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COMPASSION FATIGUE: A REAL OR ASSUMED THREAT TO TEACHERS OF MENTALLY RETARDED SCHOOLS IN SOUTH EAST REGION OF TAMILNADU

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ABSTRACT:

The researcher has raised a fundamental question whether Compassion Fatigue, arising from mountain fire among Health care professionals, is also sweeping across the teachers of mentally retarded children and addressed it successfully through the current study. This is a quantitative survey, involving teachers in Mentally Retarded Schools in south east region of Tamilnadu encompassing 5 revenue districts. The

study has reported that overall compassion fatigue is moderate (38%) but fairly large percentage has fallen under high. Similar is the case with the dimension (STS) secondary traumatic stress, striking moderate (36%) but with 34% under high. The other dimension Job Burnout appears to be distinctively high (37%). All these signify that the compassion fatigue of teachers of mentally retarded children is likely to be between moderate and high, wielding a real threat to their professional life.

KEYWORDS: Mentally Retarded Children, Compassion Fatigue, Secondary Traumatic Stress, Job burnout.

INTRODUCTION:-

Brain being the 'power centre' of human beings is instrumental for perceiving, thinking, planning, executing any form of activity involving cognitive, affective and psycho motor domains. Brilliance of a brain is coded in the form of IQ for differentiation to accommodate individuals in several intellectual, economical, commercial, physical, social, emotional,

commercial, scientific and spiritual realm of activities, so as to reap the best in their field of interest. But for brain, the mere life of a human being is a waste. When a person is declared brain dead, some of their relatives come forward to donate a few of their vital organs to those who are in need of them for their survival. Similar to such vital cognizable organ, another invisible but powerful, abstract quality responsible for directing human beings to be loving, kind, sympathetic and concern for other suffering human being is 'compassion'. As the 'brain' sustains more the growth and development of the materialistic world; built of mental prowess;

innovative spirit, competencies and the cutting edge technologies; Compassion binds the individuals together to build a world of peace and harmony. Such a benevolent psychological characteristic is also stated to possess traces of negativity termed as Compassion Fatigue.

CONCEPTUAL FRAMEWORK

Empathy, Compassion, Compassion fatigue, Secondary Traumatic Stress, self compassion and burnout are the concepts widely prevalent in healthcare services. All these factors are applicable to teachers engaged in education service to mentally retarded children as with health care workers (Portia.R 2015). In

both the case, the servicing people are qualified enough to render the timely help to those in need of their service. Another major identification common to both areas of service is the play of compassion and its variant compassion fatigue. In all these, what appears to be central is the factor empathy which is associated with positive outcomes in those at receiving end (Rakel, et al, 2011; Hojat, et al, 2011) and also for those professionals extending the services (Thomas, et al, 2007). When the service oriented professionals happen to continually mingle with the individuals in unbearable physical sufferings and intolerable distressing situations, they become vulnerable to 'professional stress and 'compassion fatigue' which debilitate the ability to empathize with the sufferers (Decety, et al, 2010). In such situations, compassion may serve as a buffer to reduce the effects of stress on one's subjective wellbeing (Poulin, et al, 2013). Another research has shown that 'compassionate communication' is capable of nullifying the anxiety in breast cancer patients (Fogarty, et al, 1999). It is understood from literature that secondary traumatic stress and job burnout are dominant in healthcare professionals (McCray, et al, 2008) and among the nursing staff, (Sermeus, et al, 2011). As a result of it, there occurs reduced professional effectiveness, sub-optimal patient care (Shanafelt, et al, 2002) and increase in medical errors (West, et al, 2006).

Apart from the psychological, environmental and job related factors crucial for causing compassion fatigue, one among the few psychological factors capable of impacting significantly and reducing the state of compassion fatigue is self compassion. The characteristic that stands out as the most virtuous and needed one for the mankind is 'compassion'; but at the same time, it is considered as the fast fading out quality among human beings (Patty Kohler Evans; Candice Dowd Barnes (2015).

Compassion is defined in ordinary terms as 'a concern for others'. Compassion is in fact, a twofold characteristic. That is, a person of compassion, when confronted with a person in suffering but, he / she naturally feels for the suffering of that individual as his / her own; and then he / she gets stirred up emotionally, leading to a strong will or desire to alleviate the sufferings of the individuals (Seppala, 2013). Thus compassion combines empathy, or an emotional response with altruism or action benefitting another (Weng, et al, 2013). However, it has been shown that this 'other oriented' compassion is closely linked to self compassion (Welp and Brown, 2014; Neff and Pommier, 2013) which means 'compassion directed inward. It implies that the agent / the compassionate factor treats himself / herself as the object of care and concern with the burden of suffering exceeds the limit of tolerance (Neff, 2003).

As such it has brought forth that self compassion is helpful for health care workers by way of maintaining and developing their mental health. Subsequently self compassion is associated with positive psychological characteristics such as emotional intelligence, self-efficacy, social connectedness, etc. Thus 'self Compassion is stated to be 'vital' for preventing compassion fatigue and developing compassionate care (Gusting; Wagner, 2013).

The brief discussion presented above makes it clear that:

- ✓ Empathy is a feeling common to all human beings to feel sympathy or pain or worried about a person caught in a distressing, or a dangerous situation.
- ✓ Compassion is a characteristic involving the feeling of concern or altruism, followed by a desire to alleviate the problem of the individual in trouble.
- ✓ Secondary traumatic stress is what a health care professional derives from the acute pain or suffering expressed by the patient.
- ✓ Job burnout is a negative feeling that is feeling of exhaustion formed by a professional about his / her competence to rectify the problem or the suffering of the patients being dealt with.
- ✓ Self compassion is a compensative feeling to make up the loss of 'compassion' to fight against the onset of 'compassion fatigue'.
- ✓ Compassion fatigue is a state of reduced capacity for compassion as a consequence of being exhausted from dealing with the suffering of others (Figley, 2002, 2012).
- ✓ The formation of compassion fatigue is a possibility for teachers teaching mentally retarded children as they are also entrusted with the responsibility of developing their daily care skills and

some productive skills. Over and beyond the stipulated responsibilities, the teachers are burdened with lot of incidental works related to maintenance of health and physical conditions of children and cleanliness and hygienity of class and school environment, a conatant night mare to all the employees – irrespective of experience and cadre.

NEED FOR THE STUDY

1. Children of mentally retarded schools are noted for their inborn deficiency to develop basic verbal and numerical skills. More importantly, because of poor IQ, the power of recognition, understanding, retention, reproduction, etc are at the lowest possible level and as such their acquisition of basic knowledge about human organs, vegetables, fruits etc and basic skills of listening, speaking and responding are a threatening affair for the teachers. Continual sufferings to achieve the simplest educational goals may make the teachers feel disappointed, and at a point of time they may come to feel, they are powerless, incapable and run out of all energy, that is, pushed into a state of 'job burnout'. Therefore, the present study is needed to understand whether the teachers of mentally retarded children are in a 'burnout' condition or otherwise.
2. As the mentally retarded children are incapable of expressing their difficulties and even pain in their stomach or head or elsewhere, they have to suffer physically. The unbearable pain and sufferings often make them restless and yell and shout pathetically. Moreover, the poor eyesight and difficulty in walking, hearing cause them fall dangerously and head on collision against pillars or dangerous objects. Moreover, very often due to unidentified sickness, they may suddenly develop vomiting, diarrheas, fever (fits, rider), etc and as a result of it the whole classroom may suddenly turn out to be a place of pollution. It necessitates the concerned teacher, helper and the other attenders to work unitedly to take the ailing child to the doctor, and clean the room quickly to restore it hygienic. Constant exposures to such sufferings of helpless children will certainly shake the faith of the teachers on themselves and drain of their energy and spirit to continue their job. Such an impact of STS on these teachers is a question to be addressed in the current study.
3. Though compassion fatigue is a potential negativity expected in teachers of mentally retarded children, no attempt has been made so far to investigate the degree or level of compassion fatigue in teachers of mentally retarded children in the schools in south east region of Tamilnadu encompassing Sivagangai, Virudhunagar, Ramanathapuram, Tirunelveli and Thoothukudi districts. The current study addresses the felt and the identified research gap.
4. The outcomes of the current study shall notify the status and the intensity of the problem related to compassion fatigue, STS and job burnout of teachers of mentally retarded children in the schools in the south east region of Tamilnadu. Consequently, the authorities at the helm of affairs can make use of these outcomes, to plan and workout procedures to modify the existing set of practices to lessen the burden of inconsistencies, irregularities, overlapping, that distract and disappoint the job oriented and service minded teachers in mentally retarded schools. Therefore, the current study is going to be complete in all aspects from beginning to end serving as a preliminary document of the teachers of mentally retarded children in the schools in south east region of Tamilnadu.

OPERATIONAL DEFINITION

Compassion Fatigue: **Compassion fatigue** is a condition characterized by emotional and physical exhaustion leading to a diminished ability to empathize or feel compassion for others, often described as the negative cost of caring. It is sometimes referred to as **secondary traumatic stress (STS)**. According to the Professional Quality of Life Scale, burnout and secondary traumatic stress are two interwoven elements of compassion fatigue

By this the researcher means the score obtained on COMPASSION FATIGUE SCALE, the adapted form of Richard C. Adams, et al. (2006) from the revised version of Gentry, et al (2002) of Charles Figley (1995) Compassion Fatigue Scale.

METHOD ADOPTED FOR THE PRESENT STUDY

Having understood the background of the problem and also what necessitates to undertake a study on the felt problem, the Researcher finds the **Survey method** of research to be beneficial to realise what is being intended.

OBJECTIVE

- To identify the status of *compassion fatigue, burnout* and *secondary traumatic stress* of **teachers** and **helpers** working with mentally retarded children in the South East region of Tamilnadu.

HYPOTHESIS

- The status of *compassion fatigue, burnout* and *secondary traumatic stress* of **teachers** and **helpers** working with mentally retarded children in the South East region of Tamilnadu is **moderate**.

POPULATION

All the **teachers** and **helpers** working in the schools for mentally retarded children in the South East region of Tamilnadu – Sivagangai, Virudhunagar, Ramanathapuram, Tirunelveli and Thoothukudi revenue districts form the population of the study.

SAMPLE

The sample of the study is formed of randomly inducted **100 teachers** working in the schools for mentally retarded children in the South East region of Tamilnadu.

RESEARCH TOOLS

The research instrument "**Compassion Fatigue Scale**" (CFS) used in the present study is the one adopted by Richard E. Adams, Charles R. Figley and Joseph A. Boscarino (2006), from Gentry et al (2002) revised version of Compassion Fatigue Scale of Figley (1995).

STATISTICAL TECHNIQUES

Following are the statistical techniques that are used in the present study for the purpose of analysis of data:

- ✓ Arithmetic Mean and Standard Deviation.

ANALYSIS OF DATA

HYPOTHESIS 1

The level of compassion fatigue of teachers in schools for mentally retarded children in the south east region of Tamilnadu is moderate.

Table 1
Level of compassion fatigue of teachers in schools for mentally retarded

Variable	N	Low		Moderate		High	
		N	%	N	%	N	%
Job Burnout	100	29	29	34	34	37	37*
Secondary Traumatic Stress	100	30	30	36	36*	34	34
Overall Compassion Fatigue	100	29	29	38	38*	33	33

** indicates the level of compassion fatigue*

FINDINGS

1. The descriptive data analysis clearly reveals that 38% of teachers working in schools for mentally retarded in the South East region of Tamilnadu were found to be **moderate** in their overall *Compassion Fatigue*.

However, in the dimension *Job burnout*, they are found to be **high** (37%). In the dimensions *Secondary traumatic stress* (36%) they are stated to be **moderate**.

DISCUSSION

Step into any Mentally retarded school anywhere, you will find, your heart sinks unknowingly at the first look of a child in the school premises. Even once you have gone into the institution to extend you benevolence to those children bereft of normal mental growth, the struggling of the children you witnessed just for a few minutes, certainly less than an hour, will remain afresh in your mind all through your lifetime. Such is the acuity of helplessness an mentally retarded with moderate or more than moderate level retardation could convey to an onlooker. Therefore, the Researcher conceives, that the teachers working in mentally retarded schools would be definitely suffering from Compassion Fatigue (CF), ranging from the midpoint of 'moderate' to the midpoint of high. As conceived, the analysis of data has brought out the fact that the teachers teaching mentally retarded children in the mentally retarded schools in the south east region of Tamilnadu comprising Sivagangai, Virudhunagar, Ramanathapuram, Tirunelveli and Thoothukudi districts are moderate (38%) in compassion fatigue. The teachers of mentally retarded children are vested with the responsibility of educating the educable category i.e the mildly retarded one; and training the moderately or more than moderately retarded ones in basic self-care skills. Though this scheme of internal bifurcation looks simple and practicable in reality, in day school care as well as in day and night care that is fully residential category, extracts the same amount of work from teachers by taxing their patience to the core in keeping them and their classrooms as well as the training places hygienic, dry, odourless, neat and usable throughout the day. The children incapable of controlling the feelings of vomiting, urinating or even defecation due to lack of training at home or because of some internal and external bodily ailments, become a constant worry to teachers. The teachers may be aware of such physical and emotional roles in their volunterial avocation; yet when every child entrusted to their care stands an embodiment of pity, or sympathy, calling for more and more kindness, patience, love and sacrifice, again and again the strongest of the strong willed souls are made to feel, they are helpless, hopeless and run out of all energy – physical and emotional needed for imparting education, and training to the unfortunate ones. This is what reflected in the overall compassion fatigue revealed in the research.

Moreover, as in the case of overall compassion fatigue, the dimension of the Secondary Traumatic Stress (STS) is also reported to be moderate with 36% of the sample falling under this category. Though it may be generalized thus on the basis of higher percentage of the subjects (36%) under moderate level, by looking at the table 1 one could note that almost equal percentage, i.e. 34% of the sample has fallen under the 'high' category of STS. As the marginal difference between moderate and high is just 2%, it depicts the fact that the revelation of STS as 'moderate' is not a well concretized position rather it is an approximation of the intensity of STS in terms of broad categorization by percentage analysis. In this also there is an indication about potentiality of STS to move upward with enhanced strength. By this outcome pertaining to the level and intensity of STS, what the Researcher concludes is that the STS being imbibed by the teachers from the sufferings of children in their care, is a true sign of the prevailing condition of teachers in mentally retarded schools in the south east region of Tamilnadu. The physical incapability and the emotional pain experienced by the teachers who are supported to be responsible for more of educating the mildly retarded ones in their self-care skills and skills of basic communication for carrying out small instructions, and performing repetitive tasks within specific time frames, etc seem to signify the reduction in achieving the major task of preparing the mildly retarded children for life with minimum productive skills. The frightful state of STS in the teachers of mentally retarded children, warrants the special attention of the school management and the social welfare department of the government of Tamilnadu. Considering the mentally retarded

schools in financial crisis, incapable of providing the needed infrastructure or human resources, the government of Tamilnadu may make some special provisions to help the sick institutions serve better for the cause of mentally retarded children, the forgotten lot, with governmental assistance. The management of the schools may be encouraging to raise their resources by some means with the cooperation of the philanthropists and the local government. By securing needed infrastructure and human resources, the schools may lessen the intensity of secondary traumatic stress in teachers and help them function effectively to safeguard the welfare of the mentally retarded children who are in constant need of the services of the properly trained or experienced social minded people in dealing with the mentally retarded children.

When STS of the teachers of mentally retarded is moderate 36% of the subjects falling under this category, the status of the dimension – job burnout is reported to be ‘high’ with 37% of the subjects falling under this level. It may be attributed to the unexpected severity of the dimension STS. A teacher may contract the problem STS from the children entrusted to their care. The needed human resources attached with teachers in the name of ‘helpers’ to take care of the ailing children do not appear to be sufficient to manage the suffering ones. Therefore, it seem that the teachers are also on their own drawn to help the suffering children along with the helpers. When it is continued for long, or when the sufferings of the affected children turnout to be serious or critical, the teachers may also have to spend their whole time with the suffering children, foregoing their prime role of educating and training the mentally retarded children in life and productive skills. Thus debilitated to function properly teachers will come to feel that they don’t have the competence or the means to compensate loss incurred by the mentally retarded children during the course of the study. This is sort of vacuum created in their chosen profession develops in the teachers a negative feeling about their professional competence leading to frustration and emotional breakdown. The feeling of inability slowly consumes the teacher without emitting any smoke or fire; but renders him / her finally as a charred piece of wood, losing his / her strength, texture and fragrance. Thus the Researcher concludes that the teachers of mentally retarded children are being pushed towards the physically miserable and psychologically burnout state, because of lack of suitable environment prevailing in mentally retarded schools in the south east region of Tamilnadu – precisely compassion fatigue is not assumed, but a real threat to them.

REFERENCES

- Decety, et al, (2010). Physicians down-regulate their pain empathy response: an event-related brain potential study. *Neuroimage* 50 (4), 1676–1682, <http://dx.doi.org/10.1016/j.neuroimage.2010.01.025>.
- Figley, (2002). Compassion fatigue: psychotherapists’ chronic lack of self care. *J. Clin. Psychol.* 58 (11), 1433–1441, <http://dx.doi.org/10.1002/jclp.10090>.
- Figley, (2012). The empathic response in clinical practice: antecedents and consequences. In: Decety, J. (Ed.), *Empathy: From Bench to Bedside*. MIT Press, Cambridge, pp. 263–273.
- Fogarty, et al, (1999). Can 40 seconds of compassion reduce patient anxiety? *J. Clin. Oncol.* 17 (1), 371–379.
- Gusting; Wagner, (2013). The butterfly effect of caring – clinical nursing teachers’ understanding of self-compassion as a source to compassionate care. *Scand. J. Caring Sci.* 27 (1), 175–183, <http://dx.doi.org/10.1111/j.1471-6712.2012.01033.x>.
- Hojat, et al, (2011). Physicians’ empathy and clinical outcomes for diabetic patients. *Acad. Med.* 86 (3), 359–364, <http://dx.doi.org/10.1097/ACM.0b013e3182086fe1>.
- Neff & Pommier, (2013). The relationship between self-compassion and other-focused concern among college undergraduates, community adults, and practicing meditators. *Self and Identity* 12 (2), 160–176, <http://dx.doi.org/10.1080/15298868.2011.649546>.
- Neff, (2003). Self-compassion: an alternative conceptualization of a healthy attitude toward oneself. *Self Identity* 2, 85–102, <http://dx.doi.org/10.1080/15298860390129863>.
- Portia.R (2015). Stressors and Stress coping Strategies of teachers of Secondary classes, <http://hdl.handle.net/10603/72090>

- Patty Kohler Evans; Candice Dowd Barnes (2015). Compassion: How do you teach it? *Journal of education and practice*, 6 (10).
- Poulin, et al, (2013). Giving to others and the association between stress and mortality. *Am. J. Public Health* 103 (9), 1649–1655, <http://dx.doi.org/10.2105/AJPH.2012.300876>.
- Rakel, et al, (2011). Perception of empathy in the therapeutic encounter: effects on the common cold. *Patient Educ. Couns.* 85, 390–397, <http://dx.doi.org/10.1016/j.pec.2011.01.009>.
- Richard E. Adams, Charles R. Figley and Joseph A. Boscarino (2006). The compassion fatigue scale: its use with social workers following urban disaster, *Research on Social Work Practice*, Vol. 18 No. 3, May 2008 238-250.
- Seppala, (2013). Science: The compassionate mind. *Compassion Journal*, Retrieved from <http://compassionjournal.blogspot.com/>
- Sermeus, et al, (2011). RN4CAST consortium. *BMC Nurs.* 10 (6), <http://dx.doi.org/10.1186/1472-6955-10-6>.
- Shanafelt, et al, (2002). Burnout and selfreported patient care in an internal medicine residency program. *Ann. Intern. Med.* 136 (5), 358–367, <http://dx.doi.org/10.7326/0003-4819-136-5-200203050-00008>
- Thomas, et al, (2007). How do distress and well-being relate to medical student empathy? A multicenter study. *J. Gen. Intern. Med.* 22 (2), 177–183, <http://dx.doi.org/10.1007/s11606-006-0039-6>.
- Welp and Brown, (2014). Self-compassion, empathy, and helping intentions. *J. Posit. Psychol.* 9 (1), 54–65, <http://dx.doi.org/10.1080/17439760.2013.831465>.
- Weng, et al, (2013). Compassion training alters altruism and neural responses to suffering. *Psychological Science (Sage Publications Inc.)*, 24(7), 1171-1180.
- West, et al, (2006). Association of perceived medical errors with resident distress and empathy: a prospective longitudinal study. *J. Am. Med. Assoc.* 296 (9), 1071–1078, <http://dx.doi.org/10.1001/jama.296.9.1071>.