

“Dealing with Stress and Burnout of Working Parents Having Children with Special Needs”

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Abstract

Stress is the emotional and physical strain caused by our response to pressure from the outside world. Common stress reactions include tension, irritability, inability to concentrate, and a variety of physical symptoms that include headache and a fast heartbeat. This article presents the impact of stress both positive and negative aspects of mental well-being. As a positive influence, stress can help in compelling us to action; it can result in a new awareness and an exciting new perspective. As a negative influence, it can result in feelings of mistrust, rejection, anger, and depression, which in turn can lead to health problems such as headache, upset stomach, rashes, ulcers, high blood pressure, heart disease, and stroke. With the death of a loved one, the birth of a child, a job promotion, or a new relationship, we experience stress as we readjust our lives. The article also presents co-opting strategies which can have an effect on psychological, social, and physiological aspects of an individual. Employee Assistance Programme. Employee Assistance Programme on regular basis is one of the mandatory requirements in this area.

Key words: Stress, Burnout, Parents, CWSNs

Parenting a child with special needs is a journey filled with unique challenges and rewards. However, the continuous demands can sometimes lead to burnout—a state of physical, emotional, and mental exhaustion. Burnout in parents of special children is a serious issue that needs attention and proactive strategies for prevention and management.

Recognizing Burnout: Signs and Symptoms

Emotional Stress- Parents of children with special needs often experience heightened emotional stress. This stress can stem from constant worry about their child’s future and well-being. Feelings of guilt or inadequacy may arise if they feel unable to meet all their child’s needs. Emotional exhaustion can manifest as irritability, sadness, or feelings of hopelessness.

Physical Exhaustion- The physical demands of caregiving can lead to significant fatigue. Managing daily care routines, attending numerous appointments, and handling therapies can be overwhelming. Many parents also face sleep deprivation due to their child’s sleep disturbances or night time needs.

Social Isolation- Caregiving can be an isolating experience. The time-consuming nature of caring for a child with special needs often limits social interactions. Parents may struggle to find others who understand their situation, leading to feelings of loneliness and isolation.

Financial Strain Raising- a child with special needs often comes with significant financial challenges. The costs of therapies, medical treatments, and special education can add up quickly. Additionally, one parent may need to stay home to provide care, resulting in a loss of income.

Impact on Mental Health Burnout can severely impact a parent's mental health, leading to anxiety, depression, and other mental health issues. The constant pressure and lack of respite can make it difficult to maintain a positive outlook.

Burnout is "an extreme type of role-specific alienation with a focus on feelings of meaninglessness, especially as this applies to one's ability to successfully reach students" (Wood, McCarthy 2000). It is a "Syndrome resulting from teachers' inability to protect themselves against threats to their self-esteem and well-being" (Haberman). The Scholars define teacher burnout as a condition caused by depersonalization, exhaustion and a diminished sense of accomplishment. One of the most down to earth definitions described teachers as no longer considering themselves professionals, rather just paid individuals.

The Synonyms are:

- suffer exhaustion
- be exhausted
- be used up, finished

Symptoms of teacher burnout include: anxiety and frustration, impaired performance, and ruptured interpersonal relationships at work and home. If anybody finds herself/himself dreading going to work in the morning? Easily annoyed or irritated by your co-workers? envious of individuals who are happy in their work? If you are regularly experiencing fatigue and low energy levels at your job? Easily bored with your job? Depressed on Sunday afternoons thinking about Monday and the coming week?

Burnout is the result of a long period of stress. Stress comes from the perception of a teacher that the resources available to deal with the stress are not adequate. In other words, the stressors (demands from the job) outweigh the resources available to deal with the demands. Example: "Teachers must face a classroom full of students every day, negotiate potentially stressful interactions with parents, administrators, counselors, and other teachers, contend with relatively low pay and shrinking school budgets, and ensure students meet increasingly strict standards of accountability."

One interesting aspect of teacher burnout is the thought that younger teachers are experiencing burnout due to lack of mentoring. It is the hope that guidance from a more experienced teacher will aid in the way prospective and novice teachers handle the stress of the job.

Preventing Teacher Burnout

Researchers point out that it is easier to prevent teacher burnout than it is to reverse it once teacher burnout has developed. Preventative measures can be taken at the organizational level (changes in school environment) or at the individual level (strengthen teachers' resources for resisting stress).

Interventions the school system can take to prevent teacher burnout:

- Offer professional development activities
- Stress management workshops
- Relaxation training
- Time management workshops

- Nutrition, exercise and coping skills training.
- Improve working conditions
- Classroom environment
- Salary issues
- Accommodate cultural differences
- Religious events/holidays

Evidence of effectiveness

Teachers who exhibit characteristics of being burned out are not effective in the classroom. They feel that they can no longer be responsible for the behavior or learning of the students in their classroom. Burned out teachers are not effective in the classroom because "burnouts who remain use significantly less task oriented behavior (i.e. less hands-on, active learning), and provide fewer positive reinforcements to their students (Koon, 1971).

In adjusting to different circumstances, stress will help or hinder us depending on how we react to it (*Subramaniam, 2010*). Basically burnout is a psychological syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment that can occur with individuals who work with other people in some capacity. The consequences of burnout are potentially very serious for workers, their clients, and the larger institution in which they interact.

The initial research on this syndrome involved interviews, surveys and field observations of employees in a wide variety of professions including health care, social services, mental health, criminal justice, and education (Jackson & Maslach, 1982). Some studies were also conducted to find out the stress level of parents of Persons with Disabilities (PwD) and professionals working with PwD and their parents. *Chaturvedi & Malhotra (1984)* investigated the perception and attitude of parents towards their mentally retarded child and they found that most parents had unrealistic hopes and expectations and their feelings of shame, guilt and self blame were predominant. Rejection, hostility, neglect of children and other negative attitudes were significantly more often seen in younger parents, urbanites and those with higher education. The negative attitudes were found to be more towards a child with additional psychiatric problems. The study conducted by *Rastogi (1984)* on parents of children with MR for their personality pattern with the help of Middle Sex Hospital Questionnaire (MSHQ), which was administered separately to mothers and fathers. Both the parents had obtained higher scores on the scale of anxiety, phobia and depression, however a higher degree of neurotic traits were noticed in mothers than the fathers. It was found that the removal of misconceptions about mental retardation brings positive change in attitude of parents and brings down their stress level (*Channabasavanna et.al., 1985*).

Sequeira et. al. (1990) studied a group of 55 mothers of male (N=30) and female (N=25) children with MR in the age group of 5-12 years with moderate (N=30) and severe (N=25) degree of retardation to assess the extent of the burden perceived and coping style utilized by the mothers in relation to and degree of retardation in their child. No significant difference in the perceived burden with reference to the sex of the child were found but significant differences were found by way of disruption of routine family activities, when degree of retardation was taken into account. Denial, rehearsal of outcome, finding a purpose and seeking emotional support were the commonly utilized coping styles found among mothers of children with MR. *Singh (1990)* investigated the insecurity and anxiety levels of mothers of children with MR and they found significant differences between the mothers of retarded and normal children. In the retarded group, between mothers of male and female children and those of high and low social economic status, significant differences were investigated. *Srivastava (1990)* conducted a study to find out the differences in frustration – aggression patterns of mothers of educated mentally retarded children and normal children. In their study, an Indian adaptation of Picture Frustration Study was administered on 50 mothers of educated mentally retarded and 50 mothers of normal offspring to measure their

reactions to frustrating situations. The results indicated that in the direction of aggression, mothers differed significantly on extra punitive (E) and impunitive (M) factors. Further the mothers of normal children and mothers of educable mentally retarded children differed in their frustration reactions. *Peshwaria & Menon (1991)* presented a rationale for working with families who have children with disabilities in India. They describe various types of parents and family involvement programs to reduce the stress level, which includes individual programmes, group activities, parent training programs, siblings group and self help groups. *Venkatesan & Vepuri (1992)* designed their study to elicit parental perceptions of adjustment towards their children with MR. They found that mother – respondents perceive more adjustment problems in their children than father respondents and associated variables like parental education and sex of the affected child do not appear as significant variables in the perceived adjustment status of MR adults.

Chandorkar & Chakraborty (2000) presented that the parents of mentally retarded children had a higher prevalence of psychological morbidity than the parents of normal children. The most common psychiatric disorder was dysthymid followed by generalized anxiety disorder and moderate depression. *Maslach, Schaufeli, & lieter, (2001)* presented that Burnout may occur in any job, but it is a special problem in emotionally demanding helping professions, such as nursing, teaching, social work, childcare, counseling or police work. Often the most idealistic and caring workers are the ones who burn out. As somebody says, “You have to be on fire to burn out”. *Basu, Mitra and Bhattacharya (2004)* conducted an interview with 80 mothers of children with mild mental retardation and concluded that the mothers must develop inner strength, mostly from formal and informal social support to deal effectively with the stressful situation. The study conducted by *Kumar et al. (2004)* to find out maternal expressed emotions for children with mental retardation revealed expressed emotions to be significantly more among the mothers of children with mental retardation. The findings also suggested that emotional over involvement and hostility was found more among mothers of children with mental retardation.

Burnout is a real term used in psychology to express a syndrome in which a person who works, often in a high demand job, suddenly becomes disillusioned, exhausted and disinterested in work. Work performance suffers, the individual with burnout may seem withdrawn, and some people, feeling that there’s no recovery from the condition, leave careers at which they’ve been very successful, or behave in ways that cause them to get fired. In other words burnout means –a condition that evolves slowly over a period of prolonged stress, wearing down and wearing out of energy, exhaustion born of excessive demands which may be self-imposed or externally imposed by families, jobs, friends, value systems or society which depletes one's energy, coping mechanism and internal resources, a feelings state which is accompanied by an overload of stress and which eventually impacts one's motivation, attitudes and behaviors.

Research has revealed that psychiatric morbidity (depression, anxiety, experiencing high levels of stress) are common among mothers of mentally disabled children. Studies from different countries on parents of children with disabilities suggested that 35-53% of mothers of children with disabilities have symptoms of depression. Burnout is a psychological term for the experience of long-term exhaustion and diminished interest. Research indicates general practitioners have the highest proportion of burnout cases (according to a recent Dutch study in *Psychological Reports*, no less than 40% of these experienced high levels of burnout). Burnout is not a recognized disorder in the DSM although it is recognized in the ICD-10-as "Problems related to life-management difficulty".

The well-studied measurement of burnout in the literature is the *Maslach Burnout Inventory*. *Maslach* and her colleague Jackson first identified the construct "burnout" in the 1970s, and developed a measure that weighs the effects of emotional exhaustion and reduced sense of personal accomplishment. This indicator has become the standard tool for measuring burnout in research on the syndrome. The *Maslach Burnout Inventory* uses a three dimensional description of exhaustion, cynicism and inefficacy. Some researchers and practitioners have argued for an "exhaustion only" model that sees that symptom as the hallmark of burnout. Many theories of burnout include negative outcomes related to burnout,

including job function (performance, output, etc.), health related outcomes (increases in stress hormones, coronary heart disease, circulatory issues) and mental health problems (depression, etc.).

The commonly held attitude is that having a child with Intellectual Disabilities is traumatic. Most of the mothers of children with ID experience feelings of confusion, shock, disbelief, guilt, bitterness and envy. Although most mothers suspect that something is wrong with their child and even have tangible proof of the fact, many of them are afraid to face the truth.

When mothers are informed that their child has intellectual disabilities, they are terribly shocked. The blow is really hard. They disbelieve the doctor and hope he may be wrong. They even try to convince him that there is nothing wrong with their child, that he is just not understood. They try to convince themselves that they have known other children who had been similar to their child in nearly childhood but who later grew to be normal. This disbelief is bolstered up by relatives and friends. It is because of this refusal to accept the doctor's verdict that they look for someone who will tell them that the child is normal and that even though he shows certain signs of retardation, he/she will grow out of it in the near future. Looking behind this disbelief is the realization that something is wrong with the child. Some studies are conducted to analyze the stress level of parents of persons with disabilities, but studies to analyze the stress level of mothers based on the above factors are limited in India.

Some of the important factors to handle burnout can be as follows:

a. Making distinction between job and personal life

Today, a host of sociological factors, such as poverty, child abuse, and single parent families, affect many school-age children. Consequently, teachers are faced with educating students who present a complex array of problems. Being able to show empathy for students and their problems without allowing those problems to consume you is critical. "Teachers who become closely involved and preoccupied with the personal and family problems of their students may increase their vulnerability to burnout" (Greer & Greer, 1992, p. 170). When you leave the classroom, do the mental work necessary to leave thoughts of your students in the work environment. If you need to share feelings or vent frustrations, set aside a time once or twice a week to discuss them with another teacher, friend, or significant other. When you discuss frustrations, try to find solutions to the stressful situation. Repeated discussion about your frustrations without any solution only heightens them.

b. Exercise Professional Discretion and Increase Your Autonomy

In bureaucracies, authority is "commonly expressed in rules, job descriptions, and work schedules" (Pines & Aronson, 1988, p. 109). Often the environment seems inflexible at first glance, but in reality the rules are frequently general and open to interpretation. Thus, evaluate each aspect of your job and determine changes to improve your environment that you can reasonably make. Focus your energy on those changes, and leave behind changes that are not within your control. Focusing on "the possible" increases your sense of power and control

c. Increase your efficacy

Teachers who have a heightened sense of efficacy, that is, confidence in their ability to teach and manage students, may be less vulnerable to stress because they perceive themselves as having the tools to do their jobs (Bandura, 1993). By keeping records of student progress, you can receive direct feedback on your efforts (Greer & Greer, 1992). Being able to observe student progress is essential, as it is likely to increase your sense of efficacy (Guskey, 1985) and thus reduce the stress you experience. Additionally, implementing best practices in your classroom can increase your sense of efficacy. When you implement best practices and see the resulting student progress, your sense of efficacy typically increases (Englert &

Tarrant, 1995; Guskey, 1985). Pareek (1983) developed and standardised the Organisational Role Stress. Scale (ORS Scale) to measure the above mentioned role stresses. He noted that until recently researches were done on three role stresses, namely, role ambiguity, role overload and role conflict. However, he found many other role stresses in organizations. The ORS scale is certainly one of the best instruments available today for measuring a wide variety of role stresses.

Burnout as a process cannot be separated from the environment in which it occurs. For burnout to be diminished in our environment, Freudenberg (1982) has suggested the following steps:

- 1) We must reflect on investing more capital in the training of employees and teaching measures to prevent and lessen burnout among all kinds, of helping professionals.
- 2) We must seriously begin to alert organisations to the human and psychic needs of their professional workforce, and that, by tending to human needs, their profits will not decrease.
- 3) We must increase employee communication and participation in the decision process.
- 4) We must consider more team approaches and less of the "every person for themselves" attitude in industry.
- 5) We must recognise that the Calvinist ethic of working hard is still determining our work lives.
- 6) We must realise that no amount of compassion, caring, helping, understanding, sensitivity, and therapy can act as an adequate substitute for the serious reconsideration that our social our work environments are promoting burnout.
- 7) We need to determine, through research, what factors that may promote burnout are inherent in an organisational climate. We also need to evolve legitimate prevention models.

Coping can have an effect on three kinds of outcome - psychological, social, and physiological. From a psychological perspective, coping can have an effect on the psychological morale (that is, the way one feels about oneself and one's life), emotional reaction, e.g., level of depression or anxiety, or the balance between positive trend and negative toned feeling (Bradburn, 1969), the incidence of psychiatric disorders and even performance. From a social perspective, one can measure its impact on functioning effectiveness, such as employability, community involvement, and sociability (Renne, 1974), the effectiveness of interpersonal relationship, or the degree to which useful social roles are filled. From a physiological perspective, outcome includes short-term consequences, such as the development and progression of a particular disease. Lazarus (1974) has emphasised the key role of cognitive processes in coping activity and the importance of coping in determining the quality intensity of emotional reactions to stress.

Murphy (1988) has suggested three different forms of stress management techniques which are as follows

- 1) Employee Assistance Programme: This programme refers to the provision of employee counselling services by an organisation. This method is increasingly common: McLeod (1985) estimated that in USA there are at least 800 companies offering this form of stress management technique.
- 2) Stress Management Training Programme: This programme refers to 36 training courses designed o provide employees with improved coping skills, including training in techniques such as meditation, biofeedback, muscle relaxation and stress inoculation. (Newton, 1992).
- 3) Stress Reduction/Intervention Programme: This programme is denoted by interventions designed to change the level or form of job stressors' experienced by, employees, usually through job design or work reform.

Conclusion

Burnout in parents of special children is a real and pressing issue. Recognizing the signs and taking proactive steps to manage stress can make a significant difference. Remember, it's okay to seek help and prioritize your well-being. By doing so, you'll be better equipped to provide the loving and effective care

your child needs. Your journey is challenging, but with the right support and strategies, you can navigate it with resilience and hope.

Deciding on the basis of previous studies is difficult, mainly because most studies rely on small samples, do not control for possible confounding variables, and do not take into account the combination of different vulnerabilities in some families.

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