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*"A Vital Christian Presence in Social Work"*

**QUALITY OF LIFE AND COMPASSION  
SATISFACTION/FATIGUE AND BURNOUT IN CHILD WELFARE  
WORKERS: A STUDY OF THE CHILD WELFARE WORKERS IN  
COMMUNITY BASED CARE ORGANIZATIONS IN CENTRAL  
FLORIDA**

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Given the high rate of turnover in child welfare settings, the costs associated with training and the effect that turnover has upon the quality of services for children, it is important to identify issues that contribute to turnover as well as retention. This presentation briefly reviews prior studies in this area and presents the findings of a study conducted among child welfare workers in Central Florida that identified levels of compassion satisfaction, compassion fatigue/vicarious trauma, and burnout among workers, and workers' suggestions regarding ways to reduce stress.

*Compassion satisfaction* refers to the satisfaction derived from being able to help other people. *Compassion fatigue/vicarious trauma* refer to worked related, secondary exposure to extremely stressful events. Symptoms are usually rapid in onset. They can include trauma symptoms such as being afraid, difficulty sleeping, images of the event popping into your mind, avoiding things that remind you of the event. *Burnout* is associated with feelings of hopelessness, emotional exhaustion, difficulty in dealing with work on in doing your work effectively, a sense that your efforts make no difference. The onset is typically gradual.

**Previous studies:**

Burnout has been identified as decreasing the retention among child welfare workers (Crolley-Simic & Ellett, 2003; Ellett, Ellett & Rugutt, 2003; Zlotnik, DePanfilis, Daining & Lane, 2005). Emotional exhaustion and role overload/conflict and stress are important contributors to burnout (Zlotnik, DePanfilis, Daining & Lane, 2005). Organization factors can contribute in terms of the absence or presence of adequate supervision, reasonable workload, co worker support, opportunities for advancement, salaries, an organizational climate that supports workers (Schulz, Greenley & Brown, 1995; Zlotnik, DePanfilis, Daining & Lane, 2005). Organizational in this context can refer to the agency as a whole as well as specific offices. Lack of job clarity can contribute to decreased work satisfaction and higher levels of burnout (Schulz, Greenley & Brown, 1995).. The longer an individual remains within an agency, the clearer the individual can be regarding one's responsibilities and one's relationships to others both within the organization and within the community.

Compassion fatigue/vicarious trauma/secondary traumatic stress has been increasingly identified as a risk for professionals working with individuals who have experienced trauma. The lives of clients in child welfare system are frequented marked by violence and other forms of trauma. Repeated exposure to the violence experienced by clients can create a shift in counselor's perceptions of the world and themselves and increases their sense of their own vulnerability. It can disrupt the counselor's sense of safety, trust, sense of self esteem, sense of control, and relationships with significant others (Trippany, White Kress & Wilcoxon, 2004). The increased risk for vicarious trauma has been identified in studies conducted with sexual abuse and family violence counselors (Evertt, 1997); Iliffe & Steed, 2000; Perropn & Hiltz, 2006), counselors of trauma survivors (Adams, Boscarino & Figley, 2006; Schalow, 1999; Juam. 2004; Creamer & Liddle, 2005; ); child welfare workers (Regehr, Hemsworth, Leslie, Howe, Chau, 2004; ,Conrad & Kellar-Guenther, 2006; Jankowski, 2003; Horwitz, 2006); and health professionals (Abendroth & Flannery, 2006). Both direct client contact and supervision of workers with contact with victims of trauma places individuals at risk for vicarious trauma (Horwitz, 2006). Younger age was associated with higher levels of vicarious trauma (Baird & Jenkins, 2003) but there was no significant difference related to years of experience (Horwitz, 2006). A history of personal trauma increased the risk of secondary trauma (Adams, Boscarino & Figley, 2006).

Compassion satisfaction has been found to be positively associated with reduced levels of compassion fatigue and burnout. Compassion satisfaction can result in part from viewing one's job as a calling, believing that the individual was meant to do this work (Conrad & Kellar-Guenther, 2006).

## Study

***Purpose of the study:*** Given the high rates of turnover in the child welfare field and the previously identified roles of compassion satisfaction, compassion fatigue/secondary trauma, and burnout, a study was conducted to identify the levels of these issues with child welfare workers in Central Florida, an area with important needs and that has experienced a major change in service delivery from public auspices to contracts with nonprofit organizations. The study also explored how demographic variables of age, gender, education, length in the field and in the agency, and the nature of the position were associated with different levels on these dimensions. The study also sought to discover the methods that child welfare workers were using to handle their stress and to learn their suggestions for the organization to reduce the stress of workers

### ***Methodology***

***Instrument:*** An anonymous survey was distributed to staff members in three organizations providing child welfare services under subcontract arrangements within the community based care system of services. Staff members were asked to complete the surveys and return them in an envelope that contained only the identification of the branch office. The survey instrument and procedure were approved by the University of Central Florida Institutional Review Board as well as the administration of the organizations involved. The survey included the Professional Quality of Life Survey(ProQOL) designed by Dr. Beth Hudnall Stamm of the Institute of Rural Health of Idaho State University (2005), information about participants' ways of addressing stress and suggestions for the agency to reduce worker stress, and demographic information.

The Professional Quality of Life Survey is a 30 item scale divided into three equal sections: Compassion Satisfaction, Compassion Fatigue/Secondary trauma, and Burnout. The manual of the ProQOL Manual defines compassion satisfaction as “the pleasure you derive from being able to do your work well” Higher scores reflect higher levels of compassion satisfaction. The average score among professional helpers is 37 (SD 7) with an alpha score reliability of .87). Compassion fatigue/secondary trauma relates to “work-related, secondary exposure to extremely stressful events” This can mean repeatedly hearing about the trauma life events of others. “The symptoms of CF/STS are usually rapid in onset and associated with a particular event. They might include being afraid, having difficult sleeping, having images of the upsetting event pop into your mind, or avoiding things that remind you of the event.” Higher scores reflect a greater degree of compassion fatigue. The average score among helpers is 13 (SD 6) with an alpha scale reliability of .80. Burnout is “associated with feelings of hopelessness and difficulty in dealing with work or in doing your job effectively. These negative feelings usually have a gradual onset. They can reflect the feeling that your efforts make no difference, or they can be associated with a very high workload or an unsupportive work environment.” Higher scores on burnout mean people are at higher risk for burnout. The average score on this dimension is 22 (SD 6) with an alpha scale reliability of .72. These three scales are separate and the items are scored accordingly. Prior research has demonstrated that these scores distinct entities with very low shared variance between Compassion Satisfaction and Burnout (5%) and Compassion fatigue/Trauma (2%) . The shared variance between Compassion fatigue and Burnout is higher (21%) but the scales are different. The scale was originally designed for therapists but has been used with a wide

range of professionals who have theoretically been exposed to another's potentially traumatizing materials as a result of paid or volunteer work, especially health workers, child/family workers, and school personnel.

Demographic information included age, gender, education (general degree and specialized course work in child welfare --child abuse, and children's services), length of time in the agency, length of time in the field, professional identity, current position in the agency. Participants also completed an open ended question regarding what they do to address their work related stress and their suggestions for the agency. The information regarding the latter two questions was later categorized by the researchers.

*Data analysis:* Data were analyzed by descriptive and inferential statistics. The t test was used to examine gender differences. Compassion satisfaction, compassion fatigue, and burnout were compared with length of time in the agency and in the field using the correlation coefficient. Compassion satisfaction and fatigue and burnout were also analyzed using the correlation coefficient. Because prior examination of the data revealed the age differences were primarily between the younger workers and the older workers, the anova was used examine statistical significance between age groups.

*Description of participants:* Participants included 182 child welfare workers with a variety of work assignments. They tended to be female (N= 136, 79.5%) (Males, N=28, 16.4). They also tended to be young: N=68, 40.1% were between 18-29 years with another N=54, 32% between 30-39 years compared with 28% age 40 and older. Men and women were similar in age.

Many of the respondents were relatively new to the field of child welfare (18.5% one year or less, 34.5% within two years, or 45.8% within three years). As a reflection of

the major recent changes that have taken place within the state child welfare system, respondents tended to be relatively recently employed by the agency (39.5% within a year, 77.2% within two years, and 73.8% within three years, and 92.2% within four years).

The main professional positions of the respondents included:

- Case manager, N=46 (29.5%)—responsible for assessing the needs of clients, referring clients to service, and monitoring services. Salaries are relatively low.
- Dependency case manager, N=55 (35.3%)—responsible for the child in terms of removal, placement, and adoption, also serves as the child’s legal guardian after removal and monitors the child’s return to the home. Salaries are higher than case managers but stress is anticipated to be higher.
- Supervisor N=22 (14.1%)—supervises the case managers.
- Lead dependency case manager N=6, (3.8%)—Carries a major case load and serves as the go-between between the supervisor and the other staff members
- Permanency/adoption specialist N=6, (3.8%).—responsible for the adoption process.

Educational preparation included: High School N=5 (2.9%), BA (many majors) N=85 (46.7%); BSW N=30 (16.5%); MSW N=24 (13.2%); Masters in mental health counseling, N=5 (2.7%); Masters or doctoral degree in psychology, N=9 (4.9%), and other graduate degrees N=12 (6.6%). Both BA’s and BSW’s were especially likely to be employed as dependency case managers and case managers: BA’s --dependency case managers (N=38, 47.5%), case managers (N=22, 27.5%), supervisors (N=7, 8.8%), and permanency/adoption specialist (N=5, 6.3%). BSW: dependency case managers (N=12,

42.9%) and case managers (N=11, 39.3%). MSW's were especially likely to be employed as case managers (N=6, 30%) and supervisors (N=6, 30% ).

In terms the educational background for the major positions:

Dependency case managers: BA 69.1%, BSW 21.8%, and MSW 3.6%:

Lead dependency case manager: BA 66.7%, 33.3%,

Case manager: BA 48.9%, BSW 24.4%, and MSW 13.3%

Supervisor: BA 31.8%, BSW 9.1%, and MSW 27.3%

***Findings:***

*Compassion Satisfaction:* As indicated on Table 1. Respondents scored very similarly to average for other studies: 37.05, SD 7.1 with little difference between the three organizations (A. 36.82, SD 7.6; B. 36.96, SD. 6.5, and C =38.61, SD 6.4) A more varied profile emerged when scores were analyzed in terms of the branch offices of these programs, from 34.3 (SD 7.1) to 41.04 (SD 3.6).

Gender differences emerged in terms of women (37.23, SD 7.38) reporting slightly higher levels of satisfaction than males (35.39, SD 6.02), but these differences were not statistically significant. Younger respondents (18-29) reported lower levels of compassion satisfaction (36.3, SD 7.35) than did the older respondents (ages 30-39-- 37.65, SD 7.01; 40-49--38.60, SD 6.5; 50 over --38.18, SD 8) but this difference did not reach the p .05 level (F=2.6, P .10)

Length of time in the agency was not associated with any significant differences. While the comparison regarding length of time in the field did not reach the p .05 level, it did reach a level (p .09) that would suggest further study.

In terms of the positions characterizing most of the respondents, dependency case managers reported the lowest level of compassion satisfaction (34.9 SD 6.8) with other positions reporting higher levels: case managers (37.1, SD 6.8), supervisors (37.3, SD 7.1), lead dependency cases managers (40.5, SD 4.4) and permanency adoption specialists (43, SD 3.4).

*Burnout.* As indicated on Table 1, respondents in the three agencies also scored quite similarly to the average of other studies (average of 23.1) with variation in terms of the branch offices with a range from 19.1 to 27.3.

Gender differences also emerged. Females (23.82, SD 6) more likely to report scores that placed them at risk for burnout than males (20.1, SD 5.5) ( $t = p. 01$ ). Burnout also varied by age, and again younger workers (18-29—24.9, SD 6.3) (30-39—22.7, SD 6.5; 40-49—21.4, SD 7.4; 50 and older—20.41, SD 5.1) were more likely to report higher burnout scores ( $F=3.4, p=.01$ ). Length of time in the agency and the field were not associated with any differences.

In terms of position, dependency case managers were at highest risk, reporting higher levels of burnout (25.5, SD 7) followed by lead dependency case manager (24.17, SD 7.4) and case manager (24.2, SD 7.4). Other positions were lower: supervisor (23.8, SD 6.8), case managers (23.1, SD 6), and permanency/adoption specialist (21, SD 4.4). The small number of individuals in the other positions reported levels ranging from 21 (head family case manager) to 14.5 (licensing specialist).

*Compassion fatigue/Secondary trauma.* As indicated in Table 1, respondents generally scored somewhat higher than the average on compassion fatigue (15.2, SD 8.3) with difference among the branch offices, gender, and age. Females (15.7) were more likely

to report compassion fatigue than males (12.4)  $t = p .05$ . The pattern of higher scores in terms of compassion fatigue and younger workers (18-29—17.68, SD 8.3) was quite strong with similar scores among individuals age 30 and over (30-39—13.81, SD 8.1; 40-49—13.8, SD 8.7; and 50 and older—13 SD 6.5) ( $f = 3.3, p < .05$ ).

Length of time in the agency was not associated with any trends here. Length of time in the field almost reached the  $p .05$  level ( $p .08$ ) with longer length of time associated with lower levels of compassion fatigue.

In terms of positions, persons with some supervisory responsibilities reported higher levels of compassion fatigue: lead dependency cases managers reported the highest levels of compassion fatigue (18.7) with considerable range here (SD 11.7), followed by supervisor (17.5, SD 9.9), dependency case manager (17.3, SD 6.3), case manager, (15.1, SD 6.3), and permanency/adoption specialist, (11.22, SD 3.4). These scores contrast with other positions in which the scores were typically in the 11.50 area.

While scores vary considerably in terms of the branches, those branches with the highest scores on burnout and compassion fatigue also have the highest percentage of younger workers. Information about more subtle issues related to climate within the branches is not available.

*Compassion satisfaction and compassion fatigue and burnout:* Similar to prior studies, higher levels of compassion satisfaction were correlated with both lower levels of compassion fatigue (secondary trauma) (Pearson Correlation,  $-.635, p < .01$ ) and burnout (Pearson Correlation  $-.680, p < .01$ ). This association continued to be significant even when controlling for age ( $-.287, p < .01$ ) and length of time working in the field ( $-.284, p < .01$ ), and the agency ( $-.290, p < .01$ ). At the same time women were slightly higher on

their scores on compassion satisfaction and yet higher on burnout and compassion fatigue.

*Education:* Educational comparisons are problematic because of age differences and job responsibilities associated with varying levels of satisfaction, secondary trauma, and burnout. While BA and BSW are similar in the 18-29 age group (BA- 44.7, BSW 43) , more of the BA's belong to the 40 and older age groups. As indicated previously, BA's and BSW were primarily employed as case managers and dependency case managers while MSW's were especially likely to be employed as case managers and supervisors.

The scores on compassion satisfaction of BSW and BA's are quite similar: BSW--36.5 and BA--36.8 with MSW's higher at 39.38. MSW's have higher rates of compassion satisfaction but they are also less likely to work as dependency cases managers who have the lowest rates of compassion satisfaction. It is impossible to determine how much either education or position contribute.

In terms of burnout, BSW graduates are higher (25.7, SD 6.8) than either BA (23.9, SD 6.5) or MSW (22.33, SD 6.4). Both BSW and BA's are extensively involved as dependency case managers—the position with the highest levels of burnout

Scores on compassion fatigue reveal that BSW graduates are somewhat higher on compassion fatigue (17.9) compared with 16.3 for BA and 15.4 for MSW.

*Ways of dealing with stress:* Respondents described the following personal strategies for dealing with their stress at work:

Exercising and walking (32%)

Taking a break from the office/leaving early (32%)

Spending time with their families (29%)

Engaging in hobbies (20%).

Respondents suggested the following ways that their organizations could reduce the stress of the workers. These primarily revolve around workload and organizational support.

Workload:

Reduce case loads (N=40, 22%)

Implement less red tape (N=25, 212.1%0

Increase staff (N=20, 11%).

Organizational support:

Increase support from the administration (N=38, 20.9)

Offer incentives (N=21, 11.5%)

*Discussion and Implications:* Although the scores of respondents in general did not place them in the high risk categories for burnout and compassion fatigue, groups of individuals were at heightened risk and thus can be at greater risk for leaving child welfare or being less effective in their work responsibilities. These include women, younger workers, and individuals with key responsibilities with vulnerable young children who have already have experienced major trauma and disruptions in their lives—the dependency case managers, and the lead dependency case managers. : Since lead dependency case managers frequently also carry a case load as well as being responsible for other staff members, they occupy a doubly vulnerable position. Given the combined vulnerability of the population served (children who have been abused or seriously neglected and either already removed from their homes or at serious risk for being so) and the staff members involved, this is a group with requiring special attention.

With many young women entering the field and assuming these responsibilities, this is a particularly vulnerable group of individual whose needs need to be addressed. As in other studies, secondary trauma is not limited to workers with direct contact with traumatized individuals but is also experienced by persons with supervisory responsibilities of these staff members. Thus the individuals who are responsible for giving support to workers also need to find ways to address their own vulnerability to secondary trauma.

The suggestions of the workers reflect those of other studies—the need for workloads that are manageable and administrative support. Personal coping strategies include exercise and time with families along with taking a break from the office and leaving early. The latter coping strategies can potentially decrease the time allocated to essential responsibilities.

The increased vulnerability of young women to burnout and compassion fatigue is especially important to address because many of the individuals currently entering the child welfare setting are young women. This group is a valuable resource at risk for leaving the child welfare field. Given the personal and organizational investment in educating BSW students, it can be important to include ways to identify and address this type of stress within the curriculum.

Compassion satisfaction was linked in this study and others with decreased burnout and compassion fatigue. As a result, it is important to help staff members recognize ways in which their efforts are making a contribution to the people that they serve—despite the ongoing hardships present. The concept of vocation as a calling has also been linked with compassion satisfaction. This concept has been cited in the

Christian social work literature but is also part of larger traditions. The challenge is to support staff members in this sense of calling while at the same time acknowledging the risk of vicarious trauma and giving staff members permission to acknowledge and seek support to address this distress.

*Limitations and Need for future research:* This study was limited to self report information within one area of the state of Florida. No information was obtained from the respondents in terms of their actual plans for remaining in their positions and scores on these measures have not proven reliable in terms of predictors of retention. Further information regarding the organizational climate and other factors within the branch offices would be useful to identify factors other than demographic that contribute to decreased distress of workers. Given the important role of compassion satisfaction, further understanding regarding ways to support this is important.

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| Table 1                                      |
| Compassion Scores by Agency, Gender, and Age |

|   | Main            | Branch office   | Gender   | Age groups        |              |
|---|-----------------|-----------------|----------|-------------------|--------------|
| Compassion Satisfaction                 | A 36.8 SD 7.6   | 1 34.3 SD 7.1   | F 37.2   | 18-29 35.3 SD 7.4 |              |
|   | B. 36.96 SD 6.5 | 2. 41.0 SD 7.1  | SD 7.47. | 30-39 37.7 SD 7.0 |              |
|   |                 | 3. 34.2 SD10.6  |          |                   |              |
|   | C. 38.6 SD 6.4  | 4 37.78 SD 8.4  | M 35.4   | 40-49 38.6 SD 6.5 |              |
|   |                 | 5 34.4 SD 7.1   | SD 6.0   | 50-- 38.2 SD 8.1  |              |
|   |                 | 6 34.38 SD 6.9  |          |                   |              |
|   |                 | 7 37.43 SD 3.1  |          |                   |              |
| Compassion fatigue/<br>Secondary trauma | A. 23.8 SD 6.8  | 1. 13.8 SD 6.9  | F 15.7   | 18-29 17.7 SD 8.3 |              |
|   | B. 21.8 SD 5.5  | 2. 12.4 SD 5.3  | SD 8.5   | 30-39 13.8 SD 8.2 |              |
|   |                 | 3. 22.8 SD 11.8 |          |                   |              |
|   | C. 22.2 SD 7.1  | 4. 22.7 SD 6.1  | M 12.4   | 40-49 13.8 SD 8.8 |              |
|   |                 | 5. 27.3 SD 7.3  |          | SD 7.2            | 50—13 SD 6.5 |
|   |                 | 6. 22.2 SD 5.8  |          |                   |              |
|   |                 | 7. 19.1 SD 5.8  |          |                   |              |
| Burnout                                 |                 | 1. 23.4 SD 7.2  |          |                   |              |
|   | A 23.9 SD 6.8   | 2 20.9 SD 4.3   | F. 23.8  | 18-29 24.9 SD 6.3 |              |
|   | B 21.9 SD 5.5   | 3 26.7 SD 8.7   | SD 15.6  | 30-39 22.7 SD 6.5 |              |
|   |                 | 4. 22.7 SD 6.1  |          |                   |              |
|   | C 22.2 SD 7.1   | 5. 19.3 SD 10.7 | M.20.1   | 40-49 21.4 SD 7.5 |              |
|   |                 | 6 13.6 SD 6.4   | SD 5.5   | 50— 20.4 SD5.1    |              |
|   |                 | 7 10.3 SD 7.3   |          |                   |              |



@article{Conrad2006CompassionFB, title={Compassion fatigue, burnout, and compassion satisfaction among Colorado child protection workers.}, author={D. Conrad and Y. Kellar-Guenther}, journal={Child abuse & neglect}, year={2006}, volume={30 10}, pages={. 1071-80 } }. D. Conrad, Y. Kellar-Guenther. Published 2006. Psychology, Medicine. Child abuse & neglect. animal welfare workers, public librarians, health unit coordinators,[11] and Student Affairs professionals.[12] Non-professionals, such as family members and other informal caregivers of people who have a chronic illness, may also experience compassion fatigue.[3] The term was first coined in 1992 by Carla Joinson to describe the negative impact hospital nurses were experiencing as a result of their repeated, daily. exposure to patient emergencies.[1].Â Studies of training of compassion practices among health care provides has demonstrated positive effects compared to empathy practices which do not improve provider functioning.[24].Â Measures of compassion fatigue include the ProQOL (or Professional Quality of Life... Whilst compassion fatigue and satisfaction have been studied in many health and social care professions there are few studies within residential childcare (Pinchover et al., 2015; Seti, 2008; Zerach, 2013), and the relatively new concept of work engagement has not been studied in residential childcare. This study aims to address the gap by measuring compassion fatigue, compassion satisfaction and work engagement in residential childcare staff, examining the relationship between these variables in line with the following hypotheses: Â· Hypothesis 1: Work engagement is negatively correlated with ...Â The Professional Quality of Life (ProQOL-5, Stamm, 2010) was used to measure compassion fatigue and compassion satisfaction.