

# **Compassion fatigue, secondary trauma stress, and burnout among licensed mental health professionals.**

Colloquium Presentation  
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# INTRODUCTION

**Boscarino, Figley, and Adams (2004) stated, “Mental health professionals are an important human resource asset in the frontlines of our health care system and warrant our oversight and surveillance” (p. 7).**

# Problem Statement

- **When caring professionals treat traumatized clients they may experience emotional exhaustion, which is a phenomenon known as compassion fatigue (Adams, Boscarino, & Figley, 2006; Craig & Sprang, 2010).**
- **Counselors who are stressed, distressed, or impaired are not able to offer high quality services to clientele and experience a decline in their quality of life (Lawson, 2007).**
- **“Few epidemiological studies exist regarding compassion fatigue or secondary trauma among the various groups of helping professionals routinely exposed to trauma in the course of their work” (Sprang, Clark, & Whitt-Woosley, 2007, p. 261).**

# Purpose Statement

The purpose of this study was to examine the levels of compassion fatigue, secondary trauma stress, burnout, and career-sustaining behaviors among licensed mental health professionals in order to recommend possible mechanisms for ameliorating the well-being of clinicians.

# Literature Review

- **Professionals must be informed of the potential dangers of working with traumatized clients (Salston & Figley, 2003).**
- **Over time, the boundary between helping others and taking care of oneself becomes unclear because the care provider remains attentive on the needs of the client (Bruce, 2009).**
- **Bush (2009) put these three phenomena in perspective, she stated, “they reinforce one another; burnout is emotional exhaustion, compassion fatigue is loss of self, vicarious trauma is a change in cognitive schema, and secondary trauma has symptoms similar to posttraumatic stress disorder” (p. 26).**

# Literature Review

- **Counselors who take care of their emotional, social, physical, and spiritual needs are healthier and in a better position to provide competent mental health services to their clients (Lawson, 2007).**
- **Spirituality appears to have a relative moderating impact against compassion fatigue and might improve the overall quality of life of helping professionals (Newmeyer et al., 2014).**
- **Moran (2002) claimed humor assists the immune system and can contribute to emotional bonds between colleagues; thus possibly improving work settings, which may strengthen resolve and lower compassion fatigue (Harr, 2013).**

# Literature Review

- **In order for the mental health professional to obtain optimal working results, he or she must participate in life fulfilling measures.**

**Self compassion (Neff, 2003)**

**Mindfulness (Brown & Ryan, 2003)**

**Self-care (Bowen & Moore, 2014)**

**Resilience (Ward, 2003)**

**Posttraumatic growth (Brockhouse et al., 2011)**

# Significance of the Study

- **Exodus 18:17**
- **Due to the damaging effects of overwork and unmanaged compassion fatigue (Trippany, White Kress, & Wilcoxon, 2004) further investigation of the phenomena among mental health professionals is highly desirable to increase job satisfaction and the overall well-being of counselors (Lawson, 2007).**

# Significance of the Study

- **Past researchers** (Lambert & Lawson, 2013; Lawson, 2007; Orht & Cunningham, 2012; Richards, Campenni, & Muse-Burke, 2010) **have expressed the importance of continued studies into the overall wellness of psychotherapists in order to preserve and nurture well-being within individual professionals.**
- **“It is, therefore, up to all of us to elevate these issues to a greater level of awareness in the helping professions. Otherwise we will lose clients and compassionate psychotherapists”**  
(Figley, 2002, p. 1440).

# Research Question 1

**To what extent are compassion fatigue, secondary trauma stress, and burnout present in the work of licensed mental health professionals?**

# Research Question 2

**What risk factors appear predictive of compassion fatigue, secondary trauma stress, and burnout in licensed mental health professionals?**

# Research Question 3

**What relationship exists between career-sustaining behaviors and compassion fatigue, secondary trauma stress, and burnout?**

## RQ1

To what extent are compassion fatigue, secondary trauma stress, and burnout present in the work of licensed mental health professionals?

- **Data**

- The Professional Quality of Life Scale

- The Burnout Measure

- Demographic Questionnaire

- **Analyses**

- Descriptive analyses with mean and standard deviations with exploring the results across key demographic variables

- Categorical responses were analyzed using frequency counts and percentages

## RQ2

What risk factors appear predictive of compassion fatigue, secondary trauma stress, and burnout in licensed mental health professionals?

- **Data**

- Demographic Questionnaire – predictor variables

- Career-sustaining Behaviors Questionnaire – predictor variables

- The Burnout Measure – total scores

- Subscales of the Professional Quality of Life – total scores

- **Analyses**

- 3 regression analyses

## RQ3

What relationship exists between career-sustaining behaviors and compassion fatigue, secondary trauma stress, and burnout?

- **Data**

- The Professional Quality of Life Scale

- The Career-sustaining Behaviors Questionnaire – Revised

- The Burnout Measure

- **Analyses**

- Pearson Product Moment Correlations – correlations of subscales and total scores between measures

# Participant Demographics

- **37 participants = 27 females; 8 males; 2 did not disclose**
- **Average age = 41**
- **Average years in profession = 8.5**
- **Average hours worked per week = 31.75**
- **Percentage of clients with trauma = 56.4%**
- **Average supervision hours received per month = 2.5**
- **Average caseload = 19**

# Limitations

- **Budget cuts & Low morale**
- **Agency stressors**
- **Religiously affiliated**
- **Researcher's ministry**
- **Small population (95)**
- **Survey completion gap & timing**
- **Western Michigan**
- **Researcher bias**

# **RQ1**

## FINDINGS

### Overall Scores

- **Low to average in burnout**
- **Low in secondary trauma stress**
- **Average in compassion fatigue**

## **RQ2**

### **FINDINGS**

**Multiple regression analyses predicting burnout from the variables in the demographic questionnaire.**

**Overall, the regression was significant,**

$$*F* (6, 24) = 2.67, *p* < .05, *R*<sup>2</sup> = .40.$$

**Of the predictors investigated, hours worked was significant.**

# RQ3

## FINDINGS

- **Not feeling responsible to solve client problems was found to have a significant positive relationship with secondary trauma stress,  $r(35) = .387, p < .05$**
- **There is a significant positive relationship between not being responsible to solve client problems and burnout,  $r(35) = .462, p < .01$**
- **There is a significant negative relationship between maintaining objectivity with client problems and burnout,  $r(35) = -.472, p < .01$**

# Conclusions

- The phenomena were present.
- Participants produced a mean score of 6.03, out of a possible 7.0, with the career-sustaining behavior of “**maintaining a sense of humor about their work**”. A score of 7 meant humor is, to a great extent, important.
- Participants’ mean score for “**if they have beliefs that sustain them**” was 4.62, out of a possible 5.0. A score of 5 meant very often.

# Conclusions

**Two career-sustaining behaviors as significant with all three of the phenomenon of this study.**

- **maintaining objectivity regarding your clients' problems**
- **feeling responsible for solving your clients' problems**

# Implications

- **Statistically significant in eight different career-sustaining behaviors on at least one of the three phenomena.**
- **Two of the behaviors scored significantly in all three areas.**
  - maintaining objectivity regarding your clients' problems
  - feeling responsible for solving your clients' problems

# Recommendations

- **Job security:** Awa, Plaumann, and Walter (2010) made the assertion that clinicians will not always be honest with supervisors regarding their overall health in fear of losing their jobs.
- **Longitudinal study:** How does teaching future clinicians about the risks of compassion fatigue, secondary trauma stress, and burnout affect their careers?

# Recommendations

Future studies focus on two topics:

- **Humor**
- **Spirituality**

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