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## IMPACT OF JOB-RELATED STRESSORS ON LEVELS OF COMPASSION FATIGUE

Curnishia Woodbury

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IMPACT OF JOB-RELATED STRESSORS  
ON LEVELS OF COMPASSION FATIGUE

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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  
Curnishia Woodbury

May 20, 2022

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## ABSTRACT

Compassion fatigue is an area of concern for direct practice social workers who engage with trauma material. This phenomenon has been deemed the cost of caring. The purpose of this study was to identify a relationship between job-related stressors such as caseload size, weekly supervision and job satisfaction and compassion fatigue. A total of 10 child protection social workers from various Southern California counties constituted the study sample. The Pearson Coefficient Correlation test was used to analyze the relationship between the identified variables. The findings revealed that there was a moderate correlation between caseload size and compassion fatigue as well as a moderate correlation between job satisfaction and compassion fatigue. There was little correlation between compassion fatigue and amount of weekly supervision. Recommendations for further study are discussed.

## ACKNOWLEDGEMENTS

Thank you to my amazing siblings, Semaj, Semashay and Semajanae for all of the love and continued support. You three are my reason and I hope I have made you all proud. To my late mother and grandmother, I miss you both so much and I love you deeply.

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# CHAPTER ONE

## PROBLEM FORMULATION

### Introduction

In the social work field, there is great potential for social workers to feel immense stress when working with individuals and families in direct practice. This stress is further exacerbated when there is continued exposure to trauma when working with trauma-exposed vulnerable populations (Newell & MacNeil, 2010). This phenomenon has been termed “secondary traumatic stress” and it occurs when direct practice social workers are continuously exposed in their professional role to their client’s traumatic events either through therapeutic intervention or first-responder interactions (Newell & MacNeil, 2010; Wagaman, et al., 2015). Much of the literature available links both secondary trauma and compassion fatigue and most times the two are used interchangeably. Compassion fatigue occurs when social workers are continuously exposed to situations in which they must utilize substantial amounts of empathy in their practice and the use becomes draining over time when coupled with other stressors present (Newell & MacNeil, 2010).

Results from previous research on secondary trauma and compassion fatigue in the social work field has indicated that higher levels of secondary traumatic stress can be found when social workers work in direct practice with trauma survivors over a prolonged period of time (Wagaman, et al., 2015; Ivicic & Motta, 2017). Bride (2007) found that about 70% of social workers experienced

at least one symptom of secondary traumatic stress. This is important for social work practice because it implies that more than two-thirds of social workers either have or will at some point experience secondary traumatic stress in their respective practices with individuals and families. Thus, there is a high probability that a social worker could experience burnout stemming from exposure to trauma in direct practice.

### Purpose of the Study

The purpose of this study is to understand the risk factors associated with the development of compassion fatigue. By understanding the risk factors for compassion fatigue, policies and best practices can be implemented to both retain social workers and address the problem before burnout occurs. The findings of this study can be used to mitigate the effects of compassion fatigue as well as provide data for possible prevention strategies for direct practice social workers. The results of this study can also be used as a starting point for discussion on professional burnout that is associated with compassion fatigue in direct practice with vulnerable populations. As such, this study will pose the following question: What impact do job-related stressors (i.e. caseload size; amount of weekly supervision) and job satisfaction have on the levels of compassion fatigue experienced by child protective services social workers?

## Significance to Social Work Practice

Social workers are tasked with providing social and mental health services to society's most vulnerable populations. In doing so, social workers sometimes place themselves on the front lines to assist others in dealing with traumatic experiences. In particular, child protective services social workers must respond to reports of abuse and neglect of children. The ramifications of this type of work are far-reaching and include the development of compassion fatigue and secondary trauma. Studies have shown that agency related factors also exacerbate social workers' experiences with compassion fatigue and secondary traumatic stress. Factors such as high caseloads, inadequate supervision and a high number of clients who are experiencing traumatic life events have all been linked to secondary traumatic stress and compassion fatigue in social workers (Wagaman, et al., 2015; Newell & MacNeil, 2010; Ivicic & Motta, 2017). This suggests that there are both micro and macro level ramifications stemming from secondary traumatic stress experienced by social workers. At the micro level, chronic exposure to secondary traumatic stress can lead to more social workers leaving the profession thus creating a gap in service delivery for vulnerable populations.

## CHAPTER TWO

### LITERATURE REVIEW

#### Introduction

This chapter will discuss the literature and theories relevant to compassion fatigue experienced by professionals in the social work field. In order to understand the basis of the current study, previous research regarding risk factors for the development of compassion fatigue across the social work field will be examined as well as potential protective factors against compassion fatigue. This section will also include a discussion on the theories used to conceptualize this research project.

#### Historical Perspective

##### Origins of Compassion Fatigue Concept

The concept of compassion fatigue was first introduced in the 1990s by Charles Figley. In his study of helping professionals who worked with PTSD clients, Figley (1995) found that the people who provided mental health treatment for traumatized clients sometimes experience emotional pain as a result of the exposure to their client's trauma. This secondary exposure was deemed the "cost of caring" (Figley, 1995; Bourassa, 2009). The term compassion fatigue was introduced to encompass the totality of the emotionally taxing experience when a mental health professional must use substantial amounts of empathy when

engaging with clients (Figley, 1995; Newell & MacNeil, 2010). Though not a new phenomenon in the mental health field, the term compassion fatigue was born out of many years of research and observation of mental health professionals who worked with clients who experienced traumatic life events. One such type of mental health work observed was the work between mental health professionals and clients who suffered from posttraumatic stress disorder (PTSD). In his research, Figley (1995) uses the terms secondary traumatic stress and compassion fatigue interchangeably. He found that many helping professionals he researched and observed preferred the term compassion fatigue versus secondary traumatic stress due to the negative connotation carried by the latter (Figley, 1995).

To this day there is still controversy over which term should be used to describe a helping professional's distress experienced as a result of working with traumatic material. Researchers can agree that the condition exists however the issue is what to call the condition as some researchers label it as compassion fatigue whilst others label the condition as secondary traumatic stress disorder (Stamm, 1997; Figley 1995; Sprang, et al., 2007). Consensus on the proper terminology has not been reached though it has been pointed out that the current Diagnostic and Statistical Manual (DSM) does not list a disorder labeled "secondary traumatic stress disorder" (American Psychiatric Association [APA], 2013). However, still relevant to this discussion is the addition of language in the DSM underneath the section diagnosing PTSD which includes criteria for when a

person experiences traumatic stress as a result of secondary exposure (APA, 2013). This signifies that there is a push to properly identify when a person experiences the set of conditions which lead to compassion fatigue or secondary traumatic stress.

### Compassion Fatigue in Direct Practice Social Work

Though much of the literature reviewed here discusses compassion fatigue experienced by direct practice social workers, it is important to note that compassion fatigue is also experienced by direct practice professionals across other helping professions. In addition to social workers, it has been found that professionals such as nurses and police officers also experience compassion fatigue due to their extensive work with the populations they serve (Figley, 1995; Turgoose, et al., 2017). This is important to note because of the multidisciplinary nature in which social workers practice. There are instances where social workers must also engage with practitioners in other professions who in addition may be experiencing similar stressful circumstances as a result of the work done with clients or patients experiencing trauma.

In the social work field, when a practitioner works in direct practice they are intervening at the micro level with clients. Various researchers have found that social workers who engage with clients who experience traumatic life events, can be more susceptible to compassion fatigue as a consequence of the work they do versus social workers who do not engage in this type of work (Bride &

Figley, 2007; Sprang, et al., 2007; Figley, 1995). Certain types of conditions must be met in order for a social worker to develop compassion fatigue. These conditions include working directly with clients who disclose traumatic life events and a decrease in empathetic concern displayed by the engaging practitioner (Bride & Figley, 2007). Bride (2007) found that 15% of the social workers he sampled experienced heightened distress as a result of the direct practice work they engaged in.

### Potential Risk Factors

The literature has identified various potential risk factors for the development of compassion fatigue experienced by direct practice social workers. One such risk factor that has been identified is the length of time spent working in direct contact with trauma material (Turgoose, et al., 2017; Harr, et al., 2014). The idea here is that the longer a social worker is indirectly exposed to traumatic material via their job responsibilities, the more at risk they are for developing compassion fatigue.

Other risk factors identified in the literature include job-related stressors (i.e. high caseloads and inadequate supervision) and limited job satisfaction (Harr, et al., 2014; Bourassa, 2009). When accounting for both the bureaucratic nature of many social work jobs and the implications of constant direct contact with trauma material, the research indicates that social workers who are unsatisfied with their job responsibilities experience higher levels of compassion fatigue (Caringi, et al., 2017). However, studies have also shown that there was



no relationship between supervision and the development of compassion fatigue (Ivicic & Motta, 2017). Thus, the impact of supervision on the development of compassion fatigue is a contested finding in the literature.

There is also data to suggest that the age of the social worker may even have an impact on the development of compassion fatigue. Harr, et al. (2014) found that when comparing study participants under age 40 with participants above age 40, the participants under age 40 had a higher level of compassion fatigue. This was attributed to life experience and maturity.

A social worker's personal history of trauma has also been linked to the development of compassion fatigue. These traumatic life events include a history of sexual assault, history of childhood abuse, history of personal violence, etc. Theoretically, it has been found that compassion fatigue can occur after one indirect exposure to trauma material and there need not be a history of trauma, however studies have shown a correlation between having a personal history of trauma and the development of compassion fatigue (Salston & Figley, 2003; Baird & Jenkins, 2003). This is a controversial finding because later studies have shown that having a personal history of trauma did not correlate with higher levels of compassion fatigue. In a study consisting of adult protective services social workers, Bourassa (2012) found that study participants with a personal history of trauma did not have higher levels of compassion fatigue. This finding is consistent with the results from a later study conducted on therapist trainees

which also found that a previous history of trauma did not correlate with the development of compassion fatigue (O'Brien & Haaga, 2015).

Personal distress experienced by a social worker has also been identified in the literature as a potential risk factor. Thomas (2013) describes personal distress as the diminished capacity to alleviate the suffering of another in favor of alleviating one's own personal distress. While studying licensed clinical social workers, Thomas (2013) found that social workers with higher levels of personal distress correlated to higher levels of compassion fatigue. This is consistent with previous research which also suggests that direct practice social workers who experience higher levels of personal distress also risk having higher levels of compassion fatigue (Adams et al., 2006).

#### Effects on Professional Quality of Life

Several studies have linked the development of compassion fatigue with the development of professional burnout (Figley, 1995; Bride, 2007). The idea here is that social workers when social workers are continually exposed to traumatic material in their professional role, they will not only develop symptoms of compassion fatigue, but the pervasiveness of the compassion fatigue will eventually lead to burnout. The development of compassion fatigue is an emotionally taxing experience for the direct practice practitioner. The research suggests that a social worker only has to have one experience or contact with trauma material to develop compassion fatigue (Figley, 1995). Thus, there need

not be multiple encounters with trauma material before compassion fatigue develops.

Researchers have also found correlations between a social worker's level of compassion fatigue and their job outcomes. In a study of child protection social workers, data revealed that 50% of all participants sampled experienced high or very high levels of compassion fatigue (Conrad & Kellar-Guenther, 2006; DePanfilis, 2006). The literature also suggests that heightened levels of compassion fatigue may impact child abuse custodial cases (Denne, et al., 2019).

The data has shown that social workers who engage in direct practice with military personnel and veterans also experience compassion fatigue. Beder, et al. (2012) found that social workers who spent more than 50% or more of their time engaging and treating military personnel had moderately higher compassion fatigue levels than those social workers who spent less time treating this population.

#### Potential Protective Factors

Though various risk factors have been identified in the literature, there is also evidence of potential protective factors. Compassion satisfaction has been identified in the literature as a potential protective factor for the development of compassion fatigue (Craig & Sprang, 2010). Various studies have indicated that higher levels of compassion satisfaction correlate with lower levels of compassion fatigue (Craig & Sprang, 2010). Data found in the literature also

suggests that a social worker's length (years) of experience and professional competency may also be protective factors for compassion fatigue (Figley, 1995; Radey & Figley, 2007).

Other protective factors identified in the literature included the creation and utilization of professional boundaries (Bourassa, 2012). When interviewing adult protective social workers, it was found that some workers felt their training in their respective social work programs enabled them to put adequate boundaries in place (Bourassa, 2012). This is consistent with later research conducted on direct practice social workers which indicated that the social workers sampled had learned to implement adequate boundaries in their social work training programs (Wagaman, et al., 2015). Thus, the training received in social work programs regarding boundary formation and utilization appears to be a strong protective factor in the prevention of compassion fatigue.

The literature has also revealed that adequate self-care strategies utilized by direct practice social workers help protect the worker from developing compassion fatigue. Researchers have found that strong personal and professional self-care strategies utilized by direct practice social workers leads to lower levels of compassion fatigue and higher levels of satisfaction (Cuartero & Campos-Vidal, 2018). This data is supported in the literature by a later study conducted on direct practice social workers which suggests that self-care can aid in decreasing the likelihood of developing compassion fatigue (Owens-King, 2019; Lewis & King, 2019).

## Theories Guiding Conceptualization

### Transactional Stress Theory

A theory is a widely accepted set of beliefs about a specific phenomenon that has been tested repeatedly to yield the same results. Theories also help us understand why a phenomenon may be occurring. The current literature regarding compassion fatigue identify several theories that contribute to the theoretical framework surrounding these two interchangeable concepts. One of the most prevalent theories influencing research on compassion fatigue is transactional stress theory. In essence, transactional stress theory suggests that “stress is the direct product of a transaction between an individual and their environment which may tax their resources and thus threaten their wellbeing” (Lazarus and Folkman, 1987). Transactional stress theory will be important to the progression of this research project because risk factors associated with the development of compassion fatigue in child protective services social workers will be examined. The transactions that occur between the social worker and client will be examined to determine if a client’s trauma has a negative impact on the social worker, thus creating an environment where compassion fatigue can occur.

## CHAPTER THREE

### METHODS

#### Introduction

This study examined the relationship between job-related stressors and levels of compassion fatigue among child protective services social workers. The following chapter will detail how this study was conducted. The sections discussed include: study design, sampling, data collection and instruments, procedures, protection of human subjects and data analysis.

#### Study Design

This research study was an exploratory study examining levels of compassion fatigue among child protective services social workers. This study will utilize quantitative methodology in the form of a cross-sectional survey. The aim of this study was to examine the impact of job-related stressors and job satisfaction on levels of compassion fatigue experienced by child protective services social workers.

#### Sampling

This study utilized non-probability sampling as the sampling method. More specifically, snowball convenience sampling was utilized to capture the largest possible sample of social workers. Social workers who participated in this study

had to meet two criteria: 1) the social worker must work in a county-level child protection setting and 2) the social worker must carry an active caseload. No other inclusion or exclusion criteria was used. It was expected that the study sample would include a diverse array of individuals.

### Data Collection and Instruments

This study measured three independent variables and one dependent variable. The independent variables measured included three risk factors for compassion fatigue: job satisfaction and job-related stressors (i.e. high caseloads and amount of weekly supervision). The dependent variable was the levels (low, moderate, or high) of compassion fatigue experienced by child protective services social workers. The independent variable was measured using the Professional Quality of Life Scale (ProQOL) instrument. This instrument includes 30 Likert-scale questions and has been used in past studies examining compassion fatigue. The researcher also developed a demographic questionnaire to identify study participants' race/ethnicity, age, gender identity, job title, length of employment, education level, caseload size, amount of weekly supervision and level of job satisfaction.

### Procedures

Each survey measure was converted to electronic format via Qualtrics. Once the measures were converted, they were emailed to the identified study

participants. The email invitation included an informed consent form which indicated that participation was voluntary. The email invitation also included a direct link to the survey which can be completed on any electronic device. In addition to email recruitment, social media websites such as Facebook and LinkedIn were utilized to directly message known associates of the primary researcher who met the criteria to participate in the study.

### Protection of Human Subjects

Each individual that participated in this study did so on a voluntary basis. Participants were given an informed consent form which specified the purpose of this study, the approximate duration and the risks involved. No identifying information was collected from study participants. The data collected from this project was stored in an electronic format via the CSUSB Google Drive cloud platform due to the enhanced security provided by the university. Data will be stored for three years post data collection. After that time period has ended, all data from this project will be destroyed.

### Data Analysis

The three independent variables that were measured in this study included: job satisfaction, job-related stressors (i.e. caseload size and amount of weekly supervision). The dependent variable that will be measured is the level (low, moderate or high) of compassion fatigue experienced by child protection



social workers. The Professional Quality of Life Scale (ProQOL) was used to yield one of three levels (low, moderate or high) to indicate the level of compassion fatigue. These variables were analyzed in SPSS to identify a relationship between the independent variables and the levels of compassion fatigue experienced by child protection social workers. A mean score was generated for each of the three subscales within the ProQOL.

A coefficient correlation test was conducted to determine if there is a relationship between job satisfaction and level of compassion fatigue as well as the amount of supervision and level of compassion fatigue. This analysis was used because the independent variables listed are nominal levels of measurement while the dependent variable measured is a ratio level of measurement. A coefficient correlation analysis was also completed to examine the relationship between caseload size and level of compassion fatigue.

For ethnicity, gender identity, education level and job title, frequency analysis was utilized to gain a descriptive analysis of the study sample. Each of these data have a nominal level of measurement.

### Summary

This study examined the relationship and impact job-related stressors and job satisfaction had on the levels of compassion fatigue experienced by child protective services social workers. The goal was to recruit a diverse sample of individuals to participate on a voluntary basis. The identity of all study

participants was kept confidential as no identifying information was collected. To analyze the data collected, SPSS software was utilized to discern relationships between the independent and dependent variables studied.

## CHAPTER FOUR

### RESULTS

#### Introduction

This chapter will be organized to include an overview of the demographics of the study sample, significant findings and an inclusive summary of the results obtained. Tables will be utilized to assist with clarifying the study's results.

#### Descriptive Overview

The study sample was analyzed to gain a descriptive overview of all study participants. The frequency distribution of the study sample is illustrated in Table 1 below.

Table 1  
*Participant Demographic Characteristics (N = 10)*

<b>Variable</b>	<b>N</b>	<b>%</b>	<b>Variable</b>	<b>N</b>	<b>%</b>
<b><i>Age</i></b>		<b>100</b>	<b><i>Education Level</i></b>		<b>100</b>
20-29	1	10	Bachelor's	5	50
30-39	4	40	Master's	5	50
40-49	2	20			
Missing	3	30	<b><i>Years of Experience</i></b>		<b>100</b>
			6 months-1 year	1	10
			1 year-3 years	3	30
<b><i>Race/Ethnicity</i></b>		<b>100</b>	3 years -5 years	1	10
Hispanic or Latino	6	60	5 years-7 years	1	10
Black or African American	3	30	7 years-9 years	1	10
Asian or Pacific Islander	1	10	10 years and above	1	10
<b><i>Gender</i></b>		<b>100</b>	Missing	1	10
Cis-Gender Man	2	20			
Cis-Gender Woman	6	60			
Other	2	20			

As displayed in Table 1, there were a total of 10 study participants. A total of 13 survey responses were recorded however, three individuals indicated that they did not meet this study's sample criteria and therefore exited the survey before completion. The age distribution of the study sample was such that 40% of participants were between the ages of 30-39, 20% were between the ages of 40-49 and 10% of the sample were between the ages of 20-29. Three participants (30% of the study sample) did not disclose their age. With regard to race and ethnicity, 60% of participants identified as Hispanic or Latino, 30% identified as Black or African American and 10% identified as Asian or Pacific Islander. The gender identity of the study participants was such that 60% identified as cis-gender women, 20% identified as cis-gender men and 20% identified as other. The education levels of the study participants indicated that 50% were educated at the bachelor's level while the other 50% were educated at the master's level. The total amount of experience the study participants reported was distributed between six months and ten years with 30% of the study sample reporting having been employed in their role between one and three years.

Each study participant was asked to identify what a high caseload number would be in their office as well as the size of their own caseload. These findings are illustrated in Table 2 below.

Table 2  
*Participant Caseload Characteristics (N=10)*

<b>Variable</b>	<b>N</b>	<b>%</b>	<b>Variable</b>	<b>N</b>	<b>%</b>
<b>Caseload Size</b>		<b>100</b>	<b>High Caseload Size</b>		<b>100</b>
15-20 cases	3	30	10-20 cases	4	40
21-25 cases	2	20	21-30 cases	2	20
26-30 cases	2	20	31-40 cases	3	30
31-35 cases	2	20	Missing	1	10
40 or more cases	1	10			

As demonstrated in Table 2, 30% of the participants studied reported having a caseload size between 15-20 cases, 20% had between 21-25 cases, 20% had between 26-30 cases, 20% had between 31-35 cases and 10% had 40 or more cases assigned to them. 40% of participants also indicated that 10-20 cases was considered to a high caseload. Another 20% reported that 21-30 cases were considered high, 30% reported between 31-40 cases was a high caseload while 10% of participants did not answer the question.

Study participants were also asked if they received weekly supervision and 70% of participants indicated that they received weekly supervision while 30% indicated that they did not. The amount of weekly supervision varied with 50% of participants reporting that they receive 1-2 hours per week, 20% receive 4-5 hours per week, 10% receive 10 hours per week and 20% receive no supervision during the week. This data is illustrated in Table 3 below.

Table 3  
*Participant Weekly Supervision (N=10)*

<b>Variable</b>	<b>N</b>	<b>%</b>	<b>Variable</b>	<b>N</b>	<b>%</b>
<b>Weekly Supervision</b>	<b>100</b>		<b>Amount of Weekly Supervision</b>	<b>100</b>	
Yes	7	70	0 hours	2	20
No	3	30	1-2 hours	5	50
			4-5 hours	2	20
			10 or more hours	1	10

Descriptive statistics were also obtained to discern the study participants' level of job satisfaction. As displayed in Table 4 below, 20% of participants reported being "very dissatisfied," 10% reported being dissatisfied, 20% reported being neutral, 40% reported being satisfied and 10% reported being very satisfied.

Table 4  
*Participant Level of Job Satisfaction*

<b>Variable</b>	<b>N</b>	<b>%</b>
<b>Level of Job Satisfaction</b>	<b>100</b>	
Very Dissatisfied	2	20
Dissatisfied	1	10
Neutral	2	20
Satisfied	4	40
Very Satisfied	1	10

### Significant Findings

Based on the responses provided on the ProQOL measure, the mean and standard deviation were analyzed for the three areas of concern: compassion

satisfaction, compassion fatigue and burnout. The most significant finding as it relates to this study is the mean compassion fatigue score of 26.9. This indicates that overall, study participants experienced a moderate level of compassion fatigue. This is demonstrated in Table 5 below.

Table 5  
*Descriptive Statistics for ProQOL*

<b>Variable</b>	<b><i>M</i></b>	<b><i>SD</i></b>
Compassion Satisfaction	39.10	8.23
Compassion Fatigue	26.90	6.02
Burnout	27.80	5.94

Based on the findings of the Pearson correlation test conducted in SPSS, the null hypothesis was not rejected for any of the variable pairings as indicated in Table 6 below. The correlation between compassion fatigue and hours of weekly supervision suggests that a weak negative relationship exists between the variables. Furthermore, the correlation between compassion fatigue and caseload size and the correlation between compassion fatigue and job satisfaction suggest that there exists a moderate negative relationship between the variables.

Table 6  
*Correlations between Study Variables*

<b>Variable</b>		<b>Compassion fatigue</b>	<b>Hours of weekly supervision</b>	<b>Caseload Size</b>	<b>Job satisfaction level</b>
<b>Compassion Fatigue</b>	Pearson's r	-			
	p-value	-			
<b>Hours of weekly supervision</b>	Pearson's r	-.02	-		
	p-value	.1	-		
<b>Caseload Size</b>	Pearson's r	-.50		-	
	p-value	.15		-	
<b>Job satisfaction level</b>	Pearson's r	-.52			-
	p-value	.13			-

*Note: Correlation is significant at the 0.01 level (2-tailed)*

### Summary

The participants studied in this project came from diverse ethnic backgrounds and there was a diverse age range. Half of the participants reported having a graduate level education while the other half indicated that they had an undergraduate level of education. The correlation tests suggest that there is little to moderate negative correlation between the variables tested and the significance level of these correlations suggest that the null hypothesis was not able to be rejected by the study's findings.



## CHAPTER FIVE

### DISCUSSION

#### Introduction

This study explored the potential impact and relationship between job-related stressors and compassion fatigue among child protection social workers working at county-level agencies in Southern California. The goal of this study was to fill a gap in the existing literature landscape to include data specifically focused on child protection social workers due to their proximity to human suffering. This chapter will include a discussion of the findings, an overview of the study's limitations and recommendations for further study.

#### Discussion

The aim of this study was to identify if there was an impact between job-related stressors and compassion fatigue among child protection social workers. More specifically, this study analyzed the relationship between risk factors such as job-related stressors and compassion fatigue experienced by child protection social workers.

The results of the ProQOL measure suggest that overall, the study participants had a mean compassion fatigue score of 26.9. This score indicates that study participants experience a moderate level of compassion fatigue. According to Geoffrion, et al. (2019), the ProQOL measure has both convergent

and discriminant validity when utilized in a sample population inclusive of child protection social workers. In other words, the ProQOL is constructed in such a way that it adequately captures the data needed to generate a score for the respondent's answers to each statement without segmenting the questions into discriminant categories.

Occurrences of compassion fatigue experienced by social workers in direct practice has been well documented in the literature and is a cause of concern in the profession. This study found that there was moderate correlation between compassion fatigue and caseload size as well as moderate correlation between compassion fatigue and job satisfaction. This is consistent with previous literature which suggest that there is a correlation between these variables (Harr, et al., 2014; Caringi, et al., 2017). This study also found that there was little correlation between compassion fatigue and amount of weekly supervision. This is also consistent with previous literature. Ivicic & Motta, 2017 found there to be no relationship between compassion fatigue and hours of weekly supervision.

This study tested the hypothesis that the presence of job-related stressors would have a positive impact or a strong relationship on the level of compassion fatigue experienced by child protection social workers. However, the null hypothesis failed to be rejected in this research study. The probability that this study's findings were attributed to chance was very high.

## Limitations

The researcher has identified several limitations that should be taken into consideration in future studies. The main limitation was the small sample size. The study sample was large enough to gather significant data however, some of that data could have been captured in a more robust way with a larger sample size. Another limitation was the reliance researcher's reliance on their personal network to obtain study participants. By limiting the study sample to only child protection social workers, the data obtained was saturated with one subset of the larger micro practice social worker population.

Another limitation was the occurrence of the COVID-19 pandemic. Locating study participants was made difficult due to the restrictions put into place by the university and the state and local governments. Meeting in person was not an option and therefore, in-person solicitation of potential participants was not an option. Another hindrance to this study was the lack of official agency approval from several Southern California county administrators with regard to sampling their social worker personnel.

## Recommendations

As mental health becomes a larger part of societal conversation, the mental health of helping professionals is a relevant area of study. Social workers in particular are proximal to human suffering as a part of their day-to-day duties. As a result, there is ample opportunity further research in this emerging area.

Future research should include a significantly larger study sample size as well as other micro practice social workers who encounter people dealing with traumatic life experiences. The intent of this study was not to identify a causal relationship between the study variables. Future research could expand upon this study by attempting to establish such a relationship between the independent and dependent variables.

APPENDIX A  
PROFESSIONAL QUALITY OF LIFE SCALE

**PROFESSIONAL QUALITY OF LIFE SCALE (PROQOL)**

COMPASSION SATISFACTION AND COMPASSION FATIGUE  
(PROQOL) VERSION 5 (2009)

When you [help] people you have direct contact with their lives. As you may have found, your compassion for those you [help] can affect you in positive and negative ways. Below are some-questions about your experiences, both positive and negative, as a [helper]. Consider each of the following questions about you and your current work situation. Select the number that honestly reflects how frequently you experienced these things in the *last 30 days*.

	<b>1=Never</b>	<b>2=Rarely</b>	<b>3=Sometimes</b>	<b>4=Often</b>	<b>5=Very Often</b>
_____ 1.					
_____ 2.					
_____ 3.					
_____ 4.					
_____ 5.					
_____ 6.					
_____ 7.					
_____ 8.					
_____ 9.					
_____ 10.					
_____ 11.					
_____ 12.					
_____ 13.					
_____ 14.					
_____ 15.					
_____ 16.					
_____ 17.					
_____ 18.					
_____ 19.					
_____ 20.					
_____ 21.					
_____ 22.					
_____ 23.					
_____ 24.					
_____ 25.					
_____ 26.					
_____ 27.					
_____ 28.					
_____ 29.					
_____ 30.					

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## YOUR SCORES ON THE PROQOL: PROFESSIONAL QUALITY OF LIFE SCREENING

Based on your responses, place your personal scores below. If you have any concerns, you should discuss them with a physical or mental health care professional.

---

### Compassion Satisfaction \_\_\_\_\_

Compassion satisfaction is about the pleasure you derive from being able to do your work well. For example, you may feel like it is a pleasure to help others through your work. You may feel positively about your colleagues or your ability to contribute to the work setting or even the greater good of society. Higher scores on this scale represent a greater satisfaction related to your ability to be an effective caregiver in your job.

If you are in the higher range, you probably derive a good deal of professional satisfaction from your position. If your scores are below 23, you may either find problems with your job, or there may be some other reason—for example, you might derive your satisfaction from activities other than your job. (Alpha scale reliability 0.88)

---

### Burnout \_\_\_\_\_

Most people have an intuitive idea of what burnout is. From the research perspective, burnout is one of the elements of Compassion Fatigue (CF). It is associated with feelings of hopelessness and difficulties in dealing with work or in doing your job effectively. These negative feelings usually have a gradual onset. They can reflect the feeling that your efforts make no difference, or they can be associated with a very high workload or a non-supportive work environment. Higher scores on this scale mean that you are at higher risk for burnout.

If your score is below 23, this probably reflects positive feelings about your ability to be effective in your work. If you score above 41, you may wish to think about what at work makes you feel like you are not effective in your position. Your score may reflect your mood; perhaps you were having a "bad day" or are in need of some time off. If the high score persists or if it is reflective of other worries, it may be a cause for concern. (Alpha scale reliability 0.75)

---

### Secondary Traumatic Stress \_\_\_\_\_

The second component of Compassion Fatigue (CF) is secondary traumatic stress (STS). It is about your work related, secondary exposure to extremely or traumatically stressful events. Developing problems due to exposure to other's trauma is somewhat rare but does happen to many people who care for those who have experienced extremely or traumatically stressful events. For example, you may repeatedly hear stories about the traumatic things that happen to other people, commonly called Vicarious Traumatization. If your work puts you directly in the path of danger, for example, field work in a war or area of civil violence, this is not secondary exposure; your exposure is primary. However, if you are exposed to others' traumatic events as a result of your work, for example, as a therapist or an emergency worker, this is secondary exposure. The symptoms of STS are usually rapid in onset and associated with a particular event. They may include being afraid, having difficulty sleeping, having images of the upsetting event pop into your mind, or avoiding things that remind you of the event.

If your score is above 41, you may want to take some time to think about what at work may be frightening to you or if there is some other reason for the elevated score. While higher scores do not mean that you do have a problem, they are an indication that you may want to examine how you feel about your work and your work environment. You may wish to discuss this with your supervisor, a colleague, or a health care professional. (Alpha scale reliability 0.81)

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2

## WHAT IS MY SCORE AND WHAT DOES IT MEAN?

In this section, you will score your test so you understand the interpretation for you. To find your score on **each section**, total the questions listed on the left and then find your score in the table on the right of the section.

### Compassion Satisfaction Scale

Copy your rating on each of these questions on to this table and add them up. When you have added them up you can find your score on the table to the right.

3. \_\_\_\_  
6. \_\_\_\_  
12. \_\_\_\_  
16. \_\_\_\_  
18. \_\_\_\_  
20. \_\_\_\_  
22. \_\_\_\_  
24. \_\_\_\_  
27. \_\_\_\_  
30. \_\_\_\_

**Total:** \_\_\_\_

The sum of my Compassion Satisfaction questions is	And my Compassion Satisfaction level is
22 or less	Low
Between 23 and 41	Moderate
42 or more	High

### Burnout Scale

On the burnout scale you will need to take an extra step. Starred items are "reverse scored." If you scored the item 1, write a 5 beside it. The reason we ask you to reverse the scores is because scientifically the measure works better when these questions are asked in a positive way though they can tell us more about their negative form. For example, question 1. "I am happy" tells us more about

You Wrote	Change to
	5
2	4
3	3
4	2
5	1

the effects of helping when you are *not* happy so you reverse the score

- \*1. \_\_\_\_ = \_\_\_\_  
\*4. \_\_\_\_ = \_\_\_\_  
8. \_\_\_\_  
10. \_\_\_\_  
\*15. \_\_\_\_ = \_\_\_\_  
\*17. \_\_\_\_ = \_\_\_\_  
19. \_\_\_\_  
21. \_\_\_\_  
26. \_\_\_\_  
\*29. \_\_\_\_ = \_\_\_\_

**Total:** \_\_\_\_

The sum of my Burnout Questions is	And my Burnout level is
22 or less	Low
Between 23 and 41	Moderate
42 or more	High

### Secondary Traumatic Stress Scale

Just like you did on Compassion Satisfaction, copy your rating on each of these questions on to this table and add them up. When you have added them up you can find your score on the table to the right.

2. \_\_\_\_  
5. \_\_\_\_  
7. \_\_\_\_  
9. \_\_\_\_  
11. \_\_\_\_  
13. \_\_\_\_  
14. \_\_\_\_  
23. \_\_\_\_  
25. \_\_\_\_  
28. \_\_\_\_

**Total:** \_\_\_\_

The sum of my Secondary Trauma questions is	And my Secondary Traumatic Stress level is
22 or less	Low
Between 23 and 41	Moderate
42 or more	High

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APPENDIX B  
INFORMED CONSENT FORMS

**INFORMED CONSENT**

The study in which you are asked to participate is designed to examine the levels of compassion fatigue experienced by child protective services social workers. The study is being conducted by Curnishia Woodbury, a graduate student, under the supervision of Dr. Brooklyn Sapozhnikov-Levine, Adjunct 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 the levels of compassion fatigue experienced by child protective services social workers.

**DESCRIPTION:** Participants will be asked of a few questions on job-related stressors, job satisfaction, their experiences as helpers as well as some demographics.

**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 to 15 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.

**CONTACT:** If you have any questions about this study, please feel free to contact Dr. Brooklyn Sapozhnikov-Levine at [Brooklyn.Sapozhnikov@csusb.edu](mailto:Brooklyn.Sapozhnikov@csusb.edu).

**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 2022.

\*\*\*\*\*

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

### Debriefing Statement

Thank you for participating in this study. To obtain the results of this study will be available for viewing after July 31, 2022 on the ScholarWorks website through the California State University, San Bernardino. If you have any questions or concerns, the student researcher, Curnishia Woodbury can be reached at [007070720@coyote.csusb.edu](mailto:007070720@coyote.csusb.edu).

**Recruitment Email/Social Media Post**

Hello,

My name is Curnishia Woodbury and I am a graduate student researcher at the California State University, San Bernardino School of Social Work.

I am conducting a small research project to meet the requirements of the Master of Social Worker degree. I am studying the levels of compassion fatigue experienced by social workers who work in child protective services. There are two criteria for study participants to meet and they are: 1) the social worker must work as a direct practice social worker in child protective services and 2) the social worker must carry an active caseload.

You are being recruited because you have been identified as a potential candidate for the enclosed survey. This brief survey should take no longer than 15 minutes.

If you are able, please identify other potential candidates who meet the above stated criteria. You can forward this email to them or send me their information.

The study has been approved by the California State University, San Bernardino Institutional Review Board.

Thank you for your participation in this survey.

Curnishia Woodbury

[http://csusb.az1.qualtrics.com/jfe/form/SV\\_9AeOHGSbJ0rFKtw](http://csusb.az1.qualtrics.com/jfe/form/SV_9AeOHGSbJ0rFKtw)



APPENDIX C  
DEMOGRAPHIC SURVEY

## Demographic Survey

1. What is your age? \_\_\_\_\_
2. What is your race/ethnicity?
  - a. White, non-Hispanic
  - b. Hispanic or Latino
  - c. Black or African American
  - d. Native American or American Indian
  - e. Asian or Pacific Islander
  - f. Other (please specify) \_\_\_\_\_
3. What is your gender identity?
  - a. Cis-Gender Man
  - b. Cis-Gender Woman
  - c. Trans-Gender Man
  - d. Trans-Gender Woman
  - e. Other (please specify) \_\_\_\_\_
4. What is your job title? \_\_\_\_\_
5. How long have you worked as a social worker in child protective services?  
\_\_\_\_\_
6. What is your education level?
  - a. Bachelor's
  - b. Master's
  - c. Doctorate
7. What is your caseload size? \_\_\_\_\_
8. How many cases are considered a high caseload in your office? \_\_\_\_\_
9. Do you receive weekly supervision from a direct supervisor?
  - a. Yes
  - b. No
10. How many hours per week do you receive supervision from a direct supervisor?  
\_\_\_\_\_
11. How would you describe your level of job satisfaction?
  - a. Very dissatisfied
  - b. Dissatisfied
  - c. Neutral
  - d. Satisfied
  - e. Very unsatisfied

APPENDIX D  
IRB APPROVAL



January 26, 2021

**CSUSB INSTITUTIONAL REVIEW BOARD**  
Administrative/Exempt Review Determination  
Status: Determined Exempt  
IRB-FY2021-176

Brooklyn Sapozhnikov Nishia Woodbury  
CSBS - Social Work, Users loaded with unmatched Organization affiliation.  
California State University, San Bernardino  
5500 University Parkway  
[San Bernardino, California 92407](#)

Dear Brooklyn Sapozhnikov Nishia Woodbury:

Your application to use human subjects, titled "Impact of Job-Related Stressors on Compassion Fatigue" 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. Important Note: This approval notice does not replace any departmental or additional campus approvals which may be required including access to CSUSB campus facilities and affiliate campuses due to the COVID-19 pandemic. Visit the Office of Academic Research website for more information at <https://www.csusb.edu/academic-research>.

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. The Cayuse IRB system will notify you when your protocol is due for renewal. Ensure you file your protocol renewal and continuing review form through the Cayuse IRB system to keep your protocol current and active unless you have completed your study.

- 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.

If you have any questions regarding the IRB decision, please contact Michael Gillespie, the Research Compliance Officer. Mr. Michael Gillespie can be reached by phone at (909) 537-7588, by fax at (909) 537-7028, or by email



at [mgillesp@csusb.edu](mailto:mgillesp@csusb.edu). Please include your application approval number IRB-FY2021-176 in all correspondence. Any complaints you receive from participants and/or others related to your research may be directed to Mr. Gillespie.

Best of luck with your research.

Sincerely,

*Nicole Dabbs*

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

ND/MG

## REFERENCES

- Adams, R. E., Boscarino, J. A., & Figley, C. R. (2006). Compassion fatigue and psychological distress among social workers: A validation study. *American Journal of Orthopsychiatry*, 76:1, 103-108. doi:10.1037/0002-9432.76.1.103.
- American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). DOI: <https://doi.org/10.1176/appi.books.9780890425596>
- Baird, S., & Jenkins, S. R. (2003). Vicarious traumatization, secondary traumatic stress, and burnout in sexual assault and domestic violence agency staff. *Violence and Victims*, 18, 71–85.
- Beder J., Postiglione, P., & Strolin-Goltzman, J. (2012) Social work in the veteran's administration hospital system: impact of the work, *Social Work in Health Care*, 51:8, 661-679, DOI: 10.1080/00981389.2012.699023
- Bourassa, D. B. (2009). Compassion fatigue and the adult protective services social worker. *Journal of Gerontological Social Work*, 52:3, 215-229. DOI: 10.1080/01634370802609296
- Bourassa, D. (2012). Examining self-protection measures guarding adult protective services social workers against compassion fatigue. *Journal of Interpersonal Violence*. 27:9, 1699-1715. DOI: 10.1177/0886260511430388

- Bride, B. E. (2007). Prevalence of secondary traumatic stress among social workers. *Social Work, 52:1*, 63–70. doi:10.1093/sw/52.1.63
- Bride, B. E. & Figley, C. R. (2007). The fatigue of compassionate social workers: An introduction to the special issue on compassion fatigue. *Clinical Social Work Journal. 35*, 151-153. DOI: 10.1007/s10615-007-0093-5
- Caringi, J. C., Hardiman, E. R., Weldon, P., Fletcher, S., Devlin, M., & Stanick, C. (2017). Secondary traumatic stress and licensed social workers. *Traumatology. 23:2*, 186-195, DOI: <http://dx.doi.org/10.1037/trm0000061>
- Conrad, D., & Kellar-Guenther, Y. (2006). Compassion fatigue, burnout, and compassion satisfaction among Colorado child protection workers. *Child Abuse & Neglect, 30*, 1071–1080.
- Craig, C. D. & Sprang, G. (2010). Compassion satisfaction, compassion fatigue, and burnout in a national sample of trauma treatment therapists. *Anxiety, Stress, & Coping, 23:3*.
- Cuartero, M. E. & Campos-Vidal, J. F. (2019) Self-care behaviours and their relationship with satisfaction and compassion fatigue levels among social workers, *Social Work in Health Care, 58:3*, 274-290, DOI: 10.1080/00981389.2018.1558164
- Denne, E., Stevenson, M. & Petty, T. (2019). Understanding how social worker compassion fatigue and years of experience shape custodial decisions. *Child Abuse & Neglect. 95*. DOI: <https://doi.org/10.1016/j.chiabu.2019.104036>

- DePanfilis, D. (2006). Compassion fatigue, burnout, and compassion satisfaction: Implications for retention of workers. *Child Abuse and Neglect*. 30, 1067-1069.
- Figley, C. R. (1995). Compassion fatigue: Toward a new understanding of the costs of caring. In B. H. Stamm (Ed.), *Traumatic stress: Self-care issues for clinicians, researchers, & educators* (pp. 3–28). Baltimore, MD: Sidran Press.
- Geoffrion, S., Lamothe, J., Morizot, J. & Giguère, C. (2019). Construct validity of the professional quality of life scale (ProQOL) in a sample of child protection workers. *Journal of Traumatic Stress*. 32:4, 566-576.  
<https://doi.org/10.1002/jts.22410>
- Harr, C. R., Brice, T. S., Riley, K. & Moore, B. (2014). The impact of compassion fatigue and compassion satisfaction on social work students. *Journal of the Society for Social Work and Research*. 5:2, 233-251.
- Ivicic, R. & Motta, R. (2017). Variables associated with secondary traumatic stress among mental health professionals. *Traumatology*, 23:2, 196-204.  
<http://dx.doi.org/10.1037/trm0000065>
- Lazarus, R. S. and Folkman, S. (1987) Transactional Theory and Research on Emotions and Coping. *European Journal of Personality* 1 (3), 141-169
- Lewis, M. L. & King, D. M. (2019). Teaching self-care: The utilization of self-care in social work practicum to prevent compassion fatigue, burnout, and

- vicarious trauma. *Journal of Human Behavior in the Social Environment*. 29:1, 96-106, DOI: <https://doi.org/10.1080/10911359.2018.1482482>
- Newell, J. M., & MacNeil, G. A. (2010). Professional burnout, vicarious trauma, secondary traumatic stress, and compassion fatigue: A review of theoretical terms, risk factors, and preventive methods for clinicians and researchers. *Best Practice in Mental Health*, 6:2, 57–68.
- O'Brien, J. L. & Haaga, D. A. (2015). Empathetic accuracy and compassion fatigue among therapist trainees. *Professional Psychology: Research and Practice*. 46:6, 414-420. <http://dx.doi.org/10.1037/pro0000037>
- Owens-King, A. P. (2019). Secondary traumatic stress and self-care inextricable linked. *Journal of Human Behavior in the Social Environment*, 29:1, 37-47. DOI: 10.1080/10911359.2018.1472703
- Radey, M., & Figley, C. (2007). The social psychology of compassion. *Clinical Social Work Journal*, 35:3, 207–214. <http://dx.doi.org/10.1007/s10615-007-0087-3>
- Salston, M., & Figley, C. R. (2003). Secondary traumatic stress effects of working with survivors of criminal victimization. *Journal of Traumatic Stress*, 16(2), 167-174.
- Sprang, G., Clark, J. J. & Whitt-Woosley, A. (2007). Compassion fatigue, compassion satisfaction, and burnout: factors impacting a professional's quality of life. *Journal of Loss and Trauma*. 12, 259-280. DOI: 10.1080/15325020701238093

- Stamm, B.H. (1995). *Secondary traumatic stress: Self-care issues for clinicians, researchers, and educators*. Baltimore, MD: Sidran Press.
- 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, DOI: 10.1080/01488376.2013.771596
- Turgoose, D., Glover, N., Barker, & Maddox, L. (2017). Empathy, compassion fatigue, and burnout in police officers working with rape victims. *Traumatology*. 23:2, 205-213, <http://dx.doi.org/10.1037/trm0000118>
- Wagaman, M. A., Geiger, J. M., Shockley, C., & Segal, E. A. (2015). The role of empathy in burnout, compassion satisfaction, and secondary traumatic stress among social workers. *Social Work*. 60:3, 201-209. doi: 10.1093/sw/swv014