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Perceptions Of Compassion Fatigue Amongst Master Of Social Work Students And Self-Care Strategies To Build Resilience

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PERCEPTIONS OF COMPASSION FATIGUE AMONGST MASTER OF SOCIAL

WORK STUDENTS

AND SELF-CARE STRATEGIES TO BUILD RESILIENCE

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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

Daniel Eric Wright

June 2020

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ABSTRACT

Due to the unpredictable nature of the social work profession, MSW interns may find themselves unprepared when dealing with clients that have suffered through traumatic events. For those that are not adequately prepared, there can be risks of experiencing compassion fatigue. Compassion fatigue is a process by which a professional's inner experience is negatively transformed through empathic engagement with clients' trauma material (Killian, 2008). This research project examined possible contributing factors to compassion fatigue among MSW students and recent MSW graduates from a large public university in Southern California. The study also focused on whether self-care methods were being used, what worked, and what participants did to prevent against symptoms of compassion fatigue and burnout.

The researcher utilized qualitative methods and conventional content analysis to identify themes and sub themes after completing one-on-one interviews with eight participants. Key findings from the study included that a lack of knowledge by student interns and recent graduates left them unable to define compassion fatigue although they recognized related concepts. Also, most of the participants actively engaged in self-care in order to keep their health and mental health fit. Last, participants described how working directly with child and adolescent clients that were vulnerable and had survived or experienced trauma could lead to compassion fatigue symptoms.

The research aims to benefit future social work practice by increasing awareness about what leads to compassion fatigue symptoms, reminding new social workers about self-care methods that protect against compassion fatigue, and by contributing to the implementation of better education, and or training policies within the field of social work about the risks of compassion fatigue.

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CHAPTER ONE

INTRODUCTION

Problem Formulation

One of the leading reasons that people are led to the field of social work is because they are passionate about helping people. Social workers want to help individuals and groups dealing with social injustices, those suffering from abuse and neglect, underserved populations, and a list of other issues that people need advocating for. Unfortunately, there are times when a social worker might find themselves having their own conflicts after repeated exposure to those who have dealt with trauma or distress. These issues can affect the clinician's ability to do their job, affect the social worker's interpersonal relationships, and even jeopardize the safety of the client. Consequently, this will impact the social worker's level of empathy or compassionate engagement with those in distress or who have dealt with trauma (Figley, 2002).

Compassion fatigue (CF) is the potentially harmful symptoms and effects that are experienced by social workers who interact with traumatized clients (Bourassa & Clements, 2010). There can be significant consequences that come with CF that affect the mental health of a social worker, thus affecting their skilled judgement and ability to perform competently on behalf of the client (Wharton, 2008). These symptoms and effects can be psychologically and physically harmful to the social worker (Figley, 2002). Compassion fatigue can also negatively affect the ability to maintain personal and professional relationships,

create loss of productivity and lead to high turnover rates, and a diminished capacity to enjoy life (Showalter, 2010).

Studying the issue of compassion fatigue (CF) is important because the prevalence among social workers is extremely high. In a study involving 2,886 licensed social workers in a southern state in the United States, a survey and business reply envelope was mailed to 600 social workers. Of the 600 surveys sent, 294 (49.6%) of the surveys were completed and mailed back. Twelve of the surveys were not used due to things like missing data and a few people no longer practicing resulting in 282 surveys being used. The study found that 70.2% of the social workers that participated reported having an occurrence of at least one symptom of CF (Bride, 2007).

Social workers that work with clients that have been victimized with such things as physical and sexual abuse (including rape), man-made or natural disasters, and serving in or surviving war can find themselves dealing with different traits of compassion fatigue (Figley, 2002). In some instances, after just one traumatic exposure, the social worker can find themselves affected which distinguishes CF from the other concepts like burnout (Bourassa & Clements, 2010), which refers to overwhelming emotional exhaustion, depersonalization, and feelings of professional insufficiency (Wagaman, 2015).

Bourassa & Clements (2010) reported that along with the consequences, social worker CF can put a client or a whole caseload at risk if the indicators are not addressed in a timely fashion. The author's further note when ethical and

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quality of care issues affect the client and subsequent treatment, this could place the client in a harmful relationship with the social worker which could lead to further abuse or neglect due to the social worker ignoring the client's needs.

The need to be healthy should always be a priority for social workers. One of the first things we are taught is the need for "self-care." The need for self-care in this profession is critical to being an effective agent of change and advocate on someone's behalf. Without our physical and mental health intact, social workers run the risk of doing more damage than good. Thus, this study answered the following research questions:

1. What is it about exposure to clients that leads to compassion fatigue

2. What self-care strategies could be used to build resiliency in order to prevent CF?

Purpose of the Study

The purpose of this research study was to identify what it is about exposure to clients that leads to CF and to seek potential strategies to promote resilience in social work practice in order to combat CF. Since 1982, beginning with Charles Figley, compassion fatigue and self-care have been the topic of extensive studies. But there are areas within the social work profession that need to be looked into further. Social worker resilience and the unpredictable exchanges between clinician and clients and threats to personal safety all weigh in as areas that lead to CF and need to be studied. Much like burnout, CF plays a

big part in the prevalence of high job turnover rates among social workers. This study explored why and what factors about the unpredictable and fluctuating nature of working with clients or certain traumatized clients, could contribute to symptoms of CF.

Significance of the Project for Social Work

MSW interns and new professionals often start their careers not knowing the possible mental and physical consequences that repeated contact with traumatized clients can have on them. Studying what unique reasons lead to CF not only needs to be addressed, but preparedness to enter the field, strength in resiliency, and various self-care methods from this project may help future MSW student interns be better prepared in providing the necessary self-care for themselves as well as quality service to their clients.

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter discussed and identified what potential risk factors contributed to the social worker acquiring compassion fatigue. The subsections looked at the differences between compassion fatigue vs burnout in regards to social work as well as how self-care can be used as a coping strategy in the prevention against compassion fatigue. The final section identified relevant theories related to this research.

Past Trauma and Exposure to Traumatized Clients

Eltwood, Mott, Lohr & Galovski (2011) reported that those working directly with clients that have experienced traumatic events, or having a history of one of these risk factors makes it more likely for a social worker to develop CF. The study further found being exposed to a client's traumatic experiences, responses, and cognitive distortions, has the ability to trigger a clinician's reactions to their own past histories of trauma. Craig and Sprang (2009), found while conducting their study on Compassion satisfaction, CF, and BO, that beside other variables, the clinicians own maltreatment history influenced the risk of CF. Although, a study by Schauben and Frazier (1995) found conflicting evidence in that increased CF was not predicted by a clinician's own maltreatment history.

Gender

A study comparing CF to BO concluded that even though females in their sample were more likely to experience CF, the significance in predicting CF was not contributed to gender, especially when they added perception of working conditions (Thompson, 2014). Additionally, results in Thompson, Amatea & Thompson's (2014) study does suggest that a better predictor of compassion fatigue would be to look at an individual's outlook of working conditions rather than just gender alone. Further research is needed because conflicting results in another study showed that females did present a higher risk in experiencing this negative outcome but the onset of CF was related to how young the female was and how long they were working in the field of Social work (Rossi, 2012).

Occupational Stress

The everyday use of empathy combined with day-to-day bureaucratic obstacles can create occupational stress for many social workers. Things such as agency stress, balancing clinical work with administrative work, and billing complications can all generate the experience of compassion fatigue (Newell, 2010).

At the macro level, factors such as agency stress, billing difficulties, and balancing clinical work with administrative work are a few organizational characteristics that have been identified as risk factors for CF (Newell, 2010). Other factors include organizational settings and bureaucratic limitations, scant

or inadequate supervision, lack of availability of client resources, and lack of support from coworkers (Newell, 2010). Along with CF, there exists the possibility that other exposure to the above risk factors can result in more severe impairments like burnout (Bourasa, 2009).

<center>Compassion Fatigue vs Burnout.</center>

Much of the literature is mixed as to whether compassion fatigue (CF) and burnout (BO) are one in the same or whether one leads to the other. The findings by Thompson, Ametia & Thompson (2014), illustrate that while perception of working conditions was positively affiliated with both CF and BO at a significant level, working conditions was found to be much more associated with BO than with CF (Thompson, 2014). Burnout has been more closely associated with systemic pressures in the work environment, whereas CF is vicarious trauma a social worker may feel after interacting with clients that have survived distressing, or traumatic events, importantly, empathic engagement, which is the ability to understand the world of others, enter that world, and step into the other person's shoes, is the primary conduit for the transmission of traumatic stress from client to therapist (Craig, 2010). This helps to support the distinction between BO and compassion fatigue.

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Self-care

The use of self-care in social work practice serves as a way to reduce the risks of CF. A clear definition of the term "self-care" does not have an inclusive explanation within the literature. The term is too broad, but the perception of self-care in social work has generally been thought to be engagement in behaviors that support health and well-being (Lee, 2013). The areas this multifaceted phenomenon focuses on are physical, psychological and emotional, social, spiritual, leisure, and professional areas of the social workers life. In the use of implementing positive coping strategies like social support amongst co-workers (most significant), mindfulness, meditation, sharing concerns, and reducing workloads, clinicians find themselves experiencing higher levels of compassion satisfaction instead of fatigue (Killian, 2008).

Theories Guiding Conceptualization

In the pursuit to find a theoretical perspective that could be used to conceptualize the ideas in this study, Watson's Theory of Human Caring fits perfectly. The one thing that doctors, nurses, police officers, firefighters and social workers all have in common is the potential of acquiring CF is the empathic nature of these professions that puts those in these professions at risk. Although Watson's theory is framed around the nursing profession, it highlights how the caring, empathic relationship between the social worker and the client that allows change to happen, which is similar to the relationship between social workers and their clients.

A key idea Watson (2010) includes in her theory is: a relative caring to one's self and to others and the instillation of hope to the client. Watson (2010) also emphasizes that professionals must care for themselves to be able to care for others and that self-healing is a necessary process for rejuvenating our energy reserves and replenishing our spiritual bank. Another idea Watson uses in her theory is the use of a reflection/meditation approach as a way for a person to better understand themselves. This can be done through journaling, arts, silence, centering, nature, etc. (Watson, 2010). This theory is significant in regards to the study of MSW student interns and recent MSW graduates working in the field in that it examines ways in which social work interns and graduates are able to better cope with CF with the use of self-care in order to further advance their successes in their internship and workplace.

CHAPTER THREE

METHODS

Introduction

The following chapter consists of methods used to further understand how trauma exposure at internships can lead to compassion fatigue for MSW students and recent MSW graduates. There is structured details of how the study took place with six subsections. Subsections focused on study design, sampling, data collection and instruments, procedures, protection of human subjects, and data analysis.

Study Design

The purpose of this study was to take an exploratory approach in order to identify possible factors that lead to compassion fatigue amongst MSW student interns and recent MSW graduates.

Because this was a qualitative study, the researcher conducted in-person, face-to-face interviews using open-ended questions as the best form of data collection. By interviewing MSW students that were interning or had recently interned in field placement, there were perspectives or viewpoints given that may not have been looked into in past research studies. While utilizing in-person interviews, participants answered with detailed information based on their experiences as well as their thoughts and personal feelings; this gave the interviewer the opportunity to probe further in order to gain additional insight or

realize whether another direction in the interview was needed. A benefit to using in-person interviews as a form of data collection was for the interviewer to observe nonverbal cues during question responses. This allowed the interviewer the chance to see facial cues and possible body tenseness. If the interviewee was uncomfortable and not wanting to answer a question, or deviated off the topic, they might not alert the person conducting the interview. Therefore, it was up to the researcher to recognize body signals such as tenseness, fidgeting, looking down or elsewhere, etc. These cues aided the researcher in realizing whether the direction of questioning brought up feelings or whether the client was comfortable or uncomfortable with the line of questioning. Participants were reminded that all of the questions were voluntary when this occurred.

Using in-person interviews does come with possible limitations. In-person interviews are time consuming. MSW students already have to deal with time constraints due to loads of reading and assignments from their classes and the demands of their internships, seminars and process recordings, possible jobs, and home life. These commitments likely influenced whether the MSW student wished to take on or find the time for a lengthy interview.

Additionally, MSW students that have felt CF may have felt that the questions were too invasive or might not have wished to continue to provide responses, which may have led to less reliable information.

Sampling

This research study utilized a non-probability snowball sampling technique in order to reach the target demographic. The participants for this study consisted of eight full or part time MSW students from a local university. The participants also were chosen due to their recent MSW education, internship, and current field of work they were in. Recent MSW graduates were also asked to partake in this study.

Data Collection and Instruments

Subject supplied data was received through the use of interviews. Data collection was also done in a secure, private environment and an audio recording device was used to aid in capturing the participants' responses. This was done in order for an accurate translation at a later time for coding. Interviews took place throughout the months of June through March 2020. Prior to each interview an informed consent was signed by each participant. Those interviewed were notified that the interview was to be recorded for accuracy and that the recording would be deleted after translation as a way to protect client confidentiality. A brief review of the study and its intended purpose was discussed as well as an estimated time it would take for the interview to take place. Demographic data was collected at the beginning of each interview, with age, ethnicity, gender, education level, time spent in field placement, and employment status given.

The researcher conducted each interview using a list of open ended questions, with each question focusing on the concept being studied. A few

examples of the questions being asked to participants included: Are there any

particular clients or cases that occupied their mind more than others? Has it been

hard for them to function at home after spending time with a traumatized client? If

so please explain. How do they define CF? Are there any signs of what they

consider to be CF at their internship? (Please refer to the Interview Guide in the

Appendix)

Procedures

During the spring quarter of 2019, MSW students in different cohorts at

Cal State University, San Bernardino were asked if they would like to partake in a

qualitative research study. The prospective participants each were informed

about the research being studied and told how long the interview would take. The

researcher gave each MSW student an email address to answer any questions

the participants had before any interview took place. If a participant agreed to

take part, a time was set and a room reserved at the university library. A thirty

minute allotment was required for each interview; although most interviews were

summed up within 15 to 25 minutes depending on how much the participant

shared. Participants were notified when the interview ended and were asked if

they have any questions for the researcher. After further dialog was shared, the

audio recorder was turned off and the participants were thanked for their role in

the study. A $10.00 gift card was awarded to each person after the interview in

appreciation for the participant's time and contribution.

Protection of Human Subjects

Steps were taken to ensure the identity and data received from the participant were kept confidential. Participants were told that any identifiable things like email addresses, phone numbers, and names would all be safeguarded on a password encrypted folder and not shared at any point with anyone. After the study was completed the audio recording of the interview was deleted. A conference room for two people was reserved at a close by university and the door shut for privacy. Once seated, a brief moment of small talk, then confidentiality and anonymity were went over. Participants were asked during the interview to not use the names of clients, colleagues, instructors, supervisors or anyone else that could be potentially identifiable. An informed consent form was given to the participant and all information on the form explained. The researcher went over: the rights of the participant, the agreement to be involved in the study, the right to quit at any time, that their contribution is strictly voluntary, and that they will be protected in the study. Once the interview concluded, the researcher's contact information was given to the participant in the event that the participant had any afterthoughts, questions or concerns in regard to the study.

Data Analysis

Data collection was done by way of face to face interviews with individual, willing participants. Each participant was asked fourteen questions related to the study with their responses knowingly being recorded onto a digital recording device. After each interview, the individualized audio recording was transcribed.

During the transcription process, a conventional content analysis was used to identify themes related to the direction of the study (Hsieh & Shannon, 2005). The researcher combed through the content of each interview, looking for patterns, themes and subthemes until informative saturation occurred. These patterns or themes expressed in the text was coded into categories in order to interpret underlying meanings related to the study.

Summary

This study sought to identify and understand how trauma exposure at internships can lead to compassion fatigue for MSW students and recent MSW graduates and how the use of different self-care modalities can build resilience in order to provide quality service. The study took an exploratory, qualitative approach through the use of one-on-one interviews to gather the insights of MSW student interns and recently graduated, working professionals in the field. There was a total of eight interviewees for this study and all participants were between the ages of 22-50. Appropriate measures were taken to ensure that every participants' confidentiality and anonymity were protected

CHAPTER FOUR

RESULTS

Introduction

This chapter presents the demographics and information retrieved from qualitative interviews by current MSW students and recent graduates for the purpose of this study. The intent of this study was to identify potential risk factors that contribute to MSW student interns and recent MSW graduates acquiring compassion fatigue, as well as look into various self-care strategies being used to combat against it. Through conventional content analysis, interviews were examined to identify emerging themes. The themes and sub-themes are presented along with participant's quotes to help support these themes.

Demographic Statistics

As indicated in Table 1 below, the sample consisted of four female MSW students and four male MSW graduates. The participants were between the ages of 22-50 and were needing to be interning or be finished with their internship requirements to be eligible for the interview.

The minimum age was 23 years old and the maximum age was 37 years old. The average age was 28 years old (M= 28.9, SD= 4.8). Two participants identified as African American/Black (25%), one as Caucasian/White (12.5%), and five as Hispanic/Latino (62.5%). Four participants of the study (50%) stated they were MSW student interns with 1.5 years of experience. The other 50% of

the study (graduates), had a combined mean average (M= 4.8) years employed in the field of social work. Five participants (62.5%) stated their area of specialization was mental health, and three participants (37.5%) reported their area of specialization as Child welfare.

Table 1. Demographic Characteristics of Study Sample

Variable	Frequencies (n)	Years M (SD)	Percentages (%)
Age:		28.9 (4.8)	
18-24	1		12.5%
25-29	5		62.5%
30-34	0		0%
35-40	2		25%
Sex			
Male	0		0%
Female	8		100%
Race/Ethnicity			
African-American/Black	2		25%
Caucasian/White	1		12.5%
Hispanic/Latino	5		62.5%
MSW Education Status			
Student Intern	4		50%
Graduate	4		50%
Years in the Field			
Interning	4	1.5 (0)	
Employed (Mean)-(SD)	4	4.8 (1.4)	
Area of Specialization			
Mental Health	5		62.5%
Child Welfare	3		37.5%

Qualitative Interview Data

Eight Individuals were interviewed to collect the qualitative data by asking

questions about CF symptoms and self-care, and these interviews were

transcribed and then coded using conventional content analysis (Hsieh &

Shannon, 2005). From these interviews, four themes emerged with twelve

subthemes, which are described in Table 2.

Table 2. Themes and Subthemes from Master of Social Work Student Interns
and Recent Graduates

Themes and subthemes	Description
Perceptions of Compassion Fatigue 1. Reporting burnout symptoms 2. Reported correct meaning of CF 3. Self-care taught but nothing on CF	This theme describes the various perceptions participants had about CF and whether it was taught in MSW program.
Buffers Against Compassion Fatigue 1. Support from supervision/ colleagues 2. Taking breaks 3. Setting and adhering to boundaries	This theme describes different strategies used at work that protect against CF symptoms and burnout.
Self-care Methods 1. At work-stretching, yoga, group meditation, mindfulness, office party 2. Away from Work- time with family and friends, activities, exercise, more rest 3. Therapy	This theme describes the importance self-care plays in order to stay resilient while working with clients that have experienced different traumas.
Risk Factors 1. Not utilizing support at work and home 2. Lack of training, education, experience 3. Exposure to traumatic cases 4. Self-care not being practiced	This theme focuses on various behavioral choices, lack of skills or experience, direct exposures with survivors of trauma, and lack of self-care that can be identified as risk factors.

Perceptions of Compassion Fatigue

Six out of the eight participants (75%), gave the wrong definition when asked what their perception of compassion fatigue was. The common description given amongst the six participants was found to be more relative to symptoms of burnout rather than compassion fatigue. Participant 5, (has worked in social work 4.5 years) stated:

I would think that compassion fatigue is a little similar to burnout. Burnout can be compassion fatigue and I will tell you why. When clinicians or people in the field are burned out, it's because they can no longer do their job appropriately, and when I mean they cannot do their job appropriately I mean they are no longer feeling empathetic or compassionate, or relating to the people they are here to serve.

Participant 7, (has worked in social work six years) stated:

I think it's when somebody works in the field with people a little bit too long, maybe dedicating themselves a little bit too much. And you don't feel as much empathy for the person because you're feeling kind of drained. You don't really want to go to work, right, because you're just kind of feeling exhausted and fatigued.

Participant 8, (has worked in social work six years) stated:

So to me, compassion fatigue means you begin to burnout. And it comes to a point where you really just don't feel any compassion for what you're hearing from your client. That's how I interpret compassion fatigue.

Two out of the eight (25%) participants responded with a fairly accurate description of what they perceived as compassion fatigue. Participant 3 began by taking a guess and responded with a fairly close definition. Participant 3, (MSW Intern) stated:

Is it kind of like having secondary trauma, in a sense? So that's kind of like when you, especially working in child welfare, see a lot of families and a lot of kids have trauma based on some family drama that they have. So experiencing that second hand. So all that negativity you feel from that exposure, you feel it inside of you, and you bring it in to the work you do with other clients, your home life, etc.

Participant 6, (has worked in social work three years) stated:

To me, compassion fatigue is when a professional in the helping field hears these recurrent stories of various traumas from clients. These are just really sad and terrible things that have happened to people, and you kind of take that on, and you get secondary trauma from everything that is being related to you, and then eventually burnout.

Six out of the eight participants (75%) responded they did not recall being educated, or prepared in their MSW programs about compassion fatigue, but did state that self-care was mentioned often. Participant 2, stated:

See, that's the thing, because I never really heard of it. I feel like we never really were taught that honestly.

Participant 7, stated:

> You know, now that I reflect on it, I don't think they prepared me. To be
>
> honest, I don't think any program prepares anybody for what they
>
> experience with compassion fatigue.

Participant 8, stated:

> I would be lying if I said one day we had a class on compassion fatigue.

Buffers against Compassion Fatigue

Four out of eight participants (50%) shared in the interviews that seeking
support from a supervisor, and or venting to colleagues after spending time with
a client that has survived recent or past traumas was an excellent way to process
and monitor their own mental health in order to buffer themselves from acquiring
compassion fatigue. The following participants openly discuss how having
adequate support during work has helped them stay resilient after spending time
with clients that have survived traumatic event. Participant 1, stated:

> I have a great support system at my internship; whether it be with my
>
> coworkers, preceptor or field instructor. They always ask me if I am alright
>
> after seeing my client.

Participant 3, stated:

> A lot of the ways that I cope at my workplace or working with clients is
>
> talking afterword's with my coworkers. I really need that support. This job
>
> is hard and if I didn't have them to lean on at times I wouldn't make it.

Participant 4, stated:

A lot of things are easier to deal with after I talk to my supervisor. We've got a great working relationship. So if I'm feeling worn after a client I just talk to her about it and she will allow me to vent. I do this either with her or my colleagues. They let me vent to them too.

Participant 5, stated:

I've had times where I am sitting in a session, and it's really hard to get through it, but we do it anyway. So afterwards, I have found it very appropriate to process with my fellow colleagues; whether it's a peer support, client intervention specialist, clinician or my boss; just someone.

Five out of the eight participants (62.5%) responded that taking the time to identify when rest is needed during the work day is extremely important, and that taking breaks after spending time with clients gave them the opportunity to re-center, recharge and decompress. Participant number 1 stated:

I've excused myself to take a breather after a client. I'll do some grounding techniques, or go to the restroom for a drink of water. Sometimes I'll go on my social media and look at things that make me happy, so I can come back and be present again. You have to have that self-awareness.

Participant number 5, stated:

You need to be able to realize and excuse yourself. And even if we are slammed with people, you need to be able to walk away and take at least

ten minutes to either go cry or take a couple of deep breaths to re-center and ground yourself.

Participant 6, stated:

I'm mindful of when I need to take a break, usually that means I'll come back refreshed. I'll be like, "okay, this was a tough case. I'm just going to take a breather even though I know I could keep working through it.

Six out of eight participants (75%) responded that setting boundaries at the workplace, and adhering to the boundaries served as a way to not get overworked and emotionally worn down. Participant number 2, stated:

Number one thing at work…boundaries. It may sound simple, but if I don't set those boundaries and work all day without a few breaks and a lunch it affects my level of care with the client and leaves me mentally exhausted.

Participant number 3, stated:

The moment I leave my desk and leave my internship, I'm done. I let go. If it was at work, it's going to stay at work.

Participant number 6, stated:

I set time aside at work to make sure I do things like mindfulness, yoga, and meditation throughout the week. I also set my boundaries where I will not do or think about work on the weekends. Just kind of being really strict to those boundaries.

Participant number 8, stated:

> Setting my boundaries at work and communicating with my supervisor
> energizes my batteries the best. It's so important, you know, just
> communicating with her.

Self-care Methods

All eight participants identified using various self-care methods in the workplace and during their personal down time away from work as a means to deal with daily stressors from work. Three participants (37.5%) practiced self-care in the workplace by scheduling activities at the start of each morning with various group activities like stretching, yoga, group meditation, mindfulness exercises, and occasional office party's to build morale. Participant number 6, stated:

> So I really love the mindfulness type stuff. It helps me get centered before
> the craziness of the day gets started. I find after the exercises I'm more
> calm and patient and a lot more focused. It's just a really great way for us
> as a group to get the day going.

Participant number 8, stated:

> A few times a month my job has different types of self-care events like
> meditation, yoga, art therapy and party's. There's always a celebration for
> something, yeah and just gives us time to, you know, connect.
> Six of the eight participants (75%), when asked what form of self-care

worked best for them, reported that spending time with family and friends as a way to destress and put out of their minds the stressors of the day was their favorite self-care method. Participant number 5, stated:

> I rely a lot on my friends and my family. My husband is a great support. He will let me vent a little bit about my day. And so I feel I let it out. He's not in the same field so I find that extremely helpful. And also my family; I see my family every weekend. I talk to my mom daily.

Participant 7, stated:

> " have like three or four best friends. I have my husband and I have my mom. I have a lot of people that I reach out to often.

Participant number 6, stated:

> My family of course is really supportive; and I am really close with my sisters. I also have a niece and nephew that let me play with them, so I get to not be an adult for a while. Yeah, everyone is really supportive.

Three participants (37.5%) mentioned that taking their mind off work by doing different activities like binge watching a show, getting exercise, getting extra sleep etc., worked really well in reducing job-related stress. Participant number 3, stated:

> Me and my older sister like to take our minds off work by watching Game of Thrones. We like watching TV together. It's become the time where we can catch up and check in on each other and maintain our mental health.

Participant number 2, stated:

When I go on Netflix or Hulu and binge watch a show my mind stays

focused on the show; so there's no other outside stuff.

Participant 4, stated:

To get my head off work I like to spend the weekends doing things I like

and make sure I workout at least three or four times a week.

Participant 5, stated:

I'll read a book or clean the house listening to music. A lot of times me and

my boyfriend will take little day trips to get away from things. We go eat at

different places, or to the movies. Things like that really clears my head.

Two of the eight participants (25%) mentioned that going to therapy

worked really well as self-care, and reported that speaking to a therapist really

helped them to process feelings they were having after spending time with

clients. Participant number 8, stated:

So first and foremost, I am going to therapy for the first time in my life. I

remember while being a student, our professors would tell us if you're

going into mental health you need to take care of your own first. I thought,

whatever, I'm fine…It didn't take much. I was maybe four months into the

field when I crumbled. I really did. I went to the doctor for a physical, and I

just broke down crying right there. She assigned me to a case manager to

find a therapist and I have been going once a week ever since. Best thing

I could have done for my career.

Risk Factors

All eight participants reported different work related factors that

contributed to acquiring compassion fatigue either personally, or witnessed in a

coworker. Two participants (25%) reported not having support, or not utilizing

support from colleague's, supervisors, family members (including spouse), and

friends led to not only compassion fatigue, but poor service to clients, burnout,

and hi job turnovers. Participant number 1, stated:

I was avoiding time with my coworkers and neglecting my mother

especially, and the few people that I consider my friends. I wasn't seeing

beyond what was in front of me, and in my mind I felt I didn't have any

support. But all the support was right there in front of me. Outside of work I

didn't take advantage of support either. It just wasn't a priority for me.

Participant number 2, stated:

When I first started, after graduation, I felt that I could lean on my mom

about cases because she knows about child welfare. But no, she gets

tired of me talking about my clients. I didn't talk to friends about work

figuring they wouldn't understand and my supervisor is always too busy,

so I don't want to bug her.

Six of the eight participants (80%) mentioned that a lack of training, experience, and or education about ways to combat against compassion fatigue, were risk factors not only for them, but for other coworkers as well. Again, six of the eight participants (80%) had no idea what compassion fatigue was. Participant number 6, stated:

So, I've noticed that some of the other team members that aren't necessarily trained in mental health have wound up with PTSD like symptoms after doing assessments with clients with trauma. I find them dwelling on cases. They don't know to go home and practice self-care, They show up more tired, they're a little bit more insensitive. They can't separate what they can do and what is out of their control. They start to get numb.

Participant number 2, stated:

You know, this is actually the first time hearing about compassion fatigue in the workplace. So maybe it does happen, but I wasn't familiar with it. I can tell you right now that I have had those symptoms after hearing about a case.

Five of the participants (62.5%) out of eight, reported that exposure with certain populations, and clients that survived severe traumas, or had severe trauma caused compassion fatigue symptoms in them or close co-workers. Participant number 6, stated:

So working with children is hard for me because they are so vulnerable.

When I encounter an adolescent that has experienced a really difficult life

or a very traumatic experience at as young age, that affects me the rest of

the day and even at home.

Participant number 7, stated:

In my past jobs I've felt that way. I used to work with adolescents who did

a lot of self-harm. A lot of dangerous, risky behaviors which was hard for

me to see. And what I would do is dwell on that at home which would

make me lose sleep. I'd also be irritable with my husband, my mom, my

family, friends, so I tended to isolate myself. Just because it was weighing

on me so much.

Participant number 1, stated:

I get extremely affected when I get a case about a child that's been

sexually molested. Those traumas affect me, and on e or two of those

cases still do. I have broken down crying and remember not being able to

let the circumstances of the case go. I'm like, "how can someone do that

to a child?" and I have to work with the child. So it sits in my head for a

long time. I'm trying to work on having PTSD during my cases, but when I

hear something very, very sensitive, it stays in my head and I cannot let it

go. So I am constantly worried about that.

Summary

In summary, this chapter outlined the descriptive statistics for the sample as well as the qualitative interview data from the questions asked during individual interviews. The information presented by the eight participants in the interviews featured the major and minor findings of the participants' perceptions about compassion fatigue, buffers against compassion fatigue, self-care methods used, and risk factors associated with acquiring compassion fatigue.

CHAPTER FIVE

DISCUSSION

Introduction

This chapter discusses the findings that were addressed in chapter four. Discussion of the limitations of the research study are also addressed as well as recommendations for social work practice, policy, and future research. Furthermore, key aspects of what the study aimed to address are summarized in the conclusion with an emphasis on how these findings should be taken into consideration in MSW programs and the field of social work as a whole.

Discussion

This study provides many interesting findings regarding what leads to compassion fatigue and ways to build resiliency to combat against it. Findings from this research study identified four major themes: 1) Perceptions MSW students and recent MSW graduates had about compassion fatigue, 2) Buffers against compassion fatigue, 3) self-care methods used, and 4) Potential risk factors that could lead to compassion fatigue. The findings are discussed in order of the themes.

Perceptions About Compassion Fatigue

One finding from the study that stood out was the lack of awareness participants had about compassion fatigue, which did not appear to be present in

other studies that were reviewed. From this finding it can be inferred that compassion fatigue was not well understood in my sample, which might have been a fluke due to the small sample size. However, this might also suggest that some MSW interns and recent graduates may be unable to identify associated risk factors that could lead to compassion fatigue, which highlights a potential need for this area to be added to MSW social work program curriculums and intern sites. This finding is consistent with Killian's (2008) study, which suggests that work training and social work educational programs would benefit from adding a self-care and compassion fatigue component to their curricula and discuss various self-care methods for maintaining health.

<div align="center">Buffers Against Compassion Fatigue</div>

A second major theme in the study identified different protective buffers to combat against symptoms of compassion fatigue. Participants reported being informed about various strategies in the workplace that were useful to combat against things like compassion fatigue, burnout and high turnover rates. The participants communicated that seeking support from a team lead, supervisor, or colleagues aided in their mental stability. This was consistent with Lee & Miller's (2013) study, which suggests that seeking professional social support by communicating with a group of colleagues is an effective resource for which social workers can receive feedback, get guidance, and find encouragement.

Additionally, it was found that taking the time to identify when rest was needed and taking regular breaks at work reduced job related stressors. This

gave interns and graduates an opportunity to recharge their batteries before being exposed to traumatized clients. Additionally, several participants reported that another buffer that aids in combating against compassion fatigue was the need to set and adhere to boundaries. This is congruent with the Code of Ethics of the National Association of Social Workers (NASW 2008) stating social workers need to employ appropriate professional boundaries to practice effectively and ethically. From this finding it can be inferred that student interns and recent graduates are exposed to many different clients, many who have suffered through many different traumas. Setting adequate boundaries not only helps clients but also serves as a protective buffer for the social worker as well.

Self-care

A third key finding in this study were the methods of self-care that interns and recent graduates used. The majority of participants had some types of self-care methods in place that served as a coping mechanism, or preventative measure against compassion fatigue. All participants reported that utilizing various self-care methods was critical to their well-being at the workplace and at home. This aligns with the findings of Lee & Miller's (2013) study that found that self-care offsets stressors related to work and promotes resilience in practitioners whose work focuses on death and bereavement, mental health, and/or trauma.

Each participant shared, for the purpose of this study, what self-care methods worked best for them in reducing stress at work. The methods of self-care practices varied for each participant. For instance some participants found

spending time with family and friends; others had to remove themselves from the stressor, while others found mindfulness exercises, yoga, seeking therapy, or getting more sleep in tune with what worked best for them. This was consistent with Lee & Miller's (2013) study, which suggests that using self-care is an individualized process and that a practitioner has to figure out what suits them best. The study also describes self-care as an ethical imperative that can serve as a means of empowerment that allows social workers to be proactive in negotiating their overall health, resilience, and well-being (2013).

Risk Factors

The last key finding of this study was that specific clients and vulnerable populations that have current, or past traumas serve as risk factors for MSW interns and MSW recent graduates. What this study found was that certain populations stood out among clients that contributed to compassion fatigue. Every one of the eight participants in the study explained that working with child victims of trauma and adolescents left them with symptoms that could potentially lead to compassion fatigue. Whether it was sexual assault, physical abuse, victimization, self-harm, or suicidal ideations, every participant stated that working with children/adolescents with these traumas had a lasting effect on them. This is similar to research that has found that practitioners are aware of the sensitivity to the stress they acquire from working with trauma survivors and the importance that self-care plays in their mental health (Malinowski, 2014). Although it was not pursued in the interviews, this would be congruent with a

study by Elwood et al. (2011) that found being exposed to a client's responses and traumatic experiences has the ability to trigger a clinician's reactions to their own past traumatic histories.

Limitations

In regard to the limitations of this study, distinct aspects should be taken into consideration. Participants in the study comprised of eight women, thus these findings might not generalize males. The small sample size also presented as a limitation, so caution should be made in generalizing these findings. Furthermore, all of participants were MSW graduate students during their final year of schooling in a large MSW in Southern California. Therefore, the study's findings may not be generalized to all MSW interns and recent graduates and may not apply to MSW programs with different demographics.

Recommendations for Social Work Practice, Policy, and Research

Based on the findings of this research study, it appears that some MSW interns and MSW recent graduates lack education about compassion fatigue, identifying the risk factors and the consequences from getting it. Therefore, on the macro level it would be of great importance for education institutions to attach a section about compassion fatigue to the curriculum. All participants mentioned that self-care was mentioned and reinforced over and over during class, yet only two of the eight had ever heard of compassion fatigue. It would benefit the school

and the student to incorporate a definition of compassion fatigue during the same time so there is congruence between the two.

Another suggestion would be that upon initial training at internship that compassion fatigue and the need for continued self-care be touched upon so the intern can benefit from recognizing risk factors while in placement. On a micro level, social workers do need to make sure they have self-care in place and a full understanding of what compassion fatigue is. It is further recommended that student interns and graduates understand the need for setting proper boundaries at their place of internship so that proper self-care can be used.

Last, working with vulnerable populations and identifying risk factors that lead to social worker awareness about compassion fatigue is something that future studies could explore further because if these populations could be identified as big risk factors for students in MSW programs, then that can perhaps be incorporated into program curriculum and job trainings as well.

Conclusion

Compassion fatigue is a form of secondary trauma that affects many social workers, and with a knowledge on what to do to combat against it with various self-care strategies, it doesn't need to be contributing factor to an early end of a potentially rewarding career. This study's purpose was to identify what exposure to clients leads to compassion fatigue from the perspectives of student interns and recent graduates as well as self-care strategies to build resiliency in order to prevent CF. The study did this by pursuing their perceptions about

compassion fatigue and self-care using qualitative methods. The study identified

potential risk factors that could lead to compassion fatigue if self-care is not set in

place. The study also identified various preventive measures used in order to

combat against compassion fatigue. While the demographic data gave similar

results to several prior studies, the qualitative data showed that awareness of

sensitivities of personal stressors while working with trauma survivors and having

various self-care methods in place aided in a built resiliency among MSW interns

and MSW recent graduates. One positive thing to mention is that the majority of

my participants had some form of self-care in place that appeared to help them,

and served as a protective buffer against compassion fatigue. It is the hope of

the author of this study that increased education in school curriculum and

internships will better prepare those venturing out into the world of the helping

profession to create a more balanced social worker.

APPENDIX A:

INFORMED CONSENT

CSUSB

WE DEFINE THE *Future*

School of Social Work

CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO
5500 University Parkway, San Bernardino, CA 92407

909.537.5501 | fax: 909.537.7029
http://socialwork.csusb.edu

INFORMED CONSENT

The study in which you are asked to participate is designed to examine and explore what it is about exposure to clients that leads to compassion fatigue and seek potential strategies with self-care to promote resilience in social work practice. The study is being conducted by Daniel Eric Wright, a graduate student, under the supervision of Dr. James Simon, Assistant 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 examine compassion fatigue symptoms in MSW interns and whether they use self-care strategies in order to be resilient while giving client care.

DESCRIPTION: Participants will be asked of a few demographic questions, as well as symptom related questions regarding compassion fatigue and thoughts about self-care.

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

CONFIDENTIALITY: Your responses will remain confidential and data will be reported in group form only.

DURATION: It will take 10-20 minutes to complete the interview.

RISKS: Although not anticipated, there may be some discomfort in answering some of the questions. You are not required to answer and can skip the question or end your participation.

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. James Simon at (909) 537-7224.

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 20XX.

****

I agree to be audio recorded: _____ YES _____ NO
This is to certify that I read the above and I am 18 years or older.

_____   _____
Place an X mark here   Date

APPENDIX B:

INTERVIEW GUIDE

Interview Guide for Research Study

Demographics
1. What is your gender?
2. What is your current age?
3. What is your enrollment status: FT or PT?
4. What is your current level of education?
5. How long have you been working/interning in the field of SW?

Compassion Fatigue Symptoms and Self-care Questions
1. Are there any particular clients or cases that occupy your mind more than others?
2. Can you explain whether or not there are times when you don't want to go to work due to the unpredictable nature of your clients?
3. Have there been any circumstances while working with a client that you felt that your personal safety was at risk?
   - If yes please explain.
4. Have you found that exposure to your clients has had an effect on your interpersonal relationships?
   - If so, how?
5. Are there any signs of what you consider to be CF at your placement among other interns or coworkers?
   - If yes, have you discussed with them how they cope with it?
6. What are some ways that you are able to cope with your workplace/clients?
7. How well does your school prepare you to combat against CF?
8. What does "self-care" mean to you?
9. Are you able to make the time to practice the things you know about self-care?
   - If yes, how?
   - If not why?
10. Can you explain what kind of positive support system you have at work?
11. Do you feel that you have positive support outside of work?
    - Please explain.

Developed by: Daniel Eric Wright

APPENDIX C:

INSTITUTIONAL REVIEW BOARD APPROVAL

INSTITUTIONAL REVIEW BOARD (IRB)
CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO

Human Subjects Protocol Change/Modification/Amendment Form

DATE: 5/2/19

IRB NUMBER: SW1944 EMAIL ADDRESS(S): 005259380@coyote.csusb.edu

REVIEW CATEGORY: EXEMPT ☐ EXPEDITED ☒ FULL BOARD ☐

Note: All changes to your originally approved protocol, *no matter how minor*, require IRB approval before implementation.

INVESTIGATOR(s) / RESEARCHER(s) NAMES: Daniel Eric Wright

DEPARTMENT: Social Work

PROJECT TITLE: Compassion Fatigue Amongst MSW student Interns, and Self-Care Strategies to Build Resilience

Please return this fully completed form to the IRB Research Compliance Officer/AAS, Mr. Michael Gillespie, in the Office of Academic Research. Attach additional sheets if necessary to describe in detail any changes to the original approved protocol or methodology related to your research or the human subjects thereof.

The questions on the interview guide were revised.

Have there been any adverse events or unanticipated problem(s) that relate to the research conducted and/or human subjects utilized in your research, since your protocol was originally approved? You are required to fill out the (AE) adverse event report if an adverse event occurred during the conduct of your research (see IRB website). Fill that form out and turn it in with this protocol change form.

Yes ☐   No ☒

Investigator(s) Assurance:

The information and answers to the questions above is true and accurate to the best of my knowledge and I understand that prior IRB approval is required before initiating any changes that may affect the human subject participant(s) in the originally approved research protocol. I also understand that in accordance with federal regulations I am to report to the IRB or administrative designee any adverse events or unanticipated events that may arise during the course of this research.

Signature of Investigator(s)/Researcher(s)   Date 5/2/19

Signature of Faculty Advisor for Student Researchers   Date 5/2/19

Signature of IRB Chair or IRB Chair Designee   Date

Approval of protocol change/modification/amendment is granted from: ___/___/___ through ___/___/___

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