

Impact of Self-Compassion and Perceived Peer Support on Occupational Stress and Mental Health of Teachers: A Literature Review

Benjun B. Jamorol

Xavier University – Ateneo de Cagayan, Philippines

DOI: <https://dx.doi.org/10.47772/IJRISS.2023.7012028>

Received: 22 November 2023; Accepted: 02 December 2023; Published: 30 December 2023

ABSTRACT

Occupational stress in education significantly impacts teachers, influencing their mental health and professional efficacy. This literature review scrutinizes the interrelations between occupational stress, mental health, and the mediating and moderating roles of self-compassion and perceived peer support, respectively. It reveals that while occupational stress is exacerbated by factors like large class sizes and high stakes demands, self-compassion and peer support can serve as buffers, potentially mitigating its negative outcomes. The review suggests that self-compassion, emphasizing self-kindness and mindfulness, may mediate stress effects, whereas perceived peer support could moderate them, reinforcing the individual's psychological resilience. The implications of these findings are profound, urging policymakers and school administrators to address the root causes of teacher stress and to support interventions that foster self-compassion and peer support networks. Recommendations include the development of stress reduction programs, self-compassion workshops, and initiatives to enhance peer support. The conclusions drawn underscore the urgent need to safeguard educators' well-being, highlighting the pivotal role of internal and external support systems in shaping the educational landscape and the development of future generations.

Keywords— Occupational Stress, Self-Compassion, Perceived Peer Support, Mental Health, Teachers

INTRODUCTION

The phenomenon of occupational stress constitutes a significant challenge across diverse professions, with the realm of education being notably affected. Secondary public high school teachers encounter a unique set of stressors that exacerbate their work environment, which may include but are not limited to, addressing diverse student needs, managing large class sizes, navigating the complexities of adolescent development, to meeting high-stakes accountability demands [1], [2]. The increasing concern around this issue is not only the prevalence of stress per se but also its profound impact on teachers' mental health, which in turn affects their performance, job satisfaction, and ultimately, student outcomes [3].

The current research inquiry stands out due to its integrative exploration of the factors influencing teachers' mental health, particularly focusing on the nuanced relationship between occupational stress and various mitigating factors, such as sociodemographic variables, self-compassion, and the potentially pivotal role of perceived peer support. The in-depth analysis this review proposes is geared towards providing a comprehensive understanding of these dynamics, which is crucial for crafting targeted interventions and policies aimed at fostering a supportive teaching environment [4].

In this literature review, an initial establishment of understanding of the foundational concepts and

terminologies relevant to the discussion was made. Following this, the impact of sociodemographic variables on occupational stress and its consequent influence on mental health among educators was probed. The review then progressed to a meticulous examination of self-compassion as an internal resource that might mitigate the detrimental effects of stress, followed by an assessment of perceived peer support as a potential moderating factor in this complex equation. Ultimately, this scholarly exploration synthesized the evidence to illuminate actionable strategies and formulate recommendations for supporting the mental well-being of teachers, thereby contributing to improving educational practices [5].

This review aims to not only preview the depth of analysis but also to underscore the pressing need for academic and practical engagement with the mental health of educators—a subject that has far-reaching implications for the quality of education and the cultivation of future generations [6].

BACKGROUND

Occupational stress, a state that arises when there is a mismatch between job demands and an individual's perceived capacity to meet these demands, continues to be a focal point of research due to its multifaceted impact on employees across professions [7], [8]. This psychological and physiological response becomes particularly complex when it intersects with the domain of mental health, which the World Health Organization (WHO) defines as not just the absence of disorders but the presence of a robust state of well-being. This well-being enables individuals to realize their abilities, cope with normal life stresses, work productively, and contribute meaningfully to their communities [9]. Mental health encompasses aspects of subjective well-being, psychological resilience, and the capacity to forge and sustain nurturing relationships [10].

The concept of self-compassion, as discussed by Dr. Kristin Neff, represents a fundamental personal resource that encompasses kindness towards oneself, recognition of our shared human experience, and mindfulness of one's emotional state. Neff's extensive work illuminates self-compassion as a potential mediating factor in the relationship between stress and mental health, highlighting its contribution to overall psychological flexibility and resilience [11].

Moreover, perceived peer support plays a pivotal role in this landscape. The perception of support from peers, encompassing emotional, informational, and practical assistance, is integral to buffering the adverse effects of occupational stress. It has been documented to contribute significantly to an individual's ability to manage stress and maintain psychological well-being [12].

The education sector, especially, has been identified as a high-stress field, with teachers grappling with extensive workloads and the complex socio-emotional dynamics of their students [13], [14]. The ramifications of such stress are not inconsequential, potentially leading to decreased job satisfaction, heightened burnout, and compromised performance. Chronic occupational stress not only impairs daily functioning and emotional equilibrium but also serves as a gateway to other mental health issues like anxiety and depression, thus necessitating an in-depth examination of its prevalence and impact among educators [8], [15], [16]. In the wake of the COVID-19 pandemic, the incidence of occupational stress among teachers has been exacerbated, further amplifying its pertinence to current scholarly inquiry [16], [17].

METHODS

A. Search Strategy

For this review, multiple databases were consulted to ensure a comprehensive collection of relevant

literature. These databases included Google Scholar, PubMed, PsycINFO, and Web of Science. The primary keywords employed in the search strategy were “perceived peer support”, “self-compassion”, “occupational stress”, “mental health”, and “teachers/educators”. These terms were often combined using Boolean operators such as “AND” and “OR” to refine the search results. Phrases like “role of peer support in occupational stress” and “impact of job stress on educator’s mental health” were also used to narrow down the search.

B. Criteria for Inclusion/Exclusion

Peer-reviewed articles were prioritized as they have undergone rigorous scrutiny by experts in the field. This ensures that the findings and methodologies are credible. On the other hand, opinion pieces were excluded to maintain the objectivity of the review and to avoid potential biases. The review was restricted to articles published in English to ensure a uniform understanding and interpretation of the findings.

C. Analysis Method

A thematic analysis approach was adopted for this review. The identified literature was scrutinized for key themes, patterns, and overarching narratives, which were then organized systematically to present a cohesive overview of the field. All articles were categorized based on their primary findings to facilitate a structured presentation of the literature.

SOCIODEMOGRAPHIC VARIABLES AND THEIR INFLUENCE

A. Age

The intersection of age with occupational stress and mental health presents a nuanced portrait within the teaching profession. Empirical evidence reveals that age may confer a level of insulation against burnout, with research by Agyapong [15] demonstrating an inverse correlation between age and burnout symptoms. This finding suggests that older teachers experience less emotional exhaustion, potentially due to a repertoire of coping strategies honed over time and a deepened understanding of educational dynamics. However, this relationship is far from linear.

In the critical age bracket of 40-49, teachers often face a convergence of professional stability and personal life pressures, such as parenting demands or eldercare, which may paradoxically heighten stress [18]. These age-specific stressors highlight the complex interplay between career stage and external life circumstances in shaping an individual’s stress response.

The assumption that veteran educators are shielded from the pressures of the profession does not hold uniformly true. Tsubono and Ogawa [19] illustrate that despite extensive experience, older teachers may encounter a disconnect with rapidly evolving educational practices and technologies. Such disconnects can precipitate a sense of professional obsolescence, contributing to heightened stress and potential burnout.

Additionally, the longitudinal effects of occupational stress warrant consideration, particularly for seasoned educators. Guijarro-Ojeda et al. [20] draw attention to the potential long-term consequences of chronic stress exposure, including the onset of persistent mental health conditions or the exacerbation of physical health issues. This revelation calls for a dynamic approach to mental health support that remains responsive to educators’ needs as they progress through different career stages.

In summary, the age-related dynamics of occupational stress and mental health in teachers are characterized by a tapestry of resilience and vulnerability. As early-career educators navigate the initial complexities of their roles, experienced teachers confront the dual challenges of staying abreast with pedagogical changes

and managing cumulative stress. The necessity for continuous and adaptive mental health support mechanisms is thus accentuated, with a clear implication that such interventions should be tailored to accommodate the diverse and evolving needs presented by different age groups within the teaching community.

B. Gender

The impact of gender on occupational stress among teachers is a subject with multifaceted implications for mental health. Although teachers across the globe are susceptible to high levels of occupational stress, gender may play a significant role in how this stress is experienced and managed [21].

Investigations into this dynamic, such as the one by Shkëmbi et al. [22] in Kosovo, challenge preconceived notions about gender and stress in the educational setting. Despite a societal backdrop where traditional gender roles are prominent, the research reveals that stress levels reported by male and female teachers did not significantly differ, with systemic issues like poor compensation and challenging work environments emerging as primary stressors for all teachers, regardless of gender.

Nevertheless, to deepen the understanding of gender-specific stress, it's important to examine the broader social context. For instance, Kaur and Kumar [23] point out that in India, female teachers often navigate the dual expectations of their professional and domestic roles, potentially intensifying their experience of occupational stress. This phenomenon may not be unique to India, as similar patterns emerge in various cultures where women traditionally juggle multiple roles [24].

Further adding complexity to this narrative, Stengård et al. [21] observed that female teachers not only report higher depressive symptoms and more strenuous psychosocial working conditions but also engage more frequently in unpaid work compared to their male counterparts. This could be attributed to entrenched societal expectations that incentivize women to extend themselves in caring for students, colleagues, and family members beyond the professional scope [25].

From the lens of social role theory, Olson et al. [26] propose that female educators might be culturally conditioned to be more emotionally invested and suppressive of negative emotions such as anger, while male educators may exhibit more emotional detachment. Yet, contrasting findings, such as those from Ji et al. [16], suggest that male teachers can experience higher occupational stress related to personal development, workload, and career prospects, potentially leading to poorer mental health outcomes compared to their female colleagues.

In summary, the gendered landscape of occupational stress in teaching is complex. While some research suggests no significant gender differences in stress levels, other studies highlight how social expectations and role-related pressures may distinctly shape the stress experiences of male and female teachers. The variation in findings underscores the necessity for gender-sensitive research and stress mitigation strategies that consider both systemic issues and the nuanced differences in how occupational stress manifests across gender lines.

C. Sexual Orientation

The influence of sexual orientation on occupational stress and mental health is an area of growing research interest, particularly in light of the distinct challenges faced by LGBTQIA+ individuals in the workplace. Pereira et al. [27] emphasize that individuals within this community are more likely to experience increased levels of burnout, depression, and anxiety compared to their heterosexual counterparts, affecting their work-related quality of life and engagement.

Previous studies, such as those by Cunningham et al. [28], Easton and Van Laar [29], and Schaufeli et al. [30], have consistently highlighted the vulnerabilities of sexual and/or gender minorities, including exposure to overt discrimination, internalized heterosexism, stigma consciousness, and social isolation. These factors underscore the pervasiveness of minority stress among LGBTQIA+ individuals. Particularly concerning is the observation that those identifying as bisexual, asexual, or pansexual encounter even higher levels of psychological distress, likely due to facing stereotypes and prejudices from both heterosexual and homosexual communities, which compel these individuals to mask their true identities, a coping mechanism that often correlates with escalating depression, anxiety, and unfavorable occupational experiences [31]-[33].

It is a recurring observation that LGBTQ individuals generally report inferior mental health outcomes compared to cisgender heterosexual peers. The phenomenon of minority stress plays a pivotal role in this observed discrepancy [34], [35], [36]. Pervasive heterosexism and discrimination within workplaces directly impinge on the mental health of LGBTQ employees [37], [38]. Beyond the general stresses encountered in professional settings, LGBTQ individuals grapple with unique challenges. These include the apprehension surrounding coming out [39], coupled with discrimination specifically tethered to their sexual orientation [38], [40]. The nature of precarious work, typified by instability and insecurity, is intrinsically associated with adverse mental health outcomes, including suicidal ideation, depression, and psychological distress [41], [42]. For LGBTQ individuals, the deleterious impacts of such work dynamics are amplified in the presence of antagonistic socio-cultural workplace environments [43], [44].

However, it is noteworthy that an inclusive and supportive workplace can act as a protective buffer. Workplaces that actively endorse LGBTQ inclusivity can significantly mitigate levels of depression and anxiety among employees [45]. Such environments not only enhance professional contentment but also contribute positively to overall life satisfaction [46]. Moreover, the act of openly embracing one's sexual orientation in supportive workplaces can augment this sense of satisfaction [47].

To encapsulate, while sexual orientation is a significant determinant of occupational stress and mental health, particularly for LGBTQIA+ individuals, the literature suggests that an inclusive work environment can serve as a crucial buffer. Recognizing and addressing the unique challenges faced by this community is essential for fostering a truly inclusive workplace that not only prevents mental health disparities but also promotes the well-being of all employees.

D. Marital Status

Marital status is an important sociodemographic factor that intertwines with occupational stress and mental health, particularly in the context of education professionals. Ji et al. [16] illuminate the complex landscape of stress management among married teachers, who report higher stress in the family relationship dimension than their unmarried peers. The multifaceted responsibilities inherent to balancing a teaching career with familial obligations, such as parenting without the support of a babysitter, contribute to this heightened stress [48], [49], [50]. These findings resonate with Ross et al. [51], who identified higher levels of emotional exhaustion among married educators.

Contrastingly, marriage appears to be a double-edged sword, with potential buffers against the negative impacts of stress. Married teachers often benefit from spousal and familial support systems, which are correlated with improved mental health scores in the life dimension [48], [52]. This suggests a paradox where marriage introduces additional stressors while simultaneously providing a support network that can bolster resilience and overall mental well-being.

The narrative is more nuanced, however, when considering the mental health of single teachers. Contrary to the assumption that marital responsibilities exclusively escalate stress, single educators report elevated

levels of burnout, particularly emotional exhaustion, and depersonalization, compared to their married colleagues [53], [54], [55]. Sünter et al. [56] further elaborate on this discrepancy, with single teachers experiencing lower personal accomplishment than married ones. These findings might suggest that the absence of a domestic support system could expose single teachers to greater vulnerability in terms of occupational stress and mental health.

In summary, while marital status is a significant determinant of occupational stress and mental health among teachers, the interplay between personal relationships and professional demands presents a complex picture. The support offered by a spouse and family may mitigate some occupational stressors, but the absence of such support in single teachers can lead to higher burnout rates. The nuances within marital status, including the quality of marital relationships and parental responsibilities, require further exploration to understand their full impact on teachers' occupational stress and mental health.

OCCUPATIONAL STRESS AS A PREDICTOR OF MENTAL HEALTH

Occupational stress in the teaching profession has garnered significant attention in recent research, given its pronounced effects on educators' mental well-being. This review aims to synthesize the findings of various studies, highlighting commonalities and differences, to paint a comprehensive picture of the issue at hand.

Aslam et al. [57] delved into the realm of higher education, observing female college teachers as more prone to stress and mental health challenges than their male colleagues. Marital status emerged as a significant factor, with married lecturers exhibiting higher mental health scores than unmarried. Yet, variables like age, experience, and employment type seemed to play a minimal role in influencing stress and mental health. The one exception is coping style, which displayed variation with age. It's inferred from this study that gender and marital status significantly influence the relationship between occupational stress and mental health in the context of college teachers [57].

Expanding the scope to primary and secondary educators, Ji et al. [16] discovered that male teachers grappled with increased stress tied to self-development, workload, and career aspirations relative to female educators. Echoing Aslam et al.'s findings, Ji et al. also identified marital status as a stress enhancer, with married teachers experiencing intensified stress compared to their unmarried peers. A notable finding from this research was the inverse relationship between occupational stress and mental health – as stress levels rise, mental health deteriorates [16].

Tan and Guo's [58] investigation corroborated these findings, identifying a prevailing negative association between occupational stress and mental health among primary and secondary school teachers. Factors like gender, age, and educational stage played a role in modulating this relationship [58].

On the other hand, Narayanbhai and Tajpariya's [59] comparative study shed light on the disparities between private and government institutions. It unveiled that teachers in government schools, especially males, bore the brunt of increased occupational stress in contrast to their private school counterparts. This disparity was attributed to differences in working conditions, underscoring their influence on educators' stress levels and, by extension, their mental health [59].

Kuwabara et al. [60] pointed to the hazards of excessive work, revealing how it wreaked havoc on the mental health of Japanese elementary and junior high school teachers. Overworking during holidays was tied to pronounced psychological and physical stress, with marital status and class responsibilities exacerbating these effects [60].

Kuwato and Hirano [61] offered a unique perspective, emphasizing the role of a strong sense of coherence in predicting mental health among Japanese high school educators. Their study drew attention to the severe

challenges Japanese teachers face, like extended working hours and reduced holidays, severely compromising their mental well-being [61].

Lastly, focusing on the U.S. education sector, Landsbergis et al. [62] noted that American educators faced higher instances of bullying and job stress while receiving lesser respect from supervisors than the broader workforce. The study advocated for improved labor-management practices and mentoring programs to alleviate these concerns, emphasizing the direct ramifications of job stress on teacher retention [62].

In integrating these diverse findings, it is imperative to recognize that occupational stress and mental health in educators is not a one-dimensional problem but is sculpted by an array of socio-demographic, institutional, and cultural factors. The research overwhelmingly affirms the need for multi-pronged, context-specific interventions to foster educator well-being.

THE THEORETICAL FOUNDATION OF THE POTENTIAL MEDIATING ROLE OF SELF-COMPASSION

In the demanding realm of education, where the well-being of teachers is often challenged by high levels of occupational stress, the quest for mitigating strategies is critical. This exploration delves into the largely uncharted interplay between self-compassion and its potential role in buffering the adverse impacts of such stress on mental health. Despite the growing body of research underscoring the importance of self-compassion in various professional and personal contexts, its specific application as a mediator within the unique environment of educators remains unexplored. This literature review seeks to uncover this gap and emphasize the theoretical foundations of self-compassion as a possible safeguard for these dedicated professionals. It aims to pave the way for a new paradigm in teacher well-being, proposing self-compassion not just as a coping mechanism, but as a transformative mediator that could redefine how educators confront and manage the inevitable stressors of their vocation.

The concept of self-compassion emerges as a vital psychological construct in today's fast-paced world, where individuals often face immense pressures, both internally and externally. At its core, self-compassion involves treating oneself with the same kindness, understanding, and patience that one would offer to a friend in times of hardship or failure [63], [64]. Dr. Kristin Neff, one of the pioneering researchers in the field, describes self-compassion as encompassing three main components: self-kindness versus self-judgment, a sense of common humanity versus isolation, and mindfulness versus over-identification [63]. In essence, self-compassion is not merely being lenient or ignoring one's flaws but rather recognizing them without harsh criticism, understanding that everyone has imperfections, and maintaining a balanced perspective where one neither ignores nor exaggerates personal sufferings. Complementing Neff's framework, a study by Birnie et al. [65] further explores self-compassion interventions, indicating significant reductions in stress-related outcomes.

Self-compassion has increasingly been recognized as a critical factor in the nexus between stress and mental health, offering both theoretical and neuroscientific explanations for its mediating role. At the heart of this discussion is the understanding that self-compassion provides a protective layer against the deleterious effects of stress. By practicing self-compassion, individuals are better equipped to navigate stressful situations, reframing these events as collective human experiences rather than singular personal setbacks. This shift in perception alleviates the intensity and duration of negative emotions, thereby safeguarding mental well-being [66]. Empirical evidence supporting the mediating role of self-compassion comes from Zessin et al. [67], who found that self-compassion diminished the negative effects of stress on well-being.

The aforementioned findings are mirrored in the neuroscientific domain, where Lutz et al. [68] reveal self-compassion's capacity to modulate the brain's response to stress, advocating for its inclusion in stress-

reduction interventions. From a neuroscientific perspective, self-compassion exhibits tangible effects on the brain's architecture and functionality. Embracing self-compassionate responses has been shown to dampen the activity within the amygdala, an area closely tied to fear and threat perceptions. Concurrently, it bolsters the operations of the prefrontal cortex, a region crucial for managing emotions [68]. This neural reconfiguration is aligned with behavioral observations wherein individuals high in self-compassion predominantly adopt adaptive coping techniques like positive reframing, problem-solving, or seeking social support. These individuals often shun maladaptive strategies such as avoidance, obsessive rumination, or self-castigation [69].

Dr. Kristin Neff's seminal work on self-compassion presents a comprehensive framework elucidating the nature and nuances of this construct. According to Neff, the triad of mindfulness, self-kindness, and common humanity constitutes the foundation of self-compassion. She describes self-kindness as an orientation of gentleness and understanding towards oneself, eschewing undue self-criticism. Common humanity encompasses the realization of universal human fallibility, acknowledging that personal struggles are intertwined with the broader human narrative. Mindfulness, in this context, is the act of maintaining a balanced consciousness of one's adversities without becoming excessively engrossed in them [63]. Neff's theory underscores the potency of self-compassion in fostering resilience and emotional robustness. It advocates for acknowledging and addressing shortcomings head-on, fortified by self-compassion's buffering effects, particularly in high-stress professions like teaching.

Furthermore, Paul Gilbert's Affect Regulation Model accentuates the pivotal role of self-compassion in moderating emotional reactions. The model elucidates the pathways through which self-compassionate and self-soothing techniques can steer emotional trajectories and bolster psychological health. It suggests that by harnessing the power of self-compassion, individuals can masterfully regulate their emotional states, especially when confronted with stress or discomfort. Gilbert contends that these self-compassionate strategies are instrumental in shaping affective responses and subsequently cultivating mental well-being [70]. In essence, both Neff's and Gilbert's frameworks offer invaluable insights into how self-compassion could bridge the gap between occupational stress and mental health, particularly among educators.

THE THEORETICAL FOUNDATION OF THE POTENTIAL MODERATING ROLE OF PERCEIVED PEER SUPPORT

Teachers, in the demanding world of education, face a spectrum of stressors that can jeopardize their mental health. Historically, the focus has been on individual coping mechanisms, with little attention paid to the potential moderating role of perceived peer support in this relationship. The current literature is particularly scarce of information on how the support of colleagues might buffer the adverse effects of occupational stress on teachers' mental well-being. This gap in research is the impetus for this review, which seeks to shift the lens towards the communal aspects of resilience by theorizing the potential moderating influence of perceived peer support—a yet uncharted territory in the context of teachers. As this review delves into the interplay between occupational stress and mental health, it offers a new theoretical foundation that focuses on exploring the collective strength found in peer relationships.

In today's interconnected and rapidly evolving professional environments, individuals increasingly rely on their peers not just for collaborative tasks, but also for emotional and psychological backing. Amidst the various support systems, perceived peer support has emerged as a crucial factor in shaping an individual's resilience and mental well-being. Perceived peer support is defined as an individual's subjective evaluation of their peers' readiness and ability to provide various forms of assistance when needed [12]. This perception is not just based on the actual assistance provided, but also on the perceived availability and efficacy of such support from colleagues or counterparts.

The relationship between occupational stress and its consequential impact on mental health has long been a focal point of academic exploration. The realm of professionalism presents a spectrum of stressors, from task-specific challenges to the complexities of interpersonal relations. If not navigated proficiently, these stressors possess the potential to derail one's mental equilibrium. Interestingly, even when exposed to similar stress levels, individuals manifest varied responses. This differential reaction is rooted in multiple moderating elements, with perceived peer support emerging as a significant one. This protective essence of perceived peer support is underpinned by the relational regulation theory, which contends that the perceived availability of supportive relationships can profoundly shape an individual's mental health [12].

Delving into the theoretical realm, the Social Support Theory, conceptualized by Sheldon Cohen and Thomas Wills, accentuates the indispensable role of social networks in shaping an individual's mental and physical health, especially during challenging times. The theory proposes two pivotal models: the main effect model and the buffering hypothesis. While the former suggests that social support invariably influences health positively regardless of the extent of stress experienced, the latter posits that social support can mitigate the detrimental impacts of stress. In essence, active participation in social networks offers inherent advantages such as resource access, invaluable guidance, and enriching interactions that collectively uplift well-being. In alignment with this buffering hypothesis, social support emerges as a savior during trying times, equipping individuals with the necessary tools to tackle stressors and attenuating the negative psychological impacts of stress [71]. Drawing parallels with this study focusing on educators, the Social Support Theory can decipher how perceived peer support operates as a safeguard, potentially ameliorating the detrimental impacts of occupational stress on mental health. The theory could navigate the research's trajectory, exploring if peer support diminishes the linkage between stress and mental health or whether it intrinsically elevates mental well-being, independent of stress levels.

IMPLICATIONS AND RECOMMENDATIONS

In the dynamic landscape of modern education, teachers are often at the forefront of challenges, navigating not only the academic needs of their students but also the multifaceted socio-emotional demands of the classroom environment. The role of a teacher extends beyond mere instruction, they are mentors, counselors, and often, the primary source of stability in a student's life. However, this pivotal role comes with its set of challenges. The increasing demands of the profession, coupled with external factors such as societal expectations and policy changes, have led to heightened levels of occupational stress among educators. This stress, if not addressed, can have detrimental effects on teachers' mental well-being, job satisfaction, and overall performance. Recognizing the implications of this issue, this review delves into the intricacies of occupational stress among teachers, exploring the protective roles of self-compassion and perceived peer support, and offering insights for future interventions and policies.

A. Implications

1) For Policy Makers in the Education Sector: The high prevalence of occupational stress among teachers necessitates the development of policies that address the root causes of such stress. This includes addressing challenges such as large class sizes, diverse student needs, and high-stakes accountability demands.

The COVID-19 pandemic has further exacerbated the stress levels among teachers, indicating the need for policies that specifically address the unique challenges posed by the pandemic and post-pandemic changes.

2) For School Administrators: School administrators should be aware of the detrimental effects of occupational stress on teachers' mental well-being and job satisfaction. This includes understanding the link between stress and reduced work performance, burnout, and other mental health issues.

Administrators should be proactive in providing support to teachers, especially in navigating the multifaceted social-emotional needs of students.

3) For Mental Health Professionals Working with Teachers: Mental health professionals should recognize the role of self-compassion and perceived peer support in buffering against the negative impacts of occupational stress. Interventions should be designed to cultivate these protective factors among teachers.

Given the high prevalence of clinically significant symptoms of depression and anxiety among teachers, mental health professionals should be equipped to provide targeted interventions to this population.

B. Recommendations

1) Interventions to Reduce Occupational Stress: Develop and implement school-wide programs that focus on stress reduction techniques, such as mindfulness practices, relaxation exercises, and time management skills.

Provide teachers with resources and training on effective classroom management strategies to address challenges such as large class sizes and diverse student needs.

2) Programs to Foster Self-Compassion: Introduce workshops and training sessions that teach teachers about the concept of self-compassion and its benefits. This includes understanding the importance of showing kindness and understanding to oneself, especially during challenging times.

Encourage practices that promote self-awareness and acceptance, such as journaling, meditation, and reflective exercises.

3) Initiatives to Enhance Peer Support Among Teachers: Create platforms or forums where teachers can share their experiences, challenges, and coping strategies with their peers. This could be in the form of support groups, mentorship programs, or peer-led workshops.

Encourage a culture of collaboration and mutual support among teachers, where they can lean on each other for guidance, advice, and emotional support.

CONCLUSION

The evolving landscape of the educational sector has brought to light the profound challenges teachers face daily. As delineated in the literature, occupational stress among educators is not only prevalent but also has far-reaching consequences on their mental health, job satisfaction, and overall efficacy in the classroom. Key findings underscore the detrimental effects of unchecked occupational stress, emphasizing the need for proactive measures to safeguard the well-being of our educators.

Furthermore, the literature accentuates the significance of internal and external resources in mitigating the adverse effects of stress. Self-compassion, an internal resource, emerges as a potent tool that equips teachers with the resilience to navigate the turbulent waters of their profession. On the other hand, external resources, such as perceived peer support, play a pivotal role in fostering a supportive environment, thereby acting as a buffer against the deleterious effects of stress.

While the current body of literature provides invaluable insights, it also underscores the need for further research. Expanding our understanding of these protective factors, exploring their interplay, and identifying other potential resources are essential steps in crafting holistic interventions. As we continue to delve deeper

into this realm, it is imperative to prioritize the well-being of our educators, recognizing that their mental health and job satisfaction are inextricably linked to the success of our future generations.

REFERENCES

1. Kyriacou, C. (2001). Teacher stress: Directions for future research. *Educational review*, 53(1), 27-35.
2. Montgomery, C., & Rupp, A. A. (2005). A meta-analysis for exploring the diverse causes and effects of stress in teachers. *Canadian Journal of Education/Revue canadienne de l'éducation*, 458-486.
3. Roeser, R. W., Skinner, E., Beers, J., & Jennings, P. A. (2012). Mindfulness training and teachers' professional development: An emerging area of research and practice. *Child development perspectives*, 6(2), 167-173.
4. Jennings, P. A., & Greenberg, M. T. (2009). The prosocial classroom: Teacher social and emotional competence in relation to student and classroom outcomes. *Review of educational research*, 79(1), 491-525.
5. Hwang, Y. S., Bartlett, B., Greben, M., & Hand, K. (2017). A systematic review of mindfulness interventions for in-service teachers: A tool to enhance teacher wellbeing and performance. *Teaching and Teacher Education*, 64, 26-42.
6. Collie, R. J., Shapka, J. D., & Perry, N. E. (2012). School climate and social-emotional learning: Predicting teacher stress, job satisfaction, and teaching efficacy. *Journal of educational psychology*, 104(4), 1189.
7. Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. Springer publishing company.
8. Yi, X., Yang, J., Gao, X., & Li, F. (2022). The relationship between occupational stress, mental health and work ability of coal chemical workers in Xinjiang. *Frontiers in Psychiatry*, 13, 903534.
9. World Health Organization. (2004). *Promoting mental health: Concepts, emerging evidence, practice: Summary report*. World Health Organization.
10. Keyes, C. L. (2012). Promoting and protecting positive mental health: Early and often throughout the lifespan. In *Mental well-being: International contributions to the study of positive mental health* (pp. 3-28). Dordrecht: Springer Netherlands.
11. Neff, K. D. (2016). The self-compassion scale is a valid and theoretically coherent measure of self-compassion. *Mindfulness*, 7, 264-274.
12. Lakey, B., & Orehek, E. (2011). Relational regulation theory: a new approach to explain the link between perceived social support and mental health. *Psychological review*, 118(3), 482.
13. Jimenez, E. (2021). Impact of mental health and stress level of teachers to learning resource development. *Shalax International Journal of Education*.
14. Zembylas, M., & Schutz, P. A. (2009). Research on teachers' emotions in education: Findings, practical implications and future agenda. *Advances in teacher emotion research: The impact on teachers' lives*, 367-377.
15. Agyapong, B., Obuobi-Donkor, G., Burbach, L., & Wei, Y. (2022). Stress, burnout, anxiety and depression among teachers: A scoping review. *International journal of environmental research and public health*, 19(17), 10706.
16. Ji, Y., Wang, D., & Riedl, M. (2021). Analysis of the correlation between occupational stress and mental health of primary and secondary school teachers. *Work*, 69(2), 599-611.
17. Tesfaye, A. H., Abate, K., Kabito, G. G., & Azale, T. (2023). Perceived occupational stress and associated factors among primary school teachers in the second wave of COVID-19 in Ethiopia: a multicenter cross-sectional survey. *Frontiers in Public Health*, 11, 1156652.
18. Anastasiou, S., & Belios, E. (2020). Effect of age on job satisfaction and emotional exhaustion of primary school teachers in Greece. *European Journal of Investigation in Health, Psychology and Education*, 10(2), 644-655.
19. Tsubono, K., & Ogawa, M. (2022). The analysis of main stressors among high-stress primary school teachers by job positions: A nationwide survey in Japan. *Frontiers in Public Health*, 10, 990141.
20. Guijarro-Ojeda, J. R., Ruiz-Cecilia, R., Cardoso-Pulido, M. J., & Medina-Sánchez, L. (2021).

- Examining the interplay between queerness and teacher wellbeing: A qualitative study based on foreign language teacher trainers. *International Journal of Environmental Research and Public Health*, 18(22), 12208.
21. Stengård, J., Mellner, C., Toivanen, S., & Nyberg, A. (2022). Gender differences in the work and home spheres for teachers, and longitudinal associations with depressive symptoms in a Swedish cohort. *Sex Roles*, 1-20.
 22. Shkëmbi, F., Melonashi, E., & Fanaj, N. (2015). Workplace stress among teachers in Kosovo. *SAGE Open*, 5(4), 2158244015614610.
 23. Kaur, M., & Kumar, R. (2019). Determinants of occupational stress among urban Indian school teachers. *Research in Education*, 105(1), 3-17.
 24. Chandraiah, K., Agrawal, S. C., Marimuthu, P., & Manoharan, N. (2003). Occupational stress and job satisfaction among managers. *Indian Journal of occupational and Environmental medicine*, 7(2), 6-11.
 25. Eagly, A. H., & Wood, W. (2012). Social role theory. *Handbook of theories of social psychology*, 2, 458-476.
 26. Olson, R. E., McKenzie, J., Mills, K. A., Patulny, R., Bellocchi, A., & Caristo, F. (2019). Gendered emotion management and teacher outcomes in secondary school teaching: A review. *Teaching and Teacher Education*, 80, 128-144.
 27. Pereira, H., Silva, P., & Beatriz, C. (2022, April). The impact of psychological distress on the occupational well-being of sexual and gender minorities. In *Healthcare* (Vol. 10, No. 4, p. 699). MDPI.
 28. Cunningham, C. J., Daniels, S. R., Diener, E., Djurdjevic, E., Feldman, D. C., Ferris, G. R., ... & Sabat, I. (2014). The role of demographics in occupational stress and well-being.
 29. Easton, S., & Van Laar, D. (2018). *User manual for the Work-Related Quality of Life (WRQoL) Scale: a measure of quality of working life*. University of Portsmouth.
 30. Schaufeli, W. B., Salanova, M., González-Romá, V., & Bakker, A. B. (2002). The measurement of engagement and burnout: A two sample confirmatory factor analytic approach. *Journal of Happiness studies*, 3, 71-92.
 31. Balsam, K. F., & Mohr, J. J. (2007). Adaptation to sexual orientation stigma: a comparison of bisexual and lesbian/gay adults. *Journal of counseling psychology*, 54(3), 306.
 32. Scherrer, K. S. (2008). Coming to an asexual identity: Negotiating identity, negotiating desire. *Sexualities*, 11(5), 621-641.
 33. Mollet, A. L. (2023). "It's easier just to say I'm queer": Asexual college students' strategic identity management. *Journal of Diversity in Higher Education*, 16(1), 13.
 34. MONGeLLi, F., Perrone, D., BaLDUcci, J., Sacchetti, A., Ferrari, S., Mattei, G., & Galeazzi, G. M. (2019). Minority stress and mental health among LGBT populations: An update on the evidence. *Minerva Psichiatrica*, 60(1), 27-50.
 35. Valentine, S. E., & Shipherd, J. C. (2018). A systematic review of social stress and mental health among transgender and gender non-conforming people in the United States. *Clinical psychology review*, 66, 24-38.
 36. Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence. *Psychological bulletin*, 129(5), 674.
 37. Waldo, C. R. (1999). Working in a majority context: A structural model of heterosexism as minority stress in the workplace. *Journal of counseling psychology*, 46(2), 218.
 38. Smith, N. G., & Ingram, K. M. (2004). Workplace Heterosexism and Adjustment Among Lesbian, Gay, and Bisexual Individuals: The Role of Unsupportive Social Interactions. *Journal of counseling psychology*, 51(1), 57.
 39. Ragsins, B. R., Singh, R., & Cornwell, J. M. (2007). Making the invisible visible: fear and disclosure of sexual orientation at work. *Journal of applied psychology*, 92(4), 1103.
 40. Velez, B. L., Moradi, B., & Brewster, M. E. (2013). Testing the tenets of minority stress theory in workplace contexts. *Journal of counseling psychology*, 60(4), 532.
 41. Tompa, E., Scott-Marshall, H., Dolinschi, R., Trevithick, S., & Bhattacharyya, S. (2007). Precarious

- employment experiences and their health consequences: towards a theoretical framework. *Work*, 28 (3), 209-224.
42. Rönnblad, T., Grönholm, E., Jonsson, J., Koranyi, I., Orellana, C., Kreshpaj, B., ... & Bodin, T. (2019). Precarious employment and mental health. *Scandinavian journal of work, environment & health*, 45(5), 429-443.
43. Rodgers, G., & Rodgers, J. (1989). Precarious jobs in labour market regulation: The growth of atypical employment in Western Europe. (*No Title*).
44. Mai, Q. D., Jacobs, A. W., & Schieman, S. (2019). Precarious sleep? Nonstandard work, gender, and sleep disturbance in 31 European countries. *Social Science & Medicine*, 237, 112424.
45. Goldberg, A. E., & Smith, J. Z. (2013). Work conditions and mental health in lesbian and gay dual-earner parents. *Family Relations*, 62(5), 727-740.
46. Huffman, A. H., Watrous-Rodriguez, K. M., & King, E. B. (2008). Supporting a diverse workforce: What type of support is most meaningful for lesbian and gay employees?. *Human Resource Management: Published in Cooperation with the School of Business Administration, The University of Michigan and in alliance with the Society of Human Resources Management*, 47(2), 237-253.
47. Griffith, K. H., & Hebl, M. R. (2002). The disclosure dilemma for gay men and lesbians: "coming out" at work. *Journal of applied psychology*, 87(6), 1191.
48. Mérida-López, S., Extremera, N., & Rey, L. (2017). Emotion-regulation ability, role stress and teachers' mental health. *Occupational Medicine*, 67(7), 540-545.
49. Brunetti, G. J. (2001). Why do they teach? A study of job satisfaction among long-term high school teachers. *Teacher education quarterly*, 28(3), 49-74.
50. Wong, K. S., & Cheuk, W. H. (1998). Beginning Teachers' Experience of Being Spurned, Coping Style, Stress Preparation, and Burnout. *Chinese University Education Journal*, 26(1), 117-29.
51. Ross, R. R., Altmaier, E. M., & Russell, D. W. (1989). Job stress, social support, and burnout among counseling center staff. *Journal of counseling psychology*, 36(4), 464.
52. Bottiani, J. H., Duran, C. A., Pas, E. T., & Bradshaw, C. P. (2019). Teacher stress and burnout in urban middle schools: Associations with job demands, resources, and effective classroom practices. *Journal of School Psychology*, 77, 36-51.
53. De Heus, P., & Diekstra, R. F. (1999). Do teachers burn out more easily? A comparison of teachers with other social professions on work stress and burnout symptoms. *Understanding and preventing teacher burnout: A sourcebook of international research and practice*, 269-284.
54. Ozdemir, Y. (2007). The role of classroom management efficacy in predicting teacher burnout. *International Journal of Educational and Pedagogical Sciences*, 1(11), 751-757.
55. Yongxin, L., Xuan, Y., & Jiliang, S. (2007). The relationship between teachers' sense of teaching efficacy and job burnout. *PSYCHOLOGICAL SCIENCE-SHANGHAI-*, 30(4), 952.
56. Sünter, AT, Canbaz, S., Dabak, Ş., Öz, H., & Pekşen, Y. (2006). Burnout, work-related tension and job satisfaction levels in general practitioners. *Journal of General Medicine*, 16 (1), 9-14.
57. Aslam, M., Nawaz, M., & Kanwal, S. (2023). Assessment of Occupational Stress Mental Health and Copying Style among Colleges' Teachers based on Selected Demographic Attributes: A Case Study of Southern Districts of Punjab. *Global Social Sciences Review*, VIII.
58. Tan, H., & Guo, Q. (2021, July). Research on the Relationship between Teachers' Occupational Stress and Mental Health in Shaoguan Primary and Middle Schools by SPSS24. 0. In *2021 International Conference on Public Health and Data Science (ICPHDS)* (pp. 77-80). IEEE.
59. Narayanbhai, P. N., & Tajpariya, N. (2020). Occupational stress and mental health of private and government school teachers among Sabarkantha district. *International Journal of Indian Psychology*, 8 (4).
60. Kuwabara, M., Oba, K., Takano, N., Nagamine, N., Maruyama, Y., Ito, N., ... & Sakamoto, J. (2021). An exploratory questionnaire survey about overwork on mental health of Japanese elementary and junior high school teachers. *The Journal of Mental Health Training, Education and Practice*, 16(3), 181-186.
61. Kuwato, M., & Hirano, Y. (2020). Sense of coherence, occupational stressors, and mental health

- among Japanese high school teachers in Nagasaki prefecture: a multiple regression analysis. *BMC Public Health*, 20, 1-8.
62. Landsbergis, P. A., Shtridler, E., Bahruth, A., & Alexander, D. (2020). Job stress and health of elementary and secondary school educators in the United States. *New Solutions: a Journal of Environmental and Occupational Health Policy*, 30(3), 192-203.
 63. Neff, K. D. (2003). The development and validation of a scale to measure self-compassion. *Self and identity*, 2(3), 223-250.
 64. Neff, K. D., & Germer, C. K. (2013). A pilot study and randomized controlled trial of the mindful self-compassion program. *Journal of clinical psychology*, 69(1), 28-44.
 65. Birnie, K., Speca, M., & Carlson, L. E. (2010). Exploring self-compassion and empathy in the context of mindfulness-based stress reduction (MBSR). *Stress and Health*, 26(5), 359-371.
 66. Leary, M. R., Tate, E. B., Adams, C. E., Batts Allen, A., & Hancock, J. (2007). Self-compassion and reactions to unpleasant self-relevant events: the implications of treating oneself kindly. *Journal of personality and social psychology*, 92(5), 887.
 67. Zessin, U., Dickhäuser, O., & Garbade, S. (2015). The relationship between self-compassion and well-being: A meta-analysis. *Applied Psychology: Health and Well-being*, 7(3), 340-364.
 68. Lutz, A., McFarlin, D. R., Perlman, D. M., Salomons, T. V., & Davidson, R. J. (2013). Altered anterior insula activation during anticipation and experience of painful stimuli in expert meditators. *Neuroimage*, 64, 538-546.
 69. Neff, K. D., Kirkpatrick, K. L., & Rude, S. S. (2007). Self-compassion and adaptive psychological functioning. *Journal of research in personality*, 41(1), 139-154.
 70. Gilbert, P. (Ed.). (2005). *Compassion: Conceptualisations, research and use in psychotherapy*. Routledge.
 71. Cohen, S., & Wills, T. A. (1985). Stress, social support, and the buffering hypothesis. *Psychological bulletin*, 98(2), 310.