

6-2018

# FILIPINO SERVICE CARE PROVIDERS' EXPERIENCE OF COMPASSION FATIGUE WHILE WORKING IN RESIDENTIAL CARE FACILITIES

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FILIPINO SERVICE CARE PROVIDERS' EXPERIENCE OF COMPASSION  
FATIGUE WHILE WORKING IN RESIDENTIAL CARE FACILITIES

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A Project  
Presented to the  
Faculty of  
California State University,  
San Bernardino

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In Partial Fulfillment  
of the Requirements for the Degree  
Master of Social Work

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by  
Leizel Cerezo-Pann

June 2018

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Approved by:

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## ABSTRACT

The purpose of this study is to explore Filipino service care providers' experience of compassion fatigue. Compassion fatigue is a common experience among health care professionals and can contribute to feelings of hopelessness and adverse behaviors in caring for patients. In California, there are a large number of Filipinos who are employed as care providers for older adults; however, there is limited research available regarding Filipino workers in the United States. This study took on a qualitative design that utilized face-to-face interviews to gain more insight into Filipino service care providers' experience of compassion fatigue in relation to their employment. Factors that were explored in interviews were exposure to terminally ill individuals, coping and self-care strategies, and working environments. The results of this study indicated participants appeared to experience compassion satisfaction, rather than compassion fatigue. Furthermore, recommendations for future research were discussed. These recommendations included the need to explore experiences of compassion satisfaction in this population and to look into the experience of Filipino service care providers who were born in the United States, rather than in the Philippines, to determine whether Filipino cultural values of caring can act as a buffer against the effects of compassion fatigue.

## ACKNOWLEDGEMENTS

First and foremost, I would like to thank my parents for their continuous love and support. Most especially, I would like to express my eternal gratitude to my mother, Elvira Cerezo Pan, who serves as my inspiration for Social Work and my source of guidance. To the rest of my family for their additional support and providing me with comfort and amusement. Thank you for always cheering me on. To the participants of this study for sharing their valuable time. To Dr. Janet Chang for advising and guiding me throughout my whole research process. To my professors at California State University, San Bernardino for their contribution to my education. Finally, to my preceptors and supervisors I have met along my journey for their time and consideration in helping me learn and develop as a Social Worker.

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# CHAPTER ONE

## INTRODUCTION

### Problem Formulation

Compassion fatigue is considered a form of burnout that is unique to the helping professions, wherein an individual feels a sense of hopelessness and isolation (Slocum-Gori, Hemsworth, Chan, Carson, & Kazanjian, 2013). Helping professionals include physicians, nurses, certified home health aides, social workers, service care providers, chaplains, and volunteers. Because helping professionals are often exposed to prolonged and intense contact with patients, compassion fatigue is more likely to occur in this population (Smart et al., 2014). This is especially true for helping professionals in hospice and palliative care as they are often exposed to death and dying, terminally ill patients, loss and grief, and bereavement.

Compassion fatigue differs from burnout in that workers can still care about their patients and be involved in some way (Slocum-Gori et al., 2013). However, the quality of care provided to patients may be affected as workers experience physical, mental, emotional, and spiritual exhaustion on a daily basis (Showalter, 2010). Workers who experience compassion fatigue may exhibit adverse behaviors in caring for patients, such as disengaging from patients, having a lack of concern, and having a negative attitude (Smart et al., 2014). Due to these behaviors, patients may not receive the optimal care they deserve, and their safety can be put at risk (Smart et al., 2014).

In relation to the long-term care workforce in the United States, Filipino migrant workers have become a significant resource. Specifically, in Los Angeles, about 75% of in-home care providers for older adults were Filipino migrant workers (Browne & Braun, 2008). However, there has been limited research about Filipino service care providers in the United States (Browne, Braun, & Arnsberger, 2007).

The presence of compassion fatigue amongst care providers may impact the quality of care and work they are able to provide to their patients and organization (Kashani, Eliasson, Chrosniak, & Vernalis, 2010). For example, compassion fatigue may lead to low retention and recruitment rates within an organization (Kashani et al., 2010). Patients who must switch from one care provider to another may be affected by a lack of continuity in their care. Moreover, the interdisciplinary team may have difficulties in the collaboration of treatment plans for patients if care providers are constantly changing. In terms of being unable to recruit new care providers to replace those who left, this may create further strain on current workers to carry a heavier caseload. As such, having a demanding workload and non-supportive environment also contributes to compassion fatigue (Smart et al., 2014). Not all residential care facilities may be financially able to establish policies that support their workers' well-being; thus, more policy efforts on a local and national level are required to provide care providers with better working conditions, such as health care benefits or

respectful working environments, to further prevent compassion fatigue (Browne & Braun, 2008).

### Purpose of the Study

The purpose of the study is to examine Filipino service care providers' experience of compassion fatigue while working in board and care facilities in the Riverside and San Bernardino Counties. There is limited research available regarding Filipino workers in the United States, although a large number of Filipinos in California are employed as care providers for older adults (Browne & Braun, 2008). The issue of compassion fatigue will be addressed because it is commonly seen amongst health care professionals, and its effects can ultimately compromise the quality of care provided by health care providers (Raab, 2014). Furthermore, by taking into consideration Filipino cultural values of upholding a sense of obligation to care for older adults, the evaluation of the experience of compassion fatigue amongst this population will aid in developing and providing appropriate interventions that can hopefully be put into practice.

The research method that this study will utilize is a qualitative design. This study's design will utilize face-to-face interviews, because information will be gathered from a select population and the study is exploratory in nature. Moreover, interviews will allow a comprehensive set of information to be gathered from a relatively limited number of participants and a specific population within a limited time-frame.

## Significance of the Project for Social Work Practice

The findings from this study will have an impact on social work practice as social workers collaborate with service care providers, most of whom are of Filipino descent in California, in a hospice and palliative care setting and as part of an interdisciplinary team. In being able to identify and educate about the signs and effects of compassion fatigue, the interdisciplinary team can provide a higher quality of care to patients and their families. Specifically, for social work practice, social workers have an ethical responsibility to both their clients and colleagues (National Association of Social Workers, 1999). Thus, social workers would be in a prime position to educate care providers on the interdisciplinary team about compassion fatigue, which in turn can improve the quality of care that is provided to patients.

In addressing compassion fatigue amongst residential care facility care providers, most of whom spend the majority amount of time with patients, not only will the worker's emotional, physical, mental, and spiritual state be enhanced, but the quality of care provided to patients will also be improved. In addition, as most care providers in California are of Filipino descent, it is helpful to understand whether compassion fatigue is an issue amongst this care provider population. As such, this study will inform the assessment phase of the generalist intervention process in that an assessment will be conducted on Filipino care providers' experience of compassion fatigue. With this knowledge, social workers working in hospice and palliative care settings can help in identifying and

educating about the signs of compassion fatigue for care providers and develop interventions to aid in addressing this issue. Thus, the research question for this study is: What are Filipino service care providers' experience of compassion fatigue while working in residential care facilities?

## CHAPTER TWO

### LITERATURE REVIEW

#### Introduction

This chapter includes an examination of the risk factors and subsequent effects of compassion fatigue amongst service care providers. Moreover, research studies focusing on both compassion fatigue and service care providers will be reviewed. Finally, the Structural-Functionalist Perspective and Symbolic Interaction Theory will be discussed as they relate to this overall study.

#### Compassion Fatigue in Service Care Providers

Compassion fatigue is a well-known experience among many health care professionals due to the nature of their occupation (Showalter, 2010). There are numerous risks for compassion fatigue that are inherent in the helping professions, and the effects of these risks can cause significant harm to both the patients and professionals. Fortunately, symptoms of compassion fatigue appear to be particularly responsive to treatment if the symptoms are identified and attended to (Showalter, 2010). As such, intervention recommendations for compassion fatigue include self-care, having a work-life balance, and being informed about what compassion fatigue is and its associated symptoms (Showalter, 2010).

## Risk Factors of Compassion Fatigue

Care providers working in residential care facilities, as part of hospice and palliative care, are often exposed to death, life-threatening illnesses, and bereavement, which are potential risk factors for compassion fatigue (Showalter, 2010). Constant exposure to the illness and death of others may also lead to personal feelings of grief, depression, and guilt (Slocum-Gori et al., 2013). For instance, in a study done by Slocum-Gori et al. (2013), the researchers discovered that hospice professionals who provided relief from physical, emotional, and/or spiritual pain and distress had significantly higher levels of compassion fatigue than professionals who did not. Specifically, the type of hospice and palliative care service that was delivered can greatly impact the level of compassion fatigue felt (Slocum-Gori et al., 2013). Over time, this can take a toll on the professional's own mental, emotional, and physical health.

Additionally, the work environment itself can contribute to feelings of compassion fatigue. Having an increased census and additional paperwork demands can put extra pressure on a care provider (Showalter, 2010). Working in a stressful environment can also lower the care provider's motivation and self-confidence in caring for patients (Kashani et al., 2010). In this sense, care providers would not be putting much effort into the support they provide to patients. Therefore, having a non-supportive work environment can play a significant role in the onset of compassion fatigue, especially if symptoms of compassion fatigue are not given appropriate attention (Smart et al., 2014).



## Effects of Compassion Fatigue

Compassion fatigue creates a sense of overall exhaustion in an individual, whether it is mentally, physically, and/or spiritually (Showalter, 2010). Symptoms of depression and chronic illnesses due to stress can also arise (Slocum-Gori et al., 2013). These effects in turn can compromise the quality of care that patients receive. For instance, Wang et al. (2012) reported an increase in sharps injuries among nurses who experienced emotional exhaustion. Sharps injuries are stab wounds that arise when a needle, scalpel, or other medically sharp object punctures an individual's skin, which can then expose the individual to blood and other bodily fluids (Centers for Disease Control and Prevention, 2011). Furthermore, care providers may disengage emotionally from their patients and have a lack of concern, which prevents the patient from receiving the proper attention and care they require (Smart et al., 2014).

### Studies Focusing on Compassion Fatigue and Service Care Providers

In a study conducted by Slocum-Gori et al. (2013), data were gathered from 503 health professionals and unpaid volunteers across Canada in hospice and palliative care settings to determine the relationship between levels of compassion fatigue, compassion satisfaction, and burnout among members of this workforce. To gather this data, the Professional Quality of Life (ProQOL) scale was utilized. Professionals, particularly nurses, whose work involved the provision of relief from physical, emotional, and/or physical pain and distress reported higher levels of compassion fatigue (Slocum-Gori et al., 2013). This sort

of provision related to psychosocial support to patients and their families and emotional support to members on the interdisciplinary team (Slocum-Gori et al., 2013). On the other hand, part-time workers in hospice and palliative care appeared to have higher levels of compassion satisfaction and lower levels of compassion fatigue (Slocum-Gori et al., 2013). A limitation of this study is that although it states that the professional's main institution can impact levels of compassion fatigue, it does not explain what aspects of the organization can contribute to these levels. Moreover, as this study was done in Canada, it cannot be fully generalizable to the health care workforce in the United States.

In relation to the abovementioned study, Smart et al. (2014) also conducted a study utilizing the ProQOL scale; however, it was done in a community hospital within the United States instead of Canada. The data were received from 139 licensed and non-licensed employees from four different hospital units, which included general medical-surgery, critical care units, the emergency department, and the nursing resource team (Smart et al., 2014). Unexpectedly different from previous researchers, Smart et al. (2014) found that there was less compassion fatigue amongst critical care workers. It is not clear whether it is due to the organizational environment or the workers' individual personalities and lifestyles. A limitation of this study is that data were only gathered from one hospital rather than across the country, as was done by Slocum-Gori et al. (2013). Moreover, this study looked more into compassion

fatigue within a hospital and its various units, rather than specifically with hospice and palliative care.

Showalter (2010) was able to attest to many of the factors, both on an individual and organizational level, and the effects of compassion fatigue that Slocum-Gori et al. (2013) and Smart et al. (2014) mentioned in their studies. In addition, Showalter (2010) provided recommendation for interventions that can be utilized to combat symptoms of compassion fatigue in health care professionals, emphasizing the notion that compassion fatigue has the potential to be treated. For instance, this can be done by engaging in self-care and balancing one's personal and work life, such as through meditation and getting enough sleep (Showalter, 2010). Overall, gaining knowledge and education about what compassion fatigue is and what it entails can be a beneficial first step to identifying and addressing symptoms of compassion fatigue (Showalter, 2010).

In accordance with examining Filipino service care providers, a study conducted by Browne et al. (2007) surveyed 173 first-generation Filipina immigrants in Hawaii to determine their reasons for becoming care providers to older adults in residential care homes. Most reported that they chose this occupation because it aligned with the skills they possessed and their cultural values (Browne et al., 2007). This sample's average number of years working as a care provider was 15.6 years, which can be considered a significant amount of time (Browne et al., 2007). In addition, being a care provider was a source of

income that allowed them to purchase a home in Hawaii (Browne et al., 2007). As such, about 90% of respondents reported they would like to continue in this occupation (Browne et al., 2007). Although this study provides important information about the Filipino population and their sense of compassion satisfaction in providing care for older adults, it does not include the possibility of compassion fatigue. Furthermore, this study is specific to Hawaii, rather than California, which is where this study will be administered.

On the other hand, a study conducted among 91 Filipino nurses in the Philippines explored participants' experience of burnout in relation to their quality of life (George & Reyes, 2017). Utilizing the Maslach Burnout Inventory Human Services Survey (MBI-HSS) and the WHO Quality of Life Bref (WHOQOL-Bref) questionnaire, George and Reyes (2017) discovered a negative correlation between Filipino nurses' experience of burnout and their quality of life. Specifically, the more burnout participants experienced, the lower their quality of life was likely to be. Factors of burnout that were addressed to measure participants' quality of life were emotional exhaustion, depersonalization, and sense of personal accomplishments (George & Reyes, 2017). A majority of Filipino service care providers in the United States have an educational background in nursing. As such, this study provides insight into the potential for Filipino nurses to experience burnout, as opposed to compassion satisfaction, and the effect this can have on their quality of life. However, this study is specific to a city in the Philippines, not in the United States, and working conditions and

daily life experiences may differ between countries. This study also focused on Filipino nurses employed at a hospital setting and not in a residential care facility.

### Theories Guiding Conceptualization

The two theories that will be utilized to guide this study are the Structural-Functionalist Perspective and Symbolic Interactionism. These theories have not been widely used with the topic of compassion fatigue; however, application of these theories may provide useful insight on the effects of compassion fatigue on care providers and their interactions within society and with individual patients.

The Structural-Functionalist Perspective was developed by multiple individuals. However, the component of this perspective that focuses on social roles within a system was developed by Talcott Parsons (Kemp & Holmwood, 2012). The social roles involved in the Structural-Functionalist Perspective are seen in light of their functional significance in society (Kemp & Holmwood, 2012). For instance, each member has their own role in society with a set standard of how they should behave (Kemp & Holmwood, 2012). As a result of following these standards, order is created and maintained in the system. Contrary to maintaining order, deviating from one's role expectations is considered a failure of the processes in a system to effectively work together (Kemp & Holmwood, 2012).

This perspective can be related to the expected role of care providers in providing a standard of care that contributes to supporting an individual's quality of life. If care providers do not adhere to providing a standard of care, a patient's

quality of life and that of their family's will deteriorate, and the overall system will be disrupted. As such, symptoms of compassion fatigue may hinder the care provider's ability to carry out their expected role. Therefore, if care providers cannot carry out their expected responsibility to care for patients, it may lead to a lack of trust for care providers and confusion as to who should assume this responsibility in society.

Another theory is Symbolic Interactionism, which was largely influenced by George Herbert Mead and the relationships that an individual has with society (Carter & Fuller, 2016). Symbolic Interactionism focuses on the encounters that individuals personally have with one another and with society, as well as the meanings they obtain from those encounters (Carter & Fuller, 2016). Moreover, the symbols utilized, such as language and other forms of communication, are how individuals come to understand the world around them (Carter & Fuller, 2016).

In relation to Symbolic Interactionism, service care providers interact with patients for most days of the week if not all. These interactions can provide a care provider with a renewed and meaningful understanding of life and death. However, if a care provider were to disengage from patients as a result of compassion fatigue, the chances of gaining meaning from such experiences may be diminished (Smart et al., 2014). Furthermore, experiencing inconsequential interactions with patients who are faced with terminal illnesses may exacerbate symptoms of compassion fatigue, such as hopelessness and depression

(Slocum-Gori et al., 2013). As such, lacking a sense of meaningful experiences with patients who approach death may lead service care providers to perceive their occupation as just that: a job, rather than an occupation that can bring substantial meaning into one's life.

### Summary

This study will examine Filipino service care providers' experience of compassion fatigue in relation to their work in residential care facilities. Risk factors and the effects of compassion fatigue will be taken into consideration as care provided to patients may be negatively impacted as a result. The Structural-Functionalist Perspective and Symbolic Interaction Theory will help guide this study by being mindful of the role that service care providers contribute to society and their interactions within society. As such, this study aims to explore a specific population of Filipino service care providers to add to the limited research currently available on this growing service population.

## CHAPTER THREE

### METHODS

#### Introduction

This study examined Filipino service care providers' experience of compassion fatigue in relation to the work they perform in residential care facilities. As such, this study will serve as a foundation for addressing the issue of compassion fatigue amongst this population. Furthermore, this chapter will discuss how this study was conducted in terms of its study design, sampling, data collection and instruments, procedures, protection of human subjects, and data analysis.

#### Study Design

The purpose of this study is to explore Filipino service care providers' experience of compassion fatigue while working in board and care facilities in the Counties of Riverside and San Bernardino. There is limited research currently available in regards to the Filipino population and their experience of compassion fatigue as health care providers; thus, this study took on an exploratory approach. To explore this population's experience, this study utilized a qualitative approach via open-ended questions during face-to-face interviews to collect data from individual participants.

A strength in utilizing an exploratory, qualitative design was that it allowed participants to elaborate on their answers as opposed to being subjected to a



certain set of answers. In relation to the purpose of this study, this design provided a better picture of this specific population's experience of compassion fatigue as service care providers in a health care setting. Moreover, interviews allowed participants to have a more interactive involvement in providing their detailed experience and perspective on this issue. On the other hand, a limitation in utilizing interviews was that it was conducted with a small group of individuals, rather than a large sample size. As a result, major themes of the interviews in relation to compassion fatigue will be identified, but the causality of compassion fatigue, or a lack thereof, cannot be determined. Thus, the research question for this study is: What are Filipino service care providers' experience of compassion fatigue while working in residential care facilities?

### Sampling

This study utilized a non-probability, purposive sampling of Filipino service care providers working in board and care facilities in the Counties of Riverside and San Bernardino. Participants were selected based on their identification as Filipino and working as a service care provider in a residential care facility. Moreover, approval was requested from residential care facility owners to interview service care providers working in their facility. There was a total of 10 participants who partook in the interviews.

## Data Collection and Instruments

Qualitative data was collected via face-to-face, audio-recorded interviews with Filipino service care providers at the residential care facility they were working in. Demographic information was collected before beginning the interview (see Appendix A). This information included the participant's age, number of years they had been employed as a service care provider, number of days per week they were in contact with a patient, and the number of patients currently assigned to them. The researcher then conducted interviews as outlined in the interview guide provided in Appendix B to explore Filipino service care providers' experience of compassion fatigue in relation to their employment. Interview questions included the participant's reason for becoming a service care provider, their experience working as a service care provider, and how they felt about working with patients with advanced illnesses.

## Procedures

The researcher contacted various owners of residential care facilities in the Counties of Riverside and San Bernardino to obtain their approval to interview Filipino service care providers working in their facility. All participants were provided with an informed consent, as well as their own copy, and informed that participation in the interviews were completely voluntary. Interviews were conducted by the researcher at the participant's place of employment at a residential care facility during a time that best fit their schedule. Interviews took

about 20-30 minutes to complete. The researcher also informed participants that an audio recording device would be utilized to record the interview.

### Protection of Human Subjects

All participants were provided with an informed consent, which they read and signed (see Appendix C) before beginning the interview. Interviews were conducted in a private room in the residential care facility to ensure other staff members and patients did not overhear what was shared during the interview. Identifying information (e.g., name, address, phone number) were not asked of participants, and they remained anonymous. Rather, participants were assigned an identification number to ensure they were not associated with any identifiable information. Audio recordings were collected via a digital device and were saved on a USB using password encryption.

### Data Analysis

The data that was collected was analyzed via qualitative procedures. Interviews were conducted to gain more insight into each participant's experience of compassion fatigue as a service care provider. After the data was collected, the researcher listened to the audio recordings of the interviews, translated interviews from Tagalog to English as needed, and transcribed the conversations. Interviews were transcribed onto a Word Document and were coded. Thematic analysis was used to identify major themes in relation to participants' experience of compassion fatigue. Major themes included

participants' coping and self-care strategies, working environment, and personal experience and responsibilities as a service care provider. Descriptive statistics of demographic variables were also conducted to provide a general makeup of the respondents. As a result of the data analysis, this study sought to explore whether compassion fatigue is indeed an issue amongst this specific population of service care providers.

### Summary

This study explored Filipino service care providers' experience of compassion fatigue in relation to their employment in residential care facilities. Moreover, this study provided a foundation in considering this issue amongst the Filipino population working in a health care setting in greater detail. An exploratory, qualitative design in the form of interviews most effectively allowed participants to provide their perspective and experience as a service care provider in a more interactive and free-flowing way.

## CHAPTER FOUR

### RESULTS

#### Introduction

In this chapter, Filipino service care providers' participant demographics and experience of compassion fatigue based on their interviews will be presented. Findings in relation to participants' personal experiences as a service care provider, their ability to cope when a patient passes away, and their perception of their current working environments will also be provided.

#### Presentation of the Findings

##### Demographics

The sample population included 10 Filipino service care providers who completed the interview. Nine females and 1 male comprised this sample. The median age of all participants was 58-years-old. The youngest participants were both 32-years-old, and the oldest participant was 78-years-old. This study included 3 participants between ages 30-39, 1 participant between ages 40-49, 3 participants between ages 50-59, 2 participants between ages 60-69, and 1 participant between ages 70-79. In regards to religion, all participants stated they were actively practicing a form of religion, spirituality, or faith. Nine participants identified as Catholic and 1 participant identified as a Born-Again Christian.

Of the participants interviewed, 9 participants attended a 4-year-college. Specifically, 7 participants completed their 4-year-program, and 2 participants did

not. Moreover, 1 participant had finished high school. All participants completed their schooling in the Philippines, and all participants were born in the Philippines. The number of years participants lived in the United States ranged from 1 year to more than 40 years. Furthermore, the average number of years the participants were employed as a service care provider was 8 years. The number of years participants were employed as a service care provider ranged from 3 to 20 years.

For 5 participants, they were in contact with patients 7 days a week, 2 were in contact with patients 6 days a week, and 3 were in contact with patients 5 days a week. The lowest number of patients assigned to a participant was 3 patients, while the highest number of patients assigned was 6 patients. Two participants had 3 patients assigned to them, 2 participants had 4 patients assigned to them, 2 participants had 5 patients assigned to them, and 4 participants had 6 patients they were assigned to.

#### Reason for Becoming a Service Care Provider

Each participant's decision to become a service care provider varied for many reasons, which included a genuine desire to assist older adults, a financial motivation, and an alignment with their interest to enter a medical-related profession, such as nursing. As such, four participants expressed an interest in caring for older adults. One participant stated, "I already planned that if I will retire, I want to volunteer. To care for elder people or for small kids, children"

(Participant 6, February 2018). Another participant stated, “I love the job. I like to take care of elderly” (Participant 1, January 2018).

For three participants, they identified a financial motivation, rather than a personal interest, to be employed as a service care provider. One participant stated, “Of course we need to earn money and we need some financial, you know, so I have to work on this – actually this is not my profession, but I tried to – to work as a caregiver.” Furthermore, this participant stated, “When I came from the Philippines, I have my own business...when my child petitioned me, I said, okay, I will come here to find another source of income or another job. So, I have this kind of job now as a caregiver” (Participant 2, January 2018). Another participant shared, “This was the first job I was offered...I’m tired. Because it’s almost more than three years. But I need this job because of my family, my children...it’s difficult to find a place to pay rent...but from now, even though I don’t really like it, I can’t do anything” (Participant 9, February 2018).

Three other participants became a service care provider because the profession itself aligned with the experience they already had in nursing, and they wanted to use this experience as a care provider to fully enter the nursing field in the United States. One participant stated, “Given that I have a background on a medical field, and I still do not have the opportunity to work as a nurse in the U.S., so I [am] starting my way by providing care services to facilities like this” (Participant 3, January 2018). Another participant stated, “I started doing this kind of work as I was going for my LVN. And they said that it will be easier to kind of

be familiar with the basic terminology and all that stuff and I liked it...it's cause I wanted to be a nurse, but it didn't work out, but I think it's the next best thing" (Participant 8, February 2018). Another participant also shared, "I was a nurse in the Philippines, and I love taking care of, you know, the elderly...I was looking for a job and that's the first thing that, you know, that was available. So, I said why not. I tried it and then I fell in love with the work" (Participant 10, February 2018).

#### Duties as a Service Care Provider

For all ten participants, they described their duties as a care provider as an all-day process/routine, from the moment patients woke up in the morning until they went to sleep at night. These duties included preparing meals, assisting with personal hygiene, such as bathing and showering, preparing medications, calling the nurse or doctor when needed, doing laundry, keeping the residential facility clean, and overall, making sure each patient's needs were met.

#### Positive Experiences

Although each of the ten participants identified a positive experience during their time working as a care provider, there were mixed responses. These positive experiences included receiving compliments from the patient and/or their families, having the opportunity to help patients and provide care, developing close relationships with patients, and learning new skills from the job that they did not have knowledge of before.

Three participants associated their positive experiences with receiving compliments and positive reactions from the patient and/or the patient's family.



Specifically, one participant stated, “I love the praise that they give, like cause they appreciate me too much...even not just them, the family” (Participant 10, February 2018). Another participant stated, “I can see the reactions of the older people when you give them a lot of TLC” (Participant 6, February 2018).

Moreover, another three participants expressed a positive experience in being able to help others and provide the needed care. One participant shared, “I grew up providing care services. For me, everything is a good experience as long as I’m providing help or providing health care to people who need it” (Participant 3, January 2018).

Two participants came to view their relationship with the patients as one that brought about a sense of family. For instance, one participant stated, “I guess it has something to do with a cultural thing. Because us Filipinos, we take care of our elders...you have an emotional connection, not just with the patient itself, but with the family...you actually earn an extended family...you don’t just have patients, but you have an extended family (Participant 8, February 2018). Another participant stated, “But for me here, you know...attachment like family. Because I told them, ‘Under this roof, you know, we are like family, one family here.’ So regardless, different nationality, different type of, you know, different color...but in under this roof, we are one” (Participant 5, February 2018).

Two participants identified learning new skills as a positive experience during their time as a care provider. One participant reported, “I have learned a lot...your relationship with the patient, such as how you will manage them, like if

they have Dementia...Before, I did not know how to manage them. That is – I have a lot of positive experiences that I have learned from here.” This participant further stated, “Medication, I have learned about that, and how to transfer to wheelchair to the bed. Transfer to commode to the wheelchair. There’s a lot I have learned” (Participant 9, February 2018).

### Challenges Encountered

A majority of the participants (8 participants) attributed challenging experiences in relation to patients’ medical diagnoses, such as Alzheimer’s or Dementia, and their behavior. For example, one participant stated, “Well sometimes, you know, you have to understand, they have Alzheimer’s, sometimes they act up. And then you just have to be patient” (Participant 1, January 2018). Likewise, another participant stated, “sometimes there are residents that – they are like combative...surely we cannot take what they do personally because we know they have an illness. So, our understanding of our patients is number 1. We have to understand them” (Participant 2, January 2018). Specifically, for one participant, although she identified patients’ behaviors as a challenge, she also perceived it as a fulfilling experience. This participant states, “There are also combative patients, so you learn how to handle those situations...most of the elderly patients tend to be hard of hearing. And then sometimes, miscommunication...it’s difficult but rewarding” (Participant 9, February 2018).

Two participants cited challenges in experiencing patients approaching death and having a gradual decline in health. One participant shared, “little by little as time goes on, they’ll start being more dependent on you...you just get emotionally attached, so when they pass...it’s hard, because you have this thing where you take care of someone for – we have patients here who have been here for six years.” This participant further stated, “pretty much you spend more time with them than your own family and you see them declining little by little, it takes an emotional toll as well (Participant 8, February 2018).

#### Working with Advanced Illnesses

Participants were asked regarding how they felt about working with patients with advanced illnesses. A majority of the participants (6 participants) stated that working with patients with advanced illnesses can be difficult and challenging. There was also some overlap in responses with feelings of contentment in that encountering individuals with advanced illnesses are an inherent part of the job and that being a care provider aligned with Filipino cultural values of caring for one’s elders.

One participant who cited difficulties stated, “they are all what you call advanced illnesses right now – it’s challenging. And I feel that if I can make them happy, comfortable, then it makes me happy too.” This participant further stated, “It can be challenging when – especially, the family – if the family is not cooperating with us, then it will be challenging” (Participant 6, February 2018). Another participant stated, “It’s hurtful...If you have developed an affection for

your patient, you will cry once they're gone...Especially if your patient is rather kind to you. It's not just material aspects. Because we are Filipino. Filipinos have soft pillows and we have a heart. We have a heart for people" (Participant 9, February 2018).

A participant who also identified Filipino cultural values stated, "especially again, it's a culture thing – that when you're taking care of an elder, even though they're not your family, you have that connection that you're always thinking, 'Oh, this could be my, you know, my grandfather.' So, it's hard at the same time, because...it's an industry where you know your patients are going" (Participant 8, February 2018). Another participant shared, "it's like you are taking care of, for example, your own parents...so we have to show our love and care for them, so they can have good thoughts as well...that's why you have to understand 'what's their situation?'" (Participant 2, January 2018).

For two participants, they perceived working with patients with advanced illnesses as a natural part of their job. One participant stated, "you just have to adjust...especially if it's Dementia, it's difficult to take care of...you cannot avoid it. It's a part of being a caregiver" (Participant 4, January 2018). Moreover, the other participant stated, "you need to be a strong determination that is going there, because you know, in being a provider, you can see every day, you know, they downgrade...you need to be tough" (Participant 5, January 2018).

### Coping Strategies

Due to the nature of the participants' profession in working with terminally ill individuals, participants were asked to discuss their coping strategies when their patient(s) pass on. Half of the participants (5 participants) described a combination of praying for the patient who passed on, moving on with life, and accepting the inevitability of death. One participant stated, "for me, it's really easy to move on, because I have other patients to take care of...I pray for them, of course...but then after they go, I have to move on because I...still have to take care of other people" (Participant 10, February 2018). Another participant stated, "as everything, it gets better in time, and then you just move on because...you're still emotionally attached, but still by the end of the day, it's still a job" (Participant 8, February 2018). Furthermore, another participant shared, "you need to accept...just put in your mind that, you know, all people is going there...but you know, the attachment and memories still there" (Participant 5, January 2018).

### Working Environment

As an individual's working environment can be a factor in their experience of compassion fatigue, participants were asked about how they felt regarding their current working environment. Some of the factors in the working environment that participants considered were their workload, coworkers, relationship with patient's families, and interaction with the patients themselves. A majority of the participants (9 participants) reported that even though difficulties arose from time to time, overall, they were content with their current working

environment. One participant specifically shared that although their working conditions were “good...it can be better” (Participant 6, February 2018). This participant further stated, “less work would be better, but you are here, you have to do what you have to do...if you don’t have the kind of heart to do this job, don’t do it” (Participant 6, February 2018).

Another participant stated, “It’s good, I like it...especially if you’re working with the right people...But if, you know, one of your coworkers is not doing what they’re supposed to be doing, it’s upsetting because it affects everybody else” (Participant 8, February 2018). Moreover, this participant shared, “if you feel and you know the family has confidence in you, then it’s not as stressful...but if you feel like your coworkers or the family doesn’t trust you, then that’s more...I think cause you’re always like stepping on eggshells” (Participant 8, February 2018).

Finally, in relation to interactions with patients, one participant shared, “Right now I love working here...they listen to me, they respect me, and I respect them too in return. But without that, it’s not gonna work right...so being here, it’s made me happy. More happy than my previous jobs” (Participant 10, February 2018).

### Experience of Stress

A majority of the participants (8 participants) identified feelings of stress as a service care provider; however, all eight participants had their own personal way of coping with the stress they encountered. One participant stated, “but surely we cannot say that we do not burnt out sometimes. Surely, there are times

when you feel so tired and then things like that happen. I cannot avoid that I feel stressed out sometimes...sometimes I cry...my stress, I don't show it to my residents, it's just for me" (Participant 2, January 2018). Another participant stated, "You just have to take your time, relax a little bit, and then that's it. It can be very stressful. But that's why to work in this kind of field, you have to have compassion, a lot" (Participant 6, February 2018). Finally, a third participant shared, "Yes, and I think it comes with every work anyways...So it can cause stress when you're trying to explain to them the same thing over and over...but you just have to kinda know what our boundaries as well...It's individualized for each, you know, patient" (Participant 8, February 2018).

### Self-Care Techniques

All ten participants identified at least one self-care technique they engaged in. One of the participants shared, "so I have learned how to handle when you're stressed, to walk away from the situation. Even just to go out and get fresh air...It doesn't have to be something major that you go to yoga or you run for an hour...For me, it's just reading and just little things, just to make me feel good about myself by the end of the day, and that's enough for me" (Participant 8, February 2018). Another participant stated, "when I'm stressed out like that, sometimes I will just read my messages, or sometimes I will read prayers on my cell phone. I read some prayers so that I will calm down when I am stressed...it's my way out. And then I will just look at my grandchildren's pictures" (Participant 2, January 2018). Finally, another participant stated, "once in a while I do my

nails, I go to the salon...And if we have time, we go to the casino or to the shopping mall” (Participant 10, February 2018).

### Summary

As a result, this chapter presented the demographics and major findings in relation to service care providers’ experience and perception of their profession, working environment, and personal coping and self-care strategies. As such, the opinions and experiences obtained from 10 face-to-face interviews were utilized to explain the findings that were presented.



## CHAPTER FIVE

### DISCUSSION

#### Introduction

This chapter will discuss the major findings that were presented in Chapter Four. Limitations of this study as well as recommendations for Social Work practice, policy, and research will also be presented. Finally, a conclusion of the findings of this study and implications it can have for Social Work will be provided.

#### Discussion

All participants in this study were born in the Philippines and received their post-secondary education from there. The results of this study identified a potential for participants to have experienced compassion satisfaction, rather than compassion fatigue, which is what this study aimed to explore. As such, the three primary risk factors that were considered in this study to contribute to participants' experience of compassion fatigue were their working conditions, lack of self-care strategies, and exposure to terminally ill patients. However, a majority of the participants were able to identify positive coping and self-care strategies in dealing with their work and felt content with their working conditions. These findings were consistent with previous literature that explored first-generation Filipina service care providers (Browne et al., 2007). For instance, Browne et al. (2007) cited Filipino cultural values of caring for elders and an

alignment with a professional skill set this population already possessed as reasons for Filipinos in the United States to enter a profession as a service care provider.

On the other hand, the results of this study did not appear to support some findings of the previous studies that looked into the presence of compassion fatigue and burnout amongst health care workers, both in the United States and the Philippines. This may indicate the potential for Filipino cultural values of caring for elders to act as a buffer against the effects of compassion fatigue. Moreover, participants' answers during the interview may not have been entirely truthful, especially if they did not want to openly share about stressors or difficulties they experienced in their job.

Previous research found that nurses who provided psychosocial support to patients and their families as well as relief from physical pain and distress experienced higher levels of compassion fatigue (Slocum-Gori et al., 2013). Additionally, Smart et al. (2014) found higher levels of burnout and compassion fatigue amongst hospital employees who did not work in critical care units. However, in this study, most of the participants who spent 24 hours with their patients, did not report emotional, physical, and/or spiritual exhaustion or a sense of disconnection from their patients. Furthermore, in their study, George and Reyes (2017) discovered that nurses in the Philippines who experienced burnout exhibited depersonalization and emotional exhaustion, which impacted their quality of life in a negative manner. It was interesting to note that many of the

participants in this study reported any challenges, difficulties, or stressors they experienced as a service care provider as an inherent component of their job. In this way, it appeared that they did not completely internalize the stress they felt.

Another interesting point to note was that participants of this study reported having positive coping strategies to deal with their exposure to terminally ill patients and self-care strategies that helped provide relief from any stressors they experienced from their job. Having self-care strategies was one of the most important preventative measure of compassion fatigue that was consistent in previous literature (Smart et al., 2014; Showalter, 2010).

In a quantitative study looking into the health and welfare of nurses, Kashani et al. (2010) reported that stressful working environments had the potential to contribute to compassion fatigue. In accordance with this statement, Smart et al. (2014) proposed that having a supportive work environment can help buffer against stress and compassion fatigue. As such, a majority of the participants in this study felt a sense of contentment with their current working environments in that they were treated well by residential care facility owners and had time for self-care. This may further suggest another factor that contributed to participants' experience of compassion satisfaction, rather than compassion fatigue.

#### Limitations

There are a few limitations of this study. One limitation includes the small sample size of ten Filipino participants within the Counties of Riverside and San

Bernardino. As such, this may not be representative of all Filipino service care providers in these specified areas. The opinions and experiences of these participants may not be applicable to all Filipino service care providers. Moreover, participants were interviewed from only five residential care facilities, and working environments within these facilities may not be generalizable to other residential care facilities, whether or not they have Filipino service care providers. Finally, this study included participants who were all born and raised in the Philippines and did not account for the perspectives of Filipinos who were born in the United States. In this way, it can be difficult to determine whether Filipino cultural values truly played a role in buffering the effects of compassion fatigue.

#### Recommendations for Social Work Practice, Policy, and Research

As a result of this study, it appears first-generation Filipino service care providers may experience compassion satisfaction more so than compassion fatigue. This experience of compassion satisfaction may have been attributed to Filipino cultural values of caring for elders, the presence of self-care strategies, ability to cope with stressors on the job, and a supportive working environment. With this knowledge, Social Workers can promote education within a hospice and palliative interdisciplinary team regarding the benefits of engaging in self-care strategies because of the nature of their job as health care providers. Social Workers may also be able to provide in-service trainings to fellow co-workers regarding positive coping skills that can be utilized in dealing with terminally ill

patients and exposure to death and dying. Moreover, this study aids in informing Social Work policy by promoting supportive working conditions within an agency or facility. By feeling supported and having their well-being taken into consideration, service care providers may feel more capable of coping with any stressors felt on the job, and patients will be able to receive a higher quality of care that they deserve.

This study also provided interesting points that looked into the experiences of Filipino service care providers. There were limited studies available in regards to Filipino service care providers and their experiences (Browne et al., 2007). Therefore, further research is needed to explore the experiences of this particular population, especially in regards to compassion satisfaction. Moreover, research that looks into Filipino service care providers who were born in the United States may provide more information regarding factors that can contribute to compassion fatigue or satisfaction and whether Filipino cultural values truly play a significant role in combating the effects of compassion fatigue.

### Conclusions

This study examined Filipino service care providers' experience of compassion fatigue or a lack thereof. The main factors that were addressed to explore experiences of compassion fatigue were participants' ability to cope with job stressors and exposure to terminally ill patients, possession of self-care techniques, and their working conditions. The majority of participants in this study

appeared to experience compassion satisfaction, rather than compassion fatigue. As such, this study serves as a foundation to assist Social Workers in providing information and education to coworkers within their interdisciplinary team and as part of their professional ethical responsibility. In discovering what can contribute to compassion fatigue and compassion satisfaction, this can guide future research and policies in implementing better working environments and experiences for health care providers.

APPENDIX A  
PARTICIPANT DEMOGRAPHICS

Identification #: \_\_\_\_\_

### Demographic Information

1. Age: \_\_\_\_\_
2. Male: \_\_\_\_\_ Female: \_\_\_\_\_
3. Ethnicity: \_\_\_\_\_
4. Religion: \_\_\_\_\_
5. Level of Education Completed: \_\_\_\_\_
6. How many years have you lived in the United States? \_\_\_\_\_
7. Years employed as a service care provider? \_\_\_\_\_
8. How many days per week are you in contact with a patient? \_\_\_\_\_
9. How many patients are currently assigned to you? \_\_\_\_\_



APPENDIX B  
INTERVIEW GUIDE

Identification #: \_\_\_\_\_

### Interview

1. What was your reason for becoming a service care provider?
2. What are your duties as a service care provider?
3. Please describe any positive experiences you have had as a service care provider.
4. Please describe any negative experiences or challenges you have encountered as a service care provider.
5. How do you feel about working with patients with advanced illnesses?
6. How do you cope when a patient passes away?
7. How do you feel about your current working environment?
8. Have you ever felt stressed out working as a service care provider? If so, please explain this experience.
9. Do you practice any self-care techniques? If so, what are these techniques?

APPENDIX C  
INFORMED CONSENT



College of Social and Behavioral Sciences  
School of Social Work

**INFORMED CONSENT**

The study in which you are asked to participate is designed to explore Filipino service care providers' experience of compassion fatigue while working in residential care facilities. The study is being conducted by Leizel Cerezo-Pann, a graduate student under the supervision of Dr. Janet Chang, Professor in the School of Social Work at California State University, San Bernardino (CSUSB). The study has been approved by the Institutional Review Board Social Work Sub-Committee at CSUSB.

**PURPOSE:** The purpose of the study is to explore Filipino service care providers' experience of compassion fatigue while working in residential care facilities.

**DESCRIPTION:** Participants will be asked to provide demographic information and will be asked questions regarding their experience working as a service care provider.

**PARTICIPATION:** Your participation in the study is completely voluntary. You can refuse to participate in the study or discontinue your participation at any time without any consequences.

**CONFIDENTIALITY OR ANONYMITY:** Your responses will remain anonymous.

**DURATION:** The interview will take about 20-30 minutes to complete.

**RISKS:** There are no foreseeable risks to the participants.

**BENEFITS:** There will not be any direct benefits to the participants.

**CONTACT:** If you have any questions about this study, please feel free to contact Dr. Chang at (909) 537-5184.

**RESULTS:** Results of the study can be obtained from the Pfau Library ScholarWorks database (<http://scholarworks.lib.csusb.edu/>) at California State University, San Bernardino after July 2018.

.....

I agree to be tape recorded: \_\_\_\_\_ YES \_\_\_\_\_ NO

This is to certify that I have read the above and I am 18 years or older.

\_\_\_\_\_ Place an X mark here

\_\_\_\_\_ Date

909.537.5501

5500 UNIVERSITY PARKWAY, SAN BERNARDINO, CA 92407-2393

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APPENDIX D  
INSTITUTIONAL REVIEW BOARD APPROVAL LETTER



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