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Compassion Fatigue and Self-care Strategies among Houseparents of Residential Care Facilities for Children

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ABSTRACT

Houseparents in residential care facilities for children should establish meaningful relationships and provide stability to rehabilitate the children under their care successfully. However, they often experience compassion fatigue leading to the loss of compassion if they do not adopt self-care strategies early. Thus, this study examined the level of compassion fatigue and the degree of coping strategies among the 20 house parents of different residential care children in Bacolod City. The standardized questionnaire used to gather data was subjected to validation and reliability tests to ensure contextualized validity. Results showed that, according to sex, the male houseparents showed a low level of compassion fatigue, whereas the female houseparents showed a moderate level of compassion fatigue. In terms of age, both groups showed a moderate level. In the degree of coping strategies, both males and females had a high degree of coping with compassion fatigue. The results also showed no significant relationship between the level of compassion fatigue and the degree of coping strategies when the respondents were grouped according to age and sex. These results suggest that regardless of the houseparents' age and sex, they feel compassion fatigue due to the distressed situation of the children under their care. Results likewise show that despite the coping strategies they employ, the eventual possibility of experiencing stress over the children's situations persists. Thus, the researchers recommend training and seminars to enhance the houseparents' self-care strategies.

Keywords

compassion fatigue, coping strategies, house parents, residential care facilities for children, Social Work, Bacolod City, correlational research

INTRODUCTION

Compassion fatigue was coined and first identified by Carla Joinson in the 1990s in a study concerning nurses assigned to an emergency unit who experienced work burnout. Irritability, dread of going to work, and the absence or shortage of happiness have been identified as behaviors experienced with compassion fatigue (McHolm, 2006). Moreover, chronic fatigue, as well as an aggravation of physical ailments, usually accompanies this condition.

Compassion fatigue is a condition of uneasiness

and being under pressure, brought about by either personal or collective traumas encountered by a person (Figley, 1995). When succumbing to compassion fatigue, feelings of vulnerability and uncertainty may surface and occur out of the blue. Figley (1995) further elaborated that caregivers gain these consequences after tending to others' needs. According to McHolm (2006), this type of fatigue results from the overwhelming degrees of energy and compassion a caregiver gives a client over long periods. Besides the prolonged care they give to others, they also feel fatigued because they do not experience any positive results, such as improvement and recovery from their ward or patient.

Compassion fatigue also may also be associated with a critical condition termed «psychic exhaustion,» the result that individuals tend to undergo due to various pain issues, such as emotional and physical, among others (Sabo, 2006). This phenomenon is associated with the "cost of caring," which refers to the resultant strain, tiredness, and changes over time (Boyle, 2011; Thomas & Wilson, 2004). A lingering uneasiness and anxiety with the trauma encountered by patients is an inherent part of its nature (Figley, 1995). Thus, an ongoing state of emotional restlessness is a characteristic of compassion fatigue.

In addition, compassion fatigue develops from compassion discomfort, compassion stress, and, finally, compassion fatigue. In this final stage, the energy that stems from concern subsequently produces the drive to show compassion and gradually beats the capacity to restore from this energy outflow. Thus, most often experienced by nurses and other healthcare professionals, it is possible to permanently alter a caregiver's ability to give compassionate care if the issue of compassion fatigue is not addressed in its earliest phase (Boyle, 2011).

Self-care is identified as the capacity of individuals, families, and communities to uphold and support health concerns, including avoiding diseases, maintaining good health, and coping with sickness and disability (World Health Organization, 2019). Furthermore, the extent of self-care involves health promotion and care to dependent individuals, self-treatment, disease prevention, and rehabilitation, among other things.

According to Hurst (2017), self-care includes anything people do to feel good about themselves. It is about being gentle to themselves as they would to other people. It is about the ways to feel good even when they need to face challenging situations. It also involves inviting self-compassion into their lives in a way that helps them prevent the possibility of compassion fatigue.

However, it is essential to remember that not everything that makes people feel good is equivalent to self-care. Unhealthy coping strategies like using illicit drugs, excessive alcohol consumption, "stress eating," and reckless behavior eventually result in self-destructive habits that disrupt wellness. The difference between unhealthy coping strategies and self-care activities is that the result is good to what we feel. Self-care has a long-term effect on our mind and body when applied correctly (Hurst, 2017).

One quality house parents must possess is the capacity to fully grasp their functions as professional custodians, the paraphernalia necessary for their job, and the assistance anticipated from other staff members (Norman, 1960). These professionals should also embody the roles of the direct care worker as a therapeutic counselor, teacher, manager, and "relationship builder."

Moreover, houseparents are considered generalists whose function in the treatment team is as significant as the social workers' and psychologists'. The demands of the direct care workers' responsibilities can lead to stress and compassion fatigue (Harrington & Honda, 1986).

In the Philippines, "houseparent" refers to the residential care staff responsible for providing basic

needs and well-balanced and organized activities that simulate a family-life-like structure and experience for children under their care (Department of Social Welfare and Development, 2007). Houseparents used to stay with the children for 24 hours, but this living condition has led to their over-exhaustion and high staff turnover.

In any residential care facility in the Philippines, the houseparents work under the Home Life Services Department of the residential care facility. They are primarily responsible for providing the children's daily living experiences that foster relationships with others, implementing house rules, giving children age-appropriate work assignments, teaching them personal care, and ensuring proper clothing, food, and nutrition (Department of Social Welfare and Development, 2012). They are also involved in the psychosocial activities of children, like accompanying them to their medical checkups and therapies. They also assist children with their educational needs, such as helping them with their school assignments and representing them in school. Thus, social workers and other residential staff, like teachers and medical personnel, rely on houseparents' feedback regarding the children's daily progress. Their observations serve as the social workers' guide to thoroughly assess a child's developmental growth under their care (Cometa-Lamberte, 2017).

This study is anchored to two theories, namely Selye's General Adaptation Syndrome and Orem's Self-Care Theory. According to Selye (1951), a three-stage reaction occurs in all stress, and this three-stage make up the General Adaptation Syndrome. In stage one, called "The Alarm Stage", the body recognizes a stressor and immediately prepares for flight or fight. Stress stimulates releasing various endocrine glands hormones that cause an increase in heart rate and respiration, elevation of blood sugar, increased perspiration, dilated pupils, and slowed digestion. The body prepares a burst of energy to fight off the stressor or flee from it.

Stage two, "The Resistance Stage", occurs post-fight or flight. The body repairs itself by allowing hormone levels to return to normal, decreasing heart rate and respiration, and lowering blood sugar and perspiration. The pupillary response and rate of digestion return to normal. If the stressor remains, however, the body stays alert.

Stage three, "The Exhaustion Stage", occurs when the body remains in a prolonged stage of readiness. The body then experiences stress-related ailments such as heart arrhythmias or headaches. If the exhaustion stage is not relieved, eventual death may occur (Higuera, 2017).

Orem's Self-Care Theory was applied to elaborate a Nursing Consultation protocol and establish the Nursing Process. Orem developed her theory into the Self-care theory, the Self-care Deficit Theory, and the theory of Nursing Systems (Alligood & Marriner Tomey, 2010). The Self-care theory refers to self-care, therapeutic requirements and requirements for self-care (Eliopoulos, 2001). Self-care is defined as the practice of activities performed by an individual to his/her own benefit, seeking to maintain life, health and well-being. When an individual has the skills to develop actions that meet his/her needs, he/she is apt for self-care. This aptitude is acquired through learning and influenced by age, life experiences, culture, beliefs and education, among other factors (Manzini & Simonetti, 2009).

A study shows that caregivers, especially those subject to high physical and psychological costs, one subject to a sense of bearing an extra or more massive responsibility (Hayden & Otaala, 2005). This leads to the heavier responsibility the caregivers are taking, the higher the chance for them to experience compassion fatigue. Caregivers in this study are more vulnerable to stress because handling orphans who are affected by AIDS and HIV have a higher demand for emotional needs and an increased sensitivity to

the children's nurturing needs (Mohangi & Pretorius, 2017).

In terms of compassion fatigue, men and women in different age ranges have different burdens to bear. A study discovered that women in caregiving professions are more prone to compassion fatigue due to societal expectations of emotional labor and caregiving roles; in addition, women are expected to manage emotional labor, which is linked to traditional caregiving roles (Sabo, 2011). Research on healthcare workers and childcare specialists has found that women tend to report higher emotional exhaustion and burnout rates. Female caregivers may also feel more responsible for the emotional well-being of those they care for, which can heighten the risk of compassion fatigue (Jeung et al., 2018). Women's coping strategies often include emotion-focused activities, such as seeking emotional support from others, reflecting on their feelings, and using social networks to alleviate stress (Tamres et al., 2002). Also, they seek social support from friends, family, and peers in the same field, discussing struggles in their profession (Hegney et al., 2014). Women may also engage in self-care practices like journaling, which can provide an outlet for processing the emotional toll of caregiving (Dionne-Odom et al., 2017).

Men, while also affected, tend to exhibit different stress responses related to workload (Sabo, 2011). Moreover, men might express compassion fatigue differently, often linked to work overload or trauma exposure. Although they may report less emotional exhaustion compared to women, they may face challenges with emotional detachment and stress management, which can contribute to fatigue over time (Hegney et al., 2014).

Men cope with compassion fatigue by focusing more on problem-solving strategies to manage stress. They may prefer to address the practical aspects of their caregiving responsibilities rather than delve deeply into emotional processing. This often means they prioritize creating routines, managing workloads, or seeking practical solutions for challenging situations (Folkman & Lazarus, 1980). Men may also be less likely to seek emotional support compared to women, possibly due to cultural expectations of emotional stoicism. Instead, they might engage in solitary activities or physical outlets like exercise to relieve stress (Stults-Kolehmainen & Sinha, 2014). Another common strategy for male caregivers, particularly in demanding caregiving environments, is avoidance coping. This includes distractions or withdrawal from emotional engagement, which may lead to long-term stress if not addressed properly (Hegney et al., 2014).

In terms of age, a study by Aycock and Boyle (2009) discovered that younger healthcare workers, particularly those early in their careers, are at greater risk for compassion fatigue due to limited experience and coping strategies. Younger houseparents may rely more on emotional support and social connections to manage stress. They tend to seek guidance and reassurance from peers, supervisors, or family members (Dionne-Odom et al., 2017). In addition, some younger caregivers adopt problem-focused coping, attempting to resolve the challenges they face through practical actions like restructuring routines, asking for help, or planning ahead to manage tasks more efficiently (Bakker et al., 2004). However, due to less experience, they may struggle with balancing emotional concerns and practical solutions.

Older houseparents, however, often balance emotional and problem-focused strategies more effectively, leveraging their greater experience in caregiving. They may still seek emotional support, but they often also have better-developed emotional regulation skills, which allows them to process stress more calmly (Folkman & Lazarus, 1980). Over time, they tend to adopt more adaptive coping strategies that include reflection and acceptance. Older caregivers may also be more inclined to rely on problem-solving and task-focused strategies,

drawing on their experience to manage daily challenges in caregiving. They may also engage in avoidance coping, such as distancing themselves emotionally from stressful situations or taking time away to recharge, recognizing the importance of self-care (Hegney et al., 2014).

In summary, the coping strategies employed by houseparents play a critical role in managing compassion fatigue. Adaptive strategies, such as seeking emotional support and engaging in self-care, are protective, while maladaptive strategies, such as avoidance, can exacerbate compassion fatigue over time. Understanding these dynamics can help in designing interventions that support houseparents in managing their emotional well-being effectively. (Bakker et al., 2005; Jeung et al., 2018; Folkman & Lazarus, 1980; Hegney et al., 2014).

Children who end up in residential care are usually psychologically and emotionally traumatized. Hence, institutional care for these children requires a high level of emotional maturity from houseparents and other residential staff. It is of utmost importance that the staff, especially houseparents, have a sufficient understanding of children's psychological and emotional needs. A critical role of a houseparent is providing emotional stability to children under their care. In this way, the children would feel secure while trying to recover from their traumatic experiences and be prepared to be reintegrated into a much larger community. The success of children's stay and rehabilitation in residential care depends immensely on how the staff, especially the houseparents, who spend long working hours with children, develop and maintain meaningful relationships and provide stability to the children (Cometa-Lamberte, 2017).

Residential care facilities should be able to provide the children with programs and services that best simulate family care. In any child residential care facility, the role of the residential staff, especially that of the houseparent, is considered the most crucial since they are directly involved with the children almost 24 hours a day. The houseparents' responsibility is the heart and core of the residential care operation since their service quality could affect the developmental growth of every child under their care. However, little attention is given to the critical role of houseparents; this is reflected in the scarcity of reading materials about houseparents' roles in residential care for children worldwide (Cometa-Lamberte, 2017).

In order to provide an appropriate self-care prescription, it is necessary to understand the degree of stress and fatigue that houseparents experience. Social workers working in agencies that have houseparents can also understand their experienced stress and fatigue and make or propose an intervention plan for these houseparents.

Hence, this study determined the degree of compassion fatigue and self-care of houseparents in selected residential care facilities in Bacolod City during the third quarter of 2019. Specifically, it sought to determine the level of compassion fatigue experienced by houseparents in residential care facilities for children and their degree of self-care as a whole and when categorized according to age and sex. It also sought to determine if there is a significant difference in the level of compassion fatigue among houseparents when they are grouped according to age and sex and if there is any significant difference in the degree of self-care adopted by houseparents when they are grouped according to age and sex. Finally, it sought to determine if there is a correlation between compassion fatigue and self-care among houseparents.

METHODOLOGY

This quantitative study employed the descriptive and correlational research design to determine the level of compassion fatigue and the degree of self-care strategies among houseparents in selected

residential care facilities for children in Bacolod City.

This study's research design involved gathering information about the prevailing conditions and situations for description and interpretation. This research method does not merely amass and tabulate facts but includes proper analyses, interpretation, comparisons, and identification of trends and relationships (Bloomfield & Fisher, 2019).

Correlational research that analyzes data using the correlation coefficient was also used in this study. Correlational research design seeks to understand what kind of relationships have naturally occurring variables with one another. A correlation coefficient is a numerical index that reflects the relationship between two variables (Salkind, 2012); this is to identify variables related to each other, make predictions from one variable to another, and examine possible cause-and-effect relationships. Standardized tests are the most common tools in doing correlational studies.

The study participants were houseparents of five residential care facilities for children in Bacolod City. Standardized questionnaires on compassion fatigue and self-care strategies were utilized in this study. These tests were conducted on 20 houseparents from five residential care facilities.

The first part of the test consists of the consent form and the demographic profile of the participants. The second part contains the scale for determining the level of compassion fatigue and the degree of self-care. The Compassion Fatigue Scale was used to determine the participants' level of compassion fatigue, while the Self-Care Scale was used to determine the degree of their coping strategies.

The instrument was subjected to validity and reliability testing using the C.H. Lawshe Validity Test. The content validity ratio originally proposed by the C.H. Lawshe Validity Test is widely used to quantify content validity. However, the methods used to calculate the original critical values were never reported. Therefore, methods for original calculation or critical values are suggested, along with tables of exact binomial probabilities (Ayre & Scally, 2014).

The researchers sent a letter to the Dean of the College of Arts and Sciences to gather data, asking permission to conduct the study. Upon the Dean's approval, the researchers facilitated the validation of the survey questionnaires to 30 validators using the content validity method of Lawshe. After the validation testing, the researchers sent a letter to the Head of the Social Development Center through the Department of Social Services Head to conduct the reliability testing among the houseparents of the residential care facilities. The gathering of data was initiated after the reliability was established after the test yielded a reliability index of 0.925, interpreted as "Very Good", indicating that it is reliable.

The researchers surveyed six houseparents in Facility A, six in Facility B, one in Facility C, three in Facility D, and four in Facility E, for a total of 20 participants.

The participants expressed their verbal permission for the interview before being handed in the survey questionnaires. The researchers assured them that they would maintain the participants' anonymity and ensure the confidentiality of the information they provided in the questionnaires and the interview.

Descriptive analysis was used to describe the level of compassion fatigue for and the degree of coping strategies. Comparative analysis was employed to find any significant difference in the level of compassion fatigue and the degree of coping strategies when grouped according to age and sex. Correlational analysis was used to determine the correlation between compassion fatigue and houseparents' coping strategies.

The data gathered were analyzed and correlated using computer-assisted statistical software. For the first and the second problems, the Mean was used. For the third and fourth problems, the Independent Samples T-test was used. For the fifth problem, Pearson Product-moment Correlation was used to determine

the significant relationship between compassion fatigue and houseparents' coping strategies.

Ethical Considerations were observed in this endeavor. The study guaranteed that the data collected would be solely for this research. Upon the approval of the conduct of the research, consent was sought and was informed as to the purpose study. The participants were given a chance to be anonymous and to be respected in their views. The information shared with the researchers remains confidential all throughout the conduct of the study and will be dutifully disposed of after the data treatment.

RESULTS, DISCUSSION, AND IMPLICATIONS

The results showed that the level of compassion fatigue experienced by the houseparents in residential care facilities for children as a whole (M=1.67, SD=0.62) is moderate. When grouped according to age, the results revealed that younger houseparents (M=1.58, SD=0.74) and older houseparents (M=1.75, SD=0.51) had a moderate level of compassion fatigue. Concerning sex, males (M=1.40, SD=0.29) had a low level of compassion fatigue, while females (M=1.78, SD=0.70) had a moderate level of compassion fatigue.

The results suggest that the males experienced low compassion fatigue because they are often known for being emotionally sturdy. Moreover, they are expected to externalize emotions. These expectations direct them into becoming uneasy with others, impatient, using threats, and not doing things for the good of others and themselves. On the other hand, the females had a moderate level of compassion fatigue because women are often believed to be emotionally vulnerable. Similarly, female houseparents may be more convenient in the lives of children in residential care facilities.

Table 1 presents the degree of self-care used by the houseparents in the residential care facilities for children (M=2.98, SD=0.54) was high. When grouped according to age, the younger (M=3.08, SD=0.58) and older (M=2.89, SD=0.52) houseparents had a high degree of self-care. In the same way, when grouped according to sex, males (M=2.83, SD=0.57) and females (M=3.05, SD=0.54) had a high degree of self-care.

The results imply that the respondents for both age and sex groups use self-care as operationally defined in the study to refer to the coping mechanism with various forms of stress, including the physical, professional, emotional, psychological, and spiritual aspects. In terms of the physical aspect, self-care practices include sleeping regularly, eating healthy, exercising regularly, meditating, and taking a day off. Professional aspects include taking time to chat and discuss some cases of their clients with their fellow houseparents, arranging their workspace before doing their job, setting limitations and boundaries with their child-client, taking breaks during working hours, making quiet time to complete tasks, and getting satisfaction from helping their child-client. Meanwhile, the emotional aspect of self-care

Table 1
Degree of Self-Care Experienced by the House Parents in Residential Care Facilities for Children

Variable	M	SD	Interpretation
Age			
Younger (n=10)	3.08	0.58	High
Older (n=10)	2.89	0.52	High
Sex			
Male (n=6)	2.83	0.57	High
Female (n=14)	3.05	0.54	High
As a Whole (n=20)	***2.98***	***0.54***	***High***

Table 2
Significant Difference in the Level of Compassion Fatigue among House Parents when they are grouped according to Age, and Sex

Variable	Age		T	df	p
	Younger	Older			
Compassion Fatigue	1.58 (0.74)	1.75 (0.51)	0.569	18	0.576
	Sex		T	df	p
	Male	Female			
	1.40 (0.29)	1.78 (0.70)	1.279	18	0.217

Note: the difference in the means is significant when p≤0.05

practices includes taking time to laugh and play with their child-client, allowing themselves to cry, watching movies and TV programs, reading books and magazines, being kind to themselves when experiencing difficulties, and, sometimes, praising themselves. In the psychological aspect, the respondents practice staying positive throughout the day, having happy thoughts and feelings about how they help someone, being generous to their fellow houseparents, taking time for reflection, developing a plan for caring for themselves, setting goals for themselves, and having a journal to write down their day-to-day experiences. Lastly, the spiritual aspect includes how respondents always take time to pray, go to church regularly, visualize themselves having a positive day, spend time in a spiritual community, meditate, and read inspirational literature.

Independent Samples T-test was used to determine the significant difference in the compassion fatigue level among houseparents when grouped according to age and sex. The statistical computation yielded a non-significant difference in the level of compassion fatigue among house parents when they were grouped according to both variables, age [t(18)=0.569, p=0.576] and sex [t(18)=1.279, p=0.217]

Based on the results stated above, it could be inferred that despite the houseparents' age and sex, they did not differ in their level of compassion fatigue, most likely because each has a unique capability and strengths. The level of their mental aspects is different from each other. People exert varying efforts in dealing with emotional, psychological, and physical stressors. Being a houseparent in residential care facilities for children is a noble profession that requires hard work, emotional maturity, patience, and passion. Female houseparents mostly rely on mental and emotional foundation and comfort from friends and family and are often expressive about their feelings and emotions when dealing with work-related stress.

Table 3
Significant Difference in the Degree of Self-Care among House Parents when they are grouped according to Age, and Sex

Variable	Age		t	df	p
	Younger	Older			
Coping	3.08 (0.58)	2.89 (0.52)	0.796	18	0.437
	Sex		t	df	p
	Male	Female			
	2.83 (0.57)	3.05 (0.54)	0.824	18	0.421

Note: the difference in the means is significant when p≤0.05

Meanwhile, male houseparents often exude the opposite when dealing with work-related stress. Rather, they displace their feelings and emotions toward other things and situations, such as hobbies and lifestyle activities. Both male and female houseparents have one thing in common: the value of companionship when dealing with work-related troubles and stressors.

Independent Samples T-test was used to determine the significant difference in the degree of coping strategies adopted by the houseparents when they were grouped according to age [t(18)=0.796, p=0.437], and sex [t(18)=0.824, p=0.421]. There was no significant difference in the degree of self-care among houseparents when they were grouped according to age and sex.

The degree of self-care among houseparents signifies that, regardless of age, male or female houseparents can effectively cope with stress. Their way of having self-care helps them reflect and reassess their work passion and purpose in life. It is healthy for houseparents to supply themselves rewards of self-care. They should not deprive themselves of self-care practices. Self-care does not necessarily equate to over-indulging a deserved break for one's self.

Pearson Product-moment Correlation was used to determine the significant relationship between compassion fatigue and houseparents' coping strategies. There was no significant relationship between compassion fatigue and coping strategies among houseparents [r (18) =0.061, p=0.797].

Research suggests that specific coping strategies alleviate stress and promote positive psychological outcomes, whereas others exacerbate stress and promote adverse psychological outcomes (Brands et al., 2014). The above results show no significant relationship between compassion fatigue and coping strategies among houseparents. Furthermore, it implied that even though the houseparents have coping strategies to alleviate stress, there is always a possibility that they still have to experience compassion fatigue due to everyday situations with their children-clients. The children in residential care facilities have complex conditions for their different cases, which their houseparents are prepared and tasked to deal with. Potentially, houseparents' work-related stress cannot be avoided but can be dealt with properly through self-care practices, work management, and professionalism.

Based on the results and discussions stated above, the researchers would like to state the following. Houseparents serve as the second family to the children in residential care facilities. These houseparents show and practice everything a parent does for his or her child, to those children in need. That stress is the eventual effect of caring for these children because of their cases and other factors that come with caring for them. Compassion fatigue is the result of this stress wherein houseparents are also absorbing the trauma and resolution their children-clients experience as well as the experiences that come along in their road to recovery and personal and community growth. It is unavoidable for the houseparents to immerse themselves in the lives of their children-clients, thus

Table 4
The significant relationship between Compassion Fatigue and Self-care among house parents

Variable	r	df	P
Compassion and Coping	0.061	18	0.797

Note: the correlation is significant when $p \leq 0.05$

giving them the responsibility to carry the weight of growing up in a new house with a new family together with their children-clients.

The result showed that male houseparents have a low level of compassion fatigue while female houseparents have a moderate level. The above result showed that males perceive themselves as more capable of compassion fatigue while women identify as nearly prone to it. Factors such as gender roles affect how the participants view themselves. Masculine and feminine attributes are socially implied to each gender, which affects how emotionally perceptive they are and how well they acknowledge or experience compassion fatigue.

The results also showed no significant relationship between the level of compassion fatigue and the degree of self-care when respondents were grouped according to age and sex; this implies that whether the houseparents are younger or older, male or female, they will still feel compassion fatigue because of the distress situation being undergone by the children under their care. Also, it implies that even when they have self-care for compassion fatigue, at the end of the day, there is still a possibility that they will still stress over the situation of their children-clients.

CONCLUSION AND RECOMMENDATIONS

With the results and discussion shown above, respondents who were grouped according to age experienced the same level of compassion fatigue. However, when grouped according to sex, male houseparents have a lower level of compassion fatigue, while female houseparents have a moderate level of compassion fatigue. The results also showed that respondents experienced similar coping strategies when grouped according to age and sex. The study supports the initial hypothesis that there is no significant difference in the level of compassion fatigue when houseparents are grouped according to age and sex. Furthermore, respondents have many coping strategies even when grouped according to age and sex. The results also show no significant relationship between compassion fatigue and houseparents' coping strategies.

Whether the houseparents are younger or older or male or female, they will feel compassion fatigue caused by the distress of the children being taken care of. Even the houseparents have coping strategies for compassion fatigue. The researchers have recommendations to support the objectives of this study on compassion fatigue on houseparents with training and seminars to fortify and enhance their self-care strategies.

In conclusion, houseparents are led to experience work-related stress, and they have varying differences in their coping strategies regardless of age and sex. On the other hand, in terms of the houseparents' coping strategies, they should invest in a regular work schedule and routine with self-care practices that can alleviate and help them be skilled houseparents as well as personal and professional how they will deal with different situations brought about their days with their children-clients. In this study, the level of compassion fatigue and the degree of self-care strategies of houseparents are both essential and helpful in addressing the holistic needs of every houseparent.

Based on the conclusions, the researchers would like to recommend the following. More research should be done on how to cope with stress or compassion fatigue in houseparents, especially female houseparents who are at a moderate level of compassion fatigue; this would help provide future researchers with more resources and reference materials to improve further the holistic approach toward houseparents' working conditions and residential care facilities regulations and guidelines. The government should also implement or strengthen programs and services for houseparents under the Department of Social Welfare

and Development (DSWD) so that they can enjoy the benefits of being hardworking professionals. Stress management conferences should be held monthly for the respondents to learn how to debrief the stress they acquired from working hard in their residential care facilities. Parenting training and skills enhancement seminars must be utilized to develop houseparents' expertise and capabilities in their working field so that they will also know how to deal with clients who have different, especially more sensitive, cases.

REFERENCES

Ayre, C., & Scally, A. J. (2014). Critical Values for Lawshe's Content Validity Ratio: Revisiting the Original Methods of Calculation. *Measurement and Evaluation in Counseling and Development*, *47*(1), 79–86. https://doi.org/10.1177/0748175613513808

Alligood, M. R. & Marriner Tomey, A. (2010). *Nursing theorists and their work* (7th ed.). St. Louis, MO: Mosby Elsevier.

Aycock, N. & Boyle, D. (2009). Interventions to Manage Compassion Fatigue in Oncology Nursing. *Clinical Journal of Oncology Nursing 13*(2), 91-183. https://doi.org/10.1188/09.CJON.183-191

Bakker, A. B., Demerouti, E., & Verbeke, W. (2004). Using the job demands-resources model to predict burnout and performance. *Human Resource Management*, *43*(1), 83–104. https://doi.org/10.1002/hrm.20004

Bloomfield, J., & Fisher, M. J. (2019). Quantitative research design. *Journal of the Australasian Rehabilitation Nurses Association*, *22*(2), 27-30. https://search.informit.org/doi/10.3316/informit.738299924514584

Boyle, D. (2011). Countering compassion Fatigue: a requisite nursing agenda. *OJIN the Online Journal of Issues in Nursing 16*(1). https://doi.org/10.3912/ojin.vol16no01man02

Brands, I. M. H., Köhler, S., Stapert, S. Z., Wade, D. T., & Van Heugten, C. M. (2014). Psychometric properties of the Coping Inventory for Stressful Situations (CISS) in patients with acquired brain injury. *Psychological Assessment*, *26*(3), 848–856. https://doi.org/10.1037/a0036275

Cometa-Lamberte, H. (2017). An analysis of houseparents role performance in a residential care facility for children. ResearchGate. https://www.researchgate.net/publication/325756022_An_Analysis_of_Houseparents_Role_Performance_in_a_Residential_Care_Facility_for_Children

Department of Social Welfare and Development. (2007). Administrative Order No. 11, Series of 2007: Revised Standards on Residential Care Service. https://www.dswd.gov.ph/issuances/AOs/AO_2007-011.pdf

Department of Social Welfare and Development. (2012). Administrative Order No. 15, Series of 2012: Amended Administrative Order No. 11 Series of 2007, Entitled Revised Standards on Residential Care Service. https://www.dswd.gov.ph/issuances/AOs/AO_2012-015.pdf

Dionne-Odom, J. N., Demark-Wahnefried, W., Taylor, R. A., Rocque, G. B., Azuero, A., Acemgil, A., Martin, M. Y., Astin, M., Ejem, D., Kvale, E., Heaton, K., Pisu, M., Partridge, E. E., & Bakitas, M. A. (2017). The self-care practices of family caregivers of persons with poor prognosis cancer: differences by varying levels of caregiver well-being and preparedness. *Supportive care in cancer : official journal of the Multinational Association of Supportive Care in Cancer*, *25*(8), 2437–2444. https://doi.org/10.1007/s00520-017-3650-7

Eliopoulos, C. (2001). *Gerontological Nursing* (5th ed.). Lippincott.

Figley, C. R. (1995). *Compassion fatigue: Toward a new understanding of the costs of caring* (In B. H. Stamm Ed.). The Sidran Press. https://psycnet.apa.org/record/1996-97172-001

Folkman, S., & Lazarus, R. S. (1980). An Analysis of Coping in a Middle-Aged Community Sample. *Journal of Health and Social Behavior*, *21*(3), 219–239. https://doi.org/10.2307/2136617

Harrington, W. A., & Honda, G. J. (1986). The roles of the group home direct care worker. *Community Mental Health Journal*, *22*(1), 27–38. https://doi.org/10.1007/bf00752880

Hayden, J., & Otaala, B. (2005). Very young children affected and infected by HIV/AIDS: How are they living? A case study from Namibia. *International Journal of Early Childhood*, *37*(2), 11–19. https://doi.org/10.1007/bf03165741

Hegney, D. G., Craigie, M., Hemsworth, D., Osseiran-Moisson, R., Aoun, S., Francis, K., & Drury, V. (2014). Compassion satisfaction, compassion fatigue, anxiety, depression and stress in registered nurses in Australia: study 1 results. *Journal of Nursing Management*, *22*(4), 506–518. https://doi.org/10.1111/jonm.12160

Higuera, V. (2017). What Is General Adaptation Syndrome? *Healthline*. https://www.healthline.com/health/general-adaptation-syndrome

Hurst, K. (2017, October 30). What is Self-Care & Why is caring about yourself important? *The Law of Attraction*. https://thelawofattraction.com/self-care-tips/

Jeung, D. Y., Kim, C., & Chang, S. J. (2018). Emotional Labor and Burnout: A Review of the Literature. *Yonsei medical journal*, *59*(2), 187–193. https://doi.org/10.3349/ymj.2018.59.2.187

Manzini, F. C., & Simonetti, J. P. (2009). Nursing consultation applied to hypertensive clients: application of orem's self-care theory. *Revista Latino-Americana De Enfermagem*, *17*(1), 113–119. https://doi.org/10.1590/s0104-11692009000100018

McHolm, F. (2006). Rx for compassion fatigue. *Journal of Christian Nursing 23*(4), 12-19. https://doi.org/10.1097/00005217-200611000-00003

Mohangi, K., & Pretorius, C. (2017). On the periphery of HIV and AIDS: Reflections on stress as experienced by caregivers in a child residential care facility in South Africa. *SAHARA-J Journal of Social Aspects of HIV/AIDS, 14*(1), 153–161. https://doi.org/10.1080/17290376.2017.1389300

Norman, S. (1960). Book Reviews : The Professional Houseparent, Eva Burmeister. Pp. 271. New York, Columbia University Press, 1960, $4. Crime & Delinquency, 6(3), 326-327. https://doi.org/10.1177/001112876000600314

Sabo, B. M. (2006). Compassion fatigue and nursing work: Can we accurately capture the consequences of caring work? *International Journal of Nursing Practice 12*(3), 136-42. https://doi.org/10.1111/j.1440-172X.2006.00562.x

Sabo B. (2011). Reflecting on the concept of compassion fatigue. *Online journal of issues in nursing*, *16*(1), 1. https://doi.org/10.3912/OJIN.Vol16No01Man01

Salkind, N. J. (2012). *Exploring research* (8th ed.). Pearson Education. https://repository.dinus.ac.id/docs/ajar/Neil_J._Salkind_2012_-_Exploring_Research_.pdf

Selye, H. (1951). The general-adaptation-syndrome. *Annual review of medicine*, *2*(1), 327-342. https://gyansanchay.csjmu.ac.in/wp-content/uploads/2023/02/Hans-Selye-1.pdf

Stults-Kolehmainen, M. A., & Sinha, R. (2014). The effects of stress on physical activity and exercise. *Sports medicine (Auckland, N.Z.)*, *44*(1), 81–121. https://doi.org/10.1007/s40279-013-0090-5

Tamres, L. K., Janicki, D., & Helgeson, V. S. (2002). Sex Differences in Coping Behavior: A Meta-Analytic Review and An Examination of Relative Coping. *Personality and Social Psychology Review*, *6*(1), 2–30. https://doi.org/10.1207/s15327957pspr0601_1

Thomas, R. & Wilson, J., (2004). Issues and controversies in the understanding and diagnosis of compassion fatigue, vicarious traumatization, and secondary traumatic stress disorder. *International Journal of Emergency Mental Health and Human Resilience*

6(2),81-92. https://www.researchgate.net/publication/8413203_Issues_and_controversies_in_the_understanding_and_diagnosis_of_compassion_fatigue_vicarious_traumatization_and_secondary_traumatic_stress_disorder

World Health Organization. (2019). *WHO consolidated guideline on self-care interventions for health: sexual and reproductive health and rights*. World Health Organization.