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ORIGINAL ARTICLE

Stress and Coping Processes in Childcare Workers Caring for Children with Special Needs

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ABSTRACT

This study identifies the stress experienced by childcare workers and their stress-coping mechanisms when caring for children with special needs. Due to the current focus on inclusive education, the number of children with special needs has been increasing, leading to an increase in the importance of understanding childcare workers' stress management. Therefore, this study aims to elucidate the stress experienced by childcare workers who care for children requiring special support. Semi-structured interviews were conducted with 15 childcare workers at daycare centers and certified childcare centers in the Kanto region of Japan. The results showed that the three main childcare worker stressors were difficulties in providing individualized support, classroom management, and supporting the parents. These stressors were influenced by the lack of appropriate responses to childcare, staff shortages, and time constraints. Relationships with colleagues were found to play an important role in coping with stress, suggesting that good relationships reduce stress and improve childcare quality. However, it was also found that different ways of thinking and peer pressure could increase childcare worker stress. To overcome these challenges and promote inclusive education, specific support to improve the quality of care for children, develop communication training, and provide parental support in the workplace could be effective. This study contributes to a better understanding of stress in childcare workers for children with special needs.

Keywords: Children with special needs, Childcare workers, Stress, Stress coping

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1. Introduction

1.1. Introduction

In Japan, inclusive education practices to encompass all children with special educational needs regardless of their disabilities have been recommended^{1,2)}. A survey in 2018 found that 83.2% of childcare facilities had children who required special support, and this number was increasing³⁾. As the number of children with special needs rises, concern about the burden on childcare workers also rises^{4,5)}.

Therefore, this study identifies stressors faced by those caring for children with special needs and examines their coping mechanisms. Identifying factors that could reduce stress in these childcare workers can render needed support, provide valuable information for relevant training programs' development, and improve the quality of childcare.

Additionally, this study focused on childcare workers years' of experience and their types of institution through conducting interviews with a diverse range of workers. For Japanese nursery schools, research on a broad spectrum of childcare workers' stressors and coping strategies has not yet been conducted, so this study fills a gap in the literature.

1.2. Literature Review

Previous studies have predominantly focused on children requiring special support, such as those with developmental delays or suspected developmental disorders^{2,4,5)}. In 1994, UNESCO adopted the 'Salamanca Statement,' which expanded the scope for children requiring special educational needs to include those with disabilities, gifted children, street and working children, children from remote or nomadic populations, children from linguistic, ethnic, or cultural minorities, and children from other disadvantaged or marginalized areas or groups⁶⁾. Therefore, this study defines children requiring special support from childcare workers as those with developmental delays and disabilities, and those from impoverished, abused, or non-Japanese backgrounds.

Lieber et al. surveyed childcare workers and found that many believed that inclusive education exposes children with disabilities to peer models and fosters learning opportunities. The inclusion of these children also has positive effects on nondisabled or disadvantaged children because they learn to assist others and accept differences⁷⁾. This perception among childcare workers has been supported by subsequent studies^{8,9)}, which has prompted the promotion of inclusive education in Japan¹⁰⁾.

However, negative perceptions and concerns about inclusive education have been linked to childcare worker stress¹¹⁻¹³⁾. Shiratori and Kojima identified several stressors associated with inclusive childcare, such as difficulties in child management, dealing with parent and classmate relationships, lack of professional expertise, childcare record burdens, and inadequate support from colleagues¹²⁾. Therefore, understanding the mechanism used by childcare workers to cope with stress and identifying their stressors is crucial when seeking to reduce their stress levels.

Baumgartner et al. conducted group-focused interviews with ten childcare workers and categorized the coping strategies into emotion-focused, problem-focused, and avoidance-focused¹⁴⁾. Kiso found that there was a reduction in childcare workers' distress when childcare activities were adapted to cater to children who required special support⁴⁾. However, addressing the distress related to the relationships with 'concerned children' and their parents remains challenging for individual childcare workers; therefore, more research on less experienced childcare workers is needed¹⁵⁾.

As dealing with work stressors requires changes to social interactions, confidence, and motivation, specific stressors are often difficult to identify, especially when the stress-coping processes are often deemed more important than the

outcomes¹⁶). Because Japanese childcare facilities have a standard childcare ratio of one provider for every thirty 4-to 5-year-old children, it is difficult to balance individual support for children requiring special assistance and group support¹⁷).

Reducing childcare worker stress can provide better support for the children and also benefit their professional growth^{18,19}). Because of the increase in dual-income households in Japan, childcare facilities, such as daycare centers and certified childcare gardens, are the most used preschool facilities in Japan. Therefore, this study focuses on childcare workers from these facilities.

Overall, understanding and addressing childcare worker stress when caring for children requiring special support is crucial to ensure that they are provided with effective support and to encourage professional development for childcare workers.

Japanese preschool facilities are divided into education-based kindergartens for children aged three to elementary school age, all of which are under the jurisdiction of the Ministry of Education, Culture, Sports, Science and Technology (MEXT), and nursery schools and certified childcare centers for ages 0 to pre-elementary school age, which are child welfare facilities under the jurisdiction of the Child and Family Agency. However, the number of children attending nursery schools and certified children's centers is the largest²⁰); therefore, this study focused on childcare providers working in nursery schools and certified childcare centers (excluding kindergarten-type centers).

2. Research methods

2.1. Design

Coping with stress is complex as coping mechanisms can vary depending on the stressors, individual differences, organizational policies, and the characteristics of the children²¹). As this study considers it important to understand the interactions of multiple stress coping factors, the identification of the childcare workers' stress coping mechanisms was explored using a qualitative research interview method.

2.2. Survey method

Semi-structured interviews were conducted with childcare workers currently employed to care for children in nursery schools and certified childcare centers in the Kanto region, Japan.

2.2.1. Participants

The sample was four male and 11 female childcare workers. The longest work experience was 25 years and the shortest was 1 year, with the mean being 8.46 years.

2.2.2. Interview Procedures

Seven interviews were conducted face-to-face and eight were conducted online on Zoom. The interviews first gathered information on the participant's characteristics, such as age, gender, class, and years of experience, after which the interview guide was followed.

The childcare workers who were interviewed face-to-face were given a verbal and written explanation of the study purpose before the interview began and were asked to complete a written consent form, which included permission to record the interview using an IC recorder. The face-to-face interviews were conducted in the break room or training room

in the late evening on weekdays and on Saturday afternoons in the preschool in which the childcare worker worked, at which time no children or parents were present.

The childcare workers interviewed online were sent the study description and consent form in advance by mail. The interviews were scheduled on weekday evenings and weekends, with the Zoom setup being based on the participants' preferences.

2.2.3. Interview details

Each childcare worker interview was approximately 20 minutes. After explaining the study and obtaining permission, each interview was recorded. When the topic of children with special needs was discussed, the participants were told that the target children included those with developmental delays and disabilities, and those who were impoverished, abused, from non-Japanese families, and their respective families.

The following interview guide was used for the semi-structured interviews.

- 1) The number of children in your current classes and the number of childcare workers.
- 2) The children with special needs that you have cared for in the past.
- 3) The number of children in your current class who need special support.
- 4) The stressors you experienced when caring for children with special needs.
- 5) The methods you use to cope with these stressors?
- 6) The childcare methods you feel have been effective.
- 7) The environments you establish when taking care of the child?
- 8) Your relationship with the children's parents.
- 9) Your relationship with coworkers.
- 10) The challenges faced when taking care of the children.
- 11) The documents required (individual support plans, etc.).

The participants were also encouraged to discuss any other concerns.

2.2.4. Survey period

The interviews were conducted between November 2020 and February 2022.

2.3. Data analysis and description

The Modified Grounded Theory Approach (M-GTA) was used for the analysis²²⁻²⁴, with the main analysis theme being 'the stress coping mechanism being used when caring for children with special needs,' and the analysis focal person being 'childcare workers who care for children with special needs.'

The data revealed that the more experienced childcare workers had provided greater and more specific details. Therefore, we first analyzed the responses from childcare worker O, who had the most years of experience. Because of our theme and focal person, the analysis focused on the more relevant data to define the concept names and develop the associated definitions. When we compared the definitions with other data, we looked for similar or opposite examples, and each time something came to mind, we wrote it down in a theoretical memo. As the continuing data analysis identified new concepts, an analysis worksheet was created. Other variations were also searched for in the data, which were then added to the

variations on the analysis worksheets. If there were only a few of certain specific examples, the concept was not considered valid. To prevent arbitrary interpretation bias, counterexamples were examined along with similar examples for the generated concepts to confirm their validity from a comparative perspective. All resulting processes were also entered into a theoretical memo. After examining the relationships between the generated concepts and the other concepts, categories and subcategories were generated. The analysis process for determining the relationships between the categories is summarized in a result diagram.

2.4. Ethical considerations

In the interviews, the participants were informed in writing and orally that their personal information would be protected, great care would be taken to ensure that they would not be disadvantaged, that they could withdraw their participation at any time, and that they would not be disadvantaged even if they did not agree to participate. We also explained that the information gained from the survey would not be used for any purpose other than research purposes and that the collected personal information and voice data would be disposed of immediately after the required storage period had elapsed. This study was conducted with the approval of the Research Ethics Committee of Teikyo Junior College (Approval No. 21).

3. Results

3.1. Participant characteristics

The participants' characteristics are shown in Table 1. Four participants (26.70%) were male and 11 (73.30%) were female. Seven (46.70%) were in their 20s, two (13.30%) in their 30s, four (26.70%) in their 40s, and two (13.30%) in their 50s or older. The longest and shortest working experience was 25 and 1 year, respectively, with a mean of 8.5 years.

All childcare workers had experience caring for children with special needs; however, childcare workers E, I, and L had had experience in the past but were not currently caring for any children with special needs.

Table 1. Participant characteristics and experience in caring for children with special needs

Target g	Age	Gender	Class	Experience Years	Establisher	Interview Time (minutes)	Interview Method	Childcare and other experiences with children with special needs
A	20s	female	0 + free	1	Stock Company	12	online	There is a child in the toddler class that I am concerned about although there is no diagnosis of a disability.
B	20s	male	4	1	Stock Company	14	online	There is a child in the class who is not diagnosed with a disability but is of concern to me.
C	20s	female	0	1	Public	14	online	There are physically handicapped children and non-Japanese children in the class.
D	20s	female	4	2	Social welfare service corporation	11	F to F	There are children in the class who have been diagnosed with a disability and there are children in the class who are not diagnosed with a disability but who are of concern to me.
E	20s	female	0	3	Social welfare service corporation	17	online	There is no child in the current class, but there was one in the past.
F	20s	female	5	4	Social welfare service corporation	17	F to F	There are children in my class who have been diagnosed with a disability and children who I am concerned about who have not been diagnosed.
G	50s	female	4	4	Social welfare service corporation	23	F to F	There is no child in the current class, but there has been one in the past, and I have had experience working in other positions.
H	20s	male	4	4	public	21	online	There is a child in the class who is not diagnosed with a disability but is of concern to me.
I	50s	female	0	8	social welfare service corporation	11	F to F	There are no children in the current class, but I have some experience. There has also been a time when not working as a childcare worker.
J	30s	female	4	10	Social welfare service corporation	21	F to F	There are children in the class who have been diagnosed with a disability and there are children in the class who have not been diagnosed with a disability but who are of concern to me.
K	40s	female	4	11	Social welfare service corporation	15	F to F	There are children in the class who have been diagnosed with a disability and there are children in the class who have not been diagnosed with a disability but who are of concern to me.
L	30s	female	1	11	Social welfare service corporation	14	F to F	There is no child in my current class, but there was one in the past.
M	40s	male	4	18	public	24	online	There is a child in my class who has been diagnosed with a disability, and there has been more than one in the past.
N	40s	female	2	24	public	23	online	There are children in my class who need help, and there have been more than one in the past.
O	40s	male	4	25	public	23	online	There is a child in my class who has been diagnosed with a disability, and there has been more than one in the past.

3.2. Results analysis

Eleven concepts were generated from the analysis of childcare worker O: trust in diagnoses; uncertain early childhood education without clear answers; lack of acceptance; sharing with parents; anxiety about coworker evaluation; understanding difficulties; balance between group and individual; shared understanding of children; communicating childcare methods; confidence in childcare; and differences in childcare policy from coworkers. During the analysis, the number of generated concepts gradually decreased, and no concepts were generated by childcare workers E, C, B, and A. Since the analyses converged to some extent and no new concepts were generated from the data, theoretical saturation was reached. When all analyses were completed, 37 concepts had been identified.

Next, to prevent arbitrary interpretations, we compared counterexamples with the generated concepts, and to ensure the completeness of the generated concepts, we examined concepts that did not have more than one variation. As a result, the concepts of ‘childcare that does not try too hard’ and ‘changes in what is required of childcare providers’ were deleted. As there were similar variations in the other concepts, the concepts were repeatedly integrated or renamed after reexamination. Subcategories were also generated from the multiple concepts. Therefore, in the end, there were 30 concepts, four categories, and 10 subcategories. The concepts are denoted as follows: categories by { }, and subcategories by []. The concepts are listed in Tables 2 and 3, and examples of each concept are shown in Figure 1, from which the following storylines were developed.

3.3. Storyline

Childcare workers are aware of {accumulated stressors} such as [difficulty in individual support], [challenges in classroom management] and [difficulty in parental support]. For these {accumulated stressors}, an {evaluation of stressors} occurs. This process is influenced by the {relationship with coworkers}. When trusted coworkers are available, motivation is experienced related to [this is the kind of child this child is], [sympathy for difficulties], and [personal growth], which then becomes a virtuous circle born from cooperation. On the other hand, if the childcare workers feel [difficulties in working together], they feel these are challenges beyond a personal resolution. The recognition of being outside one's expertise and trust in the diagnostic labels became a [resolution within oneself].

Table 2. Conceptual diagram for the childcare workers' stress coping process (1)

No.	conceptual name	Definition
Category 1: {Accumulated Stressors}		
1	Childcare with no right answer	Proceed with the care of children requiring special support without clear guidelines or answers.
2	Shortage of manpower and time	Feeling pressure and incompleteness due to insufficient manpower and time.
Subcategory: [Difficulty in Individual Support]		
3	Lack of strategies	Not knowing how to proceed with early childhood education.
4	Difficulty dealing with aggressive children	Experiencing stress when caring for children who exhibit behaviors such as hitting, kicking, throwing objects, biting, or tantrums.
Subcategory: [Challenges in Classroom Management]		
5	Balancing group and individual needs	Difficulty simultaneously managing both group early childhood education and individual support.
6	Everyone is together	Inability to work in groups or listen to childcare workers
7	Unfair relationship	Feeling that they are not getting to know the children in their class well enough because their hands are occupied with the children with special needs.
Subcategory: [Difficulty in Parental Support]		
8	Non-acceptance of the child's behavior	Feeling frustrated by the inability to convey the facts clearly to parents who do not accept their child's behavior.
9	Misunderstandings	Parents misunderstand the childcare worker's message; therefore, the childcare worker's intention is not conveyed.
10	Unacceptable thoughts and actions	Feeling that the ideas or actions of the parents are not beneficial to the child.
Category 2: {Evaluation of Stressors}		
Subcategory: [Resolution within oneself]		
11	Trust in diagnostic labels	Being able to engage with children diagnosed with certain conditions with acceptance and understanding.
12	Recognition of being outside one's expertise	Feeling that caring for children needing special support is beyond one's professional expertise.
Subcategory: [Challenges beyond personal resolution]		
13	Not sure what to do anymore	Experience panic when efforts fail to yield results, leading to uncertainty about what to do.
14	Indigestion due to things not working out	Regret the inability to engage effectively in certain situations.
15	Sense of powerlessness when things do not go as planned	Despite efforts and deliberations, early childhood education does not progress as expected, leading to a feeling of inadequacy.

Table 3. Conceptual diagram of childcare workers' stress coping mechanisms (2)

No.	conceptual name	Definition
Category 3: {Relationships with Coworkers}		
Subcategory: [Trusted coworkers are available]		
16	Personal support	Availability of personal support in times of need
17	Counseling	Being able to consult and communicate with supervisors and coworkers in times of need.
18	Sharing burdens	Being able to share with coworkers the difficulties and burdens arising from childcare activities.
19	Childcare that progresses in unison like a harmonious breath	Childcare proceeds smoothly without having to explain anything to each other.
Subcategory: [Difficulties working together]		
20	Peer pressure from a coworker	Feeling forced or coerced into a certain way of thinking or performing childcare responsibilities.
21	Coworkers with different ways of thinking	Not understanding what a coworker is thinking, or even if you do understand, dealing with the difference.
22	Anxiety about evaluation by coworkers	Feeling anxious or pressured by worrying about how coworkers evaluate you, avoiding coworkers, or constantly worrying about what your coworkers think of you
Category 4: {Virtuous Circle Born of Cooperation}		
23	Motivation	Feeling that it is worthwhile to care for children with special needs and wanting to work harder and have more fun in childcare
Subcategory: [This is the kind of child this child is]		
24	Supportive Accompaniment	Accept and become close to the child in whatever form that child may be.
25	Accept the truth as it is	To understand children as they are, including their difficulties, and to understand that this is the kind of child they are.
Subcategory: [Sympathy for difficulties]		
26	Understanding the difficulties	To understand the child's difficulties, such as the things the child is suffering from, the hard feelings the child has, and the problems the child has.
27	Sharing with the parents	Ability to discuss and understand the characteristics and needs of the child with the parents.
Subcategory: [Personal growth]		
28	Self-confidence	Being confident that I have a positive impact on the children in my care.
29	Realization of the results	Achieve outcomes such as building trusting relationships with children, children spending time calmly, and childcare running smoothly.
30	Widening of tolerance	Widening of perspective through training and widening of tolerance for problematic behavior through experience.

3.3.1. Category 1: {Accumulated Stressors}

Childcare workers face a lack of strategies and difficulties in dealing with aggressive children when taking care of children who need special support and realizing the [difficulty in individual support]. When everyone is together, the need to balance group and individual needs is disrupted. As a result, the children who need special support are taken care of, but childcare workers feel guilty about their unfair relationships with the children who are not being taken care of, at which times, they realize [challenges in classroom management]. In addition, they also feel the [difficulty in parental support] when they see the non-acceptance of the child's behavior by the parents, misunderstandings due to the lack of communication about the childcare worker's intentions, and unacceptable thoughts and actions by the parents toward their children. Because of this, they feel that childcare with no right answer, and they continue to search for a new childcare method. The shortage of manpower and time makes it impossible to give careful attention to the children, and these factors become {accumulated stressors}.

3.3.2. Category 2: {Evaluation of Stressors}

Recognition of being outside of one's expertise in caring for children with special needs and trust in the diagnostic labels allows them to become involved with the children who have a disability diagnosis, and these difficulties lead to a [resolution within oneself] to deal with the stressors. However, when they fail to cope with the stress and the child suddenly bursts into tears or panics, they not sure what to do any more. Childcare workers think in various ways for the sake of the child, but when the childcare does not proceed as planned or as they had envisioned, they feel inadequate, and the longer this state persists, they develop a [sense of powerlessness when things do not go as planned]. For children who cannot be cared for responsibly until the end, such as when a child leaves school suddenly, gives rise to feelings of [indigestion due to things not working out], regret about not being able to relate to the child well, and [challenges beyond personal resolution].

3.3.3. Category 3: {Relationships with Coworkers}

In {relationships with coworkers}, childcare that progresses in unison like a harmonious breath is possible when [trusted coworkers are available], at which time the childcare workers feel they can obtain personal support from managers, senior staff, and coworkers. Counseling relationships with management and senior staff enable them to ask for help in troubling situations and to leave problems with the parents to manage. Sharing the burden is felt when the workers watch the children in turn so that the burden is not concentrated on one childcare worker. On the other hand, the workers also feel peer pressure from coworkers when childcare views and practices are imposed and there are difficulties in working together with coworkers because of their different ways of thinking. As a result, the childcare workers feel anxiety about being evaluated by coworkers and disappointment in themselves for not acting for the sake of the coworker rather than the child.

3.3.4. Category 4: {Virtuous Circle Born of Cooperation}

When [trusted coworkers are available], supportive accompaniment is provided, which simply accompanies the child no matter what they are going through. As a result, it becomes possible to accept the truth as it is, that is, accepting the child's difficulties, and understanding that [this is the kind of child this child is]. In addition, sympathy for the child's difficulties is aroused, such as what the child is suffering from and whether they are having hard feelings or are in trouble. Sharing with the parents, which enables the childcare workers to discuss and understand the child's characteristics and needs, leads to an understanding of the difficulties for both the child and the parents. As a result, a relationship of trust is formed with the child, the child spends time calmly, and the childcare goes smoothly, leading to a realization of the results. In addition,

training broadens the childcare workers' perspectives, and these experiences lead to a narrowing of their tolerance for troublesome behaviors. Self-confidence and [personal growth] increase when the involvement has a positive impact on the child, which increases motivation and forms a virtuous circle born of cooperation.

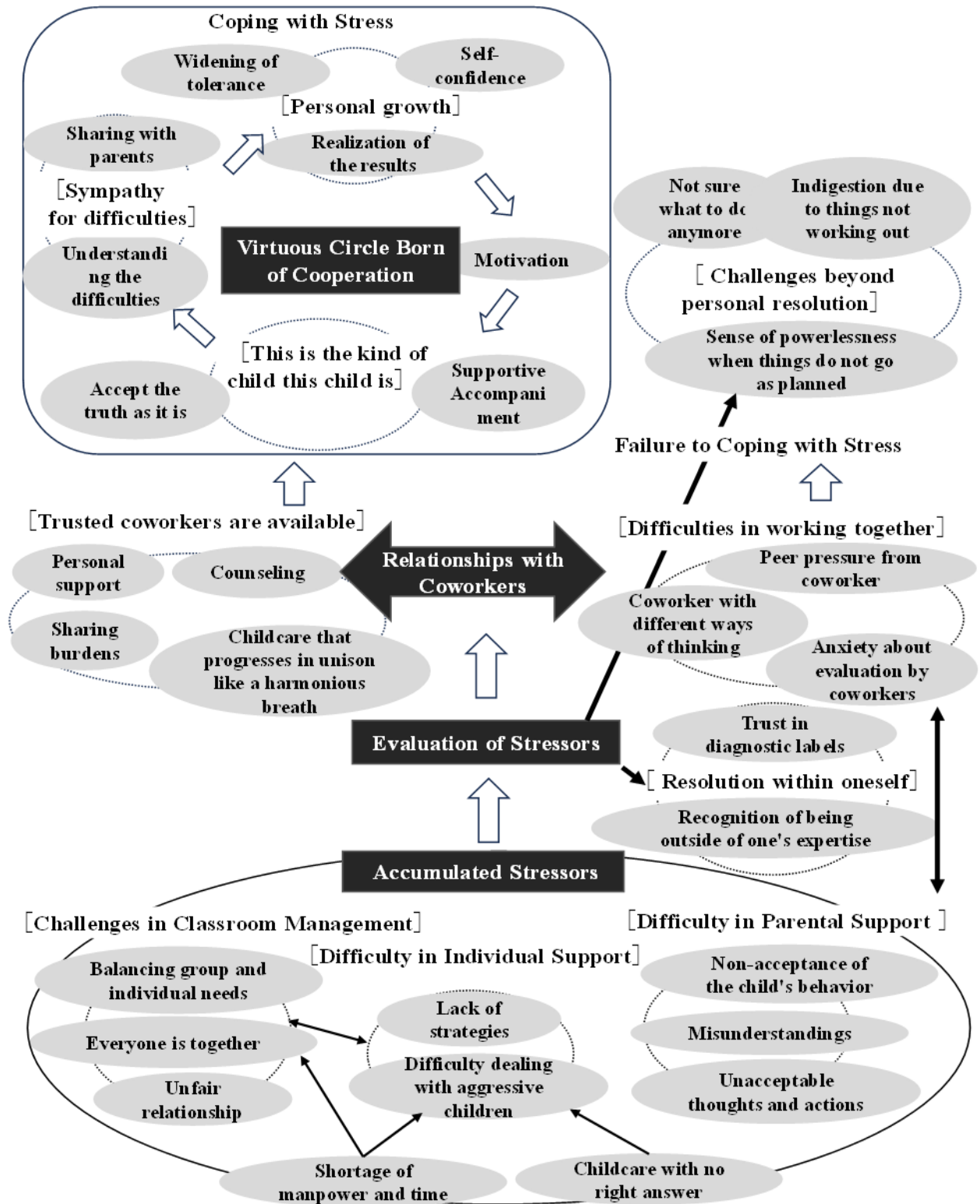


Fig 1. Resulting diagram of the processes by which childcare workers coping with stress.

4. Discussion

This study identifies the types of stresses experienced by childcare workers dealing with children with special needs and the processes by which these stresses are not being coped with. The results of this study are discussed below based on psychological stress theory.

The stressors identified in this study were [difficulty in individual support], [challenges in classroom management], and [difficulty in parental support], which were also identified in Kiso^{4,15}. This study finds that the childcare workers' stress was due to the accumulative effects of childcare with no right answer and a shortage of manpower and time.

It was also shown that the {relationship with coworkers} played an important role in the effects of the accumulated stressors on the {evaluation of stressor}. Nislin et al. suggested that when childcare providers encounter stress, feeling appreciated and respected by both coworkers and their supervisors²⁵ is important. The interviews gave rise to statements such as 'even if there are children who are having a hard time, in the end, it is not such a burden if the relationships between childcare workers are good (childcare worker I)' and 'no matter how hard the children are, if the adults can say to each other that they are having a hard time, it is comforting to hear that they are taking a break' (Child care worker K). Therefore, it became clear that childcare workers need to have good relationships with other childcare workers, such as being able to counsel trusted coworkers about childcare methods and burdens and having other teachers join the class to provide support when individual support is needed.

In addition, this [trusted coworkers are available] factor became the basis for changes in the way the child was dealt with, leading to an understanding that [this is the kind of child this child is] and [personal growth] through an understanding the difficulties, a widening of tolerance, a realization of results, and an increase in self-confidence, all of which led to the creation of a virtuous circle.

Therefore, the evaluation of the childcare workers' stress coping strategies found that there is positive relational coping²⁶, which indicates that when caring for children with special needs, good relationships between childcare workers can be the foundation for coping with stress and the development of a virtuous circle born of cooperation, which can lead to improvements in the quality of childcare. Based on this, the training and education of childcare workers should focus not only on how to support the children but also on building relationships with coworkers and teamwork.

The concepts lack of strategies and childcare with no right answers were identified as childcare worker stressors. Igarashi concludes that a lack of strategies in caring for children with special needs can cause perceptive differences between childcare workers and their support methods²⁷. Childcare Worker O claimed that 'some stated that childcare workers must be experts on all children;' however, the concept of 'recognition of being outside of one's expertise in the care of children with special support needs' also emerged. This type of thinking was classified as negative stress coping, at which time the child loses the motivation to solve problems and tries to avoid facing stressful situations. Kato claims that negative stress coping further exacerbates stress reactions and can adversely affect mental health²⁶. For these reasons, it is important to use traveling consultation services to receive advice from experts and provide opportunities for childcare workers to reflect on childcare between themselves.

In addition, some childcare workers felt significant difficulties when there were 'coworkers with different ways of thinking and peer pressure from coworkers,' which led to [difficulties working together] and added to the {accumulated stressors}. Therefore, because of their anxiety about their relationships with coworkers, they adopted negative stress coping strategies, such as avoiding relationships with coworkers and refraining from consulting them. As a result, when the

[challenges beyond personal resolution] continued, it led to a sense of powerlessness when things did not go as planned. This could be perceived to be a failure to cope with the stressor and a need for proactive solutions, as failure to cope appropriately with stress over the long term can seriously damage mental and physical health.

Therefore, the relationships between childcare workers who can work together are important for coping with stress in inclusive education environments. Childcare worker D, who had no children with a diagnosed disability in their class but had several children who needed special support, stated that they were concerned about their relationships with coworkers, which led them to follow the other teachers' wishes and not prioritize the children. Childcare worker O also stated that she refrained from the kind of relationship she wanted because of her interpretation that some coworkers might not think it was a good idea to be attentive to one child at a time. In these episodes, the childcare worker also refrained from communicating or discussing their feelings with coworkers because of their self-interpretation. This is classified as nonassertive self-expression, which is a stressful self-assertion characteristic²⁸. This nonassertive self-expression can be harmful to the mental health of the childcare worker and the children.

5. Conclusion

When promoting inclusive education, it is important to be aware that differences can easily arise in the way that childcare workers respond to each other. It is also important to always check the intention of the other person's responses. Parents of children with special needs also often have a difficult time accepting their children's appearance. The results of this study suggest that there are strategies for dealing with childcare workers' stress, such as being sympathetic to the understanding of the difficulties of children and their parents and sharing the child's progress with their parents.

5.1. Limitations and future challenges

There are limitations in interpreting this study, as childcare worker stress is influenced by many factors, including family environment, other personal factors, and current mental health status. In addition, as the study focused on the stress and coping strategies of 15 childcare in a specific region and specific situations, it is unknown whether similar results would be obtained in other regions and different situations. Therefore, a study with a larger sample is warranted.

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