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HOW KNOWLEDGEABLE ARE SOCIAL WORK STUDENTS ON THE CONCEPT OF COMPASSION FATIGUE AND DO THEY ENGAGE IN MEASURES TO PREVENT IT?

Jessica Duran

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HOW KNOWLEDGEABLE ARE SOCIAL WORK STUDENTS ON THE
CONCEPT OF COMPASSION FATIGUE AND DO THEY ENGAGE IN
MEASURES TO PREVENT IT?

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
Jessica Duran
May 2022

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Approved by:

Dr. Carolyn McAllister, Faculty Supervisor, Social Work

Dr. Laurie Smith, MSW Research Coordinator

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ABSTRACT

One of the effects of working in a helping field such as social work is the concept known as compassion fatigue. The definition of compassion fatigue varies among the literature but generally centers around the impact that stress has on professionals and their empathy. The literature on compassion fatigue mentions the negative effects it has on professionals and their clients. However, there are protective measures that can be taken in an effort to minimize adverse outcomes. Therefore, this study sought to assess the familiarity of the concept of compassion fatigue among social work students as well as the student's engagement in preventative measures.

The data for this study was gathered in a form of an electronic survey which helped minimize risk to participants during the global Covid-19 pandemic. The study found a negative correlation was found between years of experience in the social work field and familiarity with compassion fatigue. No significant correlation was found between gender, social work program, or religious identity and engagement in self-care. Given the existing literature on compassion suggesting education on the topic as a preventative measure this study recommends the inclusion of compassion fatigue in social work programs as well as encourages further research on the topic.

TABLE OF CONTENTS

ABSTRACT	iii
LIST OF TABLES	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.....	6
Introduction	6
Understanding Compassion Fatigue.....	6
Preventative Measures	8
Educational and Occupational Supportive Strategies.....	10
Theories Guiding Conceptualization.....	12
CHAPTER THREE: METHODS.....	15
Introduction.....	15
Study Design	15
Sampling	16
Data Collection and Instruments.....	16
Procedures.....	17
Protection of Human Subjects.....	18
Data Analysis.....	19
Summary.....	19

CHAPTER FOUR: RESULTS.....	22
Introduction	22
Participant Demographics.....	22
Knowledge of Compassion Fatigue.....	25
Engagement in Self Care	28
Areas of Self Care	30
Presentation of the Findings	34
CHAPTER FIVE: DISCUSSION.....	36
Introduction	36
Discussion	36
Limitations and Strengths.....	38
Recommendations for Social Work Practice, Policy, and Research...	39
Conclusion	40
APPENDIX A: INSTITUTIONAL REVIEW BOARD APPROVAL	42
APPENDIX B: INFORMED CONSENT	44
APPENDIX C: SURVEY INSTRUMENT.....	46
REFERENCES	50

LIST OF TABLES

Table 1. Participant Demographics.....	23
Table 2. Knowledge of Compassion Fatigue.....	26
Table 3. Engagement in Self Care Activities.....	29
Table 4. Areas of Self Care.....	31

CHAPTER ONE

INTRODUCTION

Problem Formulation

Social work can be known for being a "helping" field, but there is much more to learn about this profession and its effects on its professionals. There are varying definitions to describe the concept known as compassion fatigue. As defined by Figley (2002), compassion fatigue is a form of burnout among psychotherapists. Figley (2002) also describes compassion fatigue as fatigue that reduces the interest in bearing the suffering of others (Figley, 2002). Additionally, Adams, Boscarino, and Figley (2006) explain compassion fatigue as the emotional exhaustion on caring professionals from working with traumatized clients (Adams, Boscarino, & Figley, 2006).

Although there are varying definitions of compassion fatigue, it universally centers around empathy and the impact that the stress has on professionals (Cuartero Castañer & Campos Vidal, 2019). One important finding to note is that the existing literature uses terms such as secondary traumatic stress and vicarious trauma, interchangeably with compassion fatigue (Newell & MacNeil, 2010). However, although many terms are used interchangeably with compassion fatigue, Adams, Figley, and Boscarino (2008) suggest that topics such as secondary trauma and job burnout are rather features of compassion fatigue.

It is essential that social workers understand and are educated on the effects the profession may cause, such as compassion fatigue, as it can drastically affect an individual's ability to empathize and effectively help their clients (Cuartero Castañer & Campos Vidal, 2019). Another negative effect found has been that interacting with clients and engaging in their distress has also been found to cause discomfort and pain in the professional, adding to the importance of understanding such concepts (Cuartero Castañer & Campos Vidal, 2019). Therefore, it can be reasonably implied that learning about compassion fatigue and ways to help mitigate its effects should be further implemented into social work programs.

Purpose of the Study

Considering the supporting literature on the importance of understanding a topic such as compassion fatigue, the purpose of this study was to evaluate how knowledgeable social work students from a Southern California public university were on the subject. Participants were asked about their level of familiarity with compassion fatigue. Participants were also asked the extent to which they believe their respective social work programs address this issue. Social work students were also asked their level of engagement in measures to prevent the unwanted effects of compassion fatigue.

Additionally, this study looked to further extend the literature on compassion fatigue and social work student's knowledge, or lack thereof.

Therefore, the questions the study addressed were as follows: How knowledgeable are social work students on the concept of compassion fatigue and do they engage in measures to prevent it?

Significance of the Project for Social Work Practice

The importance of understanding compassion fatigue and how it relates to the social work field lies in the research that suggests that personal distress can, to some extent, be influenced by practitioners when they are well informed and prepared on the issue (Thomas, 2013). This topic should also be of importance, particularly to educators responsible for preparing social workers for the empathetic roles they will be entering (Thomas, 2013).

The effects of compassion fatigue are detrimental and should be taken seriously. Recent literature addresses the importance of incorporating empathy into social work education (Thomas, 2013). In better understanding compassion fatigue and its effects on both the professionals and clients they serve, we can address its consequences. Research suggests that higher levels of compassion fatigue can inadvertently cause a higher risk of poor professional judgment and poor treatment planning (Cuartero Castañer & Campos Vidal, 2019).

The consequences that compassion fatigue has on social workers and the clients they serve breaks through all social work levels, be it micro, mezzo, or macro practice. In increasing the risk of poor professional judgment, the negative implications have ability to affect all levels of social work. Taking into

consideration the severity of such effects, compassion fatigue should be addressed in both educational and professional settings as a form of preventative measure.

Further, this project is significant to social work practice as it is supportive of the values of the social work profession. The National Association of Social Workers (NASW) describes the value of competence as social workers working to increase their professional knowledge and their contribution to the knowledge base of the profession (National Association of Social Workers (NASW), 2020). In pursuing this research question on social work student's knowledge of compassion fatigue, a phenomenon that the literature reports can affect the professional's ability to be effective, the findings can support changes that should be made to social work educational programs to positively affect the profession and the coming generations of social workers.

So, if teaching social work students about the idea of compassion fatigue and its detrimental effects on both the social worker and the clients they serve can minimize adverse outcomes, then it seems that it should be of greater importance. This also makes a case as to why the topic should be further implemented into our social work programs. The hope is that we are sending well-prepared individuals into the world with the tools needed to ensure we are following the core values of the profession and protecting the already vulnerable populations we serve.

The findings of this study provide further insight into social work student's knowledge on the topic of compassion fatigue as well as their engagement in preventative measures. The information gathered supports the importance of ensuring that concepts such as compassion fatigue be of greater focus in both educational and professional settings. Integrating information about the significance of compassion fatigue in education is of importance as a lack of awareness on this topic further increases an individual's vulnerability to it (Newell & MacNeil, 2010). In understanding the social work student's level of knowledge behind compassion fatigue, we can adequately address the problem by providing necessary supportive and educational services.

CHAPTER TWO

LITERATURE REVIEW

Introduction

The following chapter will review the existing literature on compassion fatigue in relation to this study. The phenomenon of compassion fatigue among helping professionals will be explained and so will the negative consequences it produces. The literature findings on effective strategies to use as preventative measures to minimize the effects of compassion fatigue will also be discussed. These suggestions will include both educational and occupational supportive strategies. Finally, Ludick and Figley's (2017) Compassion Fatigue Resilience Model (CFR) and its variables that are said to predict compassion fatigue will be explored as it was the guiding theoretical perspective for this research.

Understanding Compassion Fatigue

The literature on compassion fatigue universally supports the idea that working in a helping profession and being exposed to the client's trauma has adverse effects on the individual, which then has some weight on how effective the professional can be when providing care. When interacting with clients who are often vulnerable, it is an essential component of the role of social work to practice compassion in order to be effective in your practice (Radey & Figley, 2007). To practice compassion is to be conscious of the distress of others and

having a desire to alleviate that stress (Merriam Webster Online Dictionary, n.d.). Thieleman and Cacciatore (2014) suggest that social workers are frequently in high-stress situations that often puts them at risk of experiencing adverse psychological outcomes.

The phenomenon of compassion fatigue refers to many aspects of the relationship between those in a helping role and the stress that comes with it. One description of compassion fatigue provided by Radey and Figley (2007) is that of when the compassionate behavior becomes depleting to the caregiver. Bush (2009) explains that compassion fatigue escalates over time and is a result of cumulative stress resulting from caregivers ignoring their own emotional needs (Bush, 2009). Compassion fatigue is said to be comprised of the cognitive, emotional and behavioral risks that the clinicians are faced with and can be seen interchangeably in the literature as vicarious traumatization and secondary traumatic stress (Bride, Radey, & Figley, 2007).

Another explanation of compassion fatigue is given by Figley and Ludick (2017), who explain compassion fatigue as clinicians experiencing the emotions of their client's second hand, making a comparison to a bystander experiencing the effects of secondhand smoke. Simply putting it as the stress brought by the demand of relieving their client's suffering (Figley & Ludick, 2017). Although there are various explanations of compassion fatigue, they all have similar focuses. Bride, Radey, and Figley (2007) clarify that all terms used are

theoretically the same and refer to the negative outcomes of clinical work with traumatized clients.

The negative outcomes of compassion fatigue hold the key to the importance of understanding it and continuing to focus on furthering the research behind it. Figley (2002) explains that compassion fatigue reduces the effectiveness of practitioners in that it reduces the capacity within them to bear the suffering of others (Figley, 2002). Bride, Radey, and Figley (2007) clarify that although some compassion fatigue may be a normal result of working in the helping fields, too much of it affects the clinician's ability to be effective.

Preventative Measures

Much of the research surrounding compassion fatigue is geared towards finding approaches that can help minimize the impact of compassion fatigue on helping professions. For example, Iacono (2017) explained that practicing self-compassion can be useful to both practitioners and students of helping professions as a strategy to help minimize some of the effects that the stress that comes with the profession has on the individual (Iacono, 2017). Bush (2009) emphasized in her compassion fatigue article that preventative self-care strategies are not only essential for professional survival but necessary for the practitioner's personal growth (Bush, 2009).

Radey and Figley (2007) further proposed that one way you can protect against the harmful effects of working with trauma is by focusing on promoting

your own satisfaction and therefore increasing your positive affect. Radey and Figley (2007) continue to explain that both self-care and having a positive affect can positively affect the clinician's positivity-negativity ratios resulting in a change in the absence of compassion fatigue (Radey & Figley, 2007).

Ensuring the participation in self-care activities for those in the helping profession is crucial. Moore, Perry, Bledsoe, and Robinson (2011) found that self-care enhanced well-being and listed a variety of activities of self-care such as exercise, journaling, engaging in counseling, prayer, spending time with loved ones, and listening to music, among others. It is difficult to attempt to pinpoint self-care tasks as they can be anything and are specific to the individual (Griffiths, Royse, Murphy, & Starks, 2017).

The importance of self-care as it relates to compassion fatigue is that engaging in and learning about the importance of self-care can be used as a proactive measure against burnout (Moore, Perry, Bledsoe, & Robinson, 2011). More et al. (2011) composed an assignment that is recommended for use in the social work education field. Their assignment consisted of social work students keeping a journal where they chronicle the actions they are actively taking to stay emotionally, physically, psychologically, socially, and spiritually healthy during the year (More et al., 2011). The biggest take from their study was that they found that by incorporating an assignment of self-care into their studies, it was more promising that students would learn to implement self-care (More et al., 2011). Diebold, Kim, and Elze (2018) also support these findings and report that

keeping a journal, among other activities, has shown to be a supportive strategy in stimulating positive feelings and coping.

Educational and Occupational Supportive Strategies

One common call to action in the literature surrounding compassion fatigue is the need for educational and occupational supportive services to help mitigate the effects of compassion fatigue. Radey and Figley (2007) call for increasing resources to help with increasing satisfaction and therefore, inadvertently helping with the adverse effects of compassion fatigue. Radey and Figley (2007) point out that there is no specific requirement for MSW students to learn about or practice self-care, with only the assumption that self-care will emerge on its own (Radey & Figley, 2007).

As a call to action, Radey and Figley (2007) argue that instructors should highlight the importance of reaching out to others and emphasize the negative effects that neglecting their own self-care could have on the clients. Additionally, they suggest that field liaisons should reiterate the importance of self-care through the student's internship (Radey & Figley, 2007). Iacono (2017) supports the same perspective and argues that social work students need to be adequately trained on the outcomes of poor self-care as an occupational hazard. Bride and Figley (2007) also argue that the adverse effects can be minimized by including these topics in education, training, and supervision.

A topic that is of some controversy and that is agreed upon in the literature is the responsibility of educational institutions and employers to emphasize further the occupational hazards of helping professions and assist in minimizing the effects. This includes sharing the responsibility of ensuring self-care between practitioners and their institutions (Iacono, 2017). Radey and Figley (2007) argue that although some instructors less directly teach self-care skills, an emphasis should be made on what the lack of self-care can cause as it relates to negative consequences for the clients they serve. Diebold, Kim, and Elze (2018) report that although there are clear benefits of integrating self-care into social work education, it has not been thoroughly included.

In their study of mental health professionals, Sprang, Clark, and Whitt-Woosely (2007) found that having specialized trauma training did in fact reduce compassion fatigue and burnout, adding to another educational and occupational safety preventative measure that can be added to protect practitioners. Further, they also found that having trauma training also enhances compassion satisfaction and as previously discussed, can be useful as a preventative measure (Sprang, Clark, & Whitt-Woosely, 2007). Ludick and Figley (2007), emphasize that recovering from compassion fatigue is possible but it first has to be identified and addressed and that process includes building trauma resiliency, which will be explored further (Ludick & Figley, 2017).

In their comparative approach of social work education, Ghitiu and Mago-Maghiar (2011) provide various recommendations that could improve the field

education of social work curriculum. One of their recommendations relates to supportive occupational strategies. Ghitu and Mago-Maghiar (2011) recommend that universities should contact social services managers and advocate for programs that highlight the importance of field education in order to promote a successful learning experience (Ghitu & Mago-Maghiar, 2011). Further, Diebold, Kim, and Elze (2018) suggest that discussing and implementing self-care into courses helps introduce the material learned into the professional world.

Bridging the gap between social work education and occupational roles can help provide an overall supportive social work environment. Self-care is essential to social work and relates to social workers ability to be fully present for the clients they serve and should, therefore, be systematically incorporated into the curriculum (Lewis & King, 2019). Lewis and King (2019) also found in their qualitative review that students found self-care training valuable and reported gaining insight into why self-care strategies are so important in managing stressful situations and felt they could transfer those skills after graduation. Due to the immense focus on self-care as a preventative strategy, this study analyzed the level to which social work students engage in self-care activities.

Theories Guiding Conceptualization

The model that guided the conceptualization of this project was the Compassion Fatigue Resilience Model (CFR). The CFR provides insight into building secondary stress resiliency and how to effectively manage the secondary stress for helping professionals (Ludick & Figley, 2017). As discussed

earlier, secondary stress and compassion fatigue are often used interchangeably. The CFR model was developed to merge a theory that would yield a more balanced view of such a different and complex topic such as compassion fatigue (Ludick & Figley, 2017). The compassion fatigue resiliency model offers variables that Ludick and Figley (2017) report predict levels of compassion fatigue resilience.

The variables that make up the compassion fatigue resilience model are as follows: Exposure to suffering, empathic ability, empathic concern, empathic response, self-care, detachment, sense of satisfaction, social support, prolonged exposure to suffering, other life demands, traumatic memories, and secondary traumatic stress (Ludick & Figley, 2017). Under the CFR model, there are three sectors that are of focus. The first sector is empathic stance and refers to the estimated cost of care (Ludick & Figley, 2017). The second sector is the secondary traumatic stress sector. Under the secondary traumatic stress sector, the focus is the exposure to trauma (Ludick & Figley, 2017). And finally, the third sector is the compassion fatigue resilience sector. The final sector focuses on the individual's positive pathways through the CFR model and resilience that is build (Ludick & Figley, 2017).

The CFR model is focused on resiliency and supports self-care, self-regulation, social support, and work satisfaction as a strategy to lower compassion stress (Ludick & Figley, 2017). Ludick and Figley (2017) explain that the CFR model is built on the concept of resiliency and suggest that recovering

from compassion fatigue includes building resiliency to trauma. The authors further indicate that trauma resilience is produced by using effective self-care strategies, being aware of the signs of compassion stress, being aware of how to lower stress, and maintaining a social support network (Ludick & Figley, 2017). This conceptualization of compassion fatigue and preventative factors guided the research for this study. Ludick and Figley (2017) provide various existing measures to measure the variables of the Compassion fatigue resilience model. The measures that were used for this specific study will be further discussed in the following chapter.

CHAPTER THREE

METHODS

Introduction

The research study sought to further explore the concept of compassion fatigue amongst social work students and their engagement in measures to prevent it. The study also sought to add to the literature on compassion fatigue and can be classified as a descriptive study. This methods chapter will provide a clear view of how the study was completed and include the topics of study design, sampling, data collection, instruments used, procedures, protection of human subjects, and information on data analysis.

Study Design

This research study followed the methodological approach of quantitative research. A cross-sectional design study was used in the form of a survey to collect the data for this project. This design was best as the focus of the study was on social work students. Given the current global pandemic and restrictions of in-person activities, a survey allowed for easier access to a higher significant number of participants. The cross-sectional design is also helpful as it provides for a one-time measurement of data as the study is looking to see the student's current knowledge on the topic of compassion fatigue and their current level of engagement in preventative measures and does not call for a longitudinal design.

Sampling

The sampling method for this study was nonprobability sampling. More specifically, the method used was availability sampling. This sample consisted of social work students from a Southern California public university. Social work students had the chance to voluntarily complete a survey that was sent to their student email. This helped ensure eligible participants were reached (social work students). Given the current COVID-19 pandemic, reaching out to students by email was the most productive way of reaching participants while still complying with current safety restrictions.

Data Collection and Instruments

The independent variable for this study was the social work student's knowledge of compassion fatigue. The dependent variable was the social work student's self-reported engagement in preventative measures. The measure that was used as a guide to measure the independent variable was a self-report questionnaire. Respondents were asked about their perceived level of familiarity with compassion fatigue. The questionnaire included questions as to what level they believe their social work program has incorporated the topic of compassion fatigue into their coursework. Participants were asked about their familiarity with the consequences of compassion fatigue as well as the preventative measures to combat the effects of compassion fatigue they engage in. All questions in this questionnaire related the participant's social work educational program and the

level participants believe it has incorporated the corresponding topics into their coursework.

To measure the dependent variable of self-reported engagement in preventative measures, additional questions were asked about engagement in self-care activities. A self-care assessment tool adapted from Saakvitne, Pearlman & Staff of TSI/CAAP (1996) was partly used as a guide for suggested self-care categories. The self-care assessment includes many different categories of self-care that provided a guide for self-care engagement questions. More specifically, the questionnaire focused on the frequency of engagement. Finally, participants were also asked a set of demographic questions. Participants were asked their gender, age, ethnicity, religion, number of years in a social work educational program, and number of years with experience in the social work field.

Procedures

Participants for this study were social work students from a Southern California public university. This included any current student under social work programs (BASW/MSW). A letter of support from the public university's School of Social Work was received for assistance with recruiting participants. The university's support was received for this study by having the director of the School of Social Work, send the research survey link to the database of currently enrolled students of the School of Social Work. The email was clear to specify

that participation in the study was entirely voluntary. The survey was designed to take an approximate 10 minutes in length as to promote the successful completion of the survey. The students who elected to complete the survey were first directed to an informed consent form, and after providing consent, they were redirected to the questionnaire.

Protection of Human Subjects

To ensure the protection of human subjects this study was submitted to the Institutional Review Board for review and approval. The data gathered from this research study is not presented in a format that would compromise the participant's identity. The informed consent provided all relevant information prior to the start of the survey to ensure participants understood the nature of the study in order to make an informed decision on whether they would like to participate. The informed consent was explicit as to the voluntary nature of the survey. The informed consent reassured participants that although there were no anticipated risks, they may choose to skip any questions that cause discomfort or can end their participation altogether should they wish to do so, with no consequences.

Similarly, the students were made aware that there were no direct benefits to them if they completed the survey. Lastly, contact information was provided for the research supervisor and a link to the Pfau Library Scholar Works database, where participants can find the results of the study upon completion of the

project. In addition, given the current global pandemic and rising number of COVID-19 cases resulting in tighter restrictions, the recruitment and participation of this survey was completely virtual and did not pose a risk to participants. The data gathered is protected by being kept in an email linked google drive account. The data obtained will be destroyed three years after the project has ended.

Data Analysis

To analyze the data gathered for this study the IBM SPSS system was used. All demographic variables had means ran to provide a descriptive view of the sample. An independent samples Mann-Whitney U test was conducted to analyze the differences between gender and engagement in self-care as well as to analyze engagement in self-care in relation to the social work program the student was enrolled in. An independent samples Mann-Whitney U test was also conducted to analyze self-care engagement in relation to identifying as religious versus not religious. Finally, a Kendall's Tau B correlation test was ran to identify significant correlations between variables.

Summary

This study sought to explore the familiarity of compassion fatigue among social work students and their level of engagement in self-care as a preventative measure. This quantitative study featured a cross-sectional design in the form of a survey to collect the needed data. Social work students from a public Southern

California university were the availability sample used for the study. The independent variable was the social work student's reported knowledge of compassion fatigue. The dependent variable was the participants' self-reported engagement in self-care as a preventative measure.

A questionnaire was used as the instrument to collect data. The questionnaire included demographic questions, questions on the participant's level of knowledge of compassion fatigue, engagement levels in self-care, and the participant's assessment of whether their social work education course work integrates or emphasizes those concepts.

To reach eligible participants a letter of support was requested from the university's School of Social Work. The survey questionnaire for this study was emailed to current school of social work students for voluntary participation. Social work students who chose to participate were taken to a consent form where they were able to review it prior to beginning the questionnaire, and it informed participants that they may terminate their participation in the study at any time. To ensure the protection of human subjects the study was reviewed and approved by the Institutional review board prior to being distributed. Given the current global COVID-19 pandemic, all recruitment of participants, distribution of the survey, collection of data and distribution of results were completely virtual and did not pose a risk to the participants.

The data collected was analyzed through the IBM SPSS system and included a descriptive analysis of the sample collected. An independent samples

Mann-Whitney U test was conducted to analyze gender, engagement in self-care, social work program, and religious identity. Lastly, a Kendall's Tau B correlation test was ran to identify correlations between variables. The hope was that the results of this study would provide insight into whether social work students are knowledgeable on compassion fatigue and if they engage in self-care as a preventative measure.

CHAPTER FOUR

RESULTS

Introduction

The following chapter will discuss the results of this study. The data collection period was from April 2021 to May 2021. The researcher will present the demographics of the participants, introduce the key variables of the study and provide the data analysis for this study. Lastly, the researcher will present the findings.

Participant Demographics

The study consisted of social work students enrolled in a public Southern California university. There was a total of 86 respondents. However, the study's true sample was that of 79 respondents. Seven responses were excluded from the data analysis due to very limited data provided. Table 1 below demonstrates the demographics of participants for this study. Of the 79 participants, 71 identified as female (89.9%), 7 identified as male (8.9%) and 1 participant identified as non-binary (1.3%). The sample consisted of participants aged 20 to 65. The study consisted of 47 participants who identified as LatinX (59.5%), 17 participants who identified as white/Caucasian (21.5%), five participants who identified as African American (6.3%), four who identified as Asian American (5.1%), four who identified as mixed race/ethnicity (5.1%) and two participants

did not provide the data. Participant’s religion greatly varied and included Christian (29.1%), Catholic (27.8%), Jewish (2.5%), and Agnostic (7.6%). Participants also identified with Jainism, Sikh, Islam, Buddhist, and spiritual (all at 1.3%). Additionally, the third largest group under religion were participants who selected “none or N/A” for religion with a total of 22.8% of participants identifying under that category.

The study consisted of 17 students enrolled in the university’s bachelor’s in social work (BSW) program which accounts for 21.5% of participants and 62 participants were enrolled in the university’s Master in Social Work (MSW) program accounting for 78.5% of participants. The study sample included 6.3% of participants who had no prior experience in the social work or other helping profession field, 17.7% had up to one year of experience, 48.1% of participants had between 2 and 5 years of experience, 17.7% had 6 to 10 years of experience and 10.1% of participants had over 11 years of experience.

Table 1. Participant Demographics

Variable	Frequency (N)	Percentage (%)
Gender		
Female	71	89.9
Male	7	8.9
Non-Binary	1	1.3
Age		

20-29	36	46.1
30-39	27	34.6
40-49	11	14.1
50-59	3	3.9
60-65	1	1.3

Ethnicity

LatinX	47	59.5
White/Caucasian	17	21.5
African American	5	6.3
Asian American	4	5.1
Mixed Race/ Ethnicity	4	5.1
Missing	2	2.5

Religion

Christian	23	29.1
Catholic	22	27.8
None or N/A	18	22.8
Jewish	2	2.5
Jainism	1	1.3
Sikh	1	1.3
Islam	1	1.3
Agnostic	6	7.6
Buddhist	1	1.3

Spiritual	1	1.3
Missing	3	3.8
<hr/>		
Social Work Program of Enrollment		
BSW	17	21.5
MSW	62	78.5
<hr/>		
Enrollment Year		
1 st year/Junior Year	25	31.6
2 nd year/Senior Year	37	46.8
3 rd year	13	16.5
4 th year or higher	4	5.1
<hr/>		
Years of experience the field		
No experience	5	6.3
Up to 1 year	14	17.7
2-5 years	38	48.1
6-10 years	14	17.7
11+ years	8	10.1
<hr/>		

Knowledge of Compassion Fatigue

Out of all participants, 96.2% reported to know what compassion fatigue was while 3.8% reported not knowing what compassion fatigue was. Over half of the participants (60.7%) indicated that they agree/strongly agree that their

program teaches them about the concept of compassion fatigue in the social work field while 20.3% disagreed/strongly disagreed and 19% were neutral. A total of 17.7% participants either disagreed or strongly disagreed with the statement that they learned about compassion fatigue in their social work program and a total of 74.7% participants agreed/strongly agreed that they learned about compassion fatigue in their respective social work programs.

When asked if they felt their social work program incorporated the harmful consequences of compassion fatigue as it relates to their helping role into the coursework 54.4% of students agreed/strongly agreed that the program did incorporate these topics while 20.3% disagreed/ strongly disagreed and 25.3% of students answered as 'neutral'. In this study 63.3% of participants agreed/strongly agreed that the coursework in their social work program has taught them about preventative measures to combat compassion fatigue while 21.5% of participants disagreed/strongly disagreed and 15.2% reportingly felt neutral.

Table 2. Knowledge of Compassion Fatigue

Variable	Frequency (N)	Percentage (%)
I Know What Compassion Fatigue Is.		
Yes	76	96.2
No	3	3.8
I Have Learned About Compassion Fatigue During My Time in the Social Work Program.		

Strongly Disagree	3	3.8
Disagree	11	13.9
Neutral	6	7.6
Agree	40	50.6
Strongly Agree	19	24.1

My Social Work Program Has Incorporated the Harmful Consequences of Compassion Fatigue as it Relates to my 'Helping' Role into My Coursework.

Strongly Disagree	4	5.1
Disagree	12	15.2
Neutral	20	25.3
Agree	32	40.5
Strongly Agree	11	13.9

My Coursework in the Social Work Program Has Taught Me About Preventative Measures I Can Take to Combat the Effects of Compassion Fatigue.

Strongly Disagree	3	3.8
Disagree	14	17.7
Neutral	12	15.2
Agree	38	48.1
Strongly Agree	12	15.2

My Social Work Program Teaches Me About

The Concept of Compassion Fatigue in My Field

Strongly Disagree	4	5.1
Disagree	12	15.2
Neutral	15	19.0
Agree	37	46.8
Strongly Agree	11	13.9

Engagement in Self-Care

Participants in this study were also asked about their engagement in self-care. Nearly every participant (98.7%) with the exception of one, indicated that they engage in self care activities. When asked how often they engage in self-care activities 6.3% stated they do so “rarely”, 38% stated it was “sometimes”, 43% reported they engage in self care “often” and 12.7% of participants stated it was “very often”. Over half of the participants (51.9%) reported to agree/strongly agree that self-care is part of their regular routine while a total of 22.8% of participants disagreed/strongly disagreed and 25.3% were neutral.

Additionally, 21.6% of participants disagreed/strongly disagreed with the statement that they make self-care a priority while 48.1% agreed/strongly agreed and 30.4% were neutral. The participants in this study were also asked if they agree/disagree with the statement that they engage in self-care only when they

start to feel “burned out” to which over half of the participants (57%) agreed/strongly agreed to be the case while 27.9% disagreed/strongly disagreed and 15.2% were neutral.

Table 3. Engagement in Self-Care Activities

Variable	Frequency (N)	Percentage (%)
Engagement in Self-Care		
Yes	78	98.7
No	1	1.3
Frequency of Engagement		
Rarely	5	6.3
Sometimes	30	38.0
Often	34	43.0
Very Often	10	12.7
Self-Care Activities are A Priority		
Strongly Disagree	1	1.3
Disagree	16	20.3
Neutral	24	30.4
Agree	31	39.2
Strongly Agree	7	8.9
Self-Care Part of Routine		
Strongly Disagree	1	1.3

Disagree	17	21.5
Neutral	20	25.3
Agree	30	38.0
Strongly Agree	11	13.9
<hr/>		
Self-Care Only When “Burned Out”		
Strongly Disagree	6	7.6
Disagree	16	20.3
Neutral	12	15.2
Agree	39	49.4
Strongly Agree	6	7.6
<hr/>		

Areas of Self-Care

Participants were asked about six different areas of self-care and how often they engage in that area. The areas of selfcare that were included in this study were physical, psychological, emotional, spiritual, relationship, and workplace. In regards to physical self-care, 20.3% of participants indicated they engaged in physical self-care very often, 29.1% stated it was often, 41.8% engage in physical self-care only sometimes, and 8.9% engage only rarely. When it came to psychological self-care, 2.5% of participants stated they never engage in psychological self-care, 16.5 stated they rarely engaged, 41.8%

sometimes engaged, 26.6% of participants stated they engage often, and 12.7% stated they engage very often in psychological self-care.

As far as emotional self-care a total of 20.3% of participants indicated that they engage in this self-care activity very often, 40.5% do so often, 31.6% responded as “sometimes” and the remaining 7.6% stated they rarely engage in emotional self-care. In the spiritual self-care category, a total of 6.3% of participants indicated they never engage in spiritual self-care, 20.3% rarely did, 34.2% indicated they did “sometimes”, 25.3% did engage in this type of self-care often, and 13.9% engage very often in spiritual self-care.

Out of the participants from this study 6.3% indicated they rarely engage in relationship self-care, 38% state they sometimes do, 41.8% stated they often do and 13.9% indicated they engage in relationship self-care very often. The last area of self-care was professional/workplace self-care. A total of only 2.5% of participants stated they never engage in this self-care while 22.8% stated they rarely do. However, a total of 39.2% of participants stated they sometimes engage in professional self-care and 25.3% indicate they do engage often in this area. A total of 10.1 percent of participants stated they engage very often in workplace or professional self-care.

Table 4. Areas of Self-Care

Variable	Frequency (N)	Percentage (%)
I Engage in Physical Self-Care		

(i.e., exercise, sufficient sleep, eat

Healthy, regular medical care)

Rarely	7	8.9
Sometimes	33	41.8
Often	23	29.1
Very Often	16	20.3

I Engage in Psychological Self-Care

(i.e., time away from electronics, self-reflection,

Journaling, say no to extra responsibilities,

Day trips/mini vacations)

Never	2	2.5
Rarely	13	16.5
Sometimes	33	41.8
Often	21	26.6
Very Often	10	12.7

I Engage in Emotional Self-Care

(i.e., spend time with loved ones, affirmations,

Express emotions)

Rarely	6	7.6
Sometimes	25	31.6
Often	32	40.5
Very Often	16	20.3

I Engage in Spiritual Self-Care

(i.e., time with nature, be open to not knowing,

Pray, meditate, read inspirational literature)

Never	5	6.3
Rarely	16	20.3
Sometimes	27	34.2
Often	20	25.3
Very Often	11	13.9

I Engage in Relationship Self-Care

(i.e., dates, activities with my children, time

With friends, ask for help)

Rarely	5	6.3
Sometimes	30	38.0
Often	33	41.8
Very Often	11	13.9

I Engage in Workplace Self-Care

(i.e., take my breaks, chat with coworkers,

Set limits, negotiate for my needs)

Never	2	2.5
Rarely	18	22.8
Sometimes	31	39.2
Often	20	25.3

Presentation of the Findings

The data collected during this study had various statistical tests ran to identify variables with significant relationships. The findings are further explained in this section. An independent samples Mann-Whitney U test was used to analyze the differences between gender and self-reported engagement in self-care. The findings of this test showed no significant relationship between these two variables.

An independent samples Mann-Whitney U test was also used to analyze engagement in self-care and the social work student's respective social work program as well as to analyze self-care engagement in relation to identifying as religious versus identifying as not religious. With both tests described above, no significant relationship was found.

A Kendall's Tau B correlation test was ran to identify significant correlations between variables. A positive correlation was found between: engagement in physical self-care and engagement in psychological self-care ($r_{\tau} = .204, p < .05$), years of experience in the social work field or helping profession and engagement in spiritual self-care ($r_{\tau} = .209, p < .05$), and my social work program teaches me about compassion fatigue and engagement in physical self-care ($r_{\tau} = .231, p < .05$). A negative correlation was found between I know what compassion fatigue is and years of experience in the social work field or helping profession ($r_{\tau} = -.235,$

$p < .05$). In the following chapter we will discuss the results of the study as well as possible contributing factors and limitations to the study.

CHAPTER FIVE

DISCUSSION

Introduction

This chapter will include a discussion of the results and key findings of the study as well as limitations to the study. Additionally, this section will discuss recommendations for future research on the topic of compassion fatigue, the implications of this study for social work practice, and suggestions for policy changes.

Discussion

This study aimed to gain understanding of the knowledge of compassion fatigue within social work students. Additionally, the study looked to obtain information on whether social work students engage in self-care activities. Limitations to this study will be further discussed in the following sections. The results of this study did however provide further insight to social work students' knowledge of compassion fatigue and engagement in preventative measures.

As previously mentioned, the literature on compassion fatigue suggests that being well informed and prepared on the issue can empower practitioners to better influence their personal distress (Thomas, 2013). In this study, a majority of participants (96.2%) reported to know what compassion fatigue is and felt that their social work program teaches them about the concept of compassion fatigue (60.7%). Additionally, over half of the participants (54.4%) felt that their social

work program incorporated compassion fatigue and its harmful consequences as it relates to their field, in their coursework. A total of 63.3% of participants also agreed that their program has taught them about preventative measures as they relate to compassion fatigue. Over half of the respondents in each question related to compassion fatigue answered positively towards their social work program and the incorporation of compassion fatigue into their coursework.

Additionally, the literature on compassion fatigue also highlights the role of engagement in self-care as a preventative measure against burnout (Moore, Perry, Bledsoe, & Robinson, 2011). The study asked participants about their engagement in self-care with an overwhelmingly amount (98.7%) stating they do indeed engage in self-care.

The six different categories of self-care addressed during this study were physical, psychological, emotional, spiritual, relationship, and workplace self-care. Physical self-care included examples such as exercising, getting sufficient sleep, eating healthy, and getting regular medical care. Psychological self-care included activities such as having time away from electronics, engaging in self-reflection, journaling, saying no to extra responsibilities, and taking day trips/mini vacations. Emotional self-care includes spending time with loved ones, affirmations, and expressing emotions. Spiritual self-care includes activities such as spending time in nature, being open to not knowing, praying, meditating, and reading. Relationship self-care includes activities such as going on dates, completing activities with your children, spending time with friends, and asking for

help. Finally, workplace/professional self-care includes taking your breaks, chatting with coworkers, setting limits, and negotiating for your needs.

Participants were asked how often they engage in each of the six areas of self-care. The top two areas that participants reported they engaged in either often or very often were emotional self-care (60.8%) and relationship self-care (55.7%). The two areas that participants reported the least amount of engagement (never/rarely) were psychological self-care (19%) and workplace self-care (25.3%).

Although there were limited significant results found within this study, it provides greater insight into the perceived knowledge of compassion fatigue with current social work students and their engagement in self-care activities. Most notably, it was reported that all but one respondent indicated they engage in self-care activities which the literature suggests is a preventative measure for compassion fatigue.

Limitations and Strengths

One strength identified in the study was the diversity in age and religions of the participants. Participants in this study ranged in age from 20 years of age to 65 years of age. Additionally, the participants of this study included people who identified with/as Christian, Catholic, Jewish, Jainism, Sikh, Islam, Agnostic, Buddhist, Spiritual or none. The range in these categories are mentioned as a strength as they bring different perspectives to the study.

One of the limitations from this study was the sample size. Although the sample size was a considerate amount (79 participants) a bigger sample size could have provided further insight into the social work student population. Another limitation of the study was the historical artifact taking place during the collection of the data. The data collection took place during the ongoing global COVID-19 pandemic. This resulted in a change in how data was collected and how participants were reached in an attempt to follow safety protocols in place to limit exposure to participants. Additionally, the high stress environment during the pandemic and data collection period could have been a contributing factor to the participation and results of the study.

Recommendations for Social Work Practice, Policy, and Research

The literature on compassion fatigue focuses on the negative effects of compassion fatigue on the individual both personally and professionally. The literature suggests the value in incorporating compassion fatigue and preventative measures in the academic environment. Iacono (2017) suggests integrating self-care and self-compassion training in social work education to prevent burnout. This study found that in the participant pool of social work students enrolled in a public Southern California university, 98.7% reported they engage in self-care activities and 96.2% of participants reported knowing what compassion fatigue is. This is encouraging results as it indicates the participants of this study are engaging in self-care activities and are knowledgeable on

compassion fatigue, which the research indicates helps prevent compassion fatigue.

The recommendation drawn from this study and the corresponding literature is to include the study of compassion fatigue into the social work education curriculum. Integrating compassion fatigue and education on preventative measures such as self-care is a common theme found in the literature review. The benefits of incorporating these topics into social work curriculum, could serve to prepare social workers to better serve the populations they work with.

Conclusion

The purpose of this study was to discover how knowledgeable social work students enrolled in public Southern California university, were of compassion fatigue and if they engaged in preventative measures. Social work students were asked about their perceived knowledge of compassion fatigue, their educational programs incorporation of the compassion fatigue, the harmful effects of compassion fatigue and preventative measures as well as their engagement in self-care. The results of the study shed some light as to the participants engagement in self-care and knowledge of compassion fatigue. Given the literature that indicates positive influence on practitioners when they engage in preventative measures and are informed on compassion fatigue it was encouraging to find high results of engagement from this set of participants. It is

the researcher's recommendation that social work education include curriculum that focuses on compassion fatigue and its preventative measures to better serve clients.

APPENDIX A
INSTITUTIONAL REVIEW BOARD APPROVAL



CSUSB INSTITUTIONAL REVIEW BOARD

Administrative/Exempt Review Determination

Status: Determined Exempt

IRB-FY2021-154

Carolyn McAllister Jessica Duran
CSBS - Social Work
California State University, San Bernardino
5500 University Parkway
San Bernardino, California 92407

Dear Carolyn McAllister Jessica Duran:

Your application to use human subjects, titled "How knowledgeable are social work students on compassion fatigue and do they engage in any measures to prevent it?" 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.

Important Notice: For all in-person research following IRB approval all research activities must be approved through the Office of Academic Research by filling out the [Project Restart and Continuity Plan](#).

- 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 mgillespie@csusb.edu. Please include your application approval number IRB-FY2021-154 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

APPENDIX B
INFORMED CONSENT

INFORMED CONSENT

The study in which you are asked to participate is designed to examine how knowledgeable California State University, San Bernardino social work students are on the topic of compassion fatigue and if they engage in any measures to prevent it. This study is being conducted by Jessica Duran, a graduate student, under the supervision of Dr. Carolyn McAllister, Associate 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 how knowledgeable CSUSB social work students are on the topic of compassion fatigue and to examine if they engage in any measures to prevent it.

DESCRIPTION: Participants will be asked of a few questions on their current social work education program status, level of knowledge on compassion fatigue, engagement in activities that can reduce compassion fatigue and some demographics.

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

CONFIDENTIALITY: Your responses will remain confidential and data will not be presented in a format that would allow for your identity to be discovered.

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 without any consequences.

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. Carolyn McAllister at cmcallis@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

APPENDIX C
SURVEY INSTRUMENT

For the purpose of this research, when answering these questions please consider the definition of compassion fatigue as defined by Adams, Boscarino, and Figley (2006): emotional exhaustion on caring professionals from working with traumatized clients.

Demographic Questions	
1. Gender	Open answer
2. Age	Open answer
3. Ethnicity	Open answer
4. Religion	Open answer
5. Are you a currently a social work student at California State University, San Bernardino? (BSW or MSW)	1. Yes, 2. No
6. Which social work program are you currently enrolled in?	1. BASW, 2. MSW
7. What year of the social work program are you currently in?	1. 1 st year/Junior Year, 2. 2 nd year/ Senior Year, 3. 3 rd year, 4. 4 th year or higher
8. How many years of experience do you have in the social work field or any other helping profession (Internships/volunteer/paid)	1. No experience, 2. Up to 1 year, 3. 2-5 years, 4. 6-10 years, 5. 11+ years
Knowledge of Compassion Fatigue	
1. I know what compassion fatigue is	1= yes, 2= No
2. I have learned about compassion fatigue during my time in the social work program	(1=Strongly Disagree, 2= Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
3. My social work program has incorporated the harmful consequences of compassion fatigue as it relates to my 'helping' role into my coursework	(1=Strongly Disagree, 2= Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)

4. My coursework in the social work program has taught me about preventative measures I can take to combat the effects of compassion fatigue	(1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
5. My social work program teaches me about the concept of compassion fatigue in my field	(1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
6. Please share anything else you would like to add about your knowledge of compassion fatigue as it relates to your social work program	Open Answer

Self-Care Engagement	
Do you engage in self-care activities?	1= Yes, 2= No
1. I engage in self-care activities	(1=Never, 2=Rarely, 3=Sometimes, 4=Often, 5=Very Often)
2. I make self-care activities a priority	(1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
3. Self-care is part of my regular routine	(1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
4. I engage in self-care only when I start to feel 'burned out'	(1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
5. Physical self-care (i.e., exercise, sufficient sleep, eat healthy, regular medical care) I engage in physical self-care	(1=Never, 2=Rarely, 3=Sometimes, 4=Often, 5=Very Often)
6. Psychological self-care (i.e., time away from electronics, self-reflection, journaling, say no to extra responsibilities, day trips/mini vacations) I engage in psychological self-care	(1=Never, 2=Rarely, 3=Sometimes, 4=Often, 5=Very Often)
7. Emotional self-care (i.e., spend time with loved ones, affirmations, express emotions) I engage in emotional self-care	(1=Never, 2=Rarely, 3=Sometimes, 4=Often, 5=Very Often)

8. Spiritual self-care (i.e., time with nature, be open to not knowing, pray, meditate, read inspirational literature) I engage in spiritual self-care	(1=Never, 2=Rarely, 3=Sometimes, 4=Often, 5=Very Often)
9. Relationship self-care (i.e., dates, activities with my children, time with friends, ask for help) I engage in relationship self-care	(1=Never, 2=Rarely, 3=Sometimes, 4=Often, 5=Very Often)
10. Workplace or professional self-care (i.e., take my breaks, chat with coworkers, set limits, negotiate for my needs) I engage in workplace or professional self-care	(1=Never, 2=Rarely, 3=Sometimes, 4=Often, 5=Very Often)

Created by Jessica Duran

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