

"It Takes a Whole Village to Raise a Child"

Focusing on The Staff: How Do Special Education Professional Caregivers Perceive the Partnership with the Parents?

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**מחקר זה נערך בסיוע מענק מחקר מקרן שלם
הקרן לפיתוח שירותים לאדם עם מוגבלות שכלית התפתחותית
ברשויות המקומיות**

Table of Contents

Abstract	I
My Personal Perspective: Introduction	1
Background	3
<i>Partnership between Parents and Teachers</i>	<i>3</i>
<i>School-parents Partnership in Special Education Settings.....</i>	<i>4</i>
<i>Parent-school Partnership Working Models</i>	<i>5</i>
<i>The Challenge of the Partnership.....</i>	<i>7</i>
<i>The Major Role of School Professionals in the Partnership Process.....</i>	<i>10</i>
The Current Research	14
<i>The Research Model</i>	<i>15</i>
<i>Hypotheses</i>	<i>16</i>
Method	18
<i>Participants.....</i>	<i>18</i>
<i>Methods and Procedures.....</i>	<i>18</i>
<i>Measures.....</i>	<i>19</i>
<i>Statistical Analyses.....</i>	<i>24</i>
Results	25
<i>Descriptive Statistics and Preliminary Analysis.....</i>	<i>25</i>
<i>Hypotheses Testing.....</i>	<i>27</i>
Discussion	40
<i>School Characteristics, School Climate, and Work-Related Stress</i>	<i>41</i>
<i>Work-Related Stress and Partnership Perception</i>	<i>43</i>

<i>School Characteristics, School Climate, and Partnership Perception</i>	<i>44</i>
<i>Personal Characteristics, Work-Related Stress, and Partnership Perception</i>	<i>46</i>
<i>Personal Characteristics, Moderate Work-Related Stress, and Partnership Perception</i>	<i>48</i>
<i>School Characteristics and Partnership Perception through Work-Related Stress</i>	<i>50</i>
<i>School Climate and Partnership Perception through Work-Related Stress....</i>	<i>51</i>
<i>Personal Characteristics and Partnership Perception through Work-Related Stress</i>	<i>52</i>
<i>Clinical Implications.....</i>	<i>52</i>
<i>Research Limitations</i>	<i>54</i>
<i>Future Research</i>	<i>55</i>
References	56
Appendixes.....	64
<i>Appendix A.1: Interview Protocol for Educators and Administration/Westwood.....</i>	<i>64</i>
<i>Appendix A.2:MPOC-SP - A Measure of Process of Care for Service Providers.....</i>	<i>66</i>
<i>Appendix A.3:SESSI- Special Education Stress Inventory.....</i>	<i>71</i>
<i>Appendix A.4: ProQOL- Professional Quality of Life Questionnaire</i>	<i>76</i>
<i>Appendix A.5:PSCNI - The Professional Self-Concept of Nurses Instrument.</i>	<i>78</i>
תקציר.....	א

List of Tables

Table 1 Study Variables and Measure.....	17
Table 2 Main characteristics of the measures.....	19
Table 3 Exploratory Factor Analysis of School Climate Items.....	21
Table 4 Descriptive Statistics of Study Variables.....	26
Table 5 Background Variables by School.....	27
Table 6 Means and Standard Deviations of Work-Related Stress Scores by School...	28
Table 7 Zero Order Correlations between School Climate and Work-Related Stress Measures.....	29
Table 8 Zero Order Correlations between Work-Related Stress Measures and Partnership Perception Measures.....	30
Table 9 Means and Standard Deviations of Partnership Perception Measures by School.....	31
Table 10 Zero Order Correlations between School Climate and Partnership Perception Measures.....	31
Table 11 Zero Order Correlations between Personal Factors and Work-Related Stress Measures and Partnership Perception Measures.....	33
Table 12 Hierarchical Regression Results for Showing Interpersonal Sensitivity (Step 1 and 2).....	34
Table 13 Hierarchical Regression Results for Treating People Respectfully (Step 1 and 2).....	35
Table 14 Hierarchical Regression Results for Communicating Specific Information about the Child (Step 1 and 2).....	36
Table 15 Hierarchical Regression Results for Providing General Information (Steps 1 and 2).....	37

List of Figures

Figure 1 Hypothesized model.....	16
Figure 2 SEM Model Depicting the Examined Indirect Effect of School Characteristics and School Climate on Partnership Perception Measures via Work Stress Single-Item.....	39
Figure 3 Hypothesis A: A1. School characteristics will be associated with work- related stress. A2. Positive school climate will be associated with lower levels of work-related stress.....	41
Figure 4 Hypothesis B: Higher levels of work-related stress will be related to lower partnership perception.....	43
Figure 5 Hypothesis C: C1. School characteristics will be associated with partnership perception. C2. Positive school climate will be associated with higher levels of partnership perception	44
Figure 6 Hypothesis D: D1. Personal characteristics will be associated with work- related stress. D2. Personal characteristics will be associated with partnership perception.....	46
Figure 7 Hypothesis E: The association between work-related stress and partnership perception will be moderated by personal characteristics.....	48
Figure 8 Hypothesis F1. The association between school characteristics and partnership perception will be mediated by work-related stress.....	50
Figure 9 Hypothesis F2. The association between school climate and partnership perception will be mediated by work-related stress.....	51

List of Abbreviations

ANOVA	Analysis of Variance
ASD	Autism Spectrum Disorder
BO	Burnout
CF	Compassion Fatigue
CFI	Comparative Fit Index
CI	Confidence Intervals
CP	Cerebral Palsy
CS	Compassion Satisfaction
CSI	Communicating Specific Information about the Child
DSM	The Diagnostic and Statistical Manual of Mental Disorders
EM	Expectation-Maximization
EFA	Exploratory Factor Analysis
FCS	Family Centered Service
MPOC	Measure of Processes of Care
MPOC-SP	Measure of Processes of Care for Service Providers
NFI	Normed Fit Index
PGI	Providing General Information

PP	Professional Practice
PQL	CF+CS
ProQOL	Professional Quality of Life Scale
PSCNI	Professional Self-Concept Nurses Instrument
PTSD	Post Traumatic Stress Disorder
RMSEA	Root Mean Square Error of Approximation
SE	Special Education
SEM	Structural Equation Modeling
SEN	Special Education Needs
SES	Socioeconomic Status
SESSI	Special Educators' Sources of Stress Inventory
SIS	Showing Interpersonal Sensitivity
STS	Secondary Traumatic Stress
TLI	Tucker–Lewis Index
TPR	Treating People Respectfully
VIF	Variance Inflation Factor

Abstract

The literature has provided evidence that the school-parents partnership is important and crucial for the well-being of all students, and especially in the special education (SE) system. There are many challenges in constructing this partnership, including the fact that the SE system is located between the health system and the educational system. Different studies have examined this subject, but none of them focused on the perspective of the SE professionals, who have a major role in recruiting the parents and shaping and leading this collaboration.

Accordingly, the current research focuses on the missing perspective of the SE staff in the partnership paradigm and examines the protective and risk factors that may affect this partnership. More specifically, this study aimed to examine: (1) How do school professionals perceive the partnership with parents? (2) What is the relationship between stress and partnership perception? (3) What are the personal factors which may moderate the effect of stress on partnership perception? and (4) How are school climate and school characteristics associated with stress and partnership perception?

Participants were SE professionals from three SE schools in central Israel (approximately 120 professionals), from multiple professional disciplines (teachers, physiotherapists, speech therapists, occupational therapists, therapists, social workers, school counselors, and health care assistants). All the SE schools that were chosen are part of a cluster of SE schools that serve complex special needs, including physiological impairments, cognitive impairments, or both. Participants completed several questionnaires in order to assess their perception of the partnership with the parents, as well as the level of work-related stress, the characteristics of the school's climate, and the specific characteristics of the staff. To test the study hypotheses, data was analyzed in several steps and statistical procedures: ANOVA, bivariate-correlation coefficients, and hierarchical regressions. The research findings reveal that school climate relates to work-related stress and professional self-concept. Additionally, school characteristics

and school climate were found to be related to partnership perception. Furthermore, personal characteristics, and especially compassion fatigue (CF) and compassion satisfaction (CS), had direct relationships with work-related stress and partnership perception, and moderated the association between work-related stress and partnership perception.

These results have implications for the clinical field by offering a better understanding the of role of school professionals, the context in which they work, and the factors that affect them. They may facilitate providing the support that school professionals require and prevent them from leaving the field, a tendency that has been rising in the past few years. In addition, our research explains the factors that might influence the domain of 'providing general information' in the MPOC questionnaire, which has been consistently rated the lowest over the years and has been found to be a crucial part of the partnership between caregivers and parents. The understanding of these factors can help us in the clinical field to adjust and improve it in order to form better communication between families and caregivers. The findings of the current study support the need for the development of targeted interventions to reduce CF and increase adaptive social emotions and motivation and to teach coping mechanisms and awareness of self-care. All of this is particularly beneficial for the SE staff and people working in helping professions or in high-risk stress occupations in general. Enhancing their resilience and their coping mechanisms and self-care will help them provide positive communication when partnering with parents, while practicing self-care and remaining in their position.

My Personal Perspective: Introduction

The current research is a product of many years of work, during which I have developed professionally and have experienced different populations and work systems. The idea for this study emerged from the field, during my work at a special education (SE) school for children with complex motor and cognitive impairments. Due to the complex medical conditions of the students, my work as a rehabilitation psychologist mainly involved providing support and maintenance for the staff and parents. In my many years at the SE school, I witnessed the emotional involvement of the staff, the frustration, the stress, and the personal toll, as well as the partnership with the parents. I also saw the difficulties of the parents in this partnership. All of these were enhanced during the COVID-19 pandemic, when stress levels, burnout, and school climate were substantially affected. This was especially so, as the relationship between parents and school staff became more intimate and closer and as the boundaries between the home and the school relaxed with the transition to remote learning.

These complexities reminded me of the difficulties I had witnessed in my years as a rehabilitation psychology intern at the Pediatric Rehabilitation Department of the Sheba Medical Center. It became clear to me that in contrast to mainstream schools, the way SE schools function is somewhat closer to a hospital than to a school. When trying to learn more about the situation, I realized that in contrast to medical systems where professionals are studied and learned, there is very little information about the point of view of the SE professional staff. This insight was the catalyst for this work. Special education staff, and especially those working with students with the most complex medical conditions, are very special people to me. We have gone through losses during these years, and it has become clear

to me that the complicated relationships between the staff and the parents in SE schools needs to be studied.

I learned a lot during the stage of asking questions, which helped shape the way I worked with the staff and the parents. Many changes occurred in my work at the SE school from the initial stages of this research, both in my way of thinking and the way I am as a psychologist. The most significant change in the SE school, related to this research, was the establishment of an in-house expert center, in which staff, parents, and professionals from the community learn together about the students and their different challenges, along with compassion fatigue workshops, which I started. By the time this study came to an end, my involvement in this field became my main passion and interest, resulting in the development and implementation of new projects in the field. This research enabled me to learn more about myself and about the rehabilitation psychologist I want to be, as I work with challenging populations and are affected by them. I have started to practice what I am teaching, I have learned more along the way, and I am still learning.

Background

Partnership between Parents and Teachers

The literature, as well as the accumulated experience over the years, has shown that students benefit from school-home collaboration when mutual respect and open communication are implemented. The education system considers the parents to be partners in the education process at the school and acknowledges their value and experience as enriching the work of the educational institute (Ministry of Education, 2003).

Research and clinical practice have indicated that students' academic outcomes, including but not limited to school achievement, the will to learn, and self-esteem, are enhanced when parents are involved in their child's educational system (Kahn et al., 2009). Parents' cohesive working relationships with schools have a very positive impact on students' achievement (Wanat, 2010). Moreover, increased support for linking educators and families provides more possibilities for healthy student development (Patrikakou & Weissberg, 2003). It is also mentioned that healthy parent-teacher relationships are essential to developing a healthy school culture (Lipsky et al., 2017). We know that teachers who regard parents as supportive are more likely to try out new ideas in the classroom. Nevertheless, parents who feel comfortable and valued contribute willingly to the school's success, and students who know that their parents and their teachers are in touch regularly and respectfully, tend to work harder (Bryk & Schneider, 2002). On the other hand, when teachers and parents hold negative attitudes about one another, it inhibits them from interacting with each other beyond required times, such as parent and teacher conferences (Miretzky, 2004).

In fact, collaboration between parents and teachers does not come easily, and parents and teachers are not satisfied with their current relationships. Unfortunately, their main interaction tends to remain "student-focused" (Miretzky, 2004). This results in a built-in

paradox: On one hand, teachers believe parental involvement is key for cooperative partnerships, but on the other hand, they are afraid of parental involvement that threatens their professional authority (Addi-Raccah & Arviv-Elyashiv, 2008; Landeros, 2011). Schools and teachers also fear that increased parental involvement will require them to take on roles that are traditionally performed by parents. Parents, on the other hand, hold a perspective that they share joint responsibility with teachers (Miretzky, 2004). For example, Adams and Christenson (2002) found that parents trust teachers more than teachers trust parents. Trust between parents and teachers is a vital element in building and maintaining the family-school relationship.

We know that school climate has a very important role in the interaction between teachers and parents. Schools that encourage interactions with parents will send home more frequent newsletters, provide workshops so that parents can help children with homework, create spaces for parent meetings, and encourage teachers to contact parents more frequently. These interactions support the relationship between the school and the home, but at the same time they keep parents in the role of visitors and continue the unequal relationship between the school and the parents. There are few opportunities for parents and teachers to extend their mutual roles beyond traditional school boundaries. One of the difficulties is the school climate, which does not always encourage the interaction between parents and teachers. Most often, teachers say that the relationship with the parents is important, but that it is not a priority, given the time constraints in their school (Miretzky, 2004).

School-parents Partnership in Special Education Settings

The school-parents partnership becomes even more important when considering children in the special education (SE) system. The ministry of education, in regard to the law of special education, declared in 2014 that "deliberations regarding children with special needs must be founded on a respectful discussion that includes the parents and the student, and allow

them to present their wishes and perceptions regarding the student's needs in order to promote his or her quality of life" (Ministry of Education, 2014, clause 1.2-42 in the Introduction). We know that when parents and professionals partner with one another to meet the needs of individuals with disabilities, it can positively impact the quality of the child's cognitive, social, and emotional development in SE (Griffin, 2013; Whitbread et al., 2007).

In fact, in the SE system, parents of youths with disabilities often find it necessary to become deeply involved in their child's school experiences, in addition to fulfilling typical parenting responsibilities. In SE systems, the partnership between the home and the school includes additional responsibilities for both educators and parents (Trainor, 2010). In the SE system, the asymmetric partnership between parents and teachers is fundamentally the same as in regular education, except that the SE system is even more resistant to change (Trainor, 2010). Researches on parents of children receiving SE services has found that they must often play the role of advocates. Not only do they advocate for resources or services, but they advocate within their relationships with schools because hierarchical relationships between parents and professionals are prevalent, with parents having the lower-status position (Timothy et al., 2011). It has been suggested that increasing teachers' understanding of their roles as advocates may lead to more shared advocacy during home-school interactions and will improve the partnership between the two (Trainor, 2010).

Timothy, Moses, and Peter, (2011) stated that parents' involvement is determined in large part by parents' motivation. In the SE system, motivation changes and is not always stable, depending on the child's level of impairment and the resources of the family (Al-Hassan & Gardner, 2002; Murray et al., 2011; Wanat, 2010).

Parent-school Partnership Working Models

The fundamental components of the parent-professional partnership include access and control over needed resources, decision-making and problem-solving abilities, as well as the

ability to interact effectively with others in order to gain resources (Dunst, 2002). Stoner et al. (2005) studied parents' perceptions of their interaction with educational professionals. These parents reported that teachers with positive dispositions increased their trust in them. Further, the study identified three main characteristics of successful parent-professional partnerships: (a) communicating openly and listening effectively, (b) understanding each other's perspectives, and (c) implementing effective intervention and service-delivery practices. Furthermore, specific components that positively influence the effectiveness of the parent-professional partnership include respecting families' cultural backgrounds and dynamics, developing trust in the relationship, communicating effectively, establishing and maintaining parity, and sharing decision-making responsibilities among partners (McGrath, 2005).

In SE, the partnership models between parents and teachers are based mainly on sharing and learning information about the impairment. For example, Murray et al. (2011) proposed a model to build capacity around autism spectrum disorder (ASD) knowledge, resources, and services through parents and professionals. It has been acknowledged that if parents do not feel welcomed into their child's school environment and do not feel that their opinion and voice matter, parent-educator partnerships will be affected (Price-Mitchell, 2009).

A single set of specific guidelines that schools must follow to create a warm and welcoming school climate does not exist. However, Cohen (2006) suggested that there are four essential elements that help shape school climate, which are (a) **safety**: both physical and social-emotional, with clearly stated rules about physical safety, beliefs in those rules, and attitudes about individual differences; (b) **teaching and learning**: quality instruction, professional development, leadership, and a clearly collaborative vision and additional supports; (c) **relationships**: respect for diversity between the school and home environments, teachers, administration, and staff, shared decision-making abilities, school community and

collaborations vis-à-vis mutual support, parent participation, and morale; and (d) *structural*: an inviting aesthetic, cleanliness, and extracurricular offerings.

The SE system, with its multidisciplinary team, resembles at times the health system more than the general education system. Therefore, the infrastructure of collaboration between parents and health-care professionals in medical settings can serve as a point of departure for understanding the partnership between parents and educators in the SE setting. In the mid-1960s, the Association for the Care of Children in Hospitals was founded in the United States to promote a more holistic approach to care for hospitalized children, particularly in terms of psychosocial issues and family involvement. There has been a growing understanding of the role of the family in the child's life and the importance of the point of view of parents on their child's abilities and needs (King et al., 2004).

Family Centered Service (FCS) evolved from this perspective and refers to a philosophical approach to service delivery for children and families (Brewer et al., 1989; National Center for Family Professional Partnership; Rosenbaum et al., 1998); it is considered the gold standard in the field of childhood health care (Bailey et al., 1997) and pediatric rehabilitation (King et al., 2000). This approach is characterized by several core characteristics such as partnership between service providers and families, provision of information so that families can make informed decisions, respectful and supportive care, and coordinated and comprehensive care (King et al., 1996; Shelton et al., 1987).

The Challenge of the Partnership

While communities and schools widely acknowledge the value of parent-professional partnerships, establishing such collaborative partnerships is challenging (Epstein, 2005; Forlin & Hopewell, 2006). Murray et al. (2011) claim that neither parents nor professionals typically experience collaborative interactions with each other until they are faced with a situation that requires them to do so. Further, when parents and professionals are not adequately trained, they

tend to engage in more traditional, hierarchical relationships, rather than collaborative practices in which equality is a central component in contributing to educational decisions. The teacher preserves authority, and the parent remains in the “client position”. Parents want their personal knowledge and insight regarding their children to be valued and respected (Miretzky, 2004). The prospects of establishing communities in which both teachers’ and parents’ perspectives are valued and where there is honest and open discussion and healthy disagreement are low if there is little direct communication (Miretzky, 2004).

All too often, graduating teacher candidates lack the skills, attitudes, knowledge, and confidence necessary for building collaborative relationships with parents (Murray et al., 2008). Without effective, interactive training and hands-on experience in collaborating with each other, parents and professionals may experience ineffective partnerships or significant conflict (Murray et al., 2011). Unfortunately, despite the significant amount of literature regarding the importance of home-school collaboration, there are only few teachers training programs that provide teacher candidates with adequate preparation for forming effective partnerships with parents (Dotger & Bennett, 2010; Murray et al., 2008).

In addition, teachers belong to a cultural group whose role has multiple demands such as collaborating with other teachers (e.g., school colleagues), advocating for the students, creating partnerships with parents, and maintaining professionalism in each of these areas of responsibility (Lipsky et al., 2017). Teachers want to be viewed as professionals by their students' parents (Miretzky, 2004), which makes it even more challenging to create an equal partnership with the parents.

Inviting parents to take on a more meaningful role in their child’s education, particularly in the case of parents who have limited education, limited financial resources, and diverse cultural affiliations, is another limitation and challenge for effective collaboration between parents and teachers (Kahn et al., 2009). Barriers to effective communication and

parent-educator partnerships include lack of trust between family and educator and cultural discrepancies between the home and school settings, among other things (Westwood-Robinette, 2014). In an effort to examine the components of effective collaboration, the University of South Florida completed a five-year study examining the significance of conflict and barriers in systems of care. The results indicated that the largest barrier to effective collaborations was past experience, due to conflicts that had not been addressed appropriately (National Federation of Families for Children's Mental Health, 2011). It is not uncommon that parents and teachers approach their interactions defensively, expecting something unpleasant, often because of previous experiences. Thus, they must overcome their defensiveness in order to work together more effectively (Miretzky, 2004).

In the SE system, many parents do not take a proactive position in the development of their child's individualized educational program (Al-Hassan & Gardner, 2002). Many parents who have a child with special needs often face obstacles that might prohibit them from active participation, such as their own poor academic experiences, teacher's attitudes, balancing between the work and school involvement, and limited social, emotional, or financial resources (Wanat, 2010). Murray et al. (2011), for example, demonstrated that parents of children with ASD do not feel valued as equal partners with educational professionals. These concerns might cause greater difficulty for the parents of children with special needs in collaborating with professionals and may cause greater difficulty for the students themselves in retaining basic information and fundamental life skills (Westwood-Robinette, 2014). Special education students with varying degrees of cognitive limitations and lack of social and coping skills represent a challenge to educators and family members alike due to the complex needs they present. The complex cognitive needs that these students have and the challenges they face may in fact be too much for parents, who already have preconceived barriers to handling their child's educational needs (Murray et al., 2011). Moreover, the teachers themselves may find it

particularly difficult to know how to best initiate positive collaboration with these parents (Dunst & Dempsey, 2007; Forlin & Hopewell, 2006). Price-Mitchel (2009) addressed this important topic and emphasized that if teachers and parents work together, the system can be productive; however, if one of the parties is off-balance, there is a disturbance, and the entire system becomes extremely stressed (Price-Mitchell, 2009).

The Major Role of School Professionals in the Partnership Process

The literature on parent-school partnerships focuses on the role of the educator and the proactive need of recruiting families to collaborate with the school. Hoover-Dempsey et al. (2005) stated that the role of educators is crucial in encouraging parents' actions. They stated that the parents' ability to play an active role in the parent-educator partnership depends on the school and the context in which the school creates such partnerships.

The literature highlights the major role of school professionals in the process of initiating, building, and leading the partnership with parents, but focuses mainly on the parents' and students' point of view. Hoover-Dempsey and colleagues (2005) identified what parents need in order to be part of the partnership. For example, active participation requires that parents communicate openly and effectively, trust and follow through with the suggestions of others, have a strong self-efficacy, and be able to work with others cooperatively and collaboratively. The literature has also focused on students in SE settings, and although increased attention has been given to the mental health needs of students with complex medical conditions, there has been a lack of recognition of the school personnel (i.e., teachers, administrators, counselors, and others), who are indirectly exposed to trauma and ongoing distress resulting from their outreach and care for the students. They may also experience significant emotional sequelae that ultimately impairs their functioning (Hydon et al., 2015). Therefore, there is very little information, if any, regarding the needs of school personnel in order for them to be a part of this partnership and to lead it on behalf of the students.

Corresponding with previous literature, Johnson and colleagues (2005) found that teachers are one of several high-risk occupations that were reported as being the most stressful regarding physical and psychological well-being and as having the lowest levels of job satisfaction and experiencing above average levels of stress. Employees working in high-risk occupations have an increased likelihood of experiencing negative stress outcomes. It is generally accepted that prolonged or intense stress can have a negative impact on an individual's mental and physical health (Cooper et al., 2001).

The way individuals respond to work demands and to high stress experienced in the workplace is essential to their level of job satisfaction, engagement, and emotional well-being (Bakker, 2011; Hobfoll, 2011), broadly referred to as “professional quality of life” (Stamm, 2010). Professional quality of life, as it applies to individuals working in the caregiving professions, is based on two main concepts: compassion fatigue (CF) and compassion satisfaction (CS) (Craigie et al., 2015). CS is defined as the positive feelings one has about one’s own professional work, i.e., the satisfaction a person derives from his or her work when helping others who have experienced a traumatic event (Stamm, 2010). In contrast, CF is considered the more negative aspect of care provision, resulting from the demands of the work environment and the caregiving of distressed individuals (Craigie et al., 2015). The concept of “compassion fatigue” describes the effect on those who are in the “helping” professions (Figley, 1995). Compassion fatigue is an emotional state with negative psychological and physical consequences that emanate from acute or prolonged caregiving of people stricken by intense trauma, suffering, or misfortune. It occurs when emotional boundaries become blurred, and the caregiver unconsciously absorbs the distress, anxiety, fears, and trauma of the patient (Bush, 2009).

Such factors play an important role, for example, in nurses' retention (Sabo, 2011). Research has shown that a significant portion of nurses working in acute care as well as regular

hospital environments is likely to be affected by stress-related problems and/or CF (Beck, 2011; Dominguez-Gomez & Rutledge, 2009; Hegney et al., 2014; Hooper et al., 2010; Yoder, 2010). Experiences consistent with burnout and CF have also been previously reported by teachers (Connelly & Graham, 2009; Hoffman et al., 2007). This is even more relevant for teachers working in the SE system. Teachers who work directly with exceptional students report significant social-emotional challenges such as burnout and CF. In these circumstances, many consider leaving the profession, despite the potentially rewarding nature of their relationship with students (Schlichte et al., 2005). According to Billingsley (2004), approximately 50% of SE teachers leave the profession within the first five years. Previous research identified burnout as the main reason for teachers deciding to leave the field (Brunsting et al., 2014; Shen et al., 2015). In gaining an understanding of the CF problem, a multitude of personal and work-environment risk and protective factors have been investigated (Craigie et al., 2015). Factors that have been linked to CF are age, gender, personal trauma history, support, leadership, staffing, policy, self-efficacy, and personality, to mention a few (Adams et al., 2008; Craig & Sprang, 2010; Leiter & Spence Laschinger, 2006; Sabo, 2011).

Secondary traumatic stress (STS) is considered a consequence for caregivers and health professionals frequently exposed to the stress and trauma of others (Boyle, 2011). STS has been defined as “the natural consequent behaviors and emotions resulting from knowing about a traumatizing event experienced by a significant other—the stress resulting from helping or wanting to help a traumatized or suffering person” (Figley, 1995, p. 7). Charles Figley (1983) initially described the “secondary catastrophic stress reactions” as the empathy that caregivers and family members can experience when a family member experiences a trauma. He notes that “We too become ‘victims’ because of our emotional connection with the victimized family member” (Figley, 1983, p. 12). He later conceptualized CF as synonymous with STS, with

overlapping symptoms associated with Post-traumatic Stress Disorder (PTSD), which occurs in various helping professions (Figley, 1995).

The Diagnostic and Statistical Manual of Mental Disorders (5th edition) (DSM-5; APA, 2013) also recognizes that the stressors leading to symptoms of PTSD can include secondary exposure, usually in the course of professional duties, in addition to the stressors of direct exposure or witnessing in person life-threatening events. Since characteristics of STS include a heightened sense of empathy and neglecting one's own needs and emotions, school personnel can push themselves too hard to get things done and try to do it all on their own. Other signs of STS that may appear among school professionals include having problems concentrating and focusing even on simple tasks and experiencing increased physical complaints. It is possible that a person may have a low sense of self-esteem or a feeling of inadequacy; conversely, a person may have feelings of grandiosity, overvaluing his or her importance or worth. Many of these signs can also be more apparent to others as opposed to the affected individual, especially symptoms such as increased irritability, isolating oneself from others, or becoming easily agitated or annoyed (Hydon et al., 2015).

Two related emotional reactions, often present along with STS, are burnout and vicarious trauma (Hydon et al., 2015). Burnout is a work-related stress symptom, a prolonged response to chronic emotional and interpersonal stressors at work, and is associated with depersonalization, emotional exhaustion, and an inability to work effectively (Maslach et al., 2001; Stamm, 2010).

Hughes (1987) found that teachers who have a highly positive self-concept and who feel competent in their professional functioning deal better with stressful events and perceive themselves as less burned out, are more pleased with their colleagues and supervisors, and maintain a strong sense of accomplishment. A major source of stress for teachers lies in the insensitive and disparaging attitudes expressed toward them, for example by parents. The

negative attitudes of others, especially when they contradict teachers' own sense of professional worth, may contribute to feelings of stress or burnout (Grant, 1983; Farber, 1991).

Job stressors can be defined as the work-related environmental conditions or exposures that can potentially affect the psychological, social, and physiological health of an individual (Hurrell et al., 1998). Stressors can be measured subjectively (i.e., a worker's perceptions of the environment) or objectively (i.e., actual characteristics of the environment) (Kokkinos & Davazoglou, 2009). In a comprehensive, thematic analysis of studies investigating possible contributory factors to SE teachers' attrition and retention, Billingsley (2004) showed that work environment factors (i.e., low salaries, non-adaptive climate, lack of administrative support, etc.) can lead to negative affective reactions such as high levels of stress, low levels of job satisfaction, and reduced organizational and professional commitment. Such negative affective reactions may in turn lead to withdrawal and eventually attrition. Kokkinos and Davazoglou, (2009) emphasized five top job-related stressors for SE teachers, including (1) lack of progress by the children, (2) responsibility for children during outdoor activities, (3) the demands of continuous supervision, (4) uncertainty about not meeting children's special educational needs, and (5) children's social development.

Therefore, the role of school professionals in the partnership process, especially in the SE system, is major and may harbor many risk factors that deserve more focus and investigation.

The Current Research

The challenges of constructing a parent-school partnership reveal its complexity, especially in the SE system, which is located between the health system and the educational system. The literature has provided evidence that this partnership is important and crucial for the well-being of the students in the SE system; however, it has not focused on the perspective of special education professionals. Due to the major role they fulfill in recruiting and leading

this partnership, the current research focuses on the perspective of SE professionals. Furthermore, although SE professionals are reported to be at high risk for developing work-related stress, the relationship between these factors and the way they perceive their partnership with parents has not been examined. Thus, the current study is novel and unique in its contribution to the academic and clinical field.

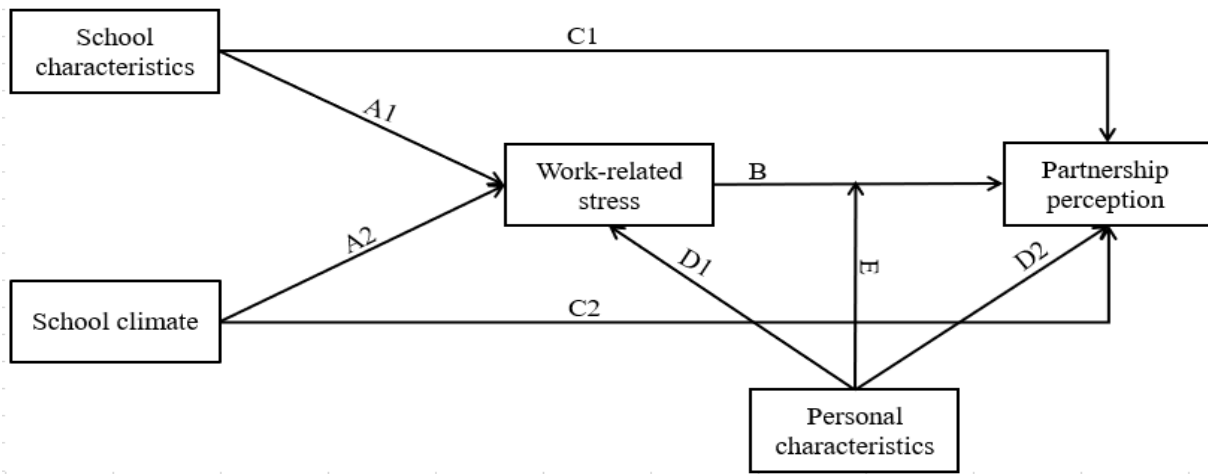
The current research aims to examine the concept of partnership between parents and school professionals in SE settings, focusing on the educational staff. More specifically, we aim to examine: (1) how school professionals perceive the partnership with parents; (2) the relationship between work stress and partnership perception; (3) the personal factors which moderate the effect of work stress on partnership perception; and (4) how school climate and school characteristics are associated with work-related stress and partnership perception.

The Research Model

The current research focuses on the partnership with parents from the perspective of SE professionals and will examine the protective and risk factors which may affect the partnership with the parents. Specifically, a moderation-mediation model was used to examine the moderating effect of personal characteristics of SE professionals on the mediating effect of work-related stress on the association between partnership perception and school characteristics and school climate (see Figure 1).

Figure 1

Hypothesized model



Hypotheses

- A. A1. School characteristics will be associated with work-related stress.
- A2. Positive school climate will be associated with lower levels of work-related stress.
- B. Higher levels of work-related stress will be related to lower partnership perception.
- C. C1. School characteristics will be associated with partnership perception.
- C2. Positive school climate will be associated with higher levels of partnership perception.
- D. D1. Personal characteristics will be associated with work-related stress.
- D2. Personal characteristics will be associated with partnership perception.
- E. The association between work-related stress and partnership perception will be moderated by personal characteristics.
- F. F1. The association between school characteristics and partnership perception will be mediated by work-related stress
- F2. The association between school climate and partnership perception will be mediated by work-related stress
- G. Personal factors will moderate the indirect effect of school characteristics and school climate on partnership perception measures through work-related stress.

The **dependent variable** is the partnership perception of the school professional.

The **independent variables** are:

1. Level of work-related stress (professional interaction, performance pressure, organizational constraints, professional and personal competence)
2. Staff characteristics (self-professional concept, professional quality of life, compassion satisfaction, compassion fatigue)
3. SE school characteristics (cognitive, motor, combined)
4. School climate characteristics (perception and attitude of the school)

A summary of the dependent and independent variables and the way they will be examined is depicted in Table 1:

Table 1

Study variables and measures

Type of variable	Variable name	Measure used
Dependent variable	Partnership perception	MPOC- SD*
Independent variable	Work-related stress	1. SESSI* 2. Summary measure of job stress-single item 3. SE needs categorical groups
Independent variable	Personal characteristics	1.PSCNI* 2. ProQOL*
Independent variable	School climate	Westwood interview protocol for educators and administration
Independent variable	School characteristics	cognitive, motor, combined

* MPOC-SP = Measure of Processes of Care for Service Providers; SESSI = Special Educators' Sources of Stress Inventory; ProQOL = Professional Quality of Life Scale; PSCNI = Professional Self-Concept Nurses Instrument.

Method

Participants

The study is a prospective, cross-sectional design in which data was collected from 100 SE professionals from 3 schools in the center of Israel. The schools that were chosen were part of a cluster of SE schools that serve complex special needs. One of them is dedicated primarily to motor impairment needs, a second is dedicated primarily to cognitive impairment, and a third to both. The professional caregivers included the entire school staff from multiple disciplines (administration, teachers, physiotherapists, speech therapists, occupational therapists, professional teachers, social workers, school counselors, health care assistants).

Methods and Procedures

All study procedures were approved by the ministry of education review board. Special education professionals from each school were asked to complete a short survey that included a semi-structured interview protocol for educators and administration (Westwood), the Special Educators' Sources of Stress Inventory (SESSI), the Professional Quality of Life Scale version 5 (ProQOL), the Professional Self-concept of Nurses Instrument (PSCNI), and the Measure of Processes of Care (MPOC-SP)—all of which are detailed below in Table 2, which presents the main characteristics of each questionnaire. In addition, participants were asked to rate on a 10-point scale how stressful their work is and to evaluate which categorical group they perceive as the most stressful (out of 10 most common special education needs categorical groupings). Demographic and professional information was also collected.

Measures

Table 2

Main characteristics of the measures

Questionnaire/tool	Quantitative measure calculated	Qualitative measure calculated	Scores indexes/subscales
Westwood's Interview Protocol for Educators and Administration	school climate		school climate: perception and attitude
Measure of Processes of Care (MPOC-SP)	partnership perception		partnership perception: 1.SIS- showing interpersonal sensitivity 2.TPR-treating people respectfully 3.CSI- communicating specific information about the child 4.PGI-providing general information
Special Educators' Sources of Stress Inventory (SESSI)	level of work-related stress		1.professional interactions (with school personnel and parents) 2.performance pressure organizational constraints (workload, lack of time) 3.professional and personal competence
Special education needs (SEN) categorical groups		level of work-related stress	stressful categories to teach
Summary measure of work stress - single item	level of work-related stress personal		level of job stress
Professional Quality of Life Scale version 5 (ProQOL)	characteristics of the staff		1.PQL= CF+CS 2.compassion fatigue= STS + burnout 3.compassion satisfaction

The Professional Self-Concept of Nurses Instrument (PSCNI)	personal characteristics of the staff	1.pp- professional practice (leadership, skill, and flexibility) 2.satisfaction 3.communication
Type of school	categorical groups	1.motor impairments 2.cognitive impairments 3.combined

School climate

A semi-structured questionnaire based on the Interview Protocol for Educators and Administration (Appendix A.1), developed in Westwood-Robinette's work in 2014, was modified by the author for the current research. In Westwood's study, several themes emerged from this interview: (1) the current levels of parent-educator partnerships seen within the local district, (2) the perceived barriers to involvement, and (3) involvement strategies each teacher has in place within his or her own classrooms.

An exploratory factor analysis (EFA) with principal component extraction was conducted to determine the factor structure of the questionnaire. Based on parallel analysis and Velicer's minimum average partial test (O'Connor, 2000) and the scree plot, a single factor structure was indicated. With the exception of one item ("באיזו מידה לדעתך נדרש מבית הספר באיזו מידה לעשות יותר על מנת לקדם את השותפות בין ההורים לבית הספר"), all items had loadings that exceeded .40. Reanalysis without this item yielded one clear factor, which accounted for 68% of the common variance (Table 3). According to the content of the items, the factor was described as "school climate". Reliability analysis for the factor yielded satisfactory results (Cronbach's $\alpha = .86$).

Table 3*Exploratory factor analysis of school climate items*

Item	Loading
באיזו מידה לדעתך בית הספר מציב מטרות הקשורות לשיתוף עם הורים?	.92
באיזו מידה לדעתך בית הספר פועל על מנת לממש את המטרות הקשורות לשיתוף עם ההורים?	.89
באיזו מידה לדעתך קיימת שותפות בין בית הספר לבין ההורים?	.87
באיזו מידה לדעתך בית הספר עושה מספיק על מנת לכלול את ההורים בנעשה בין כתליו?	.87
(R) באיזו מידה קיימים לדעתך מכשולים ליצירת השותפות בין ההורים לבית הספר?	.48

Note. N = 94. Eigenvalue was 3.38. R = Reverse scored.

Partnership Perception

Measure of Processes of Care (MPOC-SP) (Appendix A.2): The Measure of Processes of Care (MPOC) was developed as a clinical and research tool to measure parental perceptions of caregiving. It was originally designed to evaluate parents' perceptions of the family-centeredness of the services they and their children receive from developmental service providers and how those perceptions relate to parents' satisfaction with services (King, et al., 1996). The original MPOC is a 56-item self-report. MPOC–Service Provider (MPOC-SP) was developed as an analogue of MPOC-56 to include service providers as well as parents in the evaluation of the provision of family-centered services (FCS). This measure served the important purpose of providing a self-assessment tool for professionals to evaluate their practices with respect to family-centeredness, rather than their attitudes and beliefs, as could be done with other tools (Woodside et al., 2001). Partnership perception was assessed by four scales: (1) SIS-Showing Interpersonal Sensitivity (Cronbach's $\alpha=.87$), (2) TPR-Treating People Respectfully (Cronbach's $\alpha=.91$), (3) CSI-Communicating Specific Information about the Child (Cronbach's $\alpha=.84$), (4) PGI-Providing General Information (Cronbach's $\alpha=.85$). MPOC is a trusted measure in many countries around the world (Cunningham & Rosenbaum, 2014).

Work-related stress

1. Special Educators' Sources of Stress Inventory (SESSI) (Kokkinos & Davazoglou, 2009) (Appendix A.3): This 72-item scale was developed to measure work-related events and situations that can cause stress to SE teachers. The 72 items represent a wide range of work situations that have been documented in previous international research or emerged from either informal or formal pre-survey interviews conducted with a selected number of teachers working in SE contexts. Participants indicated the level of stress experienced on a five-point scale (from 1 = 'no stress' to 5 = 'extremely stressed'). Items on the SESSI assess four broad, theoretically defined domains of work-related stressors: (1) professional interactions (with school personnel and parents), (2) performance pressure, (3) organizational constraints (workload, lack of time), and (4) professional and personal competence. While items were not adapted from an existing scale, they achieved high reliability as one scale ($\alpha = .97$). In the current study (Cronbach's $\alpha = .95$); F1-F14 (Cronbach's $\alpha = .42-.77$)

2. Special Education Needs (SEN) categorical groups: The ten most common special education needs categorical groupings were provided to participants, who were asked to indicate which was the most stressful to teach. Respondents could indicate as many groups as they wanted. A category was coded 1 if selected, and 0 if not.

3. Level of job stress: A summary measure of job stress was used to tap the overall level of work stress, as was done by Kokkinos and Davazoglou (2009). Participants had to answer the question 'Overall, how stressful do you find your job?' rated on a 5-point scale (from 1 = 'not at all stressful' to 5 = 'extremely stressful'). Although the reliability of scores on a single-item measure could not be estimated, other general single-item measures have proved useful (e.g., Yan & Tang, 2003). In addition, even though sum scales are generally considered more valid than single-item measures, validity research has shown that single-item stress measures can be valid on the group level but not on the individual level (Vartia, 2001).

Personal characteristics of the staff

1. Professional Quality of Life Scale version 5 (ProQOL) (Appendix A.4): The ProQoL5 (Stamm, 2010) measures “the quality one feels toward their work as a helper” by levels of Compassion Satisfaction (CS) and Compassion Fatigue (CF). The latter concept is composed of burnout (BO) and Secondary Traumatic Stress (STS). The Pro-QoL5 is comprised of thirty, 5-point scale items (1- *never* to 5- *very often*) to measure each of these three subscale components (ten items each). Respondents were asked to read each statement in relation to their current work situation and select the number that reflects “how frequently they experienced these things in the last 30 days.” The ProQoL scale has been psychometrically validated in different health professional populations (Stamm, 2010), and has demonstrated sound psychometric properties for nurses in an Australian acute-care hospital (Hegney et al., 2014). Observed Cronbach’s alphas were all good to very good (.90, .82, and .80 for CS, STS, and burnout, respectively) and also in the current study (Cronbach's α =.84; Cronbach's α =.69; Cronbach's α =.81 for CS, burnout, and STS, respectively). Following an earlier study by Zeidner et al. (2013), the STS and burnout subscales were linearly combined to form a composite CF score. The observed alpha for CF for the study was very good (.87).

2. The Professional Self-Concept of Nurses Instrument (PSCNI) (Appendix A.5): The PSCNI (Arthur, 1995) measures the professional self-concept of nurses and consists of three dimensions: PP-professional practice (leadership, skill, and flexibility) (α =.91), satisfaction (α =.75), and communication (α =.58). The PSCNI consist of 27 items. Respondents were asked to rate each item on a Likert scale of 1 to 4: disagree, tend to disagree, tend to agree, agree. The items comprising the final instrument have demonstrated validity and reliability. In the current study (Cronbach's α =.88).

School characteristics

Three types of school groups were included (based on the major population characteristic of the students):

- 1-SE school identified with motor impairments
- 2-SE school identified with cognitive impairments
- 3-SE school identified with both motor and cognitive impairments

Professional caregivers' demographic and professional data

Participants were asked to indicate their gender, age, educational attainment, school level taught, years of experience, number of years in the current school, marital status, and administrative status.

Statistical Analyses

Data were analyzed using IBM SPSS statistics 26 for descriptive statistics and correlations analyses. For structural equation modeling (SEM) analyses, IBM SPSS Amos version 24 was used. An alpha level of .05 was used for all statistical tests.

First, data were analyzed for missing data. Little's MCAR test (Little, 1988) was non-significant, $\chi^2(612) = 43.81$, $p = 1.000$, indicating that data were missing completely at random. Then, expectation-maximization (EM) algorithm was used to handle the missing data (Collins, Schafer, & Kam, 2001), which was lower than 3% for all values.

Zero order correlations were conducted to examine the associations between continuous variables. For associations between dichotomous and continuous variables, point-biserial correlations were conducted.

Differences between schools in background variables were analyzed. One way analysis of variance (ANOVA) was used for continuous variables. For categorical variables, χ^2 test for independence or Fisher's exact test were used. Differences between schools in study variables were also analyzed using one way ANOVA followed by Tukey post-hoc test.

Moderation analyses were performed using a series of hierarchical multiple regression models in three steps. In step 1, seniority in the profession and seniority in the current school were entered. In step 2, work stress single-item, SESSI total score, compassion satisfaction (CS), compassion fatigue (CF) and PSCNI total score were entered. Lastly, in step 3, the interaction terms of work stress single-item and SESSI total score with CS, CF and PSCNI total score were entered. MPOC measures served as the dependent variables. Following Aiken and West (1991), work stress single-item, SESSI total score, CS, CF and PSCNI total score were centered prior to the analyses. Furthermore, variance inflation factor (VIF) values were examined in order to check for multicollinearity issues.

Lastly, mediation analyses were examined via SEM with observed variables with the maximum likelihood estimation procedure. Following Hoyle and Panter (1995), model fit was evaluated using several fit indices: χ^2 statistic which is considered to be acceptable when value is not significant; Normed Fit Index (NFI), the Tucker–Lewis Index (TLI) and the Comparative Fit Index (CFI) with adequate values above 0.90, and excellent fit of above 0.95; the Root Mean Square Error of Approximation (RMSEA) with values less than 0.08, as an adequate fit, or less than 0.06 as an excellent fit. Indirect effects were examined using confidence intervals (CI) based on 5,000 bootstrap samples of the data (Hayes, 2018). When the CIs did not include zero, the indirect effects were deemed significant (Shrout & Bolger, 2002).

Results

Descriptive Statistics and Preliminary Analysis

Table 4 presents descriptive statistics of study variables. Preliminary analyses were performed to examine the associations between background and study variables. Results showed few significant results (Appendix 1). In addition, differences between schools in background variables were also analyzed. Comparing the schools, no significant differences

were found (Table 5).

Table 4

Descriptive statistics of study variables

Questionnaire	Variable	<i>M</i>	<i>SD</i>	Min.	Max.
Westwood	School climate	2.95	0.70	1.00	4.00
MPOC-SP	Showing Interpersonal Sensitivity	4.77	1.20	1.20	7.00
	Treating People Respectfully	5.57	1.07	1.22	7.00
	Communicating Specific Information about the Child	4.92	1.64	1.00	7.00
	Providing General Information	3.61	1.52	1.00	6.60
Work stress	Work stress one-item	3.38	0.86	2.00	5.00
SESSI	SESSI Total score	2.37	0.68	1.01	4.71
	F1: Collaboration with various SE agents	2.05	0.81	1.00	5.00
	F2: Performance pressure	2.26	0.77	1.00	4.33
	F3: Professional competence	2.71	0.90	1.00	5.00
	F4: The implementation of the SE curriculum	2.71	0.83	1.00	5.00
	F5: Supervising and managing the behaviour of the SEN child	2.47	0.86	1.00	5.00
	F6: Lack of support	2.23	0.82	1.00	5.00
	F7: Social and academic progress of the SEN child	2.53	0.93	1.00	5.00
	F8: Personal competence and reactions to the SEN child	2.42	0.86	1.00	5.00
	F9: The lack of a specialised curriculum	2.37	0.89	1.00	5.00
	F10: Parents	2.28	1.10	1.00	5.00
	F11: Lack of job satisfaction	1.89	0.92	1.00	5.00
	F12: Administrative constraints	2.54	1.02	1.00	5.00
	F13: Time constraints	1.88	0.84	1.00	5.00
	F14: Safety and hygiene of the SEN child	2.23	1.02	1.00	5.00
ProQOL	Compassion satisfaction	50.22	9.84	18.65	63.90
	Compassion fatigue	50.40	9.82	28.80	75.85
PSCNI	PSCNI total score	3.22	0.38	2.23	3.96
	Professional practice	3.15	0.48	2.00	4.00
	Satisfaction	3.28	0.52	1.86	4.00
	Communication	3.52	0.60	1.33	4.00

* MPOC-SP = Measure of Processes of Care for Service Providers; SESSI = Special Educators' Sources of Stress Inventory; ProQOL = Professional Quality of Life Scale; PSCNI = Professional Self-Concept Nurses Instrument; Westwood interview protocol for educators and administration.

Table 5

Background variables by school

Variable	Combined (n = 48)		cognitive (n = 35)		Motor (n = 15)		F
A. Continuous	M	SD	M	SD	M	SD	
Age	44.46	11.53	43.38	11.93	47.50	12.65	0.63
B. Categorical	n	%	n	%	n	%	χ^2
Seniority in the profession (years)							2.47
0 - 10	22	48.9	16	48.5	4	26.7	
11+	23	51.1	17	51.5	11	73.3	
Seniority in current school (years)							2.79
0 - 10	24	52.2	19	59.4	5	33.3	
11+	22	47.8	13	40.6	10	66.7	

Note. Data were missing for 2 cases in all characteristics.

Hypotheses Testing

Hypothesis A indicated that school characteristics (A1) and school climate (A2) would be associated with level of work-related stress. Differences between schools on work stress, SESSI total score and measures were all non-significant (Table 6).

Regarding Hypothesis A2, results showed that school climate was negatively associated to work stress single-item and positively associated to professional competence (F3) in SESSI, special educators' sources of stress inventory, such that higher scores on school climate (more positive) were related to lower levels of work stress and higher scores of F3, professional competence (Table 7).

Table 6*Means and standard deviations of work-relates stress scores by school*

Question naire	Variable	Combi ned (<i>n</i> = 48)		Cogniti ve (<i>n</i> = 35)		Motor (<i>n</i> = 15)		<i>F</i>
		<i>M</i>	<i>S</i> <i>D</i>	<i>M</i>	<i>S</i> <i>D</i>	<i>M</i>	<i>S</i> <i>D</i>	
Work stress	Work stress single-item	3. 33	0. 83	3. 43	0. 93	3. 40	0. 83	0. 12
SESSI	SESSI Total score	2. 36	0. 67	2. 37	0. 67	2. 38	0. 76	0. 00
	F1: Collaboration with various SE agents	2. 02	0. 80	1. 99	0. 81	2. 26	0. 88	0. 60
	F2: Performance pressure	2. 23	0. 79	2. 33	0. 74	2. 21	0. 79	0. 21
	F3: Professional competence	2. 58	0. 90	2. 88	0. 93	2. 71	0. 84	1. 13
	F4: The implementation of the SE curriculum	2. 71	0. 78	2. 74	0. 89	2. 59	0. 90	0. 18
	F5: Supervising and managing the behaviour of the SEN child	2. 48	0. 83	2. 47	0. 89	2. 40	0. 94	0. 05
	F6: Lack of support	2. 12	0. 71	2. 41	0. 93	2. 15	0. 83	1. 35
	F7: Social and academic progress of the SEN child	2. 68	0. 94	2. 43	0. 97	2. 28	0. 79	1. 39
	F8: Personal competence and reactions to the SEN child	2. 47	0. 87	2. 31	0. 91	2. 48	0. 74	0. 40
	F9: The lack of a specialised curriculum	2. 39	0. 91	2. 33	0. 87	2. 39	0. 95	0. 06
	F10: Parents	2. 30	1. 14	2. 35	1. 05	2. 05	1. 08	0. 41
	F11: Lack of job satisfaction	1. 90	0. 92	1. 85	0. 85	1. 93	1. 10	0. 05
	F12: Administrative constraints	2. 67	1. 02	2. 35	1. 06	2. 57	0. 90	1. 03
	F13: Time constraints	1. 84	0. 80	1. 84	0. 76	2. 12	1. 10	0. 72
	F14: Safety and hygiene of the SEN child	2. 17	1. 01	2. 36	1. 01	2. 15	1. 12	0. 39

Note. SESSI = Special Educators' Sources of Stress Inventory; SE = Special Education; SEN = Special Educational Needs

Table 7*Zero order correlations between school climate and work-related stress measures*

Questionnaire	Variable	School climate
Work stress	Work stress single-item	-.20*
SESSI	SESSI Total score	.01
	F1: Collaboration with various SE agents	-.09
	F2: Performance pressure	.07
	F3: Professional competence	.21*
	F4: The implementation of the SE curriculum	-.05
	F5: Supervising and managing the behaviour of the SEN child	-.10
	F6: Lack of support	-.05
	F7: Social and academic progress of the SEN child	.03
	F8: Personal competence and reactions to the SEN child	.11
	F9: The lack of a specialised curriculum	-.07
	F10: Parents	.04
	F11: Lack of job satisfaction	.01
	F12: Administrative constraints	.01
	F13: Time constraints	.09
	F14: Safety and hygiene of the SEN child	.00

Note. $N = 98$. SESSI = Special Educators' Sources of Stress Inventory; SE = Special Education; SEN = Special Educational Needs.

* $p < .05$.

As Hypotheses A1 and A2 showed no significant results regarding the SESSI measures, and in order to simplify the results, it was decided to omit the 14 SESSI measures from the following analyses.

Hypothesis B postulated that work-related stress would be negatively associated to partnership perception. However, analyses yielded non-significant results (Table 8).

Table 8

Zero order correlations between work-related stress measures and partnership perception measures

Variable	Showing Interpersonal Sensitivity	Treating People Respectfully	Communicating Specific Information about the Child	Providing General Information
Work stress single-item	.04	-.05	.03	-.15
SESSI Total score	.17	.16	.18	.18

Note. $N = 98$. SESSI = Special Educators' Sources of Stress Inventory.

According to hypothesis C, school characteristics (C1) and school climate (C2) would be associated to partnership perception. Analyses yielded significant differences between schools for all partnership perception measures. Results showed that participants from the combined motor and cognitive impairment school scored higher on all four measures compared to participants from the cognitive impairment school. In addition, participants from the motor impairment school scored higher on the treating people respectfully (TPR) subscale, than participants from the cognitive impairment school. Note, that participants from the motor impairment school also scored higher than participants from the cognitive impairment school in all other partnership perception measures. However, these differences did not reach significance (Table 9).

With regard to Hypothesis C2, school climate was positively associated only to PGI, providing general information, in partnership perception, such that higher scores on school climate were related to higher scores on PGI (Table 10).

Table 9*Means and standard deviations of partnership perception measures by school*

Variable	Combined (<i>n</i> = 48)		Cognitive (<i>n</i> = 35)		Motor (<i>n</i> = 15)		<i>F</i>	η^2
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		
Showing Interpersonal Sensitivity	5.08 _a	1.08	4.29 _b	1.29	4.91 _{ab}	1.05	4.83*	.092
Treating People Respectfully	5.77 _a	0.91	5.11 _b	1.22	5.99 _a	0.85	5.63**	.106
Communicating Specific Information about the child	5.20 _a	1.63	4.33 _b	1.44	5.37 _{ab}	1.84	3.68*	.072
Providing General Information	3.89 _a	1.58	3.08 _b	1.50	3.93 _{ab}	1.00	3.43*	.067

Note. Categories with different subscript letters differ significantly from each other at the .05 level according to Tukey post-hoc test.

* $p < .05$. ** $p < .01$.

Table 10*Zero order correlations between school climate and partnership perception measures*

Variable	Showing Interpersonal Sensitivity	Treating People Respectfully	Communicating Specific Information about the child	Providing General Information
School climate	.12	.18	.04	.41***

Note. $N = 98$.

*** $p < .001$.

Hypothesis D indicated that ProQOL (profession quality of life scale), and PSCNI, (professional self-concept instrument), measures for personal characteristics, would be associated with work-related stress (D1) and partnership perception (D2). As expected, CF, (compassion fatigue), was positively associated to SESSI Total score (special educators' sources of stress inventory), and work stress single-item, both in work-related stress. That is, higher scores on CF, were related to higher scores on these measures. All other correlations were non-significant (Table 11).

As to Hypothesis D2, regarding personal characteristics and partnership perception-CS (compassion satisfaction), PSCNI Total score and professional practice were positively

associated to all partnership perception measures. That is, higher scores on these personal factors were related to higher scores on partnership perception measures. In addition, CF, was positively associated to SIS (showing interpersonal sensitivity) and CSI (communicating specific information) MPOC partnership perception subscales, such that higher CF scores were related to higher SIS and CSI scores. The positive association between satisfaction for personal characteristics, and the PGI (providing general information) subscale was marginally significant. Higher satisfaction scores tended to be related to higher PGI scores. Finally, the correlations between communication, in professional self-concept instrument, for personal characteristics and all partnership perception measures were all non-significant (Table 11).

Table 11

Zero order correlations between personal factors and work-related stress measures and partnership perception measures

Questionnaire	Variable	Work stress single-item	SESSI total score	Showing Interpersonal Sensitivity	Treating People Respectfully	Communicating Specific Information about the child	Providing General Information
ProQOL	Compassion satisfaction	.00	.04	.31**	.34***	.23*	.37***
	Compassion fatigue	.40***	.41***	.21*	.09	.33***	.18
PSCNI	PSCNI total score	.08	.01	.28**	.29**	.22*	.33***
	Professional practice	.15	.11	.30**	.29**	.24*	.33***
	Satisfaction	-.12	-.19	.17	.16	.11	.19 [†]
	Communication	.08	-.13	-.04	.06	-.06	.08

Note. $N = 98$. ProQOL = Professional Quality of Life Scale; PSCNI = Professional Self-Concept Nurses Instrument; SESSI = Special Educators' Sources of Stress Inventory.

* $p < .05$. ** $p < .01$. *** $p < .001$. [†] $p < .06$.

Regarding the moderation hypothesis (Hypothesis E), Tables 12-15 present the results of steps 1 and 2 in the hierarchical regression analyses. Results of step 3 are presented in the appendices since the addition of the interaction terms was non-significant in all analyses. Note, that there was no indication for multicollinearity since all VIF values were below 2.80.

In the analysis predicting SIS (showing interpersonal sensitivity) of the MPOC subscales, Step 1 was marginally significant. However, none of the seniority variables were significant. The addition of step 2 was significant, with CS and CF (in personal characteristics variable), significantly predicting SIS. As higher CS and CF were also higher on SIS. These two steps accounted approximately 28% of the variance in SIS (Table 12).

Table 12

Hierarchical regression results for showing interpersonal sensitivity (Step 1 and 2)

Variable	<i>B</i>	<i>SE B</i>	β	R^2	ΔR^2
Step 1				.06 [†]	.06 [†]
Seniority in the profession ^a	0.03	0.37	0.01		
Seniority in the current school ^a	0.60	0.37	0.25		
Step 2				.28 ^{***}	.22 ^{***}
Seniority in the profession ^a	0.09	0.37	0.04		
Seniority in the current school ^a	0.41	0.36	0.17		
Work stress single-item	-0.22	0.15	-0.16		
SESSI total score	0.16	0.18	0.09		
Compassion satisfaction	0.03	0.02	0.26 [*]		
Compassion fatigue	0.04	0.02	0.32 ^{**}		
PSCNI total score	0.68	0.42	0.21		

Note. $N = 92$. All variables but seniority variables were centered. SESSI = Special Educators' Sources of Stress Inventory; PSCNI = Professional Self-Concept Nurses Instrument.; ^a0 = 0 - 10 years, 1 = 11+ years

* $p < .05$. ** $p < .01$. *** $p < .001$. † $p < .06$.

Step 1 in the analysis predicting TPR (treating people respectfully) subscale was significant, albeit none-significance of the seniority variables. Adding step 2 was significant, with only CS significantly predicting TPR. That is, higher CS scores predicted higher TPR scores. About 23% of the variance in TPR was explained by the model (Table 13).

Table 13

Hierarchical regression results for treating people respectfully (Step 1 and 2)

Variable	<i>B</i>	<i>SE B</i>	β	R^2	ΔR^2
Step 1				.07*	.07*
Seniority in the profession ^a	-0.01	0.33	0.00		
Seniority in the current school ^a	0.56	0.33	0.26		
Step 2				.23**	.16**
Seniority in the profession ^a	0.24	0.34	0.11		
Seniority in the current school ^a	0.35	0.33	0.16		
Work stress single-item	-0.21	0.14	-0.17		
SESSI total score	0.20	0.17	0.13		
Compassion satisfaction	0.03	0.01	0.30*		
Compassion fatigue	0.01	0.01	0.12		
PSCNI total score	0.32	0.38	0.11		

Note. $N = 92$. All variables but seniority variables were centered. SESSI = Special Educators' Sources of Stress Inventory; PSCNI = Professional Self-Concept Nurses Instrument.; ^a0 = 0 - 10 years, 1 = 11+ years.

* $p < .05$. ** $p < .01$.

The analysis predicting CSI (communicating specific information) subscale of the MPOC questionnaire yielded similar results as the analysis predicting SIS. That is, step 1 was significant. However, none of the seniority variables were significant. The addition of step 2 was significant, with CS and CF significantly predicting CSI. Results

showed that higher CS and CF scores predicted higher CSI scores. The model explained approximately 31% of the variance in CSI (Table 14).

Table 14

Hierarchical regression results for communicating specific information about the child (Step 1 and 2)

Variable	<i>B</i>	<i>SE B</i>	β	<i>R</i> ²	ΔR^2
Step 1				.09*	.09*
Seniority in the profession ^a	0.65	0.49	0.20		
Seniority in the current school ^a	0.36	0.49	0.11		
Step 2				.31***	.22***
Seniority in the profession ^a	0.68	0.48	0.21		
Seniority in the current school ^a	0.14	0.47	0.04		
Work stress single-item	-0.38	0.20	-0.20		
SESSI total score	0.11	0.24	0.05		
Compassion satisfaction	0.04	0.02	0.24*		
Compassion fatigue	0.07	0.02	0.40**		
PSCNI total score	0.98	0.54	0.23		

Note. *N* = 92. All variables but seniority variables were centered. SESSI = Special Educators' Sources of Stress Inventory; PSCNI = Professional Self-Concept Nurses Instrument.; ^a0 = 0 - 10 years, 1 = 11+ years.

* *p* < .05. ** *p* < .01. *** *p* < .001.

Step 1 in the analysis predicting PGI (providing general information) MPOC subscale, was significant. Participants with 11 or more years in the current school scored higher on PGI than participants with 10 years or less in the current school. Adding step 2 was significant, with work-stress single-item, CS and CF, in personal characteristics, significantly predicting PGI, indicating that lower scores on work-stress single-item and higher CS and CF scores predicted higher PGI scores. Lastly, about 38% of the variance in PGI was accounted for by the model (Table 15).

Table 15*Hierarchical regression results for providing general information (Steps 1 and 2)*

Variable	<i>B</i>	<i>SE B</i>	β	<i>R</i> ²	ΔR^2
Step 1				.08*	.08*
Seniority in the profession ^a	-0.15	0.47	-0.05		
Seniority in the current school ^a	0.97	0.46	0.32*		
Step 2				.38***	.30***
Seniority in the profession ^a	0.20	0.43	0.07		
Seniority in the current school ^a	0.68	0.42	0.22		
Work stress single-item	-0.70	0.18	-.40***		
SESSI total score	0.22	0.21	0.10		
Compassion satisfaction	0.05	0.02	0.33**		
Compassion fatigue	0.06	0.02	0.36**		
PSCNI total score	0.77	0.48	0.19		

Note. *N* = 92. All variables but seniority variables were centered. SESSI = Special Educators' Sources of Stress Inventory; PSCNI = Professional Self-Concept Nurses Instrument.; ^a0 = 0 - 10 years, 1 = 11+ years.

* *p* < .05. ** *p* < .01. *** *p* < .001.

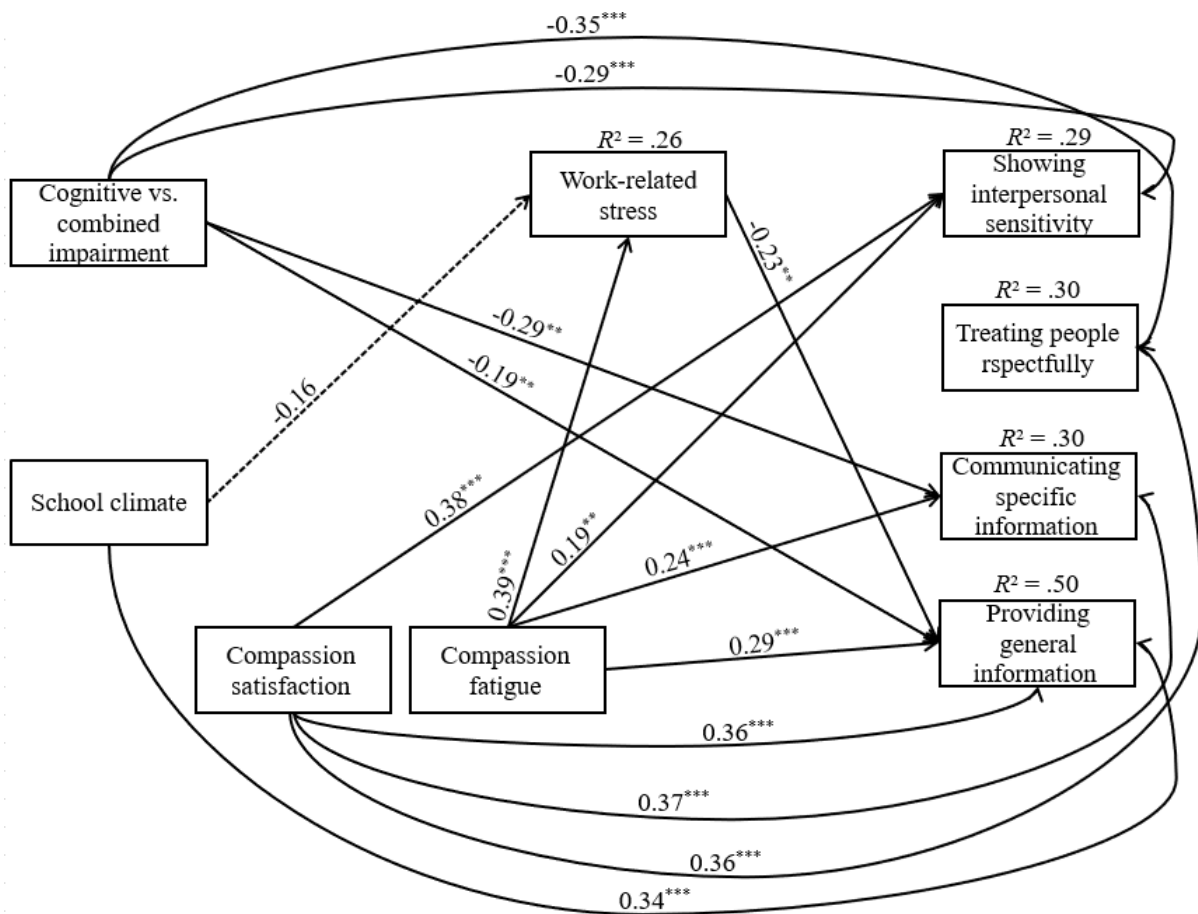
According to hypothesis F, the association between school characteristics (F1), school climate (F2) and partnership perception would be mediated by work-related stress. In order to test the hypothesis, SEM with observed variables was conducted. The analysis included the direct effects of school characteristics on partnership perception measures, as well as the mediating effect of work stress single-item. The direct effects of the cognitive impairment school (coded 0 = combined impairment school and 1 = cognitive impairment school) on partnership perception measures were also included. However, as mentioned earlier, the differences between the motor impairment school and the combined motor and cognitive impairment school in work stress single-item (Table 5) and partnership perception measures (Table 8) were non-significant. Hence, the dummy variable motor impairment school (coded 0 = combined impairment school and 1 = motor impairment school) was excluded from the model. Moreover, as can be seen from Tables 12-15, SESSI, in the work-related stress variable,

and PSCNI total scores, in personal characteristics variable, did not account for the variances of all partnership perception measures. Therefore, they were omitted from the model.

The model exhibited excellent fit with the data, $\chi^2(22) = 17.55$, $p = .732$, NFI = 0.96, TLI = 1.03, CFI = 1.00, RMSEA < .001. The paths from the cognitive impairment school to all partnership perception measures were significant, indicating that participants from the combined motor and cognitive impairment school scored higher than participants from the cognitive impairment school on all four measures. The path from school climate to work stress single item was non-significant. However, the path from school climate to PGI, providing general information, in partnership perception, was significant, such that higher school climate scores predicted higher PGI scores (Figure 2).

Figure 2

SEM model depicting the examined indirect effect of school characteristics and school climate on partnership perception measures via work stress single-item



Note. $N = 92$. Standardized path coefficients are presented, controlling for seniority in the profession and in the current school. Solid lines indicate significant paths and dashed line indicate nonsignificant paths. Inter correlations between predictors and between dependent variables are omitted for clarity.

$^{**}p < .01$. $^{***}p < .001$

The indirect effect of school characteristics on partnership perception through work-related stress, was not examined due to lack of significance between school characteristics, work related stress and partnership perception in previous result in our study (hypothesis A). The indirect effect of school climate on PGI (providing general information) MPOC subscale through work-stress single-item was examined, yielding

non-significant results, $\beta = 0.04$, bootstrapped 95% CI: [-0.003, 0.11]. Thus, Hypothesis F was not supported.

Though not hypothesized, the results revealed a significant indirect effect of CF on PGI (providing general information) MPOC subscale through work-stress single-item, $\beta = -0.09$, bootstrapped 95% CI: [-0.17, -0.04]. That is, higher CF predicted higher work-stress, which subsequently predicted lower PGI. Note, that as the signs of the direct and the indirect effects of CF on PGI were opposite (positive vs. negative, respectively), there was evidence for a competitive mediation (MacKinnon, Krull, & Lockwood, 2000; Zhao et al., 2010).

Hypothesis G postulated that personal factors would moderate the indirect effect of school characteristics and school climate on partnership perception measures through work-related stress. Specifically, a second-stage conditional process analysis (Hayes, 2018) was hypothesized. However, since the moderated part of the hypothesis was not supported earlier (all interactions in hypothesis E were non-significant), the hypothesis was not examined.

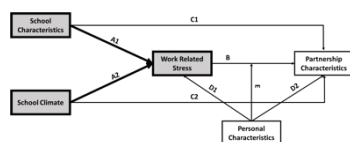
Discussion

The current study aimed to examine the concept of partnership between parents and school professionals in SE settings, focusing on the educational staff. Due to the major role of the educational staff in recruiting and leading this partnership, and the fact that they are at a high risk for developing work-related stress, the relationship between these factors and the way they perceive the partnership with parents was examined.

School Characteristics, School Climate, and Work-Related Stress

Figure 3

Hypothesis A: A1. School characteristics will be associated with work-related stress. A2. Positive school climate will be associated with lower levels of work-related stress



Our first set of hypotheses (A1 and A2) (Figure 3) were related to the relationship between school characteristics and school climate and between SE staff's perceived work-related stress. When we examined whether school characteristics and school climate are associated with the level of work-related stress, we found that there were no differences between the various SE schools in work-related stress. The initial assumption that there would be differences between the three schools was based on the fact that each school treats a different student population with different medical complexities. The motor-impairments school is identified as an SE school for students with cerebral palsy (CP) and other related, complex disabilities, with average cognition. Therefore, this school deals mainly with physical impairments. The cognitive-impairments school is identified as an SE school for students with moderate developmental disabilities and other accompanying impairments. Therefore, this school deals mainly with cognitive impairment. The combined/complex motor and cognitive impairments school is identified as an SE school for students with severe developmental disabilities, mainly CP with both severe physical and cognitive impairments. With these differences in mind, we hypothesized that the level or type of impairment will impact the level of work-related stress due to the fact that different disabilities require different requirements and caregiving demands from the professional staff. This assumption was not supported. A possible explanation maybe

related to the fact that in the last few years, the number of SE students has increased substantially (הרפורמה בחינוך המיוחד 2020, כנסת ישראל) and has forced the SE schools to expand their student body. Therefore, the population of the school was extended and not differentiated as we initially planned. This change may have affected the work-related stress of SE staff and can possibly explain why our hypothesis was not supported.

Therefore, it seems that work-related stress was not affected by the students' impairment characteristics. Furthermore, it has been suggested that the typology of impairment severity is subjective rather than objective. That is, the way each SE professional perceives the level of impairment is subjective. Johnson and colleagues (2005) found that the amount of stress a person experiences at work is likely to be a result of the interaction between several factors such as the type of work they are doing (their occupation), the presence of work stressors, the amount of support they receive both at work and at home, and the coping mechanisms they use to deal with stress. Therefore, all of these factors and others influence the subjective perspective of SE professionals and how they perceive the impairment of the students.

In contrast to school characteristics, our hypothesis regarding school climate (A2) was supported, as positive school climate was related to lower levels of work-related stress. This finding aligns with previous findings indicating that school organizational climate in Israel is significant in predicting feelings of stress and perceived role complexity (Lavian, 2012). In addition, Lavian's study found that the more closed and less supportive the school organizational climate was perceived, the more frequently the teachers reported experiencing burnout and stress. The model also showed stress to be a predictor of burnout. As feelings of stress rise, so does burnout. Johnson et al. (2005) also supported the finding that organizational structure and

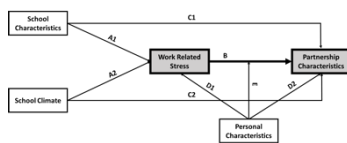
climate, including little involvement in decision-making and office politics, is a major source of stress.

Furthermore, in the current study, positive school climate was found to be positively related to higher levels of professional competence of the staff, which is one of the measures that assessed work-related stress. This marks a contribution to the clinical field, highlighting the importance of positive school climate in creating a sense of professional competence that affects the way staff professionals perceive themselves and partner with parents.

Work-Related Stress and Partnership Perception

Figure 4

Hypothesis B: Higher levels of work-related stress will be related to lower partnership perception



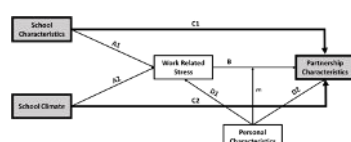
Our second hypothesis (B) (Figure 4) suggested that work-related stress would be negatively associated with partnership perception. This hypothesis was not supported. The lack of the expected association can be explained by looking at how work-related stress can affect different interpersonal interactions. Repetti and Wood (1997a; in Crouter & Bumpus, 2001), examined the relationship between daily work stress and mother-child interactions at the end of the workday among working mothers. Mothers tended to withdraw from both positive and negative interactions with their children on stressful workdays. Thus, they perceived their interaction with their children as neither positive nor negative. This can explain why in our study, work-related stress did not emerge as an effect in any specific direction. By withdrawing from the interaction, we

are excluding ourselves from feeling in a specific way, we are detached, explaining why our initial assumption was not confirmed. Another finding in Repetti's and Wood's study was that one factor that may have moderated the linkages between work stress and the interactions with children was the different personality qualities and coping styles that mothers and fathers bring to their work and family lives. Different people with different coping mechanisms behave differently in their significant interactions with others, especially during stress times. They have diverse ways of coping with stress, processing it, and acting on it. This may explain why different SE professionals manage and react differently to work stress and related interactions and why the measure of work stress might not have been cohesive enough to confirm our hypothesis.

School Characteristics, School Climate, and Partnership Perception

Figure 5

*Hypothesis C: C1. School characteristics will be associated with partnership perception.
C2. Positive school climate will be associated with higher levels of partnership perception*



In our third set of hypotheses (C1 & C2) (Figure 5), we hypothesized that partnership perception would be associated with school characteristics and climate. This was partially supported by the SE staff from the combined motor- and cognitive-impairments school and the motor-impairments school, which reported higher partnership perception than the SE staff from the cognitive-impairments school. These findings indicate that both schools had a more positive perception of their partnership with parents than that of SE staff in the cognitive-impairments school. In a recent study by Zhang et al. (2020), teachers reported an association between parent

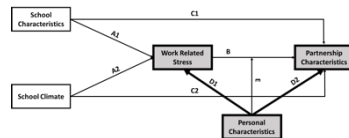
psychopathology and child's behavioral problems and its effect on child neurodevelopmental outcomes. Thus, if children with cognitive impairments are more likely to have parents with cognitive impairments, that could affect the partnership between them and school professionals. Moreover, it was reported that socioeconomic status (SES) was positively associated with child's cognitive and executive function abilities. This is also congruent with previous findings (Noble et al., 2015; Turkheimer et al., 2003), suggesting that SES strongly predicts cognitive level and executive functions. The abovementioned findings may explain why, in the cognitive-impairments school, partnership perception with parents was the lowest. It is possible that the staff in the cognitive-impairments school regard parents as unequal partners. Also, the low SES may attribute to this assumption of an unequal partnership.

In accordance with our hypothesis (C2), school climate was positively associated with partnership perception, but only in the PGI (providing general information) category, meaning that positive school climate was related to the school's staff perception that they are providing satisfying general information to families and parents of children at the school. This could relate to the previous finding in which positive school climate was related to lower work stress and higher professional self-competence. Self-competence relates to the way one perceives him or herself and has the confidence to engage with parents (Kröner & Biermann, 2007) and thereby provide general information.

Personal Characteristics, Work-Related Stress, and Partnership Perception

Figure 6

*Hypothesis D: D1. Personal characteristics will be associated with work-related stress.
D2. Personal characteristics will be associated with partnership perception*



In our fourth set of hypotheses (D1 & D2) (Figure 6), we hypothesized that personal characteristics would be associated with work-related stress and partnership perception. Personal characteristics were associated with work-related stress in one measure: compassion fatigue. Compassion fatigue is considered a measure related to quality of life. In our study, higher CF was related to higher work-related stress. This conclusion relates to previous research regarding other high-risk occupations. Over the past twenty years, the concept of CF has received considerable attention as a potential form of occupational stress (Sabo, 2011). For example, working with patients who are in pain, suffering, or at end of life may take a toll on the nurses' psychosocial health and well-being (Sabo, 2011). The majority of studies examining the association between CF and work-related stress have addressed the impact of work stress on health professionals' CF (Hakime et al., 2022; Meadors & Lamson 2008; Meyer et al., 2015; Jepkins & Warren 2012), while our study addressed CF as a personal factor (Zeidner et al., 2013) that may affect the way work-related stress is perceived.

In addition, our hypothesis regarding the association between personal characteristics and partnership perception (D2) was partially supported. Several personal characteristics were found to be positively associated with partnership perception. Compassion satisfaction and two measures of the PSCNI, total score and

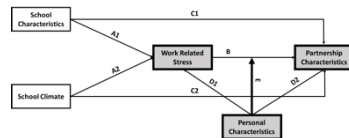
professional practice, were found to increase with partnership perception. This means that the higher one's professional competence and satisfaction, the higher professionals' perception of their partnership with parents. Kröner and Biermann, (2007) found that when individuals interact with an expert, if they sense the expert is not confident, they tend to think that the expert is not professional. It is suggested that people generate their confidence based on these implicit processes, and therefore low self-confidence among experts makes us uncomfortable. This resonates with the concept of the therapeutic alliance (Horvath & Luborsky, 1993), in which the client's perception of the therapist as an expert, trustworthy, and attractive, provides the therapist with leverage to promote change. Subsequently, the therapeutic alliance may mediate the effect of the client's judgments regarding the therapist's attributes (Horvath & Luborsky, 1993). Therefore, with regards to partnership perception, it can be assumed that professionals who have a high self-concept will present themselves with higher confidence and therefore will enhance parents' partnership.

Compassion fatigue was also found to be positively related to interpersonal sensitivity and providing specific information by the staff, another partnership perception measure. Singer and Klimecki (2014) stated in their work that compassion is conceived as a feeling of concern for another person's suffering, which is accompanied by the motivation to help. Compassionate responses are therefore based on positive feelings and are associated with a prosocial approach and motivation. Thus, it is reasonable to predict that the higher the compassion reaction will be, the higher the interpersonal sensitivity and provision of specific information.

Personal Characteristics Moderate Work-Related Stress and Partnership Perception

Figure 7

Hypothesis E: The association between work-related stress and partnership perception will be moderated by personal characteristics



In accordance with our fifth hypothesis (E) (Figure 7), personal characteristics were found to moderate the association between work-related stress and partnership perception in several measures. When CS and CF were higher, the school professionals felt that they showed more interpersonal sensitivity toward parents and communicated more specific information regarding the child. As humans, we use language skills to explicitly convey information to each other and apply social abilities such as empathy or perspective-taking to infer another person's emotions and mental state. Empathy makes it possible to resonate with others' positive and negative feelings alike (Singer & Klimecki, 2014). In contrast to empathy, compassion does not mean sharing the suffering of the other; rather, it is characterized by feelings of warmth, concern, and care for the other, as well as a strong motivation to improve the other's wellbeing (Singer & Klimecki, 2014). Furthermore, compassion is correlated with higher emotional intelligence, which may strengthen interpersonal relationships (Neff, 2003, 2004). Studies show that compassion has been associated with feelings connected to other people (Neff, 2003). Subsequently, a significant relationship between compassion for others and closeness, trust, and social support was also reported (Salazar, 2015). Therefore, when compassion is high (at both ends: satisfaction and fatigue), people tend to feel more emotional and closer to one another. Showing

interpersonal sensitivity and communicating specific information about the child are the measures that emphasize closeness and relationship between the families and the professionals, within the partnership perception.

Similarly, it was found that when CS was high, school professionals felt that they treat parents with more respect. In accordance with the finding that higher compassion makes professionals feel they have a closer relationship with families, evokes more trust between them and the will to support them (Salazar, 2015), it is reasonable to assume that they will feel that they are treating them respectfully as well.

Seniority within SE schools was another personal characteristic that moderated the association between work-related stress and partnership perception. We found that when school professionals had over 11 years of experience in their position at the same school, they felt they provide more general information to the families. This profile reinforces the findings by Dyke and colleagues (2006), according to which time spent working in a family-centered service model was significantly related to provision of general information. The authors suggested that this may reflect the skill level of the professional, as the more seniority one has in the center, the more general information one provides. This finding resonates with Lavian's (2012) study, in which teachers with less seniority in their schools reported greater stress than those with more seniority. Eshel and Kadouch-Kowalsky (2003) also found that seniority was negatively correlated with levels of anxiety. These results show that seniority contributes to the level of confidence professionals experience when providing information to parents.

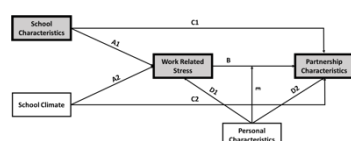
Moreover, Glink et al. (2014) found that permanency within the organization seemed to be viewed by students as more significant than rank. Consistent with that,

we found that when work-related stress was low and compassion fatigue and satisfaction were high, school professionals felt they provided more general information to the families. Findings reported by Salazar (2015) revealed significant relationships between compassion for others and closeness, trust, and social support. It seems that when work stress is low and compassion is high at both ends (satisfaction and fatigue), trust levels and closeness rise and evoke the provision of social support, which allows school professionals to provide more information about the situation. This finding is crucial in the clinical field, because we know that over the years, the domain of ‘providing general information’ has been rated the lowest by both parents and professionals (Cunningham & Rosenbaum, 2013; Dyke et al., 2006; Molinaro et al., 2017). This finding, along with the previous findings in our study relating to the PGI domain (school climate, CF, seniority, work stress) might explain the conditions needed in order to facilitate the provision of general information.

School Characteristics and Partnership Perception through Work-Related Stress

Figure 8

Hypothesis F1. The association between school characteristics and partnership perception will be mediated by work-related stress



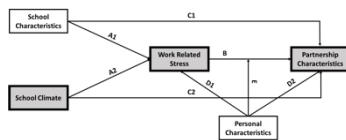
Consistent with previous results, the specific SE school characteristic was found to be related to partnership perception. Specifically, the combined motor and cognitive impairments school was found higher on all measures of partnership perception, compared to the cognitive impairments school. Thus, SE school professionals in the combined school reported that they expressed more interpersonal sensitivity toward the

families, treated them respectfully, communicated specific information and provided general information, with greater vigor. However, our sixth hypothesis (F1) (Figure 8), the mediating effect of work-related stress on the association between school characteristics and partnership perception, could not be examined due to lack of power.

School Climate and Partnership Perception through Work-Related Stress

Figure 9

Hypothesis F2. The association between school climate and partnership perception will be mediated by work-related stress



Consistent with previous results, a more positive school climate predicted higher partnership perception, specifically in the provision of general information. However, our second sixth hypothesis (F2) (Figure 9), regarding the association between school climate and partnership perception through work-related stress, was not supported. In the previous hypothesis regarding school climate and work-related stress, we found that only work stress single-item was correlated with school climate. This null finding can be related to the relatively small sample size. We see that the tendency is still in the same direction but not significant. We know that positive school climate relates to lower work stress and was supported in another research (Lavian, 2012). It could be that as a mediator, this measure was not strong enough, perhaps because of the small reference group. Another explanation could be that work-related stress is a more varied measure, related to a number of factors. Different occupations will have different basic stressors, and people working in the same occupation will experience different levels of stress due to the interplay of many other factors, like their personality type and the

support mechanisms they have available to them (Johnson et al., 2005). Therefore, employees working in high-risk occupations will have an increased likelihood of experiencing negative stress outcomes; however, not all people working in a certain occupation will experience the same amount of stress (Johnson et al., 2005). Since we did not examine all the different factors and support mechanisms and the differences between occupations in the professional staff, it could be that as a mediator, work-related stress is not stable enough without additional data.

Personal Characteristics and Partnership Perception through Work-Related Stress

In the current study, higher CF predicted higher work-related stress, which subsequently predicted lower partnership perception. We already know that CF has received considerable attention as lowering well-being and a potential form of occupational stress (Sabo, 2011), which explains why CF is a predictor of work stress in this study. The implication that this results in lower partnership perception can be understood in light of stress leading to withdrawal from interpersonal interactions (Repetti & Wood, 1997a in Crouter & Bumpus, 2001). Thus, when both CF and work-related stress are high, SE professionals see a decrease in their quality of life and withdraw from the partnership with parents, which subsequently leads to a lower partnership perception.

Clinical Implications

The current work emphasizes and reveals the overlooked issue of partnership perception between school professionals in SE settings and parents. The literature has provided evidence that this partnership is important and crucial for the well-being of the students in the SE system; however, to date, no study has examined the perspective

of SE professionals. Due to the major role that has been given to SE professionals in the literature over the years in recruiting and leading the partnership with parents, and due to the high risk of developing work-related stress, our research highlights the personal and environmental factors contributing to the partnership perception of school professionals. Thus, the current study is novel and unique in its contribution to the academic and clinical field.

Our findings revealed that school climate relates to work-related stress and professional self-concept and that school characteristics and school climate relate to SE professional's perception of the partnership with the parents. Thus, investing in school climate and educational tools to implement and highlight school climate's importance in the management's training programs, is crucial. Furthermore, according to these results, it is important to build a specific program for the partnership tailored to the unique characteristics of the population at the school. Personal characteristics, and especially CF and CS, have a direct relationship with work-related stress and partnership perception, and also moderate the association between work-related stress and partnership perception. These results support the clinical field in better understanding the role of school professionals, the context in which they work and the factors that affect them, which may help provide the support they need.

Research over the years has shown that parents and caregivers rate the provision of information in the partnership as an area needing further improvement, with the domain 'providing general information' consistently achieving the lowest rating (Cunningham & Rosenbaum, 2013; Dyke et al., 2006; Molinaro et al., 2017). Our study explains the factors that may influence this domain, which has been seen as crucial over the years in the partnership between caregivers and parents. The understanding of these factors can help us in the clinical field to adjust and improve it.

Recently, Hester, Bridges, and Rollins (2020) reported that lack of support and resources for SE teachers, along with their increasing job demands, impose a high level of occupational stress, which impacts their consideration of leaving the field. The current findings can help us better understand the reasons for leaving the educational system and may shed light on how to prevent this unwanted consequence. For example, Singer and Klimecki (2014) found that compassion training promotes adaptive social emotions such as prosocial behavior and also augments positive affect and resilience, which in turn fosters better coping with stressful situations. The findings of the current study support the need for the development of targeted interventions to reduce CF, increase adaptive social emotions and motivation, and teach coping mechanisms and awareness of self-care. All of this is particularly beneficial for the SE staff and people working in helping professions or in high-risk stress occupations in general. Increasing their resilience and their coping mechanisms and self-care will help them employ positive communication when partnering with parents.

Research Limitations

Although the current research was innovative in its focus on the missing perspective of SE staff, it suffers from several limitations. The number of participants in the current study was less than we anticipated and wanted. The recruitment of SE staff was extremely difficult because of the numerous stressors, which were extensively described in the current work; this stage required a lot more maintenance and accompaniment than initially expected. In addition, during the second attempt to recruit participants, the Covid-19 pandemic appeared and closed all work settings for a long duration. We realized that we could not continue our data collection due to the fact that most of the measurements in the study were related to stress levels, burnout, and school climate, all of which were affected substantially and would not accurately reflect the

situation prior to the pandemic. Therefore, some of our assumptions were in the direction we assumed but were not found to be significant, perhaps because of the small number of participants. Moreover, we did not differentiate between the various professional disciplines due to the number of participants. It has been noted that different disciplines have diverse stressors and that certainly affected the findings (Johnson et al., 2005). Additionally, the number of participants from each school was not equal and limited our ability to conduct a comparison between the schools.

Furthermore, because of the complexity of the students' population that was selected, most of the questionnaires were adapted from the health care system and were addressed originally for nurses. Therefore, they might have been less accurate for the specific SE population in our study. This raises the need to develop and validate questionnaires tailored to the specific characteristics of this population.

Future Research

Our research was preliminary in nature; further research is needed in order to better understand the point of view of the special education staff members, the numerous stressors they are dealing with, and the role they play in the education system in the interaction with parents. As far as research limitations are concerned, it is necessary to create customized questionnaires for the diverse staff which works with complex SE students. Finally, regarding the use of the model offered here, it would be interesting to look at the support systems that the participants have at home and at work, and to investigate their coping mechanisms. It would also be interesting to learn more about the staff difficulties in their own worlds and extend the qualitative research in this field.

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Appendixes

Appendix A.1: Interview Protocol for Educators and Administration/

Westwood

שאלון אקלים בית ספרי (מבוסס על ראיון של WESTWOOD)

אנא קרא/י את השאלות הבאות וענה/י על השאלות הבאות בהקשר לבית הספר בו את/ה עובד/ת:

1. מהי מידת המעורבות ההורית בבית הספר בו אתה עובד, באילו סוגי פעילויות הורים מעורבים: (סמן את הקטגוריה המתאימה, יכולה להיות יותר מאחד):
וועד כיתה, גיוס תרומות, עזרה בכיתה, סיוע בטיולים או בפעילויות מחוץ למסגרת הלימודים, בניית תוכנית לימודים מותאמת אישית.

אחר: _____

2. מהי תפיסתך לגבי הצורה בה שותפות הורה-איש צוות צריכה להתקיים בבית הספר שלך? אלו אסטרטגיות או פעילויות אתה מחשיב כאפקטיביות בהגברת השותפות הזו או בהגברת מעורבות?

באיזו מידה המשפטים הבאים מייצגים עבורך את בית הספר בו את/ה עובד/ת:

4 3 2 1

מייצג מאד

לא מייצג

מייצג מאד			לא מייצג	
4	3	2	1	3. באיזו מידה לדעתך קיימת שותפות בין בית הספר לבין ההורים?
4	3	2	1	4. באיזו מידה לדעתך בית הספר עושה מספיק על מנת לכלול את ההורים בנעשה בין כתליו?
4	3	2	1	5. באיזו מידה לדעתך בית הספר מציב מטרות הקשורות לשיתוף עם הורים?

4	3	2	1	6. באיזו מידה לדעתך בית הספר פועל על מנת לממש את המטרות הקשורות לשיתוף עם ההורים?
4	3	2	1	7. באיזו מידה לדעתך נדרש מבית הספר לעשות יותר על מנת לקדם את השותפות בין ההורים לבית הספר?
4	3	2	1	8. באיזו מידה קיימים לדעתך מכשולים ליצירת השותפות בין ההורים לבית הספר?

9. מהם לדעתך המכשולים ליצירת השותפות בין ההורים לבית הספר, באם קיימים?

Appendix A.2: MPOC-SP - A Measure of Process of Care for Service

Providers

ברצוננו להבין ולמדוד את הניסיון וההתנהגויות של מותני שירות העובדים עם ילדים שלהם בעיות התפתחותיות ובריאותיות ארוכות טווח ומשפחותיהם. אנו רוצים ללמוד במיוחד, על התפיסה שלך את השירות אותו הגשת במהלך השנה החולפת. המונח "מותני שירות" כולל מומחים קליניים, תרפיסטים, עובדים סוציאליים, מורים לגיל הרך, אחיות וכדו'.

שאלות אלה מבוססות על מידע שקבלנו מהורים, אודות הדרך בה שירותים מוצעים למשפחותיהם. בכל שאלה, באופן ספציפי, את/ה מתבקש/ת לציין באיזו מידה את/ה אכן מתנהג בדרך המתוארת, על סולם מ 1 (בכלל לא) עד 7 (במידה רבה מאד). שימי לב, כי השימוש בערך אפס (0) הוא רק במידה שהסיטואציה המתוארת אינה חלה עליך.

לכל שאלה, אנו רוצים שתחשוב/י על המידה בה התנהגת על פי כל אחת מן ההתנהגויות המתוארות בשאלון. הדרוג בו תבחר/י אינו צריך לייצג את שכיחות ההתנהגות הספציפית אלא את מידת המעורבות וההשקעה שלך בהתנהגות המתוארת.

השירותים אותם את/ה מציע/ה מפגישים אותך עם אנשים רבים בתוך המשפחה. להלן רשימה של בני המשפחה אפשריים.

ילד: הכוונה לילד/ה עם בעיות ממושכות (למשל CF, סוכרת) או עם בעיות התפתחותיות (למשל CP).

הורים: הכוונה להורים או לאפוטרופוס על פי חוק של ילד/ה עם בעיות בריאות ממושכות טווח או בעיות התפתחותיות.

משפחה: הכוונה עפ"י היא לילד/ה עם בעיות בריאות ממושכות או בעיות התפתחותיות והוריו/יה. משפחה עשויה לכלול גם אחאים, סבים וסבתות וכדו'.

הנחיות חשובות:

1. הייט רוצים שתתאר/י את ההתנהגות הממשית שלך ולא את השירות "האידיאלי" עפ"י תחושתך. אנו מכירים בכך שאנשי מקצוע אינם יכולים תמיד לבטא התנהגות מסוימת במידה בה היו רוצים בשל עומס העבודה, מדיניות וגורמים מגבילים אחרים. הייה/י סמוך/ה ובסוף/ה כי תשובותיך החסויות לא ישמשו כשיפוט עלייך ועל האופן בו את/ה מתג/ת שירות.
2. חשוב להבין כי העובדה שהתנהגות מסוימת מופיעה בשאלון זה אין זה אומר כי היא חשובה לכל המקצועות או לכל אנשי המקצוע. לפיכך, אל תרגיש/י כי בחירת דרוג נמוך משמעותו הערכה נמוכה של עצמך.
3. חשוב לנו שתחשוב/י על ההתנסויות שלך כנותן שירות לילדים עם בעיות בריאותיות ממושכות או בעיות התפתחותיות ומשפחותיהם במהלך השנה שחלפה. אנו מתעניינים במחשבותיך האישיות ונעריך מאד אם תמלא/י את השאלון לבד מבלי להיוועץ עם איש.

במהלך השנה החולפת, באיזו מידה את/ה...	במידה רבה מאד	במידה רבה	במידה די רבה	במידה בינונית	במידה מעטה	במידה מעטה מאד	כלל לא	בלתי ישים
1. מציע/ה טיפול/ פעילויות טיפוליות המתאימות לצרכיה וסגנון חייה של כל משפחה?	7	6	5	4	3	2	1	0
2. מותן/ת להורים ולילדים משוב חיובי או עידוד (לדוגמא בבצוע תכנית בבית)?	7	6	5	4	3	2	1	0
3. מקדיש/ה זמן לפתח יחסי קירבה עם ההורים והילדים	7	6	5	4	3	2	1	0
4. משוחח/ת על הציפיות מכל ילד עם נותני שירות אחרים, במטרה להבטיח עקביות בחשיבה ובפעולה?	7	6	5	4	3	2	1	0
5. מספר/ת להורים על אפשרויות שונות של שירותים או טיפולים לילדם (לדוגמא, ציוד, בית ספר, תראפיה)?	7	6	5	4	3	2	1	0
6. מקבל/ת את ההורים ואת משפחתם בדרך לא שיפוטית?	7	6	5	4	3	2	1	0
7. מאמין בהורים כ"מזמנים" של ילדם?	7	6	5	4	3	2	1	0
8. דן/בוחן את הרגשות של כל משפחה על כך שיש לה ילד/ה עם צרכים מיוחדים (לדוגמא, דאגותיה לגבי בריאות או תפקוד הילד/ה)	7	6	5	4	3	2	1	0
9. צופה מראש את דאגות ההורים ומציע/ה מידע עוד בטרם בקשו בו	7	6	5	4	3	2	1	0

במהלך השנה החולפת, באיזו מידה את/ה...	במידה רבה מאד	במידה רבה	במידה די רבה	במידה בינונית	במידה מעטה מעטה	במידה מעטה לא	כלל לא	בלתי ישים
10. מוודא/ת כי להורים ניתנה ההזדמנות לומר את הדברים החשובים עבורם?	7	6	5	4	3	2	1	0
11. מאפשר להורים לבחור מתי לקבל מידע ואת סוג המידע בו הם מעוניינים?	7	6	5	4	3	2	1	0
12. עוזר לכל משפחה לשמור על קשר יציב עם מתן שירות אחד לכל הפחות, העובד/ת עם הילד ועם ההורים לאורך זמן?	7	6	5	4	3	2	1	0
13. עונה לשאלות ההורים באופן מלא?	7	6	5	4	3	2	1	0
14. מספר להורים תוצאות מבדקים ו/או הערכות?	7	6	5	4	3	2	1	0
15. מתן להורים מידע כתוב על מצבו של ילד/תם, התקדמותו/ה, או על הטיפול?	7	6	5	4	3	2	1	0
16. מוסר להורים פרטים על השירות אותו מקבלת ילד/תם, כגון סוג השירות, הסיבות, ומשך טיפול?	7	6	5	4	3	2	1	0
17. מנהג בכל הורה כאינדבדואל ולא כהורה "טיפוסי" לילד עם "בעיה"?	7	6	5	4	3	2	1	0
18. מנהג בהורים כשווים ולא כהורים לפציינט (לדוגמה באי פנייה אליהם כ"אמא" או "אבא")	7	6	5	4	3	2	1	0

בלתי ישים	כלל לא	במידה מעטה מאד	במידה מעטה	במידה בינונית	במידה די רבה	במידה רבה	במידה רבה מאד	במהלך השנה החולפת, באיזו מידה את/ה...
0	1	2	3	4	5	6	7	19. מוודא/ה שלהורים ניתנו ההדמנויות להסביר את מסרות הטיפול והצרכים שלהם (לדוגמא לשירותים או לצידוד)?
0	1	2	3	4	5	6	7	20. מסייע/ת להורים להרגיש כשותפים בטיפול בילדם?
0	1	2	3	4	5	6	7	21. מסייע/ת להורים להרגיש בעלי יכולת בתפקידם כהורים?
0	1	2	3	4	5	6	7	22. מנהג/ת בילדים ובמשפחות כאנשים ולא כ"מקרים" (לדוגמא, ע"י אי פנייה לילד ולמשפחות עפ"י דיאגנוזה, כמו "דיפלג ספסטי

סדרת השאלות הבאה שואלת "באיזו מידה את/ה (או הארגון שלך)..." "ארגון" משמעותו המקום או הסוכנות שבו או ממנו את/ה נותנ/ת שירות. "ארגון" יכול לפיכך להיות מרכז טיפולי/שיקומי, מרכז קהילתי, תכני תמיכה בריאותית לבית ספר, טיפול בית, שירותי קהילה וחברה, קליניקה, שירותי בריאות נפש וכדו'. אם אינך עובד/ת באף "ארגון", אנא ענה/י תוך התייחסות לתכנית, לצוות שלך או בהתייחס לעצמך.

בלתי ישים	כל לא	במידה מעטה מאד	במידה מעטה	במידה בינונית	במידה די רבה	במידה רבה	במידה רבה מאד	במהלך השנה החולפת, באיזו מידה את/ה...
0	1	2	3	4	5	6	7	23. קידמת "קשרים" בין משפחה למשפחה לצרכי חברתיים, לצרכי מידע ולהתנסויות משותפות?
0	1	2	3	4	5	6	7	24. נתת תמיכה במטרה לסייע למשפחות להתמודד עם ההשפעה של מצבו הכרומי של ילדם (לדוגמא, ידעת הורים אודות תכניות סיוע, או יעוץ כיצד לעבוד עם נותני שירות אחרים)?
0	1	2	3	4	5	6	7	25. ייעצת כיצד להשיג מידע או ליצור קשר עם הורים אחרים (לדוגמא באמצעות מאגרי מידע קהילתיים, קבוצות תמיכה, או אינטרנט)?
0	1	2	3	4	5	6	7	26. נתת הזדמנויות לכל המשפחה, סלל האחים, להשיג מידע?
0	1	2	3	4	5	6	7	27. יש לך ידע כללי זמין אודות עניינים כלליים (כגון, עלויות כספיות או סיוע יעוץ גנטי, מיניות)?

Appendix A.3: SESSI- Special Education Stress Inventory

גורמי דחק בחינוך המיוחד (מבוסס על שאלון SESSI)

קרא/י את המשפטים הבאים וציין/י כמה הם מהווים גורם דחק/לחץ עבורך במסגרת עבודתך או בהשפעתם על חיידך :

0 לא רלוונטי 1 2 3 4 5
מלחץ באופן משמעותי

מלחץ באופן משמעותי					לא רלוונטי	
5	4	3	2	1	0	1. שיתוף פעולה עם היועץ בבית הספר
5	4	3	2	1	0	2. עומס בעבודה
5	4	3	2	1	0	3. תחושה שהלימודים לא הכינו אותי מספיק עבור העבודה בבית הספר
5	4	3	2	1	0	4. יישום של תכנית הלימודים האישית (תל"א)
5	4	3	2	1	0	5. האחריות לילד עם הצרכים המיוחדים בזמן ההפסקות
5	4	3	2	1	0	6. היעדר תמיכה מעמיתים לעבודה
5	4	3	2	1	0	7. הבידוד החברתי של הילד עם הצרכים המיוחדים
5	4	3	2	1	0	8. תגובה אישית לילד עם הצרכים המיוחדים
5	4	3	2	1	0	9. מסגרת תכנית הלימודים של החינוך המיוחד
5	4	3	2	1	0	10. דאגה וחרדה של הורים
5	4	3	2	1	0	11. הסיפוק שאני מקבל מהצלחותי המעטות של הילד עם הצרכים המיוחדים
5	4	3	2	1	0	12. יותר מדי עבודה מנהלית (טפסים, סיכומים)
5	4	3	2	1	0	13. הקשר המצומצם עם ההורים
5	4	3	2	1	0	14. האכלה לילדים שאינם יכולים לאכול בעצמם

5	4	3	2	1	0	15. ביקורים של הצוות הניהולי בבית הספר
5	4	3	2	1	0	16. עמידה בדרישות של אחרים
5	4	3	2	1	0	17. חוסר בידע מקצועי עם התייחסות ספציפית לאוכלוסיות שונות בחינוך המיוחד
5	4	3	2	1	0	18. היעדר ההומוגניות בכיתת החינוך המיוחד
5	4	3	2	1	0	19. האחריות לילד עם הצרכים המיוחדים בזמן פעילויות חוץ בית ספריות
5	4	3	2	1	0	20. היעדר תמיכה מהממונים
5	4	3	2	1	0	21. ההתפתחות החברתית של הילד עם הצרכים המיוחדים
5	4	3	2	1	0	22. תגובה אישית להתנהגות המפריעה של הילד עם הצרכים המיוחדים
5	4	3	2	1	0	23. היעדר תכנית לימודים מותאמת לאוכלוסיות ספציפיות בחינוך המיוחד
5	4	3	2	1	0	24. עמדות/התייחסות/ גישות הוריות כלפיי
5	4	3	2	1	0	25. הקצב האיטי של הלמידה של הילד עם הצרכים המיוחדים
5	4	3	2	1	0	26. הצורך ליישם שינויים הקשורים לגורמי חוץ (רפואיים, משרד החינוך וכד')
5	4	3	2	1	0	27. הזמן המוגבל הזמין לצרכים של כל ילד
5	4	3	2	1	0	28. התעסקות עם צרכים רפואיים של הילד (תרופות, הזנה, שירותים והחלפות, וכד')
5	4	3	2	1	0	29. פגישות תכופות עם הורים
5	4	3	2	1	0	30. הצורך בהשקעת שעות נוספות בבית
5	4	3	2	1	0	31. ידע מוגבל לגבי תנאים מקדימים ליצירת התערבויות מוצלחות עם ילדים בחינוך המיוחד

5	4	3	2	1	0	32. יישום של פעולות העשרה בתוכנית הלימודים
5	4	3	2	1	0	33. הדרישות להשגחה מתמדת וחשש לשלומן של הילד עם הצרכים המיוחדים
5	4	3	2	1	0	34. קשר עם עמיתים לעבודה
5	4	3	2	1	0	35. ההתפתחות האקדמית של הילד עם הצרכים המיוחדים
5	4	3	2	1	0	36. קושי לשמר קשר אישי עם כל ילד בנפרד
5	4	3	2	1	0	37. יישום התוכנית למוכנות תעסוקתית בתוכנית הלימודים
5	4	3	2	1	0	38. ציפיות הוריות
5	4	3	2	1	0	39. היעדר ההכרה בעבודה שלי
5	4	3	2	1	0	40. יותר מדי בירוקרטיה
5	4	3	2	1	0	41. איסוף מידע על הילד עם הצרכים המיוחדים
5	4	3	2	1	0	42. פיתוח של תכניות לקידום תפקוד עצמאי (שירותים, מטבח וכד')
5	4	3	2	1	0	43. שיתוף פעולה עם אנשי מקצוע מהקהילה (רופאים, פיזיותרפיסטים, ביטוח לאומי וכד')
5	4	3	2	1	0	44. הצורך להראות התקדמות או הישגים
5	4	3	2	1	0	45. חוסר בהירות לגבי טווח הטעויות העשויות להשפיע באופן שלילי על הילד עם הצרכים המיוחדים
5	4	3	2	1	0	46. דרישות תוכנית הלימודים האישית (תל"א)
5	4	3	2	1	0	47. חשש מהתדרדרות במצבו הרפואי של הילד עם הצרכים המיוחדים
5	4	3	2	1	0	48. אי היכולת להשתתף בקבלת החלטות מסוימות לגבי הילד עם הצרכים המיוחדים
5	4	3	2	1	0	49. קשרים בין קבוצתיים בין עמיתים לעבודה

50.	הדרך בה חיי האישיים משפיעים על עבודתי	0	1	2	3	4	5
51.	יישום כישורי הלמידה הבסיסיים	0	1	2	3	4	5
52.	היישום האיטי של ילד עם צרכים מיוחדים את חומר הלימוד	0	1	2	3	4	5
53.	קשר עם ההורים	0	1	2	3	4	5
54.	קבלת החלטות מתמשכת במהלך שיעור	0	1	2	3	4	5
55.	הקושי בהתמודדות עם בעיות התנהגות בילדים עם צרכים מיוחדים	0	1	2	3	4	5
56.	לימוד מותאם אישית	0	1	2	3	4	5
57.	הכנה של הילדים לקראת יציאה הביתה וחלוקה להסעות בסוף יום	0	1	2	3	4	5
58.	מספר ילדים בכיתה	0	1	2	3	4	5
59.	האישיות של הילד עם הצרכים המיוחדים	0	1	2	3	4	5
60.	תשתית בית הספר	0	1	2	3	4	5
61.	הדרישה להשתתף בהשתלמויות של החינוך המיוחד	0	1	2	3	4	5
62.	הערכה של ביצועי עבודה על ידי אחרים	0	1	2	3	4	5
63.	חשש מטעות שתפגע במתן מענה הולם לצרכיהם המיוחדים של הילדים	0	1	2	3	4	5
64.	דרישות הנובעות מריבוי תפקידים בבית הספר	0	1	2	3	4	5
65.	טיפול בבעיות חריגות/ בעיות בריאות/ מצבים חריגים	0	1	2	3	4	5
66.	הדרך בה עבודתי משפיעה על חיי האישיים	0	1	2	3	4	5
67.	שיתוף פעולה עם אנשי מקצוע מסקטורים אחרים (תרפיסטים, מרפאים בעיסוק, פיזיותרפיסטים...)	0	1	2	3	4	5

5	4	3	2	1	0	68. כאשר הילד עם הצרכים המיוחדים לא מראה סימני התקדמות
5	4	3	2	1	0	69. יישום החלקים הדידקטיים בתוכנית הלימודים
5	4	3	2	1	0	70. ההכנה של תוכנית הלימודים האישית (תל"א)
5	4	3	2	1	0	71. ההתאמה לעבודה עם ילדים עם יכולות שונות בתפקוד במסגרת החינוך המיוחד

Appendix A.4: ProQOL- Professional Quality of Life Questionnaire

(Professional Quality of Life Questionnaire)

טפול באחרים נורמת לך להיות במגע ישיר עם החיים של אחרים. כפי שבוודאי כבר התנסית, לחסלה שלך לגבי אלה שאיתה מטפל להם, יש אספקטים שליליים וחיוניים. אנחנו מבקשים לשאול אותך לגבי החוויות שלך, חיוביות ושליליות, כמטפל באחרים. בהן כל אחת מהשאלות הבאות לגביך ולגבי מצבך הנוכחי. בחר במספר שמציין באופן המדויק ביותר את מספר הפעמים בהן הייתה קביעה זו נכונה לגביך בשבועה האחרון.

לעתים קרובות מאוד	לעתים קרובות	לעתים	מספר פעמים	מעט	אף פעם	
5	4	3	2	1	0	1. אני שמחה.
5	4	3	2	1	0	2. אני סתודת/ה במחשבות על אנשים להם אני עוזרת/ת.
5	4	3	2	1	0	3. אני מוצאת/ת סיפוק מיכולתי לעזור לאנשים.
5	4	3	2	1	0	4. אני מרגישה/ה קשורה/ה לאחרים.
5	4	3	2	1	0	5. אני קופצת/ת או נבהלת/ת כתוצאה מרגישות בלתי צפויות.
5	4	3	2	1	0	6. אני חשה/ה מלאה/ת אחר שאני עוסקת/ת בעזרה לאחרים.
5	4	3	2	1	0	7. קשה לי לעשות הפרדה בין חיי הפרטים לחיי בעודך לאחרים.
5	4	3	2	1	0	8. האינרונים הטראומטיים שחוו אנשים להם עזרת, מדיירים שיה מענייני.
5	4	3	2	1	0	9. אני חושבת/ת שיתכן ו"נדבקתי" מהלחץ הטראומטי של אלו בהם אני מטפלת.
5	4	3	2	1	0	10. אני חשה/ה "תקועה/ה" בעבודתי בעזרת/ת לאנשים.
5	4	3	2	1	0	11. בשל עבודתי בעזרת/ת לאנשים, אני מרגישה/ה "על הקצה" קבלי דברים שונים.
5	4	3	2	1	0	12. אני אורבת/ת את עבודתי בעזרת/ת לאנשים.
5	4	3	2	1	0	13. אני מרגישה/ה מדוכא/ת כתוצאה מעבודתי בעזרת/ת לאנשים.
5	4	3	2	1	0	14. אני חשה/ה כאילו אני חווה את הטראומות של אנשים להם עזרת/ת.
5	4	3	2	1	0	15. יש לי אמונות המוזיקות אותי.
5	4	3	2	1	0	16. אני מרצה/ת סמליות העדכון שלי בטכניקות ובשיטות עזרה לאנשים.
5	4	3	2	1	0	17. אני האדם שתמיד רציתי להיות.
5	4	3	2	1	0	18. עבודתי נורמת לי סיפוק.
5	4	3	2	1	0	19. אני מרגישה/ה מותש/ת בשל עבודתי בעזרת/ת לאנשים.
5	4	3	2	1	0	20. יש לי מחשבות רגשות חיוביים לגבי אלו שאני עוזרת/ת להם ולגבי הדרכים בהם אני מסייעת/ת להם.
5	4	3	2	1	0	21. אני חשה/ה מוצפת/ת מסמכות והיקף העבודה, עמה אני נדרשת להתמודד.
5	4	3	2	1	0	22. אני מאמינה/ה כי אני יכולה לחולל שינוי תודות לעבודתי בעזרה לאנשים.
5	4	3	2	1	0	23. אני נמנעת/ת מפעילויות או מצבים מסוימים כי הם מוזכרים לי חוויות מפחידות של האנשים להם אני עוזרת/ת.
5	4	3	2	1	0	24. אני מתכננת/ת לעסוק בעזרה לאנשים זמן ממושך.
5	4	3	2	1	0	25. אני נתקנת/ת במחשבות מפחידות פתאומיות, שעולות ונצות כתוצאה מעבודתי בעזרת/ת לאנשים.
5	4	3	2	1	0	26. אני מרגישה/ה "תקועה/ה" בגלל המערכת.

1

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<http://www.im.edu/~bhstamm>

5	4	3	2	1	0	27. אני חשה שאני מצליחה בתפקידי בעוזר לאנשים.
5	4	3	2	1	0	28. אני לא זוכרת חלקים חשובים של נעבודתי עם נפגעי טראומה.
5	4	3	2	1	0	29. אני אדם רגיש יותר על המידה.
5	4	3	2	1	0	30. אני שמחה שבחרתי לעסוק בעבודה זו.

Appendix A.5: PSCNI - The Professional Self-Concept of Nurses

Instrument

הערכת דימוי עצמי מקצועי (מבוסס על PSCNI)

אנא קרא/י את המשפטים הבאים וציין/י עד כמה את/ה מסכימים איתם:

	1	2	3	4	
לא מסכים					מסכים
מסכים					לא מסכים
1. יכולת קבלת החלטות הינה אחת מהמעלות שלי	1	2	3	4	מסכים
2. קומפטנטיות (יכולת/כשירות) היא היכולת הנראית ליישום מוצלח של ידע וכישורים בביצוע מטלות מורכבות. אני איש צוות קומפטנטי.	1	2	3	4	מסכים
3. אני מנהיג קומפטנטי	1	2	3	4	מסכים
4. כשמאמתים אותי עם בעיות בתחום המקצוע שלי, היצירתיות שלי עוזרת לי לפתור אותן.	1	2	3	4	מסכים
5. קומפטנטיות (יכולת/כשירות) היא אחת מהמעלות שלי.	1	2	3	4	מסכים
6. אני תופס מהר בעיות מהותיות בתחום אחריותי, מזהה פתרונות חלופיים ובוחר את הפתרון המתאים ביותר	1	2	3	4	מסכים
7. כמכלול אני מסופק מהגישה היצירתית שלי לעבודתי	1	2	3	4	מסכים
8. אני גאה בעצמי על יכולתי המקצועיות	1	2	3	4	מסכים
9. כשאני האדם האחראי, אנשים עובדים באופן יעיל	1	2	3	4	מסכים
10. אני מאמין שגמישות היא אחת מהמעלות שלי	1	2	3	4	מסכים
11. אני בדרך כלל מציג כישורים טובים כמו הקולגות שלי	1	2	3	4	מסכים
12. אני מעדיף לא לקבל אחריות של הנהגה	1	2	3	4	מסכים
13. רוב הקולגות שלי נראים מוכנים (או נענים) לעבוד איתי כמנהיג	1	2	3	4	מסכים
14. הגישה הגמישה שלי מיטיבה/ מסייעת עם הילדים	1	2	3	4	מסכים
15. גמישות עוזרת לפתור בעיות בתחום המקצוע שלי	1	2	3	4	מסכים
16. כשאני בעבודה והמצב מצריך זאת, אני מסוגל לחשוב על חלופות/אלטרנטיבות	1	2	3	4	מסכים
17. אני מתחרט שבחרתי במקצוע שלי	1	2	3	4	מסכים

4	3	2	1	18. המקצוע שלי פחות מספק מאשר ששיערתי
4	3	2	1	19. אני מרגיש לכוד במקצוע שלי
4	3	2	1	20. אני חושב שאני אמשיך במקצוע שלי בעתיד
4	3	2	1	21. המקצוע שלי הוא קריירה מתגמלת
4	3	2	1	22. אני בדרך כלל מצפה/ללכת לעבודה
4	3	2	1	23. עבודה במקצוע שלי היא לרוב תואמת את מה שציפיתי שתהיה לפני שהתחלתי לעסוק בזה
4	3	2	1	24. אני מרגיש נוח יותר לא להתקרב רגשית לאנשים עימם אני עובד
4	3	2	1	25. אני מעדיף שיהיה מרחק ביני ובין הילדים עימם אני עובד
4	3	2	1	26. אני חושב שחשוב לשתף רגשות עם הילדים עימם אני עובד
4	3	2	1	27. אני לא מאמין שאני אמפתי במיוחד

תקציר

הספרות מספקת תמיכה לכך ששותפות בין בית הספר להורים חשובה וחיונית לרווחתם של התלמידים, במיוחד במערכת החינוך המיוחד. לצד זה, ישנם אתגרים רבים ביצירת שותפות זו, בנוסף למורכבות שמערכת החינוך המיוחד נמצאת בתווך בין מערכת הבריאות למערכת החינוך. מחקרים רבים עסקו בנושא זה, אך אף אחד מהם לא התמקד בנקודת המבט של הצוות המקצועי, במיוחד לאור התפקיד המרכזי שניתן להם בגיוס ובהנהגת שיתוף הפעולה הזה. המחקר הנוכחי התמקד בנקודת המבט החסרה של צוות החינוך המיוחד בפרדיגמת השותפות, ובחן את הגורמים המגנים וגורמי הסיכון שעשויים להשפיע על שותפות זו. ביתר דיוק, המחקר הנוכחי כיוון לבחון: (1) כיצד הצוות המקצועי תופס את השותפות עם הורים? (2) מה הקשר בין מדדי הסטרס של הצוות המקצועי לבין תפיסת מידת השותפות? (3) מהם הגורמים האישיים המתווכים את האפקט של הסטרס על תפיסת השותפות? (4) כיצד אקלים ומאפייני בית הספר קשורים למדדי הסטרס ולתפיסת השותפות? המשתתפים הם אנשי מקצוע בחינוך המיוחד משלושה בתי הספר (כ-120 אנשים) מסקטורים רבים (מורים, פיזיותרפיסטים, קלינאיות תקשורת, מרפאים בעיסוק, תרפיסטים, עובדים סוציאליים, יועצים, סייעות). כל בתי הספר שנבחרו שייכים למערך החינוך המיוחד המורכב הכוללים לקויות מוטוריות, לקויות קוגניטיביות או שניהם. המשתתפים מילאו מספר שאלונים על מנת להעריך את תפיסתם על השותפות עם הורים, כמו כן את רמת המתח הקשורה לעבודה, המאפיינים של האקלים הבית ספרי והמאפיינים הספציפיים של הצוות. על מנת לבחון את השערות המחקר, המידע נותח במספר צעדים וניתוחים סטטיסטיים הכוללים שונות, קורלציות ורגרסיה. ממצאי המחקר העלו כי אקלים בית ספרי קשור למדדי סטרס ולדימוי עצמי מקצועי. כמו כן, נמצא כי סוג בית הספר ואקלים בית ספרי קשורים לדרך בה הצוות המקצועי תופס את השותפות עם הורים. בנוסף, גורמים אישיים, בדגש על עייפות חמלתית (CF) וסיפוק חמלתי (CS), נמצאו קשורים באופן ישיר למדדי הסטרס ולתפיסת השותפות ואף מיתנו את הקשר בין סטרס לתפיסת השותפות. תוצאות המחקר מייצרות הבנה טובה יותר של תפקיד הצוות המקצועי, ההקשרים בהם הם עובדים והגורמים המשפיעים עליהם. אלו יסייעו לנו לספק את התמיכה לה הם זקוקים ולמנוע את נטישת המקצוע, שמתרחשת בשנים האחרונות. בנוסף, המחקר שלנו מסביר את הגורמים אשר עשויים להשפיע על המימד 'מתן מידע כללי' (PGI) בתוך שאלון MPOC, אשר דורג נמוך ביותר לאורך השנים ונמצא משמעותי בשותפות בין נותני שירות להורים. הבנת הגורמים המשפיעים עליו עשויים לעזור לנו בשדה הקליני לדייק ולשפר את מדד זה ולייצר

תקשורת טובה יותר בין משפחות ונותני שירות. כמו כן, ממצאי המחקר תומכים בצורך לפיתוח התערבויות ממוקדות להפחתת עייפות חמלתית (CF) והגברת מוטיבציה ורגשות חברתיים אדפטיביים, לימוד מנגנוני התמודדות וחוסן לצד מודעות לדאגה עצמית. כל אלו חשובים במיוחד לצוותי חינוך מיוחד ואנשים העובדים במקצועות העזרה ו/או במקצועות רווי סטריס באופן כללי. הגברת החוסן, מנגנוני ההתמודדות ודאגה עצמית יסייעו להם להוביל תקשורת חיובית בשותפות עם הורים, תוך שמירה עצמית והישארות במקצוע.

תוכן עניינים

I	תקציר אנגלית
1	נקודת המבט האישית שלי: מבוא
3	רקע
3	שותפות בין הורים למורים
4	שותפות בית ספר-הורים בחינוך המיוחד
5	שותפות בית ספר-הורים: מודלים לעבודה
7	אתגרים בשותפות
10	התפקיד המרכזי של בעלי מקצוע בבית הספר בתהליך השותפות
14	המחקר הנוכחי
15	מודל המחקר
16	השערות
18	שיטה
18	משתתפים
18	שיטות והליכים
19	מדדים
24	ניתוח סטטיסטי
25	ממצאים
25	סטטיסטיקה תיאורית וניתוח מקדים
27	בחינת ההשערות
40	דיון
41	מאפייני בית ספר, אקלים בית ספרי ומתח הקשור לעבודה

43	מתח הקשור לעבודה ותפיסת השותפות
44	מאפייני בית ספר, אקלים בית ספרי ותפיסת השותפות
46	מאפיינים אישיים, מתח הקשור לעבודה ותפיסת השותפות
48	מאפיינים אישיים מתווכים בין מתח הקשור לעבודה ותפיסת השותפות
50	מאפייני בית ספר ותפיסת השותפות דרך מתח הקשור לעבודה
51	אקלים בית ספרי ותפיסת השותפות דרך מתח הקשור לעבודה
52	מאפיינים אישיים ותפיסת השותפות דרך מתח הקשור לעבודה
52	השלכות קליניות
54	מגבלות המחקר
55	מחקר עתידי
56	רשימת מקורות
64	נספחים
64	נספח א1 : פרוטוקול ווסטווד לראיון עם מחנכים ומנהלה
66	נספח א2 : מדד תהליך טיפול עבור ספקי שירות (MPOC-SP)
71	נספח א3 : מדדי סטרס בחינוך המיוחד (SESSI)
76	נספח א4 : שאלון איכות חיים מקצועיים (ProQOL)
78	נספח א5 : כלי דימוי עצמי מקצועי לאחיות (PSCNI)
א	תקציר עברית

עבודה זו נעשתה בהדרכתם של פרופ' אורי רסובסקי וד"ר תמר זילברג

מן המחלקה לפסיכולוגיה

של אוניברסיטת בר-אילן.

"נדרש כפר שלם לגדל ילד"

מיקוד בצוות: תפיסת צוות חינוך מיוחד את השותפות עם הורים

חיבור לשם קבלת התואר "דוקטור לפילוסופיה"

מאת:

דנה טל יעקובי

המחלקה לפסיכולוגיה

הוגש לסנט של אוניברסיטת בר-אילן

אב, תשפ"ב

רמת גן

"נדרש כפר שלם לגדל ילד"

מיקוד בצוות: תפיסת צוות חינוך מיוחד את השותפות עם הורים

חיבור לשם קבלת התואר "דוקטור לפילוסופיה"

מאת:

דנה טל יעקובי

המחלקה לפסיכולוגיה

הוגש לסנט של אוניברסיטת בר-אילן

אב, תשפ"ב

רמת גן