

Assessment of Compassion Fatigue and Psychological Well-Being of Special Needs Children’s Educators in Enugu State

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Abstract

The study was carried out to assess the level of compassion fatigue and psychological well-being of special needs educators. It adopted a cross-sectional survey design. The sample for the study was 416 special needs educators. The compassion fatigue subscale of the Professional Quality of Life scale (ProQOL) was used to assess compassion fatigue in the dimensions of burnout and secondary traumatic stress. Psychological well-being was measured using Ryff’s Psychological Well-being scale in the dimensions of autonomy, environmental mastery, positive relationship with others, purpose in life, personal growth and self-acceptance. Frequency and percentage were used to analyse the descriptive data while Pearson’s correlation was used to determine the relationship between variables. From the result, the majority (87.7%) of the respondents were females and 81.5% were between the age of 20-40 years. The majority (97.3%) of the respondents had moderate level compassion fatigue in both dimensions of burnout and secondary traumatic stress. About a quarter (24.7%) of the respondents reported a low level of psychological well-being. Psychological well-being dimensions of positive relationships with others and purpose in life were found to negatively correlate with secondary traumatic stress, while environmental mastery and purpose in life had a positive relationship with burnout among the special educators. Therefore, the study concludes that special needs educators experience compassion fatigue at a moderate level. The study recommends that there should be an increase in the social support rendered to special needs educators as this could encourage them more in executing their duties.

Keywords: Compassion, Compassion fatigue, Well-being, Psychological well- being, Special needs children

Introduction

Compassion is expressed as a motivation to act or to alleviate the suffering of other

people (Sirin et al., 2015). It emanates from an inner desire to assist people to get out of pain and grief. Compassionate

care providers derive pleasure from being able to help people, and achieving this goal gives them a sense of achievement and success, known as compassion satisfaction (Pehlivan & Guner, 2018). However, when a care provider fails to see a significant improvement in the condition of the person or people being cared for, there could be a gradual decrease in compassion over time leading to what is known as compassion fatigue (Sorenson et al., 2016).

Compassion fatigue according to the American Institute of Stress (2017) is the emotional stress that results from being exposed to victims of trauma. Figly (2002) referred to compassion fatigue as vicarious traumatization, secondary traumatization or the cost of caring for suffering individuals. It stems from giving high levels of energy and compassion over a prolonged period to those who are suffering, often without experiencing the positive outcomes of seeing them improve. It can be a result of a cumulative effect of caring for suffering persons over time or just one case of traumatized individuals (American Institute of Stress, 2020). Compassion fatigue is an occupational hazard, which means that almost everyone who cares about their work/clients will eventually develop a certain amount of it, to varying degrees of severity (Ontario Nurses' Association [ONA], 2006). Compassion fatigue occurs in two dimensions; burnout and secondary traumatic stress (STS). Burnout is a type of compassion fatigue that occurs due to exhaustion, frustration, anger and depression. It is a response to the emotional strain or job stress that arises from the social interaction between the helper and the

help recipient. Secondary traumatic stress on the other hand is a negative feeling driven by fear and work-related trauma (Lee et al., 2021). It is usually experienced by individuals in the caring professions such as teachers, nurses and caregivers of elderly people. An individual experiencing compassion fatigue develops a feeling of anxiety and shame as a result of feeling personally responsible for the sufferings of their clients. They tend to see themselves as rescuers who failed in their rescue mission; hence they may become worried or sad and might experience diminished well-being (Robinson, 2005).

An individual's feeling of well-being refers to an experience of health, happiness and prosperity (Davis, 2019). It includes having good mental health, high life satisfaction, a sense of meaning or purpose and the ability to manage stress. In addition, well-being is seen as the result of a dynamic process of constant interaction between individual, environmental, cultural and social factors (Umukoro & Egwakhe, 2019), as well as a desirable condition for groups, organizations, communities and society. Psychological well-being is defined as a dynamic state, in which the individual is able to develop their potential, work productively and creatively, build strong and positive relationships with others and contribute to their community (Slade, 2010). It also means active engagement with life activities, the effective functioning of an individual, the development of one's potential, and control of one's life with a purpose (Bargh & Morsella, 2008). Ryff, (1989) designed six theoretically motivated constructs of psychological well-being which are, autonomy, environmental mastery, personal

growth, positive relationship with others, and self-acceptance. Autonomy implies that the respondent is self-sufficient and can control his or her conduct without relying on societal forces; environmental mastery is the ability to make good use of chances to manage daily affairs and create settings that suit personal requirements; personal growth implies that the person is open to new experiences, and sees development in behaviour and self through time; positive relationship with others involves meaningful interaction with other people, in reciprocal empathy, tenderness, and affection; purpose in life indicate a strong personal goal orientation and belief that life has significance and self-acceptance indicates good attitude toward oneself (Van-Dierendonck et al., 2008).

Psychological well-being provides an individual with mental resources to carry out one's daily responsibilities at home, workplace and in society in general. Individuals in the helping profession such as nurses, counsellors, social workers and teachers are mostly predisposed to impaired psychological well-being as a result of working among distressed and health-challenged people (Zaki, 2016). Special teachers belong to the helping profession as they provide out-of-home care and education for children who have chronic physical, behavioural, developmental, or emotional impairments (Health Resources and Services Administration, 2021). This group of children requires special care and assistance to navigate through their daily activities much more than normal children of the same age. Special needs children include children with autism, down syndrome, dyslexia, blindness and cystic fibrosis (Lyons &

Leon, 2010). They usually have problems with self-help, schoolwork, communication or behaviour, hence parents often enrol them in special schools where they are cared for and taught by specially trained teachers. Special education teachers are tasked with the responsibility of managing children with multiple disabilities ranging from mild to profound (Emery & Vandenberg, 2010) and are often expected to be empathetic and compassionate when working with disabled pupils and their families (Nelson-Gardell & Harris, 2003). They are required to carry out these tasks often with limited support from the government, parents and school management. Thus, special needs children's teachers often find themselves overburdened and under-resourced to help their students and their student's families, who are experiencing difficult routines and extreme trauma. These combinations of disabilities often pose a heavy challenge for special education teachers concerning effective management of the children hence they are at a high risk of experiencing frustration, and helplessness resulting in burnout and or vicarious trauma. These in turn could impact their sense of psychological well-being.

A study conducted by Maytum et al. (2004) on work-related stress among social workers and nurses, found that unaddressed compassion fatigue may heighten the risk of burnout over time. Walrond et al. (2018) found a significant relationship between compassion fatigue and educator attrition. In a similar study, Abraham-Cook (2012) using the Professional Quality Life Scale

(PROQOL), found that 91% of educators scored very low (24 points) on compassion fatigue. In a qualitative study of educators working at trauma-sensitive urban schools, Hill (2011) found that teachers often experienced “distressing emotions, powerlessness, intrusive imagery, physiological arousal, somatic complaints, and constantly being on call.” However, Figley (2002b) observed that compassion fatigue is highly treatable if it is recognized and acknowledged early enough, and does not usually necessitate that an individual quit their work. Thus, it is on this premise that this study is based, to determine the level of compassion fatigue and its association with the psychological well-being of special needs educators in Enugu state, to provide an empirical basis for early intervention.

Objectives of the Study

The broad objective of the study was to assess the compassion fatigue and psychological well-being of special needs educators in Enugu state. The specific objectives of the study were to:

1. assess the level of compassion fatigue among special needs children’s educators in Enugu state;
2. assess the psychological well-being status of the respondents and
3. determine the relationship between compassion fatigue and the psychological well-being of special need children’s educators.

Methodology

Study design: The study adopted a cross-sectional survey design.

Population of the study: The study population comprised 146 teachers in the special needs schools in Enugu state.

Enugu state has only three special needs schools namely Therapeutic school Abakpa Nike, School of the blind, deaf and dumb, Oji River, and School of autism Nsukka, Enugu State. The teachers’ population in the three schools was 100, 30 and 16 teachers respectively. **Sample Size:** All the one hundred and forty-six (146) staff of the special schools were used for the study since the population is manageable.

Ethical Clearance and Informed Consent:

Ethical approval for the study was obtained from the University of Nigeria Teaching Hospital Ethical Committee on Research Projects with reference number NHREC/05/01/2008B-FWA00002458-1RB00002323. An informed consent form was used to get the respondents’ consent to participate in the study. The content of the form was duly explained to the respondents before they signed.

Instruments for Data Collection:

The compassion fatigue of the respondents was measured using two sub-scales of the Professional Quality Life Scale (ProQOL) Version 5. ProQOL is a 30-item self-report questionnaire which measures the positive and negative effects of working with people who are experiencing extremely stressful life. Only twenty (20) items of the ProQOL measuring compassion fatigue in the dimensions of burnout and secondary traumatic stress were used for this research work. The respondents rated how often they felt a particular way in the past 30 days. Items 1,4,8,10,15,17,19,21, 26 and 29 measured the dimension of burnout, while items 2,5,9,11,13,14,23,25 and 28 measured STS. Sample questions for burnout include “I am happy”, and “I feel connected to others”. Sample questions for STS

include “I think I might have been affected by the traumatic stress of those I teach”. The items have a five-point rating scale: 5=Very Often 4=Often, 3=sometimes, 2=Rarely, 1=Never.

The psychological well-being of the respondents was determined using a short form of Ryff’s Scales of Psychological Well-Being (SPWB) according to Ryff et al. (2007). SPWB is an 18-item questionnaire which measures multiple facets of psychological well-being which include autonomy, environmental mastery, personal growth, positive relations with others, purpose in life and self-acceptance subscale items. The Autonomy subscale items are 15, 17, and 18. The Environmental Mastery subscale items are 4, 8, and 9. The Personal Growth subscale items are 11, 12, and 14. The Positive Relations with Others subscale items are 6, 13, and 16. The Purpose in Life subscale items are 3, 7, and 10. The Self-Acceptance subscale items are 1, 2, and 5. Items 1, 2, 3, 8, 9, 11, 12, 13, 17, and 18 were reverse-scored. Higher scores indicate higher psychological well-being in all dimensions. Sample questions are “I like most part of my personality”, and “Some people wander aimlessly through life, but I am not one of them.” The scale employed a seven-point rating scale: 7 = strongly disagree; 6 = somewhat agree; 5 = a little agree; 4 =uncertain; 3 = a little disagree; 2 = somewhat disagree; 1 = strongly agree.

Method of Data Collection: A total of 146 copies of the questionnaire were distributed by hand to the respondents, with the help of one staff from each of the three schools who served research assistant. These staff ensured that the questionnaires were completed and

returned. The respondents were given one week to fill out the questionnaires. The researcher recorded a 100% return of the completed questionnaire.

Data and Statistical Analysis: The data from the questionnaire were coded and entered into statistical product and service solutions (IBM-SPSS version 23.0). Burnout items 1, 4, 15, 17 and 29 were reverse coded to obtain uniform polarity of items. Total Burnout and STS scores ≤ 22 were categorized as low; 23 – 41 were grouped as moderate while scores ≥ 42 were categorized as high levels of burnout and STS. The overall compassion fatigue index was obtained by summing up scores on burnout and STS dimensions. The obtainable score ranges from 20 to 80. Scores ranging from 20 – 40 were categorized as low fatigue, 41-79; as moderate fatigue and 80-100 as high fatigue. SPWB scores of the respondents were computed for each of the subscales where higher scores indicate better psychological well-being and lower scores indicate poorer well-being. The composite score for psychological well-being was obtained for each respondent by summing up the scores of the sub-scales. The summed scores were also categorized as low, moderate and high. Data were presented in percentages and frequencies. Pearson’s correlation was used to determine the association between interval variables while Chi-square was used to determine the relationship between categorical variables. The level of significance was accepted at $p < 0.05$.

Results

Table 1 shows the socio-demographic information of the respondents. From the table, a majority (87.7%) of them were female and 12.3% of them were

male. Many (84.9%) of them were < 40 years while 15.1% of them were 40 years and above. A good number (67.1%) of them were married. Many (70.5%) of them had NCE/OND while a few (7.5%) of them had a post-graduate degree. A good number (78.8%) of them were employed full-time while 18.5% of them

were in part-time employment. About (82%) of them earned below ₦41,000 per month and 2.7% of them earned greater than ₦140 and above monthly; More than half (50.7%) of them had 5 – 10 years of working experience and 4.8% of them had worked >10 years.

Table 1: Socio-economic characteristics of the respondents, N = 146

Variable	frequency	percentage%
Gender		
Male	18	12.3
Female	128	87.7
Age		
< 40 years	124	84.9
≥ 40years	22	15.1
Marital status		
Single	37	25.3
Married	98	67.1
Widowed	11	7.5
The highest level of education attained		
Senior secondary school	16	11.0
NCE/OND	103	70.5
University degree/HND	27	17.5
Income per month		
<₦40,000	119	81.5
≥₦40,000	27	18.5
Years of working as a special school teacher		
less than 5 years	65	44.5
≥5 years	81	55.5

NCE-Nigeria Certificate in Education, OND-Ordinary National Diploma, HND-Higher National Diploma.

Table 2 shows the level of compassion fatigue among the respondents. From the table, the majority (97.3%) of the respondents experience moderate overall compassion fatigue. In the different dimensions, 95.9% had

moderate burnout and 70.5% had moderate secondary traumatic stress. None of the respondents experienced high burnout or secondary traumatic stress.

Table 2: Level of compassion fatigue among the respondents

Compassion Fatigue Dimension	Low F (%)	Moderate F (%)	High F (%)	Total
Burnout	6 (4.1)	140 (95.9%)	0 (0)	146 (100)
Secondary Traumatic Stress	43 (29.5%)	103 (70.5)	0 (0)	146 (100)
Overall Compassion Fatigue	4 (2.7)	142 (97.3)	0 (0)	146 (100)

F; frequency, %; percentage

Table 3 presents the level of psychological well-being of the respondents. From the data, about a quarter (24.7%) of the respondents had low overall psychological well-being. In the various dimensions, 32.9% of the respondents had low autonomy, 22.6% had low environmental mastery, 34.9%

had low personal growth, 41.8% had low positive relation, 40.4% had a low purpose in life, 19.2% had low self-acceptance. Less than half of the respondents reported a high level of psychological well-being in all its dimensions.

Table 3: Level of Psychological well-being of the respondents

Dimensions of Psychological well-being	Low F (%)	Moderate F (%)	High F (%)	Total
Autonomy	48 (32.9)	32 (21.9)	66 (45.2)	146 (100)
Environmental mastery	33 (22.6)	62 (42.5)	51 (34.9)	146 (100)
Personal Growth	51 (34.9)	39 (26.7)	56 (38.4)	146 (100)
Positive Relation	61 (41.8)	67 (45.9)	18 (12.3)	146 (100)
Purpose in Life	59 (40.4)	57 (39.0)	30 (20.5)	146 (100)
Self-Acceptance	28 (19.2)	86 (58.9)	32 (21.9)	146 (100)
Overall Psychological well-being	36 (24.7)	66 (45.2)	44 (30.1)	146 (100)

F=frequency; %=percentage

Table 4 shows the relationship between compassion fatigue and the psychological well-being of the respondents. The data showed that burnout was significantly ($p < 0.05$) and positively associated ($r = 0.212$) with environmental mastery ($r = 0.186$) and purpose in life.

Secondary traumatic stress was negatively associated with positive relations with others ($r = -0.231$) and self-acceptance ($r = -0.164$). Overall compassion fatigue was negatively associated with positive relations with others.



Table 4: Relationship between compassion fatigue and psychological well-being of the respondents

	Burnout	Secondary Traumatic Stress	Overall compassion fatigue
Autonomy	0.090	-0.152	-0.052
Environmental mastery	0.212*	0.053	0.153
Personal growth	0.020	-0.157	-0.094
Positive relationships with others	-0.044	-0.231**	-0.178*
Purpose in life	0.186*	-0.014	0.094
Self-acceptance	0.002	-0.164*	-0.108
Overall psychological well-being	0.110	-0.153	-0.041

*; values are significant at $p < 0.05$, **, values are significant at $p < 0.001$

Discussion

Demographic/socio-economic characteristics

The findings of the study showed that the majority of the teachers were females, mostly within the age bracket of 20 - 40 years while few of them were in the age bracket of 60 years and above. A good number of them were married and few of them were unmarried. Many of them had their NCE/OND while a few of them had a post-graduate degree. A good number of them were employed full-time while few of them were in part-time employment. The majority of them earned below ₦41,000 per month and can be classified as low-income earners, while a few of them earned ₦140 and above monthly that are classified as high-income earners; More than half of them had 5 – 10 years of working experience and a few of them had above 10 years. More than half of them studied courses related to special education and few numbers of them did not

Level of Compassion Fatigue

The finding showed that a high proportion (97.3%) of special educators were found to experience compassion fatigue at a moderate level, both in the dimensions of burnout and secondary traumatic stress. This finding

indicates that caring for special needs children at school could lead to a feeling of exhaustion, frustration and a sense of sharing in the challenges faced by the children. Similar findings were made among primary school educators in West Virginia (Robinson, 2005); crisis counsellors after the Oklahoma City bombing (Wee & Myers, 2003), hospice nurses (Abendroth & Flannery, 2006), emergency nurses (Hooper et al., 2010), and oncology nurses (Black, Deignan & Potter, 2014). This current finding highlights the need for timely formulation and implementation of policies and programmes targeted at creating awareness, concerning compassion fatigue among special teachers and equipping them with adequate management and coping strategies. As observed by Ewing (2021), if compassion fatigue among teachers is not identified and addressed, it could lead to a more severe mental breakdown and physical illness, which will affect their personal and career life and in turn affect the children in their care.

Psychological well-being of the respondents

The psychological well-being of teachers is

critical because it addresses the realization of human talents and potential, which is required for innovation and creativity in the profession (Zaki, 2016). The finding of the study showed that about a quarter of the special teachers experienced diminished psychological well-being mostly in the aspects of autonomy, positive relationships with others, personal growth and purpose in life. This implies that working with children with various disabilities might have a negative impact on the teachers' capability to handle challenging situations and ability to control their behaviours under pressure. This finding is expected because children with a disability usually find it difficult to carry out necessary instructions and observe simple rules. This might lead to constant chaotic classroom situations. Hence, teachers might find classroom management and control very hectic and quite taxing on their psychological resources thereby limiting their sense of being healthy, happy and prosperous (Davis, 2019).

Being a special educator could also affect the teachers' perception of personal development over time as well as how purposeful they view their lives (Van-Dierendonck et al., 2008). One of the non-material rewards of being a teacher is seeing pupils advance across the educational ladder. As the pupils successfully graduate from their class to the next, the teacher feels a sense of accomplishment and progress in his or her career. However, this might not often be the experience of special teachers, as many of their pupils might not be making such progress. Therefore, it is likely that a good number of them might feel they are not working productively and making a positive contribution to their community (Slade, 2010).

Relationship between compassion fatigue and psychological well-being of the respondents

The finding of the study showed that secondary traumatic stress and overall compassion fatigue were negatively associated with positive relations with others. This indicates that the more special teachers felt meaningfully connected to other people, the less they tend to experience frustration and hopelessness associated with caring for children with disabilities. Having a positive relationship with people, also indicated a significant decrease in secondary traumatic stress and compassion fatigue in general. These findings suggest a crucial need for teamwork and the provision of a supportive environment for special teachers. Hakanen et al. (2008) recommend the provision of social support for teachers to lower the risk of compassion fatigue and burnout and lessen educators' vulnerability to the development of both traumatic and work-related stress responses. Confounding evidence was found in the association between burnout and aspects of psychological well-being. The finding suggests that individuals who showed higher environmental mastery and purpose in life also showed a higher level of burnout. Although this finding is unexpected, it suggests that teachers who mostly saw life as being very purposeful and viewed themselves as being capable of bringing situations under control were more likely to develop the rescuer attitude towards their pupils. Robinson (2005) noted that such teacher might over-engage their psychological resources in helping the children and therefore develop a higher level of sadness and frustration over time if they do not get their expected standard of the outcome.

Conclusion

Compassion fatigue was prevalent among the special educators at a moderate level both in the dimension of burnout and secondary traumatic stress (STS). Although the majority of the teachers reported moderate to a high level of psychological well-being, a reasonable proportion of them showed diminished well-being, especially in the aspects of positive relationships with others, purpose in life, personal growth and autonomy. Having a positive relationship with people was found to be associated with less vicarious stress and compassion fatigue in general. However, the feelings of environmental mastery and purpose in life were found to increase the level of burnout among the teachers, suggesting the mediating role of over-engagement.

Recommendations

Based on the findings of the study, the following recommendations were made:

1. The ministry for education should provide opportunities for seminars, workshops or training for these special needs educators, to teach them new and more efficient ways to handle the fatigue that comes with the job.
2. There is a need for social support from society as this could encourage the teachers to do more.
3. The government should also provide a conducive environment for teaching and learning as this would help reduce the stress encountered by the teachers.

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