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Working With Traumatised Children During Traumatic Times: Residential Child Care Educators' Compassion Fatigue and Work Engagement

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ABSTRACT

Drawing from an Italian study conducted in residential care for children and guided by the postulates of the Job Demands and Resources Model, our aims are to investigate residential childcare educators' levels of compassion fatigue and work engagement, and to focus on the individual, work and organisational conditions associated. The survey involved 215 educators who were on duty during the summer of 2023. Data analysis employed descriptive statistics, bivariate and non-parametric analysis. Results concerning compassion fatigue indicate that while burnout globally registers low to medium scores, more than one-third of the sample fell in the 'high' category for personal burnout, more than one quarter scored high in work burnout and another one quarter have high client burnout scores. One into two suffer from moderate to severe manifestations of secondary traumatic stress, together with relatively high levels of work engagement. Based on individual, work and organisational variables, substantial differences were identified. In the final sections, we discuss job resources and demands and contribute to the development of targeted strategies for preventing compassion fatigue in residential childcare, while addressing strategies for enhancing better well-being levels for those working in alternative care, impacting children's well-being as well. Please refer to the Supporting Information section to find this article's Community and Social Impact Statement.

1 | Introduction

It is estimated that 8 million children and young people are currently in alternative care worldwide (van Ijzendoorn et al. 2020). They have been separated from their biological families due to various traumatic circumstances—including abandonment, abuse and maltreatment. Particularly, children hosted in residential childcare (RCC)—specialised therapeutic residential units (Lee and Barth 2011; Whittaker et al. 2016) with the mission to protect, rehabilitate and integrate them—are considered 'very complicated, high-need, and high-risk youth' (Lyons et al. 2015, 64). Unlike their colleagues working in similar professional environments (Parkes and Von Rabenau 1993; Savicki 2002; Samios, Abel, and Rodzik 2013), those working in RCC are expected not only to possess knowledge of child development and trauma, but also the interactive skills in managing emotional and behavioural disturbances as they arise in the present when children behaviourally enact them (Eastwood and Ecklund 2008). Unfortunately, however, RCC professionals traditionally grapple with organisational contingencies that worsened during and after the COVID-19 lockdown, when resources reduced and external support dramatically decreased (Grupper and Shuman 2020; Whitt-Woosley, Sprang, and Royse 2018; Saglietti et al. 2024a, 2024b, 2024c). As a result, they were documented to face additional work stressors such as the risk—as 'frontline workers' (Valtorta, Baldissarri, and Volpato 2022)—of becoming infected, together with uncertainty and a multitude of reactions

due to caring for particularly vulnerable groups (Santos, do Rosário Pinheiro, and Rijo 2023; Saglietti and Marino 2022). Astonishingly, however, very little is known about the impact of these conditions on RCC staff (with few exceptions, such as Verheyden et al. 2020; Carvalho et al. 2022; Santos, do Rosário Pinheiro, and Rijo 2023; Saglietti et al. 2024a, 2024b), leaving the sector's struggles (and resources) neglected and underrepresented more than ever (Parry, Williams, and Oldfield 2020).

To address this gap, we draw on a recent investigation conducted in Italian RCC and aim to examine the levels of compassion fatigue (CF) and work engagement (WE) among educators. As mandated by recent legislation, these educators hold the primary professional role in RCC. While this change has potentially improved the quality of care, it has also created additional challenges in terms of recruitment, partially exacerbating the chronically high rates of workload and staff turnover (Strolin, McCarthy, and Caringi 2006; Colton and Roberts 2006; Bride 2007; Prost and Middleton 2020). In this study, the objective is to explore RCC educators' individual, work and organisational conditions associated with CF and WE, and contribute to the development of targeted strategies for preventing maladaptive conditions of staff in alternative care, with practical implications for their broader communities, that is, for children and families involved in their programmes as well as for the entire network of professionals and volunteers they work with. Guided by the key propositions of the Job Demands-Resources Model (Bakker, Demerouti, and Sanz-Vergel 2014, 2023), we consider educators' personal, work and organisational conditions as independent variables that can be viewed as demands and resources impacting burnout (hereafter, BO) (Maslach, Schaufeli, and Leiter 2001; Kristensen et al. 2005) and secondary traumatic stress (STS, Figley 1995) and WE (Schaufeli 2013).

2 | Compassion Fatigue and Work Engagement Within the Job Demands-Resources (JD-R) Model

The Job Demands-Resources (JD-R) model, developed by Bakker and his colleagues (Bakker, Demerouti, and Sanz-Vergel 2014, 2023; Schaufeli and Taris 2014), offers a comprehensive framework for understanding CF and WE by examining how work and organisational conditions influence employee well-being, subsequently affecting their health, behaviour and performance. This model categorises factors into two main dimensions: (a) job demands, encompassing sustained physical, cognitive and emotional efforts, and (b) job resources, which have the potential to alleviate the negative impact of job demands on employee well-being, emphasising the need to achieve a balanced equilibrium between these aspects.

In this context, CF is intricately linked to the job demands of work, representing a state of physical, emotional and psychological exhaustion experienced by professionals due to prolonged exposure to the suffering, trauma or distress of others. CF encompasses BO and STS. BO, conventionally recognised as a syndrome, manifests through emotional exhaustion, cynicism, detachment from responsibilities and care recipients and decreased professional efficacy, triggered by chronic interpersonal and work-related stressors (Maslach, Schaufeli, and Leiter 2001). Recent studies have proposed alternative definitions and measurements of BO, with Kristensen et al. (2005) notably focusing on exhaustion and fatigue, distinguishing three distinct sources of BO: Personal BO, Work BO and Client BO. Personal BO is experienced irrespective of work conditions, while Work BO arises in response to job-related factors and Client BO stems from interactions with clients.

In contrast to BO, STS is an indirect response characterised by 'behaviors and emotions arising from awareness of a traumatic event experienced by a significant individual' (Figley 1995, 7). While BO does not necessarily stem from traumatic experiences, STS does, sharing symptoms with PTSD, such as sleep disturbances, anxiety, irritability, hypervigilance, intrusive thoughts, emotional numbness and concern or avoidance of trauma triggers (Figley and Figley 2017). STS typically manifests more rapidly, while BO develops gradually in response to prolonged emotional exhaustion (Brown, Baker, and Wilcox 2012; Yang and Hayes 2020).

Within the JD-R model, WE is instead conceptualised as 'a positive, fulfilling, work-related state of mind characterized by vigor, dedication, and absorption' (Schaufeli et al. 2002, 74). As job resource, it serves as a buffer, influencing levels of both BO and STS (Ray et al. 2013; Samios, Abel, and Rodzik 2013). Consequently, it demonstrates positive correlations with staff well-being, attendance, creativity, performance and other desirable outcomes for individuals and organisations alike (Bakker, Demerouti, and Sanz-Vergel 2014).

2.1 | Compassion Fatigue and Work Engagement in Residential Care for Children

While extensive research has focused on CF and WE in the alternative care sector—encompassing social workers, child protection workers, children's forensic interviewers, public child welfare workers and child-keyworkers (Kim and Kao 2014; Lizano and Mor Barak 2012; McFadden, Campbell, and Taylor 2014; Salloum et al. 2015; Travis, Lizano, and Mor Barak 2016; Ajello and Tesi 2017; Baugerud, Vangbæk, and Melinder 2018) —only a few recent studies have specifically examined RCC educators' CF and WE (Audin, Burke, and Ivtzan 2018; Abraham et al. 2022; Santos, do Rosário Pinheiro, and Rijo 2023). This body of research collectively suggests that susceptibility in this field is higher compared to similar professions (Parkes and Von Rabenau 1993; Sprang, Craig, and Clark 2011; Vang, Pihl-Thingvad, and Shevlin 2022; Donnellan, Bradshaw, and McMahon 2024), stemming from a combination of personal characteristics, work and organisational factors.

Personal conditions acting as risk factors include being female (Sprang, Clark, and Whitt-Woosley 2007; Strolin, McCarthy, and Caringi 2006; Baugerud, Vangbæk, and Melinder 2018; Radey and Stanley 2018), younger age (Baugerud, Vangbæk, and Melinder 2018; Sprang, Clark, and Whitt-Woosley 2007, though not confirmed by Audin, Burke, and Ivtzan 2018 for RCC educators), prior traumatic experiences (Rossi et al. 2012; Baugerud, Vangbæk, and Melinder 2018), shorter tenure in the role, lower education levels (Sprang, Craig, and Clark 2011), residing with children (either their biological/adoptive ones or their partner's, Steinlin et al. 2017, though not confirmed by

Brady, Fansher, and Zedaker 2019), and experiencing work–life imbalance (Abraham et al. 2022). Recent findings by Maurya and DeDiego (2023) also indicate a significant increase in STS among full-time practitioners compared to their part-time counterparts. Work and organisational issues contributing to increased CF risk include lacking a managerial position (Audin, Burke, and Ivtzan 2018), high workloads with trauma-affected individuals, stressful work environments, organisational isolation and inadequate support from superiors (Regehr et al. 2004; He et al. 2018; Abraham et al. 2022).

Conversely, personal conditions acting as protective factors identified in similar professions include social support, emotional stability, professional experience, personal coping strategies, self-efficacy, a sense of control, self-care practices (such as training and mindfulness techniques) and exposure to clients' resilience (Ciaramella and Monacelli 2020; Molnar et al. 2020; Verheyden et al. 2020). Work and organisational protective factors against CF include organisational support, adequate training, supervision (Decker, Bailey, and Westergaard 2002; Del Valle, López, and Bravo 2007; Seti 2008; Audin, Burke, and Ivtzan 2018), job benefits (such as extended vacations, as in Baugerud, Vangbæk, and Melinder 2018), job control (Perron and Hiltz 2006; Bonach and Heckert 2012; Bride 2007; Whitt-Woosley, Sprang, and Royse 2018) and a non-judgmental organisational culture regarding help-seeking (Sheppard 2015). However, Regehr et al. (2004) found no protective role for supervision.

Regarding WE, while less extensive research exists in alternative care settings, it suggests a positive association with user engagement and service quality improvement when working with traumatised children and youth (Gladstone et al. 2011; McElvaney and Tatlow-Golden 2016). Individual factors such as age—older colleagues are more likely to be engaged in their work (Mor Barak, Nissly, and Levin 2001), while younger workers show a mild association with absorption only (Audin, Burke, and Ivtzan 2018)—and work and organisational factors like good working conditions, regular training and adequate supervision also positively influence WE (Mor Barak, Nissly, and Levin 2001; Colton and Roberts 2006; Seti 2008). However, collaboration, while a significant work resource, did not directly affect CF or WE (Zwarenstein, Goldman, and Reeves 2009).

3 | The Current Status of the Italian RCC System

In Italy, only 2.7% of the child population is living in alternative care, marking it as having the second-lowest rate in Europe (UNICEF and Eurochild 2021). According to the most recent data (AGIA 2022), the majority of these children and young people are placed in RCC: 12,892 are hosted in 3600 units. Although Italy has historically undergone significant deinstitutionalisation, regional competence in social welfare has led to substantial fragmentation, resulting in various local organisational requirements and a multitude of models and approaches (Palareti et al. 2023). Overall, RCC units are mostly administered by private NGOs and church-affiliated organisations and consist of small family-style or family-based group homes referred to as *comunità* (communities), hosting no more than 10 children. Educators typically work in shifts to provide 24/7 coverage of the facility, with a senior educator/social worker overseeing overall management. To a lesser extent, RCC units are run by resident caregivers, often of religious affiliation, who are assisted by non-resident paid educators and/or volunteers.

Recent investigations (see Saglietti et al. 2024a, 2024b, 2024c) have documented concerning conditions in RCCs due to COVID-19-related restrictions, which were particularly severe in Italy. While remaining operational, RCCs were abruptly affected by significant disruptions, impacting both children's well-being (Saglietti et al. 2024c) and educators' (Saglietti et al. 2024a, 2024b). Overall, these studies report that—alongside chronic issues such as high workload, understaffing and turnover—during lockdown Italian RCC facilities faced changes in work performance, interactions with children, their families and external stakeholders, raising concerns at a community level.

4 | Study Hypotheses

Drawing on literature review and on the postulates of the JD-R Model (Bakker, Demerouti, and Sanz-Vergel 2014, 2023), we hypothesise that:

H1. *Drawing on the adopted definition of BO (Kristensen et al. 2005), and due to numerous organisational issues documented in the sector (Strolin, McCarthy, and Caringi 2006; Colton and Roberts 2006; Bride 2007; Parry, Williams, and Oldfield 2020; Prost and Middleton 2020), we expect RCC educators' Work BO to be higher compared to Personal BO and Client BO.*

H2. *Drawing on literature review (see above), we expect CF to be higher for specific categories of RCC educators depending on their individual, work and organisational conditions, that is,* (a) *drawing on individual conditions,*[1] *we expect younger female educators, those living with children (either their own or their partner's), and those with less experience in the field to have higher rates of CF,* (b) *drawing on contractual and work conditions,*[2] *we expect educators with the most demanding schedules—such as those working exclusively as educators, with full-time contracts, working in three or more night shifts per week and spending more than 4 hours alone per shift—to have higher rates of CF, due to isolation and major exposure to children's trauma and* (c) *drawing on organisational conditions,*[3] *we expect educators with no ongoing training, nor supervision and working in organisations that they perceived with poor teamwork (i.e., very bad and sufficient in our survey) to have higher rates of CF.*

H3. *Drawing on literature review (see above), we expect WE to be higher for specific categories of RCC educators depending on their individual, work and organisational conditions, that is,* (a) *drawing on individual conditions, we expect older educators, those who do not live with children (either their own or their partner's), and those with higher experience in the role to have higher rates of WE,* (b) *drawing on contractual and work conditions, we expect educators, with a part-time contract, holding managerial positions, not working in night shifts and working 0 h alone per shift (in so doing, being in constant co-presence with colleagues)*

to have higher rates of WE and (c) *drawing on organisational conditions, we expect educators with ongoing organisational training, supervision and perceived good/excellent teamwork to have higher rates of WE.*

5 | Method

5.1 | Procedure

The research project was commissioned by Italian Association of RCC facilities, Coordinamento Nazionale delle Comunità per minorenni di tipo familiare (CNCM), with the aim of investigating the well-being of educators across Italy. To ensure transparency and rigour, a preregistration of the study was conducted through the OSF (Open Science Framework) website, where detailed procedures and subsequent analyses were documented. For data collection, a customised anonymous questionnaire was developed using the Google Forms platform, which included a clear informed consent statement. The questionnaire's link was then distributed to the commissioning organisation, its federated RCC facilities and other RCC networks through their institutional mailing lists from June 2023. The procedures of this study adhered to the ethical standards set by the Italian Psychological Association and to the 1964 Helsinki Declaration. The research project received approval from the commissioning institution, ensuring that ethical guidelines were followed throughout the study.

5.2 | Participants

A total of 215 educators employed in RCC units across Italy were recruited from June to August 2023 through a 'snowball' sampling method. Among them, 171 were women (80%) and 44 were men (20%). The age distribution varied from 18 to over 60 years. In terms of experience in the field, participants' tenure ranged from less than 1 year to over 20 years. Further details can be found in Table 1.

5.3 | Measures (Questionnaires and Independent Variables)

5.3.1 | Burnout

Due to its cultural sensitivity, conceptual and measurement coherence, together with the adaptability to the above-mentioned context, in this study we adopted the Italian validated version (Fiorilli et al. 2015) of the Copenhagen Burnout Inventory (CBI) (Kristensen et al. 2005), adapted to the RCC context. The 19-item questionnaire is organised along with three subscales: Personal BO, Work BO and Client BO. Each subscale ranges from 0 to 100. The reliability and validity of the instrument demonstrated robust internal consistency in previous research ($\alpha = 0.85–0.87$) and showed valid discriminant, convergent and predictive validity (Kristensen et al. 2005). In this study, the internal consistency of Personal BO, measured with Cronbach's alpha, was found to be 0.77. Similarly, Work BO yielded a Cronbach's alpha of 0.74, while Client BO exhibited high internal consistency with a Cronbach's alpha of 0.79.

TABLE 1 | Participants sample.

	N	%
Gender		
Female	171	80
Male	44	20
Age		
18–30 years	61	28
31–40 years	85	39
41–50 years	53	25
51–60 years	12	6
> 60 years	4	2
Living with children		
No	144	67
Yes	71	33
Years of experience in RCC		
< 1 year	21	10
From 1 to 5 years	92	43
From 6 to 10 years	48	22
From 11 to 19 years	37	17
> 20 years	17	8
Role		
Educator	182	85
Educator and coordinator/manager	32	15
Type of contract		
Full time	141	66
Part time	74	34
Average number of night shifts per week		
0	64	30
1–2	127	59
≥ 3	24	11
Average hours of co-presence per shift		
0	44	20
1–3 h	56	26
4–7 h	84	39
≥ 8 h	31	14
Available supervision		
Yes	194	90
No	21	10
Available trainings		
Yes	177	82

(Continues)

TABLE 1 | (Continued)

	N	%
No	38	18
Perception of teamwork relationships		
Excellent	125	58
Good	58	27
Sufficient	30	14
Very bad	2	1

TABLE 2 | Descriptive statistics.

	Median	Mean	SD	Skewness	Kurtosis
CF					
Personal BO	45.8	46.6	15.2	0.68	−0.12
Work BO	35.7	38.5	18.6	0.14	−0.60
Client BO	33.3	33.3	19.2	0.32	0.03
STS	37	37.8	11.3	0.49	−0.17
WE	5.11	4.87	0.93	−1.47	2.37

5.3.2 | Secondary Traumatic Stress Scale

STS was measured using the STS scale (STSS) (Bride et al. 2004), translated into Italian by the first two authors.[4] It consists of a 17-item scale evaluated on a 5-point Likert scale: *never* (1), *rarely* (2), *sometimes* (3), *often* (4), *always* (5). The STSS includes three subscales: Intrusion (5 items), Avoidance (7 items) and Arousal (5 items). Following Bride (2007), STSS scores range from 0 to 85. Cronbach's alpha coefficient is 0.93 for the total scale, while it scores 0.80, 0.87 and 0.83 for Intrusion, Avoidance and Arousal, respectively (Bride et al. 2004). In this study, Cronbach's alpha for the total STSS was 0.79.

5.3.3 | Work Engagement

WE was measured using the 9-items version of the Utrecht Work Engagement Scale (UWES-9) (Schaufeli, Bakker, and Salanova 2006), an internationally validated scale close to the JD-R theoretical approach. For the purpose of this study, we have used the validated version in Italian by Balducci, Fraccaroli, and Schaufeli (2010). It consists of three subscales: Vigour, Dedication and Absorption. The statements are rated on a 7-point Likert scale ranging from 0 '*never*' to 6 '*every day*'. In this study, the reliability of WE is indicated by a Cronbach's alpha of 0.91.

5.3.4 | Individual, Contractual, Work and Organisational Variables

The survey included independent variables (I.V.) pertaining personal information, that is, gender, age, if either living with or without children, years of experience in RCC; items regarding contract and work conditions, that is, role,[5] type of contract,[6] average number of night shifts per week, average hours of co-presence per shift; and organisational conditions, that is, available supervision[7] and training and perception of teamwork relationships (see Table 1, above).

5.4 | Data Analysis

A power analysis was conducted using statistical software R and the 'pwr' package to determine the sample size, with $\alpha = 0.05$, medium effect size (based on test type: $f = 0.25$, $r = 0.3$, $d = 0.5$), and power = 0.80. The largest sample size predicted by the power analysis for the different tests is 197.8 participants. The analysis began with the validation of the general linear model assumptions, specifically homoscedasticity, assessed using Levene's test. This test showed no significant violation of the homogeneity of variances assumption. The investigation of multicollinearity among independent variables was conducted via a correlation matrix, revealing negligible multicollinearity, thus reducing potential interference between variables. The Kolmogorov–Smirnov test for normality indicated a non-normal distribution for the five variables at hand. Attempts to normalise these distributions through data transformations, including logarithmic and Box-Cox methods, were not fruitful. Outlier analysis identified some anomalies in the distributions of Personal BO and WE. However, a sensitivity analysis determined that these outliers did not significantly alter the overall data distribution and provided insights for understanding group differences based on independent variables. Descriptive and bivariate analyses followed, using Spearman's correlation to assess associations between dependent variables. Given the non-normal distributions, non-parametric tests such as the Mann–Whitney *U* test and the Kruskal–Wallis test were employed to detect differences between groups. These tests, suitable for non-normal data through median comparisons, highlighted statistically significant differences between groups at a conservative alpha level ($p < 0.05$), underscoring substantial disparities in group medians.

6 | Findings

6.1 | Residential Childcare Educators' Compassion Fatigue and Work Engagement

Descriptive statistics of dependent variables—namely, Personal BO, Work BO, Client BO, STS and WE—are presented using measures such as median, mean, standard deviation (SD), skewness and kurtosis (refer to Table 2).

Differently from H1, in our sample the most significant manifestation of BO is Personal BO, that is higher both in mean (46.6/100) and median terms (45.8/100). Participants scored from 25 to 95.8, raising concerns over their personal emotional stability and exhaustion. Secondly, educators scored moderate levels of Work BO (mean: 38.5; median: 35.7, spanning a range from 0 to 82.14/100) and lowest levels of Client BO (with both median and mean at 33.3 and a range from 0 to 100). The median and mean levels of STS were found to be 37 and 37.8, respectively, with variations from 17 to 71/85. Regarding WE,

elevated levels were noted, with a median of 5.11 and a mean of 4.87, within a range from 1 to 6. Most dimensions show a slightly positive skewness, except for WE, which exhibits negative value (−1.47). Regarding kurtosis values, most dimensions display kurtosis values close to zero or slightly negative, except for WE, which has a positive kurtosis (2.37), indicating a more peaked distribution. This results in a greater concentration of scores around the mean and, at the same time, a higher presence of extremely high or low scores.

To better investigate RCC educators' scores, we explored the distribution of dependent variables, according to respective manuals (see Table 3).

While BO globally registers low to medium scores—with the majority of respondents falling within the low ranges (see Table 3)—more than one-third of the sample fell in the 'high' category for Personal BO (41.4%), more than one quarter scored high in Work BO (30.7%) and another one quarter have high Client BO scores (23.3%). STS distribution is far more concerning, as moderate to severe manifestations are in one into two educators (49.3%). The most representative subgroup is the one being mildly affected by STS (28.4%, see Table 3), followed by 22.3% of the sample being moderately affected and no affected at all. A worrying 17.7% scores in the 'severe' category of SPS scores (see Table 3), implying a significant and potentially debilitating impact of their daily work with children's traumas. Regarding WE scores, most respondents (42.3%) fell into the 'high' category, followed by one quarter that obtained scores in the 'very high' category (25.6%). Taken together, approximately 95% of RCC educators scored from average to very high in WE.

TABLE 3 | Scores.

	Score categories	*N*	%
CF			
Personal BO			
Low	< 50	126	58.6
High	> 50	89	41.4
Work BO			
Low	< 50	149	69.3
High	> 50	66	30.7
Client BO			
Low	< 50	165	76.7
High	> 50	50	23.3
STS			
Little or no	< 27	48	22.3
Mild	28–37	61	28.4
Moderate	38–43	48	22.3
High	44–48	20	9.3
Severe	> 49	38	17.7
WE			
Very low	< 1.77	3	1.4
Low	1.78–2.88	7	3.3
Average	2.89–4.66	59	27.4
High	4.67–5.50	91	42.3
Very high	> 5.51	55	25.6

6.2 | Individual, Work and Organisational Conditions Associated

To test H2 and H3, we examined how the median scores varied in relation to independent variables that exhibited significance in non-parametric tests (refer to Supporting Information). We conducted the Mann–Whitney *U* and the Kruskal–Wallis tests to identify the relationship between I.V. (individual, work-contractual and organisational conditions), CF and WE (refer to Supporting Information). Personal BO scores were excluded from the analysis, as they are presumed to be influenced solely by personal factors (Kristensen et al. 2005). We comment here only the pertaining relationship reaching statistical significance (see Table 4).

In terms of I.V. and BO, gender ($U = 4506.5$; DF = 1; $p = 0.04$) and the condition of living with children—if either biological, adoptive or stepchildren—($U = 6084$; DF = 1; $p = 0.02$) showed notable differences in Work BO only. Women reported a higher median (39.3) compared to men (32.1), and those not living with children recorded higher scores (39.3) compared to their colleagues having no parental responsibility (35.7) (see Table 4). Regarding the relationship of BO with contractual and work-related variables, no statistically significant differences were found (see Supporting Information). Organizationally, the variable 'perception of teamwork relationships' ($H = 20.56$; DF = 3; $p = 0.0001$) demonstrated significant differences with Work BO—with scores increasing from 28.6 (for excellent relationships) to 69.6 (for poor relationships, i.e., bad and sufficient). Perception of the teamwork quality was the only variable impacting Client BO too ($H = 9.69$; DF = 3; $p = 0.02$). A pattern reflective of that noted in Work BO was observed: educators who perceived excellent relationships with colleagues reported low median of Client BO (25), which gradually increased when relationships perception decreased from good (33.3) and adequate (37.5) to poor (66.7).

In the analysis of STS, significant differences across individual and organisational conditions were observed. Considering individual conditions, the variable 'years of experience in the RCC field' ($H = 11.80$; DF = 4; $p = 0.01$) showed that educators with less than 1 year of tenure reported lower scores (27), compared to their more experienced colleagues. Taking into consideration organisational variables, 'perception of teamwork relationships' ($H = 12.71$; DF = 3; $p = 0.005$) demonstrated also in this case significant impact on STS, with an increase median trend observed from good to poor relationships.

To sum up, regarding H2a on the most vulnerable individual conditions associated with CF, our results confirm the impact of 'gender' and 'living with children' on Work BO. Contrary to our hypothesis, 'years of experience in the RCC field' also

TABLE 4 | Median scores for BO, WE and STS based on significant independent variables.

I.V.	Groups	CF			WE
		Work BO	Client BO	STS	
Gender	Female	39.3	33.3	37	5.1
	Male	32.1	33.3	37	5
Living with children	No	39.3	33.3	38	5
	Yes	35.7	33.3	35	5.2
Years of experience in RCC	< 1 year	32.1	29.2	27	5.3
	From 1 to 5 years	35.7	35.4	38	5
	From 6 to 10 years	39.3	33.3	35.5	5.2
	From 11 to 19 years	39.3	33.3	38	5.1
	> 20 years	39.3	37.5	38	5.3
Role	Educator	35.7	33.3	37	5.1
	Educator and coordinator/ manager	41.1	33.3	35	5.4
Perception of teamwork relationships	Excellent	28.6	25	35	5.2
	Good	35.7	33.3	37	5.2
	Sufficient	51.8	37.5	42.5	4.7
	Very bad	69.6	66.7	60.5	3.4

plays a role, albeit in preventing higher scores in STS. 'Age' was found to have no significant statistical impact on CF. With H2c, we expected educators with no ongoing training or supervision, and those working in organisations perceived to have poor teamwork, to have higher rates of CF. Our results support only the impact of the 'perception of teamwork relationships', which appears to have a transversal impact: educators perceiving poor teamwork indeed exhibit higher rates of BO and are particularly challenged by children's personal traumas, showing higher STS scores.

To evaluate H3 concerning the impact of individual, contractual and organisational conditions on WE, results revealed differences in contractual and work-related variables as well as organisational factors, while leaving the hypothesis regarding individual conditions (H3a) unmet. Partially supporting H3b on role, we found that individuals in managerial positions exhibited higher median scores of WE (5.4) if compared to their colleagues (5.1) ($U = 3649.5$; DF = 1; p-value = 0.02). At the organisational level, the 'perception of teamwork relationships' ($H = 12.63$; DF = 3; $p = 0.005$) impacts WE, as hypothesised in H3c. A less favourable perception of teamwork was associated with reduced WE. Additional details and complete results of the Mann–Whitney U tests and Kruskal–Wallis tests are available in the Supporting Information.

7 | Discussion and Conclusions

Bridging the research gap in the field of RCC and adopting the JD-R Model (Bakker, Demerouti, and Sanz-Vergel 2014, 2023)—which has been applied by only a few studies in the realm of alternative care (notably by Lizano and Mor Barak 2012; Ajello and Tesi 2017; He et al. 2018; Lee et al. 2019)—this study contributes to the current debate by examining CF and WE in an understudied Ssample with one of the highest exposures to children's traumas among helping professions (Savicki 2002; Samios, Abel, and Rodzik 2013). While Whittaker and colleagues' cross-national comparison (Whittaker et al. 2023) places Italy in the group of RRC system characterised by greater investment in the quality of care (unlike many English-speaking countries), our results still empirically illustrated that Italian RCC educators are in a risky condition regarding their emotional well-being and mental health. This is evidenced by their high CF scores.

Particularly, while Work and Client BO are experienced by Italian RCC educators within the estimations, that is, by one-third of RCC educators (see Eastwood and Ecklund 2008; Audin, Burke, and Ivtzan 2018), Personal BO—that is, a condition that, following the approach of Kristensen et al. (2005), is independent of employment status—affects nearly two-thirds of our sample, disconfirming our H1 regarding the prevalence of Work BO stress levels. Upon closer examination, RCC educators experience the least amount of Client BO, a source of exhaustion and fatigue specifically linked, in this case, to working with children who are documented to be traumatised (McElvaney and Tatlow-Golden 2016). As in other cases (Kim and Kao 2014; Santos, do Rosário Pinheiro, and Rijo 2023), low Client BO scores reinforce the assumption that factors other than children's behaviour act as job demands in influencing CF and, consequently, retention rates.

Like the findings of Audin, Burke, and Ivtzan (2018), our sample simultaneously expressed high scores of STS. As previously documented (Figley 1995; Sprang, Craig, and Clark 2011; Cieslak et al. 2014), high levels of STS in caregivers can lead to impaired decision-making and a lack of empathy, which negatively impacts educators' ability to provide effective support. Caregivers experiencing this condition may inadvertently create a less stable and secure environment, potentially exacerbating the already vulnerable conditions of the children they care for. In this respect, our study's construct relationships indicate that exposure to STS in RCC professionals constitutes a significant risk factor for the development of BO, triggering their CF. Conversely, our findings confirm high scores of WE too, reflecting both a high degree of commitment traditionally present in the field (Seti 2008) and a more ambiguous high level of absorption, which may include difficulties in detaching from work (Schaufeli and Bakker 2004) as a form of indirect exposure to trauma. However, individual conditions account for only a limited number of occurrences (as in He et al. 2018): in our case, gender, the condition of living with children and experience in the field. Women seem to be more susceptible to Work BO, a finding consistent with traditional US literature on professional CF (Sprang, Clark, and Whitt-Woosley 2007; Cieslak et al. 2014) but contradicted by European studies, which show that gender differences are comparatively lower (Purvanova and Muros 2010). Results revealed a significant effect of 'living with children' on Work BO. Specifically, it was found that those parenting—either their biological children or the ones of their partners—exhibit lower levels of Work BO, suggesting this could play a protective role, contrary to our initial hypothesis (H2a). Additionally, differently from our expectations (H2a) but consistent with Audin, Burke, and Ivtzan (2018), tenure in the field of RCC has a statistically significant impact on STS only. This suggests that experience in the field might be considered a personal risk factor for responding to children's traumas. Concerning contractual and work conditions acting as job demands, we expected educators with the most pressing working conditions (i.e., working as educators only, with full-time contracts, working in night shifts three or more times per week and working alone for more than 4 h per shift) to have higher rates of CF (H2b). Our results do not validate this hypothesis, suggesting that either these conditions cannot be identified as job demands or that they do not have an impact, disconfirming prior research (Regehr et al. 2004; He et al. 2018; Abraham et al. 2022; Maurya and DeDiego 2023). The only work condition that seems to have a significant impact is holding a managerial role (H3b), which acts as a job resource in preventing CF (as in Ray et al. 2013, Samios, Abel, and Rodzik 2013, and Audin, Burke, and Ivtzan 2018). However, it is essential to note that, unlike the international cases where managers may be less exposed to the traumatic issues of children, Italian RCC managers usually perform daily and, in some cases, also night shifts, being in close contact with children and colleagues. This consideration seems to strengthen our findings regarding the manager's role in activating WE as a moderator of CF.

Concerning organisational conditions, in line with prior research (Decker, Bailey, and Westergaard 2002; Del Valle, López, and Bravo 2007; Seti 2008; Audin, Burke, and Ivtzan 2018), we anticipated higher CF for educators with no ongoing training or supervision, and perceiving poor teamwork (H2c). Conversely, we expected those with ongoing organisational training, supervision and perceived good/excellent teamwork to have higher rates of WE (H3c). Our findings indicate that only the perception of teamwork quality has a pervasive impact: RCC educators who perceive their teamwork quality as excellent demonstrate more resilience in preventing CF while concurrently showing greater WE. This is also the only condition affecting Client BO, reaffirming the importance of this job resource for working with traumatised children (Lee and Barth 2011), their families and connected communities. This result aligns with previous empirical studies on peer support in the field (Kim and Kao 2014; Salloum et al. 2015; Abraham et al. 2022) but contradicts He et al.'s (2018) findings suggesting that the relationship with colleagues—seen as co-worker venting or BO contagion—may not aid in reducing Client BO. As in the work of Regehr et al. (2004), our findings do not support training and supervision as job resource.

7.1 | Practical Implications

The current study provides valuable insights to inform the recruitment and retention of RCC workforce, with implications for reducing CF and potentially improving job retention. Our findings highlight the risk of selecting individuals who already experience Personal BO or are prone to developing it during their tenure. To address this pattern, careful initial screening and ongoing monitoring are crucial. For instance, implementing trauma-informed self-care practices (Salloum et al. 2015) and compassionate training (Santos, do Rosário Pinheiro, and Rijo 2023) have proven effective in monitoring and reducing all types of BO.

Given our results on the role of WE, we can infer that leveraging managerial responsibilities can positively impact educators' well-being, thereby highlighting its potential as a workplace retention strategy. Compared to other work-related issues and benefits, we have shown that the most effective and pervasive tool for RCC educators' well-being—and job retention—is teamwork quality (Kim and Kao 2014). Interventions aimed at enhancing or maintaining high-quality teamwork could include systematic strategies such as providing teams with regular reflective space and time, holding productive meetings not solely in case of emergencies and organising team activities outside the workplace. Additionally, on a more occasional basis, organisations could offer targeted workshops and training sessions to improve interprofessional communication, enabling educators to collaboratively address job demands and resources (Bakker, Demerouti, and Sanz-Vergel 2023). Overall, these insights have the potential to contribute to positive outcomes for children in alternative care, improving caregivers' well-being and consequently, strengthening the quality of alternative care. This, in turn, contributes to the well-being and resilience of our broader communities.

7.2 | Limitations and Future Research

While the study makes significant contributions to the field of alternative care, it also has notable limitations that warrant consideration. These primarily revolve around the adopted model, the sampling and measurements. Firstly, while the JD-R model (Bakker, Demerouti, and Sanz-Vergel 2014, 2023) has proven

adequate due to its widespread use in similar professional fields, some limitations should be considered regarding its adaptability within the RCC sector. Specifically, although our findings generally support the role of WE as a mediator, and provide detailed insights into the impact of contractual and work-related issues as job resources, we could not clearly identify what constituted job demands in this respect. Our results in fact did not show any statistically significant associations between contractual and work conditions and CF, opening a broader reflection on the model's operationalisation in explaining the phenomenon at hand. Secondly, in terms of sampling, our participants were self-selected through a snowball approach, potentially limiting the representativeness of the entire Italian RCC system. While no analysis was conducted to determine the sample's representativeness compared to the broader population of Italian RCC educators, it is still possible that RCC staff outside the involved network may differ significantly. Future research should aim to include other RCC networks and associations to address this potential gap. Thirdly, despite anonymity, biases connected with the conditions at hand may still be present. For instance, there could be self-perceived stigma on CF or other biases, particularly from participants actually experiencing BO or dealing with sensitive personal, work or organisational issues. Additionally, the study relied on self-reported measures focusing on two 'negative' conditions (BO and STS) and only one 'positive' (WE). This narrow focus may not capture the full complexity of the RCC educators' experiences (as found in similar professions, as in Pooler, Wolfer, and Freeman 2014). Additionally, the study used the Copenhagen Burnout Inventory to detect BO, which is less commonly used compared to other instruments like the MBI (Maslach, Schaufeli, and Leiter 2001) or the ProQOL5 (Stamm 2009). While the CBI offers a unique perspective by focusing on different BO sources, its use may limit comparability with international literature.

Moving forward, future research should adopt more reflexive theoretical and methodological approaches, incorporating multiple studies and measurements as well as considering different environmental conditions. This could include the integration of group observational and naturalistic approaches to overcome biases, shifting the focus from individual well-being to group interaction and providing insights into how CF and WE manifest in real-life RCC settings. Understanding and addressing both individual, group and systemic factors are crucial for promoting the well-being of RCC educators and ensuring the success of community deinstitutionalisation efforts aimed at improving the lives of children in care.

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Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

The data that support the findings of this study are available from CNCM ETS Italia. Restrictions apply to the availability of these data, which were used under license for this study. Data are available from the author(s) with the permission of CNCM ETS Italia.

Endnotes

[1] We consider individual conditions, the characteristics of RCC educators that are independent from their work and organisational conditions.

[2] We consider work and contractual conditions the job-related aspects of the specific role or position within the organisation. This includes job demands and job resources, as delineated by the adopted model by Bakker, Demerouti, and Sanz-Vergel (2014, 2023).

[3] We consider organisational conditions as the broader systemic factors within the RCC environment that influence educators' experiences. This encompasses resources and demands originating from the specific organisational settings and the overall environment, independent of individual professional contracts and work conditions. For instance, supervision is an organisational tool that may be available or lacking based on the collective team structure, rather than being determined solely by the individual worker.

[4] We chose this option because the Italian validated version of the scale by Setti and Argentero (2012) was validated with a sample from a very different sector—ambulance operators—and had two fewer items than the original STSS scale by Bride (2007). Additionally, it did not include a clear scoring system.

[5] In the Italian RCC system, educative teamwork is composed of roles such as educator and coordinator/manager. Unlike some other systems, where managers may not directly engage with children in daily activities, in Italy, those in managerial positions often have a dual role. They work shifts as educators while simultaneously handling higher responsibilities. Additionally, other roles within the RCC unit may include psychologist, social worker, cleaning staff, and, to a lesser extent, a cooker. External volunteers may also assist RCC staff, but they are typically not considered part of the core teamwork.

[6] The contractual differences involve either part-time or full-time positions.

[7] In contrast to the Anglo-Saxon literature, where supervision can be provided by individuals with higher responsibilities (Anglin, 2004), the Italian RCC practice follows a different approach. Due to regulatory aspects associated with Italian law, supervision is the systematic group process, typically occurring once a month, conducted by an external supervisor, typically a psychologist/psychotherapist. During these sessions, the team gathers to discuss and reflect on their work, professional development, quality of the delivered care, and ethical practices.

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Supporting Information

Additional supporting information can be found online in the Supporting Information section.