

5-2021

HOW DOES COMPASSION FATIGUE AFFECT GERIATRIC SOCIAL WORKERS IN THEIR PERSONAL AND PROFESSIONAL LIVES?

Nicole Elise Dawson
University of California- San Bernardino

Joanna Romero Jacobo
University of California-San Bernardino

Follow this and additional works at: <https://scholarworks.lib.csusb.edu/etd>

 Part of the [Social Work Commons](#)

Recommended Citation

Dawson, Nicole Elise and Jacobo, Joanna Romero, "HOW DOES COMPASSION FATIGUE AFFECT GERIATRIC SOCIAL WORKERS IN THEIR PERSONAL AND PROFESSIONAL LIVES?" (2021). *Electronic Theses, Projects, and Dissertations*. 1198.
<https://scholarworks.lib.csusb.edu/etd/1198>

This Project is brought to you for free and open access by the Office of Graduate Studies at CSUSB ScholarWorks. It has been accepted for inclusion in Electronic Theses, Projects, and Dissertations by an authorized administrator of CSUSB ScholarWorks. For more information, please contact scholarworks@csusb.edu.

HOW DOES COMPASSION FATIGUE AFFECT GERIATRIC SOCIAL
WORKERS IN THEIR PERSONAL AND PROFESSIONAL LIVES?

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

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

by
Nicole Dawson
Joanna Jacobo
May 2021

HOW DOES COMPASSION FATIGUE AFFECT GERIATRIC SOCIAL
WORKERS IN THEIR PERSONAL AND PROFESSIONAL LIVES?

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

by
Nicole Dawson
Joanna Jacobo
May 2021

Approved by:

Thomas Davis, Faculty Supervisor, Social Work
Armando Barragán, M.S.W. Research Coordinator

© 2021 Joanna Jacobo and Nicole Dawson

ABSTRACT

This study aims to research how compassion fatigue (CF) affects geriatric social workers in their personal and professional lives. Currently, there is little exposure on what the symptoms look like in CF among social workers, especially geriatric social services practitioners. The significance of this study is to address CF and how it may affect social workers in their daily activities. Geriatric social workers who work on a regular basis with vulnerable populations can lead to experience symptoms of CF. These symptoms include: emotional disconnect from their clients, less motivated at work, apathetic towards sensitive situations and affecting their quality of care towards the client. This study is quantitative in its nature by collecting online surveys and be statistically analyzed by correlation analysis. The implications of this study for social work practice helps improve the quality of work the social worker provides and may improve policies in the work environment.

TABLE OF CONTENTS

ABSTRACT.....	iii
LIST OF FIGURES.....	vi
CHAPTER ONE: INTRODUCTION	1
Problem Formulation.....	1
Purpose of the Study.....	2
Significance of the Project for Social Work Practice	3
CHAPTER TWO: LITERATURE REVIEW	5
Introduction.....	5
Studies Focusing on Compassion Fatigue in Social Work Practice.....	5
Specific Needs and Challenges of Elderly Individuals.....	6
Agency’s Role in Compassion Fatigue.....	7
Personal Role in Compassion Fatigue.....	8
Theories Guiding Conceptualization.....	8
Professional Quality of Life	9
Ecological System Theory	10
Summary	11
CHAPTER THREE: METHODS.....	12
Study Design	12
Sampling.....	13
Data Collection and Instruments.....	13
Procedures	15
Protection of Human Subjects	15

Data Analysis.....	16
Summary	16
CHAPTER FOUR: RESULTS	18
Presentation of Collected Data	18
Descriptive Statistics	18
Findings	19
Summary	27
CHAPTER FIVE: INTRODUCTION	28
Discussion	28
Limitations.....	35
Recommendations	36
Social Work Practice	36
Social Work Policy.....	37
Future Research.....	37
Conclusion.....	38
APPENDIX A: DEMOGRAPHICS.....	39
APPENDIX B: INFORMED CONSENT	42
APPENDIX C: INSTRUMENT.....	45
REFERENCES.....	48
ASSIGNED RESPONSIBILITIES	51

LIST OF FIGURES

Figure 1. I Feel Overwhelmed Because My Case Workload Seems Endless	20
Figure 2. It Is Difficult to Separate My Personal Life from My Life as a Helper...	21
Figure 3. I Feel Worn Out Because of My Work as a Helper.....	22
Figure 4. I Felt Weak, Tired and Rundown from My Work as a Helper.....	23
Figure 5. I Get Satisfaction from Being Able to Help People	24
Figure 6. I Feel Connected to Others	25
Figure 7. I am Preoccupied with More Than One Client and Their Family	26
Figure 8. I Have Thoughts I am a Failure as a Helper	27

CHAPTER ONE: INTRODUCTION

Problem Formulation

Compassion fatigue (CF), a term first coined by Joinson (1992), is defined as gradual decreasing of compassion among social service professionals working with traumatized individuals. Symptoms of CF can include: emotional and physical exhaustion, a tendency to withdraw, and high levels of stress (Gogh, 2007). The unique work environment of mental health professionals and trauma workers require empathetic engagement with traumatized clients to discuss the details of the traumatic event in the form of role play and dramatic reenactment which can lead to an emotional impact on the caregiver often referred as secondary trauma (Figley, 1995). Social workers experiencing CF can lead to higher risk of developing negativism, distrust and inflexibility feelings towards clients. (Decker, Bailey, & Westergaad, 2002). Social work is widely known to be a very overworked profession with large caseloads. Common problems social workers may experience are a lack or limit of good supervision, challenging environments and frustrations when expectations of helpers is much different from the reality.

Social workers who experience CF can affect the human service system, which can have many implications on micro and macro level. There are many levels of practice that social workers fall under such as, mental health, medical, forensic, education, geriatric, children and family services. Those vulnerable

populations are dependent on social workers to assist them in maintaining quality life and accessing resources to enhance their wellbeing. With the overwhelming caseloads, not enough staff, and secondary trauma, can lead to social workers with large amounts of stress and exhaustion (Bourassa, 2009).

On a micro level, the consequences that this problem creates, is that social workers can become withdrawn, less empathic, unable to focus on work and not being able to uphold National Association of Social workers (NASW) ethical standards (Thomas, 2013). This can lead to the client being left with inadequate services. It then creates a level of mistrust within the client towards social workers. In regard to macro level, this issue affects all organizations who provide human services. Organizations can implement adequate training for administrators to successfully engage with their social workers who are experiencing CF (Harr, 2013). Also, a thorough review of all current practices and policies should assess for the betterment of the workplace. Organizations can support and encourage social workers to engage in self-care practices.

Purpose of the Study

The purpose of the proposed study is to examine if compassion fatigue (CF) affects geriatric social workers in their personal and professional lives. Geriatric social workers are often working with the elderly who are experiencing poverty, abuse (financial, physical, mental, sexual), trauma, discrimination, substance use, and physical and mental health problems. Social workers who work with a vulnerable population on a daily basis may experience symptoms of CF which

may look like low motivation at work, emotional disconnect from their clients, apathetic towards sensitive situations, cloudy judgement with clients and lower quality of care with clients. Symptoms of CF in a social workers' personal life can include, less family time, withdrawn from social support system, disinterest in hobbies, less importance on physical and mental health, lowered immune system, desensitized and an increased chance of developing depression and/or anxiety.

This project will be explorative in its nature with quantitative questions. Currently there is limited amounts of research regarding CF and geriatric social workers. Quantitative research will allow for a larger data set, therefore a more versatile population of participants, including age, ethnicity, religion, socioeconomic status and length of time working with aging adults. Understandings of demographics will provide a greater sense of who may be at risk of CF.

Significance of the Project for Social Work Practice

Due to limited research on CF among geriatric social workers, there is little exposure on what the symptoms look like in CF and how it may affect the social worker in their daily activities. Agencies who exclusively work with aging adults have a common ethical standard to provide quality services with the client's best interest in mind. The findings from this research can contribute to changing policies and practices for the betterment of the workplace and their clients. Job satisfaction is critical in the delivery of the services provided. Symptoms of CF on

an individual's personal life may be affected by change in their profession. Feelings of dissatisfaction in the workplace can cause the social worker to pursue a career outside of social work, which may lead to less social workers in the field. Previous research findings have reported that there is CF among all types of social workers. This study is in the assessing phase of the generalist intervention process by assessing how CF affects the geriatric social worker in their personal and professional lives. These findings will contribute to the planning phase of the generalist intervention process.

The findings from the study will contribute to social work practice by identifying factors of geriatric social workers developing CF. Addressing what caused the issues, may also help organizations to implement strategies and policies in the workplace (Harr, 2013). As well as looking at how it may affect the social worker life, can improve the quality of service the social worker provides to their clients. Therefore, this research question for this study will address as follows: How does compassion fatigue affect geriatric social workers in their personal and professional lives?

CHAPTER TWO: LITERATURE REVIEW

Introduction

The purpose of this chapter is to develop and provide a general analysis of ongoing studies that explore compassion fatigue (CF) in geriatric social workers in their personal and professional lives. The first section will focus on the methodological limitations of CF in social work practice. The second section explores the specific needs and challenges of elderly individuals. Also, the agency's role and personal role in CF will be discussed in the subsections. Lastly, Stamm's Professional Quality of Life Theory (ProQOL) and Ecological System Theory, will be used to conceptualize the ideas of the study.

Studies Focusing on Compassion Fatigue in Social Work Practice

CF was a term first used to study the "burnout" of nurses and has since then been adopted in many areas of practice. Coetzee (2010) studied CF among nurses and revealed several categories of CF including: risk factors, causes, process and manifestation. Van Hook and Rothenburg (2009) researched levels of compassion satisfaction, burnout, and CF among child welfare workers. Van Hook and Rothenburg emphasized the importance of identifying CF and finding ways to prevent it. Other studies have reported that child welfare workers are exposed to vulnerable and troubled situations which led to higher reports of CF. CF was also measures in social workers who assisted individuals who

experienced urban disasters, such as the September 11 terrorist attack at the World Trade Center in New York City (Adams, Figley & Boscarino, 2007). The aim of this study was to examine secondary trauma (or CF) in social work practice working with these specific individuals. The results of this study supported the importance of CF as a risk factor in social work practice.

Currently there is limited research done to assess the relationship between CF and social work practice with aging adults. Additionally, current literature has not taken into account the bio-psycho-social characteristics of the social worker at which CF affects their personal lives. Further research is needed to address the unique characteristics of aging adults and how their specific qualities increase the social worker's exposure to CF.

Specific Needs and Challenges of Elderly Individuals

There are many contributing factors that can lead to CF, such as serving clients with a mental or physical chronic illness, short-term yet labor intensive helping relationship and a general lack of services (Bourassa, 2009). Overall, there has been a societal bias toward aging and therefore services and resources are limited to elderly clients. Helping professionals may develop a sense of frustration of not being able to adequately help their clients. Additionally, as the medical field advances, the elderly population continues to grow which as a result, health care professionals are in demand now more than ever.

As an elderly individual ages, the natural process of aging takes over such as limited physical activity, social and cognitive skills. Aging adults begin to rely

on others and may become troublesome to their loved ones (Christensen, Doblhammer, Rau & Vaupe, 2009). Workers with aging adults may develop a strong attachment to their clients due to empathy or the fear of them eventually experiencing helplessness and dependence on others (Bourassa, 2012). Social workers in Adult Protective Services (APS) work closely with the victims of abuse or neglect. APS social workers must also make the crucial decision regarding social, legal, and medical intervention and must take part in separating an older adult from an unsafe home environment (Bourassa, 2012).

Agency's Role in Compassion Fatigue

The relationship between the agency and the worker is critical in the development of CF. Adequate supervision in the workplace helps assist workers navigate in difficult situations. Additionally, having proper training builds on the social workers skills in developing healthy working habits and confidence in the workplace. In 2015, there were 47.8 million people aged 65 and over in the United States (US Census Bureau, 2017). It is projected that in 2060 there will be 98.2 million people aged over 65 in the U.S. The elderly population continues to grow and may cause a major concern for legislatures and health care professionals for certain services including hospital services, long-term care services and so on. Social workers may feel pressure to cut costs by utilizing home-based services which consequently can be a factor to CF. Recognition and preparatory measures of these factors may decrease the development of CF in the workplace.

Personal Role in Compassion Fatigue

Empathy in social work plays a crucial role, however at the same time poses a risk for the social worker to become exposed to secondary trauma, or CF. Professionals who begin to develop CF gradually begin to care less about their clients. CF symptoms can include withdrawal, emotional and physical exhaustion, and high stress levels (Gough, 2007). Consequently, symptoms of CF can lead to strain between the worker-client relationship. As CF develops, professionals report feelings of emotional exhaustion or fatigue, emotional withdrawal from clients, and a decreasing sense of achievements or accomplishments (Kreisher, 2002). Previous literature suggests that development of CF can transition to reports of lower levels of satisfaction in the workers' personal life (Decker, et al., 2015). Substance use, insomnia, poor self-esteem, difficulties in interpersonal relationships, gastrointestinal problems are some harmful effects of CF (Bush, 2009).

Theories Guiding Conceptualization

There are two theories that will be used to conceptualize the ideas of this study, which are Stamm's Professional Quality of Life Theory (ProQOL) and Ecological System Theory. Both theories emphasize the significance of environmental factors that contribute to CF and the impact CF has on social workers in their professional and personal lives.

Professional Quality of Life

The first theory supporting this research study is Stamm's (2002) professional quality of life, which identifies aspects of compassion satisfaction and CF within the workplace. There are three types of environmental factors that contribute to the wellbeing of the social worker. The first factor is the actual work itself; second factor is the work environment and/or clients who they provide assistance to, and third factor is the personal environment that the individual brings to work with them (Stamm, 2002). Each factor contributes to the individual experience, which will impact the individual either on positive or negative aspects of helping others. The theory of professional quality of life, provides a framework for understanding how these environmental factors contribute to CF and compassion satisfaction within the social worker professional life (Stamm, 2002).

According to Stamm (2002), compassion satisfaction is derived from three sections. The first section is the level of satisfaction one can receive from their job. The second section is how the individual feels about being exposed to secondary trauma and coping skills. Third section is the positive support system. Another aspect of this theory is CF. Stamm (2002) described CF as individuals being unable to separate themselves from primary or secondary trauma. Which the social worker then develops a negative impact of helping others. Which can create depression, anger, frustration and exhaustion. According to Figley (1995), there are two components that contribute to CF, burnout and secondary traumatic stress. Stamm's theory is significant regarding the study of social

workers in the workplace, by examining the environmental factors and how it contributes to CF. By understanding these factors, may allow for better understanding of how to address the issue.

Ecological System Theory

Ecological System Theory will also be used in conceptualizing the ideas of this study. Urie Bronfenbrenner (1992), provides a theoretical framework of understanding the interaction between the individual and their environment. The Ecological system theory consists of five environmental systems, which are microsystem, mesosystem, ecosystem, macrosystem, and chronosystem (Bronfenbrenner, 1992). For the research study it is significant to look at all the environmental systems and factors that influence an individual experience.

The first environmental system is microsystem, which is the individual's direct contact with the environment, which consists of their family, peers, friends, work, school (Bronfenbrenner, 1992). The second system is mesosystem, consisting of interactions between the microsystem in the individual's life. Where an individual work experience may influence their family life. Ecosystem is the third system, where the individual does not have an active role in their environment and in other instances may be actively involved in. The fourth macrosystem is the individual culture. Lastly, the chronosystem consists of a shift in one's lifespan and the environmental events that the individual experiences (Bronfenbrenner, 1992). Ecological System Theory represents the importance of

the individual relationships within the communities, and how each ecosystem is affected by one another.

Summary

To conclude, social workers from different branches may experience CF. Working with vulnerable populations may cause a strain on the workers' well-being. Aging adults face their own unique barriers such as deteriorating health and stigma. Social workers helping clients with these particular barriers may develop feelings of attachment. Acknowledging CF and its symptoms may reduce negative effects on a micro and macro scale for the social work profession. This research study hopes to highlight how CF affects geriatric social workers in their personal and professional lives.

CHAPTER THREE:

METHODS

This study seeks to determine how compassion fatigue (CF) affects geriatric social workers in their personal and professional lives. This chapter incorporates the details of how the research study was conducted. Within the sections will give an overview of the research methods applied to the study. The sections will consist of study design, sampling, data collection and instruments, procedures, protection of human subjects, and data analysis.

Study Design

The purpose of the proposed study is to examine how CF affects geriatric social workers in their personal and professional lives. This study takes on a quantitative exploratory approach, due to the limited amounts of research surrounding CF and geriatric social workers. The quantitative exploratory study incorporates a survey with Likert scale as a form of data collection.

Incorporating a quantitative exploratory approach with a survey will allow for a larger data set. Therefore, a more versatile population of participants including age, ethnicity, religion, socioeconomic status and length of time working with aging adults. Understanding the demographics will provide a greater sense of who may be at risk of CF. Although there are methodological strengths in using surveys, it also has its limitations as well. In general, using surveys can have a higher chance for the participants to alter their opinions based on their misunderstanding of the questions. Surveys also does not allow for clarifications

of the participants' answers. Using a Likert scale is useful for getting accurate opinions, but can also have multiple interpretations, which could affect the data.

Sampling

The research study incorporates a non-probability purposive sampling technique. This sampling technique was chosen due to the availability of the desired population. Using the purposive sampling, the study collected information from participants who are easily accessible online. The research population for the study includes social workers from various ages, who have worked with geriatric population for a minimum of one year. The research population is not limited to one county, rather, this research study is attempting to reach geriatric social workers nationwide. The researcher attempted to reach 250 geriatric social workers for the study. In order to access this population, an online forum was created using Qualtrics software, a tool to develop a survey for respondents to complete.

Data Collection and Instruments

Quantitative data will be collected via known scales such as Stemm's (2002) Professional Quality of Life Scale (ProQOL) and Compassion Fatigue Self-Test for Practitioners (CFS) (1993). The independent variable is compassion fatigue, which will be measured by the CFS test. The level of measurement is interval. The dependent variable is the personal and professional life of the social

worker, which will be measured by the ProQOL scale. This level of measurement is also interval.

The Compassion Fatigue Self-Test for Practitioners (CFS) test consists of 40 questions answered on a Likert scale from 0-5 (never to very often). The CFS test is scored by marking certain questions answered and adding the points given from each question. The questions are divided into three categories: Items About You, Items about Your Patients and their Families, and Items about Being a Practitioner and Your Work Environment. Interrater reliability was assessed ranging from .94 to .86. The CFS scale has a strong reliability and validity. This instrument is used in numerous studies across multiple disciplines such as: mental health, education and health care. Limitations of this instrument include over inclusion that may result in false positive answers because it is a self-report test. Particular sensitivity includes change over time. Age, gender, and sexual orientation is unknown at this time (Stamm, 2002).

The Professional Quality of Life scale (ProQOL) test consists of 30 questions on a five-point Likert-style scale, ranging from (1 = never to 5 = very often). The ProQOL test is scored by each question answered, which then gives a point based off of how often. The ProQOL consists of measuring compassion satisfaction and CF, by targeting those individuals who work in a helping profession. The questions are divided into three categories: Compassion Satisfaction (CS), Burnout (BO), and Secondary Traumatic Stress. Interrater reliability of each dimension ranged from .72 to .87, which the validity test

supported the three separate categories (Stamm, 2002). According to Heritage, Rees, & Hegney (2018), a limitation is that each scale is unique and should not be combined, which the instrument does overlap between burnout and secondary traumatic stress sharing variance.

Procedures

Participants were recruited for the study using the researchers personal and professional network. Also using a snowball sampling technique, in which the participants recommended other geriatric social workers to participate in the research study. The participants were gathered through social media platforms (Reddit, Facebook groups and Linked In). Through the use of email, word of mouth, and social media for qualified participants were asked to join the research study. The survey was created through Qualtrics, a tool available through California State University of San Bernardino. The survey was distributed anonymously through a link. The survey took about 5 to 10 minutes to complete for the participants. The survey was available to the volunteer participants for five months, starting April 2020 and ending August 2020. At the end of the survey, the participants were thanked for their role in the study.

Protection of Human Subjects

The identity of the participants will be kept completely confidential. As a disclosure, individuals who participate in the study will read an informed consent indicating the purpose of the study and confidentiality. The questions will not

include any identifying factors such as names. Each participant will be required to read and sign the informed consent before beginning the survey. The data collected will be input in Statistical Package for Social Sciences (SPSS) on Windows software and the responses will be coded to protect confidentiality. The primary research investigators and research advisor will only have access to the participants' responses. The information will be protected by securely storing the information in a password protected computer, where it cannot be exposed.

Data Analysis

The independent variable of this study is “Compassion Fatigue” and the dependent variable is “how is the personal and professional lives affected?”. These variables will be statistically analyzed by correlation analysis, and other descriptive variables used will be analyzed using descriptive statistics. The study will use the Compassion Fatigue Self-Test for Practitioners (CFS) test and Professional Quality of Life scale (ProQOL) test, which will be combined to make one scale that addresses both the personal and professional life of the social worker. Due to the lengthy questionnaires both scales are, a few questions will be selected from each questionnaire. A total of 20 questions will be used for this research study.

Summary

In conclusion, this study will be quantitative in its nature by distributing self-report questionnaires on a Likert scale. This study aims to reach 80-100

geriatric social workers to complete this questionnaire to help complete this study. Known scales will be utilized to determine the level of compassion fatigue and how social workers are affected in their personal and professional lives. Descriptive variables will help this research understand what factors in a social worker are more at risk of CF.

CHAPTER FOUR:

RESULTS

This chapter will review the finding of the current study exploring how compassion fatigue affects geriatric social workers in their personal and professional lives. This chapter will present the demographics and information shared by geriatric social workers using a survey tool. Additionally, the chapter will discuss the results of the quantitative data collected and the descriptive statistical analysis used to analyze the data.

Presentation of Collected Data

The researchers utilized Qualtrics to develop a survey tool that was then distributed via social media, online platforms, and word of mouth. Criteria for participation is outlined in-depth in chapter three. The sample population was 96 surveys that were collected in total. Nine of those online surveys were discarded due to incomplete responses. The total number of valid surveys was 87. This study did not find correlations between compassion fatigue in geriatric social workers in their professional and personal lives. However, we have strategies of frequencies and percentages to display in our finding section.

Descriptive Statistics

Appendix A shows the demographic characteristics of the composed study population. Of the participants surveyed, females were the largest percentage (64.4%), followed by males (13.8%) and declined to answer (21.8%). Due to the

layout of the survey, it is a possibility that the participants accidentally clicked “decline to answer” instead of “next”. Frequencies for age reported for the modal age are 30-34 (Mean: 3.84, SD: 1.75). Frequencies demonstrated that 5% of the respondents were Asian, 29.9% were Hispanic/Latino, 14.9% were African American, 43.7% were Caucasian, and 5.7% were Other. In terms of sexual orientation, 79.3% reporting heterosexual, 4.6% as homosexual, 6.9% as other and 9.2% preferred not to say. Frequencies reported that 55.2% were married, 37.9% were single, 1.1% were divorced, 4.6% were in a relationship and 1.1% were widowed. Fifty-six (56.3%) percent reported to not have children while 43.7 did have children. For education level, 70.1% have a master’s degree, 21.8% have a bachelors and 8% have some college. Of that education level, 63.2% have a social work degree, 20.7% do not have a social work degree and 16.1% are in progress to receive a social work degree. Lastly, frequencies for years worked as a social worker are: 0-3 years is 34.5%, 4-6 is 23%, 7-10 is 23% and 11+ years is 19.5%.

Findings

Frequencies were run on the responses of participants to analyze their responses regarding compassion fatigue with their professional and personal lives. Respondents were asked to use a Likert scale to identify if they felt the statement was “Very Often” indicating that they agree with the statement in relation to their professional and personal lives, “Often” indicating that they mostly agree with the statement, “Sometimes” indicating that they sometimes

agree with the statement, “Rarely” indicating that almost never agree to the statement, and “Never” indicating that they did not believe this statement was not a true representation of themselves.

Figure 1 represents the bar graph of respondents' answers on the statement, “I feel overwhelmed because my case work load seems endless”. The question was sampled from the Professional Quality of Life (ProQOL) measure. The question is utilized to measure Burnout. More than half (39.1%) of those surveyed reported that they “Sometimes” feel overwhelmed because my case work load seems endless, with (19.5%) feels this “Very Often”, (18.4%) “Rarely”, (14.9%) felt this “Often”, and (6 %) respondents answered “Never” feeling overwhelmed. This is depicted in the figure below. The standard deviation for the statement “I feel overwhelmed because my case workload seems endless” is 1.189.

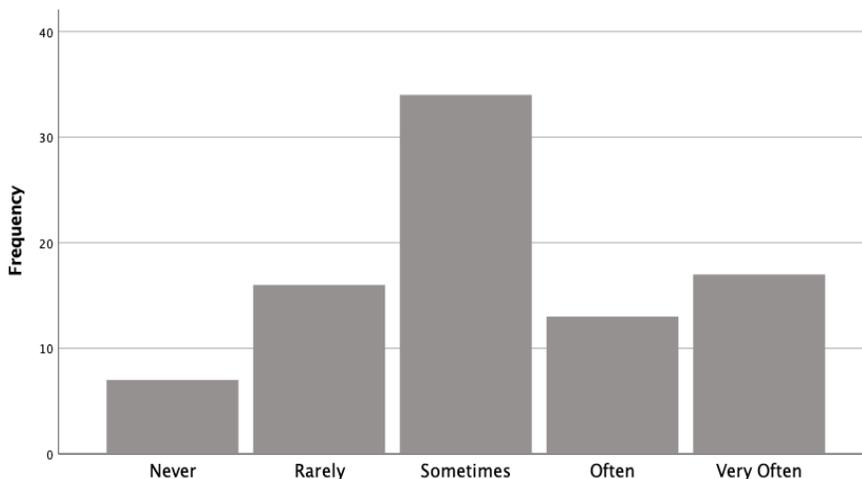


Figure 1. I Feel Overwhelmed Because My Case Workload Seems Endless

Figure 2 represents the participants' responses to the statement, "I find it difficult to separate my personal life from my life as a helper". This question was sampled from the Professional Quality of Life (ProQOL) measure. The question is utilized to measure Secondary Traumatic Stress. Almost half (44.8%) of those surveyed reported that they "Sometimes" find it difficult to separate their personal life from their life as a helper. Where (28.7%) "Rarely" believe the statement to be true, (11.5%) "Never" found it difficult to separate their personal life from their life as a helper. (8%) of respondents found it to be "Very Often", and (6.9%) "Often" believe this statement is true. These results are depicted in the figure below. The standard deviation for the statement "I find it difficult to separate my personal life from my life as a helper" is 1.033.

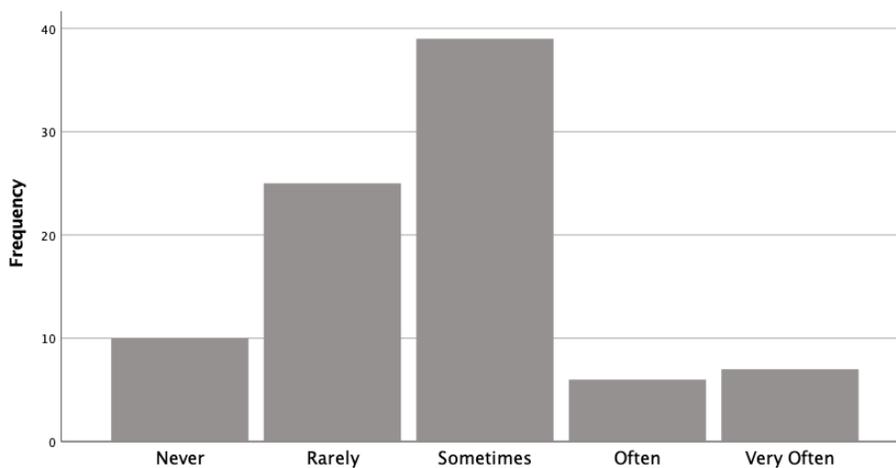


Figure 2. It Is Difficult to Separate My Personal Life from My Life as a Helper

Figure 3 presents frequencies run on participants responding to the statement, "I feel worn out because of my work as a helper". Almost half of the respondents (49.4%) reported "Sometimes" feel worn out due their work as a helper, followed by (25.3%) reporting "Often" feel worn out as a helper, (14.9%) "Rarely" feel worn out as a helper, (6.9%) "Very Often" feel worn out as a helper, and (3.4%) reported "Never" feel worn out as a helper. These results are depicted in the figure below. The standard deviation for the statement "I feel worn out because of my work as a helper" is .813.

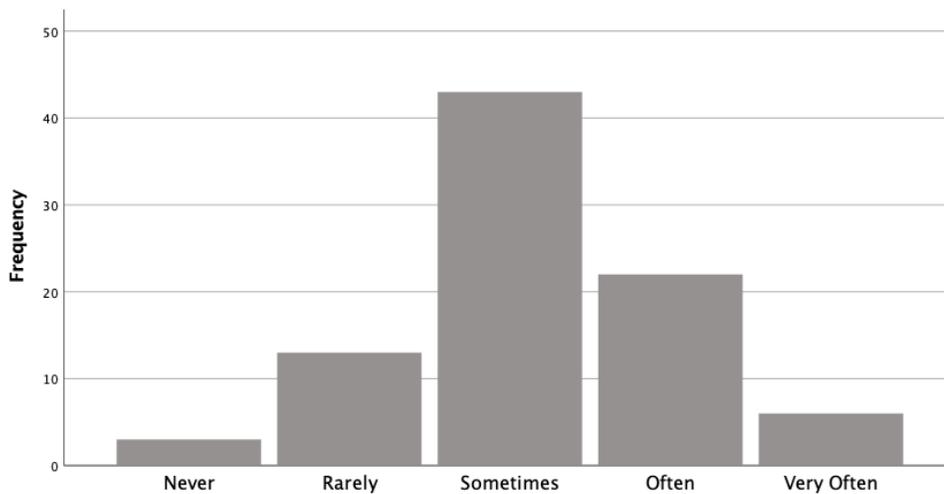


Figure 3. I Feel Worn Out Because of My Work as a Helper

Figure 4 presents frequencies run on participants responding to the statement, "I have felt weak, tired and rundown as a result of my work as a

helper”. This question was sampled from Compassion Fatigue/ Compassion Satisfaction Self-Test Measuring Burnout. Almost half of those surveyed (46%) reported that they “Sometimes” felt weak, tired, and rundown as a result of their work as a helper. Followed by (20.7%) “Rarely” feel weak, tired, and/or rundown as a result of their work as a helper, (17.2%) “Often” believe the statement is true, (11.5%) “Very Often” feels this statement is true, and (4.6%) “Never” felt weak, tired and rundown as a result of their work as helper. The standard deviation for the statement “I have felt weak, tired and rundown as a result of my work as a helper” is 1.012.

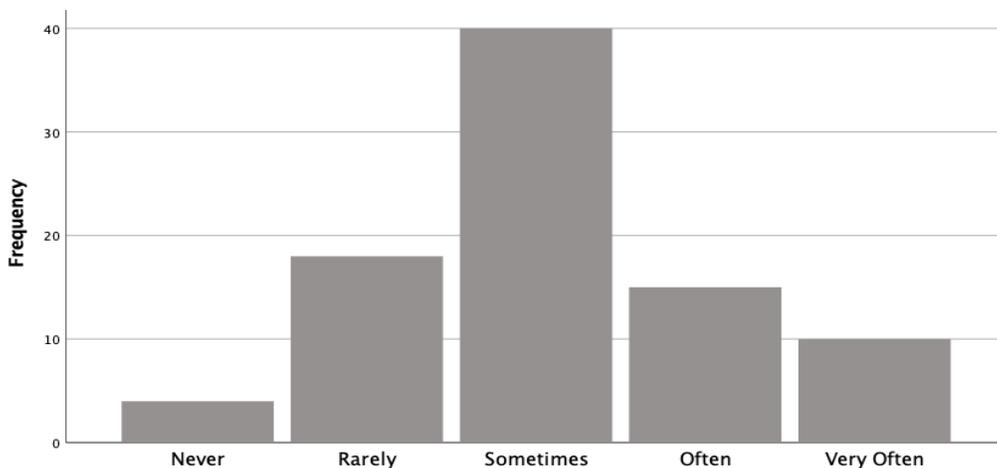


Figure 4. I Felt Weak, Tired and Rundown from My Work as a Helper

Figure 5 represents the bar graph of respondents' answers on the statement, “I get satisfaction from being able to help people”. The question was

sampled from the Professional Quality of Life (ProQOL) measure. The question is utilized to measure compassion satisfaction. More than half (64.4%) surveyed “Very Often”, 28.7% surveyed “Often” and 6.9% surveyed “Sometimes”. None of the respondents answered “Never” or “Rarely” to get satisfaction from being able to help people. The standard deviation for the question below is .622.

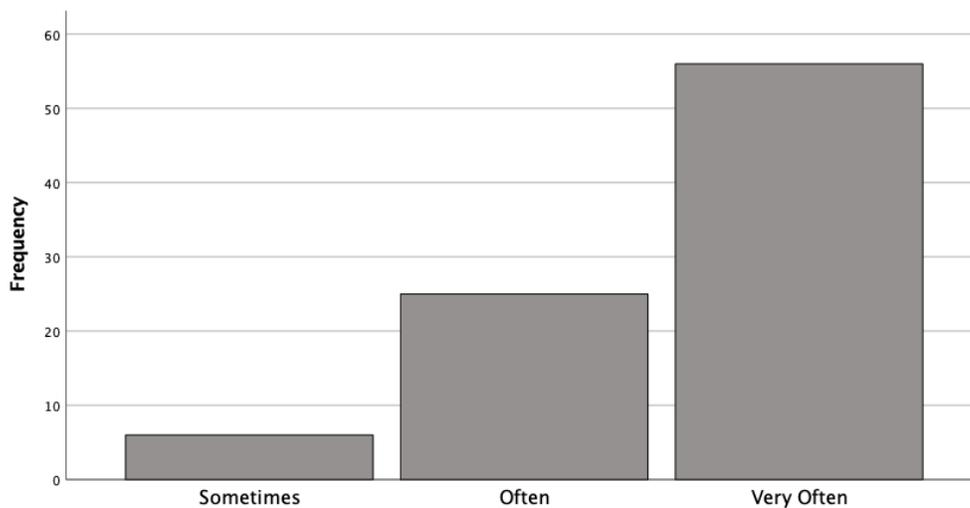


Figure 5. I Get Satisfaction from Being Able to Help People

The bar graph (Figure 6) below depicts the frequency of the statement “I feel connected to others”. This question was sampled from the Compassion Fatigue/Compassion Satisfaction Self-Test measuring compassion satisfaction. Almost half of the respondents (48.3%) reported “Often” feeling connected to others, followed by 26.4% reporting “Very Often”. Twenty-point seven percent of respondents reported “Sometimes” feeling connected with others and 4.6%

feeling “Rarely” connected to others. No respondents answered feeling “Never” connected to others. The standard deviation for the statement “I feel connected to others” is .813.

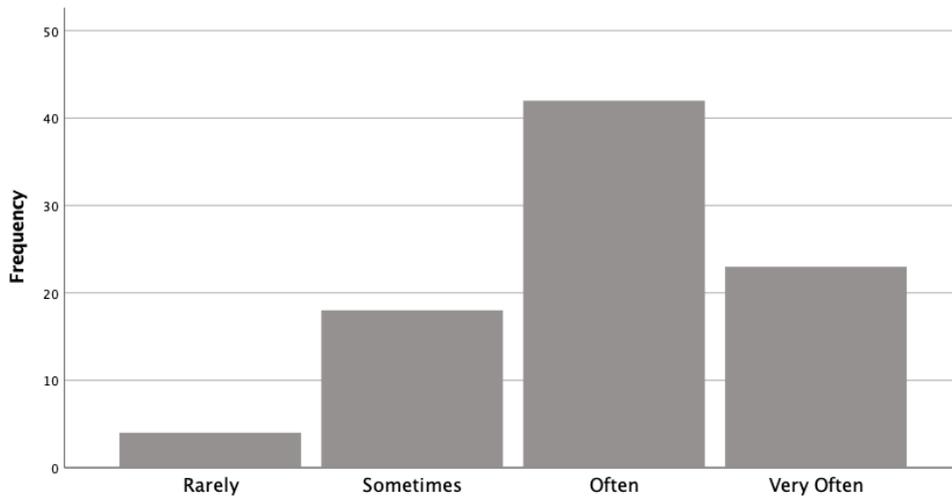


Figure 6. I Feel Connected to Others

Figure 7. represents a graph of the respondents’ answers to the statement, “I am preoccupied with more than one client and their family”. This question was used from the Compassion Fatigue/Satisfaction Self-Test Measuring Compassion Fatigue. Thirty one percent of respondents feel that “sometimes” they feel preoccupied with more than one client and their family. Twenty-eight-point seven percent of respondents answered “rarely”, followed by 17.2% reporting “often”, 12.6% reporting “never” and finally 10.3% reporting “very

often” to feeling that they are preoccupied with more than one client and their family. The standard deviation is 1.17.

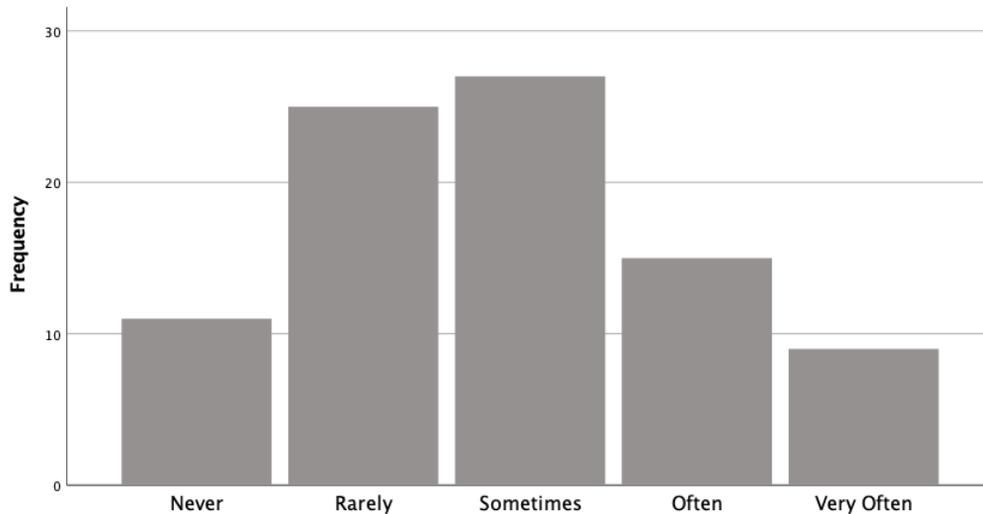


Figure 7. I am Preoccupied with More Than One Client and Their Family

Figure 8 represents the participants' responses to the statement “I have thoughts that I am a ‘failure’ as a helper”. The question was used from the Compassion Fatigue/Satisfaction Self-Test Measuring Burnout. Thirty three percent of the respondents answered “never” having thoughts that they are a “failure” as a helper. Twenty-eight point seven responded “sometimes”, followed by 25.3% responding “rarely”, 8% responding “very often” and finally 4.6% responding “often” having the thought that they are a “failure” as a helper. The standard deviation is 1.21.

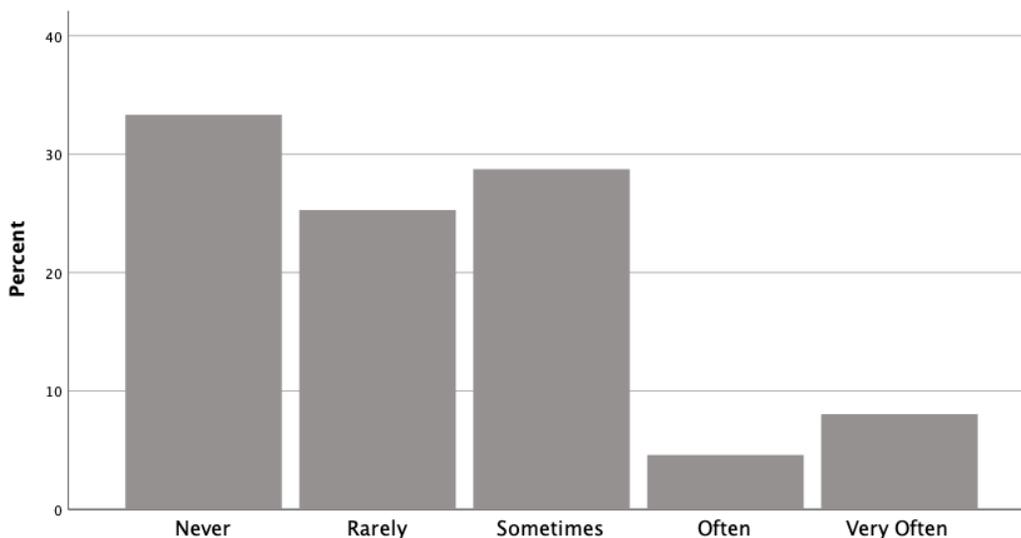


Figure 8. I Have Thoughts I am a Failure as a Helper

Summary

The results section of this research project presented the responses of the survey questions designed to explore compassion fatigue, compassion satisfaction, burnout and secondary stress trauma utilizing two instrument scales: Professional Quality of Life Scale and the Compassion Fatigue/Satisfaction Self-Test. This research utilized quantitative analysis to explore the responses to the survey questions for compassion fatigue among geriatric social workers and how it is affected in their personal and professional lives. The total number of respondents that participated in the research was 87 and the demographics varied among age, ethnicity, and the number of years worked as a social worker. According to the responses, there were some high levels of burnout, secondary

stress trauma, and compassion satisfaction, however, there were relatively low levels of compassion fatigue.

CHAPTER FIVE: INTRODUCTION

This study explored how compassion fatigue affects geriatric social workers in their personal and professional lives. This chapter discusses the results of the data collected, explores limitations to the current study and implications for the field of social work. This chapter will also provide recommendations for social work practice, policy advancement, and future research. With support from current literature, the findings may assist in presenting ways compassion fatigue can be addressed within the field of social work.

Discussion

The study found that more than half of geriatric social workers feel connected to others. This statistic is important because most social workers feel that they have personal connections with others in their professional and personal lives as well. This might suggest that these social workers have some sense of motivation and meaning in the work that they do. Feeling connected to others is vital to have in order to cultivate quality relationships. Clients who feel that their social worker feels connected to them can create an atmosphere of trust and safety. More than half of the respondents feel connected to others which provides some insight as to why there was no significant findings in the

data. It indicated that the respondents are satisfied with their relationships and as a result low levels of compassion fatigue in their personal and professional lives.

The few respondents (20.7%) who answered “sometimes” and “rarely” (4.6%) feeling connected to others might suggest early signs of compassion fatigue. The statement “I feel connected to others” was sampled from the compassion fatigue/satisfaction self-test. The statement measures compassion satisfaction which seems consistent with the idea that high levels of satisfaction will equal lower levels of fatigue. It is key to understand how to maintain quality healthy relationships with others. It seems to provide possible answers on how to create clear boundaries between a social worker's personal and professional lives.

The study also found that almost half of geriatric social workers reported that they, “Sometimes” (44.8%) find it difficult to separate their personal life from their life as a helper. This statistic is important because this could indicate why compassion fatigue is prevalent in geriatric social worker. While the literature has long noted that the relationship between the worker's personal and professional life, might suggest that the worker's personal life is what is causing the compassion fatigue rather than the professional work they perform. Our study might have discovered how the professional's personal life is often overlooked as a cause of compassion fatigue. If this is true, compassion fatigue research might want to explore the worker's personal life as separate from the worker's professional life in the early stages of compassion fatigue research. Compassion

fatigue and difficulty separating personal and professional life is surprising because, social worker is trained to be able to set boundaries not just for their clients but for themselves as well. This finding shows that not being able to separate their professional life from their personal life ties into the research question of social workers developing compassion fatigue within their professional and personal lives.

The study found that some gerontological social workers are preoccupied with more than one client and their family. This statistic is important because 31% answered “sometimes”, 17.2% answered “often” and 10.3% answered “very often”. This may indicate that these social workers have a difficult time separating their personal life from their life as a helper. It is consistent with the data that most respondents feel connected to others, therefore it may explain why almost half of the respondents have felt preoccupied with more than one client and their family. This question measures specifically compassion fatigue, therefore it may give some insight on who may be developing early signs of compassion fatigue. While there were no significant correlations in the data, it seems consistent with the idea of worrying about a client and their family as an early sign of compassion fatigue.

While it is important for social workers to care about their clients and act with empathy and warmth, it may cause concern when work problems transition into personal problems. Burn out, compassion fatigue, and self-care are topics that are discussed throughout graduate school; however, some employers and

corporations may not discuss these topics with their workers. It ties with our research question because it suggests that constant preoccupation with a client and their family can affect not only their professional lives, but their personal ones as well.

The study found that almost half of the geriatric social workers reported feeling “Sometimes” (39.1%) overwhelmed because their case load seems endless. This statistic is important because it could indicate why compassion fatigue is prevalent for geriatric social workers feeling overwhelmed by the caseloads. It provides insights into on how everyday work of social works is not manage well. It might also suggest that there are not enough staff, indicating that there is a need for more geriatric social workers in this field. Compassion fatigue and feeling overwhelmed is surprising because, professional social workers are supposed to be trained on how to manage their stress. Geriatric social workers feeling overwhelmed does seem consistent with the idea that compassion fatigue has a relationship to the everyday work that they perform. Compassion fatigue and feeling overwhelmed, might be a key to understanding why compassion fatigue has to do with training and also with low staff in this field of work, which cause not to have enough staff to manage the high caseloads. This finding of feeling overwhelmed ties into the research question because we are exploring how compassion fatigue effects social workers professional and personal lives.

The study found that almost half of the geriatric social workers reported “Sometimes” (46%) felt weak, tired, and rundown as a result of their work as a

helper, while (17.2%) reported “Often”. This response might indicate that compassion fatigue is particularly serious because if the social worker feels “rundown” the worker might be at risk of performing their responsibilities at less-than-optimal level. The response might also point to the long-established phenomena called burnout, which as the literature shows, the results in workers who might care less than is necessary for carrying out professional care responsibilities. The literature also points out that the amount of stress can lead to physical and mental ailments, which can cause the social worker to take more than normal amount of sick time, which can result in their casework to build up. It seems consistent with the idea that compassion fatigue can result in physical exhaustion, irritability, lack of sleep, hypertension, headaches, and also a social worker might even avoid situation where they are needed the most. This could result in not providing adequate services to their clients. It could also indicate that due the physical exhaustion, can affect the social worker ability to perform their task effectively. It seems to provide possible answer to the research question of compassion fatigue effects on social workers in their professional and personal lives.

The study found that almost half of the geriatric social workers reported “Sometimes” (49.4%) feels worn out due their work as a helper, while (25.3%) answered “Often”. This response might provide a deeper insight into compassion fatigue because it is not simply a matter of the worker being “tired” but of feeling “worn out”, which might indicate that the worker is not able to regain their energy,

which risks the social workers performing professional responsibilities in a way that will not improve. Research in compassion fatigue might also want to explore how the worker is at risk for showing no improvement at all, despite training and support. This might indicate that compassion fatigue is a combination of factors that can affect one's ability to provide quality of work. These factors include such as high case load, not enough staff, lack of trainings, preoccupied with obligations, lack of control of the environment, lack of social support, role confusion, overly empathetic, mental and physical exhaustion. It seems to indicate that this feeling of “worn out” is result of these factors, which can potentially lead to compassion fatigue. It seems to provide possible answer to our research question on how compassion fatigue can effects geriatric social workers in their professional and personal lives.

The study found that some respondents had a sense of “failure” as a helper. Twenty-eight-point seven percent of respondents answered “sometimes” while 8% answered “very often”. This may suggest that something is wrong in their workload, perhaps lack of training or poor management of the workers. This may indicate that social workers need training in self-care during graduate school and throughout their time working as a social worker. In addition, it seems that their caseloads are difficult to manage. It is important to feel connected to the clients, especially vulnerable populations such as the geriatric population. In certain difficult or end of life situations, the social worker may feel like they have

“let down” the client and as a result might feel “worn down” from their work as a helper.

The social workers who responded having a sense of “failure” as a helper might indicate that they are experiencing some levels of burnout. Literature suggests that workers experiencing burnout may have lower levels of self-compassion. This supports the idea of these geriatric social workers having feelings of a “failure” as a helper. Consequently, low self-compassion might suggest low quality of care to the clients they serve. In terms of their personal lives, having low self-compassion may also "challenge them in the challenges they are facing".

The study found that more than half of the respondents reported feeling satisfaction from being able to help others. The question was sampled from the Professional Quality of Life Scale and it measured compassion satisfaction. This finding is important because it can provide an answer as to why there were no significant findings in the data. This may suggest that most respondents feel happy in their role as a helper. This finding is surprising because almost half of the respondents (49.4%) reported feeling “worn out” because of their work as a helper. This might suggest that having high levels of compassion satisfaction can still lead to burnout. It gives some insight as to why burnout is so prevalent among social workers. While some respondents reported some feelings of burnout and compassion fatigue, it is encouraging that most social workers still feel satisfaction from helping others. It may indicate that most social workers have a good base understanding of self-care and tips to avoid burnout.

Limitations

While this study was designed to be quantitative in nature, there were several limitations to be considered for future research. One of the limitations was the pandemic, due to safety restrictions it limited our ability to gain more participants. Several links for the survey were created and distributed through social media platforms. This is important to take into consideration, that older individuals are less likely to be engaged in technology and social media, as a result of these links only 96 surveys were activated. Limitation of design of the study where respondents did not answer all questions on the survey, which result in 87 participants fully completed their responses.

Further, the sample consisted with predominantly of females (64.4%), with few males (13.8%), and (21.8%) declined to answer. Due to the small sample size of participants and the limited representation of males and racial representation, the ability to generalize the findings was impacted. Another limitation, was the short time frame for both distributing and collecting the data, could have potentially collected more data making our sample size larger. Using social media platforms could possibly be another limitation due to some individuals have limited to no access using social media or internet access. While the study did not locate correlations, the study was able to explore individual questions on the instrument. Lastly, another limitation is while the quantitative strategy was helpful, a qualitative interviewing style would have yielded more detail and first-hand experience from the participants.

Recommendations

Considering the limitations of this research project, the next section will focus on recommendations for social work practice, policy and future research. Considering this research and the current limited research on compassion fatigue among geriatric social workers, it is hopeful that future research is continued to better serve the aging adult population and its social workers.

Social Work Practice

Recommendations for geriatric social workers are to create healthy boundaries between work and personal lives, and to include self-care into their daily routine. It is also recommended that employers provide trainings on the benefits of self-care and warning signs of developing compassion fatigue/burn out. Upon hire, employers should ensure that the social workers are being properly trained in their department so they may feel confident in their new position. Employers may want to consider creating a “mentor/mentee” system where a seasoned social worker mentee a new social worker are paired for consultations. Having the space to “check in” with someone who has been in the field for an extended amount of time can provide reassurance and advice to newer social workers. According to the data, most social workers feel that their case load is endless. Employers may also want to work on employing more social workers to lessen the case load of existing social workers.

Social Work Policy

It is recommended that the National Association of Social Workers (NASW) include burnout, compassion fatigue and secondary stress trauma as a part of a continuing education unit. This can ensure that social workers are continuously receiving education on these vital topics. The NASW can also proactively search for feedback from geriatric social workers so they may advocate for policy changes. Receiving input from current social workers on the field can provide essential information, as they are the front-line workers giving direct care to vulnerable populations. Currently, there is a Title IV-E stipend program where bachelor and graduate social work students provide services to children and their families in order to increase the number of degreed social workers in the child and family services field. Similarly, the aging and older adults' field can adopt a program to increase the number of social workers.

Future Research

While this study was quantitative in its nature, perhaps a qualitative study could render more specific and descriptive information. Conducting interviews with an array of new and seasoned social workers could diversify the information presented and unique information could be presented, such as the common barriers a geriatric social worker is presented with. It would also be noteworthy to research if post COVID19 has made an impact on compassion fatigue among social workers. The geriatric population was one of the most vulnerable populations during the pandemic, experiencing death, chronic illnesses and

hospitalizations. There may be differing results as it relates to compassion fatigue and secondary stress trauma. During the pandemic, most services were delivered via telehealth. It may be worth noting if navigating electronics caused a disruption in services for the clients. Some older adults may find it challenging to use electronics; therefore, the social worker may have to work harder to ensure the client is connected to services. These are all new barriers that social workers had to face due to the pandemic and can possibly be studied for future research.

Conclusion

To conclude, geriatric social workers play a vital role for this population and its unique barriers and challenges. This study addressed compassion fatigue and how it may affect social workers in their daily activities. Compassion fatigue symptoms were also explored and analyzed. Some of the symptoms included reported feelings of feeling overwhelmed, weak, tired and rundown as a result of their work as a helper. Most social workers also found it difficult to separate their personal and professional lives, which provided answers to the question on how does compassion fatigue affect the personal and professional lives of a social worker. While there were no significant findings in the data, there is hope that this study will be considered for future research to continue to improve the lives of social workers, quality of services provided to this population, and social work policies.

APPENDIX A:
DEMOGRAPHICS

<i>Variables</i>	<i>N</i>	<i>%</i>
<i>Age</i>		
under 24	5	5.7
25-29	15	17.2
30-34	24	27.6
35-39	18	20.7
40-44	7	8
45-49	6	6.9
50 and over	12	13.8
<i>Ethnicity</i>		
Asian	5	5.7
Hispanic/Latino	26	29.9
African American	13	14.9
Caucasian	38	43.7
Other	5	5.7
<i>Sexual Orientation</i>		
Heterosexual	69	79.3
Homosexual	4	4.6
Other	6	6.9
Prefer not to say	8	9.2
<i>Marital Status</i>		
Married	48	55.2
Single	33	37.9
Divorced	1	1.1
In a relationship	4	4.6
Widowed	1	1.1

<i>Children</i>		
No Children	49	56.3
Children	38	43.7
<hr/>		
<i>Education</i>		
Masters	61	70.1
Bachelors	19	21.8
Some College	7	8
<hr/>		
<i>Social Work Degree</i>		
Yes	55	63.2
No	18	20.7
In progress	14	16.1
<hr/>		
<i>Years worked as SW</i>		
0-3	30	34.5
4-6	20	23
7-10	20	23
11+	17	19.5
<hr/>		

APPENDIX B:
INFORMED CONSENT

INFORMED CONSENT

The study in which you are asked to participate is designed to examine Compassion Fatigue among geriatric social workers. The study is being conducted by Joanna Jacobo and Nicole Dawson, graduate students, under the supervision of Dr. Thomas Davis, Professor in the School of Social Work at California State University, San Bernardino (CSUSB). The study has been approved by the Institutional Review Board at CSUSB.

PURPOSE: The purpose of the study is to examine compassion fatigue among geriatric social workers.

DESCRIPTION: As participants, you will be asked a few questions on your personal and professional lives, including information about demographics and the work environment.

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 5 to 10 minutes to complete the survey.

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. However, findings from the study will contribute to our knowledge in this area of research.

CONTACT: If you have any questions about this study, please feel free to contact Dr. Davis at (909) 537-3839

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 2021.

I agree to have this interview be audio recorded: _____ YES _____ NO

I understand that I must be 18 years of age or older to participate in your study, have read and understand the consent document and agree to participate in your study.

_____ Place an X mark here Date

August 31, 2020

CSUSB INSTITUTIONAL REVIEW BOARD
Administrative/Exempt Review Determination
Status: Determined Exempt
IRB-FY2020-239

Joanna Romero Thomas Davis, Nicole Dawson
CSBS - Social Work
California State University, San Bernardino
5500 University Parkway
[San Bernardino, California 92407](#)

Dear Joanna Romero Thomas Davis, Nicole Dawson:

Your application to use human subjects, titled "How does compassion fatigue affect geriatric social workers in their personal and professional lives?" has been reviewed and determined exempt by the Chair of the Institutional Review Board (IRB) of CSU, San Bernardino. An exempt determination means your study had met the federal requirements for exempt status under 45 CFR 46.104. The CSUSB IRB has not evaluated your proposal for scientific merit, except to weigh the risk and benefits of the study to ensure the protection of human participants. The exempt determination does not replace any departmental or additional approvals which may be required.

You are required to notify the IRB of the following as mandated by the Office of Human Research Protections (OHRP) federal regulations 45 CFR 46 and CSUSB IRB policy. The forms (modification, renewal, unanticipated/adverse event, study closure) are located in the Cayuse IRB System with instructions provided on the IRB Applications, Forms, and Submission webpage. Failure to notify the IRB of the following requirements may result in disciplinary action.

- Ensure your CITI Human Subjects Training is kept up-to-date and current throughout the study.
- Submit a protocol modification (change) if any changes (no matter how minor) are proposed in your study for review and approval by the IRB before being implemented in your study.
- Notify the IRB within 5 days of any unanticipated or adverse events are experienced by subjects during your research.
- Submit a study closure through the Cayuse IRB submission system once your study has ended.

Sincerely,

Nicole Dabbs

Nicole Dabbs, Ph.D., IRB Chair
CSUSB Institutional Review Board

APPENDIX C:
INSTRUMENT

Gender:

Males ___ Female ___ Prefer not to answer ___

Age: ___ in years

Race:

African American ___ Hispanic ___ White American ___ Asian American ___ Native American ___ Pacific Islander ___ Native Hawaiian ___ Other ___

Marital Status:

Single ___ Married ___ Divorced ___ Separated ___ Widowed ___

Sexual Orientation:

Heterosexual ___ Homosexual ___ Bisexual ___ Pansexual ___ Prefer not to answer ___

Do you have a Social Work graduate degree?

Yes ___ No ___ In progress ___

Years as a Social Worker: ___ in year/s

Number of Children: ___

Answer all items, even if not applicable. Then read the instructions to get your score.

1= Never 2= Rarely 3= Sometimes 4= Often 5= Very Often

1. ___ I get satisfaction from being able to help people.
 2. ___ I jump or am startled by unexpected sounds.
 3. ___ I feel invigorated after working with those I help.
 4. ___ I find it difficult to separate my personal life from my life as a helper.
 5. ___ I feel connected to others.
 6. ___ I think that I might have been affected by the traumatic stress of those I help.
 7. ___ Because of my helping, I have felt "on edge" about various things.
 8. ___ I feel worn out because of my work as a helper.
 9. ___ I have happy thoughts and feelings about those I help and how I could help them.
 10. ___ I feel overwhelmed because my case work load seems endless.
 11. ___ I believe I can make a difference through my work.
 12. ___ I have difficulty falling or staying asleep.
 13. ___ While working with a victim, I have thought about violence against the person or perpetrator.
 14. ___ I have thought that I need more close friends.
 15. ___ I am preoccupied with more than one client and their family.
 16. ___ I remind myself to be less concerned about the well-being of my clients and their families.
 17. ___ I have been in danger working with some clients and their families.
 18. ___ I have felt weak, tired and rundown as a result of my work as a helper.
 19. ___ I feel I am working more for the money than for personal fulfillment.
 20. ___ I have thoughts that I am a "failure" as a helper.
- ___ Total

INSTRUCTIONS: Reverse the scores for the following numbers: 1, 3, 5, 9, and 11

Ex: 0=0, 1=5, 2=4, 3=3, 4=2, 5=1
Add the following numbers: 2,4, 6-8, 10, 12-20

References:

Heritage, B., Rees, S. C., & Hegney, G. D. (2018). The ProQOL-21: A revised version of the Professional Quality of Life (ProQOL) scale based on Rasch analysis. *PLoS ONE*, *13*(2), E0193478.

Stamm, B. H. (2002). Measuring compassion satisfaction as well as fatigue: Developmental history of the Compassion Satisfaction and Fatigue Test. In C. R. Figley (Ed.), *Treating compassion fatigue* (pp. 107–119). New York: Brunner-Routledge.

REFERENCES

- Adams, R. E., Figley, C. R., & Boscarino, J. A. (2008). The Compassion Fatigue Scale: Its Use With Social Workers Following Urban Disaster. *Research on Social Work Practice, 18*(3), 238–250.
- Bourassa, D. (2009). Compassion fatigue and the Adult Protective Services social worker. *Journal of Gerontological Social Work, 52*(3), 215-229.
- Bourassa, D. (2012). Examining Self-Protection Measures Guarding Adult Protective Services Social Workers Against Compassion Fatigue. *Journal of Interpersonal Violence, 27*(9), 1699–1715.
- Bronfenbrenner, U. (1992). Ecological systems theory. *Jessica Kingsley Publishers.*
- Bush, N. (2009). Compassion fatigue: Are you at risk? *Oncology Nursing Forum: Clinical Challenges, 36*(1), 24-28.
- Christensen, K., Doblhammer, G., Rau, R. & Vaup, J. (2009) Ageing populations: the challenges ahead. *The Lancet, 374*(9696), 1196.
- Coetzee, S. (2010). Compassion fatigue within nursing practice: A concept analysis. *Nursing & Health Sciences., 12*(2), 235.
- Decker, J. T., Bailey, T. L., & Westergaard, N. (2002). Burnout among childcare workers. *Residential Treatment for Children and Youth, 19*(4), 61-77.
- Decker, J. T., Brown, J. L. C., Ong, J., & Stiney-Ziskind, C. A. (2015). Mindfulness, compassion fatigue, and compassion satisfaction among social work interns. *Social Work and Christianity, 42*(1), 28.

- Figley, C. R. (1995). Compassion fatigue as secondary traumatic stress disorder: An overview. In C. R. Figley (Ed.) *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized* (pp. 1-20). New York: Brunner-Routledge.
- Gough, D. (2007). Empathizing or falling in the river? Avoiding and addressing compassion fatigue among service providers. *JADARA*, 40(3), 13.
- Harr, C. (2013). Promoting workplace health by diminishing the negative impact of compassion fatigue and increasing compassion satisfaction. *Social Work and Christianity*, 40(1), 71-88.
- Heritage, B., Rees, S. C., & Hegney, G. D. (2018). The ProQOL-21: A revised version of the Professional Quality of Life (ProQOL) scale based on Rasch analysis. *PLoS ONE*, 13(2), E0193478.
- Joinson, C. (1992). Coping with compassion fatigue. *Nursing*, 22(4), 116–121.
- Kreisher, K. (2002). Burn out. Child welfare league of America. Retrieved from www.ewla.org/articles
- Stamm, B. H. (2002). Measuring compassion satisfaction as well as fatigue: Developmental history of the Compassion Satisfaction and Fatigue Test. In C. R. Figley (Ed.), *Treating compassion fatigue* (pp. 107–119). New York: Brunner-Routledge.
- Thomas, J. (2013). Association of personal distress with burnout, compassion fatigue, and compassion satisfaction among clinical social workers. *Journal of Social Service Research*, 39(3), 365-379.

U.S. Census Bureau (2017). *Facts for Features: Older Americans Month: May*

2017. Retrieved from:

<https://www.census.gov/content/dam/Census/newsroom/facts-for-features/2017/cb17-ff08.pdf>.

Van Hook, M. P., & Rothenberg, M. (2009). Quality of Life and Compassion

Satisfaction/Fatigue and Burnout in Child Welfare Workers: A Study of the

Child Welfare Workers in Community Based Care Organizations in Central

Florida. *Social Work & Christianity*, 36(1).

ASSIGNED RESPONSIBILITIES

Together, the survey was created. Chapters 1-5 were also created together. The survey and informed consent were also a collaborative effort. Nicole is in charge of recruiting geriatric social workers at her place of employment. Due to not receiving permission through the county to conduct this research, participation will be requested on a personal basis. Joanna is in charge of recruiting geriatric social workers through snowball effect. Both will be in charge of inputting the data into SPSS and analyzing the results.