

The Impact of External Factors on the Lived Experience of Teacher Residents

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A Capstone Project

Presented to

The Faculty of the Fred S. Klipsch Educators College

Marian University

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In Partial Fulfillment

of the Requirements for the Degree

Doctor of Education in Organizational Leadership

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By

Karen Wright, Ed.D.

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## **Abstract**

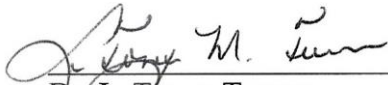
Teacher residency programs were designed to fill the space of teacher shortages, by placing highly trained novice teachers into school buildings to complete a yearlong assignment. The impact of teacher residencies is dependent on their ability to decrease teacher shortages, meet the needs of partner schools while increasing the supply of high-quality K-12 educators (Berry et al., 2008). This study used a mixed methodology to investigate the lived experiences of teacher residents and the impact of external factors such as mental health challenges, mentor teachers, and stakeholder expectations when determining program effectiveness. This action research paper shares the lived experience of seven teacher residents as they engaged in their first semester of the residency experience at an Indiana liberal arts university. Data was collected and analyzed via interviews and the Maslach Burnout Inventory in order to understand the threshold of burnout, impact of the interventions designed, and improve the lived experience of residents while decreasing the likelihood of burnout.

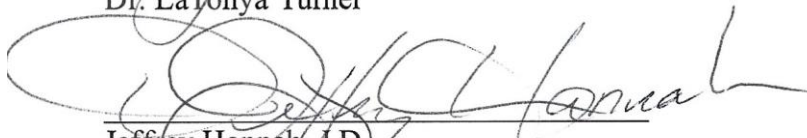
*Keywords:* clinical faculty, mentor teacher, residency program, teacher residents


Fred S. Klipsch Educators College  
Marian University  
Indianapolis, Indiana

APPROVAL OF THE CAPSTONE PROJECT

This capstone project, "The Impact of External Factors on the Lived Experience of Teacher Residents," has been approved by the Graduate Faculty of the Fred S. Klipsch Educators College in partial fulfillment of the requirements for the degree of Doctor of Education.

  
\_\_\_\_\_  
Dr. LaTonya Turner

  
\_\_\_\_\_  
Jeffrey Hannah, J.D.

  
\_\_\_\_\_  
Dr. Jeffery D. Kaufman

4/11/2023 Date

## Dedication

I dedicate this capstone to my maternal grandmother, Ernestine Williams. Because of the woman you were, I am able to stand with confidence, walk with purpose, speak in moderation, and seek to model a life lived according to God's will.

## Acknowledgement

I would first like to acknowledge my mother and father, Pauline and Robert Turner for being a constant source of love and support. To my father for being the first man who truly loved me, and my mother for being fearless in her role of teaching me how to be and why I am an amazing strong black woman.

Secondly, I must acknowledge my husband Charles Wright, II for being my greatest cheerleader, best friend, and safe space. Without you, this would have been unsurmountable.

I also acknowledge my beautiful daughters, Jaila and Hannah for bringing new meaning to my life, laughter in the home, and pride as I watch you develop into intelligent, strong, and compassionate women. I hope that you are as proud of me, as I am of you.

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## STUDY DESCRIPTION

### **Introduction**

Teacher shortage and low retention related issues are impacting educational systems across the nation (Center for Educator Recruitment, Retention & Advancement, 2021). A need to equip prospective educators with the tools to endure the storm, accompanied with the need to provide educators with the strategies and sensitivities to meet the academic and social emotional needs of students, could be seen as a growing focus for university educator preparation programs and school partners. Teacher retention is a national challenge. Schools are seeing staffing shortages due to educators leaving the profession, a decline in the number of applicants, and challenges in retaining licensed educators (Garcia & Weiss, 2020). Although veteran teachers make up a great deal of the educator workforce in the United States, the largest percentage of educators leaving the profession are novice teachers (Seelig & McCabe, 2021). More than 44% of teachers leave the profession within the first five years (Ingersoll et al., 2018). As school districts experienced increased teacher shortages, substitute pools diminishing, and an on-going sense of anxiety amongst school personnel on both the district and local levels, the search as to how to adequately prepare, promote, and support new cohorts of educators led to a deeper look into how to sustain urban teacher residencies (Berry et al., 2008). The innovative design of urban teacher residencies centers around the best practices in recruitment, program participant selection, preparation, placement, and induction. The sound of the alarm to develop the classroom response teams, the first responders, and on

the ground academic tactical teams, forced a closer look at the teacher residency experience at an Indiana liberal arts university.

This research took place in Indianapolis, Indiana at a faith-based institution that seeks to take on the charge of training educators diverse in field experiences and equipped with the knowledge and practices to make a difference. Graduates from the educator preparation program completed a minimum of 200 to 300 field hours with a variety of school settings and populations. The school partner portfolio included Catholic schools, public school corporations, and public charter schools. Education candidates served in urban, suburban, and high need areas. The program was built on the cornerstone of Franciscan values, which foster the recognition of the dignity of every individual, a commitment to peace and justice, and understanding of the need and responsibility to work towards reconciliation and stewardship.

In 2020, after a year of program development with key school districts and the National Institute for Excellence in Teaching (NIET), the Marian Promise was executed. The promise centered around four critical objectives:

- 1.) Build coherence between systems and structures for support for new teachers at the university, school, and district levels.
- 2.) Recruit and select high-quality residency candidates and mentor teachers of diverse backgrounds to strengthen the pipeline of effective teachers, including those with a concentration in STEM, in partnering high-need LEAs.
- 3.) Build the capacity of resident teachers and mentor teachers during the residency period to support the development of effective educators in high-need schools, and
- 4.) Build the capacity of new teachers and

mentor teachers during a two-year long induction period to support instructional excellence, retention, and student achievement in high-need schools (PR/Award # U336S190002 from the Department of Education).

There were three teacher residents in the academic program year 2020-2021 working with a mentor teacher, enrolled in graduate courses to secure their master's degree, living off a stipend, and fully engaged in their assigned school community for an academic calendar year. These residents agreed to a one-year commitment as a teacher resident at a designated partner school. There were sixteen teacher residents in academic program year 2021-2022, and twenty-two teacher residents for academic program year 2022-2023.

In the review and preliminary analysis of anecdotal data, there appeared to be a relationship between the lived experiences of each individual resident and their assessment of the program effectiveness and their willingness to remain in the field of education. To continue to grow and improve the residency program, time was invested in better understanding the lived experiences of the residents. Residents shared their struggles with mental health access, the importance of the mentor role in creating a climate in which they felt supported and respected, and the additional stress of attempting to meet the expectations of building administrators while holding firmly to what the resident believed was expected. The interest in program growth and improvement became the catalyst to engaging in a process of program reflection and by extension, the focus of this study.

## **Problem Statement**

Retention rates during the early years of teaching are decreasing, meanwhile teacher retirement rates are increasing (Center for Educator Recruitment, Retention & Advancement, 2021). In some California districts the effort to address low teacher retention and the teacher shortage resulted in attempting to meet the staffing needs with substitutes and teachers who have not completed a teacher preparation program (Hirschboeck et al., 2022). Therefore, the challenge was to provide aspiring educators with a teacher residency experience that prepares and develops residents to be effective in the classroom and remain in education upon residency completion. This required a deeper analysis of the resident experience and program design in meeting this goal. When implemented well, residencies can produce positive outcomes that support the training of better prepared educators, increase of teacher retention, and establishment of a teacher pipeline (Hirschboeck et al., 2022).

During the 2021-2022 academic calendar year, concerns began to surface in the form of program feedback, emails, meeting dialogue, and teacher resident responses, indicating a possible misalignment of the program design for the resident experience and the reported lived experience of the resident. As a result of the data, concerns voiced, and short stories shared, it became evident that a deeper dive into the resident experience was needed. Through analysis of the data and pre-diagnostic work, common themes were able to be identified in program surveys, emails, resident discussions, and forums.

One common theme was that the lived experience of the residents was stressed due to the expectations of the building administrators and district personnel. This brought into

question whether the issue was related to the performance of the teacher resident or the unrealistic or undisclosed expectations on the teacher resident's abilities. Challenges in aligning program roles and expectations of the educator preparation program with the expectations of the partnering schools or districts could affect the experience of the residents. In some cases, the residents were seen as employees positioned to learn from the experiences and expertise provided by the mentor teacher. In other cases, the resident was seen as a teacher assistant and unfortunately utilized to fill in scheduling gaps or unexpected building staffing needs. Finally, teacher residents were received, just as the program expected and hoped, as novice teachers, positioned in their buildings to grow professionally, and be a positive addition to the building climate and culture, while utilizing effective teaching strategies to meet the needs of the students. Varied stakeholder interpretations produced varied teacher resident lived experiences.

The ability to build positive relationships with mentor teachers was a second theme that surfaced in the diagnostic work. The mentor theme surfaced in two forms. The first was the challenge or success in building a positive relationship with the assigned mentor teacher. The second was the level of accessibility and support available and given by the mentor teacher. The perceived quality of the mentor relationship and the level of accessibility of the mentor, in some cases determined the positive or negative evaluation of the resident experience. It became clear in the conversations and feedback given that the mentor played a critical role in not only how residents experienced the residency, but also how they evaluated their own personal and professional abilities. This interpretation of

their ability also dictated how they showed up in the classroom and their willingness to take initiative, think outside of the box, and make mistakes.

The third theme was the challenge in accessing mental health supports. Multiple residents shared the unexpected emotional toll they experienced based on the stressors of the job in meeting both the academic and social emotional needs of their students. In some cases, residents shared that before the residency they were able to access mental health support services through the university, but this was no longer available to them because they were in their school placements during the mental health support hours. This highlighted yet another external factor that could directly impact the resident experience and the perspective on continuing in education.

Teacher residency is more than a commitment to a yearlong placement. It can also be an opportunity to develop as an educator and build a professional network, while meeting the staffing and student needs of a school or district. The idea of being able to simply build positive student-teacher relationships does not equate to effective teaching (Gillen, 2021). The journey is much more complex. For teacher residents to see or reach the professional status that they so earnestly seek and hope to accomplish, the experience should align with the established expectations. Although this may create a general focus, it does not consider the individual struggles, successes, or experiences of the residents impacted by the role of the mentor teacher, mental health challenges, professional stressors, and external influences.

To understand the experience, this research study sought to gain an understanding of the unique role external factors play for individual residents. Not only was there

motivation to explore these areas, but there was also a benefit in diving deeper into understanding the prevalence, spaces for proactive programming, and trends. This presented two research questions for discovery: 1.) How do the external factors associated with a teacher residency impact the lived experience of the teacher resident? and 2.) What interventions can be utilized to enhance the lived experience of the teacher resident to increase the likelihood of teacher retention and program satisfaction?

The purpose of this mixed methods, action research study was to understand and use the lived experiences of teacher residents in the residency program to identify key interventions to try and enhance their experiences. These enhancements were believed to be able to lead to an increase in the likelihood of teacher retention and program satisfaction. Understanding the resident experience could assist in improving residency programs to not only better support teacher residents, but also create an awareness of key external factors that impact the day-to-day engagement of teacher residents with students, colleagues, faculty, and their graduate coursework. Through interviews teacher residents were given an opportunity to share their experiences and give voice to their challenges and successes. Utilizing the qualitative research strategy provided data that could be employed to transform the residency program and ignite discussions surrounding the impact of external factors on teacher residents and the connection to teacher retention and program effectiveness in educator preparation programs nation-wide.

Exploring the resident experience and the impact on teacher retention was important to understand the issues that hinder recruitment, educator development,



and retention, leading to the designing of policies and programming that address the issues presented (D'Amico et al., 2022). Analyzing teacher residency through the lived experience of the resident to increase teacher retention and overall program satisfaction could benefit both the resident and established school partners.

According to Hirschboeck et al. (2022), effectively implemented residency programs can facilitate positive outcomes for school partner Local Education Agencies by supplying well-trained educators and creating a ready hire teacher pipeline.

Considering the current teacher shortage and decreased teacher retention rates, teacher residency programs have not only grown in popularity, but are seen as an effective strategy in both recruiting and retaining educators in rural and urban areas (Guha et al., 2017).

## LITERATURE REVIEW

The lived experience of residents was critical in assessing the effectiveness of any teacher residency program. Researchers have looked at the lived experience from the investigative lens of program effectiveness, lessons learned, development of teacher identity, and first year challenges. Through this research the goal was to discover the impact of the lived experience in relation to program development and improvement. By researching this phenomenon, the goal was to gain information that can be used to proactively address external factors that are having internal consequences. To begin this discovery, research was collected on the lived experience and the impact of the external factors associated with the experience. An understanding of this phenomenon could be beneficial in creating a collaborative narrative that supports the teacher residents versus shattering their self-perceptions and adversely affecting the ability to retain the preservice educators in both the classroom and field.

### **Impact of Residency Programming & Resident Experiences**

The exploration of teacher resident experiences and teacher retention is not a recent investigation (Gillham et al., 2016), but one that is necessary when exploring program effectiveness and success. Omission of how the teacher resident experiences the program, could yield favorable program results, but fail to paint an accurate picture of the overall success of the program. As an example, the Ohio Resident Educator Program was found to be successful in preparing educators, yet the participants in the program did not

consider their participation in the program to promote retention, which was one of the program goals (Gillham et al., 2016). The data collected showed that the teacher residents saw the experience as another layer of stress. This information provided a lens in which to examine the program, which could have been missed had the lived experiences of the participants been excluded. Based on this research one could conclude that program effectiveness cannot be limited to program results but must also include the experiences of the participants when obtaining said results.

Meeting the goal of the program design or obtaining the expected technical result in and of itself does not equate program effectiveness. California districts struggled to fill teacher vacancies due to an increase of retirements and resignations (Carver-Thomas et al., 2022) leading to the implementation of a residency program in which districts were able to successfully fill vacancies, but were unable to impact teacher retention, without additional adaptive program measures. The trend of increased vacancies and a limited supply of educators created a need to conduct a study on alternative staffing. Through the study it was confirmed that the utilization of teacher residency programs proved to be a viable way to reduce the impact of the staffing shortage (Carver-Thomas et al., 2022). The study included seventeen districts, eight of which were identified as the largest in the state. The programs consisted of a one-year residency, with a mentor teacher and financial stipend. In other situations, the California residency program required teacher residents receive an additional two years of mentoring and a stipend with tuition assistance in exchange for teaching in a high need subject and location for 3-4 years upon their residency completion (Carver-Thomas et al., 2022). Understanding the need to not

only provide teacher residents but also retain them, California also focused their attention on how to enhance the experience of residents to promote retention. California added additional staff to support teachers and teaching conditions in order to promote retention. The addition of counselors, smaller class sizes, and hiring of full-time distance learning staff, all played a role in increasing retention rates (Carver-Thomas et al., 2022). California acknowledged that providing a teacher residency program was not enough to ensure retention and recognized that by partnering the program with other benefits that enhanced the lived experience of the residents, there was an increase in the likelihood of retention.

Additional research was completed by West Ed and the California Commission on Teaching Credentialing to review the California Teacher Residency Grant Program and determine if the experiences of residents differed based on their subgroup (Hirschboeck et al., 2022). Although the collected survey data of residents, mentors, program leads, and partnership team members resulted in positive findings on the working relationship between mentors, the experienced challenges affected the overall experience of the resident. Many of the residents experienced financial challenges and over half were unable to pay their monthly bills. Through the administration of a spring 2021 resident survey, in which 75 percent of African Americans reported challenges in paying school expenses and more than 90 percent reported challenges in paying bills, it was determined that the resident experience posed a threat to the overall program ability to increase residents of color due to the disproportionate impact (Hirschboeck et al.,

2022). The program design restricted the program effectiveness, due to the impact on the resident experience.

Across the nation, various educator preparation programs are attempting to address the staffing shortages in K-12 education settings (Prepared to Teach, 2022). Multiple programs were highlighted in Alaska, California, Colorado, New Jersey, New Mexico, New York, South Carolina, Virginia, and Washington. Although there are some commonalities among program design, there are also some contrasts in the duration of the residency, the target licensing, days of co-teaching per week, and stipend amount. With each program, there was also a note of changes made or new focal points designed to improve the experience of the resident. Below are some of the program elements addressed:

- Adjusting course content and assignments to meet the needs of the resident.
- Financial support and tuition assistance to mitigate the financial burden on the resident.
- Opportunities to substitute in their assigned district or partner school to offset the financial burden on the resident.
- Developing mutually beneficial relationships with a clear understanding of the program goals and expectations to better support the resident.

The findings suggest that program design, and implementation, regarding how they impact or benefit the resident, can be important considerations in evaluating the program's ability to affect resident retention and overall program effectiveness in meeting the identified goals.

### **Impact of Mentor Teachers on the Residency Experience**

The lived experience of a teacher resident includes the impact of the role of the mentor teacher. The mentor teacher plays an essential role in both the development of the teacher resident's educator identity and instructional practices. Although mentor teachers are based in the assigned classroom of the teacher resident and/or school building, mentoring can be delivered in multiple formats outside of the classroom. Expert or skilled mentoring by university faculty and/or peer mentoring by a cohort member also going through the residency program assist in creating a student environment conducive to learning, facilitating a positive school climate, and the engagement of residents in their school system (Leon, 2014). Beyond the assignment of university faculty, resident mentors can also be building instructional coaches, lead teachers, and those deemed highly effective by building administrators and/or district human resources personnel.

Skilled mentors create an environment that promotes the development of a positive teacher identity, thereby increasing the probability of retention (Walkington, 2005). Having a positive teacher identity facilitates a positive perception of professional effectiveness and membership. Identity development of new teachers is directly impacted by individuals involved in the teacher preparation program, such as mentor teachers, fellow colleagues, students and their families, as well as the overall school community (Gatti, 2019; Izadinia, 2015; Johnston 2016; McIntyre & Hobson, 2016). Novice educators with a keen sense of teacher identity not only tend to engage in more reflective practices (Ruohotie-Lyhty & Moate, 2016; Yuan & Mak, 2018), but also support higher retention rates, commitment to professional development, and overall teacher

effectiveness (Adnot, Dee, Katz, & Wyckoff, 2017; Izadinia, 2015, McIntyre & Hobson, 2016; Noonan, 2018). Strong teacher identity allows the resident to affirm that teaching is in fact a profession in which they can be successful. Skilled mentors are also critical in the building of self-confidence and instructional competence (Saffold, 2006). In understanding the resident experience, voice must be given to the role and impact of the mentor teacher in this area of building personal confidence and professional effectiveness. Mentor teachers are key stakeholders in the teacher residency program design, and therefore can impact how residents view themselves as educators.

The co-teaching/mentor model was determined to create a safe learning space in which the teacher resident experiences a gradual release and increase of teaching responsibilities (Chu, 2020). Under this mentor model, a sense of legitimacy was experienced when the teacher resident and mentor teacher were presented as equal (Chu, 2020). The danger in this model resided in the ineffective implementation in which the resident feels inferior or inconsequential to the mentor teacher. Creating a balanced space with individuals with unbalanced experiences can be tricky. Chu (2020) recognized the “third space” nestled between real life experiences in the classroom, continued learning through the university curriculum, and the teacher resident’s ability to operate as a professional in the classroom. This “third space” or “sweet spot” can be difficult for a mentor teacher to obtain with a resident, thereby resulting in unintended stress for both parties.

Resignations of novice teachers in many cases can be attributed to challenging classroom experiences that affect their moral compass and classroom effectiveness (Odell

& Huling, 1998). In a North Dakota based program, the lived experience of residents was used to gather information on program impact (Gourneau, 2014). Five key areas of struggle were identified: classroom management/time management, working with parents and families, differentiating instruction, students with difficult behaviors, and assessment of student learning. Although each of the six residents shared the same challenges, they also shared the reality of considering leaving the profession had it not been for the support of the mentor teacher, a key academic stakeholder. “All six resident teachers stated numerous times that without the mentoring support of this program they would have contemplated leaving this profession like so many others” (Gourneau, 2014, p. 301). This study supported the critical role the mentor teacher plays in counteracting the stressors or challenges experienced in the residency placement.

The depth of the relationship experienced by residents and mentors is developed over the yearlong placement and centered on the cornerstone of trust and respect (Berry et al., 2008). The successful development of the relationship and collaborative aspect can produce high-quality educators in high need schools and school districts, yet it does not come without tensions. In analyzing the lived experiences of mentor teachers in the country’s first urban teacher residency program, mentor teachers shared not only the benefits and successes of being a mentor teacher, but also the tensions that developed when hosting a teacher resident (Gardiner, 2011). Some of the tensions presented focused on the responsibility of mentoring and included the draining task of always balancing their needs and the needs of the students, along with the sense of being overwhelmed by always having someone with you to model for and engage in the practice. Other tensions



focused on the students and the ability to establish authentic relationships and sharing their student's instructional time. As a teacher resident, experiencing these tensions may be difficult to process and if processed in a negative light not only can affect the lived experience of the resident, but also their mental health.

### **Impact of Mental Health on the Residency Experience**

The correlation between human service workers and stress in the workplace has been a phenomenon studied for over 40 years (Cherniss, 1980), yet studies related to stress and the workplace for first year educators is a recent area of research focus. To better understand the relationship between an educator's workplace, stress, and burnout, Fimian and Blanton (1987) investigated the professional demands of educators and the pervasiveness or presence of depression. Utilizing the Teacher Stress Inventory and Maslach Burnout Inventory, an analysis was conducted on the influence of identity challenges, lack of control, unmet needs, and minimal administrative and peer support on educator stress and burnout. The research sample included 413 pre-professionals and first year special education educators. The inventories were self-administered and measured the level of anxiety and depression, and the findings reported approximately half of the educators scoring beyond the threshold for depression. Understanding this tendency and natural mental health response to the responsibilities, expectations, and challenges experienced as a first-year teacher required an intentional exploration of the impact on the lived experience of residents who are engaging in their first year of teaching as a resident.

Although the research does not specifically address teacher residents, the role of pre-professionals and first year teachers is remarkably similar. Both groups are being placed in a school building to deliver instruction, engage in the building community, develop professional relationships, and meet the socio-emotional needs of students. Work related stress can infiltrate our personal lives causing our mental health to suffer (Francisco et al., 2022). Understanding the significance the workplace plays in the resident experience and mental health is crucial. Acknowledging that professional and workplace demands have a direct correlation to teacher mental health (Borrelli et al., 2014), creates a responsibility to understand how residents are experiencing their workplaces and furthermore assess whether the resources are available to residents to address seasons of mental health instability. Workplace burnout can result in a feeling of depression or stress related to anxiety and various workplace factors (McLean et al., 2020). The workplace not only refers to the location in which the resident serves, but also the conditions. Acknowledging that the variations in resident experiences in school leadership, personnel, supports, culture and climate, and workplace conditions may be too great of a challenge to address in one study, the focus becomes how to create program adjustments that positively impact the lived resident experience. Therefore, the more logical approach was to address the accessibility and programmatic opportunities to provide mental health support to the resident.

In a longitudinal study with 255 newly assigned female educators, Schonfeld (1991), discovered that educators in the more challenging schools had an increase in depressive symptoms linked to the working conditions. The impact of the working

conditions began shortly after the school year launched. This suggested that to be proactive in minimizing a negative impact on a resident's mental health, resources, strategies, and or check-ins must be established either before or immediately after the commencement of the school year.

Understanding when teacher residents begin to feel challenges related to the workplace or working conditions in their residency, will increase the program efficiency in supporting residents in this delicate space. "Classroom student adversity, material resources, and school climate are three features experienced by all beginning teachers that likely have implications for their mental health and career optimism" (McLean et al., 2020, p.3). The long-term impact of not addressing or planning mental health supports could have a direct consequence on the resident's ability to finish the residency, engage with students, families, mentor teachers, and co-workers, and enter the teaching profession with adequate experience and confidence. Past research has highlighted the importance of teachers' personal perception of their work environment including students, peers, and building administrators (Beltman et al., 2011), and the influence on their willingness and commitment to remain as educators (Darling, 2003; Warner-Griffin, Cunningham, & Noel, 2018). Poor mental health in educators is significantly correlated to workplace demands and minimal support (Borrelli et al., 2014). Understanding how the resident environment may impact their mental health, can help to understand their experience, and develop the necessary proactive interventions (McLean et al., 2020).

A 2020 research study conducted by McLean et al., investigated numerous factors that could impact an educator's mental health and their perception about the profession by utilizing the Jobs Demands-Resources model, an instrument comparing the impact of

job demands and job resources. The study explored first year teacher's self-reported symptoms of depression and anxiety and how they may be affected by classroom demands and resources. A total of 265 seniors were recruited to participate in this longitudinal study from a university teacher preparation program in the Southwestern United States with majors in early childhood, elementary, and special education. Through the study data was collected that was consistent with the Job Demands-Resources model. Job demands surfaced as a predictor of teacher outcomes, while school climate, as a resource, exhibited potential as a protective factor. In broad summary the findings demonstrated that experiences typically endured by beginning educators are likely to impact educator outcomes (Eccles & Roeser, 2010).

## METHODOLOGY

The research design was mixed methods using narrative action research and the collection and analysis of survey data. Utilizing mixed methods increased the ability to gain information on multiple aspects of the research (Maxwell, 2013), the lived experience of residents and the external factors that impact them. The narrative inquiry explored the lived experiences of teacher residents through individual stories (Creswell & Poth, 2018). As a benefit, action research targets specific events or phenomena (in this case the lived experiences of teacher residents), in professional or organizational spaces to discover solutions to improve the organization or program (Bloomberg & Volpe, 2019). According to Bloomberg and Volpe (2019), “Action research studies have direct relevance to improving practice and advocating for change” (p.55). Action research has been used as a tool to explore solutions or answers to program or organization challenges with a systemic process based in data and data analysis. Most importantly, action research engages the program or organizational stakeholders in the problem-solving process, facilitating changes that benefit both parties (Bloomberg & Volpe, 2019). In this research study the use of narrative action research provided critical qualitative data in the authentic lived experience of seven residents, arming the program and key stakeholders with information that can be used to enhance the lived experiences of residents and address possible program deficiencies or opportunities for growth.

Quantitative research was conducted via survey distribution and data analysis. To collect quantitative data, participants received two surveys. Participants received the Maslach Burnout Inventory Educator Survey, (see Appendix A) and a demographic based survey (see Appendix B). The collection of quantitative data provided a space in which to gather measurable data on the authentic lived experience of the resident.

## **Interviews**

Semi-structured interviews and group interviews were conducted. Neutral interview locations and virtual programs were vetted to provide an atmosphere conducive to protecting the confidentiality of the participants and the process. The vetting process included ensuring the meeting location were neutrally accessible. All interviews were facilitated virtually. During the interviews, access was restricted to invited participants, the confidentiality expectation was shared before any discussion took place, and the WebEx meeting room was locked once the interviews began. Both group discussions and 1:1 interviews were video recorded, providing both a visual and audio data sample. Participants received information concerning the study both via email and flyer. Interviews and forum participation dates were established utilizing Calendly, a scheduling tool which allows a level of confidentiality and wide range of day and time choices. Recruitment emails regarding the research study and participant needs were distributed the fourth week of August. All interviews and forums were held in December before the residents went on winter break based on their school's calendar.

Resident interview questions were intentionally designed to eliminate bias and leading, while creating a clearance for participants to dive into their experiences,

thoughts, and processing of their residency exposure as an individual. All questions were open-ended and allowed the participant to share his or her experience without content parameters. Interviews ranged from 35 to 60 minutes.

The resident group interview was limited to groups of three to five to ensure both time and space for the voices and thoughts of each participant. The same target questions (see Appendix C) were utilized for both the individual and group interviews, due to the social nature of the group setting, participants played a role in the direction of the conversation in relation to the residency program. The focus group, or group interview, was approximately 60 minutes in length.

Each session was recorded via WebEx, providing both a visual and audio recording. Audio recordings were transcribed to begin the data analysis process. Participant names were replaced with pseudonyms. Pseudonyms were assigned once the final confirmation of consent had been received and before the recording began. During the group interview all participants who consented and agreed to utilize the pseudonyms given for themselves and the participants, were permitted to continue in the study. Pseudonyms were distributed in personal emails sent directly to the verified email address of the participant.

This research was conducted with a two-point focus. The first focus was to collect data on the individual and unique experiences of the residents. Each resident has an individual story and experiences the residency through their own individual lens. This data was collected using individual interviews and demographic surveys. Qualitative research was beneficial when investigating the unique differences between a participant's

experience and expectations. The insight provided through resident narratives can be used to shape the current residency program and serve as a comparable analysis to the strengths and challenges of others. Individual interviews took place the third week of November 2022 to the first week of December 2022.

The second focus or objective was to collect data in relation to the overall experience of the residents as a group. Data was collected via a group interview. This allowed residents to share their experiences throughout all critical points of programming and offer a perspective that may not be tapped into otherwise. The use of the group interview provided an overall program perspective, using the individual contributions of the group interview members. Calendly was also used to schedule group interviews. Group interviews took place the second week of December 2022.

Qualitative research verifications regarding participant sampling and methodology were conducted. Questions (see Appendix C) in both interview formats were open-ended, thereby avoiding leading questions and giving participants the role of supplying data. All collected data provided through individual and group interviews was analyzed and coded using MAXQDA software and followed the established interview protocol (see Appendix D) using the guidance provided by Jacob and Furgerson (2015). Based on the guidance, the interview protocol included the development and utilization of an opening and closing interview script along with researcher prompts ensuring the verbal collection of confirmed consent in addition to written consent. Interviews were recorded and transcribed.



## **Surveys**

Quantitative data was collected through the administration of a survey. Research participants received the Maslach Burnout Inventory- Educators Survey (MBI-ES), created by Christina Maslach, Susan E. Jackson, and Richard Schwab. The survey addresses three scales, emotional exhaustion, depersonalization, and personal accomplishment (Maslach et al., 1996). Surveys were administered remotely using Mind Garden's Transform systems, at the beginning of the first residency semester, and again at the end of the first residency semester. The beginning of the first residency semester round of surveys were remotely distributed via Mind Garden on September 1, 2022 and all responses were received by September 12, 2022. The end of the first residency semester round of surveys were remotely distributed via Mind Garden on December 13, 2022 and all responses were received by January 17, 2023. Additional demographic survey data was collected in reference to gender, graduate programming options, school placement, ethnicity, and placement site familiarity. Demographic survey data was collected via Google Form and distributed September 1, 2022 and all responses received by September 6, 2022.

## **Participant Selection**

Teacher residents in the 2022-2023 academic year were selected to participate in the research study for the fall semester. Stakeholder sampling was used to obtain feedback from participants who were involved in the full execution of the residency program (Palys, 2008). Prospective participants, members of the 2022-2023 resident cohort, received initial information concerning the resident research study both via email

and flyer in August 2022. A second email was then distributed three days after the initial notification inviting interested parties to attend an informational, to provide an opportunity for prospective participant questions as well as research clarifications. During the informational session, the purpose and methodology of the research was shared, and copies of the consent form (see Appendix E) were also reviewed and distributed to all interested parties via an email attachment. Once individuals expressed interest in participating in the research, a digital version of the consent form was sent to their personal emails for digital signatures. Consent forms were stored digitally in a password locked folder and hard copies were stored in a locked file cabinet, restricted to researcher access only. The participant volunteer window was a total of eight days and closed on August 31, 2022. Upon the window closing seven residents agreed and consented to participate in the research study.

The participant pool represented residents from both elementary and secondary content areas as well as multiple partner school programming (public, public charters, private Catholic). Participants were given the following choices of participation:

- Audio and visually recorded 45-to-60-minute individual interview and/or 60-to-75-minute group interview.
- Required: Maslach Burnout Inventory – Educator Survey
- Required: Demographic Survey.

Twenty-two residents were enrolled in the 2022-2023 academic year, seven of those residents consented to being a part of the research project.

## **Limitations**

Joseph Maxwell (2013), identified two common threats to the validity of any research study, researcher bias and the impact of the researcher on the participants within the study. In order to address both researcher bias and the impact of the role of the researcher, the goal was to not become indifferent or eliminate the influence in totality, but instead, the goal was to conduct the study with integrity and acknowledge and understand the impact of the researcher's role, and use it for productivity (Maxwell, 2013).

In this study, I was both the researcher and organizational stakeholder. My role as program director placed me in a position of authority over the program residents, which could influence resident participation and survey response. As the program director I had a personal investment on the success of the program and narrative of program effectiveness for our residents and community partners. To address the impact of my role on research validity, the MBI-ES was emailed to participants through a third party and all data collected through the same third party, allowing participants an additional level of confidentiality. Invitations to participate in the study were distributed via email accompanied with the consent form to eliminate the stress and influence that may be presented in an in-person contact. In addition, once participants consented, they were invited to an informational session in which they had the opportunity to ask any additional questions in order to establish a safe participation space.

The lines of the researcher and participants can be blurred with any methodology due to the process being collaborative, yet using questioning and inquiry, changes can be

made in program practices and assessed for impact (Stringer, 2014). To minimize the blurring of these lines and maintain the validity of the research process, data verifications were utilized. When conducting qualitative research, verification of the study refers to the strategies and processes utilized during the research to ensure reliability and validity (Morse et al., 2002). The first verification centered on the selection of the methodology. The selection of narrative action research aligned with the research goal of gaining understanding of the individual lived experiences of the residents while collecting data that would facilitate program improvements. The second verification took place in the form of participant sampling. According to Morse et al. (2002), the sampling should be limited to participants who are best positioned to have knowledge of the topic being studied. Participants were limited to teacher residents in the current research year.

Bias can be explained as the failure to account for prejudiced questions or practices in a study (Pannucci & Wilkins, 2010). Biases may surface through participant sampling or testing. In this study, participant sampling was restricted to residents enrolled during the 2022-2023 academic year. Restricting the sampling participants to those who are best positioned to have knowledge of the topic being studied, was a strategy to address possible research bias through sampling (Morse et al., 2002). Research notification and invitations to participate were sent to all currently enrolled residents, and all consenting participant data was collected and analyzed. Utilizing all data counteracts the practice of solely analyzing data believed to support a desired finding. In addition, survey and interview questions were vetted by a qualitative published researcher to eliminate potential bias in question formatting.

## INTERVENTION DEVELOPMENT

Program interventions were designed based on the data from pre-diagnostic surveys and interviews. To gain a level of insight into the beliefs and perceptions of key program stakeholders, an informal survey was distributed. Through the informal survey, pre-diagnostic data was received from seventy-four participants. The surveys consisted of nine questions. Four questions gathered demographic data, while the remaining five questions targeted data related to understanding the expectations that each stakeholder held for teacher residents. The five targeted questions were as follows:

1. In your opinion what is the purpose/goal of resident/intern teaching?
2. What is the expectation of a resident/intern teacher?
3. What has been your experience working with resident/intern teachers?
4. In your opinion what experiences would be beneficial for residents/interns during their placement.
5. What supports do resident/intern teachers need and where can/should that come from?

Data was received from 29 Klipsch Educator College students currently not participating in the residency program but enrolled in the teacher education prep college, seven Klipsch Educator faculty members, 13 current residents, three clinical interns, six district level administrators, eight building administrators, and eight mentor teachers. For the purpose of developing interventions, the focus was on data provided by the teacher

residents, district level administrators, and building administrators. The participant data scope was limited to individuals who were directly connected to the residency program. Although Klipsch Educator College students could select the residency program in the future, they were not currently connected to the program, its stakeholders, or the graduate coursework. Clinical interns were excluded from the data analysis due to their limited knowledge of the intricacies of the residency program, as they have selected to secure their educator license through traditional programming.

The following themes were noted among resident teachers when describing the purpose of the teacher residency: an opportunity to learn, an opportunity to gain experience, and an opportunity to be exposed to real life situations. In analyzing resident teacher responses as to the expectations of a teacher resident the following themes surfaced: growth, an opportunity to practice skills learned, receive help and guidance, and engage in a gradual release and increase of responsibilities facilitated with the support and collaboration with the assigned mentor teacher. The responses to both the purpose and expectations of the residency program centered around the idea of professional growth, learning, and development. Residents expected to have a learning experience, one in which they are given the space to develop their professional portfolio of best practices and strategies.

The next focus was responses given by district level administrators. The same two focus areas were analyzed: purpose and expectations of teacher residents. District level administrator responses in relation to the purpose of the teacher residency, produced the following themes: transition into a professional role, create a teacher pipeline, have

exceptional educators, and demonstrate the best instructional practices. The expectations identified by the building administrators did not focus on the provision of an opportunity for residents to develop professionally, but instead a focus on what they should already know and how they can benefit the partner schools and districts in the local community. The purpose and expectation according to district level administrators centered around service deliverables. District level administrators expected residents and the residency program to provide highly qualified candidates who will meet their current and future staffing needs.

Finally, building level administrator data was analyzed and common themes identified. Again, the focus targeted the purpose and expectations of teacher residents. Interestingly, the responses to the purpose and expectations of teacher residents were similar across both focus areas. The themes were similar for both questions. Themes included the residency purpose and expectation as being one in which residents engaged in their first year of teaching, gained professional experience, and preparation. Building level administrators saw the purpose and expectation of the residency program to be centered around career development and preparation. Building level administrators expected the teacher residents to engage in a learning and development process, with the support of the mentor teacher.

As a result of the literature review, resident feedback, and survey analysis, three key elements were identified that impact both the resident experience and the perception of the overall residency program. The three areas were program expectations, mental health, and communication.

## INTERVENTION PROPOSAL

### **Program Expectations**

The first proposed intervention touchpoint was the development and facilitation of mandatory summer training. Mandatory summer training was required for teacher residents, building level administrators, and mentor teachers. The training was made accessible to district level personnel, but not mandated. Although district level personnel were not mandated to participate in the summer training, the training was made available to them and used as a resource when program inquiries arose. To make the residency training accessible to all parties and respectful to the summer traveling schedules of educators, building administrators, and district personnel, the training was delivered via an online/virtual platform. The use of a prerecorded online training allowed for all stakeholders to access the information based on their availability, reference information presented, and direct any points of needed clarification to the program director and residency team with a level of anonymity.

The second proposed intervention touchpoint centered around the creation of onboarding resources. These resources provided critical information to each resident before beginning their placement. Onboarding resources included the identification of their mentor teacher, key building contacts, required placement training dates, how to access the building, where to park, assigned program faculty, etc. (see Appendix F). Resources were also provided on questions to ask and things to look for once they began



their residency placement (see Appendix G). Understanding the building processes and how they supported the residency program and expectations was another opportunity to align the expectations to the residency program and outcome goals. The onboarding resources were designed to ensure that residents were aware of critical information and placement expectations as they planned and prepared for the transition over the summer, as well as critical information to gather once the school year had begun at their placement site.

The third proposed intervention touchpoint under the umbrella of program expectations was the program check-ins. Program check-ins or status checks were conducted bi-monthly with mentor teachers and residents, with a semester status check taking place every semester with building and district personnel. During the scheduled check-ins, key stakeholders including the resident, mentor teacher, clinical faculty, program director, and district personnel (as needed) met either virtually or in-person as dictated by the schedules and availability of involved parties. During this time discussions were conducted focused on shared challenges, successes, needed supports, and program and role clarifications. This intervention was designed to address the lived experiences of our key stakeholders in relation to the expectations of the program. Engaging in these on-going discussions created a proactive measure to address any challenges or adjustments that may need to be made to maintain alignment and meet the needs of our partners and residents. Utilizing end of semester debriefs to make program adjustments allowed for accommodations and clarifications to be established at the end of

the fall semester and implemented in the spring, as well as at the end of the spring semester in preparation for implementation in the fall.

### **Mental Health Interventions**

Mental health needs took center stage as data continued to show the need for mental health support among educators and college students. This growing need is not only a societal challenge but also a program challenge. During the pre-diagnostic work, multiple residents via email, written narrative, resident forum, and resident meetings discussed the need to access mental health services during their residency experience. The increased stress due to attempting to balance a full graduate coursework load, full time residency placement, and the challenges that arose in the classroom setting, created for some, a mental breaking point in which mental health supports were needed, yet not accessible. Mental health counseling services were provided during traditional business hours, which made it inaccessible for nontraditional students who were at their residency placements during those hours. Teacher residents shared the unexpected weight of internalizing the needs and trauma of their students. This weight was accompanied by a feeling of powerlessness in controlling their own emotions related to the trauma. Although it was not feasible for the program to provide mental health services, it was feasible to incorporate some mental wellness interventions that supported our residents, thereby hopefully improving the residency experience.

As part of the mental wellness intervention, residents had access to monthly services, meetings, or activities. Each month services were made accessible to residents by a licensed therapist and/or yoga instructor with a focus on mindfulness strategies. The

designated licensed therapist provided small group sessions targeting strategies on how to process and respond to student trauma, how to process one's personal emotions when responding to both student and personal trauma, and self-care practices that foster mental wellness. The yoga instructor was contracted to provide yoga and mindfulness classes that demonstrated strategies and techniques that could be used in the classroom and home. All session and activity attendance was optional, allowing residents the freedom to choose which services they felt best met their mental health needs. Through these interventions residents were able to access mental health supports that promoted mental wellness.

The balancing of a full-time accelerated graduate course load also presented an additional stressor for new residents. Residents entered placements at the end of their summer break with little transition time and began graduate coursework around the same time they began their residency placement and role as a resident teacher. All these events played a role in the heightened stress and adverse mental wellness status of our residents. Therefore, the final proposed intervention under the category of mental health was an adjustment of the graduate course load and schedule. Table 1 below illustrates the proposed and available schedules for new residents in the fall of 2022.

**Table 1***Residency Program Course Load Options*

<b>Semester</b>	<b>Option A</b>	<b>Option B</b>	<b>Option C</b>
<b>Summer 2022</b>	n/a	9 Graduate Credits	n/a
<b>Fall 2022</b>	13 Graduate Credits	7 Graduate Credits	7 Graduate Credits
<b>Spring 2023</b>	11 Graduate Credits	8 Graduate Credits	8 Graduate Credits
<b>Summer 2023</b>	n/a	n/a	9 Graduate Credits

The adjustment of the graduate course load allowed residents to reduce the course load during the residency year by selecting the scheduling option that best fit their needs. No longer a one size fits all approach, students had the following options:

- Option A allowed students to not take any summer courses but resulted in higher course loads during the residency year. This option allowed students to graduate in May, at the conclusion of their residency year.
- Option B allowed students to take remote summer courses before their residency began in the fall, resulting in lighter course loads during the residency year. This option also allowed students to graduate in May, at the conclusion of their residency year.
- Option C allowed students to take remote summer courses, the summer after the completion of their residency year, resulting in lighter course loads during the

residency year. This option moved the graduation target date from May to late August, at the conclusion of the residency year.

A minimum of five residents had to select the program option, for the option to be made available for the academic residency year.

### **Program Communication Interventions**

The final intervention targeted both timely and quality communications. Although in previous interventions, discussions/meetings are established with mentor teachers and district and building administrators, it was also critical that effective communication was shared with the residents. During the diagnostic phase, residents shared feeling uncertain and unsure as to exactly what would happen next after being informed of their residency placement. The interventions in this case were two-fold. The first included a program orientation before residents left campus for their summer break. The orientation addressed the program structure, next steps, signing of their program agreement, and contact information for their assigned Clinical Faculty and Program Director. Incorporating the orientation at the end of the semester minimized the stress that comes with the unknown and provided a contact to answer questions as they arose versus residents building anxieties related to unanswered questions over the summer break. Secondly, residents were provided resources that gave information related to their placement, assigned mentor, building contacts and access procedures to allow for a smooth transition before summer classes began and were directed to complete virtual introductions with their mentor.

Each program adaptation/intervention (see Table 2) was designed to meet the needs of our residents and improve the program effectiveness. The data collected was utilized in evaluating the intervention impact on improving the lived residency experience and overall residency program.

**Table 2**

*Intervention Summary*

Intervention Category	
Program Expectations	<ul style="list-style-type: none"> <li>• Mandatory summer training for program stakeholders.</li> <li>• Implementation of onboarding process.</li> <li>• Program status check-ins.</li> </ul>
Mental Health Support	<ul style="list-style-type: none"> <li>• Monthly mental wellness meetings, activities, and/or resources.</li> <li>• Choice of graduate course load options.</li> </ul>
Program Communication	<ul style="list-style-type: none"> <li>• Residency Program Orientation.</li> <li>• Key contact information distributed.</li> </ul>

## INTERVENTION EVALUATION

Evaluation of the intervention impact was completed using the transcribed data collected through resident interviews and surveys. All transcriptions of interviews were uploaded into MAXQDA, a qualitative analysis software. The goal of the data analysis was to identify external factors and assess the impact of the interventions on the lived experiences of the residents. Upon uploading the data into MAXQDA, coding and thematic analysis were conducted providing both information on the reported external factors as well as narratives that could be analyzed to determine program intervention effectiveness. Table 3 provides data on the external factors reported by the research participants as well as the common themes discovered through a three-step coding process. Thematic analysis was also conducted by identifying the themes in the participant's narrative (Riessman, 2008). This analysis provided a framework to compare the pre-diagnostic themes with the collected data and determine if the themes remained the same after the interventions were put into place, or if new themes were presented among the 2022-2023 resident research participants.

**Table 3***External Factors & Narrative Themes*

<b>Parent Codes</b>	<b>Sub Codes</b>	<b>Theme</b>	<b>Frequency</b>
Experience (33)	n/a	Residents summarize their experiences in their partner school placements.	33
Retention (9)	External Factors (15) Internal Factors (6)	Finances, family, friendships, health, outside employment, academics	30
Program Suggestions (23)	n/a	Shared suggestions on how to improve the program.	23
Biggest Challenges (11)	n/a	Shared challenges that impacted the experience.	11
Successful (6)	n/a	Identification of program elements that contributed to resident success.	6
Expectations (39)	Grad Work (16) Communication (39) Lack of Support (15) Positive Support (47)	Initial expectations, graduate course load, resident check-ins, orientation, information, mentor teacher, clinical faculty, building administration	156
Program Gaps (9)	n/a	Identification of elements or missing program components.	9
Emotions	Mental Wellness (32) Pride/Confidence (19) Stress (25)		76
Total			344

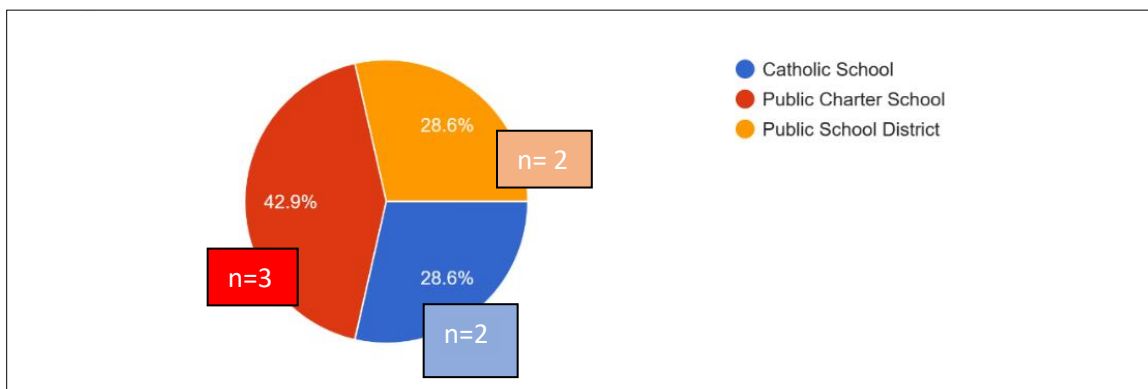
The MBI-ES data was collected via the third-party resource, Mind Garden. Mind Garden (2022), remotely distributed the survey to consenting participants, collected data and formulated individual reports. Each MBI-ES Individual Report included data



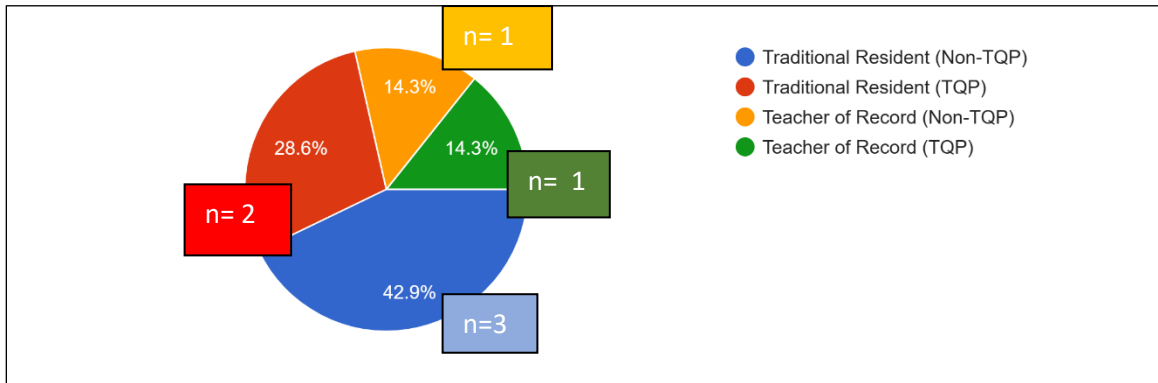
regarding the MBI results, scale scores, and percentile scores compared to general population norms.

## **Participants**

Based on information received from the demographic survey, the participants included six females and one male. Three of the participants were placed in a public charter school, two in a catholic school, and the remaining two participants were placed in a public school district (see Figure 1). Six of the participants were placed in elementary schools and the other placed in a middle school placement. Four of the participants had some level of familiarity with their placement site via clinical placements throughout their education preparation program or as a volunteer. In addition to general demographic and placement data, the survey also captured the graduate programming option, due to the graduate programming option being expanded as one of the interventions under mental health. Five of the participants selected the Option B graduate programming in which remote summer classes were offered before the residency began in the fall, creating lighter course loads during the residency year with a May graduation. Two participants selected the Option C graduate programming in which remote summer classes were taken after the residency year completion, with lighter course loads during the residency year, and a late August graduation.

**Figure 1***Resident School Placement Types*

Participants were given various roles (see Figure 2) based on the placement site. The roles included traditional resident or teacher of record. The traditional resident was assigned to a classroom with a full-time master teacher vetted by the program. The teacher of record was assigned a master teacher but assigned as the classroom teacher for their assigned room. There is an additional layer for participants who are traditional residents or teacher of records through the Teacher Quality Partnership (TQP) grant. Participants in TQP partner schools have committed to an additional three years of service in the district or placement school upon the completion of the residency. Table 4 provides the profile of the research participants in connection to some components of the demographic data collected.

**Figure 2***Resident Placement Roles***Table 4***Participant Profiles*

Resident Pseudonym	Gender	Grade Level	School Type	Individual Interview Date	Group Interview Date
Clara	Female	Elementary	Public	11/28/22	
Corey	Male	Elementary	Catholic	12/7/22	12/13/22
Marcia	Female	Elementary	Public Charter	11/29/22	12/13/22
Melissa	Female	Middle School	Public Charter	11/23/22	
Jasmine	Female	P-12	Catholic	11/21/22	
Sabrina	Male	Elementary	Public	11/22/22	12/13/22
Sharon	Male	Elementary	Catholic	12/15/22	

## **Findings**

Data was collected and analyzed from individual and group interviews as well as a beginning and end of the semester distribution of the MBI-ES. The data collected from the MBI-ES survey provided an additional lens to the level of burnout experienced by the participants at the beginning and end of the data collection window. Burnout data related to mental wellness such as emotional exhaustion, workplace depersonalization, and feelings of personal accomplishment.

Interviews were utilized to get a personal recall of lived experiences of the residents and the impact of the interventions put into place with the hope of both improving the lived experience and likelihood of retention. Through the narrative of the participants of their overall lived experience, and the ability to code via the transcriptions of their recounts, external factors were identified, and charted. In this section, the process begun in analyzing the shared experiences to determine whether or not the interventions proposed and implemented had an impact on the lived experience. By reviewing the data through an intervention lens, intervention impact was assessed. The proposed interventions centered around program expectations, mental health, and communication.

## **Program Expectations**

One consistent theme throughout both the pre-diagnostic and action research data was one of expectations. As presented in previous sections, the challenge with expectations was creating a space in which the expectations were aligned and there is a unified understanding as to how the program was designed and implemented in real time. In order to address the misalignment of expectations, summer training was instituted,

frequent check-ins with residents and other key stakeholders were conducted, and there was the development of an onboarding process. The goal with the facilitation of the intervention strategies was that residents would not only share their understanding of the program expectations, but they also would have witnessed or experienced moments in which it was evident that our school partners also understood.

Residents expressed a level of appreciation for the resident check-ins and onboarding. Corey noted,

“I feel like with my involvement with Marian and the communication that we’ve had, it’s been positive with our meetings that we’ve had recapping what is going to be happening, as well as it’s important for us to just sit and be able to see the other residents and share experiences for a short bit, our feelings. I really enjoy the how are you feeling time frame that we have at the beginning of the meetings. That’s something that I really look forward to.”

Not only did the residents identify a positive impact on their lived experience from the resident check-ins and meetings during their residency, but there was also an acknowledgement of the impact in preparation for the residency. Sabrina shared, “I felt definitely a lot more support, for sure, but it was just kind of nice with the clarified expectations.” Jasmine also shared,

“Communication has been great as well as the administration at the school that I’m at. They’re always so welcoming, so open to helping me and giving me

feedback, especially with behavior management, as to what is the right step I should be taking.”

Based on the resident feedback, building administrators understood the level of investment and time needed to support the residents as they developed their craft. Building administrators not only made themselves visible, but also engaged directly in the coaching and development. The role of the resident was understood and their role in supporting them was accepted. This is highlighted in Clara’s statement that,

“There are times that they’ve coached me on different things. Like, I know my principal once spoke to me about talking to a parent and how I should phrase things, and even the Dean of Discipline did the same for me, right before I went to talk to a parent. Those moments were really helpful.”

Although it appeared based on the residents’ experiences that the interventions proved successful, the removal of one layer of expectation misalignment revealed another. Residents shared their appreciation for the information, recaps, and support being provided at the school, but they also shared their confusion, bewilderment, and self-doubt based on their personal expectations of what the teaching and classroom component would entail. Sharon, when asked whether or not she, during the residency experience, had thought teaching was no longer for her, replied,

“It was just when I was frustrated and upset, that teaching wasn’t like in the shows, or perfect children ready to learn. But yeah, that had been the only time. But for the most part I know that this is still what I want to do.”

Classroom management and student aggressive behaviors played a significant role in the transition from challenge to confidence, and the shattering of the idea that teaching would be easy. Many of the residents shared that they overestimated their ability to address student behaviors. Clara shared, “There’s definitely areas where I feel like I thought I had it all together, like, classroom management is a great one, and then actually being in the classroom is a very different situation.” Marcia, a teacher of record resident, at a public charter school, reported,

“My biggest thing that I was not prepared for was the behaviors that I experienced in my classroom. And from just constant screaming to hitting to running out of the room, I mean, it’s just kind of run the gamut of behaviors.”

Melissa, a middle school traditional resident, at a public charter school experienced a similar reaction and stated that, “I think just, like, the students saying offensive things to teachers, disrespectful, like, a lot of cursing and stuff like that, that I wasn’t comfortable with.” Clara also shared,

“I feel like walking into the year, I felt like I was going to have a lot more in control than I did, which isn’t a bad thing. Definitely a lot of learning opportunities and learning moments. And I feel like I’ve been pushed in ways I wasn’t necessarily expecting to, but that’s okay.”

Each resident’s lived experience and the clash between perception and reality brought about a level of stress fostered by self-doubt and shock.

Residents experienced the same level of doubt and shock when lesson planning to a curriculum and overall building programming. Although the residents had been trained in general lesson planning in their educator preparation program, they were running into difficulty when trying to incorporate the building curriculum into their lesson planning knowledge base. It brought about a new challenge and area of self-doubt and stress.

### **Mental Health**

Mental wellness interventions were the second program focus. Due to the requirements of the residency placement, residents had limited access to the mental health services provided through the university. The office was only open during regular business hours and residents were in their placement classrooms during that time. The mental health intervention included both the provision of monthly mental wellness activities and the adjustment of the graduate courseload, giving the residents the option to spread out what was originally a two-semester program, to a three-semester experience. The resident interviews illuminated multiple mental health triggers that directly impacted their lived experience. The challenges ranged from academics, familial responsibilities, intense levels of self-doubt, stress, and inefficiency of stress coping strategies. These all played a role on how residents internalized the residency experience. Residents were provided access to a licensed therapist and yoga classes in order to promote, encourage, and support mental wellness. Although the resources were offered, only one of the seven research participants took advantage of them.

In speaking with Jasmine multiple stressors were revealed,



“So like I’ve been in stressful situations, but this has definitely been like times ten in that sense. So, it’s made it very challenging, especially since I felt like at first I wasn’t mentally in any form of way or shape prepared for it.....I was questioning if I wanted to be in the program at the beginning of this semester. Reason being, one, I was not in a good mental state. There is just a lot going on mentally. I am on academic probation. I got a C in the summer. It was not a good summer. The summer was rough. Like, extremely rough on top of not being mentally okay. I do not know how I got through. I really do not.”

Jasmine also played a large financial role for her family and the commitment to the residency program meant that not only could she not contribute at the same level financially, but she also could not contribute the same amount of time. The positive is that Jasmine was self-aware of her needs and limits. Jasmine also shared the following,

“I will say thank you for the one guest speaker that you brought in. That’s actually where I’m getting my help, because it was quite the realization that self-care is important.”

Jasmine’s willingness to make the time to attend the sessions also indicated her commitment to make the time to better herself.

Although the remaining participant residents did not attend the sessions, it was not an indicator that they were not struggling with their own challenges to mental wellness, which was a direct impact on their experience. Marcia disclosed,

“I’ve had lots of ups and downs all over the place. Definitely a roller coaster of emotions and experiences. Starting the year was a little rough. When I agreed to go to the school, it was we were going to have three weeks of planning that was going to allow us to have our lesson plans prepped for the first two weeks and have our classrooms ready and then, some, of course, professional development as well. And that’s not really what happened.”

Clara stated,

“I originally picked up a part time job, and I immediately quit it when teaching started for that reason, recognizing that I still need boundaries, especially if I’m going to keep my physical health in check as well as mental.”

Feelings of self-doubt also permeated throughout the interviews. Residents questioned their capacity to do the work once confronted with the realities of what the true work entailed. Residents struggled with marrying their perception of the work to the actuality of the work. This caused some heightened levels of stress in the beginning of their residency experience. Corey shared, “There are moments where I’m like, I don’t know if I could teach this. I don’t know if I am a good teacher.”

Jasmine, stated

“..walking in, I was like, I don’t know what to do. Which I didn’t, I just had to figure out that I didn’t know what I needed to do. But in those senses, it’s thrown challenges at me that I was not expecting or prepared, which once again made it very, very, challenging.”

Marcia shared,

“So I did not start the year as prepared as I was hoping to. So that definitely impacted that experience and just getting started with the year.....I’m like this is not what I remember elementary school being like, and this is not anything like what I’ve experienced at a clinical and anything like that. So it was like, is this what I’m supposed to be doing. Do I know what I’m doing?”

This line of self-questioning appeared to be the norm for all of the participating residents. Acknowledging that only 1 of the 7 research participants took advantage of the mental wellness supports, it was important to understand how the residents were in fact coping with the levels of stress. Corey shared the following strategy,

“One was forming like your support group with other residents at that school building... and just express how that day went and just be supportive with one another and give, offer feedback, to ways that we can improve a situation as well as just give moral support to one another. ”

Sabrina shared,

“Don’t know that I necessarily have a good answer to this, but I think in the moment, there’s really just no option that I have found that works for me to process in the moment....you kind of just have to shove it down. I’ll deal with it later. For those in the moment things I definitely, on multiple occasions, have felt like I’m just kind of going along during the week and like, okay, I just need to get back to the weekend and I’ll put my life back together.”

Marcia, added,

“I think my biggest in the moment coping is just taking deep breaths, and I try to model that for my students, especially with it being kindergarten, saying, okay, I’m really frustrated right now. I’m going to take a couple of deep breaths....”

One may conclude, that although these can be identified as personal coping strategies for the moment, the need for a more long-term and reflective approach may be necessary to bring about a proactive versus reactive solution. Yet, the challenge is not providing the resources but coaxing the residents to take advantage of the resources provided.

In reference to the graduate work, new challenges and mindsets were shared. Residents did not share any concerns about the number of credit hours that they were having to take at once, but instead the narrative as to how graduate coursework was affecting their lived experience was much more personal. Residents shared that they struggled with the balance of assignments and timelines, which could lead to some tense moments, late nights, and event schedule adjustments to meet the established deadlines. Residents were forthcoming in acknowledging that the failure to meet deadlines was not due to a lack of information, but instead their level of intentionality in accessing the information. Clara disclosed,

“We’re trained by the point when we’re seniors to figure out where to put our energy and where not to when it comes to academics. And so I’m sure there was a lot of information within the module that was really helpful, but there’s a tendency to skim through it or to push it off to the last minute.”

Marcia, communicated that,

“I think that the biggest difficulty has been kind of keeping up with the assignments and knowing what’s coming up. Because I know there’s been some assignments that have just, like, snuck up on me, and I’m like, oh, look, this is due. I’m just trying to survive the next day or the next week so those kind of further ahead assignments can sneak up on you.”

In addition, Sharon disclosed, “I have definitely still struggled at times though, to stay on top of certain assignments and things, just planning ahead.”

Although the management of the grad work expectations impacted the experience, it also was considered a highlight and complement. Residents were able to experience the content at a deeper level than they had before because they were implementing the strategies in real time with the students assigned to their classroom. Clara stated,

“I really like the courses that we’ve been taking. Again, so the courses that we’ve taken, in addition to being in our residency, I feel like have done a really good job of meeting our needs that we’re also seeing within the classroom. Like, they’ve been supporting kind of what we’re seeing anyway.”

### **Program Communications**

The program communication intervention focused on the on-going support from key stakeholders and their overall accessibility to residents as they maneuvered through this very unique experience. As part of the intervention all key stakeholders participated in a residency program orientation, and contact information was distributed as soon as it

was available so that residents, master teachers, and clinical faculty could begin some critical conversations before the placement officially began with key support stakeholders.

The quality and accessibility of support was yet another impact factor for residents and their lived experience. Key support stakeholders were mentor teachers, clinical faculty, and building administrators. Sabrina shared, “I have gotten along with my mentor teacher exceptionally well, so I think that’s been a huge blessing. Along with it, I feel like I’m learning a lot, and overall, just a very positive experience, for sure.”

She also mentioned,

“The support from my school as a whole has been really helpful. I feel like my school has worked with a lot of Marian students before, so I feel like that has contributed to how they work alongside us and how they know how to check in with us. I feel like that’s been really beneficial too. And then just Marian faculty being in there weekly, I feel like is helpful. Just being able to have those conversations check-in and see where we’re at.”

Melissa commented, “For sure, my master teacher, she’s helped me through a lot, as well as the director and clinical faculty. I feel like I’ve been able to contact you guys if I have anything.”

Residents confirmed in their interviews that both the support of their mentor teacher and building level staff played a role in how they experienced their residency. Based on the participant responses the lived experience of the resident was impacted not

only by the mentor teacher whom they received direct daily and weekly contact and support, but also by the building level staff whom they interacted with and in some cases received directives from throughout their residency.

The impact of clinical faculty and their level of support, counseling, and guidance was also identified as a resource that affected the lived experience. When asked what the biggest contributor to her success was, Marcia responded,

“It’s definitely my clinical faculty. Being a teacher of record, I don’t get immediate and constant feedback from my mentor teacher, which is something that I kind of looking back, go, oh, I really should have gone a different way with this program.”

Clinical Faculty members were assigned to each resident over the summer to be the liaison between the partner school and university, conduct weekly observations, and provide feedback and coaching. The quality of support from clinical faculty was an external factor impacting the lived experience of the residents. Jasmine, who was in a very unique position of having someone who was fluent in speaking Spanish as well as trained in teaching in Spanish, shared the impact of having a clinical faculty member who truly knew her craft,

“It’s been very beneficial, like having my clinical faculty going in and observing the few couple of classrooms that she has observed, and my recordings, and giving me different feedback on all of that and managing those different grade levels. Because for a couple of years, I didn’t have someone that could like, oh,

say, you're doing good on this and this and this. I didn't really get much feedback on my Spanish content teaching area."

The consistent accessibility of clinical faculty, support provided, and their ability to provide professional guidance in the specific content areas created a safe space for residents to seek guidance and unload their stressors throughout the experience. Marcia, mentioned,

"I think probably the biggest positive impact is the structures and support structures that have been put in place. And I think that the communication kind of from our clinical faculty that's there every day or every week and then from that to the director of the program is really good, so that everyone's kind of clued in."

The level of flexibility of support rounded out the support themes from the residents. Clara shared,

"Yeah, something that I really appreciated was my clinical faculty's flexibility with us. I know there's a fine line between expectations and flexibility, but I think he was really good at recognizing that each school has their own schedules and their own needs and their own expectations within the schools."

In addition, Corey shared the frequency in which he was able to meet with clinical faculty outside of work hours to help talk about classroom management. This provided him an opportunity to engage with a thought partner, eliminating the feeling of having to figure it out on his own. Corey stated,



“She would always just whenever we needed to talk, she would invite us to Starbucks and get a cup of coffee and just talked it out.”

In these spaces and times, the clinical faculty were able to ease the fear of the unknown and make it a natural occurrence, free of shame or self-doubt, for not knowing the answers.

Although Corey experienced some challenges in his original placement, he was able to acknowledge and identify the key contributors to his success in his current placement. Corey acknowledged that in his first placement the lack of building and administrative support, was a large piece to the need and decision to change his placement, but he expressed how pleased he was in his new placement and the level of support in the following statement,

“Her door would always be open and she was right in the central location where the printer is, the teacher’s lounge is, the bathroom is, so you would never miss her. She was very nice and positive with me and the other Marian student teacher. And whenever she would observe a lesson, she would write down whether it be an email or in a note about what she’s noticed and saw, all the positive things and then some of the things that she’d be looking for in the next observation or anything that we could help improve with.”

As a result of the change, Corey took on a teacher of record position and in his new placement, his confidence increased.

## MBI-ES Group Findings

The Maslach Burnout Inventory Educators Survey (MBI-ES) is designed to assess burnout based on the frequency in which one feels emotional exhaustion, depersonalization, and personal accomplishment. Based on the MBI-ES individual reports, burnout is measured in three forms; a depletion of emotional energy and indicator of distress due to emotionally taxing work (emotional exhaustion), a loss of enthusiasm or disconnect leading to an impersonal reaction to one's students (depersonalization), and a loss of confidence or feelings of adequacy and success in one's work with students (personal accomplishment). Each participant completed the survey at the beginning of the semester and then again at the conclusion of their first residency semester. An individual report was provided based on participant responses, providing three data points. Results were provided via an MBI Scale Score 0-6 (see Table 5), MBI Percentile Scores based on scale scores and compared to a general population of 4,000 educators, and the responses provided in the survey for each category, emotional exhaustion, depersonalization, and personal accomplishment.

**Table 5**

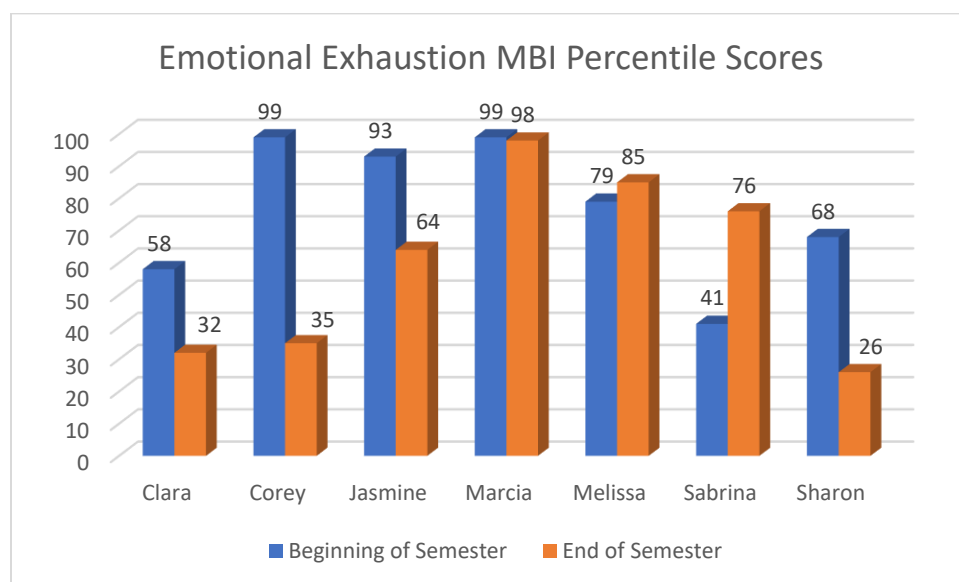
*MBI Scale Score 0-6*

0	1	2	3	4	5	6
Never	A few times a year or less	Once a month or less	A few times a month	Once a week	A few times a week	Every day

Based on the data collected from the MBI Scale Scores, five of the participants experienced a decrease in emotional exhaustion from the beginning of the semester to the end of the semester (see Figure 3). Three of the participants experienced a decrease in feelings of depersonalization while one stayed the same (see Figure 4). Five of the participants experienced an increase in feelings of personal accomplishment with one staying the same (see Figure 5).

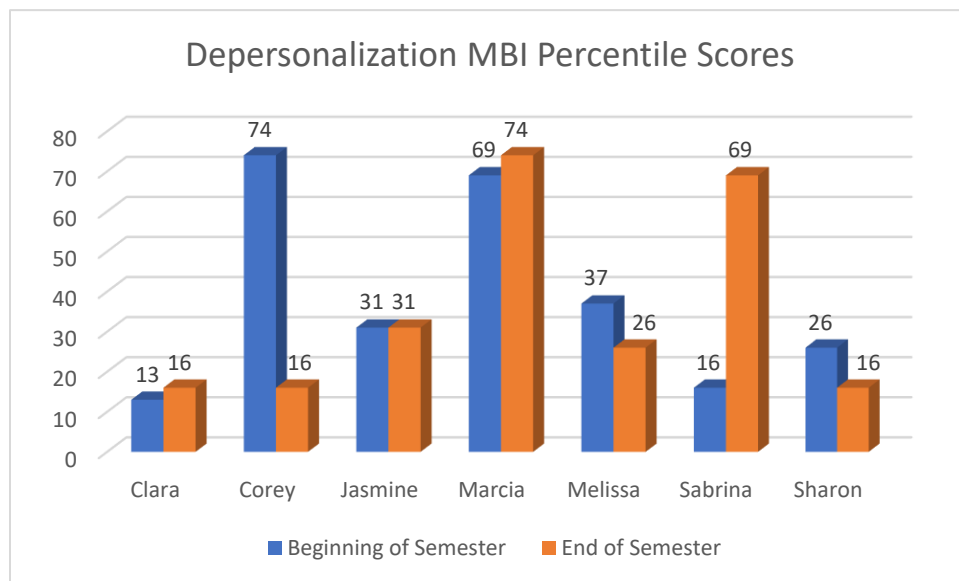
**Figure 3**

*MBI-ES Emotional Exhaustion Percentile Scores Beginning & End of Semester*

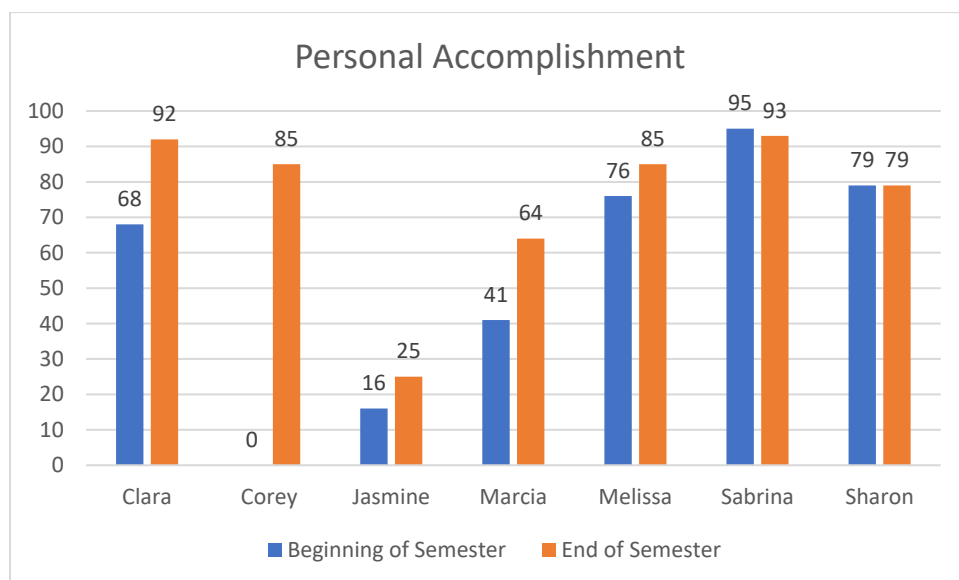


**Figure 4**

*MBI-ES Depersonalization Percentile Scores Beginning & End of Semester*

**Figure 5**

*MBI-ES Personal Accomplishment Percentile Scores Beginning & End of Semester*



The MBI Percentile score allowed the data to be considered in relation to a general population of 4,000 educators. The percentile score key (see Table 6) is based on the percentage of individuals who rated themselves as having less frequency of that scale topic and with a focus on needing to take action to reduce burnout.

**Table 6**

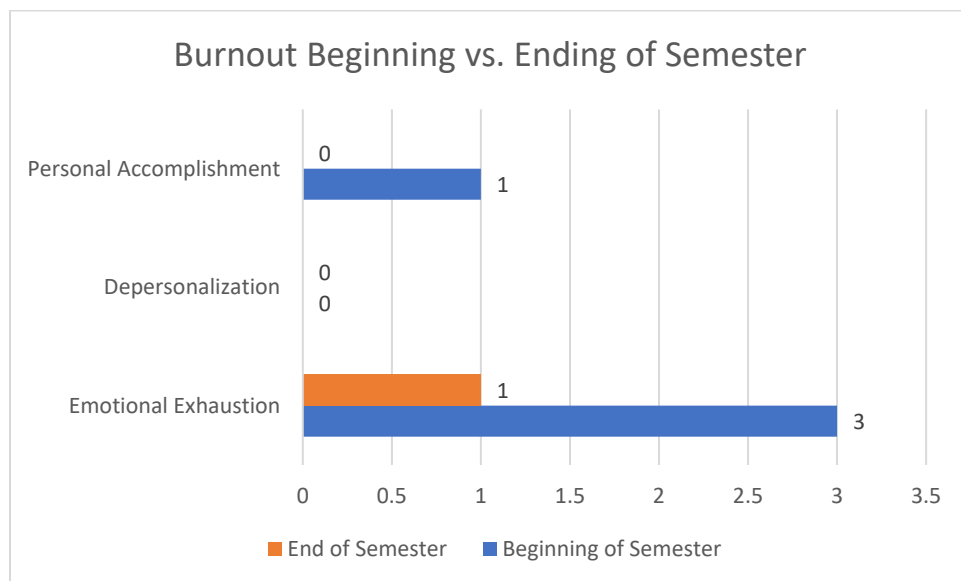
*MBI Percentile Scores Key*

	<b>Percentile Score</b>	<b>Action Needed</b>
<b>Emotional Exhaustion</b>	90 or above	Reduce Burnout
<b>Depersonalization</b>	90 or above	Reduce Burnout
<b>Personal Accomplishment</b>	10 or lower	Reduce Burnout

Based on the data collected in the beginning of the semester, three of the participants needed to reduce burnout based on their responses related to emotional exhaustion and one of the participants needed to reduce burnout based on their responses in the area of personal accomplishment (see Figure 6). There was not a need to reduce burnout in the area of depersonalization at the beginning or end of the semester. At the end of the semester only one of the participants still showed a need to reduce burnout based on their responses in emotional exhaustion. Both depersonalization and personal accomplishment did not indicate a need to reduce burnout.

**Figure 6**

*Number of Residents Reporting Burnout Beginning vs. Ending of Semester*



Based on the overall group data averages, there were seven questions that moved one full level of frequency, representing a decrease in frequency of emotional exhaustion and increase of personal accomplishment from the beginning of the semester to the end of the semester. The questions are listed below:

#### Emotional Exhaustion

- I feel frustrated by my job.
- I feel burned out by my work.
- I feel used up at the end of the workday.
- I feel emotionally drained from my work.

### Personal Accomplishment

- I feel I'm positively influencing other people's lives through my work.
- I can easily create a relaxed atmosphere with my students.
- I have accomplished many worthwhile things in this job.

Depersonalization showed an increase in frequency, representing a -0.1 for the question, "I don't really care what happens to some students" and -0.4 for the question, "I've become more callous toward people since I took this job." The movement in these areas still represents an average that is less than one, therefore based on the scale score a move from never to a few times a year.

### MBI-ES Individual Findings

Although having the group data allowed for programming changes, the goal was to also dig into the individual experiences of the residents. As such the individual MBI-ES data was reviewed to identify trends and data messaging. The first analysis centered around the MBI Scale Scores. Corey, Jasmine, and Sharon all demonstrated a decrease in frequency for emotional exhaustion and depersonalization with an increase in personal accomplishment from the beginning of the semester to the end of the semester. This suggested that over time, they experienced a decrease in burn-out and increase in their confidence on the impact they were able to make in their classrooms.

In contrast, Clara and Marcia demonstrated an increase in depersonalization from the beginning of the year, increasing the likelihood of burnout, yet an increase in a feeling of personal accomplishment and a decrease in the frequency for emotional

exhaustion. This data also suggested a decrease in burn-out over time, but a loss of sensitivity and connection with the students. It appeared through the data, that for Clara and Marcia the heightened sense of burnout in the beginning of the year impacted at some level how they saw their students. Based on the interviews this could be a result of the disillusionment and challenges with student behaviors experienced early in the placement.

Melissa experienced an increase in frequency in questions related to emotional exhaustion, yet a decrease in depersonalization and increase in personal accomplishment. Melissa's data suggested that although the lived experience was emotionally taxing, she was able to lessen her need to address burnout and identify within her experience success as an educator and increased connection to her students.

Finally, Sabrina experienced an increase in frequency for both emotional exhaustion and depersonalization, with no change recorded in the area of personal accomplishment. It is important to note that Sabrina's rating is a 5.5 in the area of personal accomplishment representing the scale code that there is a sense of personal accomplishment a few times a week. Sabrina's data represented the outlier in that she appeared to be the one resident who grew in two areas towards increased burnout by the end of the semester. Based on Sabrina's MBI-ES percentile scores, although there was a growth towards burnout, it didn't appear to taint her ability to recognize her success as an educator and positive impact on students. The question becomes at what level of personal sacrifice is this occurring.



## IMPLICATIONS & REFLECTION

This study set out to answer two questions, 1. How do the external factors associated with a teacher residency impact the lived experiences of the teacher resident? and 2. What interventions can be utilized to enhance the lived experience of the teacher residents to increase the likelihood of teacher retention and program satisfaction? As a result of this research it has been discovered that the internal and external factors that impact the lived experience of the resident is the fear of the unknown, a distortion of the perceived role and experience of the classroom teacher, an initial questioning of ability in the beginning of the residency, and the level of support and information provided while in the program and transitioning to the new role.

In addition, in some cases the familial role also was a factor of impact. Each resident shared a season of self-doubt, shock, and level of bewilderment as they entered their classrooms expecting to calm the seas of the education landscape, and yet this was not the case. At least not initially. And this breakdown between expectation perception and reality created the perfect storm for a heightened stress level. Both the qualitative and quantitative data reflected a transition, a form of movement, that is fueled by time, development, and maturation.

The proposed interventions were designed to address three target areas: the impact of program expectations through an intentional onboarding process, routine

resident check-ins, and timely information sharing, mental health access, and communication and support. Based on the data collected through the interviews and the beginning and end of semester administration of the MBI-ES, residents consistently expressed the appreciation for the information provided, resident check-ins, and meetings.

Although the mental wellness services were made accessible to residents, only one of the research participants took advantage of the resources. Due to the small sample size, one cannot conclude that the mental wellness services had an impact on the lived experience of the residents. Although access to the services was limited, there was an overall decrease of workplace burnout from the beginning of the semester to the end of the semester among the residents.

Finally, the communication interventions, which included the residency orientation, the early assignment of Clinical Faculty, and the ability to connect to their mentor teachers, seemed to positively impact the experience for residents. By providing these support systems residents were able to establish and maintain strong pipelines of communication and support, which in fact appeared beneficial and in some cases made the difference from a resident contemplating exiting the program, to engaging in a reflective process, resulting in a collaborative design of next steps and an increased sense of confidence. The level of accessibility to both the mentor teacher and Clinical Faculty provided a constant safety net when their feelings of self-doubt or disillusionment began to surface.

Acknowledging that the alignment of program expectations, mental health resources, and communication and support all do have the ability to impact the lived experience of residents, I also assert that based on the qualitative and quantitative data, the most powerful intervention was time and maturation. As presented in the data, the beginning of the year brought an intense level of stress and self-doubt, yet with time and the opportunity to acclimate themselves into their role, residents were able to see their self-worth, replacing the beginning of the year self-doubt. Secondly, with time residents were also able to accept and process the difference in their perceptions of teaching with the reality of teaching.

Therefore, it is important in moving this research further, and in discovering ways to positively impact the lived experience of teacher residents, as well as increasing the likelihood of retention into the educator profession, teacher residency programs should acknowledge the natural progression of growth. In addition to providing clear program expectations, mental wellness activities, and strong communication and support systems, residency programs should acknowledge that growth and development takes time. Resident development should be recognized and considered as a natural progression, similar to that described by Ellen Moir (1990).

Ellen Moir described the first-year teacher cycle, acknowledging the highs and lows of the transition to the role of an educator. The phases included anticipation, survival, disillusionment, rejuvenation, reflection, and back to anticipation. There is a need to normalize the first-year teacher process. Based on their recalling of the experience, it appeared that the residents went through a process of professional

maturation that moved the needle from the experience being challenging to rewarding as they began to learn more about themselves and their capabilities. Sharon, a traditional resident, at a P-6 catholic school stated,

“I think the first month or two, just definitely it’s hard at first, but I’ve just grown so much, and I feel like I even saw that within the first month. And so I think that it’s been nice.”

It is normal to enter the profession full of excitement and wonder, and then begin to experience a phase of survival after realizing that teaching may not be all that was expected in some cases and more than expected in others.

There is a responsibility that through communications one creates a balanced perception of both the highs and lows of the education landscape and provide residential candidates with a balanced lens, lessening some of the overall shock of the role. It is important that educator preparation programs, residency programs, universities and colleges be intentional on exposing aspiring teachers to clinical experiences that highlight research based best practices as well as common challenges.

## EXECUTIVE SUMMARY

The purpose of this mixed method action research study was to understand and use the lived experiences of teacher residents in the residency program, to identify key interventions that will enhance the experience of teacher residents, resulting in an increase in the likelihood of teacher retention and program satisfaction. To begin this process pre-diagnostic work was completed with the current residents and key stakeholders. Based on survey data, resident interviews, and analysis of routine correspondence, common trends were able to be identified. These trends created the foundation on which the intervention plan was built.

Using the preliminary data, three target areas were identified and interventions developed. Program expectations, mental health support, and communication were consistent themes throughout the data sets. Because of the breadth of each of these categories, it was necessary to identify the work. This required an adaptive approach to what some may see as a technical challenge. Northouse (2018) suggests that to engage in adaptive leadership one must first step back to analyze the complexities of a given circumstance to obtain a clearer picture of the system and present interpersonal dynamics among the stakeholders. Based on the findings a determination was made as to if the challenge is adaptive or technical. The work was not to create band-aid solutions or interventions that addressed the experiences at an elevated level, but instead to dig deeper

into understanding what systems, stakeholders, and emotions impacted the perceptions of the resident experience, making the challenge to develop interventions adaptive.

The varied interpretations among key stakeholders had a direct impact on the experiences of the residents because it had a direct impact on the level of expectations placed on the resident. When contemplating how to intervene in this area, consideration was given to what the needs of program stakeholders were for the program to be a benefit for them. The mentor teacher needed a working relationship, respect of the resident, reassurance that the assigned classroom students will learn, and that this experience does not negatively affect their work life balance or job performance. The building administrator needed for the resident to not be a building liability, the resident to prove to be a viable option for future employment in their building, and the assignment to not add to their work life balance. The district level personnel desired for the resident and residency program to be a worthwhile investment of resources and time to the district. The resident needed to be placed in a safe space where they felt welcomed and respected, supported in growing both personally and professionally, able to make mistakes, and encouraged to establish work life balance. Attempting to create an intervention to meet each need at all times is not possible but providing the why behind the program design and importance of each role through training, on-boarding, and consistent check-ins, addressed the fears behind the unknown.

Mental health access was the second intervention focus, and in similar fashion the intervention plan had to be realistic, address the need, and be based on an understanding of the key stakeholders and factions. Campus mental health services were not accessible

beyond business hours. Understanding the numerous moving parts of budgets, programming, human capital, and necessary paperwork, it was unrealistic to believe the extension of those hours or services would be granted in time for the 2022-2023 academic year. In addition, the residents did not request an increase in hours, they discussed a need for mental health support. Summarizing the mental health support into office hours is a technical solution, understanding the need to vent, have an outlet, and provide guidance on mental wellness strategies is adaptive. In doing the diagnostic work, it was apparent that the focus was not solely on the increase of hours, but also the need to share the experience, a need to unwind, and a way to process the trauma. The residents needed a safe space to process the new experiences and feelings.

The final trend this research addressed is communication. Routinely when one thinks of communication, we think of the sharing of information. A simple exchange of ideas and or feelings. In diving deeper in order to develop an appropriate intervention, the goal was not to create a new email, memo, or informational. The resident need was greater than this. Although communication was the broad category, the real need was to relieve the anxieties sparked by the requirement to engage in unfamiliar territory. Building placements, building administrators, mentor teachers, students, families, and graduate work, presented a new set of experiences and responsibilities. Residents needed timely communication as a proactive not reactive measure. Residents needed to understand what was coming next to relieve the anxieties related to residency, being placed in a new school, and being under the direction of someone in many cases they have never met. Through timely communications, residents were equipped with the

necessary information that would support a smooth transition into their placement building and development of the resident/mentor relationship.

Developing an effective intervention plan required an increased level of intentionality. With a commitment to create reasonable adaptive solutions to adaptive challenges, strategies were established. Technical solutions would have been a temporary fix and at such a critical time in education, a temporary fix is not an acceptable solution for such long-term consequences.



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## Appendix A

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If your research uses an online survey platform other than the Mind Garden Transform survey system, you will need to meet Mind Garden's requirements by following the procedure described at [mindgarden.com/mind-garden-forms/58-remote-online-use-application.html](https://mindgarden.com/mind-garden-forms/58-remote-online-use-application.html).



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**Citation of the instrument must include the applicable copyright statement listed below. Sample Items:**

**MBI - Human Services Survey - MBI-HSS:**

I feel emotionally drained from my work.

I have accomplished many worthwhile things in this job. I don't really care what happens to some recipients.

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**MBI - Human Services Survey for Medical Personnel - MBI-HSS (MP):**

I feel emotionally drained from my work.

I have accomplished many worthwhile things in this job. I don't really care what happens to some patients.

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**MBI - Educators Survey - MBI-ES:**

I feel emotionally drained from my work.

I have accomplished many worthwhile things in this job. I don't really care what happens to some students.

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**MBI - General Survey - MBI-GS:**

I feel emotionally drained from my work. In my opinion, I am good at my job.

I doubt the significance of my work.

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**MBI - General Survey for Students - MBI-GS**

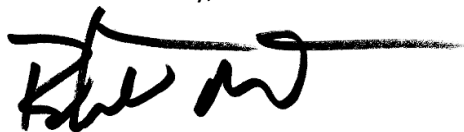
**(S):** I feel emotionally drained by my studies.

In my opinion, I am a good student.

I doubt the significance of my studies.

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Sincerely,

A handwritten signature in black ink, appearing to read 'Robert Most', with a long horizontal line extending to the right.

Robert Most

Mind Garden, Inc.  
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## Appendix B

## Demographic Survey Questions

1. How would you best describe yourself.
  - Asian or Pacific Islander
  - Black or African American
  - Hispanic or Latino
  - Native American or Alaskan Native
  - White or Caucasian
  - Multiracial or Biracial
  - A race/ethnicity not listed
2. Gender
  - Male
  - Female
  - Non-binary
  - Prefer to self-describe
  - Prefer not to say
3. Degree Sought
  - Master's of Arts in Teaching
  - Master's in Special Education
4. Please select the choice that best describes your placement site.
  - Catholic School
  - Public Charter School
  - Public School District
5. Please select the choice that best describes the student population at your placement site.
  - Elementary
  - Middle School
  - High School
6. Have you been assigned to your placement site prior to your residency?
  - Yes
  - No

7. Which graduate programming option did you select for your residency experience?
  - Option A – No summer classes before the residency begins in the fall. Higher course loads during the residency year. May graduation.
  - Option B – Remote summer classes before the residency begins in the fall. Lighter course loads during the residency year. May graduation.
  - Option C – Remote summer classes after the residency year completion. Lighter course loads during the residency year. Late August graduation.
8. How have you agreed to participate in the research study on the lived experiences of residents? Please select all that apply.
  - Individual Interview
  - Group Interview
  - Maslach Burnout Inventory Educator Survey

## Appendix C

### Interview Questions

#### Research Questions

1. Tell me about your residency experience?
2. How did your experience compare to your expectations before coming into the residency program?
3. What supports if any did you feel were beneficial during your residency experience?
4. How would you describe communication between stakeholders in the program, such as the resident, mentor teacher, clinical faculty, building administrator, program director, etc.?
5. At anytime during your residency experience, did you question your decision to be an educator? If so, what was happening for you that led to this uncertainty?
6. Were there any outside factors that impacted your residency experience?
7. Were there any internal factors that impacted your residency experience?
8. What suggestions can you give based on your experiences that would help improve or enhance the program?
9. Is there anything else you would like for me to know about your experience in the program?

## Appendix D

### Interview Protocol

Interviewee: \_\_\_\_\_

Assigned Pseudonym \_\_\_\_\_

Interviewer: \_\_\_\_\_

Written Consent Collected: \_\_\_\_\_ Yes \_\_\_\_\_ No

### **Introductory Protocol**

First let me thank you for consenting to be a part of this interview and study. The purpose of this study is to explore the experience of teacher residents, with a focus on improving both the experience and the program. This interview will be approximately 45 to 75 minutes in length. This session will be recorded to protect your identity. Pseudonyms will be sent to you via email, once all consented parties have been confirmed. If at this time you feel you would no longer like to participate in this process, please let me know now and you may leave the call/room without judgment.

### **Introduction**

Now that I have confirmed consent, let's begin. In your email, momentarily you will receive your pseudonym. I will use this pseudonym throughout our interview as another layer of confidentiality and anonymity protection. Any questions? Let's begin.

**Research Questions**

1. Tell me about your residency experience?
2. How did your experience compare to your expectations before coming into the residency program?
3. What supports if any did you feel were beneficial during your residency experience?
4. How would you describe communication between stakeholders in the program, such as the resident, mentor teacher, clinical faculty, building administrator, program director, etc.?
5. At anytime during your residency experience, did you question your decision to be an educator? If so, what was happening for you that led to this uncertainty?
6. Were there any outside factors that impacted your residency experience?
7. Were there any internal factors that impacted your residency experience?
8. What suggestions can you give based on your experiences that would help improve or enhance the program?
9. Is there anything else you would like for me to know about your experience in the program?

**Closing Protocol**

Thank you for your time, comments, and feedback. I appreciate your willingness to be a part of this research project.



## Appendix E

### Consent Form

#### INFORMED CONSENT STATEMENT FOR RESEARCH

**You are being asked to participate in a research study.** Scientists do research to answer important questions that might help change or improve the way we do things in the future. This consent form will give you information about the study to help you decide whether you want to participate. Please read this form, and ask any questions you have, before agreeing to be in the study.

**All research is voluntary.** You can choose not to take part in this study. If you decide to participate, you can change your mind later and leave the study at any time. You will not be penalized or lose any benefits if you decide not to participate or choose to leave the study later.

**The purpose of this study** is to explore the experiences of teacher residents at Marian University with a focus on improving both the experience and program. As a current Marian teacher resident and member of the second full cohort you offer a unique perspective of the program's strengths, challenges, and overall impact on a resident and residency experience. The study is being conducted by Karen Wright, current Director of Residencies and Clinical Experiences in partnership with Marian University Klipsch Educators College.

**If you agree to be in the study, you may elect to participate in one or all of the following:**

- Participate in a recorded and videoed virtual 45 to 60 minute individual or 60-75 minute group interview.
- Maslach Burnout Inventory – Educator Survey
- All participants will complete the demographic survey.

**Before agreeing to participate, please consider the risks and potential benefits of taking part in this study.** During the interview you may experience some levels of discomfort due to not being exposed to the questions before being required to answer them. To address this risk, participants will be given substantial wait time to answer questions and will be able to request a break from the interview at any given time. Participants will also be given the choice as to where they would like to have the interview conducted to provide them access in a space that feels most comfortable to you. The virtual platform allows for this level of flexibility.

**You will not be paid for participating in this study. There is no cost to participate in the study.**

**We will protect your information** and make every effort to keep your personal information confidential, but we cannot guarantee absolute confidentiality. No information which could identify you will be shared in publications about this study. Researcher will have sole access to video and audio recordings. Audio and visual recordings will be deleted once the research is completed and all data collected and analyzed.

Your personal information may be shared outside the research study if required by law. We also may need to share your research records with other groups for quality assurance or data analysis. These groups include the Marian University Institutional Review Board or its designees, and state or federal agencies who may need to access the research records (as allowed by law).

Information collected in this study may be used for other research studies or shared with other researchers for future research. If this happens, information that could identify you, such as your name and other identifiers, will be removed before any information or specimens are shared. Since identifying information will be removed, we will not ask for your additional consent.

**If you have questions about the study or encounter a problem with the research**, contact the researcher, Karen Wright, 317-955-6144 or 317-762-6229, [krwright2@marian.edu](mailto:krwright2@marian.edu).

For questions about your rights as a research participant, to discuss problems, complaints, or concerns about a research study, or to obtain information or to offer input, please contact the Marian University Institutional Review Board office at [IRB@marian.edu](mailto:IRB@marian.edu).

**If you decide to participate in this study, you can change your mind and decide to leave the study at any time in the future.** If you decide to withdraw, please contact the researcher via the aforementioned phone numbers 317-955-6144 or 317-762-6229 and leave a message or text. You may also email the researcher at [krwright2@marian.edu](mailto:krwright2@marian.edu).

## **PARTICIPANT'S CONSENT**

In consideration of all of the above, I agree to participate in the following areas of this research study:

- |   |                 |
|---|-----------------|
| <input type="checkbox"/> Online demographic survey.   | _____ (Initial) |
| <input type="checkbox"/> Maslach Burnout Inventory Educator Survey (beginning/end semester)       | _____ (Initial) |
| <input type="checkbox"/> Resident group interview - 60 to 75-minute audio and video recorded.     | _____ (Initial) |
| or  |                 |
| <input type="checkbox"/> Individual resident interview – 45 – 60-minute audio and video recorded. | _____ (Initial) |

I will be given a copy of this informed consent document to keep for my records.

**Participant's Printed Name:** \_\_\_\_\_

**Participant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name of Person Obtaining Consent:** \_\_\_\_\_

**Signature of Person Obtaining Consent:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Appendix F

**Resident Information Sheet****Resident:****Resident Email:****Bldg. Placement:****Grade Level:**

<b>Mentor Teacher:</b>	<b>Grade Level:</b>
<b>Contact Info:</b>	

**On Boarding Information****Summer Professional Development Dates:****Key Contact Person:****Building Access:****Parking:****Background Check Info:****Summer Building Access:****Clinical Faculty**

**Name**  
**Email**  
**Phone #**

## Appendix G

## Onboarding Checklist

# New Teacher Onboarding Checklist



## Building Logistics

- \_\_\_\_\_ Building Access (badge)
- \_\_\_\_\_ Room Access (key)
- \_\_\_\_\_ Room Maintenance
- \_\_\_\_\_ Staff/ Student Restrooms
- \_\_\_\_\_ Teacher Lounge & Work Area
- \_\_\_\_\_ Cafeteria
- \_\_\_\_\_ Mailbox
- \_\_\_\_\_ Music, Art, P.E., Library, etc.
- \_\_\_\_\_ Mentor Classroom
- \_\_\_\_\_ Parking



## Procedures

- \_\_\_\_\_ Arrival
- \_\_\_\_\_ Dismissal
- \_\_\_\_\_ Emergency Procedures
- \_\_\_\_\_ Field Trip Procedures
- \_\_\_\_\_ Requesting Supplies
- \_\_\_\_\_ Securing a Substitute
- \_\_\_\_\_ Back-to-School Nights
- \_\_\_\_\_ Standardized Testing Procedures



## Documentation

- \_\_\_\_\_ Discipline Code
- \_\_\_\_\_ Schedules (daily, staff mtgs., duty, etc.)
- \_\_\_\_\_ Staff Handbook
- \_\_\_\_\_ Student Handbook
- \_\_\_\_\_ Substitute Plans
- \_\_\_\_\_ Pacing Guides
- \_\_\_\_\_ Fire Drill Routes
- \_\_\_\_\_ Important Phone Numbers
- \_\_\_\_\_ School Year Calendar



## Technology

- \_\_\_\_\_ Laptop
- \_\_\_\_\_ Log-in & Passwords
- \_\_\_\_\_ Learning Management System
- \_\_\_\_\_ Copy Machine Location/Passwords
- \_\_\_\_\_ Grading/Attendance System

## Resources/Materials

- \_\_\_\_\_ Textbooks
- \_\_\_\_\_ Classroom Supplies