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Compassion Fatigue Among Special Educators A Scoping Review

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Systematic Review

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Abstract

Sustainable Development Goal-4 emphasizes the need for inclusive and equitable quality education for children with disabilities by 2030. However, persistent shortage of qualified special and inclusive educators continue to hinder this goal. Simultaneously, the increasing global prevalence of neurodevelopmental disorders has increased the demand for special educators. While global literature has extensively explored organizational barriers, there remains a critical need for deeper inquiry into the personal and psychological factors impacting the professional quality of life among special educators. Compassion fatigue (CF), defined as psychological distress resulting from sustained exposure to others' suffering or trauma, is one such plausible explanation contributing to the growing attrition seen in this field. A synthesized scoping review is necessary to consolidate the current findings, identify knowledge gaps, and guide future research. This scoping review was conducted following Arksey and O'Malley's methodological framework, supported by the Joanna Briggs Institute (JBI) checklist for critical appraisal, and reported in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) guidelines. The protocol was prospectively registered in the Open Science Framework (OSF). Thirty-seven peer-reviewed full-text articles published in English between 1995 and 2025 that investigated compassion fatigue among special educators were included. Literature searches were conducted using four databases: Google Scholar, PsycINFO, PubMed, and Scopus. The evidence indicates a high prevalence of CF among special educators and allied helping professionals. Samples were predominantly female and comprised individuals with less than 10 years of professional experience. High workload demands, excessive caseloads, extended client contact hours, and multifaceted responsibilities emerged as predictors of elevated CF. Conversely, organizational support, self-efficacy and psychological flexibility demonstrated protective effects against high CF. Targeted strategies should be implemented to mitigate risk factors associated with compassion fatigue (CF) and to strengthen protective factors among special educators.

Introduction

Disability, defined by the World Health Organization (2000) as an impairment, limitation, or restriction arising from health conditions or environmental factors, continues to affect millions of children worldwide. Recent estimates suggest that over 10.1% of children aged 0–17 years live with moderate-to-severe disabilities, with South Asia alone accounting for 27.3% of this population, reflecting a substantial regional burden (Olusanya et al., 2022). The growing prevalence of neurodevelopmental conditions has further intensified the demand for inclusive education systems (Olusanya et al., 2018). In response, the United Nations' Sustainable Development Goals-4 (SDGs) emphasize social inclusion as a critical agenda for 2030, advocating strategies to enhance school preparedness for children with disabilities (Olusanya et al., 2023). However, achieving this vision is constrained by a persistent global shortage of special educators, especially those supporting children with emotional and behavioural challenges (Katsiyannis et al., 2003; Harper et al., 2022). These professionals, equipped with relevant education and specialised training, provide direct support to children with special needs (CWSN). However, they face disproportionately high attrition rates, 46% higher than general education teachers (Carver-Thomas et al., 2024), and nearly double those in mainstream settings (Sullivan & Skelcher, 2017). While retirement (18%) and involuntary exits (14%) are contributing factors, a significant majority (67%) of special educators leave the profession voluntarily, urging to address the underlying causes (Carver-Thomas et al., 2024).

The responsibilities of special educators are demanding and multifaceted, involving not only pedagogical instruction but also the management of behavioural and disability-specific challenges (Holzner & Gaunt, 2023; Olagunju et al., 2021). Their professional experiences often mirror those of helping professionals, with elevated levels of stress arising from continuous caregiving roles and exposure to students' trauma (Koenig et al., 2017). Although prior research has explored various environmental factors, such as instructional approaches and student–teacher relationships (Kauffman et al., 2018; Nilsen, 2017), limited attention has been paid to individual factors, such as CF and satisfaction. This scoping review seeks to consolidate global research on the professional quality of life of special educators, drawing from diverse empirical investigations to offer a comprehensive synthesis.

Compassion fatigue (CF), originally conceptualised by Joinson (1992) in the context of nursing and later expanded by Figley (1995), refers to the physical, emotional, and psychological depletion resulting from sustained exposure to others' trauma and suffering. As caregiving professionals, special educators are not immune to such experiences. Many enter the profession with deeply held aspirations of creating social impact, only to be confronted by persistent systemic inequities, abuse, and the trauma endured by their students. The resulting dissonance between professional ideals and lived realities can gradually erode their sense of efficacy and belief in their ability to make a difference (Gallant & Riley, 2014; Middleton et al., 2021). Numerous studies have documented elevated CF levels among this population (Hoffman et al., 2007; Holzner & Gaunt, 2023; Xu et al., 2023; Gupta, 2020; Koenig et al., 2018), further reinforcing the need for a focused review of their professional quality of life.

Review Aim

The aim of this scoping review is to identify and synthesize the existing body of literature on compassion fatigue among special educators. By systematically mapping the current evidence, this review seeks to generate insights that can inform the development of effective interventions as well as the consideration of changes in current policies. This review will be guided by the following research question: What is currently known about compassion fatigue among special educators?

Methods

Protocol Registration

To ensure transparency, this review protocol was prospectively registered on the Open Science Framework (OSF) on July 24, 2025. This registration is publicly accessible at https://doi.org/10.17605/OSF.IO/CTHAB. Data collection began in July 2025 and ended in September 2025. Data analysis and manuscript preparation was conducted between October and November, 2025. This review was conducted using the scoping review framework proposed by

Arksey and O'Malley (2005), which provides a structured and systematic approach to mapping existing literature. This framework is particularly appropriate for broad research topics with the aim of identifying key concepts, clarifying definitions, and exploring gaps in the field. The review also adhered to the PRISMA-ScR (Preferred Reporting Items for Systematic Reviews and Meta-Analyses Extension for Scoping Reviews) guidelines to ensure transparency and methodological rigour in reporting (Tricco et al., 2018). Arksey and O'Malley's framework outlines five key stages that are followed in this review:

Stage I- Identifying the research question

This review explores the scope and extent to which CF has been globally studied among special educators. The research question guiding this review was developed collaboratively by the authors (N.K. and A.R.N.) and is presented in the section titled *Review Aim.*

Stage II- Searching for relevant studies

A three-step search strategy, as recommended by the Joanna Briggs Institute (JBI), was employed to identify the relevant literature. This includes:

1. An initial limited search of three databases (Scopus, Google Scholar, and PubMed) was performed to identify relevant keywords and index terms.
2. A preliminary search using all identified keywords and index terms and
3. A manual search of the reference lists to identify additional eligible studies.

Preliminary literature review

To identify the inclusion and exclusion criteria, a preliminary literature search was conducted using three electronic databases: Google Scholar, PubMed, and Scopus. The initial search used the term *'compassion fatigue'* and was limited to studies published between 1995 and 2025. Additional filters included "compassion fatigue" to be included in the title and article published in English. This yielded 4,800 results on Google Scholar, 115 on PubMed, and 131 on Scopus. These databases were selected based on their relevance to the subject matter and their provision of open access to scholarly literature. Insights from this initial search informed the construction of the search string, identification of relevant keywords and index terms, and overall search strategy, which was later refined in consultation with an experienced librarian (Table 1.).

Table 1
Search Strategy

Search strategy criteria	**Search strategy**
Databases	Google Scholar, PubMed, Scopus & PsychNFO
Language	English
Articles dated between	1995-December 2025
Geographic filter	None
Keywords	"compassion fatigue" OR "compassion satisfaction" AND "special educators" OR "special education teachers" OR "inclusive education" OR "disability education" OR "special needs education"
Inclusion Criteria	Population: The population of interest is special educators, who are trained professionals providing individualized educational support to children with special needs (CWSN).
	Concept: The key concept being studied is compassion fatigue.
	Context: The context of the study will be special education or inclusive education settings (special schools, inclusive schools, NGOs, etc)
Exclusion Criteria	Studies that don't meet the standards of PCC framework
	Studies published on compassion fatigue in other populations
	Studies published in languages other than English

Stage III- Selection of studies

All citations identified through the structured search strategy were collated and imported into Zotero reference and Covidence management software, where duplicates were removed. Titles and abstracts were then independently screened by two reviewers (N.K. & A.R.N) to assess their relevance based on predefined inclusion criteria. A list of excluded articles along with documented reasons for exclusion were maintained. Any disagreements between the two reviewers during the selection process were resolved through discussion or, if necessary, by consulting a third reviewer. The study selection process was reported using the PRISMA-ScR flow diagram (Tricco et al., 2018). Although critical appraisal is not mandatory for scoping reviews, an assessment of the methodological quality of the included studies was conducted in line with the Joanna Briggs Institute (JBI) methodology (Peters et al., 2020), as attached in supplementary (S 5. & S 6.). It did not influence the inclusion or exclusion of studies but supported a more informed interpretation of the findings. The appraisal results were summarized in tabular format.

Inclusion Criteria

The eligibility criteria for this review were framed using the population–concept–context (PCC) framework. The population of interest comprises of special or inclusive educators who provide support to children with physical and/or intellectual disabilities. The central concept explored in this review is CF, which refers to psychological distress and decreased professional well-being experienced by special educators as a consequence of sustained exposure to students' trauma or suffering. This context pertains specifically to special education or inclusive education settings.

Exclusion Criteria

Studies were excluded if they examined related but distinct constructs, such as burnout or secondary traumatic stress in isolation, without situating them within the broader framework of CF. In addition, non-empirical works such as editorials, letters to the editors, commentaries, and opinion pieces were excluded. Unpublished graduate theses or master's dissertations available in academic repositories were also omitted. Finally, studies that addressed educators in general, without clearly identifying special educators as distinct subgroups, were also excluded from the final selection.

Stage IV-Data extraction

The following information was extracted from each included study: (a) title; (b) author(s) and year of publication; (c) characteristics of the study population; (d) study design and methodology; (e) assessment tools used; (f) any interventions reported; and (g) key findings. The extracted data were systematically recorded using Microsoft Excel.

Stage V-Collating, summarizing and reporting the results

The final stage of the review involved synthesizing and reporting the findings in a structured and meaningful manner. Descriptive summary tables have been provided to present key details from the included studies, offering readers a visual overview of the literature. The overall reporting of the scoping review was guided by the PRISMA-ScR checklist (Tricco et al., 2018), ensuring best practice standards in evidence synthesis.

Patient and public involvement

There was no patient or public involvement in the design, conduct, or reporting of this scoping review, as the study is based entirely on secondary data derived from the previously published literature.

Ethical considerations

As the present scoping review did not involve human or animal participants, ethical clearance was not required. The data used in this review were sourced exclusively from published and publicly available studies.

Data statement

No datasets were generated or analyzed for this scoping review. However, supplementary materials, including the review protocol, data extraction forms, and a list of excluded studies with reasons for exclusion, have been made publicly available via the Open Science Framework (OSF) (https://doi.org/10.17605/OSF.IO/CTHAB.

Results

Study selection

A total of 347 records were identified through four databases (Google Scholar, PsycINFO, PubMed, and Scopus), supplemented by citation searching. After removing 113 duplicates using Zotero and Covidence, 234 records remained for title and abstract screening. Following this stage, 71 records were excluded, and 163 full texts were assessed for eligibility. Based on the predefined inclusion criteria, 128 studies were excluded for the reasons detailed in the PRISMA flowchart (Fig. 1.). Ultimately, 35 studies met the eligibility criteria and were included in the final review.

Geographical distribution of studies

As shown in (Fig. 2.) the majority of studies were conducted in the United States and a smaller portion from Canada. Europe represented the next major region, with research spanning Central Europe, Italy, Finland, Greece, and Denmark. A few studies were also identified from East Mediterranean countries, including Pakistan, Turkey, Israel, and Saudi Arabia, indicating emerging interest in this area. In contrast, very limited research was found from the South-East Asia and Western Pacific regions, highlighting a clear geographical gap in the literature on compassion fatigue among special educators. Table S 1. provides the geographical distribution of the included studies in the review in detail.

Study designs

The majority of quantitative studies included in this review employed cross-sectional quantitative designs (n = 21), with limited utilization of mixed methods (n = 3), quasi-experimental (n = 1), and longitudinal (n = 1) approaches, indicating a predominant reliance on cross-sectional methodologies. Notably, no intervention-based research targeting factors associated with compassion fatigue within this population was identified, highlighting a significant gap for future investigation.

Among the qualitative studies included in this review, the majority are review articles (n = 5) featuring narrative or topical inquiries into compassion fatigue among special educators, educators, or child protection workers. Case study methodologies are also frequently employed (n = 3). However, the authors identified only one qualitative phenomenological inquiry focused on this subject (n = 1).

Sample characteristics

Participant samples were predominantly female, frequently exceeding 80–90%, consistent with the gender distribution typical of special education and allied helping professions. Age ranges generally encompassed early adulthood through late middle age, with mean ages commonly reported between 30 and 45 years. Professional experience varied widely, although a considerable number of studies focused on early-career educators with fewer than five years of service.

Table 3
Demographic characteristics across quantitative studies

Study ID	Citation	Study design	Sample size	Demographic characteristics				
				Gender	Age	Ethnicity	Professional Experience	Other
001	(AmorArtiola, 2025)	Sequential mixed-method explanatory strategy	79	-	-	-	Years of counseling service: <5 years: 42% The majority have less than 5 years of experience.	Professional status: Majority are not registered guidance counselors. Counselor-student ratio: Nearly 50% handle > 751 students.
002	(Ezenwosu, et al., 2025)	Cross sectional study	780	-	-	-	-	Secondary school teachers, Anambra State
003	(Ghaffar & Amjad, 2025)	Cross sectional study	200	Not specified				
004	(Covington, 2025)	Cross sectional study	111	Majority were female (N = 103)				The majority of the participants worked at elementary school level (N = 48), and had a master's educational background (N = 66).
005	(Chen et al., 2023)	Cross sectional study	1,049	The sample consisted almost entirely of female participants (N = 1039)	Average age = 30.6 years	-	On average, participants had 9.4 years of teaching experience.	-
006	Ondrejková and Halamová (2022)	Cross sectional study	607	474 women, 133 men	Mean age: 37.9 years (SD = 11.2)	-	Majority with 0–10 years of experience	Client contact hours/week: Distributed across < 5 hours to > 41 hours.
007	Levkovich and Ricon (2020)	Cross sectional study	139	98.6% women	21–61 years (M = 42.3)	-	1–35 years (M = 15.47)	Counselling Experience: 1–32 years (M = 9.1)
008	Fleckman et al. (2022)	Parallel convergent mixed-methods design	264	Majority female (71% in Sample 1; 77% in Sample 2)	Mostly 23–34 years old	Predominantly White (60%) and Black/African American (30–34%)	Most were early-career teachers (77–92% with < 5 years experience)	-
009	Hupe and Stevenson (2019)	Cross sectional study	299	55.5% male	Mean = 34 years (SD = 8.91; Range = 19–72)	65% White, 11% African American, 19% Asian, 5% Other	-	-
010	Fu et al., 2022	Cross sectional study	496	78.2% female, 21.8% male	30–39 (34.6%)	88.9% Han nationality, 11.1% ethnic minorities	Teaching Experience: >10 years (48.9%)	Major: Special education (39.6%), General education (55.8%)
011	De Stasio et al. 2017	Cross sectional study	194	96.4% female	26–52 years (M = 40.4, SD = 5.29)	-	Teaching Experience: 1–30 years (M = 10.58, SD = 5.06)	Marital Status: 59.5% married, 33.0% single, 7.0% separated/divorced, 0.5% widowed Parental Status: 69% had children
012	Olagunju et al. (2021)	Cross sectional study	68	63% female	Mean age = 40 years	Most participants identified as Christian (82%) and belonged to the Yoruba	Participants reported a mean teaching experience of 10.8 years	Majority (81%) married, In terms of income, 41% earned more than ₦50,000 per month, while overall job

Study ID	Citation	Study design	Sample size	Demographic characteristics				
				Gender	Age	Ethnicity	Professional Experience	Other
						ethnic group (94%).	(SD = 6.15), worked an average of 7.7 hours per day, and received approximately 3.7 weeks of annual leave.	satisfaction was low, with only 29% reporting satisfaction.
013	Ervasti et al. (2011)	Retrospective register-based cohort study (multi-level).	2,291	72% women; 28% men	Mean Age: 46.7 years (SD = 9.8)	-	-	Employment Contract: 77% permanent; 23% fixed-term. Teacher Type: 91% general educators; 9% special educators
014	Steen (2019)	Cross sectional study	260	Gender: Not specified in detail but broader district composition showed more female (4,050) than male (1,070).	-	White: 4,480; Black/African American: 132; Hispanic/Latino: 388; Asian: 35; American Indian/Alaska Native: 14; Native Hawaiian/Pacific Islander: 4; Two or More Races: 67	-	General Education Teachers: 100 Special Education Teachers: 160
015	Sutjiono et al. (2020)	Cross sectional study	260	Majority female.	Wide age range (20–60 years).	-	-	Special education teachers in formal educational settings.
016	Darawsheh et al. (2023)	Cross sectional study	171	Gender: Majority female (≈ 80%).				Teaching Duration: Varied from < 5 years to > 15 years; significantly associated with STS.
017	Foteini et al. (2020)	Cross sectional study	106	Gender: 45 males (42.5%), 61 females (57.5%) (5.7%)	Age groups: 20–30 (41.5%), 31–40 (26.4%), 41–50 (26.4%), 51+	-	Years of service: 1–5 (56.6%)	Marital status: 54 married (50.9%), 52 unmarried (49.1%) Specialization: 88 (83%) had specialization, 18 (17%) did not
018	Bozgeyikli (2018)	Descriptive survey model	238	Gender: 55% women (n = 131), 45% men (n = 107)	-	Teachers working in Kayseri (Turkey)	-	Marital Status: 69.7% married (n = 166), 30.3% single (n = 72)
019	Vang et al. (2022)	Cross-sectional survey	545	-	-	-	-	Majority social workers (≈ 81%)
020	Holding et al. (2024)	Cross sectional study	251	Population: Disability support workers (79.7% frontline support; 20.3% managers/administrators).	Age: Most common groups 26–35 years (29.5%) and 46–55 years (27.5%)	Ethnicity: 79.7% Australian-European.	Tenure: ~46% employed 2–5 years.	-
021	Kendrick et al. (2025)	Three-year exploratory quantitative longitudinal study	4332	-	-	-	Years of service (categorical: 0–5, 6–10, 11–15, 16–20, 21+).	-

Study ID	Citation	Study design	Sample size	Demographic characteristics				
				Gender	Age	Ethnicity	Professional Experience	Other
022	Kendrick (2022)	Mixed methods; explanatory sequential design	5,428	Female: 85.4% (n = 4,290); Male: 13.7% (n = 686)	-	-	0–5 years: 21.0% (n = 1,057) 6–10 years: 21.5% (n = 1,082)	-
023	Donahoo et al. (2018)	Quasi-experimental pilot study, pretest–posttest (4–6 weeks), with group comparisons	67	-	Age Range: 25–65 years.	-	Years of Teaching Experience: 0–20 + years.	78% provided daily assistance with students' activities of daily living (ADLs). 81% provided daily assistance with student behavior needs. Student Population Served: Emotional disabilities (n = 18); Functional disabilities (n = 13); Learning disabilities (n = 11)
024	Pérez-Chacón et al. (2021)	Quantitative cross-sectional study	1,566;	Gender: 165 men (10.54%), 1,401 women (89.46%)	Age range: 22–70 years	Participants from all Spanish regions, mostly Catalonia, Madrid, Andalusia, Valencia, and Galicia.	-	Healthcare: 69 men (4.40%), 625 women (39.91%) Education: 96 men (6.14%), 776 women (49.55%)
025	(Conrad & Kellar-Guenther, 2006)	Cross sectional study	363	Gender: 89.8% female (n = 326)	Age: Mean = 36.5 years	-	-	-
026	Nnubia et al. (2022)	Cross sectional study	146	Gender: 87.7% female, 12.3% male	Age: Majority 40 years	-	Work experience: 44.5% < 5 years, 55.5% ≥ 5 years	Marital status: 67.1% married, 25.3% single, 7.5% widowed

Occupational characteristics

Table 3. provides the detailed description of the demographic characteristics recorded in each study included in the present review. Workload-related occupational characteristics, such as high student-to-counselor ratios, were not consistently reported across all studies; however, one study noted that nearly half of counselors managed caseloads exceeding 751 students (AmorArtiola, 2025). Extended client contact hours and prolonged work schedules were common, exemplified by an average of 7.7 working hours per day in one study. Professional experience among participants ranged widely, from early-career professionals with less than five years to veterans with over 30 years of service, though average tenure typically spanned 9 to 15 years.

Special educators often engaged in intensive caregiving tasks, including assistance with activities of daily living (ADLs), behavioral management, mobility support, and emotional regulation, reflecting substantial emotional labor demands. Participants predominantly held master's degrees, worked across elementary and secondary education levels, and frequently possessed specialized training in special education. The workforce comprised both educators in formal school settings and frontline disability support workers, with a smaller subset occupying managerial or administrative positions. Teaching populations and service environments were diverse, encompassing students with emotional, functional, learning, physical, and intellectual disabilities, as well as inclusive and multidisciplinary educational contexts.

Indicators of occupational strain were evident, including low job satisfaction, fixed-term contracts, limited annual leave, and significant behavioral support responsibilities. Collectively, these findings illustrate that compassion fatigue research has predominantly targeted professionals operating in emotionally intensive, high-demand educational and caregiving settings characterized by substantial interpersonal engagement, heavy workload pressures, and ongoing exposure to complex student support needs.

Quantitative findings

A majority of quantitative investigations report moderate to high prevalence rates of compassion fatigue within their samples (S 2.). For example, Artiola (2025) documented that approximately 76% of participants exhibited moderate burnout, 14% experienced severe burnout, and 78% reported elevated levels of secondary traumatic stress (STS). Consistent with these findings, Darawsheh et al. (2023) identified that 77% of their cohort experienced moderate to high

burnout, with 72% concurrently reporting moderate to high STS levels. Nnubia et al. (2022) further corroborated this trend, observing that over 95% of participants fell within similar ranges for burnout and compassion fatigue. Kendrick (2022) reported that 54.3% of participants struggled with compassion fatigue, with nearly 90% exhibiting significant burnout symptoms. Moreover, Kendrick's longitudinal study (2025) revealed a decline in compassion satisfaction over three years, alongside an increase in compassion fatigue from 13.6% to 22.7%. Utilizing latent class analysis, Vang et al. (2022) stratified participants into three risk categories: a high-risk secondary traumatization group (3.8%), a prodromal moderate-risk group (28.6%), and a low-risk group (67.5%). In contrast, Levkovich and Ricon (2020) and Foteini et al. (2020) reported moderate compassion fatigue, low burnout, and high compassion satisfaction among their samples. Collectively, the evidence indicates a pervasive presence of moderate to high compassion fatigue among special educators, though variations in compassion satisfaction warrant careful consideration of individual and institutional protective factors influencing these outcomes.

Most studies employing Stamm's (2010) Professional Quality of Life (ProQoL) scale have consistently reported strong correlations between burnout and secondary traumatic stress (STS) [Ondrejková and Halamová (2022); Foteini et al. (2020)]. Additionally, Ghaffar and Amjad (2025) demonstrated that both burnout and STS significantly predicted emotional dysregulation within their sample. Levkovich and Ricon (2020) further identified perceived stress as a positive predictor of compassion fatigue among their participants. While the traditional ProQoL dimensions remain robust indicators of compassion fatigue and its subcomponents, Fleckman et al. (2022) contended that individual and contextual variables such as intrusive thoughts, anxiety, and sleep disturbances serve as salient predictors of compassion fatigue and psychological distress in special educators. They advocate for research approaches that extend beyond conventional ProQoL measures to capture a more comprehensive understanding of compassion fatigue in this population.

Qualitative findings

Across the nine qualitative studies (S 3.), a consistent theme emerges wherein special educators characterize their work as emotionally taxing, with trauma exposure, behavioral challenges presented by students, and prolonged caregiving identified as primary contributors to compassion fatigue. Kanmani (2022) highlights that special educators frequently allocate substantial additional time and effort to developing individualized educational plans (IEPs) for learners with diverse and mixed abilities, often without sufficient organizational support. Both Ziaian-Ghafari (2019) and (Tepper & Palladino, 2007) delineate burnout as a construct distinct from compassion fatigue: burnout arises primarily from occupational barriers culminating in physical and mental exhaustion, whereas compassion fatigue encompasses a deeper emotional labor component, including trauma exposure, which undermines professional efficacy and diminishes compassion in care provision.(Tepper & Palladino, 2007) further identifies student aggression as a critical factor exacerbating the reduction in compassion among special educators. A salient finding across these studies is the influential role of organizational factors in fostering compassion fatigue. Excessive workload (Davis, 2011), administrative responsibilities (Sawatske, 2024), school leadership dynamics (Davis, 2011), restricted personal autonomy (Hoffman, 2007), and insufficient social support (Paterson, 2021) emerge as significant organizational contributors to the development of compassion fatigue within this population.

Investigating factors that contribute to compassion fatigue among special educators is crucial; however, it is equally imperative to elucidate the protective elements that enable these professionals to sustain caregiving and remain committed to their roles. Hoffman (2007) and Paterson (2021) identified coworker support and strong emotional bonds with students as significant protective factors mitigating voluntary attrition in this field. Beyond peer support and a collaborative workplace culture, (Davis & Palladino, 2011) and Ziaian-Ghafari (2019) emphasized the role of professional recognition and opportunities for career development in fostering retention among special educators. Additionally, Tepper (2007) and Kanmani (2022) argued that targeted teacher training in managing challenging classroom behaviors enhances teacher preparedness and may serve as a preventive mechanism against the detrimental effects of compassion fatigue.

Discussion

The present scoping review provides a comprehensive synthesis of global evidence on compassion fatigue (CF) among special educators. Drawing on 35 studies across diverse geographic and professional contexts, the findings emphasize that CF is a pervasive and escalating concern within special education systems worldwide.

Revisiting the dual nature of CF

Special educators' responsibilities extend far beyond conventional instructional roles, encompassing significant emotional caregiving for diverse learners, including those with complex emotional and behavioral challenges. Quantitative research consistently reports moderate to high levels of compassion fatigue (CF) within this group, attributing these elevated rates primarily to the emotional labor involved, repeated exposure to student trauma, and overwhelming workloads (Artiola, 2025; Kendrick et al., 2025; Holding et al., 2024; Conrad & Kellar-Guenther, 2006; Ondrejková & Halamová, 2022). Complementary qualitative studies further elucidate that caregiving demands, student crises, insufficient institutional support, managing challenging classroom behaviors, and scarce resources are critical contributors to CF among special educators (Sawatske, 2024; (Tepper & Palladino, 2007; Davis, 2011). Moreover, there is growing evidence that educators are increasingly assuming counseling roles without formal training, further compounding the emotional strain they experience (Kendrick, 2022; Hupe & Stevenson, 2019). The main argument highlights that occupational stress alone does not cause Compassion Fatigue (CF). Instead, CF arises primarily from indirect exposure to trauma and sustained empathetic engagement with distressed students or clients (Sinclair et al., 2017; Cocker & Joss, 2016). This distinction emphasizes that CF encompasses emotional and moral dimensions, which negatively impact the quality of compassionate care provided. Unlike burnout, which is characterized by depersonalization and reduced personal accomplishment, CF specifically involves a decline in the caregiver's emotional and moral capacity to maintain compassionate interactions. Several significant studies have reported moderate to high levels of compassion satisfaction co-occurring with burnout and compassion fatigue, indicating that emotional caregiving can simultaneously serve as a source of professional distress and meaningful engagement (Covington, 2025; Levkovich & Ricon, 2020; Foteini et al., 2020; Pérez-Chacón et al., 2021). This finding is noteworthy because most empirical studies employing the ProQoL measure by Stamm (2010) have traditionally treated compassion fatigue and

compassion satisfaction as mutually exclusive constructs. However, recent trends among emergency nurses and within clinical settings reveal that individuals facing substantial occupational and systemic barriers report high levels of compassion satisfaction, suggesting a potential interrelation between these concepts (Craig & Sprang, 2010; Thornton, 2017; Yu et al., 2021). This implies the necessity for a more comprehensive measurement approach that does not examine these concepts in isolation but rather acknowledges their interdependence and accords equal importance to other environmental factors that have been shown to mediate compassion fatigue in these caregiving populations.

Risk factors

The occupational risk factors identified in the included studies of the present review are discussed in detail in the results section. These same risk factors have also been documented in previous literature on compassion fatigue across various populations, including nurses, therapists, and other helping professionals, indicating that these trends are not unique to special education but are observed more broadly across caregiving professions. The occupational characteristics discussed in the results section highlight several risk factors consistently identified across studies in this review, regardless of the study population. These include age, gender, marital status (Camacho, 2024), prior trauma history (El-bar et al., 2013), and poor sleep quality (Ganeti et al., 2025). Notably, early-career educators are frequently reported as particularly vulnerable to burnout and compassion fatigue (Foteini et al., 2020; Hoffman, 2007; Olagunju et al., 2021), with qualitative accounts emphasizing experiences of overwhelm and reduced classroom control during this stage (Hoffman, 2007). In contrast, Kendrick et al. (2025) identify mid-career educators as exhibiting the highest levels of compassion fatigue. Similarly, Ziaian-Ghafari (2019) associates prolonged student interactions and chronic workload pressures with cumulative exhaustion. However, this relationship is not uniformly supported; Artiola (2025), Levkovich and Ricon (2020), and Steen (2019) report no significant differences in compassion fatigue across career stages or professional roles. Prior research also reveals mixed findings regarding the influence of years of experience on compassion fatigue (Haque, 2025; Ganeti et al., 2025), suggesting that factors such as teacher preparedness and training may play a more critical role than tenure alone. This uncertainty highlights the need for further research to better understand the extent to which professional experience and professional development each help reduce compassion fatigue among educators.

Protective role of compassion satisfaction and psychological resources

One of the most consistently reported protective constructs was compassion satisfaction, defined as the sense of fulfillment, purpose, and professional meaning derived from helping others. Multiple studies demonstrated that higher compassion satisfaction was associated with lower burnout, reduced emotional exhaustion, and lower compassion fatigue (Covington, 2025; Conrad & Kellar-Guenther, 2006; Pérez-Chacón et al., 2021; Steen, 2019). Qualitative findings further supported this interpretation, with educators describing strong emotional bonds with students, strong professional identity, and a sense of meaning as factors sustaining commitment despite chronic stress exposure (Sawatske, 2024; Hoffman, 2007; Paterson, 2021). Several individual psychological resources also emerged as important protective factors within the reviewed literature. Self-compassion was repeatedly associated with lower compassion fatigue and burnout, with Ondrejková and Halamová (2022) reporting that lower self-compassion and higher self-criticism were strongly associated with elevated compassion fatigue. Similarly, Kariuk (2018), Scott et al. (2024) & Ezenwosu et al. (2025) identified self-compassion and self-care practices as significant predictors of compassionate engagement in disability-related teaching contexts. Religious/ faith related practices were also found to buffer against negative effects of CF (Newmeyer et al., 2014; Scott et al., 2024).Optimism was another protective variable, with Levkovich and Ricon (2020) demonstrating inverse associations between optimism, emotional distress, burnout, and STS. Psychological flexibility also appeared to buffer occupational stress, as Holding et al. (2024) found that flexibility negatively correlated with burnout and compassion fatigue while positively predicting compassion satisfaction. Teacher happiness, self-esteem, and job satisfaction additionally emerged as protective factors against student-related emotional exhaustion (De Stasio et al., 2017).

Social support plays a critical role in reducing turnover intentions and enhancing professional wellbeing among special educators (Fu et al., 2022). Both organizational and relational supports are vital in mitigating the adverse effects of compassion fatigue. Qualitative research highlights how peer support, collaborative workplace cultures, supportive leadership, and professional recognition helps in fostering resilience against compassion fatigue (Paterson, 2021; Ziaian-Ghafari, 2019; Davis, 2011). Additionally, supportive school environments and positive collegial relationships contribute significantly to sustaining professional wellbeing (Sawatske, 2024). Effective teacher training, and manageable workloads have also been identified as essential factors in maintaining compassion satisfaction (Kariuki, 2018; Schwanz & Paiva-Salisbury, 2022; Scott et al., 2024; Ye et al., 2024). Beyond the workplace, support from friends, family, and broader social networks further alleviates compassion fatigue (Bourassa, 2012; Adiningsih & Abidin, 2021).

Caregiving as a gendered occupational experience

Caregiving has been socially constructed as a role predominantly associated with women (Joseph et al., 2024). The present scoping review identifies a disproportionate gender distribution in caregiving roles (Covington, 2025; Chen et al., 2023; Ondrejková and Halamová, 2022; Levkovich and Ricon, 2020; Fleckman et al., 2022; Fu et al., 2020; De Stasio et al., 2017; Olagunju et al., 2021; Ervasti et al., 2011; Darawsheh et al., 2023; Kendrick, 2022; Pérez-Chacón et al., 2021). This pattern aligns with previous literature on compassion fatigue across different populations, such as nursing and education, where women are similarly over represented. Furthermore, the literature suggests that women in caregiving professions often manage dual caregiving responsibilities by balancing professional caregiving roles alongside caregiving duties within the family, thereby increasing their overall emotional and physical burden (Ward-Griffin et al., 2011). Although findings regarding gender differences in compassion fatigue among special educators remain inconsistent, the predominance of female participants across studies may reflect broader societal expectations that position women as primary caregivers, expectations that frequently extend into professional caregiving roles as well.

Potential Implications

There is a growing need for qualified special educators to support children with special needs (CwDs), especially following the COVID-19 pandemic (WHO 2011; UNESCO 2019).At the same time, the profession continues to experience high attrition rates, with many educators leaving voluntarily (Billingsley, 2004; Sari, 2022). Research has shown that teacher burnout is often linked to work-related stressors such as lack of administrative support, low pay, and heavy caseloads (Brunsting et al., 2014; Eddy et al., 2020). While CF has been widely studied in healthcare and emergency fields (Figley, 1995; Bride, 2007), its impact on special educators remains under-researched.The present scoping review sought to address this gap by systematically identifying and synthesizing the available literature on compassion fatigue among special educators. To the authors' knowledge, this is one of the first comprehensive efforts to map research on this topic. The review highlighted both quantitative and qualitative findings on the role of CF in this group. It also identified risk and protective factors related to CF, and examined how demographic variables influence CF among special educators. In addition, the review brought together recommendations proposed in included studies, including reflective supervision (Caringi et al., 2015), trauma-informed professional development (Stanley et al., 2024), and educator well-being initiatives (Nnubia et al., 2022), offering useful implications for practice and intervention planning. Another important contribution of the review is its role in clarifying the conceptual understanding of compassion fatigue within special education. The findings suggest that CF and CS may not function as entirely separate or mutually exclusive constructs, but rather as related experiences that can coexist. Finally, by mapping the geographical distribution of existing studies, the review highlights important regional gaps in the literature and identifies areas where further research is needed.

Strengths and limitations

This scoping review has several strengths that add to the rigor and credibility of the findings. First, the review followed a systematic and transparent methodological process guided by the widely used Arksey and O'Malley framework for scoping reviews. Adherence to the PRISMA-ScR guidelines also helped ensure clear and comprehensive reporting throughout the review process, improving transparency and reproducibility. In addition, the review protocol was prospectively registered with the Open Science Framework (OSF), which enhanced accountability and reduced the possibility of methodological bias. Another important strength was the critical appraisal of all included studies using the JBI checklist (S 5. & S 6.), allowing the authors to evaluate the quality of the available evidence and strengthen the overall interpretation of findings.

Nonetheless, the review was subject to certain limitations that should be acknowledged. Firstly, the inclusion criterion restricting studies to those published in English may have led to the exclusion of relevant research available in other languages. Secondly, the focus on published, peer-reviewed literature excluded grey literature such as graduate theses, dissertations, and unpublished reports. This exclusion may have omitted valuable insights and emerging evidence that had not yet undergone formal publication. Despite these constraints, the review remained a critical foundational resource, effectively mapping existing knowledge and highlighting significant gaps. It provided a structured overview that guided and informed future empirical research, encouraging further exploration and deeper investigation into the identified areas of interest.

Conclusion

The present scoping review systematically mapped the existing global evidence on compassion fatigue (CF) among special educators and allied helping professionals. Guided by the Arksey and O'Malley framework for scoping reviews, four databases were systematically searched to identify empirical studies related to CF. Of the 347 records initially identified, 35 studies met the inclusion criteria and were included in the final review following the PRISMA-ScR guidelines (Tricco et al., 2018). The methodological quality of the included studies was also critically appraised using the JBI checklist (S 5. & S 6.).

The findings of the review contributed to a clearer understanding of CF within the field of special education and helped distinguish it from related constructs such as burnout. The review identified several factors associated with higher levels of compassion fatigue, including younger age, excessive workload, lack of administrative and leadership support, challenging classroom behaviours, and repeated exposure to students' traumatic experiences. At the same time, protective factors such as self-compassion, self-care practices, optimism, supportive relationships with family and peers, and meaningful emotional connections with students were found to promote compassion satisfaction (CS).

The review further highlighted that early-career professionals and women may be particularly vulnerable to compassion fatigue. In addition, by mapping the geographical distribution of existing research, the review identified important regional gaps in the literature, particularly in underrepresented settings. Overall, the findings of this review provide valuable directions for future research, intervention development, professional training, and policy initiatives aimed at supporting the well-being and retention of special educators.

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Declarations

Author Contributions

N.K. conceptualized the scoping review protocol and prepared the initial draft of the manuscript under the supervision of A.R.N. Both N.K. and A.R.N. critically reviewed the content, developed the research question, and collaboratively defined the detailed methodology. All authors reviewed and approved the final version of the manuscript.

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Conflict of Interest

The authors declare no conflict of interest in the preparation of this review.

Data Availability Statement

Not applicable.

Ethics Approval and Consent to Participate

Not applicable.

Patient and Public Involvement

There was no patient or public involvement in the design, conduct, or reporting of this scoping review.

Consent for Publication

Not applicable.

Clinical Trial Number

Not applicable, as this study is a scoping review of existing literature rather than a primary clinical trial. Consequently, no clinical trial registration was sought or obtained for this research.

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Figures

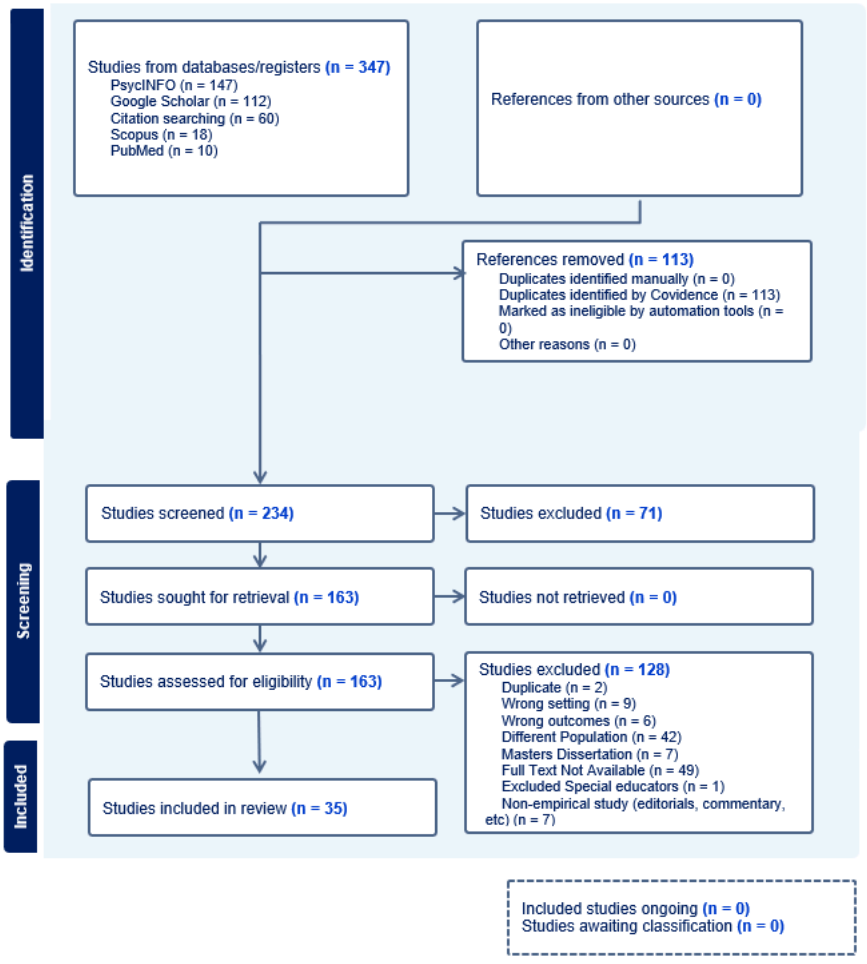


Figure 1

PRISMA-ScR

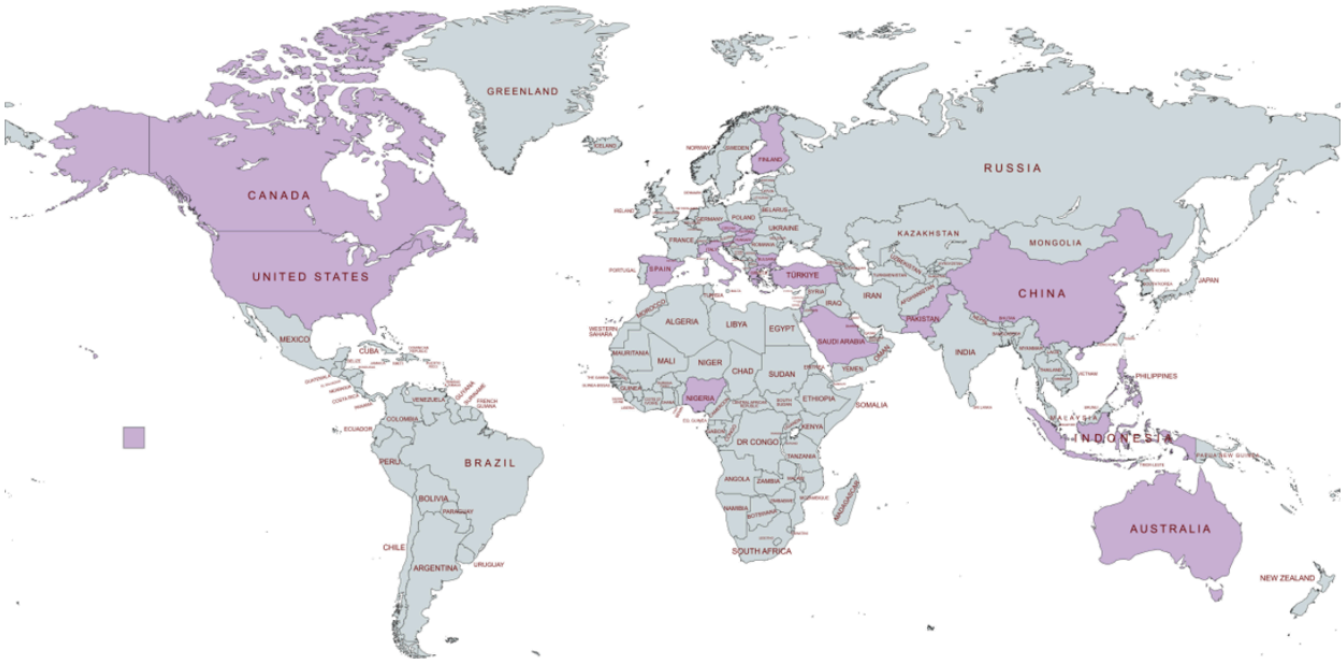


Figure 2

Geographical distribution of included studies in review

Supplementary Files

This is a list of supplementary files associated with this preprint. Click to download.

- PRISMA.docx
- ScopingReviewProtocol.docx
- Supplementary.docx
- JBICriticalAppraisal.docx