive and catastrophic'. The findings of this project support their view and indicate a noticeable lack of appreciation of this issue in current English practice and literature. This lack of appreciation for the emotional labour involved in the role has become even more challenging in recent years (Hodgkins, 2023, cited in Solvason and Webb, 2023), hence a need for emotional support for early childhood practitioners in order to sustain this level of emotional labour.

6.3.2 Emotion coaching and behaviour regulation

Emotion Coaching

Six of the nine participants made a connection between empathy and emotion coaching, as this quote by Harriet attests,

> I used empathy by using emotion coaching, 'I think you are feeling sad' 'shall we try…'
> (Harriet, Phase A diary p.1).

The quote by Harriet echoes Gottman *et al*'s (1996) view that emotion coaching involves the two elements of empathy and guidance to help children recognise their emotions. In the example, Harriet has used empathy 'I think you're feeling …' to ascertain the child's emotional state (sadness) and has then tried to guide the child ('Shall we try …') to consider ways of coping with the emotion. Another example, from Cheryl's diary, demonstrates the way she helps a child to understand his own emotions,

> I explained to him that our tummy can sometimes hurt if we feel nervous and it is okay to feel that way, but we can tell a grown up or adult if we feel that way' (Cheryl, Phase A diary p.1).

Here again empathy is illustrated ('I explained …') and guiding/assurance enacted ('it is okay ….'). Gus, Rose and Gilbert (2015) note that validating children's emotions and assuring them that these are acceptable are important characteristics of emotion coaching, they also advise that reflecting back children's emotions in a non-critical way is one of the foundations of emotion coaching approach. Cheryl illustrates this reflection of a child's feelings in her diary,

> I sat next to him and showed him my feelings cards . . . happy, sad, angry, worried. He pointed to sad and said his tummy hurts. I asked if he knew why his tummy hurts? He replied "no". I explained to him that our tummy can sometimes hurt if we feel nervous and it is okay to feel that way but we can tell a grown-up or adult if we feel that way' (Cheryl, Phase A diary p.1).

Emotion coaching is a topic closely related to, and encompassing, empathy, and emotion coaching *is* visible in current literature (see for example, Gus, Rose and Gilbert, 2018; Meinke, 2019; Temple, 2019). Six of the nine participants discussed emotion coaching in their responses, which is unsurprising given its recent growth in popularity in U.K. education settings (Emotion Coaching U.K., 2021). The emphasis in literature is on emotion coaching as a strategy for supporting behaviour (Rose, McGuire-Snieckus and Gilbert, 2015) and promoting emotional wellbeing (Gus, Rose and Gilbert, 2015). Debbie explains in her Phase A interview that the Local Authority she works in are currently trialling emotion coaching and had asked her nursery to take part in the pilot study. Debbie is a strong advocate of emotion coaching, which she sees as potentially having a lasting positive effect on young children. She says,

> It's so eye opening… using emotion coaching with the children by supporting them right from the start to try and stop those mental health issues spiralling out of control and giving them back their future (Debbie, Phase A interview).

There is evidence in the literature that emotion coaching in early childhood can help children to manage depression in the future (Krawczyk, 2017), so Debbie's comment supports this perspective. Some participants had used emotion coaching to manage children's unwanted behaviour. An example of this is seen from Debbie's diary, where she is speaking to a child who has angrily hit out at another child. Debbie says to the child,

> I can imagine it made you feel a little bit angry; I think I might of (sic.) felt a little bit angry too. How do you think we could show we are angry, instead of using unkind hands? (Debbie, Phase A diary, p.2).

In the example, Debbie is encouraging the child to think about choices in how he responds, supporting him to talk about his emotions using empathy and guidance (Krawczyk, 2017). In this quote too, the format of emotional coaching work can clearly be seen. It is noteworthy, however, that in early childhood settings in England, there is a focus in recent years on children being encouraged to express their true emotions, whereas in comparison, the literature on emotional labour suggests that practitioners are not encouraged to do the same. Practitioners are expected to display a specific persona at work, regardless of their frustrations and negative emotions. Emotional labour in the early childhood profession is discussed further in 6.6. The premise of emotion coaching is that teaching children to recognise and manage their emotions improves impulse control and builds social skills,

resulting in fewer behaviour problems (Gus, Rose and Gilbert, 2015). In her interview, Debbie corroborates this claim,

> Emotional coaching has helped with regulating their behaviours and understanding and you know having less (sic.) meltdowns from even our autistic children because we are giving them the tools to know that they can say no thank you (Debbie, Phase A interview).

Practitioners see examples of anger and frustration regularly, as young children learn to build relationships and to manage their emotions. One of the key purposes of emotion coaching by practitioners in a setting is to promote behavioural self-regulation by the children. Rose, McGuire-Snieckus and Gilbert (2015), academics from the U.S.A. who piloted the first emotion coaching study in U.K. schools and early childhood settings, propose that adults can support and empower children to 'build a repertoire of internal and external socio-emotional regulatory skills that promote prosocial behavior.' (p.1766). Practitioners in this study gave examples of this. Mel described talking to two children who had been arguing angrily. She says,

> I spoke to each child, validating their feelings and explaining how the other is feeling (Mel, Phase B diary, p.3).

This is a clear example of using emotion coaching to manage children's behaviour by trying to get them to imagine how another child is feeling, thus promoting empathy to children as a social skill (Gottman *et al*, 1996). Watzlawick *et al*'s (1969) assertion that 'all behaviour is communication' (p.31) means that the adults' role is to ascertain what the child is communicating and to respond accordingly. In a reflective diary entry, Jake gives an example of the way he assesses a situation in order to identify ways of supporting the child to manage it, without stepping in to sort out the problem himself,

> I was quick to spot the potential conflict and move over to carefully observe the situation (Jake, Phase A diary, p.5).

Jake reflected on this further in his following interview,

> With conflict and things, we try not to rush in and take over the situation because they're all learning experiences and if you don't experience conflict then you're never going to learn how to deal with conflict (Jake, Phase A interview).

This is a good example of a practitioner understanding how to teach a child the skills they need, as recommended by Williams (2017), so they are able to build relationships with others in the future. Jake's observation enabled him to interpret the child's behaviour and assess the most appropriate action to implement.

Interpreting behaviour

As children learn to regulate their emotions, their behaviour is observed and interpreted by the adults caring for them. Aadiya said of a child she works with,

> Behaviours are a window of what's going on inside. She is expressing that something is not right but unable to articulate what it is at the moment (Aadiya, Phase A diary, p.2).

Aadiya understands that the child's behaviour is an outward sign of their inner emotion, which the child is not yet capable of relaying verbally. She knows the child sufficiently to be able to interpret her behaviour. Egan's (2013) description of advanced empathy, which involves picking up and acting on emotion recognised from non-verbal clues may explain what Aadiya is doing when she says of the child,

> …something is not right (Aadiya, Phase A interview).

The idea of 'sensing what is being felt but not said or consciously realised by the other person' is labelled advanced empathy by Egan (2013, p.48). However, Claxton (2003) terms it intuition, which he explains is when people use implicit learning as unconscious 'ways of knowing' (p.33). There is little published literature about advanced empathy outside counselling and therapy, which poses a question of whether advanced empathy exists, another example of the confusion in defining empathy, described by Hall and Schwartz, (2019). A more accurate label for the phenomenon described in Aadiya's words above and in many other examples in this study might be 'intuitive empathy'. As with intuition, the skills used by practitioners are unconscious and based on knowledge and experience gained through being with the child over time. The 'picking up of feelings' and 'sensing what is felt' described by Egan (2013) in his description of advanced empathy are possible because of this knowledge and experience. Wong (2004) believes that advanced empathy is like 'a sixth sense', this current empathy research indicates a professional skill, rather than a mystical perception.

6.3.4 Knowledge of individual children

As described in 6.2.2, practitioners are skilled at picking up on children's non-verbal clues and using their knowledge of individual children to identify and interpret their emotions. Development of the relationship between keyworker and child is crucial here (DfE, 2021). The guidance produced for practitioners working with children aged from birth to five years stresses the importance for children of feeling 'known' (Early Education, 2021). It was evident across the research that practitioners know the children they work with well. Aadiya, for example, uses this phrase in her very first diary entry in Phase A,

> …I know this because I know my children (Aadiya, Phase A diary 1).

In Jake's diary, he explains,

> The key is knowing when a child needs you and when they do not (Jake, Phase A diary, p.3).

Jake expands on this in his follow up interview,

> We know all the children, we see them all the time, so we can pick up when their behaviour is slightly different (Jake, Phase A interview).

Cheryl gives a further example of knowing a child well,

> I was quite worried about this child as I knew that the emotion he was displaying was out of character for him (Cheryl, Phase B interview).

Purvanova's (2013) contention that feeling 'known' is a basic human need supports the importance given to this in participants' comments, of which there were many examples. This knowledge of the individual child seems to be fundamental to being able to more effectively pick up on signs empathetically. Page and Elfer (2013) believe that the practitioner's relationship with, and knowledge of, the child is of the utmost importance. Their research, an intensive case study of one nursery, maintained that the consequence of this relationship is the enhanced prioritising of the child's emotions over those of the practitioners. Cheryl's descriptions of her relationship with her key child portray this view. In her Phase A diary, she describes getting to know the child she has started working with,

> I need to be mindful when he becomes overwhelmed and also sensitive to his feelings and needs. Reassurance appears to be working (Cheryl, diary 1, p.1).

and then in a later entry,

> It is hard for the child to say how he is feeling … the child's understanding is limited. I feel as his key person I know when he is having a difficult day by some of the behaviours he displays (Cheryl, diary 1, p.2).

By Phase B of the research, a few weeks later, Cheryl appears to describe putting the child's emotions above her own when she makes her comment about the child 'lashing out and screaming' at her (see 6.2.1). The consequences for practitioners of prioritising children's emotions over their own is discussed further in 6.6.

6.4 Empathy in relationships with adults

Not all of the participants described empathic interactions with adults, but the majority did, using examples of empathic conversations with other staff in the workplace and empathic interactions with parents and carers. The participants who are managers (Joel and Jake) showed that their role included demonstrating empathy towards staff. It is notable that, of the three male participants in this study,

two are managers and the third is a deputy manager, in line with Sargent's (2014) observations. Within this study's participants, some of the female participants are more experienced but do not have management responsibilities. There may be many reasons for this but on the surface, it seems to reinforce Sargent's (2004) idea that male practitioners are more likely to be promoted to positions of greater responsibility than their female colleagues. It is not only managers who support staff, however. Other practitioners described supporting their colleagues during the day.

6.4.1 Empathy between staff

Most of the diary entries about empathic interactions with staff were from Joel and Jake, who are both managers of their settings. Empathic relationships with staff was not an area that was explicitly researched for this study. However, for Joel and Jake, empathy with staff was clearly a significant aspect of their role. Joel is a manager who is mostly office-based; he rarely works directly with the children in the nursery, so there were more examples of empathy with other adults than with children within his role. In his reflective diaries, Joel describes occasions where he listens to staff worries and concerns. His responses were mostly very practical and concerned with finding solutions to problems. In his Phase B interview, though, Joel described,

> …trying to dig to find the root cause of the problem with that member of staff. Every individual is slightly different so it's understanding their point of view (Joel, Phase B interview).

Jake's reflections on showing empathy to staff also focussed on prioritising listening to staff, he wrote,

> It is difficult as we are all busy, but it is important to listen to the staff team and be there for them (Jake, Phase B interview).

Jake's comment supports Elfer's (2012) claim that nursery managers often feel responsibility akin to parental concern for their staff. For managers working in the early childhood sector, managing relationships with adults as well as children adds another tier of interpersonal relationships. The role of the manager in an early childhood setting can be very challenging and demanding, often with no system of support for managers (Elfer, 2012). Joel conveys the role of the manager as,

> …quite a lonely place to be (Joel, Phase B interview),

which echoes the findings of Elfer's (2012) study with nursery managers, which found the experience of being a manager in an early childhood setting to encompass satisfaction, guilt and loneliness. Emotional support for nursery managers is an area worthy of further research.

6.4.2 Empathy in relationships with parents/carers

It is a principle of early childhood practice that all practitioners work in partnership with parents and carers, so this is an important aspect of their work with others. Five of the nine participants discussed empathic interactions with parents within their role. This is evidently an important aspect of the role for these practitioners. In Jake's diary entries, there are lots of examples of kindness and support for parents, for example,

> I reminded the parent of all the great work they are doing… I know parents are very anxious… I reassured them that it was perfectly normal… I think it is important to care and be kind if you can… by showing empathy, you are kind of saying we're here … if the parents are happy, the children are going to be happy and confident, and we'll be happy because the children are happy (Jake, Phase A interview).

For Jake and Joel, as managers, there are many different relationships to manage; with children, with staff and with parents and families, and each has its own challenges. In Joel's diary reflections, he describes three difficult conversations with parents over a period of two weeks, each of them challenging in its own way. The first conversation described Joel offering support to a mother who was embarrassed at not being able to cope and having to ask for help. The second described Joel listening to a parent talking about her domestic abuse situation. The third illustrated an occasion when Joel had to tell a parent that their child had a developmental delay. These are very challenging conversations and Joel described his emotions when faced with these as 'feeling nervous and sad'. In the third example, Joel says,

> I felt a sense of responsibility to convey accurate information and was worried about how the parent may respond to hearing their child has a developmental delay. I felt sorry for the parent as they tried to make sense of this interaction (Joel, Phase A diary, p.3).

The worry that Joel feels in this interaction lends weight to Faulkner *et al*'s (2016) view that working with parents and carers is the biggest stressors in the profession. Joel is showing empathy for the parent and striving to create an informative, 'respectful and sensitive conversation', as urged by Solvason, Cliffe and Bailey (2019, p.193), whose literature-based article sees empathy as vital for building meaningful relationships with parents, for the best interests of the child. The authors urge practitioners to 'keep empathy at the forefront' (p.192) of partnerships with parents, an example of this is found in Aadiya's Phase A diary, where she describes a conversation with a parent about her child's challenging behaviour. Aadiya said,

> I validated her feelings and listened… we built up a really good relationship with the family (Aadiya, Phase A diary, p.2).

Discussing this child further in the subsequent interview, Aadiya explained that the child's parents had consistently been told how difficult their daughter was by preschool staff, and how they were greeted at the end of the day with a list of problems there had been. This had made the parents feel despondent. Aadiya said,

> They said they felt down every day when they went to preschool to pick her up, they didn't know what they were going to be greeted with, so I squashed it. As soon as she joined my reception class, every time the parents came I said something lovely she had done. That doesn't mean I don't share problems when I need to, but I know they need to hear something positive as well (Aadiya, Phase A interview).

Faulkner *et al*'s (2016) research, with staff from 26 settings in Texas, U.S.A., found that anxious parents who needed frequent communication caused staff extra work and stress. Some practitioners in the study even stopped working with families who they judged to be 'difficult to work with' (p.286). In this study, far from showing a reluctance to engage with parents, participants described empathy and kindness toward them. George demonstrates his empathy and understanding of a parent's life in one of his interviews. He talks about telephoning the parent to reassure her that her child has settled at nursery. George said,

> It can mean a lot … she's a single parent still living with her own parents, she wants to try and be independent, but she can't, so with all that going on that phone call I gave her was important. OK, my day is going to be OK because my child is fine. For some parents, when their child is their literal world, if they don't hear they're OK it can ruin everything for them (George, Phase A interview).

In this reflection, it is clear that George has been able to build a relationship with the parent and that he empathises with her home situation and her feelings about her child settling in. The impact on practitioners of working empathetically with other adults is one that is clearly significant and warrants further research.

6.5 The impact of empathy on self

Each of the participants in this study described an emotional consequence of empathy within their practice (Fig 5.6) and for everyone there was an element of that emotion continuing outside the workplace, predominantly at home. Within their practice, and outside working hours, there was a range of emotional reactions, including emotional upset, tiredness and the burden of responsibility. These responses corroborate Smith's (2016) description of 'walking in another's shoes and getting blisters' (p.96). Fig. 6.4 (below) reveals an example of an emotional reaction from each of the nine participants.

Figure 6.4: Emotional reactions – an example from each of the nine participants

'I feel sad and angry and wonder why they blame me' George

'we all worry about it at home. We wouldn't be human if we didn't' Andrea

'Seeing how upset he was made me quite emotional' Cheryl

'we cry daily to each other over something' Debbie

'It used to get to me a lot and I'd get really upset about it' Mel

'All the time, I'm constantly thinking about it' Joel

'I do really struggle at work a lot of the time' Harriet

'I kind of dwelled on it because that's the kind of person I am' Jake

a lot of them are on my mind a lot of the time Aadiya

6.5.1. Emotional Upset

A definition of affective empathy is that one's felt emotion is similar to that of another person (Maibom, 2017), as this example from Mel illustrates,

> If there's a child who's really struggling with separation from their parents and they're really upset, it used to get to me a lot and I'd get really upset about it (Mel, Phase B, diary p.4).

In this example, Mel feels upset about the separation. She senses the emotion of the child and appears to literally feel the child's pain (Neukrug *et al*, 2013). There was a wealth of evidence in diary and interview responses of practitioners becoming upset when children were upset, an emotional response to another's emotion defined, as identified above, as 'affective empathy' (Hoffman, 2000). Often, in the examples of affective empathy, practitioners remembered past events that were painful for them (See also section 6.2.4). When Harriet describes feeling upset when a child is left at nursery by his mother, she remembers clinging to her own mother, as a child, saying,

> I used to be awful at it myself…I couldn't leave my Mom, and I still get upset (Harriet, Phase A interview).

This comment by Harriet is consistent with the literature on affective empathy. Hoffman (2000), writing about children's past experiences of separation from their mother, identified a link; 'short daily separation, prolonged separation, or their worrying about the mother's dying may facilitate their empathizing with another person whose mother is hospitalized or dies' (p.47). Harriet's past experiences of being separated from her own mother may have instigated affective empathy for the children in her care. A similar example is recorded in this previously reported reflection by Cheryl. When Cheryl gets upset when talking to a child who is missing his grandparents, she remembers her own relationship with her family and becomes upset herself,

> I think it was just how upset he was. I am close to my family and if I put myself in that position when I was close to my nan and grandad if I was told I couldn't go and visit them it would be really upsetting … seeing how upset he was made me quite emotional (Cheryl, Phase B diary p.2).

For some participants, particularly for Harriet and Debbie, the emotion felt is acute and induces their own tears. Neukrug *et al*'s (2013) assertion that, in affective empathy, the expression 'I feel your pain' is literally expressed in these instances,

> …I'm always upset, I come home and cry (Harriet, Phase A interview),

> …we cry daily to each other over something (Debbie, Phase A interview).

This intense reaction suggests 'empathic over-arousal', a term used by Hoffman (2000) and Eisenberg (2005) to describe the personal distress resulting from affective empathy. Hoffman suggests that when someone's empathy for another becomes painful to bear, 'it is transformed into an intense feeling of personal distress' (p.198). Smith (2016) calls this intense emotional reaction 'emotional overexcitability' and Piechowski (2009, cited in Smith, 2016) calls it 'hypersensitivity'. In the examples above from Harriet and Debbie, they both refer to crying. Denckla, Fiori and Vingerhoets (2014) see 'crying proneness' (p.620) as part of a person's personality which is closely associated with empathy, therefore someone who is prone to crying is likely to do so whenever they experience distress in response to another person. This is affective empathy; Denckla, Fiori and Vingerhoets (2014), (2014) study found no such correlation between crying and cognitive empathy. Gerdes and Segal's (2009) study examines empathy through a neuroscientific lens and describes the body's reaction to seeing someone crying. In this situation, the empathiser feels a degree of the emotion him/herself, the phenomenon of 'mirroring' (p.117), so may start crying too. This level of personal distress has potential consequences for stress and burn-out for practitioners. Research studies by Elfer *et al* (2018) and Taggart (2016) have identified considerable stress within the early childhood profession and have used the term 'compassion fatigue' to describe the effect on practitioners. It appears from the examples given by participants in this study that it is empathy, rather than compassion, which is a

major component of such stress and fatigue. Empathic distress that is not successfully managed can result in burnout and withdrawal, which is discussed later in this chapter.

Guilt

There are many examples within the data of participants' demonstration of the positive emotions required for the role and of feelings of guilt when expressing negative emotion. These are examples of the feeling rules, or 'emotional labour' (Hochschild, 2012) of the profession. There is an example in Mel's diary which demonstrates the tension between her own emotions, her empathy for a parent, and the conflict between her own values and what is expected of her in her role. Mel had been working with a baby who had recently started at the nursery and who was struggling to settle. The baby was distressed for a large portion of the day and his mother was also very upset. The baby's mother asked how the baby had been one day and Mel had to follow the nursery's policy of not telling parents if their baby had been upset all day. The reason for this rule, they state, is that babies often take a while to settle, but they do settle in the end and so staff are instructed to tell parents only about positive aspects of the child's day to prevent unnecessary upset. Mel followed this instruction, but the tension is clear in her description,

> I was feeling good at not adding to the guilt, seeing Mom's relief at not being told her son had struggled again... I chose to tell Mom about the positives to spare her feelings. I had mixed emotions, feeling glad at sparing Mom's feelings, feeling guilty about omitting the truth and not sure whether it was the right thing to do! (Mel, Phase B diary, p.4).

In this example, Mel is clearly feeling conflicted. There is a tension and uncertainty between the emotional labour rules of her role and her own ethical beliefs. Barry, Olekans and Rees' (2019) ethical analysis of emotional labour suggests that this is what causes burnout, emotional exhaustion and a perceived lack of personal accomplishment (p.20), which is clear in Mel's uncertainty. Colley's (2006) view that it is the lack of power and the exploitation of the early childhood worker's emotional labour that is emotionally draining, rather than the demands of children, seems relevant here. If Mel had the power to handle the situation the way she felt was best, she would not have felt so conflicted.

In Harr and Moore's (2011) research with social work students, they discuss 'moral stress caused by the need to resolve ethical and value conflicts' (p.352). Harr and Moore (2011) recommend continuing professional development opportunities for staff to discuss and address compassion fatigue. Compassion fatigue features in the literature relating to early childhood practitioners too, (Taggart, 2016; Elfer *et al*, 2018) but the research does not particularly concern empathy. The mixed emotions felt by Mel are a result of her empathy for the child's mother and the expectations of her workplace which do not align with her own views.

6.5.2. Empathy and tiredness

A heavy workload and feeling tired featured in participants' responses. After describing his working week and being asked how he copes with such a heavy workload, Jake laughs and says,

> …It is a hard job, it is draining. I think at one stage I must have got tired and I just kind of battled through it and now I can't get any more tired! (Jake, Phase B interview).

Cheryl also uses the word 'drained' in her account,

> I can feel quite drained after the morning session when this child has had a bad day…it's challenging and it's hard work (Cheryl, Phase B diary, p.2).

This echoes the findings of Elfer *et al* (2018) whose research found that the emotional engagement in practitioners' interactions with young children contributes to both job satisfaction and exhaustion in the workforce. Cameron, Harris and Payne (2016) describe emotional exhaustion at work as a 'felt depletion of emotional energy and resources' (p.106) which, they suggest, is due to the emotional demands of empathy. This could relate to affective empathy, the emotional exhaustion arising from sharing the emotions of others. Another study, by Webster-Nolan, Klein and Irvin (2003) examines the effect of cognitive empathy on the empathiser. Their view is that 'cognitive perspective taking is a controlled, effortful process that requires substantial cognitive resources' (p.38). This information processing, they say, is demanding and results in an increase in fatigue. This is encapsulated in fig. 6.6 (below).

Figure 6.6: Types of empathy and tiredness

Cognitive empathy
Perspective taking
A controlled effortful process
Fatigue

Affective empathy
Sharing the emotions of others
Emotional labour
Emotional exhaustion
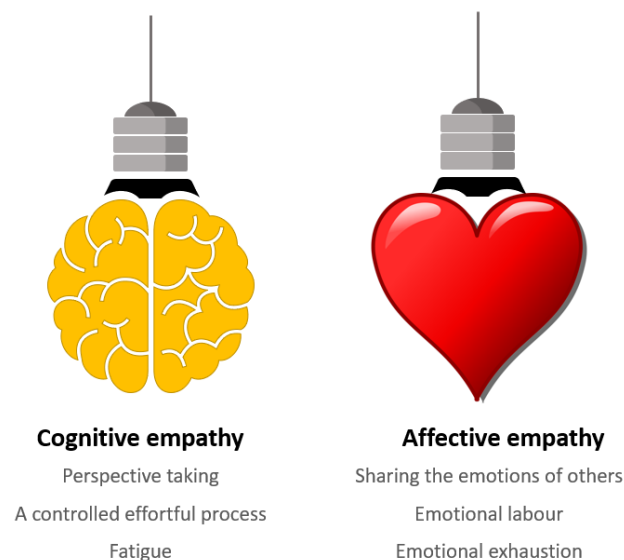
However, this interpretation conflicts with that of Gerdes and Segal (2009), who see empathy as having a protective effect on compassion fatigue. Gerdes and Segal's (2009) study suggests that the development of empathy skills can help people to regulate their emotions and so prevent fatigue and

burnout. The study by Cameron, Harris and Payne (2016), which pointed to empathy causing exhaustion, is a scientific experiment, carried out with a random sample of volunteers from the public, whereas Gerdes and Segal's (2009) study is based on their experience as social workers. The latter would suggest that, as an investigation into empathy in a helping profession, there is more relevance to this study. Cameron, Harris and Payne (2016) infer that the exhaustion associated with empathy results in an avoidance of empathy, in order to protect oneself from the resulting fatigue (more about this in section 6.7).

One response suggests that the tiredness of early childhood practice, caused by emotional (affective) empathy, is worsening. Debbie says,

> …it's getting worse I think and it's getting more emotionally taxing (Debbie, Phase A interview).

Part of the reason for this may be the Covid-19 pandemic, which was a major event at the time of the research. Joel, reflecting on his experience of managing a nursery at this time reports,

> It's been horrendous, I mean I've not known anything like it, at one point we'd lost nearly half our staff team just 'cos of isolating and stuff (Joel, Phase A interview).

The additional strain of the pandemic on early childhood settings is well documented. The report by Nelinger *et al* (2021) indicates that 71% of nursery workers had been stressed or upset when dealing with difficult situations during the pandemic. The stresses that children and families have experienced during this challenging period necessitate support and early childhood staff have asked for training in supporting children's mental health (Nelinger *et al*, 2021, p.6). Culshaw and Kurian (2021), in their research with teachers, warn that the Covid-19 crisis has masked the reality that the teaching profession was already suffering mental health challenges before the pandemic. Culshaw and Kurian (2021) point out the fact that teachers' use of empathy is not visible, despite being a necessary interpersonal skill. The invisibility of emotional labour in schools is a view also expounded by Keller *et al* (2014) who researched exhaustion in secondary school teaching. They identify exhaustion due to the faking of emotions as a factor in a third of lessons. The faking of emotion is what Hochschild (2013) termed 'surface acting' and can cause burnout (Hochschild, 2013; Jonggab, 2018). The words used by various participants in this study to describe their empathic interactions, 'draining', 'challenging', 'taxing', 'hard work', are describing a link between empathy and exhaustion. The 'relentless exhaustion of the role' (Solvason, Cliffe and Bailey, 2019, p.198) is evident in the data arising from this study, and it appears to be something that is accepted as a part of the role. Cameron, Harris and Payne (2016) write about empathy related 'anticipated exhaustion' (p.106), thinking about how empathic

interactions will cause exhaustion in the future. These comments from Cheryl and Debbie suggest that they are expecting to be impacted,

> I'm constantly thinking of things like "ok, I need to plan this for them when they come back" and things like that … this is what I'm worried about (Cheryl, Phase A interview),

> …all the time I'm constantly thinking about it… it's quite difficult to switch off … hopefully we're just doing what we have to do and hopefully people understand that, but I don't know how I switch off (Debbie, Phase A interview).

These examples above signify tiredness connected with a sense of responsibility, which prevents them from 'switching off'.

6.5.3 Impact outside work

For all nine practitioners in this study, the emotional effects of their empathic interactions were not confined to the workplace,

> …I thought about him all weekend (Mel, Phase B diary, p2),

> …you take it home and then you can't stop thinking of it (Harriet Phase A diary, p.2),

> I do think about a lot of the children when I'm not at work (Cheryl Phase B diary, p.1).

and

> I can't remember the last time I had some time off where I didn't think about work at all (George, Phase A interview).

The types of comments above can be seen throughout the data gathered, in all diaries and interviews. The comments support Jovanovic's (2013) assertion that early childhood practitioners are finding it difficult to achieve a work-life balance. Again, it is Harriet and Debbie who seem particularly overwhelmed by emotion in their reflections on this issue. Debbie's work seems to encroach on her home life a lot. She says,

> …all the time… I'm constantly thinking about it, especially safeguarding children … I don't know how I switch off (Debbie, Phase A interview).

In the second part of the interview, she returns to the same topic, saying,

> I don't know how to switch off, I'm quite an emotional person, I cry at everything, and my husband says to me I don't know how you do what you do (Debbie, Phase A interview).

Debbie's husband is evidently aware of the emotional load of her work, and she talks to him about it when she is at home. Likewise, Harriet is quite open about the impact of the work on her emotions and she also seeks the support of family at home,

> Oh yeah, I'm always upset, I come home and cry (Harriet, Phase A interview).

A reflective account which details Harriet becoming upset during her Phase A interview, which followed a difficult day at work, is discussed further, as space does not permit here, in Appendix three. In this incident, Harriet seeks comfort from her mother. Support from friends and family outside work is important, as is the struggle to maintain an effective work-life balance; however, Tebben *et al* (2021) warn that discussing work at home can cause additional stress, especially if friends and family express judgement about the type of work which is low paid but extremely demanding. None of the participants in this study said they had received such comments, although they were not asked about this aspect. However, they did make comments about the low pay. Their comments on this suggest acceptance of the fact,

> I know a few nurses and I've had conversations with them about … pay … and they said to be honest I don't think many people do it for the wages they do it because it's something they really enjoy doing and they see value in it (Jake, Phase A interview).

> You get paid low wages and you're so undervalued (laughs) it's really hard, but it must be job satisfaction that keeps people in the job (George, Phase A interview).

The link between job satisfaction and empathy are discussed further in section 6.8.

Sometimes, it is a particular child or a specific incident that can cause practitioners to worry outside work. There is evidence that people remember incidents and feel empathy, so it must be the case that empathy can be felt later. It appears that empathy can be held in memory (Ilyes, 2017, in Maibom, 2017) and does not have to be 'in the moment'. When a child in George's nursery had a minor accident and went to hospital, George said,

> …I've been worried sick all weekend (George, phase 2 interview).

The impact on George over a weekend seems to signify affective empathy, as 'worried sick' is an emotional phrase. All of the descriptions of empathic interactions which have an impact over time appear to be examples of affective empathy. For Harriet the emotion felt after the event, when she is at home, can be overwhelming, as described earlier. Harriet has previously described the fact that she talks to her mother at home following a difficult day at work, so crying could be a way of prompting emotional support from her mother (Denckla, Fiori, and Vingerhoets, 2014). There is growing concern in literature about the general well-being of practitioners (see for example, Findlay, 2009; Taggart, 2016; Elfer, 2018; and Page, 2018). However, the examples discussed here are identified by participants themselves as examples of empathy. It is the empathic relationship between practitioner and child and the affective empathy, where practitioners feel the painful emotions of others themselves (Gallese *et al*, 1996), which cause distress. Cognitive empathy, in contrast, appears to cause fatigue (see figure 6.6).

6.6 Coping strategies for empathy overload

As previously stated, all nine participants were affected emotionally, to some extent, by their empathic interactions with children, and a range of examples of coping strategies were reported within diaries and interviews. For some participants, a sharing of the emotion felt was necessary or helpful: for example, Harriet talked to her mother after work and often cried with her. Debbie, who describes her staff team as being close, and her nursery as a place where everyone is very open with each other, describes her staff team as,

> …crying together daily and supporting each other (Debbie, Phase A interview).

The opportunity to discuss emotions and support each other is one of the recommendations of Isenbarger and Zembylas's (2006) research with elementary school teachers in the U.S.A. The research highlighted instances of stress and frustration due to the emotional labour required by 'caring teachers' (p.120). The authors recommend that schools create a culture where 'felt emotions are not unduly suppressed to the point of stressful consequences' (p.133) and where emotions are shared openly. It seems, from Debbie's response above, that this form of support is accepted in her nursery, but it is not clear whether this is something that is embedded in the culture of the nursery and planned for, as Isenbarger and Zembylas (2006) recommend.

In another example from Jake's Phase B interview, he discussed having a conversation with a parent who had experienced a miscarriage. Jake felt empathy for the parent and became emotionally upset whilst talking to her about it. He and his wife had been through a similar event and felt affective empathy for the parent, which caused him emotional distress. After work that day, Jake went for a run, which he said helped him to process it,

> I'll just go for a run and I'll have 20 minutes just kind of head down running and just thinking it through (Jake, Phase B interview).

The words 'thinking it through' suggest reflection, which can be a positive way of dealing with empathic distress. Grant, Kinman and Alexander (2014) suggest that reflective ability and empathy are closely related to each other; consequently, reflective practice is advantageous in helping people manage their emotion. In the Social Work profession, a reflective approach to supervision is often utilised. Shea (2019) recommends reflective practice for social workers as it develops their awareness of the social and emotional impact of the work. Shea believes that reflective practice skills are best developed within a relationship context, so recommends group reflective supervision. Andrea was the only participant to detail planned support available at her nursery, although her words hint at this not always being encouraged,

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

Overall, this does not sound like the open communication recommended by Hunter (2023), or the relationship-based and prioritised supervision advocated by Shea (2019). However, participants were not specifically asked about this, so it is not known what support or supervision is offered to the other participants in the cohort. Clinical supervision is a necessary component of social work practice (Lynch *et al*, 2019), and in the counselling profession (Ottens, Shank and Long, 1995). Elfer *et al*'s (2018) recommendation for work discussion groups in early childhood settings would incorporate open discussion on emotion within the workplace, so would fulfil the need for practitioners to talk about the impact of their empathic interactions on themselves. In comparison to participants' need for emotional supervision, Joel described his ability to keep work and home completely separate. He says,

I always make a conscious choice to keep work at work and home life separate…I like to make sure I'm really giving my all at work, but my home life is protected (Joel, Phase A interview).

Joel seems able to 'switch off' from work when at home, in a way that some of the others are not able to do. The empathic interactions that Joel experiences at work rarely affect him outside work. Most of Joel's journal entries and interview examples describe cognitive, rather than affective, empathy. This corroborates the idea that it is affective empathy that causes a lasting emotional impact that can impact upon a person's home life.

Both Jake and Joel are nursery managers and they both seem to have developed strategies that enable them to cope with the empathic demands of their jobs. Examination of the data reveals that these two participants demonstrate mostly cognitive empathy rather than emotional affective empathy, which may explain why they are able to cope without experiencing overwhelming personal emotional upset. These two participants rarely describe sharing the feelings of others, with the exception of Jake's discussion of empathising with someone who has been through an upsetting event that Jake himself has been through in the past. When empathising, Jake's memory of the event causes him to share the feeling, but his focus is on helping the other person. This is an example of multi-dimensional empathy; Jake is feeling the emotion but then thinking cognitively about finding an opportunity to help.

…there's some things you kind of experience and you kind of live through them and it helps you understand it… because of what we'd been through I could really understand, and we could help them as best we could (Jake, Phase B diary, p.2).

6.6.1 Decreased empathy

Most of the responses from diaries and interviews illustrated examples of empathy but a small number of comments by one participant describes concern over her conceived decreasing empathy. Mel made three comments in Phase B about this. The first comment,

> …thinking a lot about if it's a good or bad thing that I am getting less emotionally attached (Mel, Phase B diary, p.3).

This seemed important, so it was followed up in Mel's interview, when she was asked about the comment. Mel reflected on this and replied, with her second comment,

> When I first started in baby room, I would use empathy a lot and quite often it would make you quite emotional and you think about it a lot afterwards but then having to think of those things everyday it kind of impacts on you less, I think, so that you become less stressed (Mel, Phase B interview).

Here, Mel appears to be reflecting upon the way that her emotional state has changed over time in her job role. In the interview, Mel continued to talk about her interactions with the babies in her third comment and her frustration over the rules of the nursery which meant that she could not give the babies the attention she thought they wanted,

> I felt really sympathetic but then I found I was just getting really frustrated because personally there was nothing I could do and I wonder if that's me becoming less empathetic or maybe putting up a barrier to not get as stressed out (Mel, Phase B interview).

There seems to be difficulty with conflicting emotions here, echoing Mel's comment earlier in her interaction with a parent (see section on emotional upset above). There is evidence in literature (Krawzcyk, 2017; Cameron *et al*, 2019) to suggest that practitioners may be less likely to express empathy in order to protect themselves from stress. Krawzcyk's (2017) work in schools describes examples of high stress resulting in a teacher's limited empathy for pupils. Csaszar, Curry and Lastrapes (2018) studied the effect of stress on teachers' empathy. They also concluded that people whose empathy causes them stress may show decreasing empathy for others as a protection against exhaustion and burnout. Their experiment, using meditation with a group of teachers and then comparing results with a control group indicated lower stress and higher empathy for students in teachers who practiced meditation regularly over 12 weeks. It may be, therefore, that in the example above Mel was aware of becoming stressed and in danger of burnout and was therefore protecting herself, as she seems to have realised in her reflection.

Cameron *et al* (2019) researched the cognitive domain of empathy, arguing that the majority of past research has focussed on the emotional cost of empathy. The study, published in a psychology journal, comprised 193 participants recruited through an online service providing diverse adult samples for

researchers in the U.S.A. The experiment (see section 2.5.5) which gave participants a choice of whether to describe a person's physical features or their emotional state from a set of photographs of faces indicated a tendency for people to avoid empathy, given the choice. The authors suggest that empathy requires cognitive work and, therefore, is not easy.

6.7 Positive empathy and job satisfaction

It is worth reporting, to provide a balanced view of practitioners' experiences of empathy, that there were lots of positive comments about their practice. Interviews in Phase B of the research included discussion on the positives and negatives of working with, and having close empathic interactions with, children. As such, Harriet, Debbie, Aadiya and Andrea, who only took part in Phase A were not asked about this. Comments from the other five participants identified these five themes:

1. pride in making a difference
2. pleasure in witnessing children's progress
3. pleasure in relationships
4. enjoyment, fun and laughter
5. gratification from positive feedback and praise

These examples of empathy satisfaction support Figley's (2013) view that emotion work can have a positive impact and Morelli, Rameson and Lieberman's (2014) conviction that empathy increases our concern for others. This could be a major motivation for remaining in a job which makes difficult emotional demands and provides little monetary reward. This is apparent in Solvason, Webb and Sutton-Tsang's (2020) research with early years practitioners, which identified descriptions of the relentless exhaustion of the role with their deep passion for it (p.198).

Galetz' (2019) research with nurses aimed to compare empathy and compassion and ascertain whether each could be taught to nursing students. In the results of the study, satisfaction was analysed in relation to the consequences of empathy and compassion on participants. The study found that compassion resulted in satisfaction with the event (helping another person), whereas empathy resulted in satisfaction with self, increasing understanding and awareness of one's own feelings. Jake reflects on his own feelings about his role here,

> …it was just lovely. It was one of those moments where you can just go "crikey this is the best job in the world!" You know? (Jake, Phase B interview).

There is real joy in Jake's response. Andreychik (2019) writes 'feeling your joy helps me to bear your pain' (p.147), to describe this phenomenon within nursing and teaching professions. Andreychik (2019, p.137) asserts that increasing professionals' 'positive empathy' through fulfilling relationships,

and sharing triumphs and successes, results in reduced stress and an improved quality of professional life. The examples shared in diaries and interviews demonstrate fulfilment and pride in sharing achievements,

> …the difference you make in children's lives is just unbelievable … the difference we're making to the children and families, the community and everything, I wouldn't change it for the world (Jake, Phase A interview).

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

> …just spending time with them, getting to know them … to watch their progression and how they come in and go from being not confident and then you see them go out with tons of confidence … the relationship, the bonds you make with the children and the families are really rewarding (Cheryl, Phase B interview).

This fulfilment may help to safeguard practitioners against burnout. Stamm's (2013) deduction that people can be at high risk of experiencing burnout at the same time as experiencing satisfaction is reinforced by these results.

6.8 Conclusion

This chapter has presented the four GETs and sub-themes and discussed findings, comparing them with views and examples presented in the literature chapter, and investigated connections and relationships within the findings. The four GETs identified in figure 6.2 were identified from each participant's PETs, thus giving an overview of the themes of the group as a whole. Interrogation of the GETs indicates empathy as a consistent aspect of the early childhood practitioner role. Participants were able to indicate examples of empathy in their daily practice with children, parents/ carers and colleagues and they reflected on these in their diaries and interviews. Participants could describe empathy and there was a breadth of views on what empathy is, and whether it is innate or a skill to be learned.

There were clear examples of cognitive empathy and affective empathy in responses. Some participants saw empathy as a skill, something to actively try to understand. This rational consideration of situation, the attempt to imagine how the other person is feeling, 'trying to put yourself in the other person's shoes' (Manassis, 2017, p.9) is consistent with cognitive empathy. In other examples, participants demonstrated a more emotional, reflexive type of empathy. Examples of sharing the feelings of others, of having an emotional response to another's emotion describes affective empathy (Hoffman, 2000).

It appears that those practitioners who saw themselves as naturally empathic were the ones who demonstrated affective empathy and experienced an emotional impact on their lives outside the

workplace. All nine participants described impact on their home lives, but not all of these were emotionally upsetting effects. Participants described tiredness, supporting the findings of Solvason, Webb and Sutton-Tsang's (2020) findings which demonstrated 'the relentless exhaustion of the role' (p.198). Early childhood practice is reported to be an exhausting job by these participants, and this is supported by some literature. Several participants experienced difficulty in 'switching off' outside work. Suppression of one's own emotions, whilst showing appreciation and understanding of the emotions of others is a cause of emotional distress. These 'feeling rules', as Hochschild (2013, p.50) defines them, can result in anger and guilt as shown in some of the participants' responses in this study. The incongruence and fatigue can overwhelm practitioners. However, there is significant satisfaction within the role which appears to help in mitigating the empathic distress. In the final chapter, the findings of this research will be summarised and conclusions drawn.

Chapter 7: Summary and Conclusions

This chapter summarises the findings of this research and identifies the original contribution to knowledge. The research aims and objectives are revisited, and conclusions drawn from the data collected. Pietkiewicz and Smith (2014) advise that an IPA study should include reflection, comments on the implications of the research and ideas for future development. Reflection has been an essential component of this study from the very beginning, as phenomenological study connects with our everyday experience. This 'double hermeneutic' is examined, alongside Goldspink and Engward's (2019) concept of 'reflexive echoes'. Therefore, this chapter incorporates reflection on the research findings and on the research process. Husserl (1927, cited in Smith, Flowers and Larkin, 2022) said that adopting a phenomenological attitude involves 'a reflexive move' (p.12) as the researcher's focus moves from the phenomenon itself to the researcher's perception of the phenomenon. The phenomenon of empathy has been examined in detail; my own subjective experiences have led me on a journey of exploration. Commencing with my personal prior experiences (Smith, Flowers and Larkin, 2022), then through the writings of theorists and academics, through the reflections of the participants, and subsequently through my own reflections and developing understanding throughout the process. This 'rich source of ideas' (Smith, Flowers and Larkin, 2022, p.11) is a key value of interpretive phenomenological research.

Appraisal of method

Merleau-Ponty's words (translated by Landes, 2012, cited in Smith, Flowers and Larkin, 2022), 'we must not wonder if we truly perceive a world; rather, we must say: the world is what we perceive' (p.14) have resonated with me as a researcher. This study has examined practitioners' perceptions of empathy; thus, empathy is what each participant perceives it to be.

This research provides the first extensive examination of early childhood practitioners' perception of empathy within their practice. While previous literature has explored emotions in the profession (for example Page and Elfer, 2013; Page, 2018), this study stands out due to its exclusive focus on empathy. By extensively reviewing literature on empathy and examining research from analogous professions such as nursing and social work, this study establishes important connections and sheds new light on the subject. The importance and originality of this study is that it explores, through empirical evidence, early childhood practitioners' experiences, which adds to the originality and significance of the study, as it enhances our understanding of empathy within this profession. As a result, this research offers vital insights into the role of empathy within early childhood practice and its impact on practitioners and could be applied to alternative contexts with similar groups, for example in different geographical locations (see section 3.2.1 for discussion on transferability).
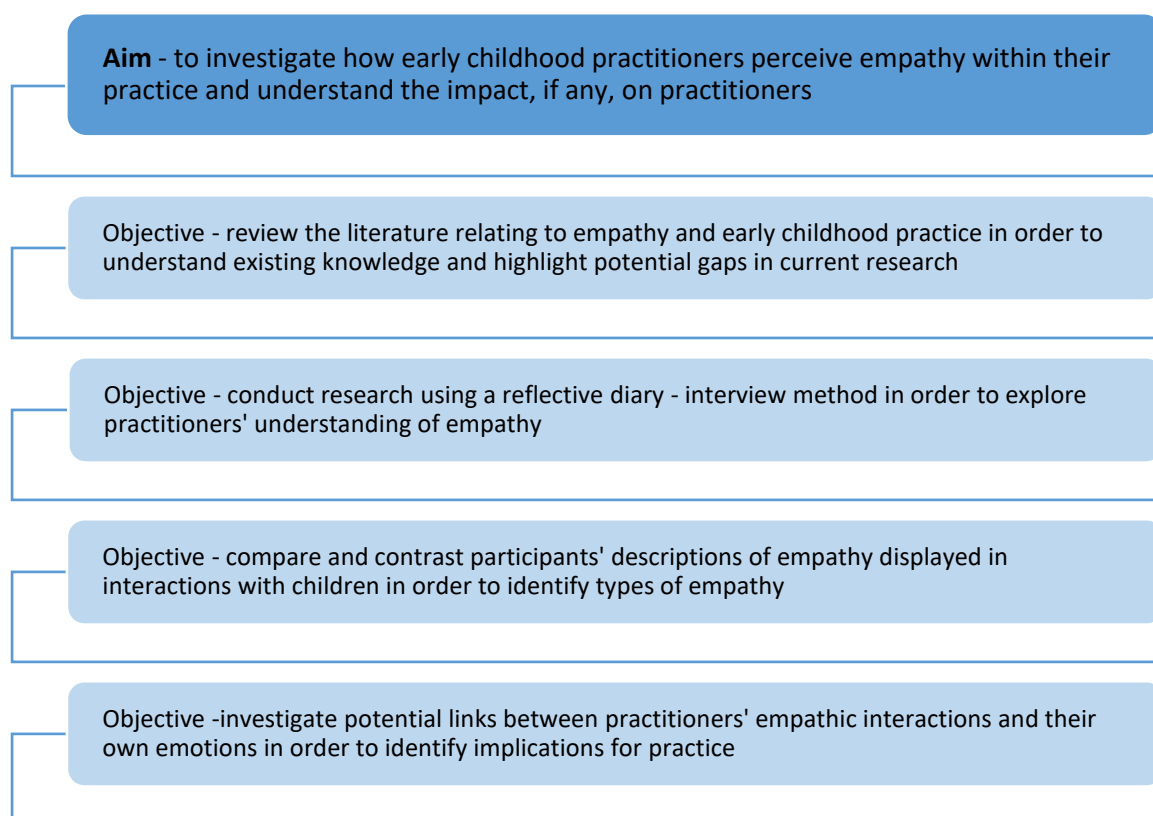
The reflective diary-interview method employed in this research was successful in instigating a deep exploration of empathy by early childhood practitioners. Through reflective diaries, participants were able to record their lived experiences in an unobtrusive manner, capturing rich descriptions of their interactions. In the exploration of empathy as a phenomenon, Dewey's (1933) description of reflection as 'an active, persistent and careful consideration which helps find the way through uncertainty' (p.118) is particularly fitting. Establishing a trusting relationship between researcher and participants facilitated the collection of honest and insightful data. Similar to Bedwell et al's (2012) diary research with midwives, this study also revealed participants' recording of detailed personal and intimate emotions (see section 6.5 for examples). The diary-interview method complemented diary responses by providing an opportunity for further exploration and elaboration during the interviews (Zimmerman and Wieder, 1977).

The methodological approach and adoption of the reflective diary-interview method in this context could be transferable to other contexts, such as nursing, social work or teaching. It has the potential to yield valuable insights into empathy or other phenomena in various professional settings.

7.1 Revisiting the research aims and objectives

The principal objective of this research project was to examine *'Early Childhood Practitioners' Perceptions of Empathic Interactions with Children and Families'.* A prior interest in the subject of empathy had identified it to be an essential skill in relationships, particularly in helping relationships. In the early childhood profession, an 'ethic of care' (Noddings, 2013) is well-established, and practitioners required to demonstrate empathy and compassion in their interactions with children and families. There has been abundant research into empathy in nursing (see for example Konow Lund, 2018; Mottaghi *et al*, 2019) and empathy in social work (see for example Gerdes and Segal, 2009; Hall and Schwartz, 2019), and two U.S.A. studies relating to empathy in teaching (Peck, Maude and Brotherson, 2015; Haslip, Allen-Handy and Donaldson, 2019). However, it was clear from the first literature search at the beginning of this study that no published research could be found that examined perceptions of empathy in the early childhood profession. Over the previous decade, interest in the emotional demands of early childhood practice has increased (see for example, Elfer, 2015; Taggart, 2016 and Page, 2018), but this did not focus on empathy. Published empirical research relating explicitly to empathy in early childhood practice are non-existent. This study set out to investigate how early childhood practitioners in England perceive empathy within their practice, to examine empathic interactions in detail and to ascertain any impact on practitioners. The perceptions of a sample of nine practitioners were examined and conclusions drawn from the rich data collected. One overarching aim and associated objectives were identified at the start of the process (see figure 7.1 below),

Figure 7.1: Aim and objectives of the research

> **Aim** - to investigate how early childhood practitioners perceive empathy within their practice and understand the impact, if any, on practitioners

> Objective - review the literature relating to empathy and early childhood practice in order to understand existing knowledge and highlight potential gaps in current research

> Objective - conduct research using a reflective diary - interview method in order to explore practitioners' understanding of empathy

> Objective - compare and contrast participants' descriptions of empathy displayed in interactions with children in order to identify types of empathy

> Objective -investigate potential links between practitioners' empathic interactions and their own emotions in order to identify implications for practice

The aim and objectives (see chapter 1) were accomplished to some extent and will be discussed in turn.

7.1.1 Early childhood practitioners' perceptions of empathy within their practice

The study set out to understand the views and experiences of early childhood practitioners in relation to empathy within their role. All nine participants gave their definition of empathy at the start of the process, in their Phase A interview (see 5.2.1). They were all able to explain what the word empathy meant to them, and the range of definitions was diverse. Some participants expressed the view that empathy was difficult to define, which supports the view of Hoffman (2000), who admitted 'the more I study empathy, the more complex it becomes' (p.30). Others felt that empathy was part of their personality, part of who they were; others felt that it was a skill they had learned and could develop.

The participants were able to recognise emotion in others, in children, families and colleagues. The sensitivity and willingness to try and understand the feelings of others is what Rogers (1980) felt was the essence of empathy. The participants demonstrated various skills used in this endeavour, for example observing the body language and facial expressions of others and picking up on changes in voice tone. Advocates of the mirror neurons explanation of empathy (Conkbayir, 2021) see this as 'mirrored understanding' (Maibom, 2017) and others from a counselling point of view (Egan, 2013)

recognise it as an enhanced form of relationship building. Whichever reason is accepted, noticing signs of emotion is the first step in understanding how others are feeling. Practitioners' knowledge of the children they work with is key to this skill. There was ample evidence in the research that the participants know their children well and so are able to identify changes to their usual behaviour. 'Emotionally close relationships' are the cornerstone of early childhood practice (Page and Elfer, 2013, p.553), hence the key person system advocated in the EYFS guidance (DfE, 2021) is adopted in early childhood settings to provide this warm attachment. Participants in this study recognised that their empathic reactions to the children in their care was due to their close relationships and knowledge of the children. They were able to recognise changes in behaviour and to empathise with what the child was feeling.

A large number of diary reflections described empathy at times of transition when young children are building attachments with their new caregivers. Research corroborates the fact that empathy is crucial during the attachment process, from the seminal work of Bowlby (1960) and Ainsworth (1978) to recent studies by Elfer (2015) and Macagno and Molina (2020). Findings from this project supported a strong link between empathy and attachment and indicated practitioners' concern and support for the children in their care. Practitioners recognised the struggles that young children were experiencing, and they were quick to empathise and to reassure. This reassurance was also provided to parents who were also struggling with the transition from home to day care. Participants in the project described feeling empathy for children at these times and they sometimes experienced the distress of the child themselves.

The introduction of emotion coaching in the U.K.'s early childhood sector (Rose and Gilbert, 2018) promotes empathy in its approach. Subsequently, six of the nine participants in the study reflected on empathy when they were using emotion coaching with young children. They recognised that they were using empathy when they tuned into the feelings of the children and helped them to understand their emotions.

7.1.2 Identifying the types of empathy being demonstrated

At the outset of this study, I considered two types of empathy; cognitive (Eisenberg, 1997) and affective (Hoffman, 2000), and whether I would find clear examples of these within the research. A third type, multi-dimensional empathy (Davis, 2017) incorporates components of both. The evidence from this study suggests that early childhood practitioners are demonstrating both cognitive and affective empathy within their practice. The findings of this study, therefore, complement empathy studies in the nursing (Bry *et al*, 2016; Motthagi, 2019) and social work (Gerdes and Segal, 2009; Lynch *et al*, 2019) professions in their similarity.

Cognitive empathy involves thinking about how someone else is feeling and making an effort to try and imagine how the person must be feeling (Manassis, 2017). There were lots of examples of this in the research findings. Participants used phrases like 'imagining how he was feeling' and 'trying to relate/ understand' and 'thinking about why'. It was evident that this type of empathy involved making an effort to understand others' feelings. Participants were trying to put themselves in the position of the child and imagining how it would feel to be them; Spaulding (2017) calls this 'simulation theory.' This research has identified examples of cognitive empathy which involve thinking and perspective taking and have concluded that this is a controlled effortful process for the practitioner (fig 7.1 below).

Affective empathy, in comparison, is an emotional response to another person's emotion, hence it is often called 'emotional empathy' (Hoffman, 2000). There were clear examples of affective empathy within the research. Participants described their emotional reactions in their reflective diaries and used phrases like 'going through it with them', 'you just feel it' and 'it breaks my heart'. Participants said that they were sharing the emotion of the child and feeling it themselves. Particularly at times of transition where children separate from their parent to come into the setting, practitioners are feeling the emotional upset of the child and several participants said that they had been very upset by this. Where cognitive empathy is a conscious decision to try to empathise, affective empathy appears to be something that is unconscious and instinctive (Belzung, 2014) (Fig 7.2 below).

Figure 7.2: Cognitive and affective empathy
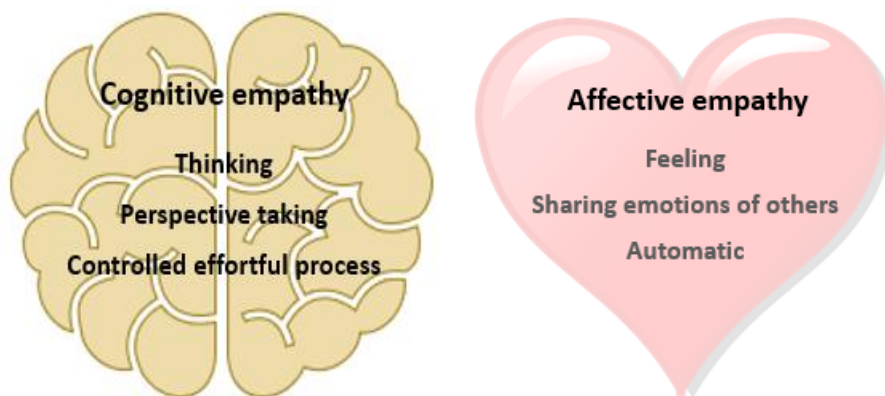
Multi-dimensional empathy combines both cognitive and affective empathy; it is an emotional effect followed by cognitive activity (Eisenberg, 1991). Examples of this were identified within the research findings; participants experienced affective empathy and then used cognition to take action. However, this was the case with affective empathy too, participants felt the emotion and then wanted to take action to help. It is unclear in the findings whether multi-dimensional empathy is a distinct type of empathy or whether it describes a second stage of affective empathy. In Eisenberg's (1991) view, the

two types of empathy always go together, cognitive activity always following emotional reaction. Tentative conclusions are drawn to the latter being the case (this is discussed further in section 6.1.3).

Advanced empathy, intuition and intuitive empathy

Egan (2013), a counselling theorist and writer, describes advanced empathy as a type of empathy involving perceiving another person's feelings, when the person themselves may not be consciously aware of them. Egan (2013) describes the interpretation of nonverbal clues such as body language and voice tone and explains that skilled therapists can use this to determine how someone is feeling. There were examples of practitioners interpreting children's nonverbal behaviour in the findings of this research (see 5.2.2). However, what Egan (2013, p.48) terms 'advanced empathy', Claxton (2003) and Brown (2012) might call 'intuition', which is developed through experience; the idea that it is possible to 'just know…without reasoning' (Brown, 2012, p.65) what people are thinking and feeling. It is suggested, therefore, that advanced empathy and intuition may be elements of the same phenomenon. Figure 7.3 below compares the terms and suggests 'intuitive empathy' as a suitable label for synthesis of the two terms into one overarching title.

Figure 7.3: Advanced empathy, intuition or intuitive empathy?

Advanced empathy	Intuition	Intuitive empathy
Picking up feelings recognised from body language and voice tone, sensing what is felt (Egan, 2013)	Using knowledge and experience to unconsciously identify changes in behaviour (Claxton, 2003; Brown, 2012)	Unconsciously using knowledge and experience to sense what is felt
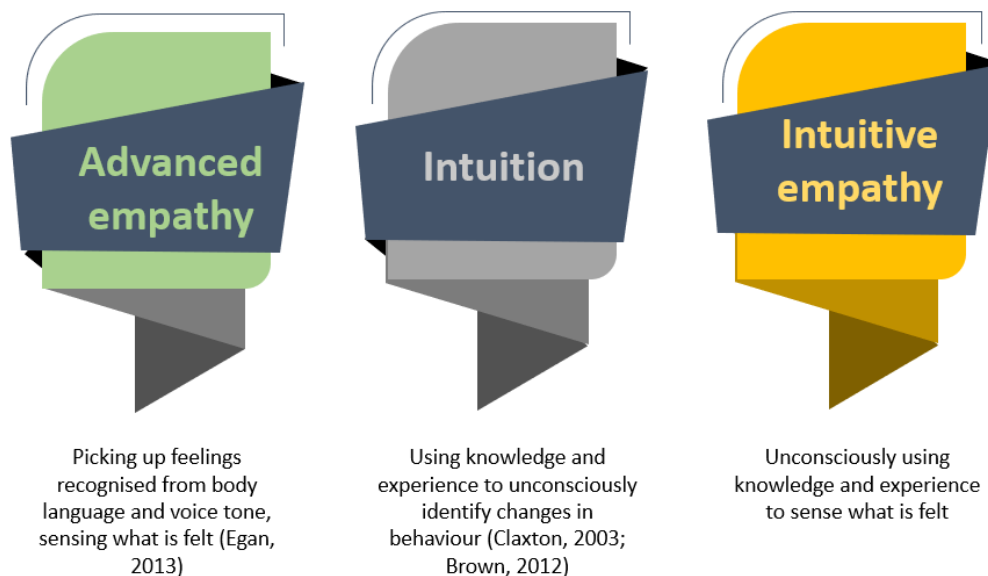
Participants in this research have identified times when they have been able to identify signs of children's emotional states, particularly when a child is too young to be able to articulate such emotion verbally. Practitioners demonstrated a keen ability to decode non-verbal clues, such as body language and facial expression to interpret how children are feeling. This interpretative process often occurs unconsciously, practitioners drawing on their perceptive knowledge of the child and their professional experience to tune into the child. The term 'intuitive empathy' encapsulates the practitioner's capacity to grasp a child's emotions through non-verbal signals, informed by their accumulated knowledge and

experience, further enhanced by what is colloquially described as a 'gut feeling' (Slipman et al., 2021). This amalgamation of skills demonstrates a high level of intuitive empathy and emphasises practitioners' advanced understanding of a child's emotional state.

7.1.3 The impact of empathic interactions on practitioners

This study has substantiated the notion that empathy has an impact on early childhood practitioners' lives. One of the most important findings to emerge from this study is that every participant described a negative effect that continued into their home lives. For some participants, this was tiredness, for some it was feeling the burden of responsibility, and for others it was emotional upset, sometimes intense and sometimes disquieting to read (fig.6.4 gives an example from each participant).

Emotional upset

Empathic interactions with young children clearly have an emotional effect on practitioners. Findings from this project substantiate the views of many, including Datler, Datler and Funder (2010), Taggart (2016) and Elfer *et al* (2018), that being around young children with 'catastrophic emotions' (Datler, Datler and Funder, 2010) and developing close empathic relationships with them can cause emotional distress. As previously discussed, (see 6.1.1), transitions were a time of intense emotion for many of the participants, who described feeling the emotional pain of young children. Hoffman's (2000) description of the personal distress of empathy being too painful to bear is evident in participants' reports of their own crying. These participants appear to be literally feeling the emotional pain of the child themselves. This intense emotional reaction is labelled by various writers as 'emotional overexcitability' (Smith, 2016), 'hypersensitivity' (Pietchowski, 2009), 'empathic distress' (Hoffman, 2000) 'empathic over-arousal' (Eisenberg, 2005) and 'hyper-arousal' (Manassis, 2017). There is evidence that this level of personal distress can result in stress and burnout for practitioners (Taggart, 2016; Elfer *et al*, 2018).

Tiredness

Early childhood practice is evidently a tiring profession; participants talked about their heavy workload and about feeling tired and drained. The word 'drained' was used several times by participants. This tiredness results from empathic interactions, as two participants reported feeling particularly exhausted if a child in their care has had a difficult day. Another factor affecting the tiredness of staff, at the time this study was undertaken, was the Covid-19 pandemic. This was particularly challenging for the participants with management responsibility who talked about staff shortages due to isolation regulations and additional stress caused by the impact of the pandemic on mental health (Nelinger *et al*, 2021). Despite the additional strain on practitioners, efforts to 'fake' a positive attitude, which

Hochschild (2013) describes as 'surface acting', which is shown to cause burnout (Hochschild, 2013; Jonggab, 2018).

Effects of different types of empathy

It became apparent when examining the data that the participants' reactions depended, to some degree, on the type of empathy used. Cognitive and affective empathy tended to result in different consequences for the participant. Cognitive empathy is concerned with thinking and the effortful understanding of others' emotions (Manassis, 2017), which tends to result in fatigue. Affective empathy, which is concerned with sharing the feelings of others (Hoffman, 2000), is more likely to produce emotional overarousal or empathic distress.

Cognitive empathy, according to some of the literature reviewed, is a 'controlled, effortful process that requires substantial cognitive resources' (Webster-Nolan, Klein and Irvin, 2003, p.38). The information processing involved in this cognitive effort increases fatigue. This empathy project has identified examples of this, with participants speaking of 'constantly thinking about it…it's difficult to switch off' (Debbie, Phase A interview) and 'I can feel quite drained after the morning session…it's challenging and it's hard work' (Cheryl, Phase B diary, p.2).

The incongruence of 'surface acting' (Hochschild, 2013), of suppressing one's personal emotions whilst trying to understand the emotions of others, causes fatigue and exhaustion. However, there is satisfaction in taking action and making a difference to children's lives. An example of this is from Mel's diary, where she says,

> …proud of myself for encouraging them to make good choices… finding this rewarding, seeing the impact my practice has on the children, and other staff. Watching the children reach a compromise and be happy for receiving praise for this (Mel, Phase B diary, p.2)

In the example above, Mel has used emotion coaching technique with the children. Emotion coaching is one of the ways that practitioners are able to work with children to solve problems and to help children manage their own emotions (Rose and Gilbert, 2018). In the example from Mel, working with the children and seeing the impact that her emotion coaching has had, helps her to feel pride and satisfaction. Gerdes and Segal's (2009, p.121) view is that cognitive empathy should include conscious decision making and 'empathic action'.

In affective empathy, the emotions of others are shared by the empathiser; this appears to be an automatic response (Iacoboni, 2009). Comments from the findings of this study include 'it's just part of my personality, I can't help it' (Cheryl, Phase A diary, p.5) and 'I think it's an automatic thing for me…I pick up on people's emotions' (Mel, Phase B interview). Unlike cognitive empathy, which involves conscious thinking and efforts to understand, affective empathy seems to be instinctive
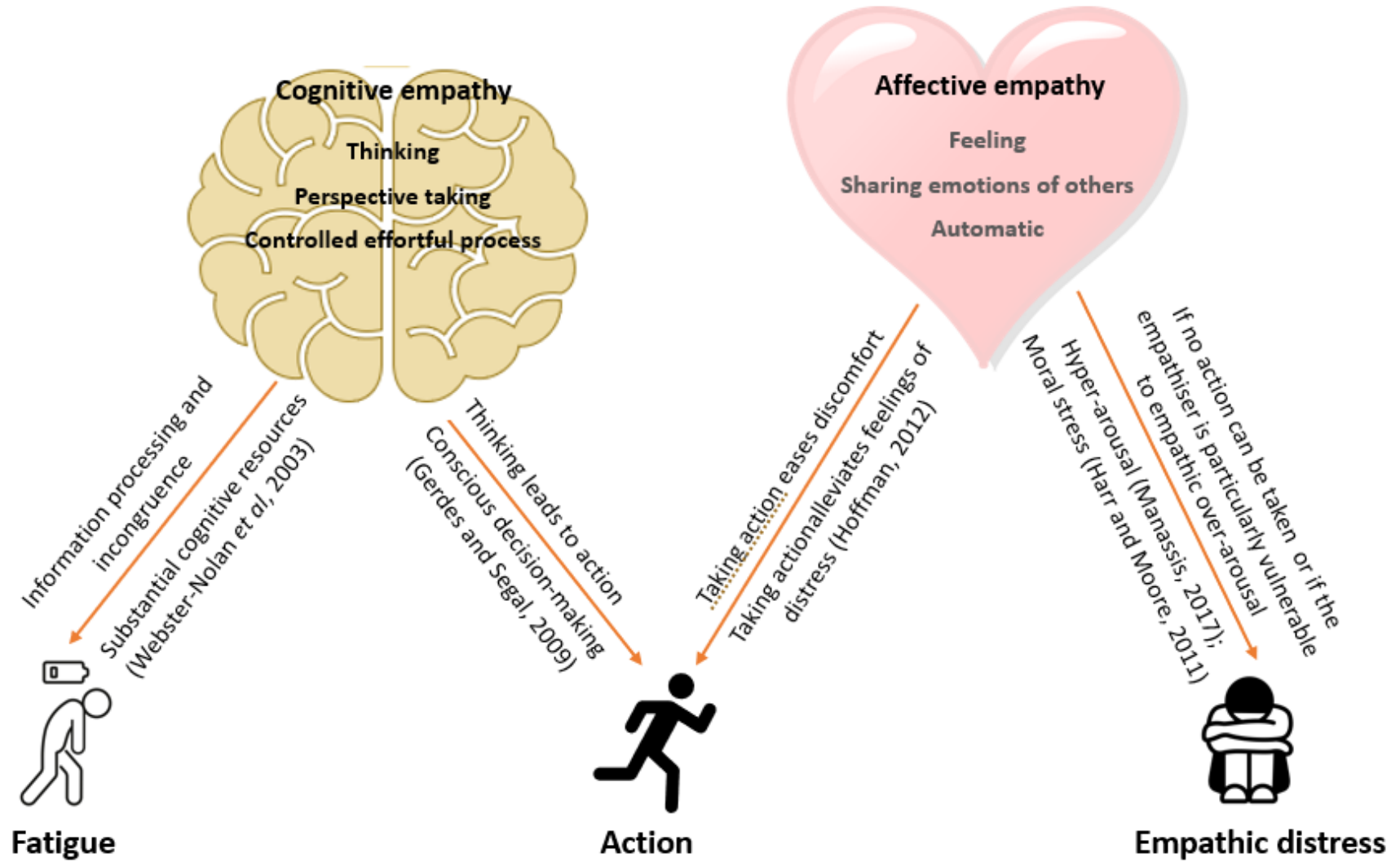
(Belzung, 2014). As in cognitive empathy, being able to take action helps. In affective empathy, taking action in order to alleviate another person's distress also assuages one's own distress (Hoffman, 2000).

There were many examples in this study of emotional upset arising from empathic interactions. Participants reported 'feeling the pain' of children in their care (Neukrug *et al*, 2013). If they were able to help children in distress to feel better, this made them feel better too. However, if it was not possible to take action to this end, then this resulted in empathic distress. Taggart (2016) suggests that if practitioners cannot take empathic action, this results in their own distress. Others indicate that a lack of power (Colley, 2006), a lack of control (Tebben *et al*, 2021), and feeling a lack of trust in one's professional competence (Basford, 2021) all contribute to emotional distress.

There were many examples of this in the research findings; participants reported feeling frustrated at not being able, or not being allowed, to take action. Other felt conflicted at wanting to take action which aligned with their morals and beliefs but having to follow the rules of the workplace, as in Mel's example in 6.5.1. This 'moral stress' (Harr and Moore, 2011) caused by ethical conflicts causes emotional exhaustion. Another consequence of affective empathy is 'hyper-arousal' (Manassis, 2017). Hyper-arousal, hypersensitivity and 'empathic over-arousal' appear to be alternative descriptions for the same intense feeling of emotional distress. When a person feels this, taking action can be too difficult and there is some evidence to suggest that it can result in a lack of empathy, as the person tried to protect themselves from the intense feeling (Hoffman, 2000). Figure 7.4 below illustrates the differences between the effects of cognitive and affective empathy.

Another theory is that some people are more likely to experience personal distress when empathising with others (Warrier, 2018), due to a genetic predisposition. Baron-Cohen (2003, p.24) explains that these people continually think about the feelings and thoughts of others, and they do so 'because they can't help doing it.' For some people, empathy is part of their personality, and it brings with it an increased likelihood of experiencing distress (Denckla, Fiori and Vingerhoets (2014). Regardless of the reasons for empathic distress, there is a need to identify strategies to manage it.

Figure 7.4: Model showing effects of cognitive and affective empathy

Cognitive empathy

Thinking

Perspective taking

Controlled effortful process

Affective empathy

Feeling

Sharing emotions of others

Automatic

Information processing and incongruence

Substantial cognitive resources (Webster-Nolan et al, 2003)

Thinking leads to action

Conscious decision-making (Gerdes and Segal, 2009)

Taking action eases discomfort

Taking action alleviates feelings of distress (Hoffman, 2012)

Hyper-arousal (Harr and Moore, 2011)

Moral stress (Manassis, 2017); If no action can be taken or if the empathiser is particularly vulnerable to empathic over-arousal

Fatigue

Action

Empathic distress

7.1.4 Coping strategies

All nine participants reported being affected emotionally by their empathic interactions with children and families. These effects varied from tiredness and exhaustion to worry and emotional distress in different people. For some of the participants, talking about their feelings with others was important, whether this was with a family member or a colleague. These findings support Elfer's (2012) research which found that early childhood practitioners had a strong need to talk through their work with others. Talking about one's emotions may counteract, to some extent, the suppression of emotions required in early childhood work (Isenbarger and Zembylas, 2006). Talking through emotions requires reflection, which can be a positive way of dealing with empathic distress. Reflective ability and empathy are closely related (Grant, Kinman and Alexander, 2014), so discussion that is based on reflection is likely to be successful.

In the literature reviewed, there was evidence of practical suggestions for coping with work in schools, although these studies were based in the U.S.A. (Carson *et al*, 2017; Tebben *et al*, 2021). In Tebben *et al*'s (2021) study, teachers described strategies including deep breathing, mindfulness, positive self-talk and developing routines and structure. Carson *et al* (2017) advocated breathing exercises, mindfulness, short breaks and physical exercise for teachers, in order to manage daily stress. One participant in this research, Jake, said that he used exercise (running) to cope with the stress of his work, but this was the only instance of a coping strategy, other than talking to others. Furthermore, there was only one comment in the data about formal supervision, from Andrea (Phase A interview), who suggested that this was not carried out regularly and that her managers were probably too busy to talk.

7.1.5 Empathy satisfaction

Although there has been lots of evidence of empathy overload and negative impact on practitioners' lives in this study, there were also several reports of a positive impact. Close empathic relationships can be fulfilling for practitioners, supporting Figley's (2013) view that emotion work can have a positive impact. Much of the literature on job satisfaction within the early childhood profession is labelled 'compassion satisfaction' (for example, Stamm, 1996; Bride and Figley, 2007; Harr and Moore, 2011). However, Galetz' (2019) research with nurses differentiated between compassion satisfaction and empathy satisfaction. Galetz suggested that compassion satisfaction could be defined as satisfaction with the action taken, the result of helping someone. In contrast, empathy satisfaction describes satisfaction with oneself, initiating an improved sense of self-worth. There is evidence of participants feeling good about themselves following empathic interactions, however, literature on 'empathy satisfaction' is virtually non-existent. This, then, would be an interesting subject for future study.

7.2 Implications for practice

There are various kinds of impact that can originate from research of this kind, including attitudinal impact, awareness, economic impact, social impact, influencing policy and cultural influence (Rapple, 2019). Much of the research on empathy studied in this report has included recommendations for practice. However, due to the lack of empathy research with early childhood practitioners, recommendations are mostly from other professions. In nursing, there are recommendations for the teaching of empathy to be included in nurse training (see for example, Bry *et al*, 2016; Konow Lund, 2018). Researchers of the Iranian study by Motthagi *et al* (2019) call for interventions and training on the management of empathy-based guilt and empathic distress. In the social work profession, research by Gerdes and Segal (2009) suggests that empathy is under appreciated, with no mention of the word in codes of ethics for social workers or even in key texts for social workers. Empathic distress, however, is common. Research by Lynch *et al* (2019) recommends supervision for social workers which focuses on emotion and promotes resilience building in practitioners. Shea (2019) recommends reflective practice for social workers to help workers to be more aware of the emotional impact of their work. The teaching profession arguably bears the closest resemblance to early childhood work. Research into empathy within the teaching profession has also recommended opportunities for teachers to voice and share their emotions (Isenbarger and Zembylas, 2006).

Exploring similar professions has been valuable in this study, given the lack of published research on empathy within the early childhood profession. Yet, it is imperative to recognise the unique social, political, cultural, and gendered context that characterises the early childhood profession within England. The distinctiveness of this context, marked by the undervaluation of the profession often relegated to 'women's work' and the overlooking of empathy and sensitivity as essential professional skills, underscores the necessity for recommendations specific to the early childhood profession. Additionally, workforce development should take account of individual and organisational difference. The participants in this study work in a variety of settings, including state-run schools and private nurseries and preschools. There are significant differences in the job roles and the perceptions of these professionals. Within the early childhood profession in the UK, there are also practitioners working as childminders and nannies, in special schools and in hospitals, all of which have their own specific responsibilities and their own level of significance. There is evidence to suggest that those involved in educating young children are more highly valued than those involved in the physical care of babies, for example (Findlay, Findlay and Stuart, 2009). Three recommendations, from this research, are made below.

7.2.1 Recommendation one: raising awareness of emotional impact

As previously discussed, there is a paucity of literature relating to empathic interactions within early childhood practice. There is evidence of emotional labour (for example, Elfer *et al*, 2018) but not specifically about empathy. The findings of this study indicate that, akin to Gerdes and Segal's (2009) suggestion that empathy is invisible and underappreciated in social work, the same can be said for the early childhood profession. Although empathy is expected by practitioners, it is not a concept that is included in training or in policy. Datler, Datler and Funder's (2010) research stresses this point, 'there is no adequate concept of professional work established that includes the conviction that struggling with the task of understanding children's primitive emotions is part of the job of caregivers' (p.82). This research project set out to follow the principles of feminist research (Renzetti, 1997), one of which is to appreciate, and give voice to, everyday experiences. Although a higher percentage of participants than expected are male, early childhood practice is considered a marginalised profession with limited opportunities to be heard (Campbell, 2013). The lack of appreciation for the emotional impact of the role needs to be addressed (Hodgkins, 2023, in Solvason and Webb, 2023); one of the ways of doing so is by sharing, presenting and publishing research such as this.

In the education and training of early childhood practitioners, there is an opportunity to prepare students for the emotional impact of the work (Solvason, Hodgkins and Watson, 2021). It is important for students to understand the emotional demands and to be aware of the need to protect their own emotional wellbeing. The research by Cunico *et al* (2012), which examined the development of empathy in nursing students, is pertinent to this issue. Their study evaluated a training programme which resulted in students being more able to understand their own emotional limits and able to identify strategies to manage the emotional impact of their work. Cunico *et al*'s (2012) study included teaching student nurses how to monitor their own emotional state and how to communicate their feelings. This could form the basis of considering similar training input for early childhood students.

7.2.2 Recommendation two: reflective supervision

Awareness of one's own emotions and the ability to communicate them are essential precursors to emotional wellbeing (Cunico *et al*, 2012; Tebben *et al*, 2021). Something that has stood out in researching this subject is the fact that early childhood practitioners constantly validate, and encourage children to express, their emotions and this is seen at being of the utmost importance. The emotion coaching initiative stresses the need for children to understand and express their emotions (Rose and Gilbert, 2018). Yet, conversely, practitioners are expected to conceal their own negative emotion, as required by emotional labour rules (Hochschild, 2012). Practitioners would not tell a child who is feeling angry or sad to put on a happy smiling face, yet they do this themselves constantly. This dichotomy seems unethical as it suggests that practitioners' feelings are unimportant.

This research has identified examples of practitioners sharing their emotional experiences at work and supporting each other and this seems to be important. As Isembarger and Zembylas' (2006) research attested, the opportunity to discuss emotions is crucial. Hunter (2023) believes that the emotional wellbeing of early childhood staff should be a priority. Her recommendation is for supervision based on respect and honest communication, supporting the view of Shea (2019) who also calls for relationship-based supervision to be a priority. Supervision has been a requirement for early childhood practitioners since 2011 (Tickell, 2011), but the quality and effectiveness of supervision is something of a lottery (Hodgkins, 2019). Good supervision should include reflection on emotion and should foster and promote resilience (Lynch *et al*, 2019; Hunter, 2023). One of the most important recommendations arising from this research project is for good reflective supervision for practitioners which welcomes the sharing of experiences and emotion and allows practitioners to recognise their emotional needs and to identify strategies for support.

7.2.3 Recommendation three: address the needs of early childhood managers

Two of the participants in this study are nursery managers, and a further two are deputy managers. The high percentage of managers in the response to the original call for participants is promising, as it is managers who have the opportunity to make changes in practice. There were some particular issues for these practitioners in terms of empathic interactions and emotional impact on themselves. The responses evidenced the responsibility that managers felt for their staff's wellbeing, often this responsibility was similar to parental concern, echoing the findings of Elfer's (2012) research with nursery managers. Elfer (2012) found that managers of early childhood settings experienced many challenges and demands within the role and that a lack of support for them meant they often felt lonely. In an interview response in this research, Joel says exactly that, management is 'quite a lonely place to be (Joel, Phase B interview). For managers, there is an additional tier of empathy; they show empathy with the children in their care, and to parents and families, and also to their staff teams who, as previously discussed, are often experiencing significant stress and emotion themselves.

7.3 Reflection on research journey

Reflective practice has been an integral part of this study at every stage. In IPA research, the researcher is a part of the research so reflexivity is important in maintaining self-awareness. Goldspink and Engward (2019, p.292) describe reflexivity as 'a thoughtful, considered, and conscious attentiveness of researchers in relation to their presence in research practice.' Goldspink and Engward (2019) recommend reflective journalling for researchers to facilitate awareness of the researcher's place within the process.

7.3.1 Reflection on the emotional impact of the research

At the outset, before any primary data collection was carried out, it was important to acknowledge that empathy is an emotional subject and, therefore, there was the potential for participants to experience emotional upset in the collection and recollection of examples of empathy within their practice. Although there is evidence to suggest that reflective diaries are a helpful outlet for strong emotion (Bedwell *et al*, 2012), 'ethical sensitivity' (Wagstaff *et al*, 2014) was crucial. Relationship building was important, care being taken to adhere to the BAECE (2011) ethical principle of 'build[ing] collaborative relationships based on trust, respect and honesty' (p.7).

After participating in the reflective diary and interview in Phase A of the research, both Debbie and Harriet declined to take part in Phase B of the research. For Debbie, the fact that her nursery was closing meant that she was unable to continue, but the decision could, in part, be due to the difficulty of reflecting on the emotional aspect of her practice. This was undoubtedly the case for Harriet, who had become upset during an interview (see appendix three). It was important for all participants to be given a voice as their contributions were important (Meth, 2003). However, the researcher has a duty of care for people's emotional wellbeing, the protection of participants being 'the sacred obligation of the researcher' (Alase, 2017, p.17). When planning this research project, the ethics of researching sensitive subjects were deeply considered. As the sample group was small, developing supportive and trusting relationships with the participants was uncomplicated. Anonymity and confidentiality were assured, and care and time taken to put people at ease. In Bedwell, McGowan and Lavender's (2012) study, diaries were seen to be a useful outlet for difficult or extreme emotions experienced at work, but safeguards needed to be identified prior to the research commencing. It was decided that if a participant became distressed during an interview, the interview would be stopped, and the participant referred to help (section 3.4.4). However, in the incident with Harriet, this would not have been appropriate, as this took place in her own home via a virtual communication platform. The situation demanded 'ethical sensitivity' (Wagstaff *et al*, 2014) and so it was appropriate to talk through the situation with Harriet, to ascertain who else was in the house to support her and to discuss her plans for the remainder of the evening.

7.3.2. Reflection on Double Hermeneutics

A 'double hermeneutic' (Pietkiewicz and Smith, 2014; Smith, Flowers and Larkin, 2014) is a dual interpretation process that involves participants making sense of the subject and the researcher making sense of the participants' sense. IPA research is about examining subjective experience. Husserl (Jacobs, 2016), the founder of phenomenology, advocates self-awareness and critical reflection, attentively reflecting on everyday lived experience. In this study, writing reflective diaries and engaging with interviews has facilitated participants' reflective thinking and consequent

interpretation of their empathic interactions. At the data analysis step, my own interpretation of participants' understanding added a layer of interpretation.

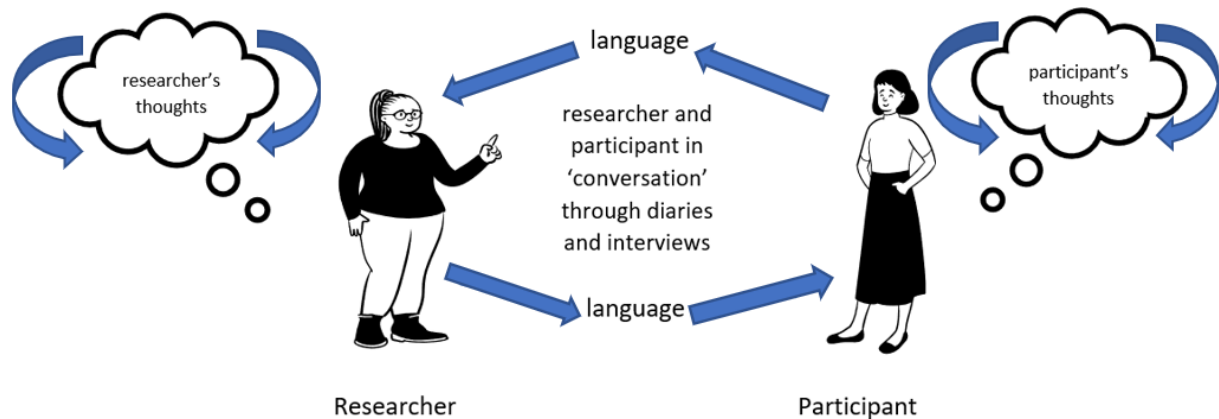Figure 7.5: adapted from Widdowson (2021)

Fig 7.4 (above) illustrates the way that people's interactions with each other produce a double hermeneutic as in this study. The participant experiences empathy within her role; she reflects on and interprets these experiences and records them in her diary and then reflects further when she talks about her experiences in the research interview. The researcher receives this information and interprets the participant's writing and spoken language, contextualising the ideas along with her own existing knowledge about empathy. However, the presence of the researcher, and the things she communicates to the participant about empathy also have an effect on the participant, changing the way she understands the concept and vice-versa. Goldspink and Engward, (2019) suggest that this perpetual cycle of interpretation and reinterpretation uncovers deeper insight into the phenomenon being examined. This is consistent with 'Heidegger's belief that the gateway to philosophical understanding is via self- awareness' (p.296). The repeated observation of each other's points of view is what defines a double hermeneutic (Widdowson, 2021).

In this study, three facets of the processes can be identified as having a double hermeneutic effect. Firstly, the study involves examination of participants' empathic interactions with children and families; as a researcher, an intrinsic part of the process has been the importance of me demonstrating empathy for the participants, an important quality in an ethical researcher. Secondly, writing reflective diaries and engaging with interviews has necessitated participants' reflective thinking about their interactions. My own reflections (Smith *et al*, 2022), following each reading of diary entries and interview transcripts, involved meta reflection, reflecting on the consequences of reflection (D'Alessandro, 2012). Thorpe and Garside's (2017) description of meta reflection as 'a joint activity involving two, or more people, seeking to develop their thought and practice by moving from

descriptive to analytical levels of reflection' (p.111) describes both the importance of reflective thinking as an aid to deeper analytical thinking and the benefits of reflecting on the reflections of another person / people. Thirdly, throughout both phases of the research, the participants learned more about their empathic interactions, and this impacted on their thinking and understanding of empathy. As a researcher, my observations of empathy gained through constant examination of participants' views have developed my own thinking, the 'reflexive echoes' an important aspect of IPA research (Goldspink and Engward, 2019, p.291). Goldspink and Engward's (2019) descriptions of 'booming clangs and whispering ghosts'(p.291) have resonated with me throughout the research process. The 'whispering ghosts' refer to instances of unease or discomfort, an example of this is the discussion relating to Colley's criticism of the description of the 'nice girl' (section 2.5.3), a label which suggests a gendered stereotype and lack of professionalism. There were also instances of Goldspink and Engward's (2019, p294) 'booming clangs', when the encounters of the participants were very familiar to me and reminded me of my own previous professional experiences. The overt inclusion of reflexive echoes in the process of IPA research is advised by Goldspink and Engward (2019) and engages with the guidance of Husserl (1927, in Smith, Flowers and Larkin, 2022). Greenberg *et al*'s (2018) description, 'I learn about myself through others' reactions to me, which I understand increasingly well through improved self-understanding that permits me to place myself increasingly effectively into their shoes' (p.9), describes cognitive empathy. The interesting concept here is that within this process I, as the researcher, am experiencing cognitive empathy for the participants' views. There have also been instances where I have personally become emotional when listening to, and reading, participants' recollections of their practice. It may be that figure 7.4, based on Widdowson's (2021) idea, should also include emotion, as emotion is an important part of the 'conversation' between researcher and participant.

7.3.3 Personal reflection on process

Examination of my own reflective journal throughout the process of this research has revealed a personal journey of understanding of doctoral study, of the likely views of participants and of empathy as a phenomenon. My very first reflective journal entry, following induction day, reads:

> 30/09/19 induction day - good to see that everyone has imposter syndrome, not just me. Worrying that everyone seems to have a firm research question though. Had vivid dreams about being in control of a juggernaut![1]

Imposter syndrome (Clance and Imes, 1978) has been present, for me, since working at the University. The traditional status of early childhood practice being of low profile and low status (Osgood, 2009)

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[1]

and feelings of being 'less than' (Solvason and Webb, 2023) have been a feature of the profession throughout my career. Being employed by a university as a Senior Lecturer is a high status position, I found that I lacked internal acknowledgement of my own accomplishments. This manifested itself again at the point of being accepted onto a PhD programme, but meeting other students also experiencing self-doubt promoted a feeling of ease. The vivid dreams I experienced at the time were clearly representative of my feeling unprepared and out of control at the beginning of the process.

As time moved on, my reflections demonstrated development of my thinking about the process and supervision of doctoral study, as seen in these excerpts:

> 02/10/19 I've been making a lot of assumptions so far in my search for a research question - I have assumed that emotional closeness leads to fatigue, but are there positives too? I need to keep it open and **find out**, rather than aiming to prove what I think.

> 25/10/19 I really must try and remember that this study is led by me, it isn't a taught course. I met Peter and Richard this morning and proudly announced 'I've done my Gantt chart!' as if they had set me homework and would be pleased with me that I'd done it early LOL!

I had started questioning my assumptions and second guessing my decisions at this point, and my lack of confidence meant that I was heavily reliant on my supervisors for reassurance and praise. The fact that the PhD programme at the university encompassed a Post Graduate Certificate in Research Methods provided some valuable scaffolding for me at the beginning of my journey. I was able to receive regular feedback on my work and had opportunities to discuss my reading and my thought processes. As the second year began, following extensive reading and my first academic writing, my thoughts about the subject of empathy became much less certain. A reflective journal entry reads:

> 02/11/20 The more I think about empathy, the more I think this whole thing is doomed! I don't know if it's a relevant subject to study at all. I don't know if advanced empathy even actually exists, and if it does, it's probably only relevant to counselling, not Early Years. Why am I studying empathy and early years, rather than something more obvious and simpler? Is it because the whole thing is so unclear that it does need to be researched? I just got a book from Amazon called 'against empathy - the case for rational compassion' and that makes a lot of sense, so maybe that's what I need to be looking at? Whether empathy is enough? Or flawed? Whether the kind of empathy used in EY needs to be defined? But why?

> 05/11/20 I've got so many ideas now, and the subject is getting wider and wider, so I'm worried that I haven't narrowed down the focus enough yet. I'm researching empathy fatigue and secondary traumatic stress today and that's really interesting. Thought for the day - maybe the fact that I can't find any reading on empathy in EY practitioners is a good thing? Because I'm writing it?

This uncertainty around the subject reminded me of something I had read, 'the Dunning-Kruger effect' (Kruger and Dunning, 1999). Personally, I saw myself as very knowledgeable about the subject of

empathy at the beginning of the PhD process. As someone who had always felt myself to be very empathic and someone who had had coaching in empathy during counselling training, I felt that I already had a good foundation of knowledge of the subject. As time went on, however, as I read diverse views about empathy, there was a realisation that it was far more complex then I had first realised. At the point of the reflective journal above on 02/11/20, I was doubting everything I thought I knew about empathy, even whether it existed at all. As time went on, through further reading and re-reading, and conversations with supervisors and colleagues, it began to make sense again, but at a deeper level. This corresponds with Kruger and Dunning's (1999) 'trust me, it's complicated' stage (figure 7.6 below).

Figure 7.6: the Dunning-Kruger effect (https://www.verginer.eu/notes/graduation_speech/)
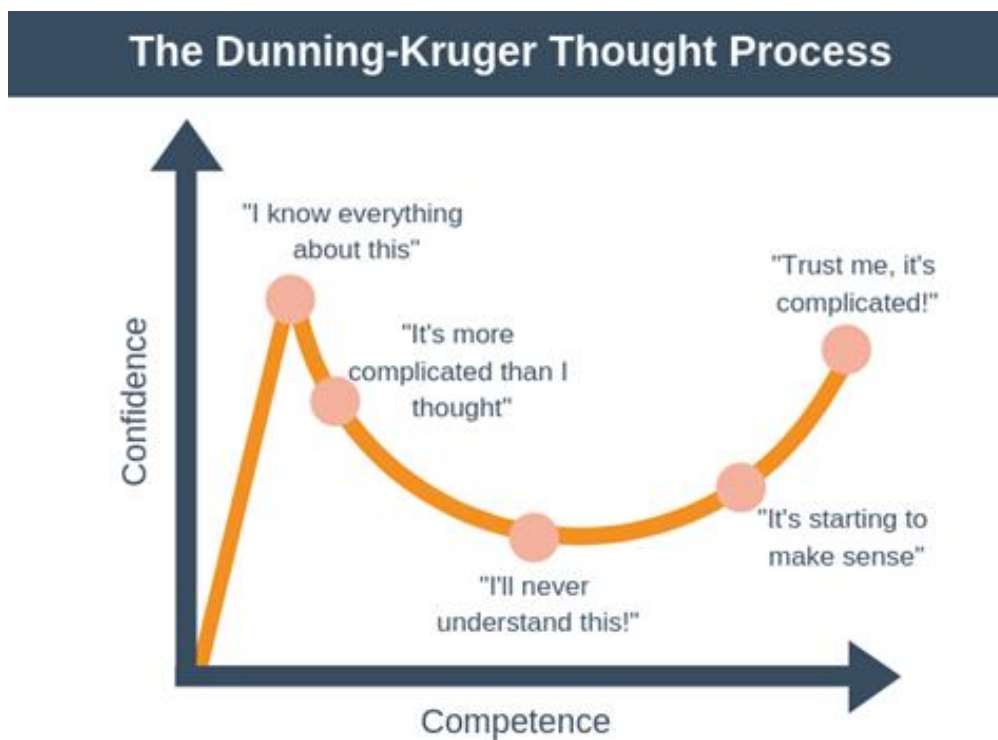
Although the PhD study has been enjoyable since the start, lack of confidence was featured many times in the journal entries over the first two years, as this example demonstrates:

> 26/01/21 - supervision this week was ok, but I recorded it and I'm concerned that mostly I am just saying "erm..." and "I don't know" a lot! Crisis of confidence this week, I'm worried that I don't have the vocabulary to explain my thoughts and findings.

As time progressed, my confidence in both my academic ability and my ability to verbalise my thoughts developed, and this confidence has impacted on my professional life too, in interactions with others. For the majority of people, a PhD represents expertise in a particular subject. Goldman (2016) defines

two types of conditions that are central to expertise: one pertaining to the person's knowledge or information, and the other to skill or performance ability. The former would apply to those who have been awarded a PhD or similar in a subject, which requires advanced or complex knowledge, and the latter to those having learned a skill to a high level, for instance a musical instrument. Barnacle, Schmidt and Cuthbert (2016) point out that 'criticisms of the PhD locate graduates at the single domain specialist end of the spectrum with limited generalist knowledge and deep disciplinary knowledge' (p.173). The doctorate experience, for me, has certainly been about depth of knowledge of one distinct area (perceptions of empathy within a sample of early childhood practitioners); however, transferable skills have been significant. Ericsson (2007, in Barnacle *et al*, 2016) posited that 10,000 hours or ten years of study were required to become a true expert. However, Schmidt's model of expertise (in Barnacle, Schmidt and Cuthbert, 2016) incorporates PhD study, domain speciality and deep disciplinary knowledge and experience. Research into the skills attained during PhD study by Mantai and Marrone (2022) identified communication, research, and interpersonal skills as the transferable skills achieved by doctoral students. I concur with these, especially the communication skills of conversation and debate with a range of audiences. I would also add confidence building to the list for myself, as this has been a significant impact for me.

7.4 Concluding thoughts and next steps

It is clear that the early childhood practitioners involved in this study are aware of using empathy regularly within their practice. They are able to recognise emotion in others and they demonstrate the sensitivity and willingness to understand the feelings of others that Rogers (1980) advocated. The practitioners within this study build emotionally close relationships with children and families, which are particularly important at times of children's transitions. This allows them to recognise emotional struggles and to empathise and reassure.

Participants described different ways of empathising; these can be characterised as two main types of empathy:

- Cognitive empathy – thinking about someone else's perspective; a controlled, effortful process
- Affective empathy – sharing the feelings of others; an automatic response

A third type, multi-dimensional empathy, combines affective empathy with cognitive action. In the research, the majority of participants who exhibited affective empathy took action. Therefore, it is suggested that multi-dimensional empathy is a result of emotional empathy rather than a distinct type of empathy. However, the phenomenon of empathy is more complex than one might think, with a

variety of definitions from numerous fields of study. Some of the participants in the study echoed this confusion with definition.

This study has highlighted the emotional labour involved in early childhood practice. Prior to this research, there was evidence of emotion within the role (Elfer *et al*, 2018; Page, 2018); this study has shown that much of this emotion relates to empathic relationships. There are clear examples of impact on participants which appear to depend on the type of empathy demonstrated. The thinking and intellectual effort required for cognitive empathy results in tiredness, even exhaustion for practitioners, whereas the emotional experience of affective empathy can result in empathic distress. Some individuals are more susceptible to this distress, but taking action to improve the situation can help to alleviate it.

As there is very little published research relating to empathy and early childhood practitioners, there is much more that can be done. Further research with a wider sample would verify the findings in relation to early childhood practice in England and beyond. There are other interesting aspects of this study that would be interesting to research further. Two suggestions are the idea of 'empathy satisfaction' and managers' 'empathic overload', areas that have not been researched within the early childhood profession.

Implications for training in early childhood studies will be examined, both in the University that I teach at and further afield, and reflective supervision recommended in all early childhood settings. Communicating the findings of this study through publication, presentation and dissemination to a wider audience could instigate change. Plans are in place for such dissemination. A series of articles will be suggested to a professional magazine, Nursery World, on the subject of practitioners' empathy. The magazine has a wide readership within the profession and so will reach a large number of early childhood practitioners. A book proposal has recently been accepted and a contract signed for a book based on this research, entitled 'Nurturing Compassionate Connections: A Guide to Practitioner Empathy in the Early Years. This will be a practical book aimed at practitioners and will include practical suggestions for empathic relationship building, acknowledgement of the emotional impact on practitioners and a 'call to arms' for recognition and change within the profession. It is clear that the empathic skills of early childhood practitioners are impressive, yet under appreciated. It is hoped that sharing this research with a wide audience will have 'attitudinal impact' (Rapple, 2019) and go some way towards acknowledging the expertise within the profession.

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Appendices

Appendix 1   Instructions for diaries

Reflective diary 1

Over one week, I would like you to make some notes on a time when you have used empathy within your practice at work each day, with a suggested one entry per day (five entries over the week). I will provide you with a notebook to use, and I would be grateful if you could write down your notes as soon as possible after the event and record the time lapse between the event and the write up.

Here are some different ideas on / definitions of empathy, which may help you to identify examples of empathy:

> *"the sensitive ability and willingness to understand someone's thoughts, feelings and struggles from their point of view"* (Rogers, 1957)
>
> *"the intellectual capacity to understand someone else's state of mind from their perspective"* (Spaulding, 2017)
>
> *"imagining what it would be like to think, feel and act like the other person"* (Gordon, 2001)
>
> *"picking up on unspoken signals and reflecting back… becoming aware of feelings that may not be perceived by the other person"* (Egan, 2013)
>
> *"being aware of feelings that the child is not yet able to understand or articulate"* (Hodgkins, 2019)

I would like you to send me your diary at the end of the week, or within a few days, if possible. I will provide stamped addressed envelopes for you to use, or I can collect it from your setting. Alternatively, you could photograph the pages and email them to me, or type them out and send them, whichever you prefer. Please don't be concerned about your handwriting, spelling or grammar, these are completely irrelevant to the aim of the study. When making your notes, please feel free to add any details, reflections on your feelings, drawings and doodles, whatever you fancy doing 😊

Please be assured that your identity, and the identity of your workplace, will be kept anonymous and confidential. When I have received your diary, we will arrange to have a discussion, at your convenience, about your experience and then I will let you know what I would like you to do for the second reflective diary.

Thank you for your co-operation, your involvement in this research is very much appreciated.

Angela Hodgkins

Diary 2

Example of empathy	Your emotions	Any impact on you later	Notes / Reflection
Identify an example of using empathy within your work and write about it just like you did in diary 1.	Try to identify your own emotions / how you felt at the time.	Write how you felt about it later, looking back. *(you may not think about it after the event at all, but some examples might stay on your mind)*	Any other thoughts / reflections that you want to add.

An A1 poster was provided for each early childhood setting to share interim results and so that practitioners had evidence of their participation in a University of Worcester research project.

Appendix 3 Examples of Datasets

Phase A Diary 1

22/02 2021 Today at work a little boy in my Key group became quite upset. I have noticed that since some children have started in our Pre-School over the past few weeks he seems to be overwhelmed by the change.

I sat next to him and showed him my feelings cards... Happy, Sad, angry, worried. He pointed to Sad and said his tummy hurts. I asked if he knew why his tummy hurts? He replied no. I explained to him that our tummy can sometimes hurt if we feel nervous and it is okay to feel that way but we can tell a grown up/ adult if we feel that way. I then asked if there was anything we could do at Pre-School

P.T.O

to make him feel better/ happy? He told me he would like to play outdoors. We went outdoors and we played a throwing and catching game together before he went off to play by himself. He definitely seemed to be less overwhelmed outdoors. I have noticed over a period of time. Before it was time to go indoors I told the boy if he felt sad indoors or became worried to tell me or another adult as we are there to help. He asked me to sit next to him during snack time so I did. I feel that it helps to keep reassuring him that the adults are here for him when he needs that support.

Time lapse - 2 hours. after event.

22.02. 2021

Reflection - I think that this little boy in particular needs quite a lot of support with regards to changes happening in the setting - for example new children starting in his Key group. Also supporting him with feelings and emotions so that he can be more aware of them. Adults need to be mindful when he becomes overwhelmed and also sensitive to his feelings and needs. Reassurance appears to be working. I've personally found it difficult at times to see a child at a young age appear to have anxiety. This boy can often shake when he becomes upset and overwhelmed and it is upsetting to see. I try to put myself in the boy's position and think about what reassurance or comfort would help me and try to take that approach to see if it helps.

AH Reflection

Again, I find myself feeling really emotional when reading these entries. The stories of these children really pull at my heart strings, wanting their mommy and really struggling emotionally. Is there anything anyone

can do to make this any better really? Emotion coaching is important in this diary, like in some of the others. I need to ask her if she thinks about or worries about the children outside work.

Knowing individual children s key again and she does seem to have really good knowledge of them.

Phase A diary 1

Themes	Transcription	Analysis Descriptive – describing content Linguistic – exploring use of language Conceptual – engaging at a more interrogative and conceptual level	Interview Questions
	22nd		
	Child who is currently going through	background info	
	assessment for ~~ASD~~ Autism and uses		
	very little language. She had created an		
	oven for h_____ using the small		
	world houses. The houses completely		
	circled her like a fort. She		
	had never done this before and		
	whilst she was not visibly crying or	not visibly crying or upset	how did you know she was upset or needed support?
	upset this looked like a response to	looked like a response to something	
	something. I sat down nearby (not too		
observation	close) and observed her for a moment. It	action	
	was louder than normal today due	louder than normal	
	to the weather l_____ our tree outside.		
	I smiled at _____ and using limited/simple	choosing appropriate action and gesture	
adapting words & actions	words joined her in the area. She handed		
	me a person and I began to play with		
	her. We played together for about 12		
	minutes. Other children came over and the		
	child was happy (now) to allow them in.	happy (now)	
	At the end she walked off to play		
	somewhere else. I was unable to	unable to determine why	
making a difference	determine why the child did this but	making a difference	
	I do think that by going over slowly and		
fixing the problem	playing with her it helped her.	fixing the problem	

AH Reflection

In these entries, like previous ones from others, the word empathy hasn't been used. In most of the examples, it is clear how they link to empathy, but not always. Sometimes, Jake is just explaining good practice. It is clear that he is emotionally intelligent, that he values people and takes the time to listen to them. He is clearly very caring and puts in extra work and time to make sure he keeps everyone happy.

In the follow up interview, I will need to ask him about empathy, what he understands by it and how these entries demonstrate empathy.

Phase A Interview transcript
Participant   Interviewer

Pre-planned possible questions:

There is a lot of reflection in your diary entries – is this something he does naturally? What does he think is the link between reflection and empathy?

You said that being the leader could be 'quite a lonely place' – what did you mean by that?

You give a lot of support to children, staff, parents - what sort of support do you get?

Do you worry about the decisions you make? When? Where?

how does he define empathy in his role?

Ask about men volunteering for this study – 50% as opposed to 3% in the workforce

Themes	Transcript	Analysis Descriptive – describing content Linguistic – exploring use of language Conceptual – engaging at a more interrogative and conceptual level
	began by thanking Joe for taking part in the study and explaining my difficulty in recruiting volunteers	its been horrendous – the difficulty of working in EY during the pandemic
pandemic	there's just been a lot going on, I mean the start of this year was, its been horrendous, I mean I've not worked in a like, haven't know nothing like it, I mean because like at one point we'd lost nearly half our staff team just cos of isolating and stuff and it was like oh my life you know but its getting, its balancing itself out again now hopefully. But we're busier than ever! You'd think really we'd be quieter and parents would be worried but we've got busier than ever so	Describing the state of affairs now, getting back to normal
	that's good in a way though isn't it good for business	
	no it's not not for me	no! said very firmly and loudly, not looking forward to the extra work of being busy
	I loved reading your diary because you're just so good it's so good hearing about everything you're doing and the way you're supporting everybody, the staff the children the parents its lovely to read. So the first question is because you give such a lot of support to everybody do you get support	
support	in my experience now with the company i work for now little hands you do get support so I've got the operations manager Dale that i can go to and talk, but we really you know it was about a year and a half ago but we sat down	discussing the support structure of the company

	and we thought it was after the Ofsted framework changed. We sat down and we were like how can we be more supportive to the staff team really ? It was more it was more like a case of before we'd go in and do planning monitoring and we'd go in and do staff observations and we'd write it all down and it would be very formal and that would be that job done but now and it really took me a long time to get my head round going into the rooms and maybe one day just like making playdough with the children but then talking to the staff about the skills they're developing and in the activities but being there and in the rooms	discussing finding ways to support the staff, less formal took me a long time to get my head round – change of the way he works, why did that take time? Did he disagree with the change?
	So more supportive?	
overwhelmed	Yeah so rather than being like formal feedback it's more relaxed sort of and I do get support. At times at times you think Oh my God like Oh my God but on the whole I do get support really like I can speak to Dale and stuff like that and the team are really good because I think because you're with them all the time you've got chance for that leadership style you can give them more responsibility more and more responsibility so really you'll go to that person for a specific thing	at times you think Oh my God like Oh my God – expressing frustration? Being overwhelmed? discusses his leadership style – distributed?
	(chat about Meg)	
	do you worry about work outside work do you find yourself worrying about children or worrying about things or can you leave it behind when you go home?	
workload work/life balance	it comes in waves so i've learned very much cos I don't know what you know about my personal life but I've got my partner who's in the mental health service who needs like a lot of support and therapy and stuff so i have to, I always make a conscious choice to keep work at work and home life separate and not for everything but that's because I like to make sure I'm really giving my all at work but my home life is protected and I can support Beth and and we can like function really.	it comes in waves – I think he means it happens every so often Describing his homelife, the need to be able to look after his partner. conscious choice – a conscious choice to leave work at work, is this an effort? make sure I'm really giving my all at work – he is very committed to doing his best at work my home life is protected – protected against a bad thing? *Protected* seems to suggest this we can function – function, this sounds very basic, not 'we can be happy' – does this point to serious difficulty at home?
responsibility worrying workload	but then it comes in waves like recently it depends what's happening like we've just had an influx of children who have started who've got child development needs and who are on child protection plans whose parents are not really being supportive 100% and referring them to different agencies then I'll take it home and start worrying about it Add all think are we doing enough for these children and you know I feel a sense of responsibility and that's the thing that causes me too like overthink it and to be anxious and sometimes not be able to sleep because it's that sense of responsibility thinking actually am I doing enough for these children, if not why not and it's my - I know it's everyone's responsibility shared but ultimately it's as the manager of that setting it is my responsibility and I need to have the answers if they are not progressing or if there a safeguarding risk so that's the bit that gets me I mean there's other times like we've had a lot of stuff at	describing heavy workload at this particular time I'll take it home and start worrying – suggests that he doesn't always leave work at work or 'make that conscious decision' responsibility, overthink, anxious – all emotional words, evidently feels the overwhelming responsibility of being the manager at times

	the minute who've just turned round to me and said I want to drop my hours or I want to reduce it because I've got this going on at home and then I start thinking oh you know well can this member of staff go there or what about this because the recruitment is just shocking	
	yes I've heard that from a few people actually you just can't get good people in	
	no recruitment has got worse you know you'll put a job on indeed and literally ten of them will work in chip shops literally or restaurants and I think Oh my God not that there's anything wrong with working in a chip shop	and I think Oh my God – Oh my God is used to denote a big problem
	so what's happening with all these people leaving college with their qualifications?	
quality pressure	I don't know. Exactly! where are they? And then because they've got that pressure of high quality and maintaining it and then you've got a new member of staff from college but their experience now has been affected because of lockdown so you have to put more effort into training and it just depends what's happening in the setting as to whether I take it home or not but since January when we've had a lot of issues with coronavirus and then with these new children I think I have felt it more in the last three or four months cause it's that responsibility that's the way I'd describe it	pressure of high quality and maintaining it – pressure from the company? Or outside agencies? I think I have felt it more in the last three or four months cause it's that responsibility – responsibility, or problems have increased
	yeah of course I get that I feel the same way about students	
	you talked about reflection a lot in your diary the word reflection came up all the time I don't know whether that's because you were trained at Worcester and we're really hot on reflection	
	both laugh	
	but is that something you do naturally? Are you in naturally reflective person? Or do you make yourself reflect?	
reflection	I think I'm naturally a reflective person anyway like I always think how can I make that better or what happened here or but I think it goes back to the culture of the company it's very embedded in everything we're doing so like going back to the management style and leadership style that was a reflection like how can we be even more supportive to the staff team then we reflected on it and went through like that	talks about the reflective culture of the company, embedded in everything
	so it's part of the ethos of the company?	
reflection observation	yeah like everything you know and I try and I think I try and encourage others to reflect so if they're like having a bad day and they come into the office and they say you know all this activity went pear shaped or they all started crying and it's all like they're all being emotional I always get them to reflect on well what are you doing is it your emotions that you're reflecting on the children or have you got like and like sometimes you'll see it in behaviour in pre school that gives you a good example there's a couple of children in there who like well not like but they'll hit other children or snatch toys or and it's like they're craving that reinforcement that negative reinforcement but the stuff you'll see visibly on their faces but they're just harassed by them and it's like actually I always say to them like look in the mirror and what you're reflecting onto them your emotions and actually they're going to give that back even more	describing helping staff with problems, describes activities going wrong and the children crying / being emotional. encourages staff to reflect standing back and observing is this criticism of staff? Or wanting to help them develop?

	and because you're standing back a bit you can see what's happening where is they can't see it	
	yeah exactly	
	that's interesting	
leadership modelling	I think that goes back to the leadership style where working alongside the team you can see what's happening like because of coronavirus we had to keep children in bubbles on the way the places we've got an open plan room we've got a church upstairs but there were some children in pre school who just weren't listening and like the behaviour would start to regress a little bit but when I was chatting to the room leader we were talking about well actually you're asking them to do a lot you're asking the children to walk up the stairs walk through their room where they want to go and play walk up another set of stairs and sit down to have their snack and then stop and then come back down and really they don't want to listen for that long so it was that reflection of the transitions. I know we've got to keep everybody safe but the children aren't developmentally ready to listen to the amount of transitions that they've got to do	describing a problem and what he thinks caused that problem. It is evident that he has very good knowledge that he wants to share with the staff role model?
	yes it's a weird time isn't it I know everything is really strange I know my grandson gets really fed up of washing his hands all the time and he doesn't really understand why he has to keep doing it	
	you've answered all the questions apart from the big one so how would you define empathy within your role what do you see the whole project is about empathy and I've had three Diaries back and nobody has actually mentioned the word empathy which is weird	
	did I say empathy in mine?	
	I'm not sure you might have done	
	I don't think I did	
	maybe it's just because people just think it's something you you do what do you think? First of all how would you define empathy what do you think empathy is?	
cognitive empathy definition	putting yourself in somebody elses shoes or trying to understand their viewpoint or trying to come at it from like the way that they're thinking or they're approaching problems or the way a child, that's for staff or if a child the way that the child might be feeling is a situation, trying to understand that .	defining empathy – 'trying to understand' (cognitive?)
	so there's two different thoughts about empathy some people think it's a skill that you can learn and other people think it's just like part of your personality you're either empathetic or you're not what do you think? Do you think you can learn to be empathetic or	
	that's really interesting	
experiences defining empathy developing empathy	I think well my deputy manager like so she's like naturally her personality is very feisty like very direct with the staff very much like that and I would say I think it's probably both and I also think it depends on the experiences that you've gone through so like at the moment I know that some staff have got anxiety or they talk about mental health being in their own family and I feel like I can empathise with them more because of what I've gone through at home but it depends on your personality and your experiences I'd say but then I do think it is a skill as well. I think it's a conscious choice like if a member of staff or a child asks for something it's a choice of whether you	knowledge of other staff empathy depends on experiences using own experiences to empathise with similar situations depends on your personality and your experiences, but it's a skill as well it's a conscious choice – defining empathy as a skill that he consciously chooses to use, NOT using the first

	say no I can't do that or right I'll look into that for you or I can understand why you're asking and it's working on that skill and it's probably something that I work on with my deputy manager because like for her she needs to make that conscious choice because her natural response is to say no or be quite feisty initially if you know what I mean but she needs to work on thinking about how others feel before she responds if you know what I mean	natural response (a less empathetic staff member) needs to work on thinking about how others feel before she responds – criticising a less empathetic colleague, trying to help her develop some empathy / sensitivity towards others
	so you do think that some people are more empathetic than others but you can build on that skill and improve it	
listening openness	yeah but I think it's like a conscious choice because anybody could say oh I don't really want to think how you might be feeling or I don't want to see your point of view of how you're coming across but it depends how open you are to that like if you're a closed person and you're not listening to that are the person's point of view you will just stay like that do you know what I mean? You've got to be like open to it really	describing a point of view of people who do not want to understand another's point of view, not wanting to think about how they are feeling. The need to be open and to listen
	that's brilliant thank you very much	

AH Reflection on interview –

Well once again I realised how I'm not very good at interviewing at all. I I'm good at praising and thanking and all of those sorts of things but I'm not pretty good at probing deeper and thinking on the spot in order to probe more deeply the things that I'm interested in so a couple of interesting things came up in this interview I think but I think that it was too short um that I could have got him to go into more detail and that's a shame really. Maybe in diary two I can focus on something from this diary? The two things that came up in this interview then I think are interesting ah the discussion about making a conscious choice to be empathetic that was really interesting and he kept repeating that so it's obviously something he really believes and view The thing is but he said about staff projecting their emotions onto the children really interesting

Phase B transcript of diary entry

Example of practice	Your emotions	Any action taken by you	Impact on you later	Notes / Reflection
Having to speak to a student about not carrying and having the children on her lap all day.	- Empathy for the student who is giving the babies what they want - Frustration that the babies have regressed with self-soothing - Guilt that we are 'conditioning' the children to self-soothe	Spoke a lot to the student about the impact of the babies getting attached / used to physical contact all day. Gave her strategies to help the babies to play confidently without physical contact.	Empathy and guilt watching the student struggle with her emotions as the babies held their arms up to be carried. Pride when the student took on feedback and was able to see the impact as an unsettled child eventually settled.	Although it was an uncomfortable conversation, it was good to see the student take on feedback and see the impact. Being able to empathise with the student and use this to talk to her and fully explain the impact on the children.

Did you feel like you learned anything new about empathy this time or did you feel like you were just repeating the same things you did last time?

I did feel like we were doing the same thing as last time because we were talking about example empathy again but because it was more specific this time, hopefully I gave you more what you wanted

is it OK if I just ask you a few questions on these entries? Oh, this was interesting, in your first entry, the fact that you said you thought you were becoming less empathetic. Can you tell me more about that?

That was thinking about the first time I did the diary I could think easily of one a day whereas it was a bit more difficult this time when I was trying to think of them. I found that when I first started in baby room I would use empathy a lot and quite often it would make you quite emotional and you think about it a lot afterwards but then having to think of those things everyday it kind of impacts on you less I think so that you become less stressed. I don't know but, erm…

Do you think it's just that you've got used to it and so you can handle it a bit better?

Maybe maybe like for example this if there's a child who's really struggling with separation from their parents and they're really upset it used to get to me a lot and I'd, you know, get really upset about it. Obviously we've got a one to three ratio instead of 1 to 1 so you couldn't give that child the time that they wanted and needed which used to really stress me out. But I think I've just got a little bit more used to it and found like there's one child in particular who had really struggled to settle in and has been crying everyday since he started can still is after four or five weeks and obviously I felt really sympathetic but then I found I was just getting really frustrated because personally there was nothing I could do and I wonder if that's me becoming less empathetic or maybe putting up a barrier too try and not kind of get as stressed out.

Or is it a professional skill that you've learned?

Maybe, maybe I hope that it doesn't mean I'm becoming less empathetic because I think it makes you good at the job so hopefully it's just more of a coping strategy

And then this entry is similar isn't it the one way you had to speak to the student about carrying the children round. I really felt for you then

I really felt for the student.

I can remember that being said to me when I was student

and me, and it was said to me when I first started in baby room as well because when you see a crying baby lifting their hands up to be picked up then you of course want to pick them up but in a way it's not helpful for the child because then they get used to being picked up and held and sitting on your lap and then if there's a time that you can't do that then it's harder for them to self soothe. So there's a couple of babies who would just happily if you let them sit on your lap and have cuddles all day long and they won't venture off to play they'll just sit on your lap if you let them Which isn't a bad thing but obviously there's other children to look after, there's other things to do. And we found that some of these children had made a lot of progress and they were going off and playing and they weren't getting as upset but then days when there's this particular student in they just followed her around wanting to be picked up and they'd sit on her lap all day and then the next day there in an she's not they struggle more and cry more because they want to be picked up and that's … it is really difficult

It is isn't it?

Because you know what they want and it's just not possible all the time but luckily the student kind of took on the feedback really well and understood and she made a really big effort and then she could see that they were kind of going off and playing whereas otherwise they would have just been on her lap all day so it was good in the end but it is difficult.

Do you enjoy working with students? Do you like that aspect of the job?

I do yeah, good students (laughs) and students that take on feedback

So then we've got the one about the two toddlers fighting over Thomas the Tank Engine but that was a very clear… this happened, I empathised with both children, this is what I did and that was emotion coaching really wasn't it?

Yes I did want to put in one that was more positive (laughs)

And then this one is a really tricky issue, number 4.

I can't remember what that one was

that was where you told the mum that the child had been OK

Oh yeah, again this is the same child I talked about who really struggled to settle and it's a very young mom who's just had to go back to work and she had been doing shorter hours so she could pick him up at 4:00 o'clock everyday but now she's gone back to working full days she's having to leave him from half seven till half five. And he's really struggling and she's obviously struggling so I chose to not tell her what a bad day he'd had and I still don't know if that was the right thing to do.

Well what would have been the benefit of telling her that he'd been really upset all day?

The only benefit would have been that I'd have been completely honest with her and she would have been able to see exactly what his day was like but then obviously she

she'd still have to go to work wouldn't she?

Yes I mean I mean if she knew he was struggling she might have had the option to take him out of nursery and I don't know, I don't know her specific circumstances but I could tell that day she'd had a really bad day she'd obviously been crying, she'd phoned to check on him a couple of times so yeah I'm still not sure but I think people, practitioners do it a lot, put a positive spin on it because parents don't want to hear that their Childs been upset.

Oh gosh that's tough isn't it? Did you talk to your manager about it? did you talk to anybody about it? could you have talked to anybody about it?

I spoke to the room leader about it calmer she's very… (sighs) I've had problems before about the way she hands over to parents because she does just tell them the positives which is a good thing I know but like as a parent you know you want them to be honest with you. You want to know exactly how your Childs been. It's really tricky but she's very, you know, oh she's been fine even if they have been upset so again I don't know if it's the right thing but that's just what happened

It's really tough isn't it? I'm still finally get quite upsetting reading some of these Diaries. So there's two sort of angles that I might go on with these Diaries. One he's looking at emotional overload, there's a theory that empathy either leads to taking action to make things better or it leads to you yourself being depressed or stressed and it depends what sort of person you are which one it is. Do you agree with that do you think? That you either If you use empathy, that you either all the sort of person that thinks I empathise with that child so here's what I'm going to do to make things better for the child or you think I empathise with this child and that's terrible and that's going to really upset me tonight

sometimes there isn't anything you can do, you can empathise but sometimes you can't just fix it, there isn't anything you can do to fix it so you can obviously do things that can help I make things easier for that child and I'm sure some people do go home and think about it all the time. I still do sometimes but you just have to be able to leave work at work kind of thing don't you?

Yes so that's the one option and the other option is whether people are using cognitive or affective empathy. If I explain those both to you perhaps you can, it might be too hard a question for people but I'll try it out on you

go on

So two different types of empathy then cognitive empathy is where you actually think you use your brain and you think oh what's wrong with this child how must this child be feeling it's like a cognitive thing you're thinking it through and you're thinking how is this child feeling. Whereas affective empathy is completely automatic you're not thinking about it you're just soaking up the feelings unconsciously.

I think that's me I think I'm the second type. I think I pick it up from body language and facial expressions and it's not just the children its staff as well so if a member of staff walks in the room you can kind of tell and if they're having a bad day or if they look particularly stressed you can say 'are you alright?' and try and talk to them and see what the problem is, I don't know if that's just me or if that's everyone but I don't think I, I think it is an automatic thing for me

So you don't have to consciously think oh I wonder, let me try and imagine being that child

No not at all

AH Reflection

There are some really interesting things in this interview, about compassion fatigue and types of empathy. Mal is clearly an empathetic sort of person and she seems to be able to pick up an unspoken signs of peoples emotions which is advanced empathy. The state stuff she said about putting up a barrier against empathy he's really interesting. It's kind of saying that when you've been in the job for a while you put up a barrier and does that mean that you are less empathetic or does it just mean that you have learn to the professional skills to cope with the emotion?

Appendix 4 Reflective account (from researcher's own research diary)

Reflective account (Harriet)

Yesterday, I carried out the Phase A interview with Harriet, using MS Teams. As usual in these sessions, I started by thanking her for completing the diary and for taking the time out of her busy day to talk to me. I asked her how her day had been, as she'd just got back from work. She had caught a bus home from work and the interview with me started 20 minutes after she arrived home.

Harriet talked about struggling at work. She told me that the nursery is short staffed and that she had to look after the babies on her own for part of the day. She began to get tearful as she started describing how one of the babies had cried nearly all day. Harriet said she was so tired and stressed and she didn't know how she would cope with another day the same tomorrow.

At this point, Harriet's emotional state was my priority, not my research, so my focus was on how to manage the situation and make sure she felt listened to. I listened to her and empathised with what she had experienced. I felt it was important to listen without assuming that I knew exactly how she felt. Even though I could both remember and imagine going through similar things myself, I am not Harriet and so I don't know exactly how she felt. I used some of the techniques from my counselling experience, like active listening and paraphrasing, so Harriet knew my attention was on her. Harriet talked for around 5-10 minutes, and she stopped crying. I felt that it would not be appropriate to return to a conversation about the research, so I decided to just use the input I already had from Harriet.

At the end of the conversation, I asked what she was going to do now, and I asked if she had anyone at home that she could talk to about things like this. I asked if there was anyone else at home with her and she said that her mother was downstairs and she would go and talk to her after our meeting. I finished the meeting by giving her some positive messages and thanking her for her input. I also emailed her the following day to check that she was ok, and she responded letting me know she was fine.

When I sent out the instructions for Phase B of the research, Harriet didn't respond. I sent a second email to all participants, but again Harriet didn't respond to me email. I sent a thank you gift to her at her nursery and she sent me a brief thank you email. It was clear to me that Harriet had had enough of the research and didn't want to participate in Phase B. I didn't know why this was and whether it had caused her more emotional strain, but I respect her decision and did not keep contacting her about Phase B. I did, however, include her in mailings to the group when some of the findings were published. I didn't hear back from Harriet, but that is fine.

Appendix 5   Participant informed consent

INFORMED CONSENT FORM

Title of Project:	*'Exploring Early Childhood Practitioners' Perceptions and Management of Empathic Interactions with Children and Families'*
Name of Researcher:	Angela Hodgkins
Name of participant:	
Name of EY setting:	

I, the undersigned, confirm that (**please initial boxes as appropriate**):

1.	I have read and understood the information about the project, as provided in the Information Sheet dated _____ or it has been read to me.	
2.	I have been able to ask questions about the project and my participation and my questions have been answered to my satisfaction.	
3.	I understand that taking part in this study involves keeping a reflective empathy diary for 2 separate weeks and being involved in 3 online discussions / interviews with the researcher (before, during and after the diaries)	
4.	I understand that taking part in the study has a potential risk of emotional stress	
5.	I understand I can withdraw at any time without giving reasons and that I will not be penalised for withdrawing nor will I be questioned on why I have withdrawn.	
6.	I understand that the information I provide will be used for a PhD thesis and potential future publications	
7.	I agree that my information can be quoted anonymously in research outputs	
9.	I agree to joint copyright of the diaries to Angela Hodgkins	
10.	The procedures regarding confidentiality have been clearly explained (e.g. use of names, pseudonyms, anonymisation of data, etc.) to me.	
11	I understand that personal information collected about me that can identify me, such as my name, or where I live, will not be shared.	
13.	I consent to the audio/video recording of discussions/ interviews	
14.	I understand that other researchers will have access to this data only if they agree to preserve the confidentiality of the data and if they agree to the terms I have specified in this form.	
	I give permission for the anonymised analysed data that I provide to be deposited in WRaP (Worcester Research and Publications) so that it can be used for future research and learning.	
15.	I voluntarily agree to participate in the project.	
16.	I know who to contact if I have any concerns about this research	

....	....	....
Name of Participant	Signature	Date
Angela Hodgkins	*AHodgkins*	
....	....	....
Name of Researcher	Signature	Date

PARTICIPANT INFORMATION SHEET AND PRIVACY NOTICE

TITLE OF PROJECT: 'Exploring Early Childhood Practitioners' Perceptions and Management of Empathic Interactions with Children and Families'

Invitation

The University of Worcester engages in a wide range of research which seeks to provide greater understanding of the world around us, to contribute to improved human health and well-being and to provide answers to social, economic and environmental problems.

I would like to invite you to take part in one of our research projects. Before you decide whether to take part, it is important that you understand why the research is being done, what it will involve for you, what information I will ask from you, and what I will do with that information.

I will in the course of this project be collecting personal information. Under General Data Protection Regulation 2016, we are required to provide a justification (what is called a "legal basis") in order to collect such information. The legal basis for this project is "**task carried out in the public interest**".

You can find out more about our approach to dealing with your personal information at https://www.worcester.ac.uk/informationassurance/visitor-privacy-notice.html.

Please take time to read this document carefully.

What is the purpose of the research?

This study aims to examine the way that early years practitioners experience empathy within their practice. It is hoped that the study will highlight and showcase the expertise of early years practitioners and emphasise the value of empathy as a skill within the workforce. My own professional background is in the early years and I am passionate about highlighting the capabilities and talents of early years practitioners.

Who is undertaking the research?

Angela Hodgkins

Senior Lecturer & Post Graduate Researcher,

University of Worcester

Who has oversight of the research?

The research has been approved by the Research Ethics Panel for the College of Education in line with the University's Research Ethics Policy. The University of Worcester acts as the "Data Controller" for personal data collected through its research projects & is subject to the General Data Protection

Regulation 2016. We are registered with the Information Commissioner's Office and our Data Protection Officer is Helen Johnstone (infoassurance@worc.ac.uk). For more on our approach to Information Assurance and Security visit: https://www.worcester.ac.uk/informationassurance/index.html.

Why have I been invited to take part?

You have received this invitation because you are working in the early years profession and your place of work has agreed to take part in the research. We are hoping to recruit 6-10 people for this study, from 3 different nurseries / preschools.

Do I have to take part?

No. It is up to you to decide whether or not you want to take part in this study. Please take your time to decide and talk to others about it if you wish. Deciding to take part or not will not impact on your position within your employment or any study with the University. If you do decide to take part, you can withdraw from the study until one month after data collection. If you wish to have your data withdrawn please contact me (my contact details are given below) and your data will then not be used. If you do decide to take part, you will be asked to sign a consent form.

What will happen if I agree to take part?

If you agree to take part, you will;

- Have a short discussion with me via Zoom / MS Teams / FaceTime (whichever you prefer) so I can tell you about what I would like you to do and so that we can discuss any questions or concerns

- Keep a diary over one week while you are at work and note down details of times that you use empathy within your working day (you will be given guidance on how to do this)

- Have another discussion with me via Zoom / MS Teams / FaceTime to discuss what you have written

- Keep another diary over a week at work and note down details of times that you use empathy (this time there may be specific things for you to make notes on, based on the findings of the first diary)

- Have another discussion with me via Zoom / MS Teams / FaceTime to discuss what you have written and to discuss what you feel you have learned (if anything) from the experience

Discussions via Zoom etc. will be recorded, so that I can play the recording back and make notes myself for my study. These recordings will not be available to anyone else to watch / listen to and they will be deleted when I have made my notes.

What are the benefits for me in taking part?

Empathy is an important skill for anyone working with people, and although there is some recent research into the emotional aspect of working with children, there is no research specifically on empathy within the early years. Empathy is concerned with putting yourself in another person's position and imagining how the other person feels and this is something that I believe early years practitioners are experts in. It is hoped that the study will highlight and showcase the expertise of early years practitioners and emphasise the value of empathy as a skill within the early years workforce. There is also evidence that participating in this sort of diary study helps to increase reflective practice and to empower people whose voices are often not heard. My own professional background is in early years work and I am passionate about highlighting the talents and expertise of early years practitioners.

Are there any risks for me if I take part?

Within this research, you will be asked to write and talk about situations at work where you use empathy skills, and this can be an emotional subject, especially if you find yourself retelling stressful or upsetting incidents. Therefore, there will be opportunities to talk through these feelings with me as part of the discussions. You will also be signposted to support services available to you, should you decide that you need help with any emotional effects resulting from the study.

There should not be any COVID-19 risks to you, as you will not be expected to take part in any activities over and above your usual job role. All discussions will take place on virtual platforms, rather than face to face.

What will you do with my information?

Your personal data / information will be treated confidentially at all times; that is, it will not be shared with anyone. It will also not be shared with any third parties specified in the consent form (including my PhD supervisor) unless it has been fully anonymised. The exception to this is where you tell me something that indicates that you or a child / family in your care is at risk of harm. In this instance, I may need to share this information with others within your setting, in line with your safeguarding policy; however, I would inform you of this and discuss this with you before doing so.

During the project, all data / information will be kept securely in line with the University's Policy for the Effective Management of Research Data and its Information Security Policy.

I will process your personal information for a range of purposes associated with the project primary of which are:

- To use your information along with information gathered from other participants in the research project to seek new knowledge and understanding that can be derived from the information I have gathered.

- To summarise this information in written form for the purposes of dissemination (through research reports, a thesis / dissertation, conference papers, journal articles or other publications). Any information disseminated / published will be at a summary level and will be fully anonymised and there will be no way of identifying your individual personal information within the published results.

- To use the summary and conclusions arising from the research project for teaching and further research purposes. Any information used in this way will be at a summary level and will be fully anonymised. There will be no way of identifying your individual personal information from the summary information used in this way.

If you wish to receive a summary of the research findings or to be given access to any of the publications arising from the research, please contact me.

How long will you keep my data for?

Your personal data will be retained until after submission of the thesis, completion of viva and ultimate PhD outcome. After this time, the data will be destroyed, but anonymised data will be kept in case of future publication opportunities.

At the completion of the project, I will retain your data only in anonymised form; this anonymised data will be archived and shared in line with our Policy for the Effective Management of Research Data

How can I find out what information you hold about me?

You have certain rights in respect of the personal information the University holds about you. For more information about Individual Rights under GDPR and how you exercise them please visit: https://www.worcester.ac.uk/informationassurance/requests-for-personal-data.html.

What happens next?

Please keep this information sheet.
If you would be interested in taking part, please contact me using the details below and I will be delighted to answer any further questions you have about the research.

My contact details are:

Angela Hodgkins

a.hodgkins@worc.ac.uk

01905 855261

If you have any concerns about the project at this point or at any later date you may contact the researcher (contact as above) or you may contact my research Supervisor, Dr. Peter Gossman at p.gossman@worc.ac.uk or 01905 855067

Thank you for taking the time to read this information.

If you would like to speak to an independent person who is not a member of the research team, please contact Esther Dobson at the University of Worcester, using the following details:

Esther Dobson

Secretary to Research Ethics Panel for College of Arts, Humanities and Education

University of Worcester

Henwick Grove

Worcester WR2 6AJ

ethics@worc.ac.uk

Appendix 7   Publications and presentations linked to this research

(Copies of all available on request)

Publications

Hodgkins, A., Gossman, P., Paige, R. and Woolley, R. (2023) 'We cry together every day' - expressing emotion in early childhood empathy research', *Early Years,* published online 27th October 2023.

Hodgkins, A. (2022) Exploring early childhood practitioners' perceptions of empathy with children and families: initial findings, *Educational Review* https://doi.org/10.1080/00131911.2021.2023471.

Hodgkins, A. (2021) Early Years Practitioners need emotional support too, *Nursery Management Today,* 21 (2), p.33.

Hodgkins, A. (2023) Chapter 4: Appreciating and Practicing Empathy, in: Solvason, C. and Webb, R. (2023), *Exploring and Celebrating the Early Childhood Practitioner: An Interrogation of Pedagogy, Professionalism and Practice,* London: Routledge.

Presentations

September 2023	EECERA European Early Childhood Education Research Association Conference – Cascais, Portugal	'Exploring Early Childhood Practitioners' perceptions of empathic interactions with children and families'
May 2023	University of Worcester Institute of Education inaugural research conference	'Exploring Early Childhood Practitioners' perceptions of empathic interactions with children and families'
February 2022	University of Worcester DCF student conference – "The Research and Practice Nexus"	'Researching emotional subjects'
September 2021	EECERA European Early Childhood Education Research Association – International online festival	Chair of symposium 'Workforce support and development' Presentation – 'Empathy and Compassion in the early years'