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Compassion Fatigue and Educational Preparation Among Mississippi Child Welfare Workers

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Compassion Fatigue and Educational Preparation Among Mississippi Child Welfare Workers

by

Meredith McPhail

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Abstract

The prevalence of trauma among youth involved with the child welfare system affects not only these individuals but also child welfare service providers, namely social workers, who experience this trauma indirectly through interaction with the children. This exposure places service providers at risk for compassion fatigue, in which these workers themselves experience trauma symptoms or are less able to complete job tasks. It is especially important to address the issues of negative personal reactions among this population in order to best care for social service workers in Mississippi and identify strategies to effectively improve Mississippi's child welfare system. As such, the researcher investigated the following questions: "What is the prevalence and manifestation of compassion fatigue among child welfare workers in Mississippi?" and "How does educational preparation mitigate the occurrence of compassion fatigue among child welfare workers in Mississippi?" Thirty-eight part-time students in the MSW program at The University of Southern Mississippi currently employed by the Mississippi Department of Human Services were surveyed using the *Professional Quality of Life* scale. Ultimately, the participants did not report scores of burnout and secondary traumatic stress that reached or exceeded the national median, indicating low prevalence of symptoms and low risk for burnout and secondary traumatic stress. Moreover, educational preparation via curriculum, agency training, and supervisory support did not have a statistically significant relationship with rates of compassion fatigue, although higher levels of burnout correlated with lower levels of supervisory support.

Key Words: social work, compassion fatigue, burnout, secondary traumatic stress

Dedication

To the devoted men and women who spend their lives serving the underserved:

your commitment and sacrifices are not unnoticed.

Acknowledgements

I would first like to thank my adviser, Dr. Tim Rehner, for his guidance throughout this project. I never once felt out of place as an English major conducting research in the School of Social Work. Thank you for always making time in your busy schedule to counsel me and for constantly encouraging me. Truly, I could not have imagined a better adviser.

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List of Abbreviations

MDHS   Mississippi Department of Human Services

MSW   Masters in Social Work

ProQOL   *Professional Quality of Life IV*

SD   standard deviation

USM   The University of Southern Mississippi

Chapter I – Introduction

Almost 400,000 children in the United States were in foster care in 2012, according to the most recent data provided by the Children's Bureau of the Administration on Children, Youth and Families through the Child Welfare Information Gateway (2013). Intended to care for youth whose parents are unable or unfit to do so, the foster care system strives to prevent the abuse or abandonment of children in the United States. But, in spite of child welfare agency efforts and public awareness campaigns, children still often experience trauma before custody and during custody in the child welfare system. In fact, Salazar, Keller, Gowen, and Courtney (2012) found that a majority of surveyed youth in child welfare custody experienced at least one traumatic event in their lives, and approximately thirty percent experienced traumatic events at age 16 or after. Ultimately, children in foster care were twice as likely to be exposed to traumatic events than were youth without child welfare exposure (Salazar et al., 2012). The pervasiveness of traumatic life experiences among youth in foster care has a tremendous impact on the well-being of these youth and increases the burden on the child welfare system, and thus its workers, to alleviate this suffering.

The trauma experienced by children can also adversely affect child welfare service providers, namely social workers, who experience the trauma indirectly through interaction with child clients. The recurring trauma exposures place social workers at risk for negative personal reactions that can interfere with completing job tasks or result in their experiencing trauma symptoms themselves. Whereas social workers take deliberate steps to decrease the impact of trauma on children in custody, there is less general knowledge and fewer preventative or treatment measures to address negative personal

reactions among those responsible for service provision. This both impedes the ability of

social workers to meet job requirements effectively and also to cope with chronic

exposure to secondary trauma. As such, to address this issue, improvements in education,

prevention, and treatment of negative personal reactions among social workers should be

an increasing priority.

Mississippi, one of the poorest states in the nation, faces unique problems when

caring for youth in the child welfare system, including coping with these high levels of

trauma. In 2004, Children's Rights, a child advocacy law firm based in New York City,

filed a lawsuit against Mississippi Governor Haley Barbour on behalf of all children in

foster care in response to systematic neglect, mistreatment, and failure to protect foster

children. The lawsuit ended in a settlement, prompting some reform, but Mississippi has

struggled to meet the terms of this agreement. In early 2014, Mississippi was forced to

return to court because of continued failure to meet the expectations of the court

(Children's Rights, n.d.). Today, though improvements have been made, Mississippi still

has work to do on what *The New York Times* called its "beleaguered child welfare

system" (Palmer & Robertson, 2016). As a result of these failures, children in foster care

are at a continued risk of trauma.

The heightened risk to children in Mississippi also results in greater secondary

trauma exposure for social workers in Mississippi. This ultimately creates a cycle in

which trauma among children in custody begets trauma among social workers and trauma

among social workers begets trauma among children. Moreover, the intense and pressure-

driven reform efforts by Children's Rights and the Court have placed an addition burden

on child welfare professionals in Mississippi, putting these individuals under additional

stress. This only serves to compound the stress placed on child welfare workers, potentially compromising their job performance and personal well-being.

Though burnout and secondary traumatic stress (STS) are prevalent problems in the social work profession, their effects can be mitigated by certain preventative strategies. However, in order to implement these strategies, social workers should receive educational preparation to better cope with these known and expected negative symptoms related to burnout and secondary trauma. For example, training is necessary to educate workers about how to identify and respond to symptoms of burnout and secondary traumatic stress. Despite its potential positive impacts, Knight (2013) lamented a lack of adequate research regarding the potential of education to alleviate negative personal reactions. She went on to discuss the possible implications for both organizations and academic institutions, advocating for greater investment in preparation for negative personal outcomes (Knight, 2013). Because of the lack of significant research about and limited implementation of these preventative educational initiatives, it is important to explore education as a possible avenue for the mitigation of burnout and secondary traumatic stress.

Therefore, to combat secondary traumatic stress among child welfare social workers and continue Mississippi's progress toward an effective and successful child welfare system, this study aims to determine:

- *The prevalence of compassion fatigue among child welfare workers in Mississippi as well as*
- *How educational preparation, if provided, mitigates burnout and secondary traumatic stress*

Chapter II – Review of the Literature

Compassion Fatigue: Burnout and Secondary Traumatic Stress

Compassion fatigue, as defined by Stamm (2010), consists of two main components: burnout and secondary traumatic stress. Maslach (2003) operationalizes burnout in three major components: exhaustion, cynicism, and a sense of inefficacy. The three aspects of burnout are related to workplace environment: in particular, Maslach (2003) argues, "exhaustion and cynicism tend to emerge from the presence of work overload and social conflict, whereas a sense of inefficacy arises more clearly from a lack of resources to get the job done…" (p. 190). Symptoms of burnout include "apathy, feelings of hopelessness, rapid exhaustion, disillusionment, melancholy, forgetfulness, irritability, experiencing work as a heavy burden, an alienated, impersonal, uncaring and cynical attitude toward clients, a tendency to blame oneself coupled with a feeling of failure" (Pross, 2006, p. 1). Social workers and other service providers placed in stressful professional settings, such as child welfare, are especially at risk for this negative personal reaction (Salloum et al., 2014). Evidently, the manifestation of burnout among child welfare workers is likely disproportionately greater than it is among the general population, harming both individual social workers as well as the child welfare system as a whole.

Burnout has been shown to be especially prevalent in populations of workers who serve children. Specifically, Hamama (2012) surveyed 126 social workers who frequently worked with children to determine burnout levels. The researcher found that most participants exhibited moderate levels of burnout. In addition, Hamama found a negative correlation between burnout and age, as well as burnout and social work experience. The

negative relationship between burnout and social work experience could suggest the positive impact of experience in providing hands-on education regarding burnout and its prevention. Moreover, Han, Lee, and Lee (2012) conducted a study of incoming MSW students who had prior social work experience regarding burnout and its relationship to personal attributes. These researchers discovered that incoming MSW students generally also exhibited moderate burnout symptoms, and these symptoms largely correlated with the behavioral variables, including greater over-identification tendency, higher trait anxiety, and higher emotional contagion. Clearly, burnout is present among social work populations and, as such, should be examined more closely.

Though it carries different symptoms and implications, secondary traumatic stress (STS) can also manifest itself in service providers who work closely with traumatized populations. This includes medical staff, sexual assault counselors, psychiatric therapists, law enforcement officers, attorneys, social workers, and many more. For example, among internet crimes against children (ICAC) law enforcement individuals, Bourke and Craun (2014) classified fifteen percent of ICAC officers as suffering from severe secondary traumatic stress. Additionally, attorneys who served traumatized populations experienced disproportionate negative personal outcomes, including secondary traumatic stress as well as burnout (Levin et al., 2011). Clearly, this phenomenon affects a wide range of professionals who interact with traumatized clientele, transcending career divides and impacting the lives of many.

In an attempt to determine the prevalence of secondary traumatic stress among social workers, Bride (2007) surveyed approximately three hundred social workers in the southern United States. Over eighty percent of respondents reported that their clients

were either "moderately traumatized" or "severely or very severely traumatized," and over half reported that their work with clients "often" or "very often" addressed trauma. Ultimately, Bride discovered that a majority of social workers met at least one criteria of PTSD and approximately fifteen percent met all three PTSD diagnostic criteria. This indicated that secondary traumatic stress, including partial manifestation, was extremely prevalent among social workers. In addition, workers who primarily served child clients or were involved in the child welfare system were particularly susceptible to burnout and secondary traumatic stress, as children are a population especially vulnerable to trauma.

Examining both secondary traumatic stress and burnout among child welfare social workers, Sprang, Craig, and Clark (2011) surveyed social workers regarding negative personal reactions. The researchers asked demographic questions and used the *Professional Quality of Life IV* scale to determine compassion fatigue levels among the sample. Because the sample of this specific study was a subset of a larger population of general workers, the risk of burnout and secondary traumatic stress for child welfare social workers was compared to that of other professionals. Researchers found that participation in the child welfare profession was a strong predictor of burnout and secondary traumatic stress in comparison with other professions. In addition, the authors recommended that agency supervisors take steps to cope with this phenomenon and prevent negative personal reactions among social workers who serve children.

Additional Risk Factors

Both prior traumatic experiences of the service providers themselves and specific job stressors surrounding trauma exposure can increase the likelihood of experiencing negative personal reactions. Nelson-Gardell and Harris (2003) concluded that prior

trauma, especially abuse or neglect experienced as a child correlated with greater

secondary traumatic stress among social workers serving younger clients. In addition,

according to Salloum et al. (2014), when child welfare workers were already at risk of

secondary traumatic stress, additional job pressure compounded the preexisting risk of

secondary traumatic stress. This is particularly relevant here, given the disproportionate

risk of traumatic experiences among foster care children and the particularly unfortunate

state of child welfare in Mississippi.

Mitigating Factors

      Self-care.

      In an attempt to mitigate the effects of burnout and secondary traumatic stress,

many researchers have investigated potential prevention methods. Salloum, Kondrat,

Johnco, and Olson (2014) found that greater self-care increased compassion satisfaction

and decreased burnout. However, increased self-care did not noticeably affect levels of

secondary traumatic stress, suggesting that preventative measures may not be impactful

enough to wholly combat secondary traumatic stress. Potential self-care measures found

to be significant by Salloum et al. (2014) included intra-agency support initiatives, such

as managing workloads and providing support, and personal practices, such as having

realistic expectations and maintaining a healthy balance of work and personal life. Each

of these methods of prevention and self-care were conceptually simple and would be

practical to implement in order to protect social workers and therefore better care for

child welfare-involved youth. While self-care has been proven at least partially effective

in mitigating burnout and secondary traumatic stress, social work practitioners cannot

implement targeted self-care preventative techniques unless they have been made aware

of these measures.

Educational preparation.

The importance of education in preventing burnout and secondary traumatic stress among a wide range of helping professionals has been substantiated by various studies. For example, Flarity, Gentry, and Mesnikoff (2013) found that an educational intervention produced a statistically significant reduction in burnout and secondary traumatic stress among emergency nurses, as well as an increase in compassion satisfaction. Specifically, they achieved a 34% reduction in burnout levels, a 10% improvement in compassion satisfaction, and a 19% reduction in STS levels. Although these data were collected immediately after the educational training, possibly ignoring the longevity of effect, the findings certainly suggested that education was a promising avenue for prevention of burnout and secondary traumatic stress.

Successful educational programs have also been implemented by institutions of higher education. Bussey (2008) found that a focused trauma certification program at the University of Denver specifically designed to train social work students experienced some success. Specifically, MSW students who completed the training program reported an overall increased ability to cope with clients' trauma and their negative personal reactions (Bussey 2008). However, Newell and Nelson-Gardell (2014) explained that training regarding self-care, specifically aimed at preventing negative personal reactions such as burnout and secondary traumatic stress, was not a requirement in the social work curriculum, despite the positive impact this training could have.

Chapter III – Methods

Definitions

Knight (2010) argued, "It is increasingly recognized that helping professionals are likely to be traumatized as a result of their work with challenging clients" (p. 31). In developing knowledge concerning these negative effects experienced by social work practitioners and other helping professionals, various concepts have arisen to explain the trauma helping professionals experience as a result of serving clients that have themselves experienced horrific traumatic events. The negative personal reactions of caregivers, in this case social workers, have been operationalized into measurable variables. For this study, the widely used and validated *Professional Quality of Life* Scale *(ProQOL)* operationalized negative personal reactions with three subscales: compassion satisfaction and compassion fatigue, which was defined operationally as burnout and secondary traumatic stress (Stamm, 2010). The *Professional Quality of Life* Scale operationalized negative personal reactions as follows:

- Compassion satisfaction – the positive feelings that result from effective job performance.
- Compassion fatigue – the negative reactions associated with job requirements and is made up of two main reactions: burnout and secondary traumatic stress.
  - Burnout – "associated with feelings of hopelessness and difficulties in dealing with work or in doing your job effectively."
  - Secondary Traumatic Stress (STS) – "work-related, secondary exposure to people who have experienced extremely or traumatically stressful events. The negative effects of STS may include fear, sleep difficulties, intrusive

images, or avoiding reminders of the person's traumatic experiences"; the

symptoms of trauma are experienced by the service provider through

interaction with the initially traumatized individuals.

Sampling Criteria

The sample was comprised of 38 graduate students from the University of

Southern Mississippi School of Social Work pursuing a Masters in Social Work.

Specifically, the sampling criteria was defined as MSW students employed by MDHS

who were presently serving children and families.

Procedure

With professors' permission, the researcher attended classes to distribute surveys

and recruit participants. The survey was completely voluntary, and as such, non-

participation had no effect on course grades. After the researcher read the informed

consent statement, students who opted to participate in the study were eligible to win a

raffle prize. The survey focused only on social workers working in child welfare. The

participants were given approximately 15 minutes in class to complete the surveys. The

surveys included questions about demographics and educational preparation for negative

personal outcomes, as well as the scales to measure negative personal outcomes (burnout

and secondary traumatic stress). The confidentiality of each participants' responses were

maintained, as the survey did not include any specific identifying information.

Instruments and Variables

Demographic variables included information regarding age, race, gender, and

prior work experience. Additionally, questions were asked regarding educational

background and educational preparation for negative personal responses to secondary

trauma exposure.

The *Professional Quality of Life Scale (ProQOL)* was used to measure compassion satisfaction and the two components of compassion fatigue, burnout and secondary traumatic stress. The *ProQOL* scale, developed by B. Hudnall Stamm and last updated in 2009, consisted of thirty questions, to which participants ranked how many times they experienced a symptom in the last thirty days. Symptoms ranged from positive feelings that result from professional service to an inability to stop thinking about clients outside of work hours. The respondents indicated the frequency of symptoms using a Likert-type response set that ranged from 1 (never) to 5 (very often). For example, one of the symptoms listed on the *ProQOL* scale read, "I feel worn out because of my work as a [*helper*]." Each participant would respond with "1" if they never experienced this symptom in the last thirty days, a "2" if they experienced it rarely, "3" for sometimes, "4" for often, and "5" for very often. The *ProQOL* scale was then scored by first reverse scoring some items (Items 1, 4, 15, 17 and 29) and then summing the items for each subscale (compassion satisfaction, burnout, and secondary traumatic stress) in order to create a total subscale score. The full instrument was provided in the Appendix.

Chapter IV – Findings

Sample

The sample included 38 females with ages ranging from 23 to 56. It was comprised of 13 Caucasian females (approximately 34%), 24 African-American females (approximately 63%), and 1 female who self-identified as "Other" (approximately 3%). The subjects came from a wide variety of undergraduate educational backgrounds,

including social work, psychology, education and child development, biology, nursing, and sociology. Social work was the most prevalent undergraduate major among the participants at 63.2% (24 participants). All subjects were enrolled in USM's part-time MSW program for at least 1 semester. Approximately 40 percent (16 subjects, 42.1%) had been enrolled for one semester, and one third had been enrolled for 4 semesters (14 subjects, 36.8%). The remaining had been enrolled for 7 semesters (7 subjects, 18.4%). One subject did not report how many semesters she had been in the part-time MSW program, but all were recruited from the part-time MSW classes. All participants were employed by the Mississippi Department of Human Services, and the length of their tenure with MDHS varied from 1 year to 23 years. Over three-fourths, 76.3%, had been employed by MDHS for 5 or fewer years, and only 3 participants (approximately 7.9%) had been employed by MDHS for more than 8 years. The majority of respondents (26 individuals, 68.4%) worked for MDHS as family protection workers or family protection specialists, while 7 subjects (18.4%) served as area social work supervisors.

Compassion Fatigue

According to Stamm (2010), the national average of both burnout and secondary traumatic stress, as measured in the *ProQOL* scale, is 50, with the top quartile at 56. The participants' burnout scores ranged from 16 to 38, with a mean score of 24.79 (SD = 5.32). This indicates that the sample population was not mired in hopelessness and feelings of inefficiency. Similarly, no participants reported secondary traumatic stress at or above the national median: the secondary traumatic stress scores ranged from 14 to 39, with an average score of 25.92 (SD = 5.27). Evidently, the rate of compassion fatigue among this population of part-time MSW students and MDHS workers, as screened by

the *ProQOL* scale, is below the national average.

Though no participant exhibited rates of burnout at or above the national median, there were statistically significant differences between the burnout scores of African-American and Caucasian participants. The Caucasian participants exhibited a higher median score of burnout (27.92) than their African-American counterparts. This indicated that the Caucasian participants felt more hopeless and less able to effectively fulfill their job requirements than African-American participants.

Additionally, there was a significant statistical relationship between participants' scores of compassion satisfaction, which measured positive feelings about effective job performance, and the number of semesters completed in the MSW program. Using the Least Significant Difference post hoc comparison, it became clear that the 14 individuals who had completed 4 semesters had lower scores of compassion satisfaction ($\overline{x}$ = 39.29; SD = 4.06) than did those who had been in the program for one semester ($\overline{x}$ = 42.10) or for 7 semesters ($\overline{x}$ = 43.14). As such, the subjects with only 1 semester or with 7 semesters experienced greater compassion satisfaction than their peers with 4 semesters.

Educational Preparation

The questions regarding educational preparation, Items 39 through 41, had responses that were measured on a Likert scale, with 1 representing "not at all prepared," 2 as "slightly prepared," 3 as "moderately prepared," 4 as "adequately prepared," and 5 as "very prepared." The questions asked about respondents' perceived preparation by undergraduate and graduate curriculums, agency training, and agency supervisory support and reinforcement of training.

Item 39 asked, "How well did your collegiate and/or graduate curriculum prepare

you to deal with compassion fatigue (burnout and/or secondary traumatic stress)?" Table

1 shows that 4 participants (10.5%) believed they had not been at all prepared by their

collegiate and/or graduate curriculum, 6 (15.8%) felt slightly prepared, 11 (28.9%) felt

moderately prepared, 11 (28.9%) felt adequately prepared, and 6 (15.8%) felt "very

prepared.

Table 1

Item 39: Preparation by Collegiate and Graduate Curriculum

	Frequency	Percent
Not at all prepared	4	10.5
Slightly prepared	6	15.8
Moderately prepared	11	28.9
Adequately prepared	11	28.9
Very prepared	6	15.8

Item 40 asked, "How well did agency training prepare you to deal with

compassion fatigue (burnout and/or secondary traumatic stress)?" In response to this

question, 5 participants (13.2%) felt they had not been prepared at all, 8 (21.1%) felt

slightly prepared, 18 (47.4%) felt moderately prepared, 5 (13.2%) felt adequately

prepared, and 2 (5.3%) felt very prepared. The responses to Item 40 were included in

Table 2.

Table 2

Item 40: Preparation by Agency Training

	Frequency	Percent
Not at all prepared	5	13.2
Slightly prepared	8	21.1
Moderately prepared	18	47.4
Adequately prepared	5	13.2
Very prepared	2	5.3

The next question, Item 41, asked, "How well did agency supervisors' support and reinforcement after the agency training prepare you to deal with compassion fatigue (burnout and/or secondary traumatic stress)?" Seven participants (18.4%) indicated that they felt not at all prepared, while 10 (26.3%) felt slightly prepared, 12 (31.6%) felt moderately prepared, 8 (21.1%) felt adequately prepared, and 1 (2.6%) felt very prepared. The results of Item 41 are included in Table 3.

Table 3

Item 41: Preparation by Perceived Agency Supervisory Support and Reinforcement

	Frequency	Percent
Not at all prepared	7	18.4
Slightly prepared	10	26.3
Moderately prepared	12	31.6
Adequately prepared	8	21.1
Very prepared	1	2.6

Although it was not statistically significant, there was a negative correlation between levels of burnout and Item 41, in which participants were asked about supervisors' support. In other words, generally, the higher the burnout score, the less

perceived support had been provided by the agency supervisor. However, it is important to note that none of the participants, even those who did not feel supported by their agency supervisors, reached the national median for burnout scores.

Moreover, there was also a significant relationship between compassion satisfaction scores and Item 39, which asked, "How well did your curriculum prepare you to deal with compassion fatigue?" Utilizing the Least Significant Difference post hoc comparison, the researcher found that the subjects who reported they were not at all prepared felt greater compassion satisfaction than those subjects who felt moderately prepared, while those who felt very prepared also reported higher scores of compassion satisfaction than those who felt moderately prepared.

Chapter V – Discussion

Compassion Fatigue

No individual participant reported scores of burnout or secondary traumatic stress that reached the national median or came close to the top quartile. In fact, all of the burnout and secondary traumatic stress scores were well within the bottom 25% of national scores. This indicates that the participants, part-time MSW students at USM, were not experiencing significant or prevalent symptoms of burnout and secondary traumatic stress. These results differ somewhat from the findings of Hamama (2012), Han, Lee, and Lee (2012), and Bride (2007), who reported higher rates of compassion fatigue among child welfare workers. However, this population is a subset of the child welfare worker population that may exhibit different characteristics than the broader group, and they were part of an MSW cohort in which they may have found support and

camaraderie. The subjects in this study have chosen to pursue higher education in social work, indicating that they planned to continue in their careers as social workers. This could indicate that these individuals did not experience the exhaustion, cynicism, and a sense of inefficacy that Maslach (2003) identified with burnout or the negative outcomes of secondary traumatic stress. Moreover, a large majority of the participants had been with MDHS for 5 or fewer years. Although Hamama (2012) found negative correlations between burnout and age and between burnout and social work experience, it is possible that the participants had not been with MDHS long enough to develop symptoms of compassion fatigue. Ultimately, the prevalence of compassion fatigue among this population of child welfare workers was below the national average.

Racial disparity in burnout rates.

The racial disparity found in the burnout scores between Caucasian and African-American subjects may be related to a disparity in the mitigating factors, discussed in Chapter 2, between the two groups. The mitigating factors discussed include self-care and educational preparation. As such, the difference in burnout scores may relate to a disparity in self-care practices or another factor. These results merit further investigation into this phenomenon, which could help to develop tools and strategies for preventing compassion fatigue.

Compassion satisfaction.

The researcher's findings regarding compassion satisfaction indicated that those students who entered into their MSW program and those students who were close to exiting the program had higher scores of compassion satisfaction than those who were in the middle of their coursework. This finding could suggest that the stress of MSW classes

along with job stress takes a toll on students in the middle of their coursework but is alleviated once graduation nears. Additionally, the researcher's findings suggest that those students who felt very prepared by their curriculum (Item 39) also had higher scores of compassion satisfaction than their peers who only felt moderately prepared. This reinforces the need for continual improvement of educational preparation for future and current child welfare workers.

Educational Preparation

Regarding educational preparation, there was no statistically significant relationship between the preparation provided by curriculum, agency training, or supervisory support. Despite the lack of a direct and statistically significant relationship, though, the results of Items 39-41, the educational preparation questions, indicated a few interesting findings. First, as shown in Figure 1, a significant minority, almost 45%, of the participants felt not at all prepared or slightly prepared by their agency supervisors' support and reinforcement of agency training.

Figure 1

Item 41: Preparation by Perceived Agency Supervisory Support and Reinforcement
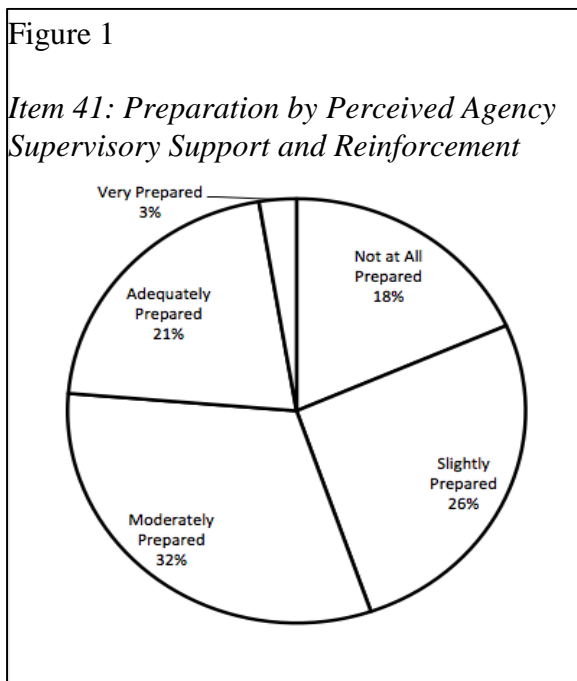
Clearly, improvements can be made in supervisor-employee communication and support regarding compassion fatigue. As discussed in Chapter 2, Sprang, Craig, and Clark (2011) advised agency supervisors to take steps to mitigate negative personal reactions among child welfare workers, and these findings reinforce that recommendation. In fact, the negative correlation between burnout scores and agency supervisors' support and reinforcement of agency training suggest that this is an integral component of protection from compassion fatigue and, as such, should be developed.

Additionally, although the results for Items 39 and 40, the other educational preparation items, did not indicate responses as strong as those indicated in Item 41, they still merit further discussion. Table 1, containing the results of Item 39, reveals that 26.3% of subjects felt not at all prepared or slightly prepared by their undergraduate or graduate curriculum, 28.9% felt moderately prepared, and 44.7% felt adequately or very prepared. Overall, participants felt most prepared by their collegiate or graduate curriculum, but there was still a significant number of subjects who did not feel sufficiently prepared. In addition, as shown in Table 2, only 18.5% of participants felt adequately prepared or very prepared by agency training, while 47.4% felt moderately prepared, and 34.2% felt not at all or slightly prepared. Evidently, a significant number of social workers felt insufficiently prepared by agency training. As previously mentioned, these child welfare workers were actively seeking higher education in their chosen field, and even these motivated individuals feel unprepared. This reveals a disparity between ideal preparation and the preparation that they had received up to that point.

Chapter VI – Conclusions

Ultimately, this research found that the rates of compassion fatigue among child welfare workers who were part-time MSW students at USM employed by MDHS were well below the national average. While this is certainly a positive finding, the research also revealed the perceived inadequacy of educational preparation, including formal curriculum, agency training, and especially agency supervisor support and reinforcement. This elucidates an area in which social workers and policymakers can collaborate to improve communication and preparation in order to decrease the potential for negative personal reactions such as compassion fatigue.

Limitations

A limitation of this research was its relatively small sample size. More participants, especially MDHS employees not enrolled in a graduate program, could provide a more accurate understanding of the prevalence of compassion fatigue among child welfare workers. Moreover, while this study's sample population provided a reliable view of compassion fatigue and educational preparation of part-time MSW students employed by MDHS, this population may have reported different characteristics than would have the general population of child welfare workers. For example, as discussed earlier, the individuals pursuing further education were likely more motivated to continue a career in social work. This could indicate lower levels of compassion fatigue, particularly burnout, than the general child welfare worker population. As such, including social workers who were not currently pursuing higher education could provide more generalizable findings of the prevalence of compassion fatigue among all Mississippi child welfare workers. Additionally, a greater focus on compassion

satisfaction alongside compassion fatigue would have the potential benefit of providing a more holistic glimpse of the experience of child welfare workers.

Future Research

There are clear avenues for future research regarding compassion fatigue among child welfare workers. First, incorporating a larger and more diverse sample population would provide more insight into the reality of child welfare workers in Mississippi. Moreover, while it is important to begin by understanding the prevalence of compassion fatigue and compassion satisfaction and while the *ProQOL* scale was a useful screening tool, it would also be beneficial to delve deeper into the specific origin of these negative reactions. This applies to the educational preparation portion as well, and further research into the specific inadequacies of existing preparation would lay the foundation for concrete improvement in the child welfare system in Mississippi and across the nation.

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APPENDICES

Appendix A: IRB Approval Letter

THE UNIVERSITY OF
SOUTHERN MISSISSIPPI.

INSTITUTIONAL REVIEW BOARD
118 College Drive #5147 | Hattiesburg, MS 39406-0001
Phone: 601.266.5997 | Fax: 601.266.4377 | www.usm.edu/research/institutional.review.board

NOTICE OF COMMITTEE ACTION

The project has been reviewed by The University of Southern Mississippi Institutional Review Board in accordance with Federal Drug Administration regulations (21 CFR 26, 111), Department of Health and Human Services (45 CFR Part 46), and university guidelines to ensure adherence to the following criteria:

- The risks to subjects are minimized.
- The risks to subjects are reasonable in relation to the anticipated benefits.
- The selection of subjects is equitable.
- Informed consent is adequate and appropriately documented.
- Where appropriate, the research plan makes adequate provisions for monitoring the data collected to ensure the safety of the subjects.
- Where appropriate, there are adequate provisions to protect the privacy of subjects and to maintain the confidentiality of all data.
- Appropriate additional safeguards have been included to protect vulnerable subjects.
- Any unanticipated, serious, or continuing problems encountered regarding risks to subjects must be reported immediately, but not later than 10 days following the event. This should be reported to the IRB Office via the "Adverse Effect Report Form".
- If approved, the maximum period of approval is limited to twelve months.
  Projects that exceed this period must submit an application for renewal or continuation.

PROTOCOL NUMBER: 15100101
PROJECT TITLE: Compassion Fatigue and Educational Preparation among Mississippi Child Welfare Workers
PROJECT TYPE: New Project
RESEARCHER(S): Meredith McPhail
COLLEGE/DIVISION: College of Health
DEPARTMENT: Social Work
FUNDING AGENCY/SPONSOR: Eagle SPUR
IRB COMMITTEE ACTION: Exempt Review Approval
PERIOD OF APPROVAL: 10/01/2015 to 09/30/2016
Lawrence A. Hosman, Ph.D.
Institutional Review Board

Appendix B: Statement of Informed Consent

Statement of Informed Consent

Thank you all and, of course, Dr. _____ for allowing me to come speak with you today. My name is Meredith McPhail, and I am a senior Honors student studying human rights. I am here today to ask those of you who are employed by MDHS to help me by participating as subjects in my Honors thesis. The study entails a fairly short (one-page, front and back) survey that asks questions about your experiences with social work. As social workers within MDHS, your job involves working with high-risk and often highly traumatized populations. Specifically, I am interested in learning about rates of compassion fatigue and the role of educational preparation in mitigating this negative personal reaction among Mississippi child welfare workers. I hope that, by better understanding these issues, we can learn how to best equip social workers with the tools to protect themselves from negative reactions while helping some of the most vulnerable among us.

All data will be completely confidential. The surveys will be securely kept in the School of Social Work, and digital data will be protected with a password. No individualized or identifiable data will be made available to anyone other than the researchers. Grouped or aggregated data may be shared in presentations or written reports. Participation in this study is entirely voluntary – I will pass out all of the surveys, and if you choose not to participate, simply leave the form blank, and I will collect it with all of the others. Each one of you is eligible to enter into a drawing for a $100 Walmart gift card after I collect all of the surveys.

Does anyone have any questions?

Appendix C: Survey

Demographic Information

Please answer the following demographic questions to the best of your ability.

1. Age (at last birthday): _____   **2. Sex:** M   F

3. Race: White non-Hispanic   African American   Hispanic   Other: _____

4. What was your undergraduate major? _____

5. How many years have you worked for MDHS? _____

6. What region do you work in? _____

7. What is your position within Mississippi Department of Human Services? _____

8. How many semesters have you been in the MSW program? _____

Compassion Fatigue

When you help people, you have direct contact with their lives. As you may have found, your compassion for those you help can affect you in positive and negative ways. Below are some questions about your experiences, both positive and negative, as a social worker. 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*.

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

9. _____	I am happy.
10. _____	I am preoccupied with more than one person I help.
11. _____	I get satisfaction from being able to help people.
12. _____	I feel connected to others.
13. _____	I jump or am startled by unexpected sounds.
14. _____	I feel invigorated after working with those I help.
15. _____	I find it difficult to separate my personal life from my life as a social worker.
16. _____	I am not as productive at work because I am losing sleep over traumatic experiences of a person I help.
17. _____	I think that I might have been affected by the traumatic stress of those I help.
18. _____	I feel trapped by my job as a social worker.
19. _____	Because of my work helping others, I have felt "on edge" about various things.
20. _____	I like my work as a social worker.
21. _____	I feel depressed because of the traumatic experiences of the people I help.
22. _____	I feel as though I am experiencing the trauma of someone I have helped.
23. _____	I have beliefs that sustain me.
24. _____	I am pleased with how I am able to keep up with social work techniques and protocols.

25. _____   I am the person I always wanted to be.
26. _____   My work makes me feel satisfied.
27. _____   I feel worn out because of my work as a social worker.
28. _____   I have happy thoughts and feelings about those I help and how I could help them.
29. _____   I feel overwhelmed because my caseload seems endless.
30. _____   I believe I can make a difference through my work.
31. _____   I avoid certain activities or situations because they remind me of frightening experiences of the people I help.
32. _____   I am proud of what I can do to help.
33. _____   As a result of my helping, I have intrusive, frightening thoughts.
34. _____   I feel "bogged down" by the system.
35. _____   I have thoughts that I am a "success" as a social worker.
36. _____   I can't recall important parts of my work with trauma victims.
37. _____   I am a very caring person.
38. _____   I am happy that I chose to do this work.

Educational Information

We are interested in the effectiveness of your education (in the classroom or the agency's training unit) in preparing you for the difficulties associated with your job as a social worker. Please answer the following questions about preparation you have received in your job or at school for negative reactions such as compassion fatigue, burnout, and/or secondary traumatic stress.

39. How well did your collegiate and/or graduate curriculum prepare you to deal with compassion fatigue (burnout and/or secondary traumatic stress)? (*1=not at all prepared; 2=slightly prepared; 3=moderately prepared; 4=adequately prepared; 5=very prepared*)

              1   2   3   4   5

40. How well did agency training prepare you to deal with compassion fatigue (burnout and/or secondary traumatic stress)?

              1   2   3   4   5

41. How well did agency supervisors' support and reinforcement after this agency training prepare you to deal with compassion fatigue (burnout and/or secondary traumatic stress)?

        !
              1   2   3   4   5
!
!