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Effects of Secondary Traumatic Stress and Burnout in Special Education Teachers

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EFFECTS OF SECONDARY TRAUMATIC STRESS AND BURNOUT IN SPECIAL EDUCATION TEACHERS

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ABSTRACT

Secondary traumatic stress and burnout have been well-documented in the psychological field. In recent years, these effects of occupational stress have started appearing in other professions, especially in helping fields such as mental health, social work, and even education. The purpose of the study was to explore teachers' perspectives about their current levels of stress, including burnout and secondary traumatic stress along with their current methods of managing stress to determine whether secondary traumatic stress predicts burnout and whether secondary traumatic stress affected special education teachers at a higher rate than general education teachers. A survey was used to gather information from educators PK-12 to find their current levels of stress, burnout, secondary traumatic stress, job satisfaction, and coping strategies. A moderation was used to analyze demographics and factor analysis was also used to analyze responses. The results of the study indicated that teacher stress is an important predictor of secondary stress and burnout. The study did not find that compassion, age, experience moderated relationship between teacher stress and burnout in general ed or special ed teachers. Implications are discussed.

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CHAPTER 1

Introduction

Teacher shortages have been an important problem in America. According to the Washington Post, a questionnaire prepared by the U.S. Office of Education in 1957 found that 50% of new teachers planned to quit in the next five years (D'Amico- Pawlewicz, 2021). The same article cited that teacher shortages historically stem from not providing teachers with fair pay and autonomy about what they teach. They also indicated that administration, school boards, and communities have responded by lowering the criteria for hiring by hiring paraprofessionals, untrained substitutes, or emergency certified teachers, which has created a revolving door of teacher turnover. A recent survey found three main reasons for the continued teacher shortage, specifically in America: lack of fully qualified applicants as there are fewer new graduates and their preparation is questionable. Additionally, salary and benefits fall short when compared to similar careers (Lopez, 2021).

According to a survey of members of the American Federation of Teachers union, almost two in five teachers were planning to quit in the next two years. Salaries were indicated as a major factor, given that, per their perception, teachers' salaries did not keep up with inflation. The article also cited that student behavioral problems and a lack of respect towards teachers (Querolo & Ceron, 2022). A Gallup Poll in February showed that K-12 educators were the most burned-out segment of the US labor force and were

walking out by the hundreds of thousands, vowing never to return. A study by the National Center for Education Statistics (NCES, 2022) found that 44% of public schools reported teaching vacancies. Boe et al. (2007) estimated approximately 20% of teachers will leave the profession by the end of their third year, and 50% will leave before the end of their fifth year. The authors also suggested that 17% of new teachers and 10% of veteran teachers (with ten or more years of experience) leave the field each year (Blatt, 2016). According to Gray and Taie (2015), 17% of US teachers who started in 2008 left the profession in the following four years.

The Department of Labor estimated that teacher attrition costs the school 30% of the departing teacher's salary (Alliance for Excellent Education [AEE], 2004). Based on their estimated numbers, each case of teacher attrition costs a school system approximately $12,546 (AEE, 2004). This financial burden was borne through retraining costs, hiring, and interview process which takes away from time and resources focused on instruction. Therefore, teacher attrition placed severe stress on school functioning, which consequently affected students and the school's overall effectiveness (Hong, 2012). One study examined the effects of teacher turnover based on 66 elementary schools (Guin, 2004). The authors investigated the relationship between turnover and the proportion of students who met standards on statewide assessments. The results indicated that students in schools with higher turnover had lower achievement scores (Guin, 2004). In short, teacher turnover has profoundly disrupted the school climate and created an unstable learning environment for students (Ronfeldt et al., 2013; Fitchett et al., 2017).

According to Fowler (2015), most teachers have left the profession within the first five years before they can gain the necessary experience to become skillful educators. Since teachers have been leaving the field and often in their early career, Fitchett et al. (2017) investigated if new teachers' perceptions of the workplace are associated with occupational health in the same way as their more experienced colleagues. Previously, Lambert et al. (2015) utilized teacher responses to the nationally representative Schools and Staffing Survey (SASS) of teacher workforce conditions to show that teachers most vulnerable toward stress reported lower autonomy, increased burnout-like symptoms, and less commitment to teaching in the future. They used the resources/demands theory to ask first-year teachers their perception or appraisal of the workplace demands and resources in order to predict potential stress. One protective factor for early career teachers was found to be their level of confidence in their training. Current research in teacher education asserts that comprehensive field experiences and coherent program structures contribute to teacher retention, efficacy, and quality (Darling-Hammond, 2006; Grossman et al., 2008; Liu et al., 2016).

Special Education Teachers

Special education teachers could be vulnerable to burnout. Specifically, special education teachers have been serving students identified under the Individuals with Disabilities Education Act (IDEA) with a disability and have individual education plans (IEP). According to the National Center for Education Statistics (NCES, 2022), the number of students who received special education services from the 2009/10 school year to the 2020/21 school year increased from 6.5 million to 7.2 million. While 33% of

students receiving special education services have a specific learning disability, the next most common eligibility is another health impairment at 15%. Students with autism, developmental delays, intellectual disabilities, and emotional disturbances each fell between five and 12% of students served under IDEA (NCES, 2022).

Moreover, special education teachers have served a wide range of abilities and disabilities. Fowler (2015) acknowledged that teaching is a helping profession that often extends beyond the curriculum, and children do not check their tragic experiences at the door. Fowler (2015) explained that special education teachers have become caregivers and may also harbor their own issues that may become activated when a student's trauma or experiences are like their own. While not all students have experienced adverse childhood experiences (ACE), students with disabilities are more at-risk for additional traumas. According to Felitti and Anda (2010), one in six children attending public schools experience complex trauma, and more than 50% of public school students have lived through traumatic or adverse childhood experiences. Additionally, students with disabilities experienced these types of events at higher rates than those without disabilities (Thomas-Skaf & Jenney, 2020). Teachers working with children who have experienced traumatic events are susceptible to secondary traumatic stress (STS) (Stamm, 2010). Special education teachers have become caregivers and provide support to their students. Teachers who have been empathetic, compassionate, and hardworking have been found to be the most vulnerable to burnout (Stanley, 2011). Challenging behaviors such as lack of attention, academic weakness, and violence from students are associated with higher levels of stress and burnout for teachers (Brunsting et al., 2014; Pepe &

Addimando, 2013; Sajjad, 2011; Tiesman et al., 2014). One research article found over 26% of all injuries were student-related; 8% resulted in lost work time, and it was special and general education assistants who experienced significantly increased risk of injury compared with other educators (Schofield et al., 2019).

In general, among the main issues that have been affecting educators and special educators are low wages, low professional respect, and high levels of stress. Stress, for instance, could lead to major health concerns, which may affect student outcomes and may lead to teachers leaving the profession (Ingersoll, 2001). Students with special needs may bring a spectrum of health concerns, abilities, and behaviors to the classroom that can be classified as stressful for teachers. For example, students may bring in stories of trauma, abuse, and neglect because, in the United States, as research indicated 44% or more of children experienced or witnessed a traumatic event before the age of six (Finkelhor et al., 2013; Woolgar et al., 2022).

Overall, teacher stress combined with secondary traumatic stress may be responsible for even more teachers leaving the field. The purpose of this study was to determine whether special education teachers experience greater levels of occupational stress and if secondary traumatic stress intensified their feelings of professional burnout and thoughts of leaving the profession.

Research Questions

1. Does secondary traumatic stress and burnout affect special education teachers at a higher rate than general education teachers?
2. Does secondary traumatic stress predict burnout in teachers?

3. Does compassion satisfaction moderate the relationship between secondary traumatic stress and burnout in teachers?
4. What other demographic variables moderate the relationship between secondary traumatic stress and burnout in teachers?

Definition of Burnout and Secondary Trauma

Burnout is defined as the physical, emotional, and mental exhaustion caused by chronic occupational stress with three core dimensions: emotional exhaustion, depersonalization, and reduced personal accomplishment (Maslach et al., 2001).

Secondary trauma stress is used to describe the phenomenon of negative consequences or effects of experiencing a traumatizing event secondhand, either by witnessing it, hearing talk of it, or knowing about it (Figley, 2002). This phenomenon often occurs in helping professions such as medical/health care, mental health, and even education.

Significance of the study

The current study may help determine if special education teachers experience higher levels of secondary traumatic stress than their general education peers and if feelings of secondary traumatic stress increase teachers' perceptions of burnout. Identifying and understanding teachers' perspectives about their experiences with burnout and secondary traumatic stress may help school administrators support their teachers more completely and prevent teacher turnover. Other areas of improvement would be possible interventions to support teachers and increase teacher retention.

CHAPTER II

Literature Review

The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) in 2013 defined stress as a pattern of responses a person makes to environmental cues that interrupt one's equilibrium by exceeding the ability to cope (American Psychiatric Association, 2013). Cooper et al. (1995) defined stressors as small daily inconveniences (i.e., traffic, technology malfunctions) comprised of physiological, psychological, and social factors. The authors also indicated that stressors can add together to cause detrimental effects on health. For example, Yau and Potenza (2013) found that stress can change one's eating habits and sleep patterns which can lead to poorer health. Stress has also been associated with physiological systems by negatively affecting the regulatory hormones, which can cause abdominal pain, cardiac conditions, ulcers, irritable bowel syndrome, or inflammatory bowel disease (Horsch et al., 2016; Scheffer et al., 2019). In fact, studies have found that stress could be directly linked to seven of the ten leading causes of death in the world (Quick & Cooper, 2003).

Occupational Stress

Occupational stress has been defined as the psychological stress related to one's job. According to data obtained by Avey et al. (2011) and Morris et al. (2013), human services and helping professions were more likely to experience occupational stress due

to workload, long hours, status, and salary. Occupational stress was identified during the 1980s as one of the top ten occupational health problems in the United States. Bae et al. (2010) found that occupational stress leads to employee attrition and turnover, which can have a financial effect on the employer. Similarly, Bae et al. (2010) found that occupational stress leads to health implications, which often relate to absenteeism (missed days of work).

In order to measure occupational stress, several theories were proposed to help tease out the intricacies. The transactional theory (Lazarus & Folkman, 1984) redefined stress as a response to a particular relationship between the person and the environment that is assessed by the person as taxing or exceeding their resources and endangering their well-being. This theory considered the person's perception of the taxing nature of stress and one's ability to withstand the stress. This type of transactional theory of stress replaced previous types of research that investigated occupational stress through a production function model or simple input/output models. Transactional theory understands the relationship between people's experiences and their understanding of stress. Balance models are a type of transactional theory that looks at the demands placed on a person and the resources available to meet those demands in a workplace.

The balance or transactional theories (Meurs & Perrewé, 2011) explained that occupational stress comes from a perceived imbalance of the demands of the job and the resources available at the job to complete the demands. According to this theory, the ability to cope with stress depends on a person's resources to withstand the demands of

the stressful event. These balance models of stress are helpful when thinking about stress in the workplace or occupational stress. Other balance models, such as the job demand-control model (Karasek & Theorell, 1990) and the job demands-resources model (Bakker & Demerouti, 2007), also theorized that job stress results from high levels of demands and insufficient resources (Fitchett et al., 2017).

The job demands-resources (Bakker & Demerouti, 2007; Demerouti et al., 2001) model investigated the relationships between job traits and workers' well-being. The job demands-resources model claimed that certain specific job characteristics led to well-being, which ultimately influenced job performance. The central idea of the job demand-resources model was that working conditions, which are specific to every occupation, could generally be classified as either job demands or job resources (Bakker & Demerouti, 2007). Job demands were described as physical, social, or organizational aspects of the job that require sustained physical or mental effort and are therefore associated with certain physiological and psychological costs (Demerouti et al., 2001). As opposed to job demands, job resources were defined as physical, psychological, social, or organizational aspects of the job that may be required in achieving work goals, reduce job demands and their related costs, or stimulate personal growth and development (Demerouti et al., 2001), such as autonomy, and organizational or supervisor support. Therefore, high job demands and low job resources lead to burnout.

In support of this theory, Ali and Kakakhel (2013) examined the relationship between psychological and physiological stress on medical workers' feelings of

organizational commitment. From a survey of 334 medical representatives, results indicated both physical and mental stress decrease an employee's commitment to the organization and lower job satisfaction. Using R Square, a 56% variance in organizational commitment was attributed to both physical and mental stress (Ali & Kakhel, 2013). The most common causes of occupational stress were excessive job demands, inadequate work resources, and exposure to psychologically unhealthy work environments (Brough et al., 2018).

In summary, balance or transactional theories were shown to be consistent in that individuals experience stress when they appraise themselves as unable to cope with work demands. In other words, occupational stress occurs when the job is perceived as too demanding for the worker to achieve with either their skills or the resources available. This framework could be useful in identifying which teachers are likely to experience vocational concerns.

Teacher Stress

McCarthy et al. (2014) gathered data from elementary teachers and classified teachers into three groups based on their appraisals of classroom demands and resources: (a) resources greater than demands (labeled the resourced group), (b) demands equal to resources (labeled the balanced group), and (c) demands greater than resources (labeled the demand group). According to transactional models of stress, it is this last group that is theorized to be most vulnerable to stress; these groupings were then examined for differences in teachers' personal coping resources, job satisfaction, and intention to leave

their current jobs. McCarthy et al. (2014) used four measures in this particular study: the Classroom Appraisal of Demands and Resources (CARD) (Lambert et al., 2015), Plans to Leave Current Job (PLCJ), Preventive Resources Inventory, and Job Satisfaction scale. Previous research using the CARD has found that teachers with higher demands than available resources are more likely to report burnout symptoms, and more students with behavior problems and learning disabilities (McCarthy et al., 2014).

Cook and Babyak (2019) used the conceptual framework of Fimian (1984) who noted there are five main areas of occupational stressors: time management; work-related stress; professional distress; student discipline and motivation; and professional investment.

Time Management. Brown and Roloff (2011) suggested that teachers who were disorganized in managing their instructional time during the school day were more prone to leaving the teaching profession. Poor time management skills lead to more work being completed at home, further increasing stress levels. Completing required paperwork, meeting district deadlines, and planning lessons to guarantee compliance with the state curriculum requirements have made it more difficult for teachers to use their non-instructional time in a meaningful manner (Dewe & O'Driscoll, 2012; Cook & Babyak, 2019).

Work-Related Stressors. Work-related stressors are shown as environment-specific events that cause stress. Several researchers found work-related stressors to be a critical factor in teachers' experience of stress and their choice to stay or leave the

profession (Eggerth & Cunningham, 2012; Fimian, 1984; Kebelo, 2012; Mansoor et al., 2011; Narainsamy & Van Der Westhuizen, 2013). Poor student relationships, limited lunch and bathroom breaks, or campus climate can be considered environment-specific stressors.

Professional Distress. Professional distress was defined as how teachers perceive themselves as professionals. According to Morrison (2013), a teacher's professional identity allows the individual teacher to have specific ways to respond to daily challenges (Morrison, 2013). Furthermore in regards to professional distress, Prasad (2016) observed that individuals might believe that their jobs are secure, but issues such as career advancement and promotion are often reported as psychological stresses.

Student Discipline and Motivation. Motivating and keeping students' interest in the classroom have been shown to be difficult tasks, especially for novice teachers. First-year teachers have indicated that classroom management is their primary source of stress (Dicke et al., 2014; Eisenman et al., 2015; Ferguson et al., 2012; Stough et al., 2015). These studies also showed that the more discipline issues in the classroom the more stress teachers reported.

Professional Investment. Professional investment has been defined as the time teachers invest in their field (Thomas et al., 2012). Accordingly, when teachers held high expectations for themselves and worked strenuous hours to meet their professional goals, teachers experienced high levels of burnout (Thomas et al., 2012). One study found that teachers who spend hours on school at home or outside school hours average a total of

1913 hours of outside teaching work per year (Brown & Roloff, 2011) enough hours to almost equal a 2nd full-time job.

In his study, McCarthy et al. (2014) sampled elementary teachers who reported typical levels of demands within the classroom and lower-than-expected levels of resources. The three groups of resourced, balanced, and demand teachers were found to have a correlation to years of experience. The resourced group (teachers who have sufficient resources) tended to have more years of experience compared to the demands group (teachers who perceived more demands than resources). Further results showed that teachers in the demand group reported having statistically significantly more plans to leave on average than the other two groups (balanced or resourced group) (McCarthy et al., 2014). The result of this research demonstrated the importance of exploring teachers' perceptions of work demands and available resources within the school system. The occupational stress felt by teachers affects their decisions to stay in the field. Previous research also showed that teacher's low self-efficacy is associated with more health complaints (Schwerdtfeger et al., 2008), higher stress associated with classroom management (Hong, 2012), and burnout (Schwarzer & Hallum, 2008). Therefore, research showed that knowing how the teachers perceive their abilities and coping strategies affected their ability to overcome occupational stress.

Researchers in Romania examined stress factors and solutions specifically for preschool teachers. From a survey of 150 teachers, half of the respondents admitted to being tempted to leave the profession (Clipa & Boghean, 2015). This study identified the

areas of life most affected by teacher stress (family life and health were most effected), identified the main stressors (excessive administrative requests and insufficient financial support), and went so far as to identify solutions (pay raises and hiring more teachers) (Clipa & Boghean, 2015). These findings align with the research presented in this paper. Teacher stress is often linked to high demands and not enough resources. Researchers in Pakistan examined personal and job-related predictors of teacher stress and job performance among teachers. Job experience, number of family members, and number of students were significantly tied to an increase in teacher stress (Hanif et al., 2011).

Burnout and Attrition

Historically, burnout started as neurasthenia (exhaustion of the nervous system). In 1981, Maslach and Jackson developed the Maslach Burnout Inventory (MBI) to assess burnout through the components of emotional exhaustion, depersonalization and reduced personal accomplishment. Emotional exhaustion was characterized by a lack of energy/enthusiasm or feelings of exhaustion. Depersonalization referred to a clinician's negative attitudes or feelings towards other people, eventually perceiving others as objects. Maslach et al. (2001) explained that reduced personal accomplishment referred to negative self-assessment or dissatisfaction with one's accomplishments or professional situation. The Maslach Burnout Inventory was first used to assess burnout in the medical profession. Later, researchers examined burnout in teachers. Maslach et al. (2001) identified six risk factors for burnout in 2001: mismatch in workload, mismatch in control, lack of appropriate awards, loss of a sense of positive connection with others in

the workplace, perceived lack of fairness, and conflict between values. Burnout was not viewed as a dichotomous variable (being present or absent). Instead, it was referred to using descriptors of mild, moderate, or severe (Maslach et al., 2018).

Burnout has been shown to cause a lack of interest in the work being done, a decrease in work performance, feelings of helplessness, and trouble sleeping. Burnout may be mistakenly identified as depression, lower energy, coming to work late, sense of dread upon arrival at work, concentration problems, forgetfulness, increased frustrations, and feelings of being overwhelmed (Maslach et al., 2001).

In a Bloomberg article, one teacher explained how, after four years of teaching, she was leaving the profession because she was doing the job of five people (Querolo & Ceron, 2022). The article referred to a statistic from LinkedIn, stating the number of teachers who quit was 41% higher than the previous year. When schools are unable to fill positions, some schools allow veterans and other non-credentialed workers to enter the classroom as replacements. Querolo and Ceron (2022) identified low salaries, low professional respect, and increases in problematic student behavior as contributing factors to teacher attrition. Querolo and Ceron (2022) interviewed one teacher who said that teaching a class where everyone had different reading levels, abilities, and needs left her feeling that teaching is a job that required high levels of adaption. For example, one school counselor shared how she was working 60 hours a week, skipping lunches, completing suicide risk assessments, and ended up losing money, before she made the choice to leave education (Querolo & Ceron, 2022). Therefore, the long hours and

continuous adaptation of teachers may cause significant levels of stress, which in turn may lead to overwork and burnout.

Trauma

According to Felitti and Anda (2010), one in six children attending public schools has endured complex trauma, and more than 50% of public-school students have experienced traumatic or adverse childhood experiences. Additionally, students with disabilities have experienced these types of events at higher rates than those without disabilities (Thomas-Skaf & Jenney, 2020). One study from the North Carolina Medical Journal found a higher percentage of persons with disabilities (36.5%) than those without disabilities (19.6%) reported high ACE exposure (Austin et al., 2016). Among those with high ACE exposure, persons with disabilities were more likely to have reported several ACE categories, particularly childhood sexual abuse (Austin et al., 2016). Traumatized students were especially prone to difficulty in self-regulation, negative thinking, being on high alert, difficulty trusting adults, and inappropriate social interactions (Terrasi & de Galarce, 2017). In an article exploring the differences in teaching trauma compared to trauma-informed teaching, Carello and Butler (2014) explained that exposure to traumatic disclosures can also be triggering for instructors. Course content can cue students' trauma experiences and lead them to disclose, invited or not, and instructors are often ill-prepared for these disclosures (Carello & Butler, 2014). Laub (1992) explained how a listener of the trauma can become a participant and even a co-owner of the traumatic event. If a student disclosed or reported a traumatic event, it would likely be to

their teacher. Thus, special education teachers may be more at-risk for secondary traumatic stress than other educators due to the at-risk population they serve (Thomas-Skaf & Jenney, 2020).

Secondary Traumatic Stress

As explained by McCann and Pearlman (1990), vicarious traumatization refers to a transformation in cognitive schemas and belief systems resulting from empathic engagement with clients' traumatic experiences that may result in significant disruptions in one's sense of meaning, connection, identity, and world view, as well as in one's affect tolerance, psychological needs, beliefs about self and other, interpersonal relationships, and sensory memory. Indirect exposure to trauma is experienced across many professional fields. Figley (1995) explained that secondary traumatic stress was considered an occupational injury caused by providing direct services to people exposed to injury. Similarly, secondary traumatic stress disorder is considered a syndrome that occurred after seeing, even hearing, or engaging in an extremely severe traumatic stressor. The response to this experience is accompanied by fear and helplessness, and the event is constantly resonated in the mind so that the individual tries to avoid remembering it. The symptoms of this disorder usually lasted for more than a month and affected important aspects of the person's life, such as family and professional quality of life (Mottaghi et al., 2020).

Figley (1995) first defined secondary traumatic stress as the behaviors and emotions resulting from knowing about a traumatizing event experienced by a significant

other, the stress resulting from helping or wanting to help a traumatized or suffering person. Despite the trauma exposure being indirect, symptoms of secondary traumatic stress were very similar to post-traumatic stress symptoms. The National Child Traumatic Stress Network (NCTSN) defined secondary traumatic stress as the emotional duress that results when an individual hears about the firsthand traumatic experiences of another person (n.d.). Secondary traumatic stress can be compounded with occupational stress when people feel overwhelmed and work in unsupportive and demanding environments. Later Figley (2002) redefined secondary traumatic stress as compassion fatigue or empathy overload as a more user-friendly term. Figley (2002) reported it can affect any professional who uses their emotions or heart at work. This phenomenon, referred to as vicarious traumatization (VT), secondary traumatic stress (STS), and compassion fatigue (CF) is now viewed as an occupational hazard of clinical work that addresses psychological trauma, a view supported by a growing body of empirical research (i.e., Adams et al., 2006; Bride, 2004; Bride et al., 2007). Therefore, this is concept is explained as an inherent risk of significant emotional, cognitive, and behavioral changes to those that have experienced it.

Research on secondary traumatic stress started among health professionals. In nurses, compassion fatigue was first explained as nurses' response of either emotional distancing to turn off their feelings or feeling helpless and angry as they watched patients go through trauma or devastating illness (Drury et al., 2014). First responders are also at risk for secondary traumatic stress. Researchers are now investigating secondary trauma

within social work and education. Indicators associated with STS include apathy, fatigue, irritability, decreased productivity, boredom, diminished performance, an emotionally overwhelmed state, poor judgment, callousness, and desensitization to the needs of others (Stamm, 2010). Other researchers say STS is characterized by exhaustion, anger and irritability, negative coping behaviors including alcohol and drug abuse, reduced ability to feel sympathy and empathy, a diminished sense of enjoyment or satisfaction with work, increased absenteeism, and an impaired ability to make decisions and care for patients and/or clients (Mathieu, 2007).

The following are symptoms related to secondary traumatic stress, provided by the National Child Traumatic Stress Network (2009): hypervigilance, minimizing, fearful, hopeslessness, disconnection, poor boundaries, social withdrawal, desensitization to violence, avoidance of situational conflict, diminished self-care, survival coping, guilt, anger, cynicism, chronic exhaustion, sleeplessness, and physical ailments.

In a previous study, compassion fatigue negatively affected a clinician's professional functioning by putting them at a higher risk for misdiagnosis, poor treatment planning, or abuse of clients (Mathieu, 2007). Compassion fatigue occurred when the amount of compassion expended by the staff member exceeded their ability to cope or recover. Several studies also found that high-empathy nursing students exposed to traumatic events had experienced a higher rate of secondary traumatic stress, and consequently, the rate of sleep disorders, hostility, and compassion fatigue was significantly higher in these students than that of healthy ones. Similarly, the results of

various studies showed that half of the nurses working in psychiatric departments suffered from excessive stress and emotional exhaustion, which might affect their professional quality of life and could reduce the quality of patient care and consequently, lead to compassion fatigue (Bride et al., 2007). Professionals that are exposed to secondary trauma such as healthcare, emergency, and community service workers, are at an increased risk of developing CF and potentially more debilitating conditions such as depression and anxiety, and even post-traumatic stress disorder (PTSD) (Cocker & Joss, 2016). Mental health conditions like these are known to increase sickness absence, psychological injury claims, job turnover, and negatively impact productivity (Cocker & Joss, 2016).

Concepts of compassion fatigue include trauma symptoms, cognitive distortions, general psychological distress, and burnout. In their research, Duarte and Pinto-Gouveia (2017) stated that empathy had a significant relationship with feeling guilty in nurses. In other words, the findings showed that increased empathy in nurses might lead to a feeling of extreme accountability for the patients who were exposed to traumatic events or might cause them to feel they had a better fate than others and were in good health while others nurses' care of patients and their job satisfaction, and might result in the nurses' dysfunction in their personal and social lives (Mottaghi et al., 2020). These heightened feelings of empathy and guilt in nurses were similar to the idea of survivor's guilt and intensify feelings of occupational stress.

Increased empathy may lead to a pathological feeling of guilt and a sense of extreme and irrational responsibility toward patients. Given the nature of their work, nurses are particularly exposed to situations that constantly recruit their empathic abilities. Given the close association between guilt and empathy, it is likely that nurses more prone to have experienced pathogenic empathy-based guilt may have experienced excessive and misplaced responsibility for their patients (Mottaghi et al., 2020). Due to exposure to traumatic events and empathy with patients with trauma, helping fields may be even more likely to have experienced mental health problems, and over time, they may lose compassion for patients. Thus, interventions and training programs targeting pathogenic empathy-based guilt and empathic distress may be particularly important to help reduce compassion fatigue (Nasl & Dargahi, 2009; Mottaghi et al., 2020).

Some clinicians or educators have not experienced compassion fatigue, depending on their own previous life experiences, temperament, and emotional intelligence, including their level of empathy. Najjar et al. (2009) identified that empathy is vital to the development of CF, as the caregiver must have the ability to perceive and understand what their patient/client is experiencing and be able to communicate this understanding. Compassion fatigue will not affect all individuals in the same way. Some practitioners will experience compassion fatigue and continue to work in their chosen field of professionalism. Others may be unaware they are experiencing it. The first step to decreasing compassion fatigue is identifying and recognizing the symptoms. Self-monitoring symptoms and stress may be an effective strategy to combat compassion

fatigue. Erkutlu (2012) conducted a survey of high school teachers using the Maslach Burnout Inventory and the Personal Views Survey III-R and Self-Monitoring Scale which examined the moderating effects of self-monitoring on teacher burnout and organizational politics and found self-monitoring strengthened the positive relationship between organizational politics and teacher burnout. Identifying and monitoring how one fits within their organization gave teachers a stronger sense of belonging and meaningfulness to their work (Erkutlu, 2012).

Special Education Teachers

Overall, special education teachers have a unique role that is as diverse as the students they serve. Special education teachers provide instructional support to a wide spectrum of unique learners. They are responsible for differentiated and individualized instruction for a large number of students. Special education teachers also cope with similar concerns as general education teachers such as pressure to have students perform well on assessments, demonstrate more rigorous progress, unmotivated students, student discipline, and challenging behaviors (Terrasi & de Galarce, 2017). These challenging behaviors can be even more physically aggressive and verbally aggressive than general education teachers' experience. The resulting paperwork and documentation add stress to teachers. Special education teachers are one of the most needed or in demand types of teachers (bilingual and STEM are the others). Not having special education teachers results in gaps in services and causes delays in students' progress.

One study that targeted specifically special education teachers examined how mindfulness and prayer affected teachers' perceptions of stress (Donahoo et al., 2018). Teachers were given the Perceived Stress Scale and Professional Quality of Life, and after an educational presentation, teachers self-selected interventions that included support groups, text reminders, and encouraged mindfulness and prayer. Using a pre- and post-test, researchers found prayer and mindfulness may effectively reduce levels of stress and compassion fatigue. Group A participated in lower frequencies of prayer and meditation while Group B participated in higher frequencies of prayer and meditation. Perceived stress scores were significantly different between the two groups, indicating that participants who practiced prayer and mindfulness with higher frequencies perceived lower levels of stress (Donahoo et al., 2018). Identifying both proactive and reactive interventions is needed to address the rising concerns surrounding teacher burnout and occupational stress. The problem of teacher burnout and stress needs to be addressed from both sides.

Self-Efficacy

Bandura (1993) identified self-efficacy as people's beliefs about their abilities to perform in a way that matters, including their ability to succeed in specific situations or accomplish a task. Individuals may have control over a task when they have the abilities and the means to complete the task. This idea of control was renamed by Bandura as self-efficacy as part of the social cognitive theory (Bandura, 1993). The opposite of control is helplessness. When people felt they had no control over a situation, they were deeply sad

and unmotivated, were unable cognitively to see alternatives, and devalued themselves (Flammer, 2001). Another related concept of locus of control (Rotter, 1954) referred to where a person places control, either internally or externally. Internal control means a person believes they have agency over the situation, whereas external control means one is not in control rather the world, chance, or luck are responsible. People with an internal locus of control often have higher self-efficacy.

Self-efficacy, locus of control, and feelings of helplessness are important concepts that may be affecting teachers' abilities to educate their students or their willingness to dedicate the long hours required of them. Systemic barriers may also affect how teachers feel about their jobs.

Bandura (1993) lists four factors affecting self-efficacy: experience, modeling, social persuasion, and physiological factors. Experience is the most effective and impactful factor that can increase self-efficacy. Success builds SE and failure lowers it. Modeling is a key concept in cognitive learning theory. Children learn through watching others. When children see someone who is a peer or similar to them succeed, they are more likely to believe they too can accomplish the task. Providing new teachers with a mentor can be a protective factor. Social persuasion refers to encouragement or discouragement. Having someone genuinely praise our success will increase self-efficacy. Discouragement will have an even stronger impact. Physiological factors related to stress (stomachache, butterflies, nausea, shakes, pain, fatigue) can alter SE. However, people with high SE will often recall they overcame these physical factors and succeeded.

People with low SE will interpret these psychosomatic reactions as proof they are not good at the task. Individuals with high self-efficacy beliefs also report strong feelings of well-being and high self-esteem in general (Bandura, 1997).

Previous research suggested that teacher self efficacy (defined as expectations that one can handle life demands) and relationships with colleagues and administrators might all be considered important types of coping resources for educators. For example, Klassen and Chiu (2011) found that teachers' occupational commitment and quitting intention were affected by self-efficacy and job stress. Research has shown that teachers' low self-efficacy is associated with more health complaints (Schwerdtfeger et al., 2008), higher stress associated with classroom management (Hong, 2012), and burnout (Schwarzer & Hallum, 2008). Strong, positive relationships with colleagues and administrators also consistently have been shown to be an important coping resource for teachers (Certo & Fox, 2002).

Higher self-efficacy can lead to higher levels of planning, organization, and even enthusiasm and can lead to more resilience (Certo & Fox, 2002). Teachers with higher self-efficacy are able to run a smoother classroom. Teachers with lower self-efficacy may shy away from difficult tasks and are more prone to depression and stress. In other words, if they consider the work overwhelming, it is easier to burn out. Teachers' belief in their ability to promote learning has a direct impact on the learning environment and the achievement of their students.

Teachers who experience quality training, including well-structured field experiences and more exposure to methods coursework, have reported an increased sense of preparedness and an increased likelihood to remain in teaching (Boe et al., 2007; Ronfeldt et al., 2014). In contrast, teachers with less professional education and who enroll in alternative certification programs report feeling less prepared (Kee, 2012). The effects of teacher education also extend outside of preservice training. New teacher support programs offering a mixture of mentorship (modeling), support structures (social praise), and on-the-job training for new teachers, are a needed asset in US schools. Research indicated that these programs can significantly reduce attrition (Hobson et al., 2009; Smith & Ingersoll, 2004) and improve the overall well-being of beginning teachers (Ingersoll & Strong, 2011), and in turn increase self-efficacy (Darling Hammond et al., 2002; Hoy & Spero, 2005; Putman, 2012).

Self-efficacy rooted in Bandura's social cognitive theory also allows for group or collective efficacy. From the research on the current state of the teacher shortage, those factors of professional respect, low wages, and high demands could affect the collective morale of a school or educators' collective efficacy. Collective efficacy is the belief within the group of their capacity to pursue a desired goal (Bandura, 1993). It is a deeper personalized buy-in of a school's purpose and abilities. An individual's self-efficacy could be mediated by collective efficacy and school climate.

Compassion Satisfaction

The opposite of compassion fatigue, which is compassion satisfaction, could be considered a protective factor. Compasion satisfaction have been shown to effectively help an individual work through a difficult time can give a clinician compassion satisfaction (Stamm, 2002). Compassion satisfaction can also be defined as the pleasure one derives from being able to do one's work well. It may be the pleasure to help others through work or one's ability to to contribute to the work environment or a central cause that creates a better society (Stamm, 2010). Compassion satisfaction may be a protective factor for clinicians ensuring they continue to find job satisfaction in their field and decreasing attrition. People with high levels of compassion satisfaction feel invigorated by their work, successful, happy with the work they do, and want to continue in their work. Compassion satisfaction may be a better gauge for how an educator perceives their work and their abilities at work.

Few studies have attempted to examine and identify the quality of these preventive measures. Some preventive measures might include decreasing workload intensity, adequate rest time between shifts, improving resilience, providing meaningful recognition, and providing good managerial support (Ali & Kakakhel, 2013). Therefore, interventions that can promote self-resilience and educate at-risk workers about effective coping strategies that can combat these adverse job exposures are equally important and likely to have significant health and economic benefits, as they reduce not only STS, BO, and CF, but also the risk of more serious mental health disorders such as anxiety and

depression (Cocker & Joss, 2016). Having effective coping strategies may increase the quality of life and productivity of employees.

Rationale

Human services and helping professions were more likely to experience occupational stress due to workload, long hours, status, and salary (Avey et al., 2011; Morris et al., 2013). It is crucial to study occupational stress in special education teachers to understand the unique challenges they face in their professional roles. Special education teachers often have to cater to diverse learning needs, manage individualized education plans, and foster an inclusive classroom environment. Their job is often undervalued, highly assessed, and could require physical interactions. Therefore, it is essential to integrate the concept of secondary traumatic stress to better understand the potential emotional toll of consistently working with students facing significant challenges, potentially leading to increased stress levels and burnout. The purpose of the study is to understand the interplay between occupational stress and secondary traumatic stress of special education teaching. Additionally, the current study will seek to understand the role of self-efficacy as it may directly influence teachers' belief in their ability to handle challenges effectively.

It is hypothesized that special education teachers will experience burnout and secondary traumatic stress at higher rates than general education teachers. It is also hypothesized that the more teachers experience secondary traumatic stress the more likely they will experience feelings of burnout. Furthermore, it is anticipated that the

more self-efficacy a teacher has the less likely they feel the effects of secondary traumatic stress and burnout.

CHAPTER III

Methods

The purpose of this mixed-method study is to examine the following four research questions:

1. Does secondary traumatic stress and burnout affect special education teachers at a higher rate than general education teachers?
2. Does secondary traumatic stress predict burnout in teachers?
3. Does compassion satisfaction moderate the relationship between secondary traumatic stress and burnout in teachers?
4. What other demographic variables moderate the relationship between secondary traumatic stress and burnout in teachers?

Participants

General education and special education teachers were recruited through a social media post shared across multiple teacher forums and groups on Facebook, as well as two listservs used by Education Service Centers. The post included a short invitation to participate in the survey along with a link to access the survey. Refer to Appendix A to review the social media post and invitation. The survey was available for two weeks. Participants were self-reported employed public teachers currently assigned to a pre-kindergarten through 12th grade teaching position in the United States. Exclusionary criteria included: assignments other than teaching (speech therapist, dyslexia specialist,

administrator) and completion of a survey less than 90%. The goal for the sample size was 200 participants. Institutional Review Board approval was gained before recruitment began.

Materials

Demographics

Teachers currently working with students were recruited for this study. Exclusionary criteria were previous special education teachers who no longer work with students in the classroom setting. The following points were noted in the demographic survey: gender, age, years of teaching experience, type of education setting, level of education, marital status, income and joint income level, parenthood, and mental health information.

Surveys

Participants completed a compilation of surveys. The participants were informed and assured of confidentiality, potentially harmful effects, and estimated completion time. Completion of the surveys served as informed consent.

Teacher Stress Inventory. The Teacher Stress Inventory (TSI) was developed by (Fimian, 1984) to assess teacher job stress. The inventory has 49 items measuring ten components of stress in teachers across two subcategories, stress sources, and manifestations. Items are rated on a Likert scale from 1 (*no strength; not noticeable*) to 5 (*major strength; extremely noticeable*). The TSI includes ten subscales, five of which measure sources of stress and five that measure manifestations of stress, that contribute to

the Total Stress scale. Cronbach's α coefficient is .93 for the combined scale. The Cronbach's α reported is not specific to the current sample.

Maslach Burnout Inventory. The Maslach Burnout Inventory (MBI) was created in 1981 and since then researchers have developed specialized visions for human services, medical personnel, and educators. While all MBIs measure the same aspects of burnout, each inventory uses language specific to the profession. The Maslach Burnout Inventory-Educators Survey measures three areas of burnout: emotional exhaustion, depersonalization, and low personal accomplishment. In an independent experiment, the reliability for the emotional exhaustion scale averaged in the high .80s. For both depersonalization and personal accomplishment, the average reliability fell in the mid .70s (MBI Manual, 2018). When Alarcon (2011) explored the relationship between MBI-measured burnout and job demands and resources, he found that demands were most strongly related to emotional exhaustion, while resources were most strongly associated with professional accomplishment. Alacron's study implies a strong validity for these specific scales.

Professional Quality of Life. The Professional Quality of Life (ProQOL) was originally developed by Hudnall, Stamm, and Figley in 1995 and was named the Compassion Satisfaction and Fatigue Test (CSFT). The CSFT has 66 items and measures compassion satisfaction, burnout, and compassion fatigue, and has been updated to become the ProQOL. The ownership was transferred to the Center for Victims of Torture. The three scales measure separate constructs. The Compassion Fatigue scale is different.

The inter-scale correlations show 2% shared variance (r=-.23; co-σ = 5%; n=1187) with Secondary traumatic stress and 5% shared variance (r=.-.14; co-σ = 2%; n=1187) with Burnout (Stamm, 2010). While there is shared variance between burnout and secondary traumatic stress the two scales measure different constructs with the shared variance likely reflecting the distress that is common to both conditions. The shared variance between these two scales is 34% (r=.58; co-σ = 34%; 14 n=1187). The scales both measure negative affect but are clearly different; the BO scale does not address fear while the STS scale does (Stamm, 2010). The third scale measures compassion satisfaction, which is characterized by the feeling satisfied by one's job and invigorated by their work. The validity of the CS scale was not provided in the manual.

Medical History. Health history as well as the nature and frequency of recent health service utilization was also collected through the researcher-generated questionnaire. Health history related to mental health and interventions were collected. Examples of data requested included the number of visits to medical or mental health providers (e.g., physician, psychologist, counselor), number of times hospitalized, previous and current diagnoses (e.g., anxiety, depression, etc.), use of medications and substances (e.g., prescription, over-the-counter, alcohol, marijuana), and other intervention. Responses to mental health and treatment questions were utilized to identify additional sources of stress that could compound the stress and burnout of teachers. In order to reflect the responses to mental health questions, aggregate variables will be created.

Procedure

Data Collection

This research did not collect personally identifiable data such as names, addresses, telephone numbers, or IP addresses. Once participants clicked the link they were taken to an introductory screen within Qualtrics with a brief informed consent. The data collection was generated using the latest version of Qualtrics Software.

Research Design

The current study used a quantitative research design and obtained the data through a survey. Quantitative research was used to collect and analyze data. Descriptive statistics were compiled. Means and standard deviations were recorded. A linear regression analysis was used in this study. The survey procedure is a quantitative research method using self-reports through questionnaires.

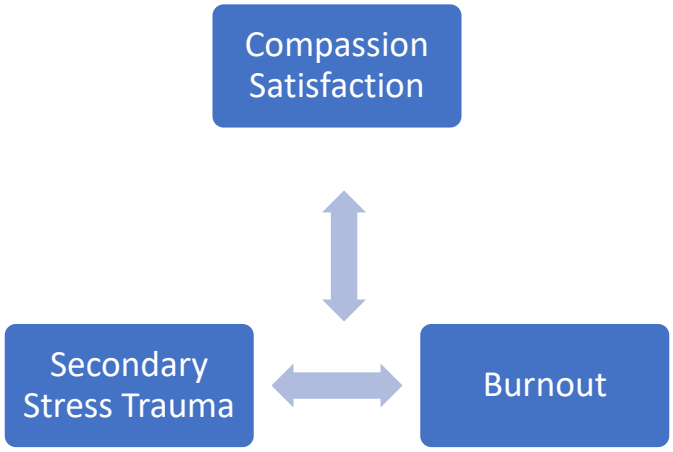
Table 1

Independent and Dependent Variables

Independent Variable	Burnout
Dependent Variable	Secondary Traumatic Stress
Moderator	Compassion Satisfaction

Moderation analysis was also used. Moderation analysis refers to the process of testing the effects of a moderator variable on the relationship between an independent variable and a dependent variable. See figure 1 below.

Figure 1


Compassion Satisfaction
Secondary Stress Trauma
Burnout

CHAPTER IV

Results

Demographics

In total, 286 participants responded to the survey. Participants who did not complete the survey were excluded from the study. Participants who are not current educators were also excluded. The total number of participants used in this analysis *n*=149. Participants residing across 31 states completed the survey.

Participants included 146 females (98%) and three males (2%). Participants reported their race as follows: 137 (91.9 %) White educators, six (4%) Black or African American educators, three (2%) American Indian or Alaska Native educator, one (0.7%) Asian educator, one (0.7%) Ashkenazi educator, five (3.4%) Hispanic educators, and one (0.7%) Puerto Rican educator. Respondents indicated their marital status as follows: 26 (17.4%) single, 104 (69.8%) married, 16 (10.7%) divorced and two (1.3%) separated; one respondent did not answer. Respondents indicated years of experience as follows: 35 (23.5%) participants had one to five years of teaching experience, 40 (26.8%) participants had six to ten years of experience, 27 (18.8%) participants had 11 to 15 years of experience, 20 (13.4%) participants had 16 to 20 years of experiences and 27 (18.1%) participants had 21 plus years of experience. Respondents indicated what age group they teach as follows: 13 (8.7%) participants teach early childhood, 73 (49%) participants

teach elementary students, 29 (19.5%) participants teach middle school or junior high, and 34 (22.8%) participants teach high school. Respondents indicated whether they teach primarily general education or special education as follows: 95 (63.8%) participants teach general education while 54 (36.2%) participants teach special education. These data are presented in Table 2 below.

Table 2

Demographics of Survey Participants

Demographic	n	%
Female	146	98
Male	3	2
Race		
White	137	91.9
Black or African American	6	4
American Indian or Alaska Native	3	2
Asian	1	.7
Other: Ashkenazi	1	.7
Other: Hispanic	5	3.4

Table 2 (continued)

Demographic	n	%
Other: Puerto Rican	1	.7
Years taught		
1-5 years	35	23.5
6-10 years	40	26.8
11-15 years	27	18.1
16-20 years	20	13.4
21 years or more	27	18.1
Level or Age Group Taught		
Early Childhood	13	8.7
Elementary	73	49
Middle School/Junior High	29	19.5
High School	34	22.8
Primary Assignment		

Table 2 (continued)

Demograhics	N	%
General Education	95	63.8
Special Education	54	36.2
Marital Status		
Single	26	17.6
Married	104	70.3
Divorced	16	10.8
Separated	2	1.4

Preliminary Analyses

Prior to the main analysis, assumptions of normality and linearity were established first. Variables Teacher Stress Inventory total score (TSI total), Maslach Burnout Inventory total score (MBI Total), Professional Quality of Life compassion satisfaction (ProQOL CS), Professional Quality of Life burnout (ProQOL BO), Professional Quality of Life secondary traumatic stress (ProQOL STS) were included in this analysis.

Results indicated TSI total score and ProQOL BO were normally distributed. The distributions presented in Table 3 indicate that 3 variables are not normally distributed.

According to Kolmogorov-Smirnov and Shaprio-Wilk, MBI total score, ProQOL compassion satisfaction, and ProQOL STS were not normally distributed (Skewness and Kurtosis < + or -2.0; Shapiro & Wilk, 1965). The TSI total distribution was characterized by a normal distribution reflecting that teachers experience a range of stress. The burnout score on the ProQOL also showed a normal distribution meaning teachers experience a range of burnout. MBI total represents teachers' total burnout score and this distribution was skewed toward the higher end meaning most teachers reported high levels of burnout. This is interesting that two different instruments measured burnout and one was normally distributed while the other was highly skewed. The compassion satisfaction had a high platykurtic nature due to the wide variance of teachers' positive feelings about their jobs and the meaningfulness of their work. Finally, the secondary traumatic stress scale from the ProQOL was also not normally disturbed due to a wide variance in teachers' levels of secondary traumatic stress.

Table 3

Normality Statistics

Variable	Skewness (SE)	Kurtosis (SE)	Shapiro-Wilk	
			Statistic	*Sig.*
TSI Total	.048 (.199)	-.109 (.395)	.995	.863
MBI Total	-.495 (.199)	.270 (.395)	.981	.036*
ProQOL CS	-.004 (.199)	-.830 (.395)	.977	.012*

Table 3 (continued)

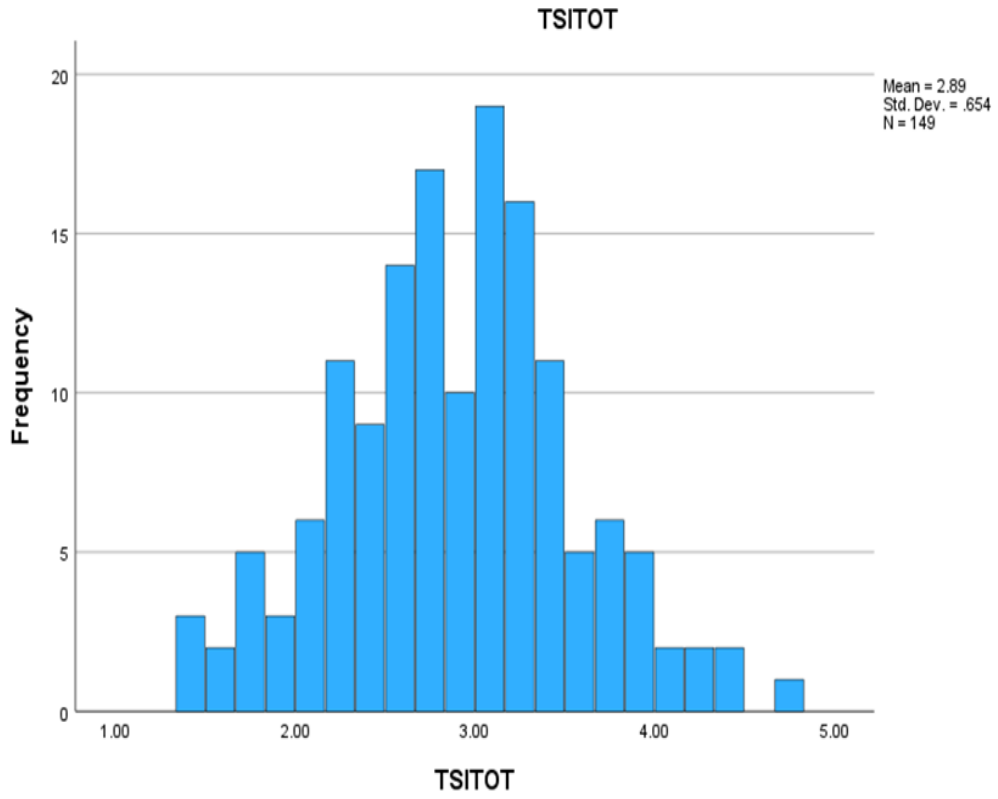
Variable	Skewness (SE)	Kurtosis (SE)	Shapiro-Wilk	
			Statistic	*Sig.*
ProQOL BO	-.518 (.199)	-.166 (.395)	.970	.002
ProQOL STS	.204 (.199)	-.330 (.395)	.986	.125

Note. TSI= Teacher Stress Inventory; MBI= Maslach Burnout Inventory; ProQOL = Professional Quality of Life; CS=Compassion Satisfaction; BO= Burnout; STS= Secondary Traumatic Stress; SE= Standard Error

Each of the variables listed in Table 3 were also included as individual histograms in order to observe each variable's distribution. Figure 2 demonstrates the Teacher Stress Inventory total score. Survey participants endorsed a normal distributed range of teacher stress.

Figure 2

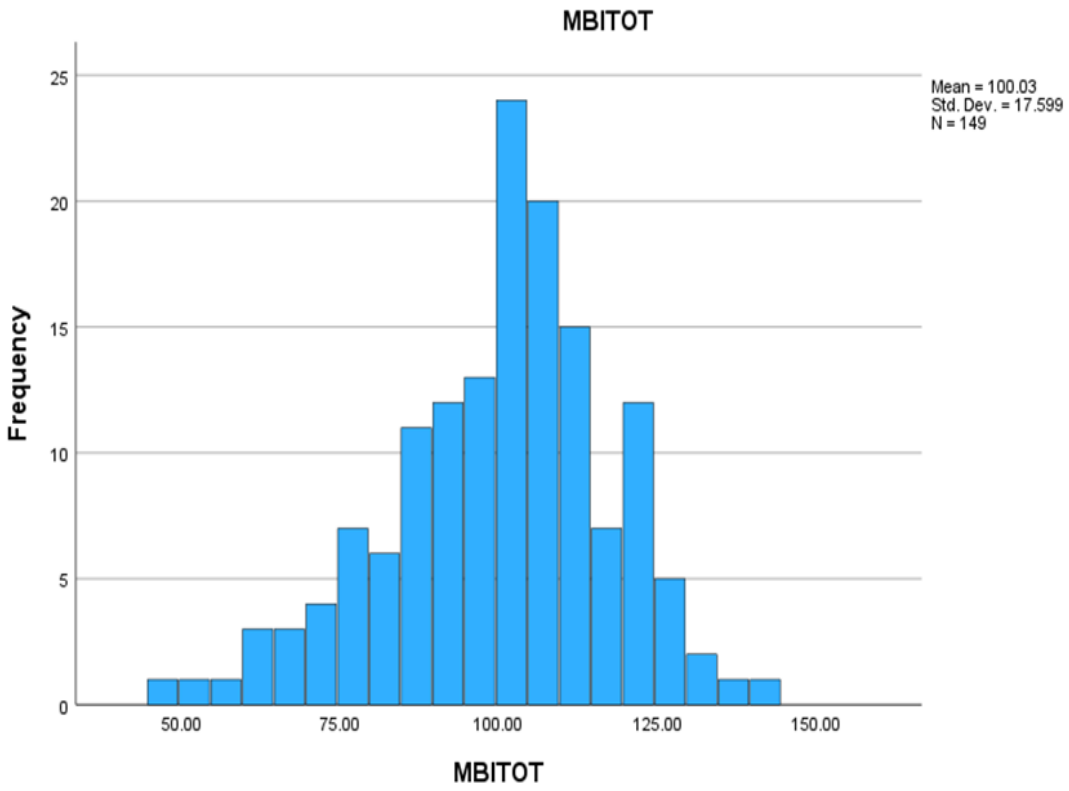
Teacher Stress Inventory Total Score



In Figure 3 the result of the Maslach Burnout Inventory total score is shown. Teachers reported high levels of burnout. The histogram leans towards the left side indicated higher levels of burnout. This is not a surprising result.

Figure 3

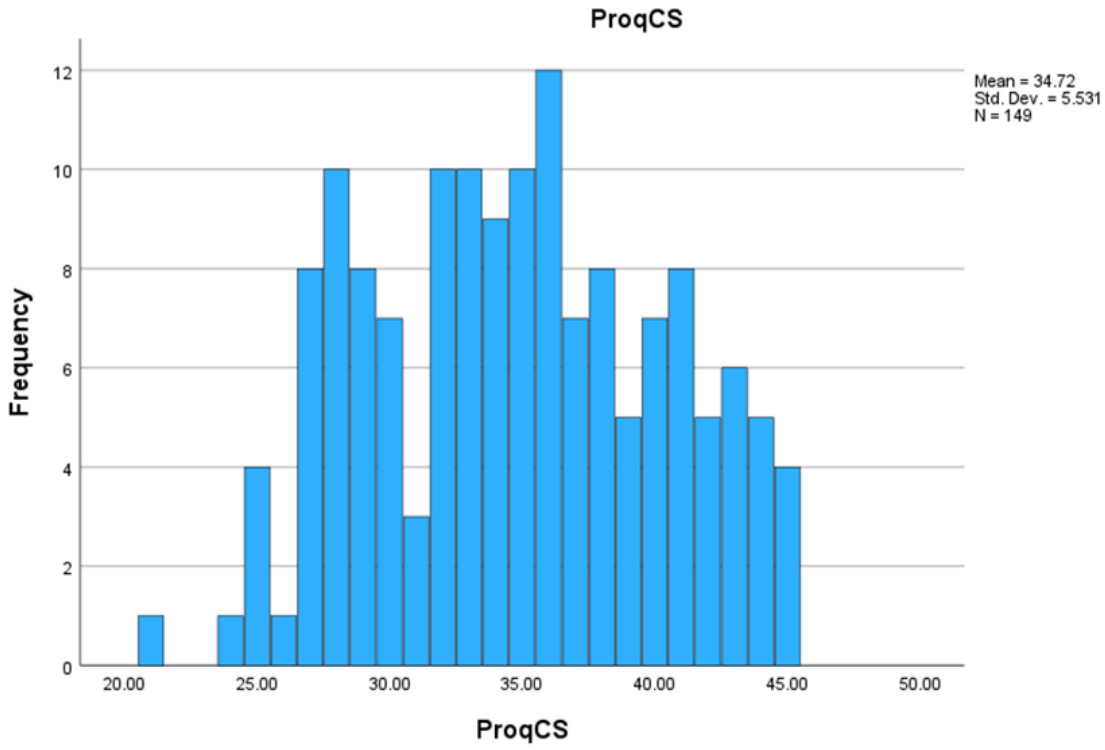
Maslach Burnout Inventory Total Score



In Figure 4 the data demonstrates the results of the Professional Quality of Life Compassion Satisfaction scale. This scale has a high spread of responses meaning teachers expressed a variety of levels of compassion satisfaction. This highly platykurtic histogram is not normally distributed.

Figure 4

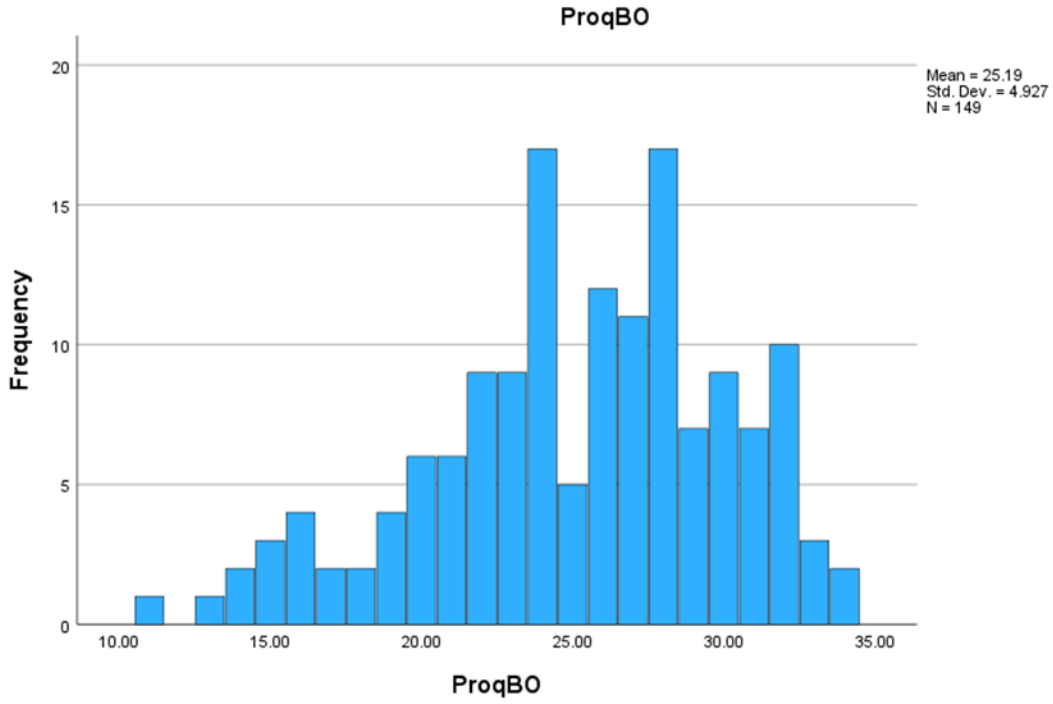
Professional Quality of Life Compassion Satisfaction



In Figure 5, the burnout subscale on the Professional Quality of Life survey is shown. This subscale indicated very high levels of burnout in the teacher sample. Burnout is very high and skews the graph to the right. This variable is not normally distributed.

Figure 5

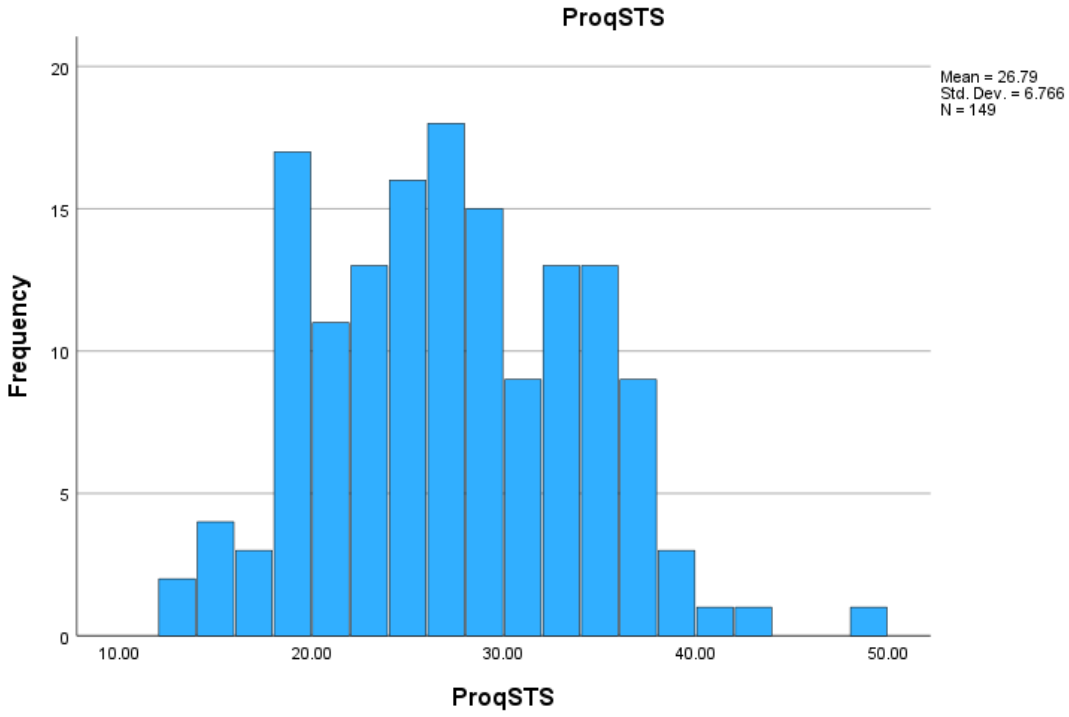
Professional Quality of Life Burnout



In figure 6, the secondary traumatic stress subscale of the Professional Quality of Life instrument is shown. Again this scale was not normally distrubted. Teachers reported high levels of secondary traumatic stress which negatively skewed the data represented in the graph below.

Figure 6

Professional Quaility of Life Secondary Traumatic Stress



After assumptions of normality were established, the variables were examined for outliers. Using box plots to show the distribution of each variable by median, and quartiles and potential outliers. Refer to Figures 7- 11, there were no outliers for the 5 variables for this data set.

Figure 7

Outliers for TSI Total

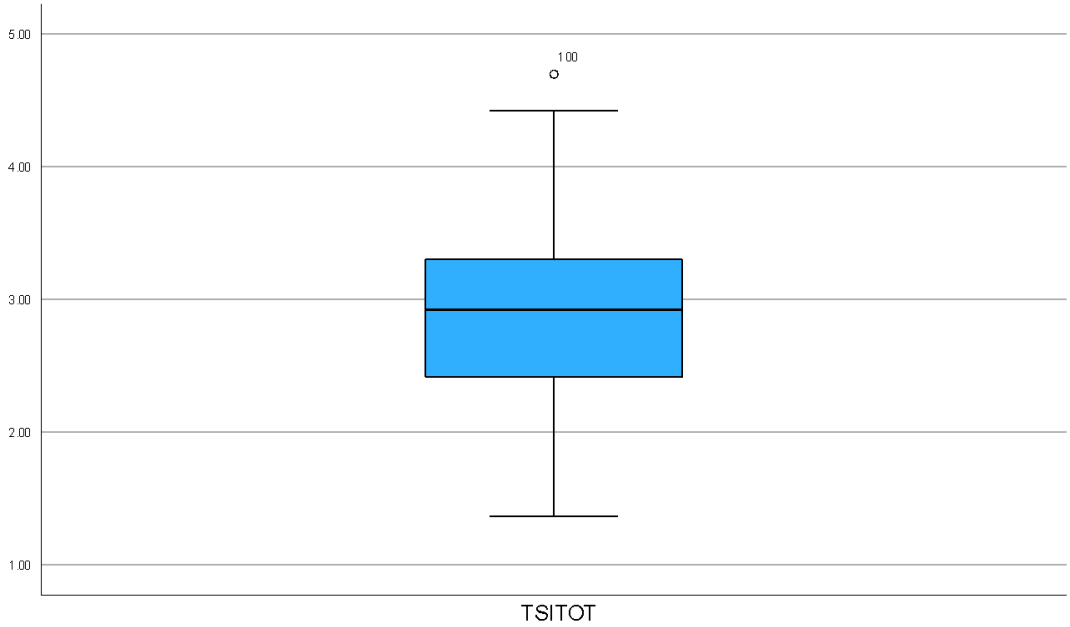


Figure 7 represents respondents' total score on the Teacher Stress Inventory. The centerline of the box represents the median statistic of 2.925 and a standard deviation of 0.65. The median is slightly closer to the top line of the box which represents the 75th percentile. Teacher Stress Inventory total score is slightly skewed to show higher levels of stress in teachers.

Figure 8

Outlier for MBI Total

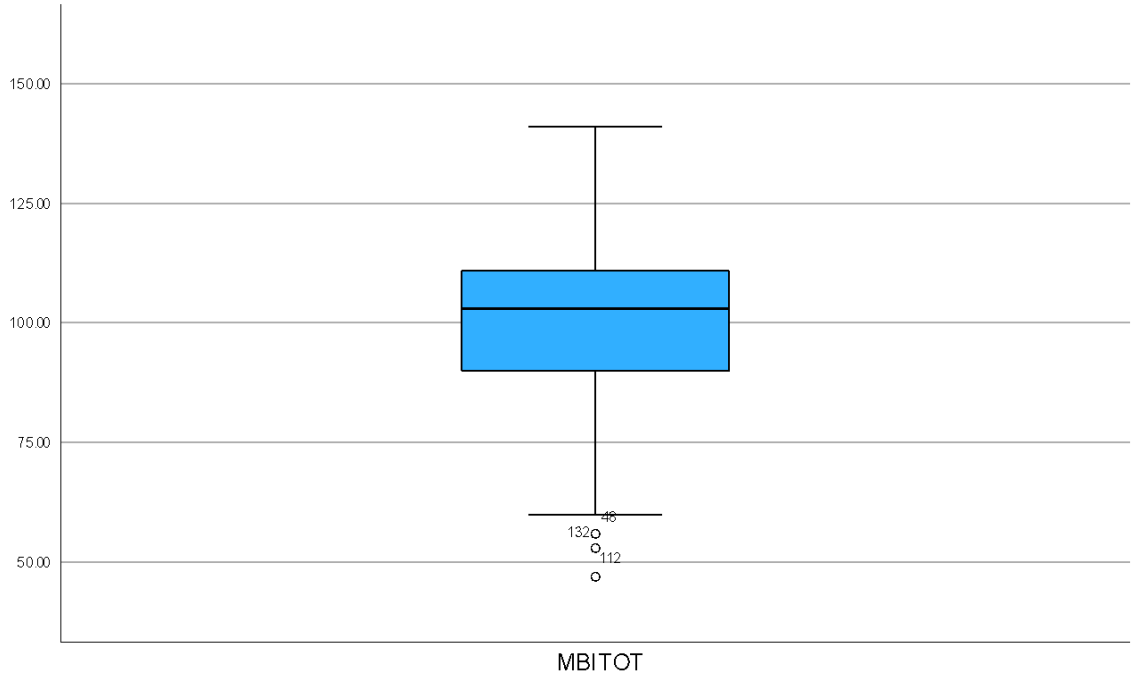


Figure 8 represents the Maslach Burnout Inventory Total Score of all respondents. The median statistics for MBI Total Score was 103.00 with a standard deviation of 17.60. The median line is slightly closer to the 75th percentile upper line of the blue box which again shows that there were slightly higher rates of teacher total score of burnout on the MBI.

Figure 9

Outliers for ProQOL Compassion Satisfaction

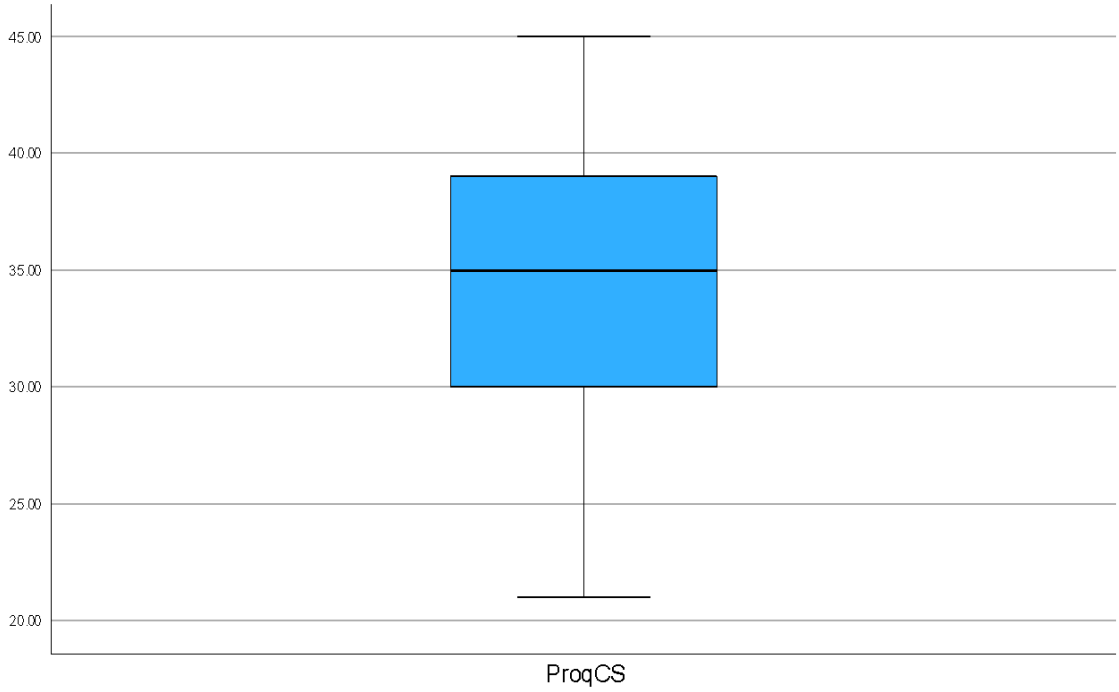


Figure 9 box plot represents the Professional Quality of Life Compassion Satisfaction score of the educator respondents. Compassion Satisfaction had a median statistic of 35.00 and standard deviation of 5.53.

Figure 10

Outliers for ProQOL Burnout

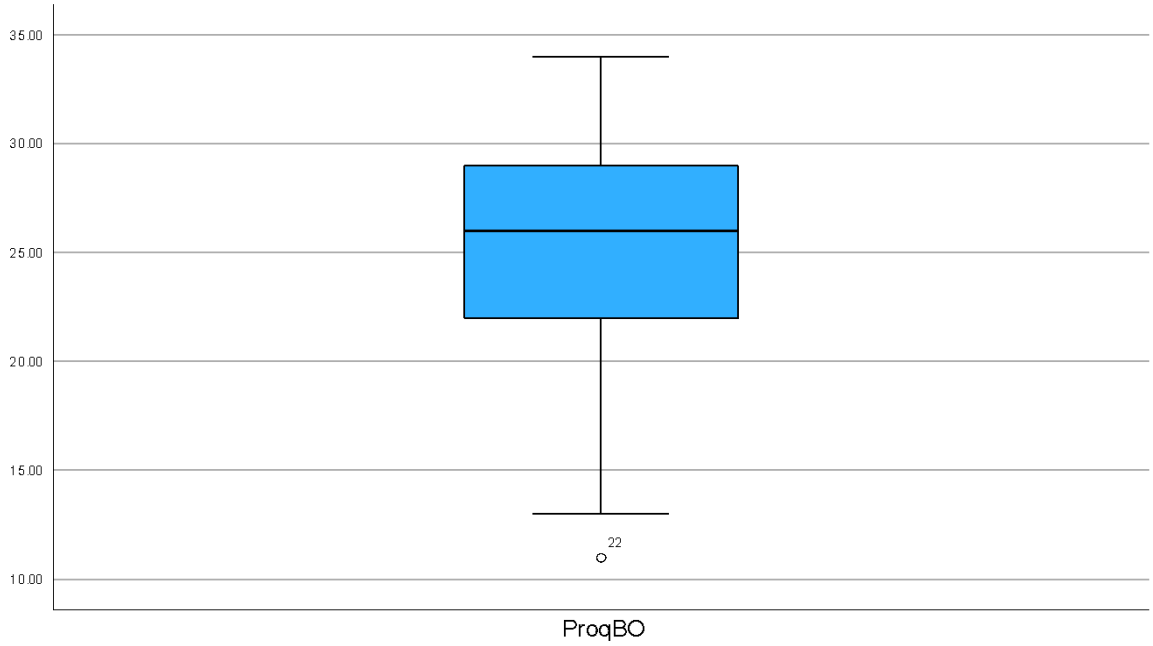


Figure 10 represents a boxplot of the Professional Quality of Life Burnout scale. The median of 26 fell slightly closer to the 75th percentile line. No outliers were noted in this graph.

Figure 11

Outliers for ProQOL Secondary Traumatic Stress

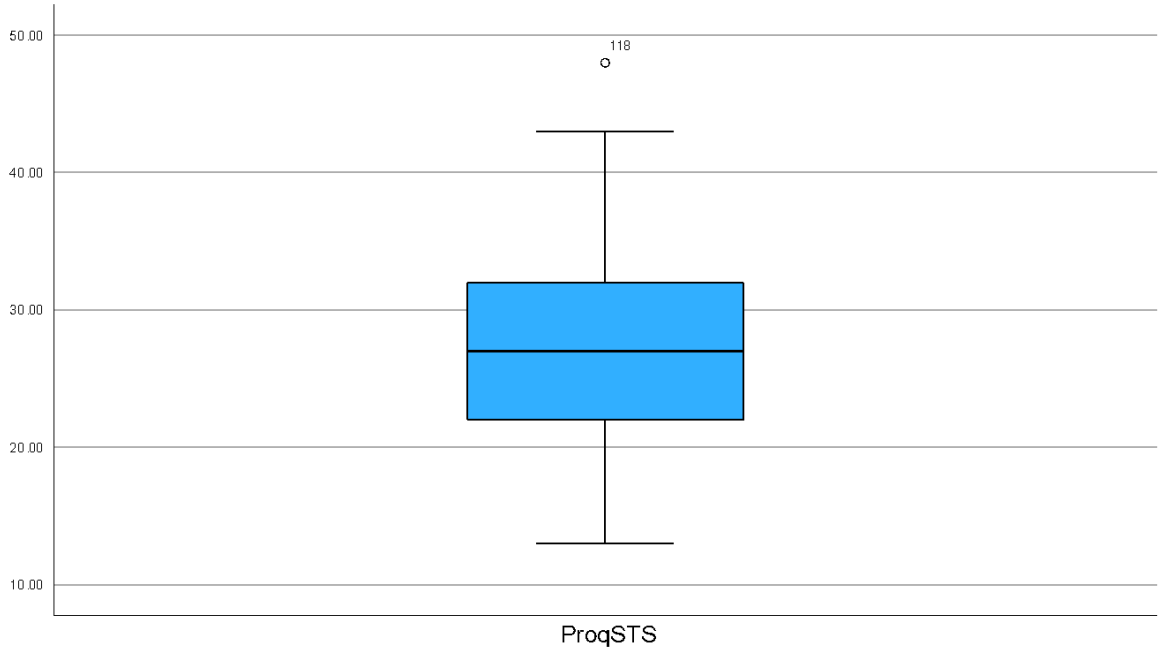


Figure 11 shows the secondary traumatic stress of educators as measured by the Professional Quality of Life survey. The median for secondary traumatic stress was 27 with a standard deviation of 6.77. No outliers were identified for this scale.

Descriptive analysis was conducted across the dependent and independent variables. Results presented in Table 4 show that TSI Total score significantly correlates with MBI total scores meaning the more educators report stress the higher levels of burnout they report on the MBI. The TSI total score also correlates to the burnout subscale on the ProQOL survey, meaning if teachers report high levels of stress they will likely have high levels of burnout as measured by the ProQOL. TSI total score correlates

to both burnout measures, despite coming from two different instruments. TSI total score significantly correlates with ProQOL STS, meaning the higher levels of teacher stress correlates to high levels of secondary traumatic stress. Higher levels of teacher stress correlate to higher levels of burnout and secondary traumatic stress. TSI Total score significantly correlates negatively with CS. Higher teacher stress as measured by TSI total score creates a lower score for educators' compassion satisfaction in their careers.

Table 4

Descriptive Statistics and Correlations of Study Variables

Variable	M	SD	1	2	3	4	5
1. TSI Total	2.89	.654	--	.591**	-.234**	.637**	.700**
2. MBI Total	100	17.59	.591**	--	-.176*	.630**	.572**
3. ProQOL CS	34.72	5.53	-.234**	-.176*	--	-.574**	-.163*
4.ProQOL BO	25.19	4.93	.637**	.630**	-.574**	--	.591**
5.ProQOL STS	26.79	6.76	.700**	.572**	-.163*	.591**	--

Note. All variables had an *n* of 149; CS=Compassion Satisfaction; BO= Burnout; STS= Secondary traumatic stress; *p < .05; **p < .001

A linear regression analysis was conducted to determine if special education teachers compared to general education teachers experience stress differently. Results are displayed in Table 5 and 6. The results demonstrate that TSI Total is not a good predictor for special education teachers. Rather the ProQOL STS is a stronger predictor of burnout in special education teachers.

Table 5

Regression Analysis Summary of the Predictive Effects of Teacher Stress and Secondary Traumatic Stress on Burnout in General Education Teachers

Variable	B	SE	β	t	p
TSI Stress Total	4.16	3.73	.170	1.11	.271
ProQOL Secondary Traumatic Stress	1.19	.352	.516	3.38	.001

Note. R^2 adjusted = .402. B= unstandardized beta; SE = standard error; β = standardized beta; t = t-test; p = significance.

A multiple regression analysis was conducted to evaluate how well teacher stress and secondary traumatic stress predicted burnout in general education teachers. The next table will compare the same variables among special education teachers. The predictors were teacher stress total scores and secondary traumatic stress, while the criterion variable was the teachers' total burnout score on the MBI. The model significantly related to the level of burnout, $F(2, 96) = 32.59$, $p < .001$. The sample multiple correlation coefficient was .415, indicated that approximately 42% of the variance of burnout can be accounted for by secondary stress and teacher stress. Furthermore, teacher stress was a good predictor for general education teachers. Secondary traumatic stress was the significant predictor for special education teachers with a *p* value of .001.

Table 6

Regression Analysis Summary of the Predictive Effects of Teacher Stress Total and Secondary Traumatic Stress on Burnout in Special Education Teachers

Variable	B	SE	β	t	p
TSI Stress Total	10.04	2.42	.37	4.15	.001
ProQOL Secondary Traumatic Stress	.809	.234	.31	3.46	.001

Note. R^2 adjusted = .398. B= unstandardized beta; SE = standard error; β = standardized beta; t = t-test; p = significance.

A multiple regression analysis was conducted to evaluate how well secondary traumatic stress and teacher stress predict teachers' experience of burnout. The predictors were the level of secondary stress and the total stress score from the TSI, while the criterion variable was the teacher's experience of burnout as measured by the MBI. The model was significantly related to the level of burnout, $F(2, 146) = 48.342$, $p < .001$. The sample multiple correlation coefficient was .398, indicating that approximately 40% of the teacher's burnout can be accounted for by secondary traumatic stress and over all teacher stress. These results are seen in Table 6. This analysis did significantly demonstrate that teacher stress and secondary traumatic stress did predict higher levels of burnout ($p < .001$).

Table 7

Moderation of Burnout on Teacher Stress and Compassion Satisfaction

Moderations	Coeff	SE	*t*	*p*	LLCI	ULcI
TSI Total	-.329	2.717	-.1213	.903	-5.700	5.041
ProQOL Compassion Satisfaction	-.747	.220	-3.394	.001	-1.183	-.312
Interaction	.122	.075	1.615	.108	-.027	.272

DV: ProQOL Burnout

A moderation analysis was conducted to see if compassion satisfaction moderates the relationships between teacher stress and burnout. The results indicated no significant regression model (F[2,146]= 73.85, p = .0000, r^2=.60) explaining 60% of the variance. Table 7 presents the coefficients for the main effects and interactions. Overall the results demonstrate that burnout does not moderate teacher stress or compassion satisfaction.

Table 8

Moderation of Burnout on Teachers' Secondary Traumatic Stress and Compassion Satisfaction

Moderations	Coeff	SE	*t*	*p*	LLCI	ULcI
ProQOL Burnout	38.38	6.64	5.77	.000	25.26	51.51
ProQOL Secondary Traumatic Stress	.065	.244	.268	.788	-.417	.549

Table 8 (continued)

Moderations	Coeff	SE	*t*	*p*	LLCI	ULcI
ProQOL Compassion Satisfaction	-.663	.184	-3.59	.000	-1.02	-.298
Interaction	.008	.006	1.26	.206	-.004	.022

DV: ProQoL Burnout

A moderation analysis was conducted to see if compassion satisfaction (how go one feels about their job and abilities) affects the relationship between secondary traumatic stress and burnout. The results indicated no significant regression model (F[2,146] = 69.05, p= .0000, r^2=.588) explaining 58% of the variance. Table 8 presents the coefficients for the main effects and interactions. Compassion satisfaction does not moderate the relationship between secondary traumatic stress and burnout.

Table 9

Moderation of Depersonalization on Emotional Manifestation and Compassion Satisfaction

Moderations	Coeff	SE	*t*	*p*	LLCI	ULcI
MBI Depersonalization	31.25	9.28	3.367	.001	12.91	49.60
Emotional Manifestation	-1.152	2.86	-.401	.688	-6.820	4.51
ProQOL Compassion Satisfaction	-.650	.253	-2.567	.011	-1.15	-.149

Table 9 (contined)

Moderations	Coeff	SE	*t*	*p*	LLCI	ULcI
Interaction	.085	.079	1.075	.283	-.071	.241

Note. Dependent variable = MBI Depression

A moderation analysis was conducted to see if compassion satisfaction affects the relationships between depersonalization and the emotional manifestation of stress. The results indicated no significant regression model (F[2,146] = 14.48, p = .0000, r^2=.23) explaining 20% of the variance. Table 9 presents the coefficients for the main effects and interactions. No moderation was found.

Table 10

Moderation of MBI Total Score on Secondary Traumatic Stress and Years of Teaching Experience

Moderations	Coeff	SE	*t*	*p*	LLCI	ULcI
MBI Total	46.67	10.35	4.506	.0000	26.206	67.146
ProQOL Secondary Traumatic Stress	1.983	.370	5.348	.0000	1.250	2.716
Years of Experience	5.337	3.561	1.498	.1362	-1.702	12.376
Interaction	-.199	.132	-1.511	.1328	-.461	.061

Note. Dependent variable = MBI Total

A moderation analysis was conducted to see if an educator's years of experience or years taught would be a moderator for STS and burnout. The results of the regression

model (F[2,146]=24.67, p=.000, r^2=.33) explain 33% of the variance. Table 10 shows the results of the coefficients for the main effects and interactions. Burnout is not moderated by years of experience or secondary traumatic stress. No moderation was found.

Table 11

Moderation of MBI Total Score on Secondary Traumatic Stress and Age of the Educator

Moderations	Coeff	SE	*t*	*p*	LLCI	ULcI
MBI Total	56.86	12.00	4.73	.0000	33.145	80.592
ProQOL Secondary Traumatic Stress	1.704	.440	3.87	.0002	.834	2.574
Age of Educator	.866	2.418	.358	.7207	-3.913	5.646
Interaction	-.055	.092	-.598	.550	-.236	.126

Note. Dependent variable = MBI Total

A moderation analysis was conducted to see if the age of the educator moderates the relationship between STS and burnout. The results indicated by the regression model (F[2,146]=24.08, p=.0000, r^2=.3326) explaining 33% of the variance. Table 11 presents the coefficients for the main effects and interactions. However, no moderation was found.

Table 12

Moderation of MBI Total Score on Secondary Traumatic Stress and Compassion Satisfaction in Special Education Teachers

Moderations	Coeff	SE	*t*	*p*	LLCI	ULcI
MBI Total	82.06	41.198	1.991	.019	-.688	164.810
ProQOL Secondary Traumatic Stress	.540	1.485	.363	.717	-2.444	3.524
						Continued
ProQOL Compassion Satisfaction	-.659	1.143	-.576	.267	-2.956	1.638
Interaction	.027	.042	.642	.523	-.0574	.1114

Note. Dependent variable = MBI Total

A moderation analysis was conducted to see if compassion satisfaction or secondary traumatic stress were moderated by burnout within the sample of special education teachers. The results indicated a non-significant regression model (F [2,52]= 11.67, p= .0000, r^2=.412) explaining 41% of the variance. Table 12 presents the coefficients for the main effects and interactions. There was no moderation found.

Table 13

Moderation of MBI Total Score on Secondary Traumatic Stress and Compassion Satisfaction in General Education Teachers

Moderations	Coeff	SE	*t*	*p*	LLCI	ULcI
MBI Total	96.121	43.507	20.209	.029	9.698	182.544
ProQOL Secondary Traumatic Stress	.795	1.626	.489	.625	-2.435	4.026
ProQOL Compassion Satisfaction	-.973	1.208	-.805	.422	-3.374	1.427
Interaction	.018	.045	.407	.684	-.072	.109

Note. Dependent variable = MBI Total

A moderation analysis was conducted to see if compassion satisfaction or secondary traumatic stress were moderated by burnout within the general education teacher sample. The results indicated not a significant regression model (F [2,93]= 13.719, p= .0000, r^2= .3114) explaining 31% of the variance. Table 13 presents the coefficients for the main effects and interactions as well as the interactions between variables. There was no moderation found.

CHAPTER V

Discussion

Teachers, regardless of whether they teach general or special education, experience high levels of stress within the public education system due to the many demands of the job and the often limited resources available. Teachers in America are not compensated or respected for the time and effort they put into supporting their students (Lopez, 2021). Teachers experience burnout and leave the field often before they even make it to their fifth year (Fowler, 2015). Teacher attrition is a growing concern for administrators and school districts alike. Among teachers, special education teachers are asked to handle the most challenging behaviors within the school setting, complete the most complex paperwork, and participate in annual meetings with each student's parent and team. Special education teachers provide instruction and services to the most vulnerable and at risk for trauma student populations. Special education students are more likely to experience traumatic experiences than their nondisabled peers (Thomas-Skaf & Jenney, 2020). Teacher attrition and shortages are a national concern in America. Examining teachers' levels of stress, burnout, and secondary traumatic stress can provide school districts and administration valuable information on how they can better support and retain teachers in the field. Finding ways to prevent teacher stress and burnout is critical to salvage the diminishing numbers of teachers. The current study investigated both general and special education teachers' perceptions of stress, burnout, and secondary

traumatic stress. It was hypothesized that 1) special education teachers experience higher levels of secondary traumatic stress than general education teachers, 2) secondary traumatic stress will predict burnout, 3) compassion satisfaction will moderate the relationship between burnout and secondary traumatic stress, and 4) teachers with more experience may not experience as much burnout or teacher stress.

Hypothesis 1

Special education teachers experience higher levels of secondary traumatic stress than general education peers. Both general education and special education teachers experience burnout similarly. However, there was a significant difference in special education teachers' experience of secondary traumatic stress. Secondary traumatic stress was one of the more significant predictors of burnout in special education teachers. This results supports previous research, which posits teachers who worked with children who have experienced traumatic events are susceptible to secondary traumatic stress (STS) (Stamm, 2010). Students served through special education may be more prone to traumatic experiences than their nondisabled peers (Thomas-Skaf & Jenney, 2020). Suppose special education teachers experience secondary traumatic stress. In that case, they may experience symptoms such as apathy, fatigue, irritability, decreased productivity, boredom, diminished performance, an emotionally overwhelmed state, poor judgment, callousness, and desensitization to the needs of others (Stamm, 2010). Overall, the results suggest that special educators are in great need of assistance for job-related

stress. Thus, administrators and school boards should take into consideration secondary stress when looking at teacher retention plans in their schools.

Hypothesis 2

The results of this study showed a strong relationship between secondary traumatic stress and burnout. This result indicates that secondary stress can potentially predict teachers' engagement in school activities and for them to potentially leave the profession. This finding supports previous research conducted by Clipa & Boghean (2015); their study identified the areas of life most affected by teacher stress (family life and health were the most affected), identified the main stressors (excessive administrative requests and insufficient financial support), and went so far as to identify solutions (pay raises and hiring more teachers). This finding supports the transactional theory of demand and resource model when it comes to stress in teachers (Bakker & Demerouti, 2007; Meurs & Perrewé, 2011). The demands cannot outweigh the resources available to teachers in order to do their jobs. An important finding from this study is that the emotional demands of secondary traumatic stress are the best predictors of burnout. Thus, teachers may benefit from emotional/mental health resources, such as access to mental health professionals. Moreover, education should be provided to teachers on how to better manage their emotional demands.

Hypothesis 3

The results of this study found that compassion satisfaction does not significantly moderate teachers' experiences of burnout or secondary traumatic stress. Perhaps future

research may look into how components of self-efficacy might be better predictors of burnout and even secondary traumatic stress. Another avenue of research on compassion satisfaction could examine its effects on teacher retention. While this study shows most teachers experience stress and burnout, compassion satisfaction may be the variable that keeps teachers returning to their classrooms year after year. Finding effective research-based interventions to combat burnout should guide future studies, especially to address teacher burnout and attrition. Previous research has found potential preventive measures to include decreasing workload intensity, adequate rest time between shifts, improving resilience, providing meaningful recognition, and providing good managerial support (Ali & Kakakhel, 2013). Future studies should identify which of these interventions is most effective in the field of education.

Hypothesis 4

This study did not find a significant relationship between older educators or educators with more teaching experience and their experiences of burnout. This hypothesis was based on the idea that teachers with more experience or of an older age would have more coping strategies or more satisfaction with their chosen profession, which would serve as protective factors from stress and burnout. These results may indicate that teachers of any age or experience are susceptible to feeling secondary stress and burnout. These findings suggest that generational factors or type of training may play a role in the stress that teachers feel; instead, current demands may be the principal indicator of the increased level of stress. One such study surveyed 121 early childhood

special education teachers about their experiences of job burnout and psychological stress using their job demands, job resources, and professional internal resources such as job commitment and teaching efficacy (Jeon et al., 2022). Jeon et al. (2022) found within the sample group of early childhood special education teachers that more than 37% of the total job burnout could be predicted by the teachers' job demands, job resources, and professional internal resources. Furthermore, ECSE teachers who reported higher levels of job demands experienced more job burnout (Jeon et al., 2022).

Implications

Teacher attrition negatively affects student outcomes. Previous research established that high teacher turnover led to lower achievement scores by students on statewide assessments (Guin, 2004). Teacher attrition causes a major disruption in the school climate and creates an unstable learning environment for students (Ronfeldt et al., 2013; Fitchett et al., 2017). The findings of this study show that burnout (a main cause of attrition) is significant in general and special education teachers. Burnout may be mistakenly identified as depression, lower energy, coming to work late, a sense of dread upon arrival at work, concentration problems, forgetfulness, increased frustrations, and feelings of being overwhelmed (Maslach et al., 2001). When teachers experience burnout, they will struggle to provide students with their best instruction or interactions. Students will undoubtedly be affected by teachers who are experiencing significant levels of burnout, secondary traumatic stress, and compassion fatigue.

Teachers need to be aware that they are at risk for symptoms related to compassion fatigue and secondary traumatic stress. Similarly to nurses, teachers are empathetic and compassionate caregivers. Research within the medical field proven nurses may be even more likely to experience mental health problems due to exposure to traumatic events and empathy with patients (Mottaghi et al., 2020). Teachers need to be informed about all the potential risks related to their occupation, including those related to mental health. If teachers are made aware of these risk factors, they will be better informed to make healthcare decisions and be able to seek intervention, such as empathy-based guilt and empathic distress training programs (Mottaghi et al., 2020). Another intervention that may be effective for teachers is identifying and monitoring how one fits within their school organization, which creates a stronger sense of belonging and meaningfulness to their work (Erkutlu, 2012).

This research also provides information to teachers that they can use to advocate for policy change. Teachers need positive work environments that are fully staffed and offer sufficient compensation and necessary benefits to combat the unique challenges they encounter in their classrooms. Burnout and secondary traumatic stress are becoming commonplace across all helping professions. School psychologists provide schools with a unique set of skills, working with students and teachers equally through services and collaboration. School psychologists often serve as change agents for school systems because they have a broad knowledge base about school dynamics, mental health, student achievement, and teacher consultation. School psychologists work alongside teachers and

build collaborative professional relationships with numerous educators in a school system.

In order to provide effective school-based psychological services, the National Association of School Psychologists (NASP) identifies six organizational principles of effective schools (NASP, 2020). Part of the NASP organizational principles calls for school systems to provide adequate support to all employees by retaining an adequate number of employees to meet the school's needs. NASP encourages effective schools to ensure employees have adequate "technology, resources and work space" which enforces the idea that the Demand-Resource Model is a good theoretical framework to examine stress and burnout (NASP, 2020, p.6). School psychologists' ethical framework requires schools to address the needs for adequate resources in order to meet the demands of the school. When teachers feel supported by their school administration through adequate resources, they are more capable of meeting the needs of their students. Additionally, under the organizational principles, NASP recommends school systems promote a professional and personal life balance for employees. Schools have a responsibility to monitor the work and stress levels of their employees. Research, data collection, or simply being an advocate for teachers are ways a school psychologist can address the needs of teachers.

Research into teachers' experiences of stress, burnout, and secondary traumatic stress can provide insights into how to retain and support teachers in order to keep schools functioning with adequate personnel. School psychologists follow another

principle in that they should promote safe and supportive schools. Teachers who feel as though they have adequate resources and support are more likely to stay with a school system.

Another domain school psychologists address within their professional standards is mental and behavioral services and interventions. A guiding belief under this domain is that school psychologist "demonstrate an understanding of the impact of trauma on social, emotional, and behavior functioning" and will work with their school colleagues to put in place practices that reduce the negative effects of trauma on learning (NASP, 2020, p.6). Student trauma and the potential secondary traumatic stress of their teachers are a major concern for effective school systems.

As mental health professionals, school psychologists play a crucial role in advocating for the mental health and wellness of all individuals within the school environment, including both teachers and students (Erkutlu, 2012). This advocacy extends to promoting the implementation of employee wellness programs, which can provide significant support for special education teachers who often face feelings associated with secondary traumatic stress. By championing these wellness initiatives, school psychologists help ensure that special education teachers receive the necessary resources and support to manage their stress effectively, thereby enhancing their overall well-being and their ability to provide high-quality education to their students.

Implications for school administration are mostly tied to teacher retention. Knowing that special education teachers are susceptible to secondary traumatic stress

should guide administrators to create policies to protect and support all educators through a positive work environment. School administration can create a positive work environment by providing adequate resources and compensation for teachers. One issue that often plagues special education departments is having adequate staff-to-student ratios. When 44% of public schools reported teaching vacancies (NCES, 2022), it is not hard to imagine high-needs content areas such as special education enduring without a fully staffed department. Working with students with disabilities requires more adult attention than in other classrooms. School administrators can help special education teachers by providing them with a sufficient team of adults to address the many needs of students with disabilities. Lastly, school administration could support teachers is by demanding employee wellness programs, including access to mental health professionals. Employee wellness programs often include exercise initiatives, health screeners, and access to community resources or providing adequate resources and recognition (CDC, 2018).

Limitations

The following limitations were present in this study which should be considered when examining the results. While the Teacher Stress Inventory is a reliable measure of teacher stress, it is an older measure and has not been updated in many years. A newer measure may serve as a better instrument in today's climate to address the multifaceted issues teachers face in the school systems.

A limitation of this study involves an error made during the transcription of an instrument into the survey software system. Two questions from the Professional Quality of Life were left off due to clerical error during transcription. Questions 16 and 17 were left off, which resulted in an altered total for the subscales of compassion satisfaction and the subscale of burnout. With the omission of these two questions, the two subscales of compassion satisfaction and burnout are suppressed. Each subscale was suppressed by the missing item which could change the total subscale score by 1-5 points. The result of the missing item means compassion satisfaction and burnout are not valid subscales and should be interpreted with caution. However, despite this error in data, the statistical analysis was indeed significant for both of these variables. This research would benefit from a replication, ensuring all questions of the ProQoL survey were utilized.

Sampling limitations were a concern. All participants were recruited through social media, making the sample a convenience sample and not ideal for statistical analysis. A more diverse and more randomized sample would provide better insight into the current research. Demographics were skewed towards White women. However, that is consistent with the current teacher population in America. There were more respondents from Texas than any other state. A broader sample from more places may be beneficial.

The self-report nature of the survey is also a limitation. Research indicates self-reports are overused in studies focused on teachers, especially investigating teacher stress (Kyriacou, 2001). Some participants did not complete the survey which was slightly

longer than ideal. Shorter assessments usually have better participation. Self-reports are sometimes skewed due to the unreliableness of the respondent. People may not be forthcoming or may try to skew their answers in a positive or negative fashion depending on how they want to be perceived.

Conclusion

In conclusion, this study confirmed teachers experience high rates of stress and burnout regardless of their assignment in general or special education. Special education teachers are more susceptible and experience higher rates of secondary traumatic stress, which predicts higher levels of burnout. Implications of this study suggest educators require more resources to mitigate the demands of the job, including emotional or mental health support. Compassion satisfaction may be a predictor of teacher retention, but it requires further research.

A focus on teacher preparation, compensation, and retention are key elements needed to make a positive change. Ultimately providing teachers with the sufficient resources to meet the demands of the job should be a priority for all stakeholders with the power to make these long overdue changes.

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APPENDIX A

Social Media Post

I am pursuing my Ph.D. in School Psychology at Stephen F. Austin State University. I am looking for both special education and general education teachers (K-12) to complete my survey in order to finish my dissertation. My research is about teachers' experiences with stress and burnout. Feel free to forward to your teaching partners, colleagues and friends! I appreciate your help in achieving my dream.

IRB Approval #: AY 2024-0010

Click the link to get started-https://sfasu.qualtrics.com/jfe/form/SV_42ao3zEZrKGZaF8

APPENDIX B

Facebook Forums

1. WeAreTeachers HELPLINE
2. Special Education Self-Contained Setting
3. Not So Wimpy Third Grade Teachers
4. Teachers of Rhode Island
5. Oklahoma Teachers Support Group
6. Arkansas Teacher Page
7. Georgia Teachers Collaboration
8. Hawaii Teachers Forum
9. Wyoming Association of Language
10. New Hampshire Teachers
11. South Dakota Science Teachers
12. Mississippi Parent and Teacher Advisory
13. North Carolina Teachers
14. Special Education Teachers
15. Missouri Teachers Take A Stand
16. Teaching in Texas!
17. North Dakota Teachers
18. Illinois Teachers

19. Teacher/Educator Resources and Jobs in Arizona

20. Voice of Oklahoma Teachers

21. Nebraska Art Teachers Association

22. Montana Science Teachers

23. Maine Teachers

24. Delaware teachers

25. Pennsylvania Teachers

26. Teacher Educators in Special Education

27. Pennsylvania Science Teachers

28. Teachers of NYC

29. Nebraska Teachers

30. IEP Support Group for SPED Teachers

31. Teachers of Atlanta

32. Not so Wimpy 4th Grade

33. Missouri Teachers

34. Mississippi Teachers Matter

35. LA Public Teachers

36. Hawaii Teachers

37. North Dakota Teachers

38. Special Education Self-Contained

39. Idaho Department of Education

40. Iowa FCS Teacher

APPENDIX C

Demographic Information

Are you a currently a public school teacher (preK-12 in the United States? YES NO

In which state do you teach? _____(all states and DC)

Number of years you have taught? _____(dropdown)

What level do you primarily teach? Early Childhood (PreK-K) Elementary (1-5) Jr. High/ Middle (6-8) Secondary/High School (9-12)

What is your primary assignment? General Education Special Education Other

Do you teach music? YES NO

Do you teach physical education or coach? YES NO

Which is your most advanced degree? Bachelors Masters/Specialist Doctorate Other

Your age: _____ (dropdown 18-80)

Your sex: Male Female Prefer not to answer

Your ethnicity/race: American Indian or Alaska Native

(indicate all that apply) Asian

Black or African American

Hispanic/Latino

Native Hawaiian or Pacific Islander

White

Other

Prefer not to answer

Marital Status: Single Married Divorced Widowed Separated

Primary teaching level for the 2022/23 school year

oPK-K

o1-2

o3-5

o6-8

o9-12

What is your yearly salary as a special education teacher?

o Less than $20,000

o$20,000 - $30,000

o$30,000 - $40,000

o$40,000 - $50,000

o$50,000 - $60,000

o$60,000 or more

What is your total household yearly income?

o Less than $20,000

o$20,000 - $30,000

o$30,000 - $40,000

o$40,000 - $50,000

o$50,000 - $60,000

o$60,000 - $70,000

o$70,000 - $80,000

o$80,000 - $90,000

o$90,000 - $100,000

o$100,000 - $110,000

o$110,000 - $120,000

o$120,000 - $130,000

o$130,000 - $140,000

o$140,000 - $150,000

o$150,000 - $160,000

o$160,000 or more

Do you have children? y/n

Does your child have a disability or chronic illness?

APPENDIX D

Teacher Stress Inventory

The following are a number of teacher concerns. Please identify those factors which cause you stress in your present position. Read each statement carefully and decide if you ever feel this way about your job. Then, indicate how strong the feeling is when you experience it by circling the appropriate rating on the 5-point scale. If you have not experienced this feeling, or if the item is inappropriate for your position, circle number 1 (no strength; not noticeable). The rating scale is shown at the top of each page.

Examples: I feel insufficiently prepared for my job. 1 2 3 4 5

If you feel very strongly that you are insufficiently prepared for your job, you would circle number 5.

I feel that if I step back in either effort or commitment, I may be seen as less competent. 1 2 3 4 5

If you never feel this way, and the feeling does not have noticeable strength, you would circle number 1.

1	2	3	4	5
No strength	Mild strength	Medium strength	Great strength	Major strength

Not noticeable	Barely noticeable	Moderately noticeable	Very noticeable	Extremely noticeable

TIME MANAGEMENT

1. I easily over-commit myself. 1 2 3 4 5

2. I become impatient if others do things to slowly. 1 2 3 4 5

3. I have to try doing more than one thing at a time. 1 2 3 4 5

4. I have little time to relax/enjoy the time of day. 1 2 3 4 5

5. I think about unrelated matters during conversations. 1 2 3 4 5

6. I feel uncomfortable wasting time. 1 2 3 4 5

7. There isn't enough time to get things done. 1 2 3 4 5

8. I rush in my speech. 1 2 3 4 5

Add items 1 through 8; divide by 8; place your score here:

WORK-RELATED STRESSORS

9. There is little time to prepare for my lessons/responsibilities. 1 2 3 4 5

10. There is too much work to do. 1 2 3 4 5

11. The pace of the school day is too fast. 1 2 3 4 5

12. My caseload/class is too big. 1 2 3 4 5

13. My personal priorities are being shortchanged

due to time demands. 1 2 3 4 5

14. There is too much administrative paperwork in my job. 1 2 3 4 5

Add items 9 through 14; divide by 6; place your score here:

PROFESSIONAL DISTRESS

15. I lack promotion and/or advancement opportunities. 1 2 3 4 5

16. I am not progressing my job as rapidly as I would like. 1 2 3 4 5

17. I need more status and respect on my job. 1 2 3 4 5

18. I receive an inadequate salary for the work I do. 1 2 3 4 5

19. I lack recognition for the extra work

and/or good teaching I do. 1 2 3 4 5

Add items 15 through 19; divide by 5; place your score here:

DISCIPLINE AND MOTIVATION

I feel frustrated...

20. ...because of discipline problems in my classroom. 1 2 3 4 5

21. ...having to monitor pupil behavior. 1 2 3 4 5

22. ...because some students would better if they tried. 1 2 3 4 5

23. ...attempting to teach students who are poorly motivated. 1 2 3 4 5

24. ...because of inadequate/poorly defined discipline problems. 1 2 3 4 5

25. ...when my authority is rejected by pupils/administration. 1 2 3 4 5

Add items 20 through 25; divide by 6; place your score here:

PROFESSIONAL INVESTMENT

26. My personal opinions are not sufficiently aired. 1 2 3 4 5

27. I lack control over decisions made about

classroom/school matters. 1 2 3 4 5

28. I am not emotionally/intellectually stimulated on the job. 1 2 3 4 5

29. I lack opportunities for professional improvement. 1 2 3 4 5

Add items 26 through 29; divide by 4; place your score here:

EMOTIONAL MANIFESTATION

I respond to stress..

30. ...by feeling insecure. 1 2 3 4 5

31. ...by feeling vulnerable. 1 2 3 4 5

32. ...by feeling unable to cope. 1 2 3 4 5

33. ...by feeling depressed. 1 2 3 4 5

34. ...by feeling anxious. 1 2 3 4 5

Add items 30 through 34; divide by 5; place your score here:

FATIGUE MANIFESTATIONS

I respond to stress...

35. ...by sleeping more than usual. 1 2 3 4 5

36. ...by procrastinating. 1 2 3 4 5

37. ...by becoming fatigued in a very short time. 1 2 3 4 5

38. ...with physical exhaustion. 1 2 3 4 5

39. ...with physical weakness. 1 2 3 4 5

Add items 35 through 39; divide by 5; place your score here:

CARDIOVASCULAR MANIFESTATIONS

I respond to stress...

40. ...with feelings of increased blood pressure. 1 2 3 4 5

41. ...with feeling of heart pounding or racing. 1 2 3 4 5

42. ...with rapid and/or shallow breath. 1 2 3 4 5

Add items 40 through 42; divide by 3; place your score here:

GASTRONOMICAL MANIFESTATIONS

I respond to stress...

43. ...with stomach pain of extended duration. 1 2 3 4 5

44. ...with stomach cramps. 1 2 3 4 5

45. ...with stomach acid. 1 2 3 4 5

Add items 43 through 45; divide by 3; place your score here:

BEHAVIORAL MANIFESTATIONS

I respond to stress...

46. ...by using over-the-counter drugs. 1 2 3 4 5

47. ...by using prescription drugs. 1 2 3 4 5

48. ...by using alcohol. 1 2 3 4 5

49. ...by calling in sick. 1 2 3 4 5

Add items 46 through 49; divide by 4; place your score here:

TOTAL SCORE

Add all calculated scores; enter the value here _____.

Then, divide by 10; enter the Total Score here _____

APPENDIX E

Maslach Burnout Inventory- Educators

Instructions: On the following pages are 22 statements of job-related feelings. Please read each statement carefully and decide if you ever feel this way about *your* job. If you have *never* had this feeling, write the number "0" (zero) in the space before the statement. If you have had this feeling, indicate *how often* you feel it by writing the number (from 1 to 6) that best describes how frequently you feel that way. An example is shown below.

1. _____ I feel emotionally drained from my work.
2. _____ I feel used up at the end of the workday
3. _____ I feel fatigued when I get up in the morning and have to face another day on the job.
4. _____ I can easily understand how my students feel about things.
5. _____ I feel I treat some students as if they are impersonal objects.
6. _____ Working with people all day is really a strain for me.
7. _____ I deal very effectively with the problems of my students.
8. _____ I feel burned out from my work.
9. _____ I feel I'm positively influencing other people's lives through my work.
10. _____I've become more callous toward people since I took this job.
11. _____ I worry that this job is hardening me emotionally.

12. _____ I feel very energetic.

13. _____ I feel frustrated with my job.

14. _____ I feel I'm working too hard on my job.

15. _____ I don't really care what happens to some students.

16. _____ Working with people directly puts too much stress on me.

17. _____ I can easily create a relaxed atmosphere with my students.

18. _____ I feel exhilarated after working closely with my students.

19. _____ I have accomplished many worthwhile things in this job.

20. _____ I feel like I'm at the end of my rope.

21. _____ In my work, I deal with emotional problems very calmly.

22. _____ I feel students blame me for some of their problems.

APPENDIX F

Professional Quality of Life Scale (ProQOL) Compassion Satisfaction and Compassion Fatigue (ProQOL) Version 5 (2009)

When you [help] people you have direct contact with their lives. As you may have found, your compassion for those you [help] can affect you in positive and negative ways. Below are some questions about your experiences, both positive and negative, as a [helper]. Consider each of the following questions about you and your current work situation. Select the number that honestly reflects how frequently you experienced these things in the last 30 days. 1=Never 2=Rarely 3=Sometimes 4=Often 5=Very Often

1. I am happy.
2. I am preoccupied with more than one person I [help].
3. I get satisfaction from being able to [help] people.
4. I feel connected to others.
5. I jump or am startled by unexpected sounds.
6. I feel invigorated after working with those I [help].
7. I find it difficult to separate my personal life from my life as a [helper].
8. I am not as productive at work because I am losing sleep over traumatic experiences of a person I [help].
9. I think that I might have been affected by the traumatic stress of those I [help].
10. I feel trapped by my job as a [helper].

11. Because of my [helping], I have felt "on edge" about various things.

12. I like my work as a [helper].

13. I feel depressed because of the traumatic experiences of the people I [help].

14. I feel as though I am experiencing the trauma of someone I have [helped].

15. I have beliefs that sustain me.

16. I am pleased with how I am able to keep up with [helping] techniques and protocols.

17. I am the person I always wanted to be.

18. My work makes me feel satisfied.

19. I feel worn out because of my work as a [helper].

20. I have happy thoughts and feelings about those I [help] and how I could help them.

21. I feel overwhelmed because my case [work] load seems endless.

22. I believe I can make a difference through my work.

23. I avoid certain activities or situations because they remind me of frightening experiences of the people I [help].

24. I am proud of what I can do to [help].

25. As a result of my [helping], I have intrusive, frightening thoughts.

26. I feel "bogged down" by the system.

27. I have thoughts that I am a "success" as a [helper].

28. I can't recall important parts of my work with trauma victims.

29. I am a very caring person.

30. I am happy that I chose to do this work

APPENDIX G

Medical History Questions

At any time during the past 12 months, have you experienced the following on an ongoing or routine basis? Check all that apply.

	Check all that apply	**If so, did you access health care? y/n**
Headaches		
Stomachache		
Joint pain		
Achy muscles		
Depression		
Anxiety		
Bipolar disorder		
Panic attacks		
Chronic fatigue		

At any time during the past 12 months, how often have you used the following methods to deal with emotions? (select all that apply)

Method	Check all that apply	0 Never 1 Rarely 2 Mod 3 Often

Counseling services		0123
Psychiatric services		012
Prescription medication (Prozac, Lexapro, Xanax, Abilify, Seroquel, antidepressants, anti-anxiety,		0123
Over the Counter Medications or supplements Benadryl, St. John's Wort, Melatonin		0123
Complementary health approaches such a chiropractic, massage therapy, acupuncture Reiki, Arvidicc		0123
Complementary health approaches such as supplement systems (Plexus,		0123

Advocare, Thrive or essential oils		
Others (please specify)		0123

VITA

Alison Bradford was born in Mount Pleasant, Texas, and graduated from Chapel Hill High School in 2003. She attended Northeast Texas Community College and received an Associate of Arts in 2005. In 2008, she graduated from Stephen F. Austin with a bachelor's of Arts in English and Secondary Education. In 2010, she graduated from Stephen F. Austin with a Masters of Arts in English and Creative Writing. In 2017, she graduated from Stephen F. Austin with a Masters of Arts in School Psychology and began practicing as a school psychologist. In her educational career, she has been a devil, an eagle, a dragon, but she will always be a Lumberjack. She currently lives in the piney woods of East Texas with her husband.

American Psychological Association (APA) Style 7th Edition

This dissertation was typed by Alison Bradford