Compassion fatigue, burnout, and compassion satisfaction among Colorado child protection workers

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Abstract

\textbf{Objective:} The goal of this study was to understand better the risk of compassion fatigue (the trauma suffered by the helping professional) and burnout (emotional exhaustion, depersonalization, and reduced sense of personal accomplishment), and the potential for compassion satisfaction (the fulfillment from helping others and positive collegial relationships) among Colorado county child protection staff using the Compassion Satisfaction/Fatigue Self-Test [Figley, C. R., & Stamm, B. H. (1996). Psychometric review of Compassion Fatigue Self-Test. In B. H. Stamm (Ed.), \textit{Measurement of stress, trauma, and adaptation} (pp. 127–130). Lutherville, MD: Sidran Press]. An additional goal was to test the relationship of these three constructs to each other.

\textbf{Method:} A self-report instrument developed by Stamm and Figley was used to measure the risk of compassion fatigue and burnout and the potential for compassion satisfaction among 363 child protection staff participating in a secondary trauma training seminar.

\textbf{Results:} Participants were significantly more likely to have high risk of compassion fatigue, extremely low risk of burnout, and good potential for compassion satisfaction. Participants with high compassion satisfaction had lower levels of compassion fatigue ($p = .000$; mean = 35.73 high compassion satisfaction group, mean = 43.56 low group) and lower levels of burnout ($p = .000$; mean = 32.99 high compassion satisfaction group, mean = 41.69 low group).

\textbf{Conclusion:} Approximately 50% of Colorado county child protection staff suffered from “high” or “very high” levels of compassion fatigue. The risk of burnout was considerably lower. More than 70% of staff expressed a “high”

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or “good” potential for compassion satisfaction. We believe compassion satisfaction may help mitigate the effects of burnout.

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Introduction

Burnout of child protection front-line staff has been examined by a number of researchers (Daley, 1979; Fauri, 1978; Fryer, Miyoshi, & Thomas, 1989; Harrison, 1980; Jayartne & Chess, 1984). Burnout is problematic in that it leads to high turnover. The report from the Child Welfare Workforce Survey: State and county data and findings (Cyphers, 2001) revealed a 22% median annual turnover for child protection caseworkers in 43 states. This high turnover not only increases the costs of providing these services, but also destabilizes the agencies and prevents them from creating a high functioning and cohesive work force.

A great deal of time and money have been spent trying to understand and reduce burnout and turnover in child protective services (Cherniss, 1980; Fauri, 1978; Fryer, Poland, Bross, & Krugman, 1988; Fryer et al., 1989; Jayartne & Chess, 1984). However, little effort has been made to determine the prevalence of compassion fatigue among child protection workers (Meyers & Cornille, 2002) or to understand how compassion fatigue impacts child protection staff both professionally and personally (Anderson, 2000). Compassion fatigue or secondary traumatic stress, as it is also known, is a term developed by traumatologist Charles Figley to describe “the stress resulting from helping or wanting to help a traumatized or suffering person” (Figley, 1995, p. 7). It is important to note that while compassion fatigue is an element of burnout, it is different in that it can occur as the result of a single exposure to trauma.

Compassion satisfaction, another construct from the secondary traumatic stress literature, describes the positive benefits that individuals—caregivers, teachers, social workers, clergy—derive from working with traumatized or suffering persons (Stamm, 2002). We believe that compassion satisfaction may mitigate the adverse effects of burnout and compassion fatigue (Stamm, 2002). The goal of this study is to understand better the risk of secondary traumatic stress constructs, specifically the risk of compassion fatigue and burnout as well as the potential for compassion satisfaction, among Colorado child protection workers. An additional goal was to test the relationship between the level of compassion satisfaction with the level of compassion fatigue and the level of burnout.

Compassion fatigue

Compassion fatigue has become recognized as a condition afflicting police officers, hotline workers, emergency room nurses, and other mental health professionals who work with persons who have been traumatized (Figley, 1995). It has been noted that a clinician’s effectiveness in psychotherapy is strongly influenced by the degree to which the helper expresses authenticity, positive regard, and empathy toward the client (Truax, 1966). Unfortunately, the more empathic therapists are toward their clients, the more likely they are to internalize their client’s trauma. It could be argued that compassion fatigue is an inevitable outcome of working with traumatized children and families. Persons suffering from compassion fatigue have episodes of sadness and depression, sleeplessness, and general anxiety (Cerney, 1995). In some
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