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Katherine Heath Plapinger
The other frontline workers:
Exploring the symptoms of
compassion fatigue among school
staff members

ABSTRACT

This study was conducted to determine whether or not school employees are experiencing compassion fatigue. The research question for this study is: Are school employees experiencing compassion fatigue? This study included examining ways in which they identified levels of burnout, secondary trauma and compassion satisfaction. A quantitative study was conducted using snowball-sampling techniques to administer an online survey that asked participants to report demographic information and complete the Professional Quality of Life Scale (ProQOL). 121 participants identified as fulltime employees of a school and as English speaking and over the age of eighteen.

Findings point to low levels of compassion fatigue among the sample. Participants reported low to average levels of burnout and secondary trauma and high or average levels of compassion satisfaction. Trends in responses and correlations between demographic data and responses are discussed and explored further to determine the accurate portrayal of compassion fatigue in the realm of school employees. Implications for future studies and social workers are discussed.

**THE OTHER FRONTLINE WORKERS: EXPLORING THE SYMPTOMS OF
COMPASSION FATIGUE AMONG SCHOOL STAFF MEMBERS**

A project based on independent investigation
submitted in partial fulfillments of the requirements
for the degree of Master of Social Work

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2013

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CHAPTER I

Introduction

The purpose of this study is to determine whether or not school employees are experiencing compassion fatigue. For the past few decades, the impact trauma has on individuals has been widely studied in the United States. From domestic violence to homeland terrorist attacks, it seems all members of our society are at risk for experiencing some form of trauma. Researchers over the past years have explored the affects of trauma, and even developed diagnoses that are impacted by one's experience of a traumatic experience. Yet the impact of prolonged exposure to someone who is suffering from traumatic experience(s) is one component of trauma research that until about twenty years ago has not been widely studied. These populations experiencing prolonged exposure to trauma survivors and victims have been identified as the "helping professionals." Traditionally, these individuals have been defined as the people who are helping those who have been affected by some form of trauma. Previous research has identified professionals in fields ranging from medical to social work. These groups were identified as being put at risk to develop secondary trauma through their prolonged exposure to traumatized individuals. This study examines whether or not school employees, because of their possible prolonged exposure to students who are affected by some form of

trauma, are also at risk of developing secondary trauma, or compassion fatigue, as it is labeled in this study.

The study focuses on what psychoemotional symptoms school staff members are experiencing simply by working with students and whether or not those could be labeled as symptoms of compassion fatigue or compassion satisfaction. Using a quantitative analysis study, an Internet questionnaire was distributed for data collection to potential participants who are full time school employees. Participants were recruited using a nonprobability snowball sampling method. This researcher's personal network and Facebook were used, which includes a wide variety of school professionals serving various roles across the country.

The research question is "Are all school staff members experiencing compassion satisfaction and symptoms of compassion fatigue?" The purposes of this study are to 1) Identify what psychoemotional symptoms school staff are experiencing as a result of the students' exposures to traumatic events; 2) Identify who in the school is affected indirectly by these traumas; 3) Identify how school staff are coping with these psychoemotional symptoms (if they are experiencing any); and 4) What implications this has for school social workers. The intent of this research project is to help school staff realize that the communities in which the students live not only have a profound impact on the students, but how the school staff are impacted as well, even if it is indirectly.

A literature review lays the groundwork for this research, exploring the development of the terms secondary trauma, burnout, vicarious trauma, compassion fatigue, and compassion satisfaction. Trauma prevalence in various settings is examined, determining that regardless of where a school is situated, the potential for students to experience some form of trauma is likely. Findings from previous studies are discussed that looked at the risk school staff members are at

for developing compassion fatigue. Following the literature review, the methodology of this study is introduced to the reader. The results are then identified in the fourth chapter, with a discussion of these findings as the concluding chapter.

CHAPTER II

Review of the Literature

This research aims to examine whether or not the school staff members are experiencing compassion fatigue. This review of the literature will first give the context to which compassion fatigue has developed in the field of trauma research. It will then introduce and define compassion satisfaction (CS), burnout, vicarious trauma (VT) and secondary trauma (ST), as they are all concepts related to compassion fatigue (CF). Previous studies on these concepts will lay the groundwork for how these can and have been studied in educational settings. The communities in which schools are embedded in will be reviewed, and previous research on these communities will be explored as well as how the potential for traumatic experiences in these communities affects residents. Lastly, the review will reflect on how the exposure to trauma affects the students and the school employees who work and interact with them on a daily basis. This will lay the groundwork for why previous and current research demonstrates the potential for school employees to be experiencing CF.

While there is limited research looking at CF symptoms that all school employees may be experiencing, there have been some studies that only look at teachers (Hill, 2011; McCarthy, 2009; Robinson, 2006). Furthermore, researchers are coming close to including teachers as part of helping professionals or “frontline workers” who are at risk for experiencing CF (Hill, 2011;

Robinson, 2006; van Dernoot Lipsky, & Burk, 2009). This review of the literature will present the theoretical backing of CF; the concepts affiliated with compassion fatigue, how the research has begun to make the connection of school employees possibly experiencing CF and finally, how this research project will contribute to the field.

It is important while exploring the body of research conducted on CF to also explore the research conducted on ST and vicarious traumatization, as there is a great deal of overlap. Some research suggests that these terms are quite similar to each other (Huggard & Dixon, 2011; Robinson, 2006). While these terms are all connected to the same theoretical backings, as research has further developed, there are slight differences in CF, ST and VT. Based on a review of the literature and analysis of the measurements used in various empirical studies, compassion fatigue is the term best used for this particular study. While the definition of CF has changed throughout its development, the most up to date references use the term to encompass symptoms of burnout and ST (Hudnall, Piland, Stamm, & Khabir, 2008; Stamm, 2010). Compassion fatigue sets a nice stage for future research by encompassing the symptoms of these two concepts and rolling it into one concept.

Empirical studies have been conducted examining the effects of ST, CF and VT on helping professionals, but there have been limits to these studies. Many of these studies were able to deem the instruments used valid (Adams, Boscarino, & Figley, 2006; Baird & Jenkins, 2002; Huggard & Dixon, 2011; Robinson, 2006), but with a few caveats. Mainly, most of the studies did not accurately represent the demographics of the profession (Adams et al., 2006; Baird & Jenkins, 2002; Craig & Sprang, 2010; Huggard & Dixon, 2011). Research suggests now that instruments are valid for identifying these symptoms, there needs to be further exploration on how to relieve individuals of them, and question whether or not this should be done through

further training (Adams et al., 2006; Herzog, Everson, & Whitworth, 2011; Hill, 2011), mental health support (Adams et al., 2006; Hill, 2011) or encouraging self care (van Dernoot Lipsky & Burk, 2009). Studies have shown that all of these interventions have been proven useful in different work settings and with different populations.

In addition to empirical studies examining helping professionals, other populations have been samples in studies measuring the effects of being exposed to survivors of trauma over prolonged periods of time (Adams et al., 2006; Baird & Jenkins, 2002; Bataineh & Alsagheer, 2012; Craig & Sprang, 2010; Herzog et al., 2011; Long & Wong, 2012; Maier, 2011; Robinson, 2006). The population of these samples ranged from 236 New York City-based social workers (Adams et al., 2006), to 184 teachers, guidance counselors and administrators in schools located in West Virginia and Nova Scotia (Robinson, 2006), to partners and children of soldiers (Herzog et al., 2011). Each of these studies found some indication that participants were experiencing psychoemotional symptoms matching VT (Maier, 2011), secondary trauma (Baird & Jenkins, 2002; Herzog et al., 2011) or compassion fatigue (Adams et al., 2006, Craig & Sprang, 2010; Robinson, 2006). These studies used quantitative and cross sectional designs to develop an understanding of the way different groups are suffering from burnout, VT, CF or ST and suggest further research is needed to explore how to assist them. Many of these studies used instruments already created for use in the field, and have been found to be a reliable source in measuring symptoms of burnout, VT, CF and STS (Adams et al., 2006; Baird & Jenkins, 2002; Craig & Sprang, 2010; Herzog et al., 2011, Huggard & Dixon, 2011; Majuta, 2010; Robinson, 2006).

Trauma Theory

While traumatic events have plagued societies around the centuries, trauma theory in the Western world of psychology is a relatively new concept. A culture of “hardiness (Basham,

2008, p. 414),” combined with family and community support has mediated the affects of trauma on individuals, making it difficult to study until recently. Theorists have defined trauma as often presenting as a form of stress, and more specifically: “An emotional state of discomfort and stress resulting from memories of an extraordinary, catastrophic experience that shatters the survivor’s sense of invulnerability to harm, rendering him acutely vulnerable to stressors (Basham, 2008, p. 415).” Furthermore, the trauma response and amount of stress it inhibits influence the way we think about the affects trauma can have on the individual and how we might diagnose their symptoms (Basham, 2008). Post Traumatic Stress Disorder (PTSD) is a relatively new disorder that is defined in the *DSM-IV-TR* (2008) as

...A traumatic event in which both of the following are present: (1) the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others; and (2) the person’s response involved intense fear, helplessness or horror. (pp. 467-468)

Figley (1995) stated that in earlier DSM publications, groups of people that learned about a traumatic experience (as opposed to experienced) were included as individuals who could be diagnosed with PTSD. Figley argued that this created confusion as a majority of individuals being diagnosed with PTSD were in fact not those who were suffering as a result of learning about trauma, even though the earlier definition did define those who witness or learn of the traumatic experiences of others. Consequently, the updated DSM definition, combined with the need for a separate way to define the symptoms of those indirectly affected by traumatic experiences, have led trauma theorists to create a separate diagnosis of those indirectly affected by trauma survivors. These diagnoses are Secondary Trauma Stress (STS) and Secondary Trauma Stress Disorder (Figley, 1995). Theorists argue that criteria for this disorder is met by

looking at the exposure one has to working with those directly affected by trauma and the empathy they are able to relay. Therefore the use of trauma theory is necessary to inform studies that measure CF effects on helping professionals (Figley, 1995).

Constructivist Self-Development Theory

Vicarious traumatization is defined through the theories of constructivist self-development theory and CF. Because the terms VT, ST and CF are so similar, this theory is often cited as a foundation for all three of these concepts (Stamm, 2010). Constructivist self-development theory explores the integration between personality/clinical theories with trauma theory (Saakvitne, Tennen, & Affleck, 1998). Saakvitne et al. (1998) define constructivist self-development theory as

Integrative personality theory that describes the impact of a traumatic event (or traumatic context) on the development of self...Describes personality development as the interaction between core self-capacities (related to early relationships, secure attachments, and ego resources) and constructed beliefs and schemas (related to the cumulative experiences and the attribution of meaning to those experiences) that shape perception and experience. (p. 282)

According to Baird and Jenkins (2002), there are five key areas in which an individual is affected when they experience an event or situation, which their cognitive schema perceives as traumatic-safety, trust, control, intimacy and esteem. Breakdowns in these key areas are identified by trauma theorists as being the most harmful to survivors of trauma, thus creating symptoms as a result of the traumatic situation or event an individual has experienced. Similarly, when professionals are verbally exposed to the retellings of trauma, symptoms of VT can arise. These

key areas represent major psychological needs related to trauma, therefore can impact one's ability to react to a client's experience with trauma (Baird & Jenkins, 2002). VT, CF and ST all include symptoms that would be a result of collapses in these five aforementioned areas.

Compassion Fatigue and Compassion Satisfaction

Charles Figley originally developed the concept of CF after examining the unique work environment of trauma workers and mental health professionals and how they were reacting to the challenges and demands of their profession (Figley, 1995). Figley (1995) discovered the workers were vicariously experiencing the effects that trauma had on their clients, as many of them were presenting with symptoms similar to the ones their clients were experiencing. Figley originally coined the term “secondary victimization (Figley, 1995 p. 2)” in 1983 as a way to define these symptoms as a form of burnout. The term CF developed later on, when Figley discovered that the term struck a cord with the professionals who were constantly in contact with survivors of trauma, as opposed to terms such as ST, secondary traumatic stress or secondary traumatic stress disorder (Figley, 1995).

Research on CF emphasizes that while certain factors may affect the vulnerability one possesses in order to develop symptoms, “frontline workers” are the ones who put themselves at the most risk (Craig & Sprang, 2010; Finkelhor, Turner, Ormrod, Hamby, & Kracke, 2009; Hill, 2011). As cited by Craig & Sprang (2009), additional vulnerabilities include:

Female gender (Kassam-Adams, 1999; Meyers & Cornille, 2002; Sprang, Clark & Whitt-
Woosley, 2007), age (Ghahramanlou & Brodbeck, 2000), increased exposure to
traumatized clients (Brady, Guy, Poelstra, & Browkaw, 1999; Kassam-Adams, 1999;
Schauben & Frazier, 1995), length of time providing sexual abuse treatment

(Cunningham, 2003), occupational stress (Badger, Royse, & Craig, 2008) and clinician's own maltreatment history (Nelson-Gardell & Harris, 2003). (p. 321)

When engaging in studies around CF, the studies this researcher examined controlled for these variables in order to indicate that CF was occurring because of the unique working environment helping professionals such as social workers were in and not because of the aforementioned external factors (Adams et al., 2006; Craig & Sprang, 2010). It is important to note that the key constant in these environments has been the close contact and prolonged exposure the helping professionals have had with the survivors of trauma. These studies like so many others call for the importance of proper training around working with survivors of trauma (Adams et al., 2006; Craig & Sprang, 2010). In one study that looked at the effects of CF, the term CS was also introduced to examine how to eliminate or lessen the affects of CF (Craig & Sprang, 2011). CS is when a helping professional such as a social worker experiences growth and feelings of well being associated (as opposed to detached or out of control) with their practice (Craig & Sprang, 2011). This particular study found that when proper training was implemented with individuals around trauma work, higher levels of CS were present among the workers (Craig & Sprang, 2011). Craig and Sprang's study (2011) does indeed call for future research to include the measuring of CS when examining the effects of CF. In addition to measuring CS when looking at CF symptoms, previous research has suggested that a proper measuring tool be created and validated that looks specifically at CF, by testing for burnout, ST, and CS (Adams et al., 2006).

Burnout

Many people today are familiar with the term burnout because of its growing use among professionals in a variety of fields. Often people have coupled this term with ST, VT and CF.

However, from the perspective of researchers, burnout is very different from these three concepts. Current research does couple burnout and ST together to make up CF, but delineates the difference of symptoms between these two components. From the perspective of researchers, burnout encompasses the feelings of hopelessness and difficulties in the workplace that block individuals from performing effectively in their profession (Stamm, 2010). Burnout is a term to define feelings, whereas CF, ST and VT can include physiological symptoms in addition to specific feelings (Figley, 1995).

Contrast to studies that only examine the effects of CF, ST and VT on “helping professionals,” burnout has been a topic of research among various professions. One study that examined burnout included special education teachers and their social support systems in the United Arab Emirates. However, this study did not address the symptoms of ST stresses, even though the research suggests that they could have been present (Bataineh & Alsagheer, 2012). Professions such as emergency room nurses, general physicians, military therapists, social workers, psychotherapists, trauma treatment therapists, resident doctors and some public school educators are among groups of professionals that have been measured for symptoms of burnout (Adams et al., 2006; Baird & Jenkins, 2002; Craig & Sprang, 2010; Huggard & Dixon, 2011; Robinson, 2006). These studies have shown high burnout rates when there is a feeling of a lack of mastery over the job skills and poor psychological well being (Adams et al., 2006; Baird & Jenkins, 2002; Craig & Sprang, 2010; Hill, 2011; Huggard & Dixon, 2011; Robinson, 2006).

At times, the result of burnout is an exit from the profession, the development of a strong distaste for being in the particular profession long term, or it can lead to the onset of CF (Robinson, 2006). Mental health professionals have often found that with specialized training and support in dealing with individuals exposed to trauma, burnout rates are significantly less

(Craig & Sprang, 2010). Studies specifically examining burnout rates among school employees have had similar findings, although not all of these studies are empirically supported (Hill, 2011; Robinson, 2006).

Secondary Trauma

As previously stated, current research couples ST with burnout to compile the symptoms of CF (Stamm, 2010). Previous research has used measures that only examine the effects of ST. ST has been studied in relation to many health care professionals, but teachers and other school personnel are often left out of the picture (Baird & Jenkins, 2002; Herzog et al., 2011). One qualitative study did examine the effects of ST on teachers in an urban public school and found that each of the nine teachers examined were experiencing symptoms of ST (Hill, 2011). Other studies have examined ST with teachers in terms of being an experience of a loss or lack of community and not as an exposure to the traumas of their students (Long & Wong, 2012). It could be argued that this loss or lack of community mixed with the inevitable exposure a teacher will have to survivors of trauma could be part of the development of ST symptoms within this sample (Long & Wong, 2012). Furthermore, the loss of community rings true to the findings in other studies indicating that when there is a solid support system in place of professionals experiencing similar challenges and symptoms of ST, the symptoms and challenges are alleviated (Hill, 2011; Long & Wong, 2012).

Schools in the United States

No school in the United States is exactly like another. There are many different types of schools-private, parochial, public, pilot and charter-to name a few. Regardless of what type of school a staff member works in, burnout is something that has been examined in teachers for decades. Teachers are one of the most widely studied groups in examining the effects of burnout

(McCarthy, 2009). Many studies examine the external factors affecting burnout, such as poor communication within the schools they are working, lack of job role specification, layoffs, larger class sizes, administrative and policy issues (McCarthy, 2009). All of these are factors that teachers especially are encountering in schools on a daily basis. These external factors do not just affect the teachers, but the whole school community as well. When a school employee is faced with the challenge of coping with these external factors and is made aware of the potentially traumatic experiences their students are facing, this can put them at risk for developing CF.

Private (sometimes called independent) schools and public schools are the two types of schools that are most frequently compared and contrasted to one another in the literature (Weissbourd & Dodge, 2012; U.S. Department of Education, 2012). While both well-known types of institutions, the amount of students that attend private schools is far less than those of public (Weissbourd & Dodge, 2012; U.S. Department of Education, 2012). According to a study conducted by the National Center for Education Statistics in 2012, approximately 54 million students attended public school versus fewer than 5.5 million students attending private schools in 2009 (U.S. Department of Education, 2012). Private schools in the United States are known for their endless resources, steep tuitions and supposed stellar academic experience that prepares their students to succeed at the collegiate level and beyond. This makes private schools only accessible to few students in the United States, regardless of their academic standing or potential to succeed (Weissbourd & Dodge, 2012). Public schools, on the other hand, have a reputation for being grossly under resourced, crowded and stretching their budget so tightly that guidance counselors are being let go, thus practically diminishing the opportunity for some to attend college. While these facts have been addressed in this field, this researcher has yet to find previous research comparing the likelihood of a private school employee developing symptoms

of CF versus the likelihood of a public school employee. However, the research does reveal that when faced with a certain amount of environmental stressors, professionals are at a higher risk for developing symptoms of burnout, ST and CF (Cole, Gadd, O'Brien, Ristuccia, Wallace, & Gregory, 2005; McCarthy, 2009; Robinson, 2006). Public school professionals are faced with more of these environmental factors on a more consistent, acute basis than private school employees (Weissbourd & Dodge, 2012).

Urban and Rural Communities and Schools

The National Survey of Children's Exposure to Violence in 2008 revealed that more than sixty percent of children who were surveyed were exposed to violence within the last year and nearly one half were assaulted at least once in the past year (Finkelhor et al., 2009). This survey was taken by 4,549 children ages 17 and younger (Finkelhor et al., 2009). The groups that were sampled included African American, Hispanic and low-income households to ensure the sample included an accurate representation of the current population (Finkelhor et al., 2009). Incidents of violence included child maltreatment, sexual victimization, dating violence and witnessing family or community assault (Finkelhor et al., 2009). Additionally, in-school violence has greatly impacted students. While schools over the years have attempted to be a safe haven from community violence, these invisible boundaries have been broken. Students of a school often are coming from the same communities and bring factors such as community cohesion and violence into the building, thus breaking down these invisible boundaries and making them virtually disappear (Patton, Woolley, & Hong, 2012). In Boston, students are coming from neighborhoods where crime and potential for trauma exposure is prevalent. In a 2006 survey, one in five Boston high school students had witnessed a shooting and do not feel safe in their neighborhood (Schwarmd, 2007).

While multiple studies have linked urban communities and exposure to trauma (especially violence), researching rural communities and exposure to trauma has proven to be a bit more complicated. Researchers have found many barriers to measuring rural populations, due to the uniqueness of these communities thus making studies difficult to repeat or compare. Additionally, many rural areas have limited access to resources such as mental health providers and researchers are less able to access these populations (Morsette, Swaney, Stolle, Schudberg, van den Pol, & Young, 2009; Slovak & Singer, 2001; Zhang, Chang, Zhang, Greenberge, & Chen, 2011).

Despite the ideology that plagues many small-town communities, the idea that “it could never happen here” could not be further from the realities that research has found. The American Psychological Association (2013) finds a strong correlation between low socioeconomic status and violence (American Psychological Association, 2013), indicating that the setting of a community one lives in today does not eliminate the possibility of being exposed to a potentially traumatic situation. One empirical study found that evidence for interpersonal violence among rural youth is only slightly lower than the risk for urban youth (Pruit, Kingery, Mirzaee, & Heuberger, 1991). Aside from interpersonal youth violence, rural youth are at risk for encounter a number of other potentially traumatic events or situations. Doherty’s research (2004) on different types of crises that affect the rural populations of our country found that rural communities were at just as much risk for experiencing trauma from war, suicide, domestic violence and school problems such as in-school violence as their urban cohorts. Recent school shootings in rural areas have exposed this truth not only to these small communities but to the country and the world as well.

In addition to these situations, Doherty (2004) identified a plethora of other potentially traumatizing events unique to the rural settings that could put youth in these communities at risk for traumatic exposure. These included wildfires, fires, floods, earthquakes, technological disasters, hurricanes, and tornadoes (Doherty, 2004). While some of these could potentially affect a more urban population, because of the lack of resources in many rural areas, they are more vulnerable to these potentially traumatizing disasters. Doherty presents a framework for first responders to work in that is similar to that of the frameworks found in urban settings. Both frameworks put these frontline professionals at risk for experiencing CF.

All these types of crises put youth in rural areas at risk for potential exposure to a traumatizing experience and the possibility of these children receiving professional support in some rural areas is less common. Given the lack of privacy in a small community, many individuals are hesitant to reach out for support for fear of exposure (Doherty, 2004). For example, in a qualitative study about an in-school cognitive based therapy intervention that took place in an American Indian reservation, a team of mental health workers found that a benefit of going through a school to provide mental health support for the students was that it eliminated the possibility of exposing the fact that a student was seeking support to the rest of the community (Morsette et al., 2009). Just as with many other rural communities, there was a strong cultural stigma around individuals receiving mental health support on the American Indian reservation (Morsette et al., 2009).

Trauma and Schools

Multiple studies have looked at the effects of in-school violence on students, but few have explored how it affects school employees. A mixed methods study in Georgia did incorporate the use of school employees, students and community members in assessing the

quality of interventions for preventions of school dropout and violence. However, this study failed to address the impact this had on school employees and community members and instead just focused on how these events and interventions affected students (Hunt, Meyers, Davies, Meyers, Grogg, & Neel, 2002). Robinson's study (2006) is one of the few studies that thoroughly examine the effects that the traumas of these children have on public school educators. However, Robinson only examines counselors, teachers, and administrators as opposed to other school staff members.

As previously stated, regardless of where a school-aged child lives, they are at risk of being exposed to a wide variety of trauma (Finkelhor et al., 2009; Slovak & Singer, 2001). Yet numerous resources find that the only people who have been linked to responding to these traumatic experiences that youth and adolescents bring to schools are the guidance counselors, school nurses, school adjustment counselors or school social workers (Doherty, 2004; Finkelhor et al., 2009; Slovak & Singer, 2001). Additionally, one of the founding researchers of CF determines that all crisis workers are at risk of experiencing secondary traumatic stress (Figley, 1995), and goes further to define these crisis workers as "...front-line first responders for whom potential exposure to occupational trauma is a fact of daily life (Figley, 1995, p. 51)." One study examined CF and found that in the 184 participants that were public school workers, the evidence of CF was comparable to that of CF among other populations that have been labeled as the helping professionals, thus the most vulnerable to develop symptoms of CF (Robinson, 2006).

The Cost of Caring

Many "helping" professionals are at a high risk of experiences ST, CF, or burnout. When an individual experiences these symptoms, both their own health and the health of their clients,

patients, students etc. is put at risk (Adams et al., 2006; Baird & Jenkins, 2002; Bataineh & Alsagheer, 2012; Craig & Sprang, 2010; Figley, 1995; Hill, 2011; Huggard & Dixon, 2011; Jordan, 2010; Robinson, 2006). In a study that examined the effects of VT with military therapists, researchers found that many therapists experiencing VT were struggling to listen in an empathetic way to their clients (Jordan, 2010). Clients in turn saw their therapists as naïve, patronizing and lacking empathy (Jordan, 2010). The therapists' lives outside of their work suffered as well, as some experienced relational and social problems such as issues with spouses and substance abuse (Jordan 2010). Previous research has also indicated that people's physical health can also be compromised when experiencing low levels of CS (Huggard & Dixon, 2011).

In connecting these findings with the research being conducted for this thesis, it is important to consider the similarity between the school employees and these helping professionals. Both are being exposed to people who have experienced trauma, and for extended periods of time. Both teachers and therapists alike are in positions where a high level of rapport and alliances are built between the provider and the client/student (Robinson, 2006). Additionally, resources for many helping professionals are often limited, just as those of so many school employees. Findings have shown that providers experiencing burnout often are unable to provide their client with a level of empathy needed for the client to feel understood and heard by the provider (Figley, 1995; Jordan, 2010). Similarly, previous studies measuring burnout among teachers have shown that when a teacher is experiencing burnout, they are feeling unsupported and overworked. Depersonalization can occur, thus causing the teacher to distance themselves from their students (McCarthy, 2009). Students might become frustrated with this situation if they are trying to get some support from a teacher experiencing burnout who is unable to provide them with the emotional support they may be seeking (McCarthy, 2009). This could be a factor

in looking at the academic performances of students who are in these under resourced schools being taught by teachers who may be experiencing burnout, ST or CF.

This research study intends to demonstrate that school personnel are affected just as much as a helping professional because of the amount of exposure they have to the students and their level of empathy. The students in public schools across the country are coming from communities and households where exposure to multiple types of trauma is almost guaranteed. Multiple studies and reviews have found that more school-aged children have experienced some form of a traumatic event within their community than not (La Greca, Boyd, Jaycox, Kassam-Adams, Mannarino, Silverman, Tuma, & Wong, 2008; Sieger, Rojas-Vilches, McKinney, & Renk, 2004). One study found that more than two thirds of children reported experiencing a traumatic event by the age of 16 (La Greca et al., 2008). La Greca et al. (2008) stated that research has shown because of poverty and discrimination, racial and ethnic minorities are more likely to be exposed to traumatic events, with immigrant youth and families at a particularly higher risk (La Greca et al., 2008). Additionally, another study found that only 12% of children living in the inner city reported they had not been exposed to a violent event (Sieger et al., 2004).

Schools can also be a dangerous place. In 2011 a survey was administered to a representative sample of youth in grades 9-12 in our nation. Of the sample, 5.4% reported carrying a weapon such as a knife, club or gun within the last 30 days of taking the survey (Center for Disease Control and Prevention, 2012). When students get to school each morning, they connect, share stories and interact with more than just helping professionals at school. They connect with each other, but also other staff members at the school, and this project will explore how this affects not just the helping professionals, but those other school staff members as well.

Implications of past research findings state that more needs to be conducted to reach out to these children and provide adequate services for them. Finkelhor et al.'s findings (2009) requests "first responders" to take on this responsibility, but does not include teachers, school administration or any other school staff members in this team of "first responders." However multiple other researchers have included teachers in this group of first responders, as they are the ones who spend just as much if not more time with these children than their own parents during the school year (Cole et al., 2005; van Dernoot Lipsky & Burk, 2009; Hill, 2011; Robinson, 2006). By including all school employees as being on the frontline of responses to student trauma and exposure to violence, the effects this responsibility has on them needs to be addressed as well. Studies imply that teachers are already stating they don't have supports in place (Galand et al., 2007, Hill, 2011; McCarthy, 2009), and this study will explore whether other school employees feel the same way. How is a person working in the cafeteria feel impacted when there is a fistfight in the middle of lunch period? How do school administrators react after they are constantly finding knives and other objects that could be used as weapons on students when they come in every morning and walk through a metal detector? How does a teacher reflect after a day when a student interrupted their lunch period to report to them that they witnessed their cousin being shot the night before and taken to the hospital? This research will further stretch this team of "first responders" to include all staff members within a school, and figure out how school employees can work together to address these affects.

CHAPTER III

Methodology

The proposed study examined how school employees are affected by the personal traumatic experiences of students. The study focused on what psychoemotional symptoms school staff members are experiencing simply by working with the students and whether or not those could be labeled as symptoms of compassion fatigue (CF) or compassion satisfaction (CS). This study is a quantitative analysis that distributed an Internet questionnaire for data collection over the Internet to potential participants who are full time school employees. Participants were recruited using a nonprobability snowball sampling method. This researcher's personal network and Facebook were used.

The research question is "Are all school staff members experiencing CS and symptoms of CF?" The purposes of this study are to 1) Identify what psychoemotional symptoms school staff are experiencing as a result of the students' exposures to traumatic events; 2) Identify who in the school is affected indirectly by these traumas; 3) Identify how school staff are coping with these psychoemotional symptoms (if they are experiencing any); and 4) What implications this has for school social workers. It was originally hypothesized that school staff members are experiencing CS and CF.

Research Design

A quantitative design was selected for this study because of the number of studies that had been conducted before on CF using empirical research. Because researchers have named various characteristics of individuals that could make them more vulnerable to experiencing CF (Figley, 1995), a demographic survey was conducted before the actual survey for participants. The Professional Quality of Life measurement tool (ProQOL) is a survey based on years of research on Vicarious Trauma, CF and secondary stress (Stamm, 2010). It has been used with a variety of populations around the world, including schoolteachers (Huggard & Dixon, 2011; Majuta, 2010). The ProQOL consists of a variety of statements that measure ST, burnout and CS. CF is said to be the combination of ST and burnout (Stamm, 2010). There are 30 questions that are answered using a Likert scale that measures the consistency of the statements in an individual's life. The ProQOL for purposes of this study is available on the Internet.

Data Collection

Recruitment Process

This researcher gained access to the school staff members by using a snowball sampling technique. This researcher's personal network of school employees provided access to a variety of people working in a wide range of positions in diverse settings and types of schools. This researcher reached out to school employees in the Boston area, Denver, Mississippi, North Carolina, Seattle, Washington, D.C., Baltimore, New York City, California, and Vermont. These individuals are diverse in their social identities. Most individuals in this researcher's personal network include people who are teachers, paraprofessionals or administrators within schools. Because these potential participants are working within the schools, they will have access to

more potential participants who fulfill similar or other roles within their school. This includes administrative assistants, custodians, social workers or custodial workers.

The researcher initially contacted people through personal e-mails to individuals as well as through Facebook (See Appendix A for the sample e-mail message that was sent to possible participants, and Appendix B for the sample Facebook message). This personal network included friends, family members, former and present colleagues who all either work in schools or know people working in schools that were eligible to participate. This researcher requested that they forward the e-mail to people in their own personal network who may be eligible to participate. Additionally, a message on Facebook was posted on this researcher's profile "wall," and the message as seen in Appendix B was posted. People who are friends with this researcher on Facebook were able to re-post this message on their own wall in order to continue spreading the word. Once a potential participant clicked on the unique link whether it is through the e-mail message or the Facebook post, they were taken to a page that goes through the exclusion criteria, informed consent, and demographic data. If a participant meets all the requirements, they will then click "next," and be taken to the informed consent page (Appendix D). This page will inform the participant further about the survey and provide them with mental health resources that may be helpful for those in need of further support. On the informed consent page, participants will have the choice to click "I Agree," and continue onto the beginning of the demographic questionnaire, or will need to click on "I do not agree." Those who click "I do not agree," will not be able to continue on to take the survey. The demographic questionnaire addressed their age, gender, what type of school they work in (elementary, middle or high school), the setting their school is in (urban, rural and small town) and their position at the

school. In some cases, participants were unable to find his or her position from the list, so were able to fill in their position in the space provided.

Demographic Questions

The demographic data (Appendix C) that is collected for this study is based on the demographic data that has been previously collected. Previous studies, including the ones discussed in the review of the literature, have focused on similar demographic data as theories suggest that certain characteristics of an individual can put them at higher risk for exposure to psychoemotional symptoms of CF, vicarious trauma or ST (Craig & Sprang, 2010). These characteristics are well aligned with the demographic data the will be collected. Examples of questions include the type of setting the participant works in (urban, rural, suburban etc.) and what their position at the school is.

ProQOL Questions

The ProQOL measurement was used to connect symptoms individuals are experiencing and with what the symptoms are associated. An example of a question looking at the participant's level of CS is, "I like my work as a [teacher] (Stamm, 2010)." An example of a question addressing burnout is, "I am happy (Stamm, 2010)." An example of a question measuring ST is, "I can't recall important parts of my work with trauma victims (Stamm, 2010)." The researcher was looking for a trend in the data between presenting symptoms based on the career within the school, and what the staff members are exposed to because of their job.

Data Analysis

Statistical analyses were conducted to test whether or not school employees were experiencing CF. A one-way ANOVA test was used to determine whether or not there was a difference between the schools' settings (rural, urban, suburban, urban in a rural area) the

participants were working with and their ProQOL scores. A Pearson Chi-Square test was administered to determine if there was a difference in the level of CS and the setting participants were working in. A significance level of .05 was used for both of these tests.

CHAPTER IV

Findings

The purpose of this research is to determine whether or not school professionals are experiencing compassion fatigue (CF). The research question is: Are school employees experiencing CF? This research was conducted through a questionnaire that was administered to potential participants via Facebook and e-mail. This chapter will first describe the sample that was collected and then outline the findings of the research. The original hypothesis will be discussed as well as interesting and notable trends.

The sample for this study includes individuals from various schools. While the original intent was to collect a sample that was representative of the diversity of roles within a school, the final sample only includes the following roles: teachers, social workers, special education teachers, principals, school nurses, guidance counselors, athletic coaches, technology assistants, office administrators, school security guards, administrative assistants, paraprofessional educators, librarians, associate director of operations, curriculum specialists, speech-language pathology assistants, and math specialists. The participants in this study have an average age of 40 years old, ranging from 22 to 68 years old. Participants are predominantly female, with only 17.7% being male. 89.2% of the samples are public school employees. 5.4% work in private or independent schools and 3.8% work in a charter school. Only 1 participant works in a parochial

school and pilot school. The remaining participants work in a non-public special education school. Participants had the choice of selecting what their school community setting. 46 participants reported they work in a rural setting, 32 in an urban setting, and 10 in a suburban setting and 42 in an urban in a rural area.

The participants in this study were selected through the nonprobability method of snowball sampling using this researcher's network of school staff members. All employees were required to be English-speaking, have access to a computer, the Internet, e-mail or a Facebook account, and be able to navigate an online survey. Exclusion criteria were school employees who are younger than 18 years of age (assistant coaches, tutors or mentors, for example) and/or have worked at the school less than one academic year. By working at the school for at least one year it is expected that employees were more or less familiar with the student body and surrounding community of the schools. This researcher originally aimed to gather at least 50 participants but ended up with 121 participants.

Hypothesis 1: School employees are experiencing compassion fatigue.

In order to determine whether or not the sample is experiencing CF, scores of compassion satisfaction (CS), secondary trauma (ST) and burnout must be examined and analyzed. As shown in Table 1 below, out of the 121 valid participants, the majority of participants is experiencing average levels of CS and burnout. Additionally, the majority of participants is experiencing low levels of ST. The Professional Quality of Life (ProQOL) uses the average scores of CS, ST and burnout that are based on the years of research that has been conducted using this measurement (Stamm, 2010). Based on these average outcomes, it can be determined that the hypothesis is not supported by the research.

Table 1

ProQOL Scores of Compassion Satisfaction, Burnout and Secondary Trauma

	Compassion Satisfaction	Burnout	Secondary Trauma
High	38%	N/A	N/A
Average	62%	52.1%	44.6%
Low	N/A	47.9%	55.4%

The ProQOL researchers have determined that the average score of CS is 50 with a standard deviance of 10 and an alpha scale reliability of .88 (Stamm, 2010). For ST, the average score is 50, with a standard deviation of 10 and an alpha scale reliability of .81. Burnout average score is 50 as well, with a standard deviation of 10 and an alpha scale reliability of .75 (Stamm, 2010). In this study, the average score of CS was 39. The average score of ST was 21 and the average score of burnout was 23. These scores indicate that on average, participants are experiencing low levels of CS, but have low levels of burnout and ST as well.

Exploratory Question 1: Is there a difference between the ProQOL scores of participants working in urban/rural/urban in a rural area and those working in a suburban area?

In attempting to look at trends in the data, a one-way analysis of variance test was ran to determine if there was a difference between the scores for CS, burnout or ST by setting. No significant difference was found. To continue the investigation of this exploratory question, a chi-square test was run to examine the scores on CS among individuals working in urban, rural, suburban and urban within a rural setting. Chi-square tests could not be reported for burnout and ST scores among the individuals in different settings because the percentage of cells with an

expected count of less than 5 exceeded more than 20%. In regards to CS, a chi-square test of differences was utilized but no significant differences were found (chi-square(3, N=.785, $p=.853$).

Exploratory Question 2: Is there a difference between professions and ProQOL scores?
Are certain professions experiencing high levels of CF than others?

In looking at trends between professions and CS, burnout and ST scores, a one-way analysis of variance test was conducted. The professions were broken up into the following groups: teacher, special education teacher, principal/headmaster/mistress, guidance counselor and social worker. The additional professions were removed because of the relatively small amounts of participants who identified as those professions (less than five participants). No significant difference among professions was found when examining levels of CS and ST. A significant difference between professions and burnout scores was discovered ($f(4,95)=2.531$, $p=.045$). A Bonferroni post-hoc test found the significant difference was between the principal/headmistress/master group ($m=18.4$) and social work group ($m=27.38$). It is important to note that only 5 principals/headmistress/masters and 8 social workers were part of the sample and demonstrated this significant difference.

Additional Findings

When participants were asked whether or not they were preoccupied with more than one person they teach or provide services to, only 13.2% reported, “rarely,” or “never.” Another question asked participants if they avoided certain activities or situations because they reminded the individual of frightening experiences they taught or provided services to. For this question, 90% of the participants either answered “rarely” or “never.” These both were questions to determine levels of ST, yet the response rate for a somewhat related set of questions had such

different results. Additionally, when asked directly about an individual’s work with others experiencing traumatic stress, only 4 individuals reported feeling affected by those individuals.

When asked whether or not a participant agrees with the statement “I am the person I always wanted to be,” over half of the sample (65.3%) responded that they agree with this statement “often,” or “very often.” When asked whether or not participants saw themselves as a caring person, the range of answered varied from “Sometimes,” to “Very often.” 52.1% of these responses were, “Often.” These questions were asked to determine levels of burnout, which according to some research, has been found at high levels among teachers and other school employees (McCarthy, 2009). Additional questions about burnout addressed topics such as feeling “bogged down” by the system that had a wide range of responses as seen in the table below.

Table 2:

Question 26: “I feel ‘bogged down’ by the system” Responses

	Frequency	Valid Percent
Never	5	4.1
Rarely	23	19.0
Sometimes	48	39.7
Often	29	24.0
Very Often	16	13.2
Total	121	100

CHAPTER V

Discussion

School Employees and Compassion Fatigue

The intent of this research was to explore the experiences of school professionals and measure levels of burnout, compassion satisfaction (CS), and secondary trauma (ST) based on their work with students. The research question asked was: Are school employees experiencing compassion fatigue (CF)? Previous research indicates that schoolteachers, because of the demands and stresses of their jobs are at risk for developing symptoms of burnout, which could contribute to the development of CF, depending on their exposure to students affected by trauma (McCarthy, 2009; Stamm, 2010). Previous research using the Professional Quality of Life (ProQOL) scale with public school educators also indicated that samples of educators were reporting average levels of burnout, lower levels of CS, and low levels of ST (Robinson, 2006). The data collected in this research found a majority of participants had average levels of CS, average levels of burnout and low levels of ST. This section will address these differences and similarities to previous research and make suggestions for further exploration on compassion fatigue among school staff members.

Implications based on this research show that school employees are not experiencing compassion fatigue. Out of a sample of 121 participants, none reported experiencing high levels

of burnout or ST. However, this does not indicate that school professionals are not at risk for developing CF. Based on the literature, it is hard to believe that this study is an accurate portrayal of the level of CF that is present in schools today. Burnout encompasses the feelings of hopelessness and difficulties in the workplace that block individuals from performing effectively in their profession (Stamm, 2010). Secondary trauma involves preoccupations for a person who is being helped and has been exposed to some form of trauma that has affected them (Stamm, 2010). Given the voluntary nature of this research, potential participants experiencing feelings of burnout and ST symptoms may have found it difficult to take time out of their day to complete a voluntary survey and still attempt to manage to fulfill their daily responsibilities at school. Due to the snowball sampling technique of contacting potential participants via e-mails and Facebook posts, many potential participants may have received the e-mail or seen the Facebook post and overlooked it as something they did not have time to complete or even read. Future research may want to take this into consideration when administering surveys and attempt to gain access to a entire school community to ensure that they are able to receive full participation by everyone, regardless of feelings of distress they may be experiencing.

An attempt to collect a diverse sample population through snowball sample collecting methods proved to be a bit of a challenge. A majority of the sample (82.5%) identified as female. 89.2% of the participants reported working in a public school and 51.5% of the sample reported being a teacher. Previous research found similar results in regards to the variation in gender, and this was the first study this researcher was able to find that called for all school professionals to participate and record their profession. Previous research included participants only from public schools (Hill, 2009; Robinson, 2006), whereas this study included participants from all types of schools.

The researcher was able to gain access to professionals working in a variety of school settings, with suburban being the smallest amount reported (7.7%), and rural being the largest (35.4%). About a quarter (24.6%) of the participants reported working in an urban settings and the remainder of the participants reported working in an urban setting situated within a rural area (32.3%). Previous research has been collected on those working in urban communities, and has also indicated mixed results in finding a significant correlation between the setting of schools and impact of trauma and ST. Both this research study and previous studies seem to find that school employees are at risk for experiencing CF and CS regardless of the setting in which the school is embedded. The skewed findings could indicate a number of things. Cross tabulation and a chi-square test indicated that there was not any significant correlation between the school setting and levels of CS.

The demographic survey was limited to the factors this researcher chose because previous research has had mixed results in measuring correlations between demographic characteristics and the development of CF (Adams, Boscarino, & Figley, 2006; Craig & Sprang, 2009). However, one suggestion for future research would be to examine any correlation between ST and burnout levels among people of color, as possible differences in these levels may be significant (Stamm, 2010). The demographics this researcher chose to request participants report were to provide the field with new ideas of who could be experiencing compassion fatigue, even when they may not be working in a profession that has been labeled as a “helping profession” and therefore is at risk for developing compassion fatigue. Therefore any data on race, ethnicity, household income, and number of years in the field were not collected because a majority of existing research did not find a significant correlation between these factors and levels of compassion fatigue (Adams et al., 2006; Figley 1995; Stamm, 2010).

As previously stated, past studies have found mixed results in determining whether or not certain contextual factors are indicators for increased levels of CF. While this study was performed on the basis that demographic factors did not impact levels of CF, this could have been a possible limitation to the study. Craig & Sprang (2009) found in their study with trauma therapists a strong indicator of CF resulted from being young, not receiving specialized training and being an inpatient practitioner. The mean age of this study was 40 years old with a SD of 12.123 years. Only 32 of the 121 participants were under the age of 30.

Compassion Satisfaction

On another note, previous research using the ProQOL has indicated that teachers have reported the most satisfaction in their jobs as compared to other “helping professionals (Stamm, 2010).” Previous research has also indicated that most teachers report higher frequency levels of compassion satisfaction as opposed to other individuals in the helping professions (Robinson, 2006; Stamm, 2010). In this study, none of the sample participants scored above a 50. The average score was a 39. 57.7% of participants scored in the average range of compassion satisfaction, 35.4% scored in the high range and 6.9% of participants were missing CS scores. None of the participants in the sample scored low compassion satisfaction. Previous research indicates this to be an abnormal distribution of CS scores (Robinson, 2006; Stamm, 2010). This research could have had results different from previous studies on compassion satisfaction for a number of reasons. Again, the voluntary nature of this research study could have played a role in how individuals decided to participate in this survey. Individuals experiencing high levels of distress and/or overwhelming feelings may have felt unable to make the time to take this survey. Those who were feeling less overwhelmed may have been able to make or find time to participate and think thoughtfully about the questions being asked.

Burnout

Perhaps the most unexpected part of these findings explored the levels of burnout found in this sample and comparing it to the levels of burnout found in the existing research. The ProQOL manual (Stamm, 2010) suggests that the average score for burnout levels is 50. About 25% of ProQOL participants score above a 57 and 25% score below a 43 (Stamm, 2010). In this study, the average score was a 23.7273 with a SD of 5.54. The minimum score was 13 and the maximum score was 37. These scores are much lower than the manual anticipated. However, previous research using the ProQOL with public school educators found similar average scores with public school educators (Robinson, 2006). Robinson's (2006) study of 184 public school teachers, counselors, and administrators in Nova Scotia and West Virginia found scores ranging from 5 to 40 with a mean of 23.88 and SD of 6.80. Again, given the voluntary nature of this study, many potential participants might have deferred because they were experiencing burnout and felt they were unable to make the time to participate in a survey that asked someone to take 30 minutes for participation.

While overall data did not demonstrate any significant levels of burnout existing among the sample as a whole, when broken down by profession, a oneway ANOVA test found that burnout levels did vary between some professions in a significant way. When looking at the burnout levels between school social workers and school directors (principals, headmistresses, and headmasters), this study found that 80% of the school directors were experiencing low levels of burnout versus 12.5% of the social workers. With a majority of the school social workers in this sample experiencing average levels of burnout and school directors experiencing lower levels, a few things are to be considered. While previous research has measured burnout among school administrators and guidance counselors in a single study (Robinson, 2006), no study

could be found that compared school social workers and directors in the same study. Previous research on burnout has indicated that this often occurs when individuals are feeling overwhelmed or a lack of mastery in their profession (Adams et al., 2006; Baird & Jenkins, 2002; Craig & Sprang, 2010; Hill, 2011; Huggard & Dixon, 2011; Robinson, 2006). A number of reasons could explain why these results were found in this sample. One possibility is looking at the sample size. The sample of school social workers was only 8 participants and 5 school directors. A small sample size could have led to skewed results. Previous research on burnout has indicated that a variety of factors could contribute to feelings of burnout-lack of school resources, number of years in the profession, lack of social supports, age, population of individuals with whom one is working, perception or outlook on their job, and managing it's stressors (Adams et al., 2006; Baird & Jenkins, 2002; Craig & Sprang, 2010; Hill, 2011; Huggard & Dixon, 2011; McCarthy, 2009; Robinson, 2006). Any number of these factors could have affected these participant's overall feelings towards their job, thus could be experiencing higher levels of burnout. School directors may have reported overall lower levels of burnout because of any of the factors listed above.

Suggestions for Future Research

Future research should include some more information gathering on the demographic survey. For example, asking about any sort of specialized training the participants had received in the past. A previous study looking at therapists working with survivors and victims of trauma found a strong correlation between high CS levels, lower burnout, lower ST results, and specialized trauma training (Craig & Sprang, 2009). While it may not be possible that individuals received training around working with children who have experienced trauma, educators may have attended specialized trainings that address managing and coping with other stressors of the

job. Others may have found trainings that have promoted growth and self-awareness in their professional development and therefore experience high levels of compassion satisfaction. Additionally, age might have also been a factor in serving as an indicator for levels of compassion fatigue. Future research exploring levels of CF in relation to an individual's age group along with what previous specialized training they have received would further contribute to the existing body of research.

Conclusion

Although the results of this study did not affirm the original hypothesis that school employees are experiencing compassion fatigue, previous research and this study indicate a need for more research to be conducted on this topic. Furthermore, research has also indicated that trainings for school professionals on working with survivors and victims of trauma have reported helpful in preparing school employees and putting them at lower risk for developing CF, burnout or ST (Hill, 2011). Children in our schools today are experiencing traumatic events, and it is having detrimental effects on their education and development. Teachers, athletic coaches, guidance counselors, office assistants, principals, and curriculum specialists-but especially teachers-are all developing relationships with these children, and deserve the recognition and training that "frontline workers" receive when responding to the traumas these children are experiencing.

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Appendix A: Letter to potential participants

Dear [insert name],

I hope you are doing well.

As you know, I am currently a candidate for a Master's in Social Work and am working on a research project related to compassion fatigue symptoms that school employees are experiencing. I am in the process of looking for participants for my study and would be extremely grateful if you could help me out in either or both of two ways:

- You can help by participating in my study, if you are willing and meet the criteria. Participants who meet the criteria to participate are English-speaking, at least 18 years old, have worked in the same role at their school for at least one year and are full time workers at the school. An example of someone who would meet the criteria would be a person who is currently a teacher at a public school and has been teaching there for the past 2 years, school guidance counselor who has been at the school for one year and before was at another school for three years, a cafeteria worker who has been working at the school for four years or the principal of a school who is currently in the middle of their second year of employment. These are only a few examples of an individual who would meet the criteria for participating, but if you think you hold a similar position at the school, I do hope you will participate.
- You know of a few people who may hold a position like one of the positions listed above, and are able to forward this e-mail to them.

If you think you might be interested in taking this survey, please click on the following link: (INSERT LINK). If you are not eligible to participate but know of people who might be eligible, please feel free to forward this e-mail to those people. If you have any questions before taking the survey, please feel free to e-mail me at [REDACTED].

I truly appreciate whatever level of help you are able to give to this research. Please let me know if you have any questions or concerns, and thank you for your time.

Sincerely,
Kate

Kate Plapinger
Master's Candidate
Smith College School for Social Work

Appendix B: Facebook Message

Hello Facebook Friends!

I need your help! Are you a full-time school employee, English speaking, who has worked at the same school for at least one year and over the age of 18? If so, please consider participating in my research for my Master's Thesis by completing a brief survey that explores how school employees are affected by the personal traumatic experiences of students. Please allow yourself 30 minutes to participate. The survey itself should only take about 10 minutes, but take the extra time if needed to explore this topic further and how it might be affecting you. Your feedback is crucial!

In addition to taking this survey, I am asking that you please post this message on your wall as a way to spread the word about this research and give others a chance to be heard!

Thank you in advance for taking the time to take my survey! Access can be found here:
(INSERT LINK)

Appendix C: Screening Page

The Other Frontline Workers

1. Screening

*1. Thank you for deciding to participate in my survey! Before we get started, please indicate that you meet all of the inclusion criteria:

By clicking "yes" below I am indicating that I am:

- 1) At least 18 years old
- 2) A full-time school employee
- 3) Have been in my position at the same school for at least one year
- 4) English speaking
- 5) Have access to a computer with internet in order to complete this survey

If you do not meet these criteria, please click "No," and thank you for your time.

- Yes
 No

Next

Powered by [SurveyMonkey](#)
Check out our [sample surveys](#) and create your own now!

If a participant does not answer, this screen will appear:

The Other Frontline Workers

1. Screening

This question requires that you answer

*1. Thank you for deciding to participate in my survey! Before we get started, please indicate that you meet all of the inclusion criteria:

By clicking "yes" below I am indicating that I am:

- 1) At least 18 years old
- 2) A full-time school employee
- 3) Have been in my position at the same school for at least one year
- 4) English speaking
- 5) Have access to a computer with internet in order to complete this survey

If you do not meet these criteria, please click "No," and thank you for your time.

- Yes
 No

Next

Powered by [SurveyMonkey](#)
Check out our [sample surveys](#) and create your own now!

If a participant clicks “No,” the following screen will appear:

The Other Frontline Workers

2.

You are not eligible to participate, but thank you for your interest.

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Next

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Appendix D: Informed Consent Form

The Other Frontline Workers

2. Informed Consent Letter and Resources

Dear Participant,

My name is Kate Plapinger and I am a Social Work student at Smith College School for Social Work. Thank you for your interest in this study and it's research. I am conducting a study that identifies the symptoms of compassion fatigue and compassion satisfaction in school employees. The data collected in this research will be used for my master's in social work thesis at Smith College School for Social Work and for future professional presentation and publication. Compassion fatigue is defined as the combinations or preoccupying thoughts a person has about a traumatized individual with whom they are helping and the feelings of hopelessness and ineffectiveness in their field of work. Compassion satisfaction is the pleasure one feels in helping individuals in their profession. Burnout is the feelings of hopelessness one experiences in the workplace and secondary trauma is the preoccupations one has about the traumatized individuals with whom they are working.

In order to be eligible to take the survey, you need to be at least 18 years of age, English speaking, and have worked at your school in the same full-time position for at least one year. You also must have access to a computer with Internet and e-mail or Facebook. Based on the information you have provided before this page, you are eligible to participate in this survey. I ask that you please allow 30 minutes to take this survey. Participation in this study includes first identifying a series of demographic information regarding your position at the school you work in and the setting in which the school is located. This first step should take no longer than five minutes. Second, you will fill out a survey called the Professional Quality of Life Questionnaire, or ProQOL. This survey should take no longer than ten minutes. The information you provide in this survey will help determine if you are (or are not) experiencing symptoms of compassion fatigue, which consists of secondary trauma and burnout. This survey will also examine your level of compassion satisfaction. Participants may use the remaining time (15 minutes) to score their surveys, seek mental health support or learn more about compassion fatigue and compassion satisfaction.

Participation in this survey is considered low emotional risk. However, if you experience uncomfortable feelings related to any of the survey questions, you can exit the survey by exiting out of the page. Because of the way participants are recruited and engaged in the survey, the highest level of anonymity has been enforced. When analyzing and making inferences about your data, I will be sure that all identifying information is removed from concepts and themes. At the end of this page are additional resources. These resources include readings on compassion fatigue, compassion satisfaction and instructions for how to find a mental health provider. Even if you are a school social worker or are in a position that provides some sort of mental health support, you will be provided with this page as a resource to hand out to anyone who seeks it in the future.

***Please print a copy of this page for your records and continue to the next page for the rest of the Informed Consent and Resources

The Other Frontline Workers

3. Informed Consent Letter Con't

The resources at the end of this page include the webpage where this survey was taken from. After participating in this survey, please feel free to take the extra time you have to score your survey manually and read the provided information in the manual about what your score means. This could allow time for thinking about the strong, intense effects the students' experiences may have on you and others in the school.

Surveys are completely anonymous. The IP address will be untraceable, and I will be unable to link your responses to your e-mail address. My survey monkey account will be password protected and separate from my personal account. Information about accessing this account will be kept in a word document in a folder that is password protected on a USB memory stick.

Once I have your survey, I will then remove school names and any other identifying information. Your information will not be released to my research advisor until all identifying information has been removed. When presenting information to be published, demographic data will be presented as a group format. All data will be kept secure for three years as required by Federal regulations and after that time will be destroyed. If I find I still need this data, it will continue to be held secure and then destroyed once it is no longer needed.

Participation in this survey and research is voluntary. You are allowed at any point to refuse to answer a question. You may withdraw at any point while taking the survey, however it is not possible to withdraw from the study once you have completed the questionnaire, as your survey answers will be impossible to trace. Should you decide to withdraw while in the middle of the survey or between signing the informed consent and taking the survey, all e-mails, surveys and/or phone numbers will be deleted as well as any other identifying information that has been collected. Should you have any concerns at all about your rights or any aspect of the study, please do not hesitate to contact me of the Chair of the Smith College School for Social Work Human Subject Review Committee at (413) 585-7974. My e-mail address is [redacted] and my phone number is [redacted].

I hope you will decide to participate in this study and thank you in advance for your time.

****Please print a copy of this page and keep it for your records. Please Continue to the next page for a list of resources

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Next

The Other Frontline Workers

4. Resource Page

Resources

As promised, here is a list of reading resources you may find helpful as you continue to process the contents of this survey. Again, I encourage you to print this out. Should you be in need of additional mental health support, please contact your Primary Care Provider, as they will be able to refer you for further mental health support.

1) Self Care for Educators- website that offers tips, guidance and information about compassion fatigue for educators.

Link: <http://www.colorado.gov/cs/Satellite?blobcol=urldata&blobheadname1=Content-Disposition&blobheadname2=Content-Type&blobheadvalue1=inline;%20filename=%22SelfCareforEducators,CompassionFatigue.pdf%22&blobheadvalue2=application/pdf&blobkey=id&blobtable=MungoBlob>

2) Mental Health America- organization that assists individuals seeking support for mental and substance use conditions.

Link: <http://www.mentalhealthamerica.net/go/help>

Phone number (crisis): 1-800-273-TALK

Phone number: (800) 969-6642

3) Psych Central-website that offers resources for individuals seeking mental health support. Includes tips on how to find a therapist within your community or on the web, and reading materials on a variety of topics related to mental health

Link: http://psychcentral.com/resources/Mental_Health/

4) Network Therapy- website to search for mental health providers in your area

Link: <http://www.networktherapy.com/>

5) The Professional Quality of Life Scale: Website where the scale being used for this research is from. Includes information on how to score this survey yourself.

Link: http://www.proqol.org/ProQol_Test.html

****Please print this page and keep it for your records. Please continue onto the next page

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The Other Frontline Workers

5. Informed Consent Button

1. *BY SELECTING THE "I AGREE TO PARTICIPATE" OPTION BELOW YOU ARE INDICATING THAT YOU HAVE READ AND UNDERSTAND THE ABOVE INFORMATION AND THAT YOU HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS ABOUT THE STUDY, YOUR PARTICIPATION, AND YOUR RIGHTS AND THAT YOU AGREE TO PARTICIPATE IN THE STUDY.**

I Agree To Participate

I Do Not

Prev

Next

Powered by [SurveyMonkey](#)
Check out our [sample surveys](#) and create your own now!

If a person does not select something, the following will appear:

The Other Frontline Workers

5. Informed Consent Button

This question requires an answer.

1. *BY SELECTING THE "I AGREE TO PARTICIPATE" OPTION BELOW YOU ARE INDICATING THAT YOU HAVE READ AND UNDERSTAND THE ABOVE INFORMATION AND THAT YOU HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS ABOUT THE STUDY, YOUR PARTICIPATION, AND YOUR RIGHTS AND THAT YOU AGREE TO PARTICIPATE IN THE STUDY.**

I Agree To Participate

I Do Not

Prev Next

Powered by **SurveyMonkey**
Check out our [sample surveys](#) and create your own now!

If a participant clicks "I Do Not," the following will appear:

The Other Frontline Workers

2.

You are not eligible to participate, but thank you for your interest.

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Check out our [sample surveys](#) and create your own now!

Appendix E: Online Demographic Questionnaire

The Other Frontline Workers

6. Demographic Questionnaire

***1. To begin the survey, please provide the following demographic information:**

Age

Sex

***2. What setting is your school considered to be in? (Participants may choose from the following list or indicate other)**

- Rural
- Urban
- Suburban
- Urban in a rural area

Other

***3. What type of school do you work in?**

- Public
- Independent
- Charter
- Parochial
- Pilot
- Vocational
- Proprietary
- Magnet

Other

***4. Please indicate the position at the school you are currently working at (you may select up to two if you are currently holding two positions such as Technology Assistant and Teacher)**

- Teacher
- Special Education Teacher
- Dean of Students
- Principal/Headmistress/master
- Janitor
- School Nurse
- Guidance Counselor
- School Social Worker
- Athletic Coach
- Technology Assistant
- Office Administrator
- Cafeteria Worker
- Vice Principal
- School Security Guard

Other (please state your title here)

***5. What age group attends your school?**

- Preschool/PreK (Ages 3-5)
- Elementary (Grades Kindergarten thru Fifth)
- Middle (Grades Sixth thru Eighth)
- High School (Grades Ninth thru Twelfth)

Other (please include grades, ages or both)

Prev

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If a participant does not fill out this information, the following will appear:

The Other Frontline Workers

6. Demographic Questionnaire

This page requires you to fill out each question.

***1. To begin the survey, please provide the following demographic information:**

Age

Sex

This question requires an answer.

***2. What setting is your school considered to be in? (Participants may choose from the following list or indicate other)**

Rural

Urban

Suburban

Urban in a rural area

Other

This question requires that you choose a response

***3. What type of school do you work in?**

Public

Independent

Charter

Parochial

Pilot

Appendix F: ProQOL Scale

The Other Frontline Workers

7. ProQOL Survey

Thank you for your information. Please continue onto the next page where you will be administered the Profession Quality of Life Measurement. Remember, you may self-score by using the self score tool that is on the ProQOL website listed on the list of resources. This website will also be provided for you again at the end of the survey.

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Check out our [sample surveys](#) and create your own now!

The Other Frontline Workers

8. ProQOL Survey

***1. Compassion Satisfaction and Compassion Fatigue (ProQOL) Version 5 (2009)**

When you [teach/provide services for] people you have direct contact with their lives. As you may have found, your compassion for those you [teach/provide services for] can affect you in positive and negative ways. Below are some questions about your experiences, both positive and negative, as a [teacher/service provider]. 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.

I am happy

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

***2. I am preoccupied with more than one person I [teach/provide services to].**

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

***3. I get satisfaction from being able to [teach/provide services to] people.**

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

***4. I feel connected to others.**

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

***5. I jump or am startled by unexpected sounds.**

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

***6. I feel invigorated after working with those I [teach/provide services to].**

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

***7. I find it difficult to separate my personal life from my life as a [teacher/service provider].**

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

***8. I am not as productive at work because I am losing sleep over traumatic experiences of a person I [teach/provide services to].**

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

***9. I think that I might have been affected by the traumatic stress of those I [teach/provide services to].**

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

***10. I feel trapped by my job as a [teacher/service provider].**

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

***11. Because of my [helping], I have felt "on edge" about various things.**

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

*** 12. I like my work as a [teacher/service provider].**

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

*** 13. I feel depressed because of the traumatic experiences of the people I [teach/provide services to].**

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

*** 14. I feel as though I am experiencing the trauma of someone I have [helped].**

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

*** 15. I have beliefs that sustain me.**

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

*** 16. I am pleased with how I am able to keep up with [helping] techniques and protocols.**

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

*** 17. I am the person I always wanted to be.**

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

*** 18. My work makes me feel satisfied.**

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

*** 19. I feel worn out because of my work as a [teacher/service provider].**

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

*** 20. I have happy thoughts and feelings about those I [teach/provide services to] and how I could help them.**

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

***21. I feel overwhelmed because my case [work] load seems endless.**

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

***22. I believe I can make a difference through my work.**

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

***23. I avoid certain activities or situations because they remind me of frightening experiences of the people I [teach/provide services to].**

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

***24. I am proud of what I can do to [teach/provide services to].**

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

***25. As a result of my [helping], I have intrusive, frightening thoughts.**

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

***26. I feel "bogged down" by the system.**

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

***27. I have thoughts that I am a "success" as a [teacher/service provider].**

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

***28. I can't recall important parts of my work with trauma victims.**

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

***29. I am a very caring person.**

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

***30. I am happy that I chose to do this work.**

© B. Hudnall Stamm, 2009. Professional Quality of Life: Compassion Satisfaction and Fatigue Version 5 (ProQOL). /www. isu. edu/~bhstamm or www. proqol. org.
This test may be freely copied as long as (a) author is credited, (b) no changes are made, and (c) it is not sold.

This is the last question of the ProQOL Survey. Please feel free to score your responses if you so desire. You may do this by cut and pasting this link:http://www.proqol.org/ProQoI_Test.html into a new browser page and clicking on the self score link. This link is also on the resources page.

Thank you again for your participation! It is truly appreciated!

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

Prev

Done

Powered by **SurveyMonkey**
Check out our [sample surveys](#) and create your own now!

Appendix G: Human Subjects Review Approval Letter



School for Social Work
Smith College
Northampton, Massachusetts 01063
T (413) 585-7950 F (413) 585-7994

March 13, 2013

Katherine Plapinger

Dear Katherine,

Thank you for making all the requested changes to your Human Subjects Review application. Your project is now approved by the Human Subjects Review Committee.

Please note the following requirements:

Consent Forms: All subjects should be given a copy of the consent form.

Maintaining Data: You must retain all data and other documents for at least three (3) years past completion of the research activity.

In addition, these requirements may also be applicable:

Amendments: If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

Renewal: You are required to apply for renewal of approval every year for as long as the study is active.

Completion: You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Good luck with your project.

Sincerely,

A handwritten signature in cursive script that reads 'Marsha Kline Pruett' followed by a stylized initial 'MK'.

Marsha Kline Pruett, M.S., Ph.D., M.S.L.
Acting Chair, Human Subjects Review Committee

CC: Alexandra Starr, Research Advisor

