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Consequences of Caring:
The Manifestation of Compassion Fatigue in High School Teachers
During the COVID-19 Pandemic

A dissertation
presented to
the faculty of the Department of Educational Leadership
East Tennessee State University

In partial fulfillment
of the requirements for the degree
Doctor of Education in Educational Leadership

by
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August 2022

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Dr. William Flora
Dr. Virginia Foley
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Keywords: education, COVID-19, compassion fatigue, vicarious trauma, secondary traumatic stress, empathy-related stress, teacher burnout

ABSTRACT

Consequences of Caring:

The Manifestation of Compassion Fatigue in High School Teachers

During the COVID-19 Pandemic

by

Randi Alaine Soda Staggs

The purpose of this research study was to explore the symptoms of compassion fatigue as experienced by teachers in grades 9-12 during the COVID-19 pandemic. While the research on the effects of compassion fatigue on educators is relatively sparse, the literature regarding compassion fatigue in other helping professions revealed a 12-symptom framework.

Data collection strategies included individual virtual interviews and field notes. Analysis of data occurred in four phases: (a) analyzing transcripts and identifying themes, (b) categorization of data under the 12 symptoms of compassion fatigue, (c) building the explanation in narrative form, and (d) re-examination of the data. The triangulation of data protected the credibility of the analysis through multiple interview sources and member checking.

The results revealed that the physical, emotional, professional, and personal experiences described in the teacher interviews exemplified the 12 established symptoms of compassion fatigue. The results suggested that concern for student experiences during the pandemic combined with other contributing factors to manifest a variety of individual symptoms in participants. The most common contributing factors for participants included concerns for the

physical and emotional health and wellbeing of students, student academic issues, feelings of being overwhelmed/overloaded at work, and anger and frustration with the school administration and the school system. The themes that emerged from the data analysis indicate that the most common manifested symptoms include lack of sleep, stress and anxiety, thoughts of leaving the teaching profession, and disconnection from family and friends.

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DEDICATION

This dissertation is dedicated to my family, who always encouraged me to live by Walt Disney's advice: "All our dreams can come true, if we have the courage to pursue them."

To my husband, Corey, who supported my decision to pursue a terminal degree, even though it didn't make financial sense!

To my children, Emily, Connor, and Jackson, who selflessly took a backseat during my class sessions, presentations, and hours of research, and continued to love me and cheer me through it.

To my parents, Ray and Sue Soda, who instilled a love and appreciation for education in me from a young age. They have never stopped believing in me, and that has made all the difference.

To my siblings, Brian Soda and Stacey Bittman, for praising and encouraging me (and always making me feel like an impressive big sister) throughout my educational journey.

To my aunt, Nancy Fallgren, who modeled what a love of learning should look like and represented the true image of a scholar. (I'm winning now, Aunt Nancy!)

And to my dear friends who are more like family: Aimee Wyatt and Carrie Pfeiffer, who partnered with me in dreaming big many years ago, and then set the bar high with their professional accomplishments; and Janie Johnson, for pushing, prodding, and sometimes threatening me, celebrating little milestones with wine and good company, and always refusing to let me give up.

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Chapter 1. Introduction

The COVID-19 pandemic changed life for people all over the globe. The ramifications included job losses for countless working adults, increases in job hazards for those in front line professions, and drastic changes in social patterns and habits (Palma-Vasquez et al., 2021). In addition, nearly everyone experienced some form of loss during this historic time ranging from loss of contact with friends, loss of financial peace, or actual loss of life of a friend or family member.

COVID also brought a worldwide shift in education from in-person learning to a form of remote schooling using electronic or hybrid teaching methods. Teachers were asked to stretch their abilities and resources and forced to improve their technical knowledge with an unprecedented reliance on computers as a teaching vehicle (Delgado-Gallegos et al., 2021; Palma-Vasquez et al., 2021). The value and necessity of teachers became more evident than ever as parents struggled to manage their children's education at home. Teachers became even stronger multi-taskers than usual as they addressed student and parent struggles while trying to motivate reluctant learners who were inundated with frightening adult issues and starved for interaction with their peers (Kumawat, 2020). Educators were forced to deal with stress from the job's everyday demands, added pressure of COVID, and the internalized stress that their students were facing (Ghasemi et al., 2021). Without the usual outlets of friends, church, and extracurricular activities, teachers became a more critical contact for students during the pandemic, and the abnormal volume of traumatic experiences affecting students likewise affected their teachers (Kumawat, 2020; Livengood, 2021).

Teachers, in general, have always been susceptible to internalizing the experienced trauma of their students, but the effects of COVID have made them even more so (Livengood,

2021; Diliberti, 2021). Known as empathy-related stress conditions, compassion fatigue (CT), vicarious trauma (VT), or secondary traumatic stress (STS), this phenomenon of absorbing the trauma of others is a common occurrence in helping professions, such as social work, nursing, emergency response, clergy, and law enforcement (Figley, 1995). While secondary stress has been researched rather extensively in other helping professions, teachers' exposure to traumas witnessed, borne, and communicated by their students has not been explored at the same level (Hydon et al., 2015). Secondary stress has been linked to burnout in fields such as medicine, therapy, and social work. Burnout is a significant problem in education with teachers leaving the profession at excessively high rates (Livengood, 2021). Still, there is little awareness of secondary traumatic stress as a condition for educators. More research is needed to investigate and create awareness of the physical, emotional, and social ways teachers are affected by student trauma (Walker, 2019).

Statement of the Problem

Secondary traumatic stress syndrome (STS), compassion fatigue (CF), and vicarious traumatization (VT) are well-known phenomena in the medical field and other helping professions; these conditions can be combined into an overall category known as empathy-based stress. This has not been widely studied in the field of education. Teachers who are negatively affected by their relationships with students affected by traumatic situations may manifest various symptoms that are not easily recognized or identified. This study will focus on the physical, professional, emotional, and social ways high school teachers experience stress resulting from relationships with students who experienced trauma during the COVID-19 pandemic.

Significance of the Study

In March 2021, 42% of educators reported that they have considered quitting the profession or retiring from their teaching position over the last year. Of these, over half say their desire to quit results from the challenges of the COVID-19 pandemic (Zamarro et al., 2021). It is increasingly important in the education field to identify ways to retain existing teachers and encourage new educators to enter the profession.

Studies have primarily relied on teachers self-reporting through surveys which have provided overviews of trends and confirmed that stress is a significant factor contributing to turnover. However, there is a lack of research on vicarious stress affecting teachers working with traumatized students (Borntrager et al., 2012). Research suggests that one in four children will experience trauma by the age of 16 (La Greca et al., 2002). The extended amount of time spent and deep relationships formed with students causes teachers to have prolonged exposure to these traumatic experiences. However, there is a lack of data regarding the manifestation of physical symptoms.

The phenomenon of empathy-based stress in helping professions such as nursing, therapy, social work, or counseling has been studied widely, but education has mostly been left out of the body of research (Borntrager et al., 2012). The worldwide pandemic environment of COVID-19 is a unique opportunity to examine the manifestation of empathy-related stress on the emotional and physical health and well-being of high school educators affected by the traumatic experiences of their students. By identifying and describing symptoms of compassion fatigue in teachers, school systems may develop methodologies for helping those affected.

Research Questions

This qualitative study focuses on high school teachers in a suburban school district in middle Tennessee.

Primary Research Question

The overarching research question is: How do high school teachers (grades 9-12) perceive the effects of student trauma on their own physical and emotional health and well-being during the COVID-19 pandemic?

Supporting Questions

1. What physical manifestations did the teacher experience as a result of exposure to student trauma during COVID-19?
2. What emotional manifestations did the teacher experience as a result of exposure to student trauma during COVID-19?
3. What professional manifestations did the teacher experience as a result of exposure to student trauma during COVID-19?
4. What personal relationship manifestations did the teacher experience as a result of exposure to student trauma during COVID-19?

Definition of Terms

Arousal: the National Institute of Mental Health defines arousal as one of the PTSD symptom clusters, including having tense feelings, being easily startled, having trouble concentrating, experiencing sleep problems, feeling irritable, having angry or aggressive outbursts, and engaging in reckless behavior (2012).

Avoidance: according to the National Institute of Mental Health, avoidance is one of the PTSD symptom clusters, involving maintaining distance from events, objects or spaces that remind one of a traumatic experience and refraining from thoughts of the traumatic experience (2012).

Burnout: in a work setting, burnout refers to exhaustion due to prolonged exposure to work-related problems (Guseva Canu et al., 2020).

Compassion fatigue: when a person who cares for a trauma victim experiences similar traumatic symptoms (Figley, 1995).

Compassion satisfaction: pleasurable feelings that result from helping others (Faillace, 2020).

Empathy-based stress: a broad term encompassing the related constructs of vicarious trauma, compassion fatigue, and secondary traumatic stress (Rauvola et al., 2019).

Hypervigilance: an elevated mental state in which the surrounding threats are constantly being assessed, often the result of trauma (Brennan, 2021).

Intrusion: previously referred to as re-experiencing, the National Institute of Mental Health describes intrusion as one of the PTSD symptom clusters, including flashbacks, recurring memories, related dreams, distressing thoughts, and physical symptoms of stress (2012).

Manifestation: for purposes of this dissertation, manifestation relates to the physical, emotional, and professional ways that stress presents itself.

Post-traumatic stress disorder (PTSD): a mental health condition triggered by experiencing or witnessing a frightening event (*Post Traumatic Stress Disorder*, 2019).

Resilience: the process of successfully adapting to adversity, trauma, or other sources of stress (“Building Your Resilience,” 2012).

Secondary traumatic stress (STS): “the natural, consequent behaviors and emotions resulting from knowledge about a traumatizing event experienced by a significant other. It is the stress resulting from helping or wanting to help a traumatized or suffering person” (Figley, 1995).

Trauma: as defined by the Substance Abuse and Mental Health Services Administration, trauma is “an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life-threatening, and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.”

Vicarious resilience: personal growth that occurs due to witnessing personal growth in the lives of individuals cared for (Chaplin, 2018).

Vicarious trauma: the American Counseling Association’s Traumatology Interest Network’s published Fact Sheet #9 describes vicarious trauma as an emotional response to trauma witnessed in others where there is a caring relationship that exists.

Limitations

One limitation of this study is the potential for bias due to the self-reported nature of the interview data. If research participants desire to show themselves in the most favorable light, they may focus on answers that cast the best picture while downplaying or omitting responses that offer a less flattering portrait. The assurance to participants that anonymity would be protected should help to address this limitation.

Another related limitation is the selection of participants. Principals used their knowledge of teachers to recommend participants who fit the profile of individuals who are likely to display compassion fatigue symptoms. The assumption was that these principals know their faculty well and would be aware if their teachers embody the specified characteristics; however, the possibility exists that some individuals were recommended erroneously or erroneously omitted

from recommendation, and selection bias exists due to relationships between participants and principals.

Delimitations

This study was restricted to 12 interviews of teachers from two high schools within a single school system with homogenous demographics; this may limit the transferability of the data to more diverse school environments. While participants responded to the ProQOL survey, the purpose was to gather more objective responses to specific questions about symptoms and experiences. This was intended as a method of triangulating the data from the open-ended questions, not to provide a quantitative measure, although quantitative analysis is possible based on the results of the individual survey responses.

Chapter Summary

Teachers face a variety of stressors in their everyday responsibilities of teaching children. Research suggests that a considerable number of children are exposed to at least one traumatic event before they finish school and suggests that teachers are working with a significant number of students who are dealing with stress in their lives. As teachers are increasingly asked to teach academic topics and social-emotional skills, they are more likely to become exposed to the details of their students' traumatic events (Figley, 1995). The COVID pandemic has introduced another layer of discomfort for teachers as the changes to the learning environment and subsequent lack of connection resulted in high levels of anxiety and stress (Palma-Vasquez et al., 2021).

This research study is organized into five chapters. Chapter 1 includes an introduction to compassion fatigue and related empathy-based stress conditions along with the problem statement, research questions, study significance, definition of relevant terminology, and

limitations and delimitations. Chapter 2 is dedicated to an overview of the existing research on empathy-related stress (specifically burnout), PTSD, compassion fatigue, secondary traumatic stress, and vicarious trauma. An overview of research on the effects of COVID on student and educator stress is also included. Chapter 3 details the methodology used for this study and describes the research design and research questions, site selection, sample and population, data collection and analysis strategies, and assessment of quality and rigor. Chapter 4 covers the study's findings related to the chosen research questions. Chapter 5 provides an interpretation of the research results, implications for educational policy and practices, and recommendations for future research.

Chapter 2. Literature Review

Introduction

The impact of empathy-related stress conditions such as Secondary Traumatic Stress (STS) and compassion fatigue on careers such as medicine, social work, psychology, emergency response, and ministry has been the subject of many studies over the last few decades. However, there is very little research into the effects of empathy-based stress on educators, and, as of spring of 2021, nothing that examines educator experiences with STS or compassion fatigue through the lens of the COVID-19 pandemic.

This literature review examines the various pieces of existing research needed to complete a study on the perceived effects of STS on educators during the hybrid instruction related to the COVID-19 pandemic of 2020-2021. Divided into sections, this review covers burnout, trauma and its effects on children, research on teacher and student mental health during the COVID pandemic, and the framework of secondary traumatic stress and related constructs.

Burnout

The concept of burnout has been reported for centuries, but the term as it is currently used appeared in 1974 in the United States when Freudenberger used it to describe the breakdown physically and psychologically of volunteer workers in organizations such as crisis centers, therapeutic communes, free clinics, and women's refuges (Kaschka et al., 2011). Freudenberger was the first to describe the widespread issue of burnout in the helping professions through a discussion of the ways that "people work" can deplete one's physical and psychological resources (Brasfield et al., 2019). In 1980, Freudenberger cautioned people to be aware of attitudes that could result in burnout including a tendency to be inflexible, a feeling of pressure to succeed, a need to summon artificial excitement to fight boredom, a disproportionate

amount of importance placed on a single aspect of life, a lack of intimacy with others, an inability to relax, an unhealthy level of attachment to activities or interests, a preoccupation with image, a lack of clarity regarding life goals, and an inclination to take oneself too seriously. The conceptual idea of burnout changed over the ensuing decades as the term originally described people who failed to reach unrealistically high ideological goals. This self-imposed burnout differs from what is seen today as people tend to break under the pressures of escalating expectations of others, from intense competition, or from the drive to succeed or make money (Kaschka et al., 2011).

While the term *burnout* is often used interchangeably with *stress*, burnout refers to a deeper psychological and physical state characterized by energy loss and an inability to function in areas such as attitudes, behavior, health, and relationships (Brasfield et al., 2019). While early definitions of the physical manifestation of burnout described symptoms confined to bodily conditions such as backaches, colds, headaches, and ulcers (Edelwich and Bodsky reported in Shaheen & Mahmood, 2018), subsequent researchers expanded this description of symptoms to move beyond the physical to include anger, anxiety, depression, detachment, failure, frustration, hopelessness, powerlessness, tension, and feelings of inability to remain on the job (Shaheen & Mahmood, 2018).

In his publications, Freudenberger described the chronological phases of burnout as shown in Figure 1.

Figure 1

Freudenberger's chronological phases of burnout

- Excessive ambition; compulsive efforts to prove oneself
- Working harder
- Neglecting self-care
- Displacement of needs and conflicts
- Ignoring non-work-related needs
- Denial of the problem; losing flexibility of thought and behavior
- Cynicism, lack of direction, and withdrawal
- Changes to behavior and psychological reactions
- Depersonalization
- Anxiety, addictive behavior
- Lack of interest; increased belief that nothing has meaning
- Life-threatening levels of physical exhaustion

(Kaschka et al., 2011)

In its 11th Revision of the International Classification of Diseases (ICD-11), the World Health Organization characterized burnout as an occupational phenomenon rather than a medical condition (2019). The chapter that includes information about burnout discusses “factors influencing health status or contact with health services” and includes issues that are not classified as health conditions or illnesses but still prompt people to contact health services. The ICD-11 defines burnout as follows:

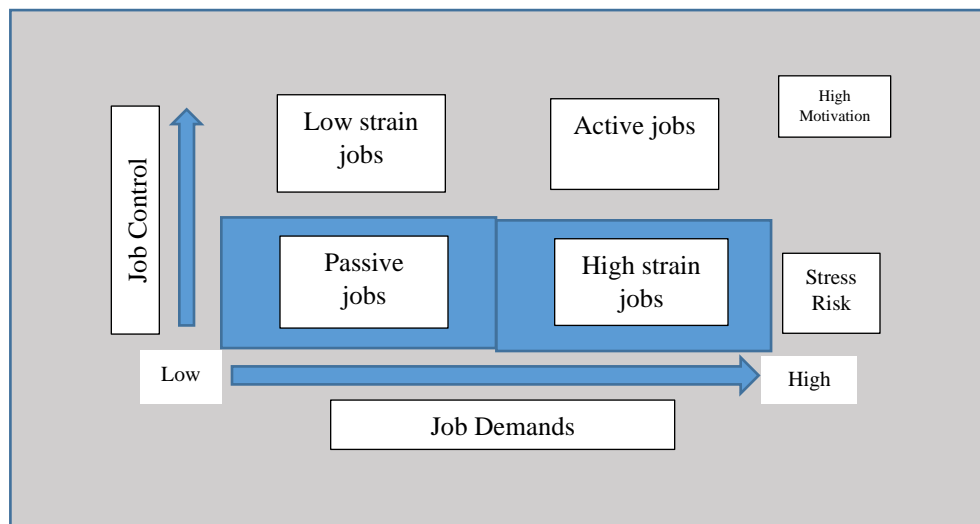
Burn-out is a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed. It is characterized by three dimensions, including feelings of energy depletion or exhaustion; increased mental distance from one’s job, or feelings of negativism or cynicism related to one’s job; and reduced professional efficacy. Burn-out refers specifically to phenomena in the occupational context and should not be applied to describe experiences in other areas of life (2019).

Burnout Models and Inventories

Psychological models of burnout have been developed to explain the various contributory factors. The “demand-control” model and the “effort-reward imbalance” model are well-known (Kaschka et al., 2011).

Figure 2

Demand-control model of burnout

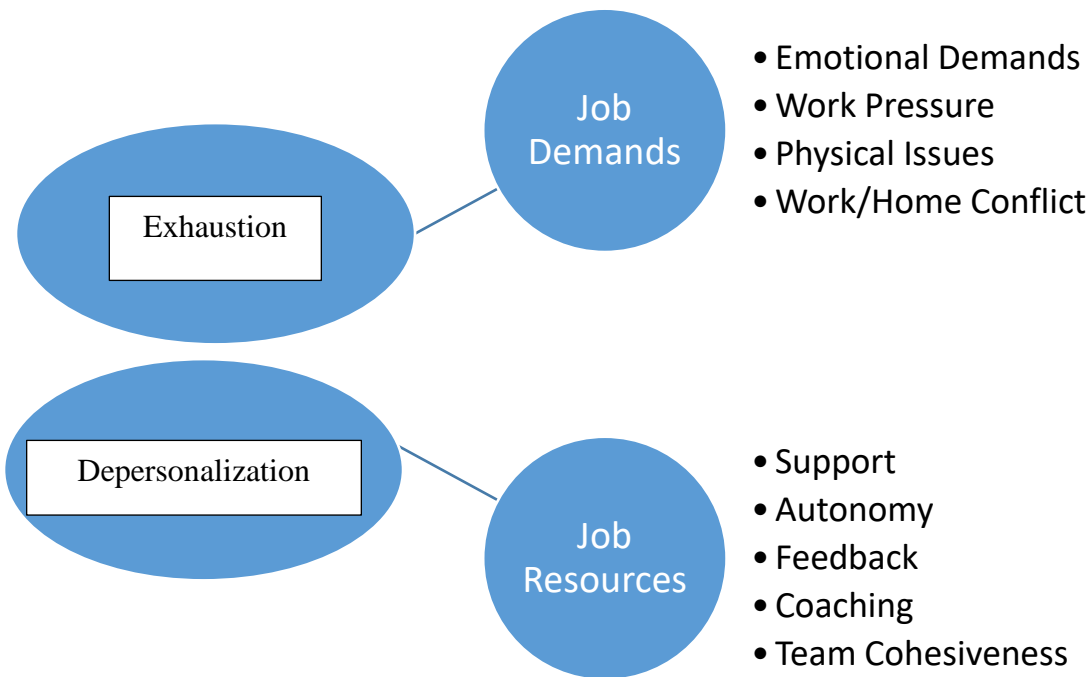


The demand-control model of burnout by Karasek demonstrates that psychological and physical stress tends to result from high-strain jobs that are demanding where the employee has little control whereas jobs with high levels of control and low levels of demand are generally low strain (Karasek, 1979).

The “job demands – job resources” model by Demerouti shows emotional exhaustion because of overwhelming job demands and depersonalization as a byproduct of insufficient job resources (Kuok & Lam, 2018).

Figure 3

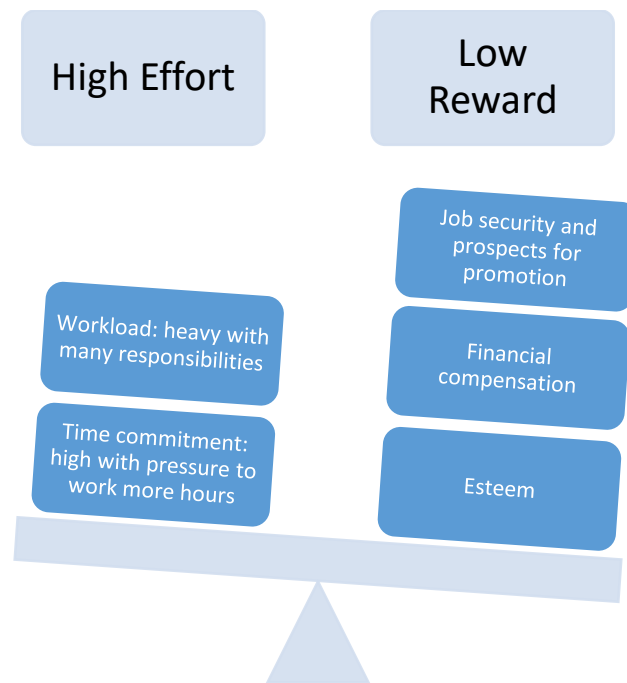
Demerouti's Job Demands- Job Resources Model



Effort-Reward Imbalance Model. Used to assess the ways that work-related stress affects health, the effort-reward imbalance (ERI) model has shown some success. This model takes extrinsic and intrinsic factors into account when examining the psychosocial outcomes of employee health. When the professional perceives a high level of requirements, obligations, and other types of effort in an imbalance with the salary, career opportunities, esteem, job security, and other rewards, there is a correlation with stress-associated illness that can include depression and burnout (Seibt & Kreuzfeld, 2021). ERI utilizes “overcommitment” as an intrinsic measure, which describes the individual’s tendency to overextend and overload themselves beyond their resources. This is a predicting factor of depression and anxiety (Seibt & Kreuzfeld, 2021).

Figure 4

Siegrist's Effort-Reward Imbalance Model



Several screening instruments have also been developed to measure the degree of burnout.

Maslach Burnout Inventory. The originally accepted and widely utilized instrument is the Maslach Burnout Inventory (MBI) which was developed by Maslach and Jackson in 1981. In its original form, the MBI consisted of 22 items divided into three scales that corresponded with Maslach's identified dimensions. Later editions of the MBI utilized a frequency scale and expanded to 25 items. (Brasfield et al., 2019). According to Maslach's definition, "burnout is a response to the chronic emotional strain of dealing extensively with other human beings, particularly when they are troubled or troublesome" (1982, in Nagy, 2017). Maslach identified three dimensions of the burnout process: emotional exhaustion, depersonalization, and personal accomplishment. Emotional exhaustion refers to a condition of energy depletion, with feelings of

anger, frustration, and dissatisfaction coupled with an inability to respond to the emotional requirements of work. Depersonalization removes the emotional component of work relationships particularly those who expect “personal investment.” Personal accomplishment refers to self-evaluation (either positive or negative), vocational achievement, and perceptions of self-efficacy (Maslach et al., 2010). The research by Maslach has provided the foundation for several studies that have identified emotional exhaustion as an early indicator of burnout (Brasfield et al., 2019).

Oldenburg Burnout Inventory. The Oldenburg Burnout Inventory (OLBI) was developed as an alternative solution that measures emotional exhaustion and depersonalization on a continuum with depersonalization identified as occurring between disengagement and dedication and emotional exhaustion shown on the energy continuum. The OLBI investigates the cognitive and physical aspects of burnout, which goes beyond the emotional effect that was the focus of the MBI (Nagy, 2017). Additional inventories include the Copenhagen Burnout Inventory (CBI) and the Shirom-Melamed Burnout Measure (SMBM). To date, the MBI and OLBI have the highest validity (Nagy, 2017).

Burnout Dimensions – Three-Factor Model

The traditional conceptualization of burnout utilizes the dimensions of emotional exhaustion, depersonalization, and lack of personal accomplishment. However, studies examining work-related stressors and outcomes determined a stronger correlation between emotional exhaustion and depersonalization than lack of accomplishment. To account for this discrepancy in the components, Demerouti et al. developed the two-factor burnout model which looks at exhaustion (including affective, cognitive, and physical states) and disengagement (including distancing from all work aspects) (Demerouti et al. reported by Shoji, 2015).

Emotional Exhaustion. Time pressure is the most significant predictor of emotional exhaustion in teachers. Emotional exhaustion seems to be affected by the hectic school day, the total workload for teachers, and limited opportunities for rest and recovery – all of which can deplete the teacher’s energy reserves. Low job resources also increase emotional exhaustion and suggests that the frustrating quest for sufficient funding in schools can drain emotional accounts (Skaalvik & Skaalvik, 2021).

Lack of Personal Accomplishments. For teachers, low student motivation is a predictor of low personal accomplishment which suggests that low levels of student motivation can prevent teachers from reaching their goals and negatively reflect the teacher’s ability to motivate students. Teacher autonomy was positively correlated with personal accomplishment and indicates that teachers feel accomplished when they are permitted to pursue goals they believe in using the methods of their choice (Skaalvik & Skaalvik, 2021).

Depersonalization/Cynicism. While teachers who experience depersonalization and cynicism in their work may also display lower-quality teaching and poor relationships with students, cynicism has not been shown to affect mood or encourage job satisfaction. However, it may be somewhat associated with the desire to quit teaching (Skaalvik & Skaalvik, 2021).

Burnout Mitigation

Coping is a strategy used by individuals in handling challenging situations. Generally, people either focus on emotion-focused coping and emphasize the emotional state as a response to stress, or problem-focused coping, with effort placed on the issue itself and an attempt to identify a solution. This relates to burnout in the depersonalization sphere which is a form of avoidance coping (Nagy, 2017).

Core self-evaluation (CSE) is a construct of four dimensions: general self-efficacy, self-esteem, emotional stability, and internal locus of control. Used to describe beliefs about individual self-worth and competence in the workplace, CSE plays a part in the perception of the work environment and its relationship to self-belief. Individuals with a high CSE tend to note the challenge in a task and see it as an opportunity for success. Those with a lower CSE may view job tasks as a threat and believe they are too challenging to complete (Nagy, 2017).

Positive affectivity tends toward positive emotions such as excitement, happiness, and high energy levels. As a protection against depersonalization, individuals with high positive affectivity are generally more successful communicators and open to new ideas. Negative affectivity is a tendency toward negative emotions including anxiety, hostility, or sadness and relates to all dimensions of burnout. The strongest correlation has been documented between negative affectivity and emotional exhaustion and suggests that negative emotional states exhaust emotional resources and leaves less energy to cope with other life issues (Nagy, 2017).

Emotional intelligence, the ability to reason accurately using emotion and dynamic information, can be measured through four dimensions: self-emotion appraisals, others' emotion appraisals, regulation of feeling, and use of emotion. Those with high levels of emotional intelligence see the supportive aspects of their environment which results in less susceptibility to burnout (Nagy, 2017).

Numerous studies have investigated motivational theories about burnout. The Self-Determination Theory (SDT) is based on intrinsic and extrinsic motivation and proposes that autonomous motivation comes from individuals initiating their behavior based on choice. According to SDT, extrinsic motivation can be internalized by realizing the values of the activity or task. In relation to the burnout dimensions, researchers determined that intrinsically regulated

(autonomous) motivation works as a protecting factor as it works against emotional exhaustion (Nagy, 2017).

When social support is greatest, the work climate demonstrates trust, workers are open and supportive, supervision is competent, and individuals are recognized personally and professionally (Nagy, 2017). Social support may originate from colleagues, family, friends, or supervisors. However, social support is not equal from all originators as it relates to burnout. Support from a supervisor tends to be the most valuable as it can lower feelings of emotional exhaustion and depersonalization while raising feelings of personal accomplishment.

Role stress is a significant factor in the early stages of burnout and is made up of two components: role ambiguity and role conflict. Role ambiguity means employees are uncertain about their daily tasks due to a lack of clear instructions or expectations. Role conflict is when individuals face opposing expectations between their values and expected work behavior or from multiple aspects of life such as work and family (Nagy, 2017).

Autonomy refers to the amount of freedom that the employee has at work. The effects of autonomy at different levels are related to personality factors. For example, extroverts tend to feel successful and fulfilled when they control multiple aspects of their work decision-making. However, too much freedom and too little direction can be frustrating to some employees (Nagy, 2017).

Perception of workload (the job tasks and overtime required in the workplace) is a work stressor. If a person's workload is too high, there are too many work demands and not enough personal resources to fulfill them (Nagy, 2017).

Teacher Burnout

The prevalence of burnout in the teaching profession ranges from 0 to 71% depending on the selected survey method (Seibt & Kreuzfeld, 2021). Teachers who experience stress at work report physical symptoms, psychological issues, diminished work performance, and strained personal relationships. Elevated stress levels that are not mitigated with sufficient coping strategies are likely to result in burnout (Herman et al., 2017). Educators demonstrate burnout through emotional exhaustion, reduced job satisfaction, increased absences, depersonalization marked by a loss of interest in teaching and/or students, decreased feelings of accomplishment, and professional attrition (Maslach et al., 2001; Skaalvik & Skaalvik, 2021).

Because of its complex work requirements, the education profession has a higher exposure to work stress and related health effects such as burnout than other occupations (Seibt & Kreuzfeld, 2021). Teacher stress leading to burnout can be traced to the following factors: personal characteristics (Brasfield et al., 2019; Seibt & Kreuzfeld, 2021), legislation, vocational influences (Brasfield et al., 2019), social factors, and district factors (Scott, 2019). Seibt and Kreuzfeld's 2021 research found that personal characteristics are more responsible for burnout than work-related issues. Specifically, 29% of burnout risk can be traced to overcommitment, an inability to recover, and the effort-reward ratio (Seibt & Kreuzfeld, 2021).

Legislative Factors. While there have been legislative policies in place to ensure teacher accountability for over 50 years (starting with the Elementary and Secondary Education Act of 1965), more recent approaches such as "Race to the Top" have resulted in states imposing punitive actions for teachers based on their students' low standardized test scores (Brasfield et al., 2019). Individual states also incorporate their own evaluation systems to hold teachers accountable based on classroom observations and student test scores. The Ohio Teacher

Evaluation System (OTES) bases 50% of teacher effectiveness ratings on student standardized test scores. Seventy percent of Ohio teachers claimed to feel moderate to extreme pressure to increase their assessment scores (Walker, reported by Rumschlag, 2017). There is a noticeable correlation between lower teacher job satisfaction and higher attrition levels with the passage of teacher accountability legislation based on student achievement (Brasfield et al., 2019). In addition, a review of studies on teacher burnout shows an upward trend of emotional exhaustion among educators which could be correlated with the implementation of new policies (Kuok & Lam, 2018).

Vocational Factors. Sources of teacher stress include paperwork, deadlines, overtime, and lack of prep time. With changing content standards, new technology, and the pressure of standardized assessments, teachers have difficulty feeling accomplished. Studies suggest that up to 69% of teachers feel a lack of personal accomplishment in their job which is a significant burnout factor. Stress is higher for teachers in economically disadvantaged and diverse areas (Rumschlag, 2017). Special education teachers are also found to experience more symptoms of emotional burnout and depersonalization than peers in general education. There could be many reasons for this occurrence as these teachers share different demands from students requiring higher levels of assistance and displaying varying levels of emotional, physical, and behavioral struggles. However, special education teachers who received a higher degree of social support reported less burnout and experienced increased personal accomplishment (Bataineh & Alsagheer, reported in Scott, 2019).

Student behavior issues such as disobedience, discipline, and negativity effects are related to teacher job dissatisfaction. Younger teachers seem to experience higher levels of stress, and young teachers and those new to the profession are more susceptible to burnout

(Brasfield et al., 2019; Scott, 2019). Emotional exhaustion is more likely to be found in teachers who do not relate to the school's goals or values, lack internal motivation toward work goals, or don't anticipate a rewarding future in the school (Kuok & Lam, 2018). There have also been correlations between teachers' decision-making abilities and their choice to stay in the profession. Teachers who feel they have a voice in the school environment are more likely to remain in that environment (Rumschlag, 2017).

The fact that teachers do not punch a clock is another part of the education profession that can contribute to burnout. Teachers frequently carry their physical work and their emotional work home with them. A study by Felsing et al. reports that 75% of teachers work every day, for seven days a week (Felsing et al. reported by Seibt, 2021). Lesson planning, grading papers, completing training, and communicating with students and families often continue after the bell rings to end the day, making it difficult to separate professional and personal time and, thereby, contributing to burnout (Manju, 2018).

A study of teacher turnover intent showed that emotional exhaustion is the primary cause of educator attrition. The most significant predictor of emotional exhaustion is related to job demands (particularly the level of workload), misbehavior of students, and personal demands that can cause work-family conflict (Rajendran et al., 2020). Workload volumes exceeding 40 hours a week are associated with increased incidents of anxiety, depression, and sleeping problems. The risk of these issues and burnout increases as the work hours increase beyond 50 hours. One explanation for this is that recovery time decreases when the number of hours at work increases, and adequate recovery is significant for teachers' well-being. Insufficient recovery time and the inability to recover during the available time are precursors to burnout symptoms (Seibt & Kreuzfeld, 2021).

District Factors. Schools and school districts can support teachers by decreasing stressors and helping with burnout symptom management. However, when these supports are unavailable or presented ineffectively, the opposite effect of intensifying burnout symptoms can result (Scott, 2019). One of the most significant issues is the lack of administrative support. When teachers find that their administrators are supportive, collaborative, and helpful in providing resources, burnout symptoms tend to be lessened (Scott, 2019).

When school districts fail to alleviate poor working conditions for teachers (such as excessive hours, insufficient prep time, professional development, low salary, and few opportunities for advancement) burnout rates tend to be higher (Scott, 2019).

Personal Factors. Some of the qualities that attract certain people to the teaching profession are the very things that can lead to burnout. One of these is the sense of idealism and desire to serve others. If teachers determine that their hopes of “making a difference” are going unfulfilled, they are more likely to experience some of the dimensions of burnout (Manju, 2018). Many educators experience the dimensions of burnout as defined by Maslach – when they perceive they cannot help their students in the same way, they experience a sense of emotional exhaustion. They experience depersonalization when they develop cynical, negative attitudes towards colleagues, parents, and students. Personal accomplishment decreases when teachers perceive an ineffectiveness in their ability to reach students or successfully manage other work tasks (Brasfield et al., 2019; Kuok & Lam, 2018).

Some past studies suggest that female teachers tend to exhibit higher levels of emotional exhaustion than male teachers. In addition, women tend to report lower levels of personal accomplishment while males express higher levels of depersonalization (Saloviita & Pakarinen, 2021). This claim has been refuted by more recent studies that show no difference between

gender and burnout risk (Seibt & Kreuzfeld, 2021). High school teachers are more susceptible to burnout than elementary school teachers. Larger class sizes are believed to relate to higher levels of emotional exhaustion and burnout, and a larger school size leads to lower feelings of accomplishment, a more heightened sense of depersonalization, and decreased job satisfaction (Saloviita & Pakarinen, 2021).

The ability to recover is an important, recently recognized factor in analyzing burnout patterns. Individuals who lack the personal resources to recover sufficiently from work-related stress are more likely to burn out. This includes mental detachment and omission of work-related activities during non-work time. Teachers traditionally have a difficult time with both issues and exemplify less psychological ability to detach themselves from work despite the need for relaxation or recovery (Seibt & Kreuzfeld, 2021).

Social Factors. While individual factors can lead to burnout, social factors also significantly affect the build-up of stress for teachers. Stressors may arise from such external sources as relationships with staff, peer teachers, and students, and the quality or absence of these social support structures can lead to success or cause problems for a teacher. The conflict between staff members has been cited as a significant roadblock to classroom success (Howson, found in Scott, 2019). Communication and collaboration are essential for a teacher to handle the stresses of the profession adequately and maintain a healthy mental state (Scott, 2019).

Effects of Teacher Burnout on Students

Part of the teacher's responsibility lies in implementing positive behavior interventions and supports (PBIS) for students. However, teachers who experience symptoms of burnout have difficulty implementing these supports with fidelity. Additionally, teachers with emotional exhaustion, low self-efficacy, or negative self-confidence in their abilities have more frequent

absences and lower levels of effectiveness in their teaching strategies which results in diminished student achievement (Herman et al., 2017; Saloviita & Pakarinen, 2021).

Effects of Burnout on Schools and School Districts

School districts are affected by burnout in two ways. Student achievement affects district performance and creates a vicious cycle as lower scores can affect the ability to hire top-quality teachers which perpetuates low student achievement. Teacher absences increased by burnout can contribute to the problem by increasing the workloads of staff who must contribute to covering for the absent teachers. Burnout also affects retention rates and results in the loss of good teachers (Jacobson, 2016).

Teacher Burnout During COVID-19

A 2020 study by Sokal et al. utilized the 2007 Bakker and Demerouti job demands-resources model to examine the effect of COVID-19 on teacher stress, resilience, and burnout. While this model was not created with the teaching profession in mind, it offers the flexibility to examine various job characteristics and the demands and resources that are associated with them. The study found specific patterns that emerged in teaching during the COVID-19 pandemic. In four of the five job demands examined the correlations were strongest with teacher exhaustion, followed by cynicism and accomplishment. Lack of resources was negatively correlated with accomplishment, and suggests that when teachers perceived a deficit in resources they perceived their accomplishment level to be lower. Five examined resources (support from parents, professional learning, self-care, healthy eating, and mindfulness) were strongly correlated with accomplishments. The resource of administrative support was negatively correlated to cynicism and can demonstrate the importance of administrative support to teachers in maintaining a healthy attitude. Unexpectedly, some resources assumed to alleviate stress actually strongly

correlated with emotional exhaustion: administrative support, relationships, therapy, technology instruction, and sleep. The causal relationship between these factors was unclear. It is possible that the added pressures of factors such as therapy and administrative support added to the feelings of exhaustion or that teachers who were already exhausted sought out these factors. This study suggests that teaching during the pandemic has caused an imbalance in job demands and resources and can result in emotional exhaustion, cynicism, and lack of accomplishment. The researcher recommends decreasing job demands when teachers begin to exhibit high fatigue at the beginning of the burnout stage (Sokal et al., 2020).

Trauma

The Merriam-Webster dictionary explains that the word *trauma* is derived from the Greek term for “wound” and describes injuries of both physical and psychological nature. There are multiple recognized types of trauma, but currently, there is no consensus on its specific definition and controversy about its meaning is ongoing (Krupnik, 2019). Physically, trauma is a wound that results from an accident or other violent occurrence. Psychologically, trauma is emotional damage from an event or series of events that overwhelm a person’s coping abilities (Frey, 2020). Two trends in the trauma literature examine the concept in contradictory ways. In the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*, trauma is defined as the following:

The person was exposed to: death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence, in the following way(s): direct exposure; witnessing the trauma; learning that a relative or close friend was exposed to a trauma; indirect exposure to aversive details of the trauma, usually in the course of professional duties (e.g., first responders, medics).

A broader view of trauma is taken by the American Psychological Association (2016) which takes psychological threat into account with its definition of trauma as “events that pose significant threat (physical, emotional, or psychological) to the safety of the victim or loved ones/friends and are overwhelming and shocking.” (Krupnik, 2019). Other efforts to define trauma tend to widen the concept to create a continuum based on levels of severity, as in F. Shapiro’s 2017 definition: “any event that has had a lasting negative effect upon self and psyche” (Krupnik, 2019).

The human body’s physical response to stabilize in the face of environmental stress is known as *allostasis*. Typical physical responses include activation of the sympathetic nervous system which causes a racing heartbeat and dilated pupils. The hypothalamic-pituitary-adrenal axis is also stimulated to release cortisol that produces glucose for the heart and muscles for immediate escape. While biologically intended as a defense mechanism against danger, our bodies are conditioned to respond this way in any type of stressful situation – even when it is not life-threatening. A recovery period following a stressor is usually needed to return our systems to normal functioning; however, if there are multiple or extended periods of stress or a lack of resources to help with recovery, long-term consequences for the allostatic systems can result and is particularly dangerous for young children (Boullier & Blair, 2018).

Children and adolescents are more likely to suffer ill effects from exposure to potentially traumatic events if they have been exposed to adverse childhood experiences (ACEs) that can include abuse (physical, emotional, or sexual), neglect (physical or emotional), and household dysfunction (mental illness, violent treatment of the mother, incarcerated relative, substance abuse, or divorce). The original description of ACEs resulted from a study by CDC-Kaiser in 1998. More recent research recognizes that this list omits other types of trauma-inducing

adversity such as war, peer issues, and community and collective traumas (Boullier & Blair, 2018).

Research indicates that approximately two-thirds of children and adolescents will experience a minimum of one traumatic event (Boullier & Blair, 2018; Forman-Hoffman et al., 2013), and 10% will experience three or more (Lawson et al., 2019). Complex trauma (sometimes referred to as developmental trauma disorder) is an issue that affects approximately 30% of children in North America and can rise to 50% in highly distressed communities. This comes from exposure to prolonged or multiple instances of trauma that can include simultaneous or sequential issues that may involve psychological mistreatment, neglect, abuse, or domestic violence that affect the child's development in numerous ways (Frey, 2020). Concentrated poverty, the national opioid crisis, racial inequality, and environmental disasters are all factors that increase the risk of children's adverse experiences (Lawson et al., 2019). Children with exposure to complex trauma have nearly three times the rate of ill health later in life than those without such exposure (Boullier & Blair, 2018).

Children's immediate reactions to these traumatic events vary based on their age, stage of development, cognitive capacity, and coping skills. Responses commonly seen in children immediately after a traumatic event may include anxiety, avoidance of activities, concentration problems, bereavement if death was experienced, irritability, separation anxiety, depression, social regression, sleep problems, fears, and somatization (Demaria & Schonfeld, 2013). These events can cause adverse behavioral changes as children or adolescents seek coping mechanisms such as smoking, drinking, drug abuse, or overeating. Children may also experience direct biological reactions (including excessive adrenaline surges) to the stressor which ages the body faster and results in inflammation, increased risk of cardiovascular and autoimmune diseases,

and other chronic health problems (Boullier & Blair, 2018; Demaria & Schonfeld, 2013; Past trauma, 2019). Learning-related issues are a factor as well. Students who experienced trauma exhibit problems with attending school, engaging in their classes, learning the required material, and enjoying interactions with their teachers and peers (Lawson et al., 2019).

Although there might be no outward sign of having experienced trauma, this does not mean that a student is unaffected. Cultural factors, personality types, and family values may influence how much external display is evident in children. Many students internalize reactions instead of acting out or displaying their emotions, and other students can cope with trauma without suffering an actual disorder. However, brief episodes of physical responses such as anxiety, sadness, loss of appetite, and sleep issues can be a part of a healthy bereavement process (Demaria & Schonfeld, 2013).

Children are more likely to experience adjustment issues following a traumatic event if they have a history of ACEs or additional risk factors such as a resulting injury to self or a close other; perception of danger; separation from important caregivers; exposure to scenes of horror; disruption in environment or routine; loss of property; previous mental health issues; lack of open communication with adults; lack of social support; or distressed caregivers (Demaria & Schonfeld, 2013).

A typical result of trauma is avoidance which causes many people who struggle with trauma to experience difficulty getting help. Health settings are sometimes triggering for trauma victims and can make them less likely to return to a health setting for treatment. Many people are also in denial about the role that trauma from their past plays in their present life. The use of defense mechanisms is a classic response to trauma and normalizing is another of those

mechanisms. Trauma victims often try to dismiss their ACEs as something that happens to everyone at some point in their life (Past trauma, 2019).

A study of 21 trials and one cohort study involving interventions for childhood trauma found no effective pharmacotherapy interventions and limited promise with psychotherapy interventions. The conclusion was that more research is needed because there is no definitive beneficial treatment for children struggling with the results of trauma. It appears far easier to prevent trauma than to treat its symptoms (Forman-Hoffman et al., 2013).

Post-Traumatic Stress Disorder

PTSD is a pathological representation of the stress response in humans and can occur at any age – including children, adolescents, and adults – and affects 5-10% of the general population. It affects twice as many women as men and occurs more often in those with risk factors such as soldiers in active combat, first responders, and people living in poverty. It is also more likely to occur in those with a higher number of ACEs (Past trauma, 2019). The pathological anxiety of PTSD usually follows the witnessing or experiencing a severe traumatic event or series of events that threaten the physical safety or life of that individual or another (Adams & Knight, 2018). Symptoms, including anger, anxiety, depression, insomnia, numbing, and medically unexplained complaints can occur immediately following the event or be delayed by months or even years. In adolescents, risk-taking behaviors are commonly seen with PTSD and can include alcohol and drug problems (Adams & Knight, 2018).

The American Psychiatric Association first recognized PTSD as a psychiatric disorder in its third edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-III; APA, 1981). The fifth and most recent edition of the DSM has updated the original definition and symptoms.

Figure 5

PTSD Diagnostic Criteria in DSM-5

<p>The following criteria apply to adolescents, adults, and children over six.</p>
<p>Criterion A: stressor (requires one for diagnosis) The individual has been exposed to threatened or actual death, threatened or actual serious injury, or threatened or actual sexual violence in one of the following ways:</p> <ul style="list-style-type: none">• Direct exposure• Personally witnessing• Learning about the traumatic exposure of a close friend or relative• Indirect exposure to traumatic details, generally through professional duties
<p>Criterion B: intrusion symptoms (requires one for diagnosis) The individual suffers persistent re-experience of the traumatic incident in at least one of five ways:</p> <ul style="list-style-type: none">• Unwanted, upsetting memories• Nightmares• Flashbacks• Emotional distress following exposure to reminders of trauma• Physical reactions following exposure to reminders of trauma
<p>Criterion C: avoidance (requires one for diagnosis) Following the trauma, the individual demonstrates avoidance of related stimuli in at least one of the following ways:</p> <ul style="list-style-type: none">• Trauma-related feelings or thoughts• External reminders of the trauma
<p>Criterion D: negative cognition and mood alterations (requires two for diagnosis) Negative feelings and thoughts are worsened following exposure to trauma in at least two of the following ways:</p> <ul style="list-style-type: none">• Inability to remember key elements of the trauma• Exaggerated levels of blame on self or others• Overly negative perceptions of self or the world• Negative affect• Decreased interest in activities• Feelings of isolation• Problems with experiencing positive affect
<p>Criterion E: Altered reactivity and arousal (two required for diagnosis) Reactivity and arousal related to trauma that starts or worsens following the traumatic event in at least two of the following ways:</p> <ul style="list-style-type: none">• Aggression or irritability• Destructive or risk-taking behaviors• Hypervigilance• Heightened startle reaction• Concentration difficulties• Sleep difficulties

Figure 5

PTSD Diagnostic Criteria in DSM-5 (cont.)

Criterion F: Duration (required) Symptoms persist for at least one month.
Criterion G: Functional significance (required) Symptoms result in functional impairment or distress.
Criterion H: Exclusion (required) Symptoms are not related to illness, medication, or substance use.
Specifications: Dissociative Specification: Along with meeting the diagnostic criteria, an individual reacts to trauma-related stimuli with elevated levels of one of the following: <ul style="list-style-type: none">• Depersonalization: experience of being detached from oneself or being an outside observer• Derealization: feelings of distortion, distance, or unreality Delayed Specification: Onset of symptoms may occur immediately after trauma, but full criteria for diagnosis are not met until at least six months later.

PTSD presents with persistent re-experience of the traumatic event in one or more of these ways: (a) recurring – intrusive recall of the event through images, perceptions, or thoughts; (b) recurring – troubling dreams; feelings of repeating the traumatic event including flashbacks, hallucinations, illusions, or a sense of reliving the event; (c) intense psychological and physiological response to reminders of the traumatic event (Bremner, 2016).

People living with PTSD experience a reduction of responsiveness and a continuous avoidance of associations with the traumatic event in at least three of the following ways: (a) avoidance of conversations, (b) feelings, or thoughts related to the trauma; (c) avoidance of physical spaces, people, or issues that recall the trauma; (d) decreased interest in activities; (e) feelings of separation from others; (f) forgetfulness surrounding conditions of the traumatic event; (g) inability to feel closeness or love; or (h) expectations for a diminished future (Bremner, 2016).

Individuals with PTSD experience increased arousal through showing at least two of these six symptoms: (a) trouble falling asleep or staying asleep, (b) angry outbursts or bouts of irritability, (c) concentration problems, (d) destructive or reckless behavior, (e) hypervigilance, and (f) increased startle response (Bremner, 2016).

A 2020 study of 1,271 adolescents utilized a cascade model to examine whether the frequency, duration, or severity of trauma affects the occurrence or severity of PTSD symptoms and whether children are affected by parent distress in these situations. Using a natural disaster exposure as the traumatic event, this study highlights that having a connection to individuals who experience an elevated level of threat or significant loss results in a more adverse effect following a traumatic disaster. In addition, the severity of the exposure, the extent to which children worry about their own safety or the safety of others, and the addition of other stressors (such as financial problems or loss of housing) are significant influences on the development of PTSD or other mental health issues (Bountress et al., 2020).

A Guideline Development Group (GDG) for the World Health Organization (WHO, 2013) developed a set of treatment recommendations for adolescent stress and trauma. The first part of the GDG's remarks included statements that all individuals who present with a possible mental health issue should be professionally assessed to rule out physical problems. In addition, the GDG noted that many of their recommendations in addressing adolescent trauma are based on data retrieved from high socioeconomic areas; therefore, appropriate resources and strategies should be considered based on contextual issues for each case (WHO, 2013).

The WHO recommended extension of psychological first aid to adolescents during the first month after exposure to a potentially traumatic event that could include a professional assessment and recommended therapy sessions and/or medications (benzodiazepines or

antidepressants) for symptoms of acute traumatic stress that cause significant daily functioning impairment. For cases of insomnia, which is common following extreme stress exposure, the WHO suggests assessment of causes and recommendation of relaxation techniques and work on sleep hygiene. Health-care providers should acknowledge suffering, maintain a respectful relationship, and use culturally specific interventions for adolescents experiencing dissociative disorders following trauma exposure. For adolescents exhibiting post-traumatic stress disorder symptoms, trained professionals could offer stress management and group cognitive-behavioral therapy. The use of antidepressants is not recommended for children or adolescents (WHO, 2013).

Trauma Related to the COVID-19 Pandemic

Throughout history, large-scale catastrophic events such as the influenza pandemic of 1918-1919, the Great Depression, and the 9/11 attacks have affected children in numerous ways and have disrupted their developmental progress and adversely affected their health (Benner & Mistry, 2020). The COVID-19 pandemic and its accompanying quarantines, remote work, remote learning, and social isolation have significantly disrupted life in the United States and around the world. Upheavals in everyday activities have directly and indirectly challenged and affected everyone's emotional, financial, and physical well-being. The Centers for Disease Control and Prevention data shows that the incidence of depression and anxiety disorders as of June 2020 was more than three times that of the previous year and can be primarily attributed to the pandemic. International research studies suggest that anxiety, depression, sleep issues, stress, and vicarious trauma have all occurred because of COVID-19 (Ballou et al., 2020).

The COVID-19 pandemic has taken a significant toll on the mental health of high school-aged adolescents (13-17) who have not yet developed the same level of resilience and coping

skills as adults (Jones et al., 2021). For children, whose friendships, routines, and social interactions are critical factors for healthy psychological growth, the isolation of the COVID-19 pandemic has created a problematic situation. Studies about the effects of quarantine on children have indicated such conditions and behaviors such as anxiety, clinginess, fear, inattention, irritability, isolation, social exclusion stigma, and restlessness and have resulted in commonly applied diagnoses of acute stress disorder, adjustment disorder, grief, and post-traumatic stress disorder (Imran et al., 2020).

Uncertainty is a significant factor in the pandemic, combined with the serious health threat, conflicting information about the proper steps for mitigation, uncertainty regarding the duration of the pandemic or changes to lifestyle, the risk of being contaminated, and the numerous consequences to personal, economic, and societal stability (Glowacz & Schmits, 2020). A 2020 study suggests that young people are affected more by the COVID-19 lockdown than other populations. With uncertainty regarding their future adding to the anxiety levels, young people with a high intolerance for uncertainty, numerous contacts through social networks, and proximity to COVID contamination are the most strongly affected (Huang & Zhao, 2020).

Emerging studies suggest that the life changes associated with the COVID quarantine have problematic effects on the mental health of youth around the world. Studies show increased rates of clinginess, lack of attentiveness, sleep disturbances, lowered appetite, irritability, separation anxiety, internet addiction, cyberbullying, suicide ideation and attempts, and persistent inquiries about the pandemic (Del Duca, 2021). Such behavioral changes may indicate mental health issues related to the pandemic.

An essay published in February 2021 outlined the experiences of first- and second-year college biology students as classes migrated to the all-online learning environment. Eleven of the 14 students expressed a preference for in-person learning because they found it challenging to engage in the content online and missed the connections that result from meeting in person. Students stated that the format of online work did not lead to internalizing the content especially as most exams were presented in an open-book format. Students also expressed a fervent desire to return to a sense of normalcy (in-person instruction); however, this was not possible while classes were being delivered virtually. Students also found that short notice and drastic changes to curriculum and expectations as teachers adjusted to the online environment made their learning more difficult. Although the author of this study recognized that the small sample size was problematic, the observations and comments collected can be used to understand student challenges in the virtual environment (Humphrey & Wiles, 2021).

A 2020 article used life course theory as a guide to understand the repercussions of the COVID-19 pandemic. Life course theory uses sociohistorical events as a lens based on the concept that “historical forces shape the social trajectories of family, education, and work, and they in turn influence behavior and particular lines of development” (Benner & Mistry, 2020). According to the life course framework, Benner and Mistry point out that COVID-19 effects are felt unevenly based on race and socioeconomic status; children in these categories will experience greater levels of disruption which adds to already high stress levels in their pre-pandemic situations. These types of inequities mirror those that occurred during the Great Recession of 2008 (2020).

A 2021 literature review was published in France to examine the psychiatric consequences of the COVID-19 pandemic on children and examined fear, confinement, and

cumulative trauma. The study suggested that people displayed more negative emotions and fewer positive emotions during the health crisis. Children exhibited negative behavior results such as weight gain in 41.5% of children, sleep problems in 34.2%, and increased internet use in 69.3%. A study of 320 children aged 3-18 showed increased worry in 68.59% and fear in 61.98%. Other symptoms included fear of the death of a loved one, trouble sleeping, irritability, anxiety, nightmares, and obsessive behaviors. Studies of past confinement situations suggest that psychiatric pathologies can result from the COVID-19 lockdown and can include depression, PTSD, adjustment disorder, and pathological bereavement. Cumulative trauma is also a concern. Studies of past pandemics show that cumulative effects of stress in the home and fear of getting sick increase the risk of secondary trauma. Incidents of domestic violence and abuse increased during the COVID-19 lockdown. Additional concerns for cumulative trauma include financial problems, household stress, potentially damaging family relationships, limited access to healthcare, and risks of exploitation (Gindt et al., 2021).

A systematic global review of 16 studies regarding the effects of the COVID-19 pandemic on adolescents' mental health was published in 2021. All 16 studies used quantitative methodology with most conducted online between February and May of 2020. The total sample size varied from 102 to 9554 with a median sample size of 1054. The studies addressed anxiety, depression, and other psychological disorders. Several studies established associations between the COVID-19 pandemic and anxiety and depression among non-special populations of adolescents. A Canadian study found adolescents increased their frequency of alcohol and cannabis use during the pandemic. The effect of the COVID-19 pandemic on special populations was also examined. Adolescents in the LGBTQ population expressed problems during lockdown because they lacked access to support systems. Previously maltreated adolescents experienced

high rates of PTSD and anxiety. Those diagnosed with anorexia nervosa expressed a 70% increase in poor eating habits and continued behaviors and thoughts related to eating disorders. Adolescents with obsessive-compulsive disorder showed a 44.6% worsening of symptoms. This review concluded that the evidence suggests a negative impact of the COVID-19 pandemic on adolescents' mental health due to stressful home situations, extended confinement, worry, overuse of the internet, and lack of social support and coping skills (Jones et al., 2021).

Prior research on isolation and loneliness suggests that a high rate of adolescents will experience depression and anxiety after the conclusion of the COVID-19 lockdown. The longer the isolation continues, the greater the chance of these disorders increasing. For adolescents, the fear of infection, boredom, frustration, lack of information, social distancing, and school closures add to the risk of psychological issues during the developmental period that places them at a higher risk of mental illness (Knopf, 2020).

There is limited research on the effect of COVID-19 on educators. Still, teachers have many stressors including anxiety about COVID-19, the demands of teaching, changing protocols and instructional requirements, parent communications, and administrative support (Pressley, 2021).

Empathy-Based Stress Conditions

Empathy-based stress can be defined as a “stressor-strain-based process of trauma at work, wherein exposure to secondary or indirect trauma, combined with empathic experience...(and) impacted by individual and contextual (i.e., organizational and occupational) factors that may predispose individuals in particular environments to experience empathy-based stress” (Rauvola et al., 2019). Empathy-based stress includes the more specific conditions of compassion fatigue, secondary traumatic stress, and vicarious trauma.

Some teachers are more susceptible to empathy-based stress conditions than others. Those who are highly dedicated with a desire for personal success, positive feedback, and strong work outcomes tend to be more likely to develop these conditions. In addition, those with previous experiences of trauma or loss, a lack of trauma-informed training, and a large workload to maintain are also more prone to empathy-based stress. Other risk factors include a high risk of burnout, low levels of self-compassion, and high levels of engagement and empathy with students and coworkers (Borntrager et al., 2012).

Compassion Fatigue

The term compassion fatigue was coined by a nurse educator, C. Joinson, in 1992 as it applied to studies within the nursing industry. The term was quickly expanded to describe burnout experienced by professionals with careers as service providers. In 2002, Figley defined compassion fatigue as “a state of tension and...a function of bearing witness to the suffering of others” (Figley, 2002). It is a form of burnout characterized by intense levels of emotional, mental, and spiritual exhaustion resulting from empathy combined with a desire to relieve the suffering of others (Krop, 2013). Compassion fatigue differs from burnout as it is an acute phenomenon, while burnout is a more gradual process of emotional exhaustion (Rauvola et al., 2019).

Hard-working and caring teachers who are drained by overwork and who lack resources and support from the school or district exhibit warning signs of compassion fatigue. These include alcohol abuse, anger, blaming, chronic tardiness, crying episodes, decreased feelings of accomplishment, depression, diminished ability to feel joy, drug abuse, emotional exhaustion, guilt, hopelessness, lack of objectivity, lessened degree of empathy, low self-esteem, overwork, sleep problems, tightness in the chest, and withdrawal (Krop, 2013).

In 2014, the Canadian Teachers' Federation reported the results of an extensive survey that showed 62% of teachers experienced stress from issues concerning their students' health and personal issues (Koenig et al., 2017). A 2020 study of 2000 educators in Alberta, Canada, further revealed that compassion fatigue is a significant problem with 89% of respondents indicating a lack of energy, 81% reporting exhaustion, 69% expressing concentration problems, 66% experiencing a lack of motivation for work tasks, 54% having difficulty sleeping, and 52% reporting reduced work efficacy because of compassion fatigue (Clement, 2021).

Two theories have emerged to explain the development of compassion fatigue and resultant burnout in teachers.

Teacher Performance-Motivation Theory. Advanced in 1982, this theory posits a dynamic, mutual relationship between teachers and students that must be understood to comprehend the components of a teacher's job. Teachers develop an understanding of students' learning needs and exert effort and apply coping resources to assist students with their academic achievement. According to this theory, compassion fatigue for teachers occurs when job factors impede their ability to accomplish their job and realize motivational intrinsic and extrinsic rewards. For example, if teachers lack sufficient time in their schedules to work with all students to the degree they feel is needed, they cannot accomplish their professional goals with those students. As a result, they fail to reach a level of personal fulfillment and may also not benefit from extrinsic rewards such as bonuses or high evaluation scores. If the interfering job factors or lack of resources continues, teachers' feelings of effectiveness plummet and can lead to disinvolvement, demotivation, and decreases in satisfaction and effort. The more significant the discrepancy between teachers' perception of their own efforts and students' success, the more likely burnout will occur (Blase, 1982; Koenig et al., 2017).

Relational-Cultural Theory. This theory holds that teachers who see stressors at work as insurmountable cannot provide empathy, engagement, or empowerment to their students. The resulting disjointed relationship between teacher and student fails to provide authentic or valuable experience or connection which further affects the teacher's perception of the discrepancy between their environmental stressors and ability to cope; these factors can, therefore, lead to a deeper issue with compassion fatigue and higher levels of burnout (Jordan, 2017).

Secondary Traumatic Stress

Commonly referred to as the cost of caring, secondary traumatic stress is “behaviors and emotions resulting from knowledge about a traumatizing event experienced by a significant other” (Figley, 1995). This commonly affects those in helping professions as they attempt to assist those who directly experienced the trauma (Bride et al., 2007). Over time, the caregiver tends to develop symptoms of PTSD that mirror the traumatized person's symptoms (Rauvola et al., 2019).

While a literature review demonstrates that the term *compassion fatigue* is often used synonymously with secondary traumatic stress, there is a slight difference between the two. Secondary traumatic stress includes the emotions and behaviors that result from knowing about the traumatic experiences of another and helping or wanting to help that individual cope (Newell & Nelson-Gardell, 2014). Compassion fatigue can result from the same conditions but can also result from an empathetic professional attempting to assist a particularly challenging or troubled individual without trauma involved (Newell & MacNeil, 2010).

The National Child Traumatic Stress Network defines STS as “the emotional duress that results when an individual hears about the firsthand trauma experiences of another” (Fowler,

2015). Continued exposure to the suffering of others is the primary cause of STS, and individuals with pre-existing personal trauma are at a higher risk of developing STS when they work to support others suffering from trauma. Life demands such as illness or financial problems can also exacerbate the adverse effects caused by empathetic support of others (Ludick & Figley, 2017) as can a personal history of trauma, a lack of social support, insufficient coping behaviors, unstable personal life, and an unsupportive or toxic professional environment (Ravi et al., 2021).

Early research into STS primarily focused on those professions that directly treat individuals for physical or psychological trauma. However, subsequent studies explored the effects of STS on other helping professions, including educators. A 2007 study at a youth residential program for children whose parents were HIV-affected or those removed from their homes by Child Protective Services due to neglect or abuse examined the effects of vicarious trauma on teacher/child relationships. A survey of 19 staff members resulted in six individuals with elevated scores on “emotionally exhausted” and “personal accomplishment,” indicating feelings of being emotionally overextended and feeling optimistic about personal contributions to their profession. These six teachers received training on coping strategies. They re-surveyed a few weeks later and showed improvements in emotional exhaustion and personal accomplishment which led the researchers to suggest reframing and realistic goal setting as coping mechanisms for those dealing with vicarious trauma (Lucas, 2007).

A 2012 study identified four surveys used to identify STS symptoms in other helping professions and raised the concern that these tools were not applicable to children. Additionally, this study highlighted the necessity for a mechanism to measure the effects of STS in school personnel working with students who had experienced trauma such as school shootings or natural disasters (Motta, 2012).

Another study in 2012 utilized the same tools for measuring STS in other helping professions to study STS in over 300 school staff members. Two unpublished tools were used (Public School Demographics Workplace Questionnaire and Peer Support Questionnaire) in addition to the ProQOL (Appendix B) (Stamm, 2005) and the Secondary Traumatic Stress Scale (Appendix C) (Bride et al., 2004), which has been field-tested and validated by peer reviews. The study looked at 229 educators, social workers, counselors, and administrators in a public school system. Study respondents reported 77% of students as experiencing moderate to very severe levels of trauma, and 75% of respondents reported personal symptoms of STS. The researchers concluded that over 50% of school personnel exhibited symptoms of STS, with a higher incidence in situations without structural supports such as peer mentors. Recommendations by the authors included providing educators with access to employer-sponsored stress management systems like those available to other helping professionals (Borntrager et al., 2012).

Another 2012 research study in the Netherlands surveyed a random sample of 765 teachers of primary-aged students (8-12 years old). The subjects had an average of 18.4 years of experience and 89% had worked directly with at least one trauma-exposed student. Approximately 9% reported having received training related to supporting children following a traumatic event. Teachers reported difficulty in avoiding emotional involvement, finding the balance between academic teacher and mental health counselor, knowing the best ways to help, knowing when to advise professional care, and knowing where to find traumatic stress information. The results of this study indicated the need to train teachers on how to support traumatized students and how to implement self-care strategies to avoid STS (Alisic et al., 2012).

An essay published in 2019 introduced the concept of trauma literacy as it relates to student trauma and teacher secondary traumatic stress. The authors suggested that educators may develop STS by interacting with traumatized students or from various traumatic experiences within schools and communities. Professional effects of STS may include disengagement in school-related functions and a decline in job performance. This may be followed by disruption to the educator's personal life and an ultimate departure from the profession (Lawson et al., 2019).

Vicarious Trauma

Vicarious traumatization is based in constructivist self-development theory. Pearlman and Saakvitne defined it in 1995 as the “transformation in the inner experience of the therapist that comes about as a result of empathetic engagement with client's trauma material” (Rauvola et al., 2019). Vicarious trauma involves five core psychological needs: control, esteem, intimacy, safety, and trust. Educators experiencing vicarious trauma have difficulty meeting those basic needs (Lawson et al., 2019). Vicarious trauma is a pervasive, long-lasting change in a caregiver's experience that stems from a disrupted understanding of themselves, relationships, and the world. For example, a high school teacher working closely with disadvantaged students may become vicariously traumatized by hearing stories about extreme poverty, crime, and violence that occurs in their lives (Rauvola et al., 2019). Vicarious trauma and secondary traumatic stress may be used interchangeably, but vicarious trauma is generally understood to impact individuals in the moment, while secondary traumatic stress is a phenomenon that occurs after the fact (Lawson et al., 2019).

A study of sixty-four Canadian educators focused on vicarious trauma, burnout, and compassion fatigue. This study attempted to fill gaps in current research about empathy-related stress among teachers. 70.3 percent of those studied reported trauma symptoms, with 43.2

percent experiencing moderate to severe symptoms of a serious enough nature to warrant professional intervention. The study's authors recommend investment and concerted effort by school systems to improve research and development programs, increase capacity building in schools, implement policy changes, and provide staff training on vicarious trauma (Koenig et al., 2017).

Frameworks for Empathy-Related Stress Conditions

Diagnosis of empathy-related stress commonly uses the Secondary Traumatic Stress Scale (Bride et al., 2004) based on features of PTSD. Secondary traumatic stress comes from helping or the desire to help another who has been traumatized (Figley, 1995; Bride et al., 2004; Bride et al., 2007). According to Figley, defining features of STS follow a three-factor model that includes symptoms of arousal, avoidance, and intrusion. However, recent literature has shown support for a four-factor model following the classification of PTSD in DSM-5. This model includes intrusion and avoidance while adding hyperarousal and negative alterations in cognitions and mood (Mordeno et al., 2017).

Symptoms of STS include an increase in negative arousal; difficulty separating personal life from work; increased levels of frustration that may consist of angry outbursts; increased sense of dread regarding work or specific individuals; depression; a decreased sense of safety; increased sense of world danger; self-destructive actions; efforts to self-soothe; hypervigilance; decreased feelings of competence; lowered sense of purpose; failure to enjoy work or feel fulfillment; decreased ego-functioning; and hopeless feelings (Bride et al., 2007).

STS Pathways

Some educators may be more vulnerable to STS than others. This is a significantly understudied area. However, preliminary research suggests that trauma transfers to educators who

have regular interactions and close relationships with traumatized children. Educators can develop STS from listening to a student recount a traumatic incident, reading about the event in a report or email, or being repeatedly exposed to specific details. Student trauma can also be transferred to educators through creative expression where students express traumatized emotions, experiences, memories, and thoughts through art, essays, poetry, and musical compositions. In some instances, teachers can also transmit STS to coworkers by engaging in “shop talk” that includes descriptions of their students’ traumatic experiences (Lawson et al., 2019).

Another trigger for secondary trauma in educators is events such as tornado drills or lockdown drills. A 2019 study by Stevens et al. indicated that 42.6 percent of teachers had been struck by a student, and up to 93 percent had dealt with an aggressive student in their career; 76.2 percent believed that a school shooting could occur in their building. With the increase in dangerous and traumatic school-related events such as school shootings and damaging weather scenarios, teachers are pressured to support their students and assist them with processing these events. As teachers prepare for lockdowns and other safety drills, they are reminded of the threats that can occur within the school (Namminga, 2021).

Boundary Conditions

While anyone who is exposed to secondhand trauma in the workplace and responds with a level of empathy is vulnerable to empathy-based stress, there are several boundary conditions that define the nature of these responses.

First, vicarious traumatic stress is not relevant to situations where the individual experiences trauma directly as the target or victim instead of experiencing it in a secondhand manner. Cases like this would result in direct traumatic response but the vicarious stress element

does not apply. It is also not applicable in situations that involve secondhand trauma and lack a sufficiently empathetic component. This lack of compassionate engagement could result from the individual's personality, a level of desensitizing to trauma, or differences in the level of interpersonal reactivity. Without a sufficiently personal level of empathy, the trauma does not transfer from the trauma victim to the caregiver (Rauvola et al., 2019).

The characterization of secondhand trauma as a distressing event, recurrent episode, or enduring condition, is also a vital boundary component. A distressing event is a single episode of severe, acute, traumatic exposure. A recurrent episode is a frequently occurring experience of traumatic events. Enduring conditions involve chronic exposure to traumatic events with stress that accumulates over time. Each of these types of stress can lead to different responses. The work context is an essential factor in determining the type of strain experienced. Some jobs, such as police officers or firefighters, involve a high degree of secondhand trauma without the expectation of high levels of empathy. Other positions, such as therapists and social workers, require high levels of empathy and regular exposure to trauma. Educators generally exhibit a high level of empathy, and the type of stressor can fluctuate with separate occurrences of distressing events, recurrent episodes, and sometimes chronic traumatic exposure (Rauvola et al., 2019).

Stress-Related Illnesses and Symptoms

According to the National Child Traumatic Stress Network, several symptoms and conditions are associated with STS. Avoidance of situations and conflict is a typical response that occurs at a personal cost often. An effort at disconnection may result and cause the individual to become numb or unfocused to avoid seeing or feeling. Boundaries may become an issue as individuals attempt to solve others' problems or take on more responsibility than they

can reasonably handle. Desensitizing to violence is also a possible response in which the individual sees violence as commonplace or even reasonable for the times or environment. Fearfulness is a typical response with excessive worry and exaggeration of small events. Those experiencing STS may feel hopeless as if nothing can help or make a difference. Hypervigilance may occur and places the individual on their guard while they are constantly expecting the worst to happen. Minimizing is common as significant problems are downplayed or ignored. Self-care may suffer with the individual placing less value on their personal appearance or well-being. The individual may avoid engaging with colleagues, friends, and activities that were previously enjoyed. Survival coping is also a typical response with life responses mostly relegated to fighting, fleeing, or avoiding. STS victims usually experience some degree of anger, cynicism, guilt, sleeplessness, chronic exhaustion, and physical ailments (Fowler, 2015).

Adults who experience severe stress for a period of 1-6 months double their risk of developing a cold. Those exposed to acute or chronic stress at elevated levels are also three times more likely to suffer from an asthma attack. Gastroesophageal reflux, constipation, and diarrhea are common physical reactions to trauma and stress-related mental health issues (Marlow, 2018).

Trauma-Informed Practices

One of the ways to assist educators in managing STS is to provide tools and assistance in identifying and managing student trauma. This movement is evident in the recent push for trauma-informed pedagogy and trauma-informed schools. Early detection of student trauma and rapid response to treating students suffering from traumatic symptoms are essential in schools. Three specific recommendations for strategic restructuring can assist in identifying and addressing student trauma. The first is to redesign the responsibilities of school counselors and other student support personnel. Second, add more student support personnel to include social

workers, psychologists, nurses, and creative arts therapists. Finally, create relationships with community health, social service, mental health, and juvenile justice organizations (Lawson et al., 2019).

Interventions for Teachers

Two longitudinal studies regarding the links between burnout and STS were conducted in 2015 to determine which comes first: does job burnout lead to STS development, or does STS lead to job burnout? The results provided fresh insights into the correlations between STS and burnout. Specifically, it found that an individual experiencing job burnout may have an increased risk of developing STS, but the reverse is not true. The relationship seems to be one-directional, with burnout serving as a gateway that increases STS risk. These findings correspond with the suggestions of the Conservation of Resources (COR) theory of stress which suggests that the excessive energy expenditure to cope with multiple stressors depletes personal resources and leaves the individual more susceptible to the symptoms that result from increased stress or exposure to trauma (Shoji et al., 2015).

Intervention at the organizational level is beneficial when multiple people share the same struggles (Manju, 2018). In addition to teachers, other caring adults in the schools are susceptible to STS and might include academic coaches, administrators, athletic coaches, band directors, bus drivers, cafeteria employees, counselors, custodians, drama coaches, psychologists, tutors, and others (Lawson et al., 2019). Particularly in the wake of the pandemic, schools should provide support for the profession's instructional, technological, and emotional aspects. Telehealth options would be helpful, as would a mental health day to support the higher need for educator self-care. Providing additional support for communication with parents and changing instructional expectations will also help ease anxiety (Pressley, 2021).

Teacher relationships with students are a critical factor in teachers' well-being. These can be an essential source of enjoyment, positive energy, and reward. Positive relationships categorized by respect, relatedness, support, trust, and a lack of conflict lead to positive classroom climates and learning outcomes. Teachers with those relationships experience lower emotional exhaustion and burnout than teachers who remain distant from their students (Saloviita & Pakarinen, 2021).

For teachers considering leaving the profession due to high levels of STS, the ways that schools implement care for students are critical. When school-based trauma-informed care is utilized to support children with traumatic backgrounds, teachers also benefit. A 2020 study of 163 teachers at elementary schools with a high percentage of low-income Latinx or English-language learners showed an increased level of compassion satisfaction and a lower level of burnout when teachers perceived success from the trauma-informed care program. This study concluded that the well-being of teachers, particularly regarding compassion satisfaction, is positively correlated with buy-in to trauma-informed care programs (Christian-Brandt et al., 2020).

Therapy

The World Health Organization recommends individual or group trauma-focused cognitive behavioral therapy offered by professional therapists for adults who have PTSD or acute stress that interferes with daily activities. Eye movement desensitization and reprocessing (EMDR) is another treatment that can be utilized (WHO, 2013).

Occupational health psychology traditionally includes interventions directed toward improving coping skills for employees using a cognitive-behavioral approach to stress. A study by Cooley and Yovanoff in 1996 measured the results of interventions for teachers involving

stress management coping skills workshops and peer collaboration programs. The treatment group seemed to improve in the areas of depersonalization and personal accomplishment compared to the control group, which showed undesirable change. The treatment and control groups showed decreased emotional exhaustion, but the treatment group was markedly higher (Iancu et al., 2017). Another study by Ebert et al. in 2004 showed no significant difference between treatment and control groups in a similar study using Internet-based problem-solving training as the therapeutic vehicle (Iancu et al., 2017).

Professional Development and Workshops

A study of Canadian educators suggested that 40% of teachers had received some form of training on compassion fatigue, vicarious trauma, and burnout. Still, only 23.7% had received that training through school-sponsored professional development and 13.6% through their college teacher-preparation program. The researchers of this study suggested that pre-service and in-service programs become a higher priority for colleges and school systems to educate teachers about compassion fatigue, vicarious trauma, burnout, and self-care strategies to mitigate these issues (Koenig et al., 2017).

A 2016 study of educators involved in and working with students affected by the traumatic events of the Canterbury earthquake in New Zealand was conducted to determine the effectiveness of stress-reduction intervention programs. A universal school-based resiliency intervention program known as ERASE-Stress was demonstrated to reduce PTSD and STS symptoms significantly in educators. The program helped improve perceived levels of self-efficacy, develop a positive outlook on personal futures, and enhance positive coping strategies (Berger et al., 2016).

Because everyone who interacts with traumatized children is at risk for STS, school systems must commit to providing STS-focused resources and training to all school personnel. While ACEs-certified trainers are becoming increasingly available, the saturation of training on STS literacy must increase and broaden to include all school-based workers with exposure to students. Training at the district, school, and pre-service levels should be in-depth, specialized, and supplemented with fact sheets, blogs, emails, and follow-up programs (Lawson et al., 2019).

Coping

Reframing and realistic goal setting are coping techniques frequently used with success by those in human service fields. Reframing involves changing one's focus from a problems perspective to a strengths perspective. In other words, instead of an educator focusing on the obstacles that traumatized students face, the focus is shifted to the strengths and potential that the students possess. This shifts the professional's role to that of collaborator rather than problem-solver which alleviates much of the pressure and helps to avoid burnout. Goal setting that is realistic and based on the individual student helps educators encourage success. Small steps should be the focus rather than the ideal outcome. When goals are too lofty for the individual, it sets the student and teacher up for disappointment and added stress (Lucas, 2007).

Wellness

A Sensory Care Plan can be developed and incorporated as a protective factor for teachers at risk of STS. This type of plan involves focusing on the individual's most dominant sense and working on activities that nurture that sense when dealing with vicarious trauma. Visual people can keep pictures in a file to look at only after a triggering vicarious traumatic incident. A song, beat, or sound should be ready to play for people with auditory preferences following triggering events. For kinesthetic individuals an object with an interesting feel (such as

a stuffed animal, nail file, or piece of soft fabric) should be touched following a triggering incident. For a person with smell as the dominant sense, a scent connected to positive thoughts or memories should be reserved for use only in a triggering situation. For taste-sensory individuals, a flavor that evokes positive memories or ideas should be available for tasting or eating in a triggering scenario. Deep breathing (breathe in the flowers; blow out the candle) and positive affirmations should be used in conjunction with touching, tasting, smelling, hearing, and viewing these positively connected items (Bassett & Taberski, 2020).

Self-care tactics are recommended in the helping professions of nurses and midwives where high levels of empathy frequently result in compassion fatigue or burnout. The same recommendations that help those professions to recover from vicarious trauma can also benefit teachers. Advice for self-care includes support groups, exercise, a healthy diet, quality sleep, positive relationships, self-awareness, and reflective practices (Lloyd, 2020).

Mindfulness and Relaxation Techniques

As interventions for teacher burnout, mindfulness and relaxation have shown encouraging results in previous studies. In 2013, Roeser et al. identified three mechanisms that can demonstrate the use of mindfulness in reducing burnout. (1) mindfulness creates awareness of the causes of an individual's stress reaction, (2) mindfulness develops an awareness of the physical symptoms that go along with feeling "stressed out," and (3) mindfulness creates a set of proven individual strategies for coping with stress. Another 2013 study by Flook et al. using mindfulness for teachers showed significant improvements in personal accomplishment and emotional exhaustion (Iancu et al., 2017).

Medications

The World Health Organization recommends the use of selective serotonin reuptake inhibitors (SSRI) or tricyclic antidepressants for adults if stress management, trauma-focused cognitive behavior therapy (CBT), or eye movement desensitization and reprocessing (EMDR) have shown to be ineffective (WHO, 2013).

Related Constructs

The study of compassion fatigue, secondary traumatic stress, and vicarious trauma has expanded to include growth-related, positive constructs. Compassion satisfaction, posttraumatic growth, and vicarious resilience refer to the rewarding results of caring and showcase the positive aspects of empathizing with and assisting traumatized individuals. Vicarious resilience and posttraumatic growth both result from resilient emergence from experience with secondary trauma. Compassion satisfaction requires the same type of empathic engagement that creates compassion fatigue but demonstrates the positive effects that can result from such situations (Rauvola et al., 2019).

Summary

Chapter 2 provides an overview of published research related to empathy-related stress, specifically the 12 accepted symptoms of compassion fatigue, which is the theoretical framework for this study. The literature review also includes information about burnout, PTSD, secondary traumatic stress, vicarious trauma, and COVID-19. Chapter 3 describes the methodology used for this research study.

Chapter 3: Methodology

Introduction

This research study was conducted to explore the symptoms of compassion fatigue as experienced by teachers in grades 9-12 during the COVID-19 pandemic. Chapter 3 introduces the qualitative research design, with an explanation of the research questions and including the overarching question and supporting questions. This chapter also provides information about the selection of the site, population, sample, and details about the data collection and analysis to provide additional context. An explanation of the contextual framework is also included. The chapter concludes with information about assessing the quality and rigor of the study and the ethical role of the researcher.

Research Questions

This qualitative research study focuses on how high school teachers feel and display stress symptoms stemming from their relationships and experiences with traumatized students. The overarching question and supporting questions focus on stress symptoms in the emotional, physical, personal, and professional areas of teachers' lives.

Overarching Research Question

The overarching research question is: "How do high school teachers (grades 9-12) perceive the effects of student trauma on their own physical and emotional health and well-being during the COVID-19 pandemic?"

Supporting Questions

1. What physical manifestations did the teacher experience as a result of exposure to student trauma during COVID-19?

2. What emotional manifestations did the teacher experience as a result of exposure to student trauma during COVID-19?
3. What professional manifestations did the teacher experience as a result of exposure to student trauma during COVID-19?
4. What personal relationship manifestations did the teacher experience as a result of exposure to student trauma during COVID-19?

Research Design

This qualitative study, an examination of teachers' lived experiences during the COVID-19 pandemic, utilized the phenomenological research design to examine the physical and emotional well-being of educators after exposure to the traumatic experiences of their students while teaching in a hybrid environment (Creswell & Poth, 2018). This study relied on teachers' descriptions of their feelings, attitudes, and beliefs to communicate an understanding of their lived experiences dealing with student trauma during the COVID-19 pandemic. Phenomenology provides numerous benefits that were useful for this study including the development of deeper understanding by attending to emotions, mood, and sensations of the participants; explication of the issue of compassion fatigue that is frequently seen but not often understood; and empowerment to explore the lived experiences of teachers to understand and communicate their needs (Wilson, 2015).

Site Selection

The research site is a suburban school district in the mid-South, serving pre-kindergarten through twelfth grade. In March 2020, just weeks before the COVID-19 pandemic caused the shutdown of school buildings throughout the United States and the world, the community I chose for my research site experienced a traumatic weather event that destroyed numerous schools,

businesses, and homes. Teachers in this area have subsequently been subjected to a high level of personal anxiety with compounded stress through contact with students traumatized by personal and community fear and loss.

Population and Sample

The student demographic is primarily white and middle-class and has remained constant over the last five years. Two representative high schools in the county were used to retrieve a sample of teachers from grades 9-12.

The first high school has a total enrollment of 1,935 students with a student-teacher ratio of 18:1 and a graduation rate of 97%. Total minority enrollment in the school is 19%, with 8% Black, 6% Hispanic, 3% Asian, and 2% other. The school is 53% male and 47% female. The percentage of economically disadvantaged students is statistically insignificant.

The second high school has an enrollment of 1,197 students with a student-teacher ratio of 16:5 and a graduation rate of 98.1%. Total minority enrollment in the school is 17%, with 7% Black, 6% Hispanic, 3% Asian, and 1% other. The school is 52% male and 48% female. The percentage of economically disadvantaged students is statistically insignificant.

The principals at the local high schools provided a list of 28 teachers who meet multiple criteria shown to correlate with those likely to be affected by compassion fatigue, including at least three of the following (Borntrager et al., 2012):

- High level of dedication
- Desire for positive outcomes and feedback from work
- Demand for personal success
- Low levels of self-compassion
- High risk of burnout

- Personal trauma or loss
- Large workload
- Lack of training in trauma-informed practice
- High levels of empathy and engagement with students
- Low levels of personal support or social network

Participants

Twelve teachers agreed to be interviewed participants. The study participants teach classes in all four grade levels, 9-12, with at least one teaching the majority of their courses at each level. There were ten female teachers and two males in the group of participants who taught various subjects, including English, Science, Fine Arts, Exceptional Education, and Career/Technical Education.

Participants taught seven classes on an alternating day block in a hybrid environment during the pandemic. On this schedule, teachers had classes four days a week and split their classes in half with students divided by alphabet. Teachers saw each student in person once per week.

Participants were asked to designate their degree of experience with the items listed on the Professional Quality of Life (ProQOL) scale (Appendix B). This measure triangulated the data received through the open-ended interview questions.

Data Collection Strategies

This qualitative study incorporates personal interviews to collect data from a suburban school district and a small sample of educators in 9-12 grades. The individual interviews provide a deeper picture and understanding of the manifestation of physical and emotional symptoms in both personal and professional contexts for high school educators.

A semi-structured interview format utilizing a set of interview questions was used to elicit information about the manifestation of physical and emotional symptoms related to engaging with traumatized students in personal and professional settings and relationships. Interviews lasted from 30 to 60 minutes via Microsoft Teams meetings. Field notes were taken during the discussions, and the interviews were recorded for thematic analysis and coding of verbal and nonverbal responses (Wilson, 2015). Member checking of the transcriptions was conducted to ensure accuracy of the responses and quotations.

Qualitative interviews with teachers who taught in a hybrid learning environment during COVID-19 allowed for an in-depth understanding of the ways that teachers absorb and manifest the traumatic experiences of their students.

Data Analysis Strategies

Strategies for conducting data analysis included analysis of verbal interviews with transcriptions and field notes of nonverbal actions and responses. Recorded Microsoft Teams interviews were transcribed by the Microsoft Teams transcription function and then manually edited for accuracy. Prior to completing the data analysis, I watched the recordings multiple times. Line-by-line reading and coding of the interviews allowed for transcription and detailing. Qualitative codes were developed and utilized by analyzing the responses obtained from the interviews. Categories were created from inductive coding which involved placing codes into broad categories based on the contextual framework of compassion fatigue symptoms and identifying related themes. Patterns in the transcribed data were identified, analyzed, and interpreted.

Field notes featuring descriptions of body language and other nonverbal data were also created during the live interview and from watching the recordings in order to present a detailed

picture of the physical and emotional states of the participants as they recalled their relationships with students and teaching experiences during the COVID-19 pandemic.

After completing the narratives, member checks were conducted to ensure that the interviews were correctly interpreted and that the resulting analysis was completely accurate.

Theoretical Framework

This study was framed by 12 defined characteristics of compassion fatigue (Bride et al., 2007). These characteristics include the following:

- an increase in negative arousal
- trouble maintaining separation between work and personal life
- increased frustration including outbursts of rage or anger
- increased sense of dread related to work or specific individuals
- depression
- lowered sense of safety; increased sense of world danger
- self-destructive behaviors; attempts to self-soothe
- hypervigilance
- lessened feelings of competence
- lowered sense of purpose; lack of fulfillment or enjoyment with work
- lowered ego-functioning
- feelings of hopelessness

Assessment of Quality and Rigor

Qualitative studies rely on the implementation of specific measures to ensure internal validity. This can be measured by in-depth interviews that included thick descriptions and rich detail regarding high school teacher experiences during COVID-19. This detail examines verbal

responses and nonverbal data from recorded interviews and includes personal stories and examples of lived experiences from the interviewed subjects. The credibility, transferability, and dependability of the data analysis are protected by triangulation through multiple question types, multiple interview sources, and member checking. Confirmability is ensured through identification and ongoing awareness of potential bias and the researcher's predisposition to interpret the data in a specific way as a part of the process and documented in detail.

Ethical Considerations/Role of the Researcher

As a former teacher and current administrator who has dealt with job-related anxiety, I am curious and interested in learning more about the phenomenon of teachers embodying the stress their students experience. As an administrator who is somewhat removed from direct contact with students, my experience working remotely during the pandemic allowed me to witness the high levels of stress and anxiety that teachers experienced during this physical separation from students. My ethical responsibility included assuring interview participants of their anonymity which was accomplished through pseudonyms and aggregate reporting of identifiable data. I conducted and recorded the interviews via Microsoft Teams and transcribed and reviewed them with an impartial eye. It was essential to remain impartial and not let my own experiences color the stories that I heard from my research subjects.

Chapter Summary

Chapter 3 includes the methodology related to the overarching research question: "How do high school teachers (grades 9-12) perceive the effects of student trauma on their own physical and emotional health and well-being during the COVID-19 pandemic?" The phenomenological research design is explained, and its benefits for this study are described. The site selection involved two high schools in a Southern school system, and the population sample

included 12 high school teachers with a range of experience from 2 to 30 years. The data collection process included virtual interviews, and analysis involved the identification of themes from the transcribed interviews and field notes.

Chapter 4: Findings

Overview

This research study examines compassion fatigue through the lived experiences of high school teachers (grades 9-12) as they experienced physical and emotional stress symptoms in their personal and professional lives due to their relationships with students traumatized by the COVID-19 pandemic.

This chapter includes the findings of the qualitative research interviews. I conducted semi-structured interviews to examine the ways in which high school teachers experienced the symptoms of compassion fatigue during the COVID-19 pandemic. I asked participants about their relationships with students, their concerns for students during the pandemic, and the ways that they displayed physical, emotional, personal, and professional stress symptoms as a result of their concerns for students during the COVID-19 lockdown and subsequent hybrid learning environment (Appendix A). Participants were also asked to designate their degree of experience with the items listed on the Professional Quality of Life (ProQOL) scale (Appendix B).

Emergent Themes

The survey results yielded several themes related to compassion fatigue's physical, emotional, professional, and personal manifestations. The way that physical symptoms manifested for most teachers was through physical exhaustion and sleep problems. Teachers overwhelmingly described emotional symptoms as feelings of stress and anxiety. Most teachers considered leaving the teaching profession due to their experiences during COVID-19, and their most common personal experience was a disconnect from family and friends. The concerns that drove these symptoms and reactions included concerns for students' physical and emotional health and well-being, considerations for student academic preparedness, feelings of being

overwhelmed or overloaded at work, and anger or frustration toward administration and the school system. These point to the themes of teacher support, student support, and reduction of teacher load.

Participant Background

Twelve full-time teachers of 9-12 grade students at two public high schools in the same county participated in this study. My research subjects were recommended by their principals based on their likelihood to have experienced compassion fatigue including demand for personal success, desire for positive outcomes and feedback, low levels of self-compassion, high level of dedication, high levels of empathy and engagement with students, increased risk of burnout, lack of training in trauma-informed practice, large workload, low levels of personal support or social network, and emotional trauma or loss (Borntrager et al., 2012).

The demographic breakdown of participants is 10 females and two males. Two participants teach a split schedule of 9th and 10th grades, four teach primarily 10th grade, one teaches primarily 11th grade, one teaches a split schedule of 11th and 12th grades, three teach exclusively 12th grade, and one teaches all grades 9-12. Years of teaching experience range from two years to 30 years, with a group average of 12.75 years of experience.

Table 1*Table of Demographics*

Participant Pseudonym	Years of Teaching Experience	Grade Levels of Students
Amelia	5	10 th grade
Becca	5	11 th grade
Claire	22	12 th grade
Darcy	10	9-12 th grades
Emma	30	12 th grade
Felicity	24	10 th grade
Gianna	4	10 th grade
Helen	20	9 th & 10 th grades
Ivy	16	11 th & 12 th grades
Janelle	9	10 th grade
Kevin	2	9 th & 10 th grades
Lincoln	6	12 th grade

Participant Relationships and Concerns

As part of the recommendation criteria for this study, the participants were chosen for being highly caring and empathetic, and they all build strong relationships with their students. All participants described intentional relationship-building procedures as a part of their teaching strategies. Here are their stories.

Amelia

Amelia is a 10th-grade teacher with five years of teaching experience. She describes relationship-building with her students as her favorite thing to do and devotes the first two weeks of each semester to “getting-to-know-you things.” Amelia defers teaching actual curriculum content until the third week of the semester because the need for strong relationships is critical for effective teaching. She utilizes letter-writing with her students to build trust and establish an open door of communication with her students. She also peppers her lessons with personal questions for the students. She takes notes of their responses in her roll book for continued

reference and shares the same information about herself with her students. When the pandemic started, Amelia stated she had “quite a few” concerns about her students:

My biggest concern during the pandemic was, you know, are you home by yourself? Are you OK, or do you need anything? Is there anything that you need someone to run to your house for you because you can't get to it, or you guys just can't go out right now? And the second thing was, you know, how are you doing emotionally? How are you feeling? Because I know we're physically isolated, but you know sometimes physical and emotional isolation go hand in hand.

Amelia also shared that she felt a motherly connection with her students. She stated, “I genuinely have, like, this, um, this feeling like you're my student, yeah, but you're also my child. Even though that's crazy because, you know, I'm not much older than them, but they're like my kids.” For Amelia, not seeing her students every day and relying on unreliable Wi-Fi technology for communication was “scary” and very difficult.

It was kind of hard to even stay connected with some of them. I just- I was constantly, like, well, I know this student has asthma, and I know that they are susceptible to getting sick easily, and I hope they're doing ok. I haven't heard from them in a few days, so are they sick or are they healthy? You know, it was one of those things where it, it definitely takes an emotional toll on you because you are so overwhelmed with so many, like, all day long.

Amelia acknowledged that the worldwide pandemic was “overwhelming” for educators everywhere, but she felt that her strong ties to her students caused a particular struggle for her during this time.

Becca

Becca is an 11th-grade teacher with five years of teaching experience. She believes relationships with students are essential because their attendance and engagement in class will improve when students feel comfortable with her. Becca states that she is strict with her students at the beginning of the semester while she sets rules and expectations, and closer relationships are formed after those ground rules are established.

Becca worried about her students having a safe space during the pandemic shutdown. She said she received many emails from students who just wanted to communicate with someone. She also had students without internet access which interrupted communication and she worried about keeping them engaged in school. Her biggest worry was students who relied on school as a safe emotional space:

I think the main thing was just having those kids, having somebody to talk to, because when they're home the whole time, they have so many other responsibilities that a lot of times when they come to school, they're able to kind of, I guess, get that off their mind for a little bit. So just communicating back and forth with them, I think helped a lot.

Claire

Claire is a 12th-grade teacher with 22 years of teaching experience. She states that she often goes out of her way to establish strong relationships with her students by focusing on learning small details about them and building trust. Claire sends her students postcards for their birthdays and attends their extracurricular events to make connections and show her support. She got choked up telling me about a student who received one of her birthday postcards:

I ordered birthday postcards, and at the beginning of the year, I address them all...and fill them out, put the kids' information on them, and their birthday with a stamp, so they're

ready to go. And so I had been sending those out, and this kid last semester comes running up to me and hands me this postcard that I had sent to him for his birthday, and he said this is the very first birthday card I've ever gotten. And it took everything I had not to just sit there and cry and hug him because, I thought, bless your little heart. I hadn't thought twice about it, you know? I mean, it wasn't – he was just in the stack of them to go throw in the mailbox. But it's weird how little things like that can make such a big difference.

Claire tends to gravitate toward the students with difficult home lives because she feels that they need a positive adult influence in their life. She often steps in as that motherly figure. She mentioned one student whose mother abandoned her and was being raised by her grandmother who recently passed away leaving the student to the foster system. Claire has taken this student under her wing.

She has so much potential. She just doesn't have anybody to help her. And she told me yesterday that *Hush Hush* is her favorite book; she had read it several years ago. So, I found one on Thrift Books and ordered it today. I can't wait for that to come in for her.

Darcy

Darcy is a teacher with ten years of teaching experience. She believes that building relationships is the number one thing art teachers do. Darcy works from day one to establish a safe space in class where students share mutual respect and feel comfortable being vulnerable and using their voices. She explains her role as, "I am here to teach them. But I'm also here to, uh, become a better teacher and learn from them. But also to, you know, just give them more than what's in the books, if that makes any sense."

Darcy particularly struggled with her seniors who were essentially abandoned when schools shut down for the pandemic:

I had a bunch of seniors who (had several senior activities) literally stripped from them. They needed a lot of comfort. They needed a lot of reassurance because they were going into an unknown and, of course, this happened in March. You know, believe it or not, three months of school remaining is a lot to a senior who is going from something familiar over four years into an unknown, so they just jumped from one unknown into the next. It was like, “Well, here’s life. Good luck. Sorry about the rest of your senior year. Sorry we couldn’t help you.”

Darcy felt her most important role for these students during this time was to reassure them that they could handle what’s next and she volunteered to continue to be a source of support if they needed her.

Emma

Emma is an 11th and 12th-grade teacher with 30 years of experience. While she is not what she would call a “warm and fuzzy” teacher, she believes relationships with students are significant. Emma builds relationships through teaching, storytelling, encouraging, and supporting her students through shared experiences. She feels that she functions more as a coach for her students as she guides them and provides support and encouragement. Particularly for her seniors, Emma thinks that her personal experiences as a mother and college graduate can be helpful to her students as they navigate their transition to post-high school.

Emma says, “the beginning of 2020, that semester was absolutely emotionally wrenching for me.” Her senior students were preparing for the final exam midway through the year, and the

pandemic shutdown unexpectedly halted them. After building relationships with those students – some of them for two years – the abrupt separation was “devastating.”

Emma’s concerns about her students primarily focused on declining academic achievement during the pandemic. She said, “I felt like they weren’t progressing,” and she felt simultaneously responsible for the learning loss and helpless to remedy the situation.

Felicity

Felicity is a 10th-grade teacher with 24 years of experience. She says that relationship-building for her “looks like 80 bazillion different things.” Felicity works to build individual relationships based on the needs of the individual child through sending postcards to her shy students and attending sporting events and performances to show her support. Felicity puts extra effort into connecting with even the most challenging students:

There was this girl. Oh my gosh, she was so difficult. But I was going to get her, like, I was going to get her on my side. So, I was looking, searching for anything that this child did good. And one day she did something, I don’t even remember what it was, but it was enough. It was enough of a win. And I wrote on a postcard about that great thing or whatever she did. And she came into school a couple days later and she said, “my Mama said I can’t be mean to you anymore.” And I was like, “why?” And she said, “any teacher that would write that nice thing about me and send it on a postcard. She said I can’t be mean to you anymore.” And I was, like, “score!”

Felicity described several strategies that she employs to make connections with her students and states that she will often create common interests if none naturally exist:

There was this one kid who only needed my class to graduate. He was 19 years old. I was 23. He was basically a grown man sitting in my class. And I’m like, what do I even talk

to him about? I would go home and watch basketball games so that I could. I hate basketball, no offense, but I don't like it. I don't enjoy it, but I would watch basketball games so I had something to talk to him about. Because I needed – I needed something.

Gianna

Gianna is a 10th-grade teacher with four years of experience. She believes that building relationships is the most significant thing she can do as a teacher. Gianna says that her own high school struggles inspired her to become a teacher so she could provide support to her students and help them to avoid the issues that she encountered:

The biggest reason I wanted to become a teacher is because I didn't have those relationships when I was in school with my teachers, and I'm actually a high school dropout. Uh, so, I think maybe if I'd had someone, things would have turned out differently. I don't sit around, like, dwelling on it, but I do want to be there for the kids, so relationships are really important to me.

During the pandemic, Gianna experienced a lot of concerns about her students. Not being able to see them every day was difficult for her:

I always have, you know, certain students that you worry about. Their home life and how things are going, and I worry about them getting food and just having that positive environment to be in. Just not knowing and not being able to see them face to face every day, which is a huge concern...there's also a lot of trauma involved with being at home. Some may not necessarily have bad home lives, but just the whole unknown of what's going to happen and the fear of everything going on in the world. Some kids I know who had great home lives still had a lot of trauma with that.

The academic progress of her students was also a big worry for Gianna during the COVID-19 shutdown:

Also, the education side was a big deal too. Not, you know, not knowing if I'm actually doing well enough to reach them. Um, I think I'm referring to remote, when we had to go remote. That was – we just weren't prepared for it. And so, it was just kind of wild and I don't know how we got by. I did the best I could, and I know that they did the best they could but there's definitely a learning loss.

Helen

Helen is a teacher with 20 years of experience. She tries to create a caring, supportive, and encouraging environment by modeling laughter and fun in her classes. Helen says that some students gravitate to her personality and sense of humor, and those students initiate individual relationships that she believes are important in meeting individual student needs. Helen points out that many students were initially happy when the school shut down:

You know, I think that first shutdown was more where the kids were – they were happy, you know, they were happy. They didn't have to go to school. And I got to stay home. Um, but you know, I think that the happiness was probably dependent on what their home environment was like, you know, and so what my own children were dealing with was, or may have been different from other students.

Helen got emotional, her voice breaking, and hands brushing away the tears as she reflected on how fortunate she was during this time when many of her students and neighbors were struggling:

Luckily we were getting paid. The teachers were getting paid, so I was able to make my bills and, you know, and help out others who weren't able to because they didn't have a

paycheck coming in. You know that was just emotional...gosh, I'm getting emotional now. That just emotionally affects you, you know. I had to just accept where my students were coming in with what they can do within the time that we had because they were going through things.

While Helen was sympathetic to her students' physical and emotional struggles during the pandemic, she was also highly concerned about the learning loss that she was witnessing due to the subpar online learning environment.

They were not able to learn remotely. I would teach the same way. I would say the same thing as I would do in the classroom because I've been doing this so long, you kind of have a script in your head. You know, I would make PowerPoints and I would put in videos and I would try to do everything I could. They weren't able to learn that way. You know, they weren't able to learn that way.

Ivy

Ivy has 16 years of experience. She currently teaches all grade levels, but primarily 11th and 12th. She starts every semester with questionnaires, games, and getting-to-know-you activities to build a strong foundation for relationships in her classes. She also supports her students by attending extracurricular events such as choir concerts and wrestling matches. Ivy is a very talented photographer. She creates deeper relationships with families by taking many pictures both in the classroom and in extracurricular activities and sharing those photographs with her students' families. When schools shut down for COVID-19, Ivy had some concerns about her students.

I have a few that struggle with home life, so I'm worried about those. The social interaction for some of my students is quite necessary for them to do well, and I'm sure

they didn't have that. And some of their home lives are not very good. So, you worry, you worry a lot about those kids. You know, some kids just thrive being at school and do well when they're in school, but when they don't have that influence of a teacher or an adult in school, they tend not to do as well. So, you worry about them too.

Janelle

Janelle is a 10th-grade teacher with nine years of experience. She jokingly says she has a sign on her forehead that reads, "if you have a problem, come see me." She finds that the tougher kids with behavioral or emotional issues tend to gravitate toward her. Janelle assumes a motherly role for many of her students and does her best to treat them all with respect:

I tend to attract the tougher kids. Maybe the behavioral issues or the emotional issues...I don't know why. I just know that I do my best to treat them as an equal. With authority, obviously, but, uh, kind of like a mother figure. Some of them are missing mothers. Some of them are missing fathers. Some of them have both but just have other issues. So just kind of getting to know them and them getting to know me and giving them just enough personal information while that connection is built. And they know, and I know that I've been where they are, um, on many levels. So, I had the same kind of upbringing a lot of them do. So, I can relate that way with them.

Janelle works closely with a vulnerable student population. When schools closed for the pandemic, Janelle was faced with a lot of concerns for her students:

I worried that they're not having an outlet and not having, uh, the people that they meet here, the connections they have with teachers, but also with their peers. And, just honestly, as silly as it may sound, I feared what social media was going to increase to. And I was kind of right. It's caused a lot of issues and it just amplified when they were all

shut down and that's all they had to do. And there was a lot of worry, a lot of wonder, especially when I would reach out to them and I wouldn't get any responses.

Janelle also expressed worry about her students falling behind academically. She stated that most of them were not doing their schoolwork during the shutdown. She worried about the lack of accountability that became the norm in the school as many teachers stopped assigning homework and became much more lenient on grades.

Kevin

Kevin is a 9th- and 10th-grade teacher in his second year of teaching. He says that building relationships is his top priority and starts every class with an opening ritual geared to connect the day's lesson to students' personal lives. Kevin works hard to maintain a positive energy and classroom environment while fostering relationships with his students built on mutual trust and respect.

Every class starts at the question of the day, and it allows students a chance to share things about themselves or what they're up to or anything like that, so that we can get to know each other better. And I always make sure I'm circulating the room and checking in with students one-on-one as well, and always trying to be supportive...In everything I do as a teacher, I'm considering how that will affect our relationships, and continue to build positive relationships with students and trust between myself and my students. I prioritize relationships between them as well, so they can work well together.

When the pandemic hit, Kevin had concerns about his students' physical and mental health, as well as their social-emotional needs:

I would say my first concern was that students would get COVID because that's what was happening. So, thinking about students' physical health in terms of COVID, and

some of my students did, and since we've been back in person this year, lots of my students have had COVID. So, that's definitely a concern. And then also, I'd say largely concerned about their mental health, because lots of students who are very isolated during that time when we were not in person in school felt really lost. I felt like some very important social-emotional opportunities and years of their life happen in middle school and the beginning of high school. And I had a lot of students who reported lots of mental health issues in terms of depression, anxiety, and just general feelings of, you know, loneliness and things like that. And just sort of laying around all day inside their room on their phones and computers, and that's it. So that was definitely a big concern.

Kevin also expressed worry about students not progressing in their classes or failing to accumulate the credits they'd need to stay on track for graduation. He struggled to teach through a screen and was frustrated by students who would log in to his virtual classes and then disengage by napping or doing other things.

Lincoln

Lincoln is a 12th grade English teacher with six years of experience. He says that he focuses on relationships from the start, letting his students know that they will get to know him through the class, "whether they like it or not!" Lincoln stresses the importance of teaching through vulnerability, showing them different sides of himself, sharing stories, and making connections through literature with a teaching style that prioritizes communication:

I will tell them stories about, you know, past years teaching and about my life and my parents. And you'll know why I picked the books that I picked and stuff like that, and it just kind of gets the door open for them to know that they could have conversations with me about things that are difficult or about things that are sensitive, and I'm going to hear

you out. And I'm not going to, like, immediately judge you and stuff. And I feel like just sending that message really early on with these older kids really makes a difference because I think some of them have this idea that teachers are constantly judging them from the get-go. I also want my kids to know in my classroom that it's, like, no judgment. Like, I see your name on the roster and that's it. I haven't talked to anyone about you. I haven't seen any paperwork. It's a fresh, clean first impression.

During our interview, one of Lincoln's former students stopped by his classroom to say hello – further illustrating the success of the close relationships he strives to build.

When the schools shut down, Lincoln was in his last year of teaching middle school. He expressed some intense concerns about the physical and emotional health and safety of his sixth graders during those initial few months of the pandemic:

The thing that I was worried about most was, I knew that there were some that, you know, would be fine not coming to school every day. But I was really where, you know, being in a Title I school and with a lot of the situations some of these kiddos are in, just the stark realization of, like, you know, some of these kids, the most stable meal they have is their school lunch. And knowing that, I'm sending out the Zoom links and stuff, and some of these kids are in a situation where they can log in and interact with me and their teachers still. But, you know, some of them we just never heard from, and it was just really hard not knowing where these kids were at whenever, you know, you've spent three-fourths of the school year with them, and all of a sudden you're worried about where, what's going on at home. You're worried, are they getting fed? Are they getting, you know, like, the hygiene supplies that they need?

Lincoln was concerned about socialization for his students, as well. He organized Zoom meetings for his teaching team to meet with their students two or three times a week while the school was shut down:

We would still try to do little lessons and class and stuff on Zoom, just completely optional stuff. And the kids who would show up, you would just tell they were just so hungry for socialization, and this was just a few weeks in. And, you know, kids experience time differently than adults. So, if it felt like a long time for us, it must have felt even longer for them. So, that was my first initial, like, big, take-a-step-back moment: the realization that, you know, these kids are stuck at home now, and for a lot of them, that's not a good place to be stuck at.

After transferring to high school for the fall semester of 2020, Lincoln was teaching juniors, and his concerns shifted to academics. He described the difference in his emotional state as “whiplash” because he had fewer concerns about these students’ socioeconomic, social, and emotional needs but more concerns about his effectiveness as a virtual teacher. He also developed frustrations with the educational system for the evident lack of responsibility in handling the whole situation.

Findings

This section describes the experiences of participants within the framework of the 12 defined symptoms of compassion fatigue: (1) an increase in negative arousal; (2) trouble maintaining separation between work and personal life; (3) increased frustration, including outbursts of rage or anger; (4) increased sense of dread related to work or specific individuals; (5) depression; (6) lowered sense of safety or increased sense of world danger; (7) self-destructive behaviors or attempts to self-soothe; (8) hypervigilance; (9) lessened feelings of

competence; (10) lowered sense of purpose or lack of fulfillment/enjoyment with work; (11) lowered ego-functioning; and (12) feelings of hopelessness (Bride et al., 2007).

Manifestation Responses

The interview questions (Appendix A) in this study were designed to align with the research questions regarding the physical, emotional, personal, and professional symptoms teachers experienced through their concern for students during the COVID-19 pandemic. Participants' responses in relation to their experiences were transcribed, coded, categorized, and charted on a table of symptom manifestation themes. Each participant's response (designated by the initials on the chart) is noted for the areas of physical, emotional, professional, and personal experiences. One respondent (Amelia) stated that she thrived on virtual learning because she is proficient with computers and enjoyed developing new ways to engage students outside the classroom. She was the only participant to say she would enjoy continuing with virtual instruction, so that response was not included on the table.

Table 2*Symptom Manifestation Themes*

	A	B	C	D	E	F	G	H	I	J	K	L
Physical: experienced panic attacks	X						X					
Physical: experienced stomach issues											X	X
Physical: experienced exhaustion/sleep problems	X		X	X	X		X	X			X	
Physical: experienced other stress-related illness				X	X		X				X	
Physical: weight loss										X		X
Professional: questioned effectiveness/productivity					X	X	X	X		X	X	
Professional: feelings of being overloaded			X	X	X	X	X	X	X	X		
Professional: lowered standards/survival mode			X		X	X		X		X		X
Professional: issues with student behavior/academic changes			X	X		X	X			X		
Professional: improved colleague relationships		X	X			X				X		
Professional: issues with negative parents		X	X	X	X							
Professional: affected by public perception		X	X	X	X	X						X
Professional: anger/distrust/frustration with higher levels			X	X			X	X	X		X	X
Professional: questioned career choice/ considered job change, quitting, or retiring		X		X	X	X	X	X	X		X	X
Emotional: hesitant to re-invest in student relationships				X	X							
Emotional: guilt			X				X					
Emotional: anxiety/stress	X	X	X		X	X	X				X	X
Emotional: sadness/crying	X		X	X	X		X					
Emotional: fear/worry			X	X	X				X	X	X	X
Emotional: mentally drained/exhausted		X	X	X			X	X		X	X	
Emotional: feelings of burnout			X	X				X				
Emotional: shut down				X						X		
Emotional: anger or moodiness			X								X	
Personal: neglected/disconnected from family or friends	X		X		X			X			X	
Personal: feelings of being lost or unbalanced		X			X	X					X	
Personal: arguments with family members							X					X
Personal: forged closer relationships							X		X			X
Mitigation: therapy	X						X					
Mitigation: medication	X				X						X	
Mitigation: mindfulness/stress-management techniques	X						X				X	
Mitigation: exercise		X		X			X			X		
Mitigation: escape via books			X	X	X		X					X
Mitigation: escape via hobbies		X	X			X						X
Mitigation: escape via cleaning/home improvements				X		X			X			
Mitigation: drinking or overeating			X			X	X					
Mitigation: online shopping						X		X				
Mitigation: professional development/school activities				X	X			X		X		
Mitigation: escape by planning travel				X				X				X

In addition to open-ended questions about their physical, emotional, professional, and personal experiences, participants were given a set of statements from the Professional Quality of Life survey (Appendix B) which provides a risk assessment for compassion fatigue and secondary traumatic stress. Each participant was asked to consider their job situation during the height of the pandemic when they were teaching in a remote or hybrid scenario and respond to each statement with “Very Often,” “Often,” “Sometimes,” “Rarely,” or “Never.” Their responses were charted in Table 3.

Table 3*ProQOL Responses: 1=Never 2=Rarely 3=Sometimes 4=Often 5=Very Often*

Statement	A	B	C	D	E	F	G	H	I	J	K	L
I am happy	3	3	4	3	3	3	3	4	5	3	4	1
I am preoccupied with more than one person I teach.	5	5	4	5	3	5	5	3	4	5	5	5
I get satisfaction from being able to teach	5	3	3	3	2	3	5	4	3	5	4	3
I feel connected to others	2	3	3	1	3	3	5	2	3	5	4	2
I jump or am startled by unexpected sounds	4	1	2	2	1	1	4	2	1	2	2	2
I feel invigorated after working with those I teach	5	3	2	1	3	3	5	3	4	5	4	5
I find it difficult to separate my personal life from my life as a teacher	5	1	3	5	4	2	4	5	3	3	5	4
I am not as productive at work because I am losing sleep over the traumatic experiences of a student I teach	5	2	4	5	4	1	3	2	3	2	4	5
I think that I might have been affected by the traumatic stress of those I teach	5	3	5	5	3	3	4	3	2	3	5	5
I feel trapped by my job as a teacher	3	2	5	5	4	2	3	3	2	1	3	4
Because of my teaching, I have felt “on edge” about various things	5	2	4	5	5	3	4	4	2	3	5	4
I like my work as a teacher	5	4	3	1	3	3	5	4	4	5	3	5
I feel depressed because of the traumatic experiences of the people I teach	5	2	4	5	4	2	3	3	1	2	2	4
I feel as though I am experiencing the trauma of someone I have taught	4	1	4	5	4	2	3	3	2	4	3	3
I have beliefs that sustain me	5	5	4	5	5	3	4	2	5	4	3	5
I am pleased with how I am able to keep up with teaching techniques and protocols	3	5	3	1	3	3	4	4	5	5	4	2
I am the person I always wanted to be	3	4	2	2	3	3	5	3	4	5	3	5
My work makes me feel satisfied	5	4	2	2	3	3	5	3	4	5	3	5
I feel worn out because of my work as a teacher	5	4	4	5	5	4	5	5	3	3	5	5
I have happy thoughts and feelings about those I teach and how I could help them	4	5	3	3	3	4	5	4	5	5	4	5
I feel overwhelmed because my teaching load seems endless	5	2	5	4	5	4	5	5	4	1	5	5
I believe I can make a difference through my work	5	5	3	1	3	4	5	4	3	5	5	5
I avoid certain activities or situations because they remind me of the frightening experiences of the students I teach	5	1	2	4	3	3	3	2	1	1	1	4
I am proud of what I can do as a teacher	3	5	3	3	3	4	5	5	4	5	4	5

Statement	A	B	C	D	E	F	G	H	I	J	K	L						
As a result of my teaching, I have intrusive, frightening thoughts							5	1	4	3	3	1	3	2	1	1	4	3
I feel “bogged down” by the system							5	4	5	5	5	4	4	5	5	2	5	5
I have thoughts that I am a “success” as a teacher							3	3	3	1	3	3	4	4	3	4	3	4
I can’t recall important parts of my work with traumatized students							5	1	1	4	3	2	3	2	1	2	1	2
I am a very caring person							5	5	4	5	4	4	5	3	5	5	5	5
I am happy that I chose to do this work							5	5	3	2	3	4	3	4	5	5	4	3

After recording the responses to the ProQOL scale statements and the open-ended interview questions, participant responses were categorized according to the appropriate compassion fatigue symptoms that comprise the framework of this study. The Table of Compassion Fatigue Symptoms (Table 4) charts how the participants’ responses fell into the 12 defined symptoms of compassion fatigue.

Table 4

Table of Compassion Fatigue Symptoms (Bride et al., 2007).

	Participants											
	A	B	C	D	E	F	G	H	I	J	K	L
Increase in negative arousal	X	X	X	X	X	X	X	X	X	X	X	X
Trouble separating personal life & work	X	X	X		X	X	X	X	X	X	X	X
Increased frustration/anger	X	X	X	X	X	X	X	X	X	X	X	X
Increased sense of dread	X		X	X	X		X	X	X		X	X
Depression	X			X	X							X
Lowered sense of safety	X		X	X	X		X	X			X	X
Self-destructive behaviors/ efforts to self-soothe			X			X	X					
Hypervigilance	X		X	X	X		X	X			X	X
Feelings of incompetence	X		X	X	X	X		X	X	X	X	X
Lack of fulfillment at work		X	X	X	X		X	X		X		
Lack of resilience/lowered ego function	X		X	X	X		X	X			X	X
Feelings of hopelessness	X	X	X	X	X	X	X	X	X	X	X	X

The following sections provide detailed descriptions and quotes from the survey participants to provide a vivid picture of their symptoms and experiences with each of the 12 areas of compassion fatigue.

Increase in Negative Arousal

Every participant in the study reported an experience that fits the definition of “increase in negative arousal.” Examples provided by the National Institute of Mental Health include having tense feelings, being easily startled, having trouble concentrating, experiencing sleep problems, feeling irritable, having angry or aggressive outbursts, and engaging in reckless behavior.

Two survey respondents reported that they often jump or are startled by unexpected sounds. Seven respondents indicated that they had experienced sleep problems due to worrying about their students during the pandemic – one expressed feelings of irritability, and one expressed feelings of anger. Eight participants reported tense (stressed) feelings.

When asked about concerns she had for her students, Amelia responded, “Oh, gosh, I was a mess.” She reported feeling excessive amounts of stress from worrying about the health and well-being of her students. She stated:

You know, it was one of those things where it definitely takes an emotional toll on you because you are so overwhelmed with so many, like all day long. So many questions, like ‘is this kid ok? Should I maybe try to contact Mom or Dad and see if they’re fine,’ like that kind of stuff...me, particularly, I struggled with it, that’s for sure.

During this time, Amelia also struggled with sleep. She reported

There were times when I would try to go to bed because I was so tired, but I would lay there and lay there for hours on end, and I couldn't shut my brain off because, again, I was worried about the kids. I was worried about myself. I was worried about the future. She received an official medical diagnosis of insomnia during that time.

Claire gives a lot of herself to her students through going outside of the regular school walls to forge close relationships with students she perceives as needing extra academic, social, and emotional support. Claire feels that her level of commitment to her students comes at a personal cost. She stated:

I think I burned too much. And made myself sick. Does that make sense? I cried a lot. And I second-guessed myself a lot and worried myself a lot. And then you can't sleep because you're worried about, you know, this, this, this, and then you're tired because just the amount of it increasing so much, so quickly.

She also stated that she felt a significant amount of anger:

There's a lot of anger. Like you get angry, and you get angry at, um, not like your group...but it made us angry at people and distrustful of people above you. Because you see me suffering. When are you going to do something?

Darcy worried not only about her students during COVID-19 but also about the existence of her job. She worried that the arts might not be deemed essential given the changes in education and the move to remote learning. She stated that she experienced

lots of crying, and I just went through all the stages of grief, I think, you know. So, yeah, that's the best way I can say it. I went through all the stages of grief and then just the physical ramifications of it on top of it.

Emma experienced a very close relationship with her seniors during the first few months of 2020 until schools closed unexpectedly and without warning. She expressed, “Um, I never saw most of those students again. And after having built those relationships...it, it was just devastating.” Emma reported that she had a lot of trouble with insomnia during the lockdown, where she barely left the house and lost the sense of balance that teaching usually brings to her life.

Gianna claimed that the concern she felt about her students caused her to become “stressed out to the point I was having medical problems.” She also stated that she “had a lot of loss of sleep.”

Helen reported emotional exhaustion and that she didn’t have the mental energy for anything else when she got home from school. When asked about physical symptoms, she stated:

You know, as far as physical manifestations of the stress, just tired. You’re incredibly tired, but then you can’t sleep at night. You know, so you’re tossing and turning all night and you’re just exhausted when you wake up and, uh, you know, but you just keep going.

Kevin stated that his concern for his students causes a great deal of anxiety. He says that his excessive worry about them

really affects my sleep in terms of taking a while to fall asleep, maybe waking up in the middle of the night and taking a lot of time to fall back asleep, and then waking up too early in the morning.

The results of his lack of sleep cause Kevin physical exhaustion during the day.

Many of these descriptions of being worried about students and feeling emotionally worn out during the pandemic follow the demand-control model of burnout (Kaschka et al., 2011) which suggests that psychological and physical stress comes from jobs with high demands and

low employee control. The amount of teacher control during the pandemic was lower than usual for the profession and contributed to the increased stress levels.

Trouble Maintaining Separation between Work and Personal Life

Separating one's personal life from work life is important to maintaining a healthy and balanced lifestyle. When work is carried home too often, and the line between professional and personal becomes blurred, emotional issues can result.

Eleven participants out of 12 expressed difficulty maintaining separation between their work and personal life through their interviews or ProQOL responses. On the ProQOL scale, seven stated they "often" or "very often" had difficulty separating their personal life from their professional life. Ten admitted to "often" or "very often" feeling preoccupied with at least one of their students.

Amelia found herself putting her family aside a bit more during the pandemic:

You know, it was hard. I found myself being disconnected from my family a little bit more. Not just because of lockdown, but because I was having to put so much time and energy into my kids since we weren't face-to-face and I wasn't going to get to see them every day. Or maybe I was only seeing them every other day because of schedules. So, it was – I was having to, like, my family, and (ugh), I hate saying it like this, but they kind of had to take the back burner for a minute.

Claire goes out of her way to establish strong relationships with her students, and sometimes that line becomes blurred. Many of her students have her personal number in case they need her which sometimes causes an intrusion. In fact, a student called her during our interview to ask a question about an upcoming deadline.

Felicity expressed a hard time answering the question about how her concern for her students during the pandemic affected her personal life.

Oh, that's a complicated question because it wasn't just worrying about my students. You know, like, how do I separate that worry from worried about me, worried over me getting COVID or my family getting sick, you know.

Gianna noticed that her professional life was beginning to infringe on her personal life during the pandemic. Her husband suggested she talk with a therapist during the lockdown because her worry about students was causing conflicts in their relationship.

Even now...I still carry it with me. I still worry about specific kids. My husband, like I said, he encouraged me to talk to somebody, and I think that if I hadn't our relationship probably would have been pretty rocky because it was. It caused us to argue because I have a really short fuse, and just having all that anxiety built up and being stressed out a lot...not talking to someone about it besides him, it did affect us, like we would argue a lot more when I wasn't talking about it.

Helen's children experienced their own levels of hardship during the pandemic. Her elementary-aged daughter was frequently in tears because she had difficulty keeping up with her classes online. Her son was transitioning to middle school in the midst of the pandemic, and he was socially having a difficult time. The pain in Helen's voice was palpable, and she choked back tears as she told me about the bullies her son faced.

For him, it was very emotional. He didn't know anybody in middle school when he was in school. He kind of was targeted by other kids because he's a little goofy. You know, I love my boy, but he's a little goofy. He had no friends, and when he, you know, when he was – he would tell me stories about what the kids were doing, like trying to vote him –

they tried to vote him out of the – out of the lunch table. They didn't want him at the lunch table, you know? And they were mean to him. And they would say things. And I'm talking to the teacher. So, I'm trying to get things resolved, and it was hard. Now he has, he has three friends. My son has three friends this year, so he's doing a lot better.

This experience for Helen drove home the issues that her students may be facing, so she poured herself into being there for them. She gave so much to her students that she found herself with depleted energy for her own family at the end of the day.

When I would go home to my children, I had nothing left for them. No, I just wanted to go sit on the couch, put the TV on. I didn't want to cook. I didn't want to clean. I didn't want to do anything...Just the fact that I really wasn't able to be there for them like I should have been, with the same energy and enthusiasm I use in the classroom. It's like I had nothing to give when I got home. And so, we did a lot of fast food.

Janelle applied her professional knowledge and values to her own daughter's education. I've never wanted to be a homeschool teacher, but I kind of was. My poor daughter, being a teacher's kid, didn't get off easy like everybody else did. I still made sure she was doing all of her work and for a while, she didn't even realize that other kids were just getting 100% on their finals that they never took and being passed along. She was still completing every assignment.

As a new teacher, Kevin noted that he uses a lot of his personal time to complete professional tasks, which infringes on his personal relationships.

I think especially when we were virtual and I was working from home, it was really hard to have that sort of boundary, that separation between the workday and my personal time. So, I would just be on my computer continuing to work and, like, grading assignments

and updating things and responding to emails and messages until like 8:00 every night pretty much, which obviously really affected my personal life. Except there wasn't that much to go out and do at that point when we were all staying home...but definitely my workday felt very extended.

This inability to separate work and personal life is consistent with the research by Felsing in which 75% of teachers reported working seven days a week (Seibt & Kreuzfeld, 2021).

Increased Frustration, Including Outbursts of Rage or Anger

All 12 teachers surveyed expressed increased feelings of frustration or anger during the pandemic. Ten of the 12 stated that they "often" or "very often" feel worn out by their work as a teacher.

A common theme among the participants is frustration with the educational system; they sometimes focus on building administrators but more often the central office, school board, or local, state, and federal government are the cause. Teachers expressed frustration at what they considered to be unrealistic expectations and lack of respect for teachers, the lack of planning to deal with the pandemic, the frequent changes in school schedules and curriculum delivery methods, the "lip service" paid to self-care with no actual support, and the continued focus on test scores in the midst of the pandemic. This is consistent with burnout studies that show the lack of administrative support is one of the greatest factors leading to teacher burnout (Scott, 2019).

One teacher explained the tone-deaf response that teachers perceived from administration and central office during this time:

Yeah, it's kind of like, I know you haven't slept in three days and you've not been able to take a shower and you're dead tired. But here's a bag of Cheetos. You know, and you're

just kind of like, “Nah, I’m good, man.” You know, that’s the stuff. If somebody had said, “hey let me sit with your class where you just go walk down the hall for a minute.” That’s the kind of stuff I think would have helped. But I don’t foresee that, even. I can’t. Everything in the world is going wrong and there’s nothing working in your favor, but while your kids aren’t scoring, that’s all you hear. And then let’s say “practice self-care” but then also do these 49 things by tomorrow. That burned a lot of people, I think.

Several teachers also expressed frustration with public perceptions during the pandemic due to the “idea that teachers just don’t want to work. They don’t want to teach. They just want to stay home. And that is the farthest thing from the truth.” One teacher mentioned that the public appreciation at the start of the pandemic was a big boost for educators, but it didn’t last.

I think if the appreciation had stayed, we’d be in a totally different position right now. I don’t know that you would have the teacher shortage because it’s crappy, but at least they’re appreciative of what you’re doing, and they’re respectful of you. It’s easier to go into a situation knowing whatever I do in there; if I mess up or fall asleep, fall off my chair, or whatever, someone would still be proud of me. And now it’s almost like when I go to a parent meeting, I’m the villain. It’s a scary feeling.

Several respondents stated frustrations with parents. Emma said she had experienced more negative situations with parents than she had in 29 years, and she described the pandemic as “a perfect storm of all that was being dumped on teachers.” They also noted negative changes in student behavior during the pandemic. Several teachers mentioned the increase in time spent on social media as a big negative. One example is the Tik Tok “Devious Licks” challenge that led to students vandalizing the restrooms, removing urinals, sinks, and doors. Teachers indicated that student study habits have also suffered due to the pandemic. One respondent described

students sitting in class and staring off into space. Daydreaming and tuning out in class was once an occasional occurrence; it is now a widespread issue. Teachers also reported that cheating worsened with the reliance on technology and became a common problem during the COVID-19 pandemic. Students found numerous opportunities to consult textbooks, the internet, and other individuals to help with papers, projects, and tests.

Respondents indicated that all of these issues have combined to create a frustrating work environment for teachers, and the return to live instruction has not alleviated most of the problems the way they had hoped which has caused additional frustration.

Increased Sense of Dread Related to Work or Specific Individuals

On the ProQOL statements, nine survey respondents indicated experiencing a sense of dread related to work or specific students or individuals, and eight reported feeling on edge “often” or “very often.” In the open-ended interview questions, several teachers mentioned a sense of dread when they thought about their work situation.

Lincoln actually developed a physical illness that his physician linked to his dreading going to work every day.

I started getting lots of morning sickness and nausea over the past two years. Finally, in November of last year, I got all this testing done to see what was going on, and the doctors pretty much concluded that it was stress-induced and that I was dreading my day or, like, worried about my day so much that my body was trying to get me out of it.

That’s what the doctor was saying; she was like, the nauseousness is a physical stress response. They put me on nausea medication for pregnant ladies. Like, I was, seriously, just always sick in the morning.

Depression

On the ProQOL scale statements, four respondents stated feeling depressed “often” or “very often.” While several mentioned frustration, sadness, and feelings of being overwhelmed, only one teacher specifically reported suffering from depression in the open-ended interview questions.

Emma shared that she has clinical depression and has been on medication. During the lockdown and ensuing remote and hybrid instruction models, she had to strengthen her depression medicine “because it was just so overwhelming.”

Lowered Sense of Safety or Increased Sense of World Danger

On the ProQOL statements, eight teachers expressed some form of feeling unsafe during the pandemic, whether through an increased startle reflex (two said “often” or “very often”), a feeling of being “on edge” (eight said “often” or “very often”), avoiding situations that remind them of frightening student experiences (three said “often” or “very often”), or having frightening thoughts (three said “often” or “very often”).

In the open-ended interview questions, Amelia referred to the pandemic being a “scary time...unprecedented, and nobody really understood the gravity of the situation.”

Claire mentioned experiencing “that scary feeling, that anger, and the fear.”

Darcy referred to feelings of uncertainty and fear for the health of her friends and family during the pandemic. She said:

I, you know, lost friends, too. Had got COVID. So, you know, then there’s that emotional toll. So, you know, it’s like, ‘Oh my God, you know, I’m going to wake up tomorrow and, you know, four or five people I know will be gone. It’s the uncertainty.

Gianna internalized the fears of her students during the pandemic. She commented on the “trauma that’s been involved with being at home. Some (students) may not necessarily have bad home lives, but just the whole unknown of what’s going to happen and the fear of everything going on in the world.”

Lincoln observed that some people have blocked out the fear and started remembering the charming aspects of the historic lockdown portion of the pandemic in March 2020.

It was a hard time. But Tiger King was still on the air. You know, people were doing YouTube yoga, everyone was making bread, right? People were starting to romanticize March of 2020. And I’m like, are we all forgetting the extreme amount of fear and anxiety that we all had? Like, those are all just distractions.

Self-Destructive Behaviors or Attempts to Self-Soothe

Survey respondents described multiple methods of alleviating their stress. Most were not self-destructive, although two indulged in drinking too much wine, one experienced overeating, and two buried their worries in excess online shopping.

Positive stress mitigation methods that teachers mentioned in the interviews included attending therapy, reading books, participating in professional development activities, exercising, watching anime, cleaning, completing home improvement tasks, engaging in mindfulness techniques, planning vacations, writing, and doing yoga.

Janelle engaged in a unique strategy for relieving stress and anxiety during the pandemic by creating a life skills challenge for her Special Education students. When students completed the challenge, she worked with other teachers and administrators to create a fun congratulatory video that they sent to the student. Janelle says they made eight videos throughout this challenge.

The students loved it, and the teachers enjoyed the distraction and feeling that they were contributing to something positive during the lockdown.

Hypervigilance

Eight teachers reported some level of hypervigilance. On the ProQOL statements, two admitted to sensitivity to unexpected sounds, and eight claimed to feel “on edge” during the pandemic.

Amelia also described being hyper-focused due to her increased stress levels. She stated: I’m that kind of person where when I’m stressed out; I’m going to hyper-focus on something. I want to direct my energy and hyper-focus on something good because I don’t want to feel worse than I already feel. Why would you hyper-focus on something negative when you already feel bad? That’s like kicking yourself when you’re down.

Lessened Feelings of Competence

On the ProQOL statements, ten of the 12 teachers interviewed expressed feelings of incompetence at work “often” or “very often.” Most of the feelings of incompetence stemmed from virtual instruction. This corresponds to the Teacher Performance/Motivation theory that explains how feelings of burnout increase when teachers’ ability to accomplish their goals is impeded by factors beyond their control (Blase, 1982, as reported by Koenig et al., 2017).

Claire stated that she felt less than competent because the overwhelming expectations forced her into “survival mode.”

Last year my performance sucked up, which is probably not a professional word, but it was survival mode. It was make it work. It was keep control. Get in the best you can. We didn’t write nearly the amount that we should have. We didn’t nitpick or do all the little things that I know they needed. But I did enough to get them to the next level and keep

my job. You know, it wasn't as important to hold accountability as it was to survive because accountability only mattered for the teacher, didn't matter for the kids anymore.

Lowered Sense of Purpose or Lack of Fulfillment/Enjoyment with Work

Seven teachers stated that they experienced a decreased sense of purpose or lack of enjoyment or fulfillment at work during or following the pandemic-related remote/hybrid instruction. Becca explained that she became disillusioned with education as a profession during the pandemic:

I'll be honest with you. When the pandemic, like, when it first hit, I remember we were all home and all I would hear from people, like, saying "Oh my gosh" because people had to be home with their own kids, everyone was like, "Oh my gosh, teachers need to get paid more. Like, they're heroes" and all this stuff. And, I didn't – I took that with a grain of salt, because I was, like, as soon as the school year starts again and teachers want to protect themselves and they don't want to necessarily be in that environment until we're, like, comfortable, they're going to be like, "oh, you're being selfish" and blah blah blah, and all that. And that's exactly what happened...It was very, very stressful in the beginning because just to get the kids to, like, sign on, all that was a struggle, but also dealing with, like I don't want to say ungrateful parents, but parents whose core understanding of the situation was definitely difficult. So, yeah, I questioned whether I wanted to stay in education. When this pandemic hit, we saw all the little holes that were in public education that we kind of glossed over.

Becca's description is consistent with the Teacher Performance-Motivation Theory, which says that teachers experience diminished feelings of job satisfaction when impediments keep them from extrinsic motivation (Koenig et al., 2017).

Lowered Ego-Functioning

Only four teachers surveyed expressed being happy “often” or “very often”, with another seven saying they are happy “sometimes” and one saying “never.” Eight teachers reported feeling connected to others “often” or “very often,” with four saying this connection occurred “rarely” or “never”. Only five of the 12 participants noted that they are “often” or “very often” the person they have always wanted to be, with one saying “never” and two saying “rarely.” When asked if they felt they could make a difference through their work, one said “never”, three said sometimes, two said “often”, and six said “very often.”

Feelings of Hopelessness

Five respondents said they “often” or “very often” feel trapped by their teaching job. Eight teachers report feeling exhausted due to their work as a teacher either “often” or “very often.” Ten expressed feelings of “often” or “very often” being overwhelmed. Ten said they “often” or “very often” feel bogged down by the system.

Darcy expressed her feelings of severe frustration with virtual instruction that bordered on feelings of hopelessness.

Having to go from traditional interaction to getting them up and out of bed, and even then we didn’t have many who would actually get online. And of course, you know, there was no way we could make them get online. So then, the hours of “hey, you’re missing this. Hey, you know, we’re meeting here. We’re doing this.” So, it was not just the regular work hours that we were working. It was those hours plus everything afterwards trying to get them out of their little hidey holes. So, the physical exhaustion, the mental exhaustion, the eye fatigue.

These feelings that life would never get better are characteristic of victims of STS and are in accordance with Fowler's 2015 research that reported hopelessness as a common response,

Chapter Summary

Chapter 4 describes the results of the interviews with 12 high school teachers regarding their lived experiences with compassion fatigue resulting from relationships with traumatized students during COVID-19. Teachers reported prioritizing strong relationships with students and expressed that those relationships led to a deep concern for students' emotional and physical health during COVID-19, remote learning, and hybrid teaching environments. The descriptions of how stress affected these teachers were presented through the theoretical framework of the symptoms of compassion fatigue (Bride et al., 2007).

Chapter 5: Conclusions, Implications, and Recommendations

Introduction

The purpose of this study was to explore the symptoms of compassion fatigue as experienced by teachers in grades 9-12 during the COVID-19 pandemic. Creating awareness and understanding of this phenomenon is important because teachers are leaving the profession at an alarming rate and, thereby, exacerbating the current teacher shortage which negatively affects the quality of education.

This study utilized semi-structured virtual interviews on Microsoft Teams to gather descriptions of teacher experiences. Twelve high school teachers in English, Science, Fine Arts, Career/Technical Education, and Exceptional Education each participated in an individual interview. Participants all teach 9-12 grades and range in teaching experience from 2-30 years. These interviews lasted from 30-60 minutes each and consisted of questions about relationship-building, concerns for students during the COVID-19 pandemic, and the physical, emotional, professional, and personal manifestations of their concerns for students. Microsoft Team's recording and transcription functions allowed multiple viewings and accuracy checks. Coding was performed based on the transcripts, and results were categorized according to the conceptual framework of the 12 recognized symptoms of compassion fatigue, including (1) an increase in negative arousal; (2) trouble maintaining separation between work and personal life; (3) increased frustration, including outbursts of rage or anger; (4) increased sense of dread related to work or specific individuals; (5) depression; (6) lowered sense of safety or increased sense of world danger; (7) self-destructive behaviors or attempts to self-soothe; (8) hypervigilance; (9) lessened feelings of competence; (10) lowered sense of purpose or lack of fulfillment/enjoyment with work; (11) lowered ego-functioning; and (12) feelings of hopelessness (Bride et al., 2007).

Member checks were conducted by sending tables and summary transcripts to the participants for validation.

The primary research question explored in this study was: How do high school teachers (grades 9-12) perceive the effects of student trauma on their own physical and emotional health and well-being during the COVID-19 pandemic? The supporting research questions drove the interview questions used in the study:

1. What physical manifestations did the teacher experience as a result of exposure to student trauma during COVID-19?
2. What emotional manifestations did the teacher experience as a result of exposure to student trauma during COVID-19?
3. What professional manifestations did the teacher experience as a result of exposure to student trauma during COVID-19?
4. What personal relationship manifestations did the teacher experience as a result of exposure to student trauma during COVID-19?

Additional data related to teacher-student relationships, teacher concerns for students during the pandemic, and mitigation strategies to relieve stress and anxiety were collected to create a more comprehensive picture of teachers' total experience during the COVID-19 hybrid and remote learning environments.

Conclusions

It became evident when analyzing ProQOL statements that teachers in this study were not dealing with Secondary Traumatic Stress or vicarious trauma in the traditional sense that students were sharing tales of their traumatic events which were being internalized and vicariously experienced by the teachers (Stamm, 2005; Newell & Nelson-Gardell, 2014; Figley,

1995). The student trauma that affected these professionals related to the COVID-19 pandemic was the known, anticipated, or imagined experiences that the students were going through, rather than experiences that the students personally narrated to teachers. Concerns for students' physical health and safety, social and emotional well-being, and academic success initiated the symptoms reported by teachers rather than actual exposure to student trauma. For this reason, Compassion Fatigue is the better descriptor for the experiences of these teachers as the symptoms and feelings they described came from a deep level of care instead of vicarious exposure to trauma.

It also became clear that teachers were subjected to several compounding stressful situations during the COVID-19 pandemic. Stress, fear, and worry from both known and unknown aspects of the unprecedented situation certainly affected the teachers who participated in this study. One person articulated that she was unable to separate the stress that came from concern for her students from the stress that came from concern for her friends, family, and herself. In addition, the school system implemented a new schedule in the fall of 2020 that changed high schools from a 4x4 schedule wherein students take four classes each semester which meet daily for 90 minutes each, to an alternating A/B block which requires students to take eight courses per term with four classes meeting each day and alternating. As a result, teachers were responsible for twice as many students on their rosters at one time, and each teacher taught one extra class and had one day without a planning period. Particularly in the professional section, this additional workload in addition to the challenges of teaching virtually was a common complaint adding to the overwhelmed feelings that many teachers reported.

Conclusions are presented in the following section, organized by supporting research questions.

Supporting Research Question 1

What physical manifestations did the teacher experience as a result of exposure to student trauma during COVID-19?

Three teachers did not express any physical symptoms related to their concern for students during the pandemic. Those teachers reported that they had emotional issues but were physically unaffected. Physical symptoms that were reported include panic attacks (2), stomach issues (2: one with acid reflux and stomach ulcers, and the other with daily bouts of morning nausea), eye fatigue (1), depression (1), physical exhaustion (5), and weight loss (2). The physical symptom that teachers reported experiencing more frequently due to their concern for students during the COVID-19 pandemic was sleep problems. Six teachers described severe sleep issues such as difficulty falling asleep and staying asleep. Lack of sleep also exacerbated additional physical symptoms such as exhaustion.

According to Krop in 2013, sleep issues such as those reported by participants are warning signs of compassion fatigue. Other studies mirror this finding as in the 2021 Canadian study by Clement that showed 54% of teachers surveyed reporting sleep problems and 81% reporting exhaustion. Fowler also described sleeplessness and chronic exhaustion as typical responses for victims of STS (2015). In 2018, Marlow described gastroesophageal reflux, diarrhea, and constipation as common physical responses to stress-related issues.

Supporting Research Question 2

What emotional manifestations did the teachers experience as a result of exposure to student trauma during COVID-19?

Every teacher in the study reported experiencing emotional symptoms due to their concern for students. Two teachers expressed issues with guilty feelings. Two teachers expressed

emotions of anger or moodiness. Five teachers described feelings of sadness and the experience of crying frequently. Seven teachers shared that they were often worried or fearful due to concerns for their students during the pandemic. Seven participants communicated feelings of being mentally exhausted or burned out. The most frequently reported area of emotional struggle for teachers was anxiety and stress.

In his 2015 research, Fowler describes the emotional reactions of victims of STS, with anger, guilt, and excessive worry or fearfulness listed as common responses.

Supporting Research Question 3

What professional manifestations did the teachers experience as a result of exposure to student trauma during COVID-19?

Teachers' professional manifestations were most frequently the result of the virtual learning situation, school schedule changes, and teacher workload increases. One teacher expressed that she thrived professionally during the remote and hybrid teaching experiences as she experimented with new teaching strategies and was encouraged by the success of her efforts to engage students virtually. None of the other participants responded positively about the remote learning environment.

Eight teachers expressed feelings of being overloaded due to the increased number of students they were asked to teach and the extra efforts required to learn new virtual platforms and coax students to log in and engage in remote learning. Related to feelings of overload are feelings of ineffectiveness or lack of productivity as reported by six teachers. Six teachers also reported lowering their standards as they entered "survival mode" to get through the difficult situation.

Six teachers described experiencing anger, distrust, or frustration with administration, central office, and other government officials involved in education because of lack of support, preparation, and planning during the pandemic.

Six participants reported being affected by public perception due to the pandemic. At the start of the lockdown, teachers were hailed as heroes, but after school resumed, teachers reported feeling more like villains in the public eye. Four teachers described having had more negative interactions with parents since the start of the pandemic than at any other time in their career.

Reported experiences related to student concerns include concerns for worsened student behavior following the lockdown and subsequent hybrid/remote learning environments.

Two teachers also expressed a hesitancy to invest in relationships with students following the pandemic because they feared a repeat of the pain they had experienced in separating from their students when schools were initially shut down.

Ten out of 12 teachers shared that they questioned their career choice during the pandemic and considered a change of position, a new career, or retirement due to frustrations with their experiences during the COVID-19 pandemic.

These reported experiences are in line with Lawson et al.'s 2019 research, which described a range of professional effects for teachers suffering from STS, including disengagement in school functions often followed by a departure from the profession.

Supporting Research Question 4

What personal relationship manifestations did the teachers experience as a result of exposure to student trauma during COVID-19?

There was not much commonality in how teachers reported effects on their relationships due to their concerns for students. Four indicated a lack of balance between their personal and

professional lives. Two described an increase in arguments with family members during the pandemic, while three stated that their family relationships actually improved. Five participants indicated that they experienced neglect or disconnect from their family or friends.

Just as with professional manifestations, it is unclear whether the personal relationships are exclusively due to concerns for students because there are so many other factors at play during the pandemic.

The responses shown by the participants in this study mirror the findings of Fowler in 2015 who reported a range of symptoms and conditions related to STS such as avoiding certain situations, developing boundary issues, and disengaging with friends, families, and previously enjoyed activities.

Implications and Recommendations

The physical ailments, emotional struggles, professional concerns, and personal difficulties described by teachers in this study illustrate how compassion fatigue can add to teacher attrition in high schools. Recommendations are organized thematically in the following sections.

Support for Teachers

A common theme in teachers' descriptions of their manifestation of compassion fatigue symptoms – particularly negative arousal, lack of fulfillment at work, frustration/anger, and feelings of hopelessness – is related to feelings of not having support. The COVID-19 pandemic highlighted areas of need for teachers that could include situation-appropriate professional learning opportunities related to technology and teaching strategies suited to remote learning. Another frustration for teachers is the “one-size-fits-all” approach to professional development. Giving teachers a voice in their own learning needs and considering the strengths and

deficiencies of the individual when determining professional development offerings would provide more differentiated growth opportunities.

Teachers who participated in this study expressed a sense of distrust or frustration with their superiors stemming from a lack of support and a disconnect in planning and accountability. When administrators and central office staff communicate the importance of self-care without providing any support or solutions for accomplishing self-care, the message is more harmful than helpful.

Emotional symptoms were the most common complaint reported in this study. All teachers who participated cited some type of emotional stress or anxiety linked to their concerns for students during the pandemic. Support for teachers' mental health should be a priority for schools as teachers cannot be expected to care for their students until they are completely healthy themselves. Training on trauma-informed practices should be provided. A multi-tiered approach should include in-school programs such as restorative circles, opportunities for meditation, or taking a quiet walk. External supports such as therapists, yoga classes, and wellness retreats can be offered. In addition, teachers should not be penalized for using their sick days for mental health as mental health is just as important to a professional's overall effectiveness as physical health.

Research by Pressley in 2021 indicates that providing these types of support for teachers will significantly reduce anxiety levels and effects of empathy-related stress. In 2020, Christian-Brandt et al. advocated for introduction of a trauma-informed care program for teachers to ease their susceptibility to compassion fatigue. A 1996 study by Cooley and Yovanoff identified improvement in employees' emotional well-being after employers provided training on coping

skills and stress management (Iancu et al., 2017). Sensory Care Plans are also a research-based method of reducing teachers' risk of STS (Bassett & Taberski, 2020).

Plans for Student Support

Perhaps the principal contributing factor to teacher compassion fatigue symptoms during the COVID-19 pandemic was the apparent lack of an organized system which left teachers feeling unprepared to do their jobs effectively. Survey participants indicated that scheduling changes, software platform changes, and a lack of consistent messaging regarding remote/virtual/hybrid instruction and accountability led to mass frustration among students and teachers. An inability to communicate directly with students led to a lack of certainty regarding their physical, emotional, and academic health which became a key factor in teacher stress during the pandemic.

While the initial coronavirus lockdown was unforeseen and novel, preparation for the next time has the potential for preventing the widespread physical, emotional, professional, and personal effects that teachers experienced. Construction of an emergency plan that outlines criteria for closing school and implementing remote or hybrid learning platforms should provide the basic information for any upcoming pandemic or other similar unforeseen situation. Communication and technology plans to ensure all students are connected with the school are also important as is a method to monitor student health and safety and intervene where needed. Finally, as the school's primary role is to educate, a solid and reasonable plan for accountability and continuance of education in emergencies should be constructed with input from teachers to establish best practices and practical and measurable goals.

Research by Saloviita and Pakarinen in 2021 found that teachers who maintain close relationships with their students experience less burnout and emotional exhaustion than those

who are distanced. If school systems can find ways to bridge the geographic distance that occurred between teachers and students during the COVID-19 lockdown, the mental health of both teachers and students would be positively affected.

Reduction in Teacher Load

When a school or school district changes the curriculum or schedule, the effects on teachers should be carefully examined. The number of students simultaneously scheduled on a teacher's combined course rosters is just as important as the number of students sitting in one classroom. Just as no administrator would allow 45 students in a single classroom, they should also realize that an overall course load of more than 200 students is an overload. In addition, teachers frequently take on multiple roles which can add to their overall stress. Faculty teams and parent volunteers can be utilized to distribute some of the load and to expand the "village" that can take responsibility for all of the extras that go along with educating a child. This approach could lessen the sense of responsibility that falls on any single teacher to ensure the safety and well-being of their students. This is consistent with the Conservation of Resources theory of stress as reported by Shoji et al. in 2015.

Future Research

A deeper investigation into the effects of compassion fatigue on educators is needed to understand better and pinpoint ways to curb its effects on teacher burnout and attrition. A larger-scale study could isolate the causes of compassion fatigue, especially the causes of the emotional effects, which seemed to be the most crucial issue in this study.

Quantitative studies would be useful to determine how widespread compassion fatigue is among educators. Quantitative measures could also be used to compare the severity of symptoms between different groups of teachers (high school/middle school/elementary school; rural/urban

schools; high poverty/affluent; new teachers/experienced teachers; male teachers/female teachers; teachers in a variety of subject areas; teachers in various states and countries; teachers who have been trained in trauma-informed practices).

With compassion satisfaction as a mitigating factor in the severity of burnout symptoms (Christian-Brandt et al., 2020), a study could measure the severity of symptoms when various components of compassion satisfaction exist. Additional studies could measure the effectiveness of different mitigation strategies such as medication, yoga, or counseling on compassion fatigue symptoms as experienced by teachers. Further quantitative studies could measure the effects of compassion fatigue on teacher effectiveness, teacher attendance, and teacher attrition. Further studies on boundary conditions are needed to explore the effects of varying levels of personal empathy and types or duration of traumatic exposure (Rauvola et al., 2019). More research is also needed to measure the differences between distressing events, recurrent episodes, or enduring conditions on teachers' physical, emotional, professional, and personal wellbeing (Rauvola et al., 2019).

Summary

This study focused on the compassion fatigue symptoms experienced by high school teachers due to their interactions with traumatized students during the COVID-19 pandemic. The research indicates that teachers experienced a high level of emotional symptoms and that many of them considered leaving their jobs due to their experience.

The study suggests that a reduction in teacher load, more cohesive emergency planning to provide support for students, and a stronger system of support for teachers would address the most pressing issues and improve the situations that exacerbated the compassion fatigue symptoms.

The most significant benefit of this study is providing a narrative account with details of the symptoms that teachers experienced due to the COVID-19 pandemic and its effects on their students. While compassion fatigue is a recognized issue for many helping professions, it is only recently becoming recognized as a factor for educators. This study should help to illuminate the symptoms of compassion fatigue in educators and create more awareness so school systems can provide supports with the ultimate goal of preventing teacher attrition and the accompanying negative effects on student learning.

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APPENDICES

Appendix A: Interview Questions

Randi Staggs

Dissertation Interview Questions 2022

How long have you been teaching?

Describe the relationship that you have with your students.

What specific concerns did you have about your students when you were operating under hybrid teaching during the COVID-19 pandemic?

How did your concern for your students affect you?

Physical: What physical stress-related symptoms did you experience during the pandemic and your hybrid learning experience? (Weight gain, weight loss, lack of sleep, upset stomach, headaches, etc.) How did your relationship with traumatized students affect your physical well-being?

Emotional: What stress-related emotional symptoms did you experience during the pandemic and your hybrid learning experience? (Crying, moodiness, panic attacks) How did your relationship with traumatized students affect your emotions?

Professional: Describe how your professional experience changed during the pandemic and hybrid learning experience? How did your relationship with traumatized students affect your professional experience?

Personal: How did the pandemic and hybrid learning experience affect your personal experiences with friends and family? How did your relationship with your traumatized students impact your personal life?

Mitigation strategies:

What techniques, strategies, or programs did you incorporate to alleviate your physical symptoms? How successful were they?

How did your experience change when school resumed full-time?

Appendix B: Professional Quality of Life Index (Stamm, 2005)

Professional Quality of Life Scale (ProQOL)

Compassion Satisfaction and Compassion Fatigue (ProQOL) Version 5 (2009)

When you teach people, you have direct contact with their lives. As you may have found, your compassion for those you teach can affect you in positive and negative ways. Below are some questions about your experiences, both positive and negative, as a teacher. 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 during the COVID-19 pandemic.

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 teach.
- ___ 3. I get satisfaction from being able to teach.
- ___ 4. I feel connected to others.
- ___ 5. I jump or am startled by unexpected sounds.
- ___ 6. I feel invigorated after working with those I teach.
- ___ 7. I find it difficult to separate my personal life from my life as a teacher.
- ___ 8. I am not as productive at work because I am losing sleep over the traumatic experiences of someone I teach.
- ___ 9. I think that I might have been affected by the traumatic stress of those I teach.
- ___ 10. I feel trapped by my job as a teacher.
- ___ 11. Because of my teaching, I have felt "on edge" about various things.
- ___ 12. I like my work as a teacher.
- ___ 13. I feel depressed because of the traumatic experiences of the people I teach.
- ___ 14. I feel as though I am experiencing the trauma of someone I have taught.
- ___ 15. I have beliefs that sustain me.
- ___ 16. I am pleased with how I am able to keep up with teaching 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 teacher.
- ___ 20. I have happy thoughts and feelings about those I teach and how I could help them.
- ___ 21. I feel overwhelmed because my teaching 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 the frightening experiences of the students I teach.
- ___ 24. I am proud of what I can do as a teacher.
- ___ 25. As a result of my teaching, I have intrusive, frightening thoughts.
- ___ 26. I feel "bogged down" by the system.
- ___ 27. I have thoughts that I am a "success" as a teacher.
- ___ 28. I can't recall important parts of my work with traumatized students.
- ___ 29. I am a very caring person.
- ___ 30. I am happy that I chose to do this work.

© B. Hudnall Stamm, 2009. Professional Quality of Life: Compassion Satisfaction and Fatigue Version 5 (ProQOL).
/www.isu.edu/~bhstamm or www.proqol.org. This test may be freely copied as long as (a) author is credited, (b) no changes are made, and (c) it is not sold.

Appendix C: Secondary Traumatic Stress Scale (Bride et al., 2004)

SECONDARY TRAUMATIC STRESS SCALE

The following is a list of statements made by persons who have been impacted by their work with traumatized clients. Read each statement then indicate how frequently the statement was true for you in the past seven (7) days by circling the corresponding number next to the statement.

NOTE: "Client" is used to indicate persons with whom you have been engaged in a helping relationship. You may substitute another noun that better represents your work such as consumer, patient, recipient, etc.

1=Never 2=Rarely 3=Sometimes 4=Often 5=Very Often

1. I felt emotionally numb
2. My heart started pounding when I thought about my work with clients
3. It seemed as if I was reliving the trauma(s) experienced by my client(s)
4. I had trouble sleeping
5. I felt discouraged about the future
6. Reminders of my work with clients upset me
7. I had little interest in being around others
8. I felt jumpy
9. I was less active than usual
10. I thought about my work with clients when I didn't intend to
11. I had trouble concentrating
12. I avoided people, places, or things that reminded me of my work with clients
13. I had disturbing dreams about my work with clients
14. I wanted to avoid working with some clients
15. I was easily annoyed
16. I expected something bad to happen
17. I noticed gaps in my memory about client sessions

Intrusion Subscale (add items 2, 3, 6, 10, 13) Intrusion Score _____

Avoidance Subscale (add items 1, 5, 7, 9, 12, 14, 17) Avoidance Score _____

Arousal Subscale (add items 4, 8, 11, 15, 16) Arousal Score _____

TOTAL (add Intrusion, Arousal, and Avoidance Scores) Total Score _____

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VITA

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Teaching Experience: Associate Principal, Nashville School of the Arts; Nashville,
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Teacher, Southside Elementary School; Lebanon, Tennessee,
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Teacher, Wilson Central High School; Lebanon, Tennessee,
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Teacher, Wilson County Virtual School; Lebanon, Tennessee,
2002-2004 (part-time)
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- Other Job Experience: Ghost Writer, BKA Content, 2021-present
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Technical Writer, Tanner Corporate Services; Nashville
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National Summer Conference, 2002
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