

**SOCIAL WORK STUDENTS, SELF-CARE, COMPASSION FATIGUE,  
AND BURNOUT**

---

A Thesis  
Presented to the  
Faculty of  
San Diego State University

---

In Partial Fulfillment  
of the Requirements for the Degree  
Master  
of  
Social Work

---

by  
Teresa Megan Banko  
Spring 2013

**SAN DIEGO STATE UNIVERSITY**

The Undersigned Faculty Committee Approves the

Thesis of Teresa Megan Banko:

Social Work Students, Self-Care, Compassion Fatigue, and Burnout



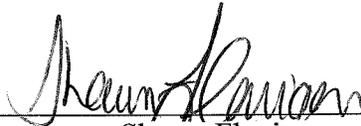
---

Daniel Finnegan, Chair  
School of Social Work



---

David Engstrom  
School of Social Work



---

Shawn Flanigan  
School of Public Affairs

December 20<sup>th</sup>, 2012  
Approval Date

Copyright © 2013  
by  
Teresa Megan Banko  
All Rights Reserved

## **DEDICATION**

This thesis is dedicated to Pedro Manuel and Isabel Bustamante Barragan, my beloved (grand)parents who taught me the value of education.

In dealing with those who are undergoing great suffering, if you feel "burnout" setting in, if you feel demoralized and exhausted, it is best, for the sake of everyone, to withdraw and restore yourself. The point is to have a long-term perspective.

--Dalai Lama

## **ABSTRACT OF THE THESIS**

Social Work Students, Self-Care, Compassion Fatigue, and  
Burnout

by

Teresa Megan Banko

Master of Social Work

San Diego State University, 2013

This thesis examined the impact of self-care, compassion fatigue and burnout on social work students, measured their prevalence and effects, identified their predictors, and attempted to identify more complete methods of addressing them. This was achieved through the use of the Self-Care Assessment, the Professional Quality of Life-IV (ProQOL-IV) survey, and the Maslach Burnout Inventory Human Services Survey (MBI-HSS). A total of seven research questions were examined statistically, to include: the most common methods of self-care employed, the overall levels of compassion fatigue, the overall levels of burnout, student demographic variables' prediction of the subscales of the ProQOL-IV, student demographic variables' prediction of the subscales of the MBI-HSS, the Self-Care Assessment subscales' prediction of the subscales of the ProQOL-IV, and the Self-Care Assessment subscales' prediction of the MBI-HSS for social work students in field internship placements. Questionnaires were sent out electronically, with a response rate of 39 students in field internship practicum placements. The results indicated that students most often attend to keeping their workplace and professional lives in order while placing less emphasis on their psychological and emotional needs. Additionally, students struggled for balance between their work and personal lives, with personal achievement proving to be tied to grade point average. Results also indicated that overall, students are happy with their work in the helping profession; yet also experienced burnout. Striving to achieve a high grade point average proved to negatively impact student compassion satisfaction, as did student social work program. Discussion included suggestions for the building of student strengths and resilience through programming, curriculum, and resources in order to help students to develop a more complete understanding of themselves as social work practitioners in order to promote long-term health and career longevity.

## TABLE OF CONTENTS

	PAGE
ABSTRACT .....	vi
LIST OF TABLES .....	ix
LIST OF FIGURES .....	x
ACKNOWLEDGEMENTS .....	xi
CHAPTER	
1 INTRODUCTION .....	1
Statement of the Problem.....	1
Purpose of the Study .....	2
Theoretical Bases and Organization .....	3
Self-Care .....	3
Compassion Fatigue.....	5
Burnout .....	7
Limitations of the Study.....	7
Definition of Terms.....	7
2 REVIEW OF THE LITERATURE .....	9
Self-Care .....	9
Compassion Fatigue.....	10
Burnout .....	11
3 METHODS .....	14
Design of the Investigation .....	14
Respondent Demographics .....	15
Treatment .....	17
Self-Care Assessment .....	17
ProQOL-IV .....	18
MBI-HSS .....	19
Data Analysis Procedures .....	19
4 RESULTS .....	20
Research Question 1 .....	20

Research Question 2 .....	22
Research Question 3 .....	23
Research Question 4 .....	25
Research Question 5 .....	27
Research Question 6 .....	29
Research Question 7 .....	30
5 DISCUSSION AND RECOMMENDATIONS.....	33
REFERENCES .....	36

## LIST OF TABLES

	PAGE
Table 1. Participants' Social Work Program .....	15
Table 2. Participants' Semesters at SDSU .....	16
Table 3. Participants' Hours Worked Per Week .....	16
Table 4. Participants' Reported GPA.....	16
Table 5. Self Care Assessment Subscale Reliability .....	18
Table 6. ProQOL-IV Subscale Reliability .....	19
Table 7. MBI-HSS Subscale Reliability .....	19
Table 8. Rank Order Means for Self-Care .....	21
Table 9. Means for ProQOL-IV .....	23
Table 10. Means for MBI-HSS .....	24
Table 11. Regression Coefficients for CS.....	25
Table 12. Regression Coefficients for BO.....	26
Table 13. Regression Coefficients for EE.....	27
Table 14. Regression Coefficients for DP .....	28
Table 15. Regression Coefficients for PA .....	28
Table 16. Self-Care Regression Coefficients for CS .....	29
Table 17. Self-Care Regression Coefficients for BO.....	29
Table 18. Self-Care Regression Coefficients for STS .....	30
Table 19. Self-Care Regression Coefficients for EE .....	31
Table 20. Self-Care Regression Coefficients for PS.....	32

## LIST OF FIGURES

	PAGE
Figure 1. Theory of Self-Care model.....	4
Figure 2. Stress process framework model. ....	6

## **ACKNOWLEDGEMENTS**

I would like to extend my deepest appreciation for the members of my thesis committee for their guidance and patience. I would also like to thank my husband, Brian, for his love and support. Finally, I would like to express my appreciation to Dr. Elizabeth Pearman for her assistance.

## **CHAPTER 1**

### **INTRODUCTION**

Self-care, compassion fatigue, and burnout have been topics of increased consideration within the field of social work and institutions of social work education. This is because social work is a field that often concerns close work with traumatized clients in high-stress environments. It also sometimes entails work in organizationally stressful environments. An understanding of the signs and consequences of compassion fatigue and burnout, and knowledge of and adherence to appropriate methods of self-care are essential for overall wellbeing and continued professional competence. Social work students entering the field of social work have an imperative to care for themselves in the pursuit of caring for others in order to become and remain effective practitioners, ensure their own physical, spiritual and emotional health, and to ensure career longevity. In studying the impact of self-care, compassion fatigue and burnout on social work students, measuring their prevalence and effects, and identifying their predictors it is possible to identify more complete methods of addressing them. Chapter 1 describes the statement of the problem, the purpose of the study, and lays out the theoretical bases and organization of the study.

### **STATEMENT OF THE PROBLEM**

The study aimed to measure the most frequently reported self-care methods via the use of the Self-Care Assessment, and overall student levels of compassion fatigue and burnout via the use of the Professional Quality of Life Scale (ProQOL-IV) and MBI Human Services Survey (MBI-HSS) of social work students in field internship practicum placements (Maslach & Jackson, 1996; Saakvitne & Pearlman, 1996; Stamm, 2009). Using the demographic factors of social work students in bachelor's and master's level field internship practicum placements at San Diego State University, it also identified predictors of the subscales of the Professional Quality of Life Scale (ProQOL-IV) and MBI Human Services Survey (MBI-HSS) (Maslach & Jackson, 1996; Stamm, 2009). Additionally, the research tested the Self-Care Assessment subscales for predictors of the subscales of the MBI-HSS

and the ProQOL-IV (Maslach & Jackson, 1996; Saakvitne & Pearlman, 1996; Stamm, 2009).

A total of seven research questions were explored. These were:

- RQ1: What are the most common methods of self-care employed by social work students in field internship practicum placements?
- RQ2: What are the overall reported levels of compassion fatigue among social work students in field internship practicum placements?
- RQ3: What are the overall reported levels of burnout among social work students in field internship practicum placements?
- RQ4: Do the demographic factors of gender, ethnic group, social work program, age, coursework concentration, number of years in school, hours worked per week, grade point average and plans for after graduation predict the subscales of the ProQOL-IV for a group of social work students in field internship practicum placements?
- RQ5: Do the demographic factors of gender, ethnic group, social work program, age, coursework concentration, number of years in school, hours worked per week, grade point average and plans for after graduation predict the subscales of the MBI-HSS for a group of social work students in field internship practicum placements?
- RQ6: Do the Self-Care Assessment subscales of physical, psychological, emotional, spiritual, relationship, workplace, and overall balance predict the subscales of the ProQOL-IV for a group of social work students in field internship practicum placements?
- RQ7: Do the Self-Care Assessment subscales of physical, psychological, emotional, spiritual, relationship, workplace, and overall balance predict the subscales of the MBI-HSS for a group of social work students in field internship practicum placements?

### **PURPOSE OF THE STUDY**

The research bears significance to the field of social work because it seeks to identify methods and impacts of self-care, and predictors of compassion fatigue and burnout on social work students who will soon be entering the field of social work as practitioners. Findings may have implications for institutions of social work education in regards to helping support reported methods of social work students' self-care and through illuminating measures that institutions might take to alleviate compassion fatigue and burnout. Self-care, compassion fatigue, and burnout are relatively understudied from the standpoint of social work students in field internship practicum placements. However, these students' functioning after graduation is essential to the health of the field of Social Work and merits increased attention.

## **THEORETICAL BASES AND ORGANIZATION**

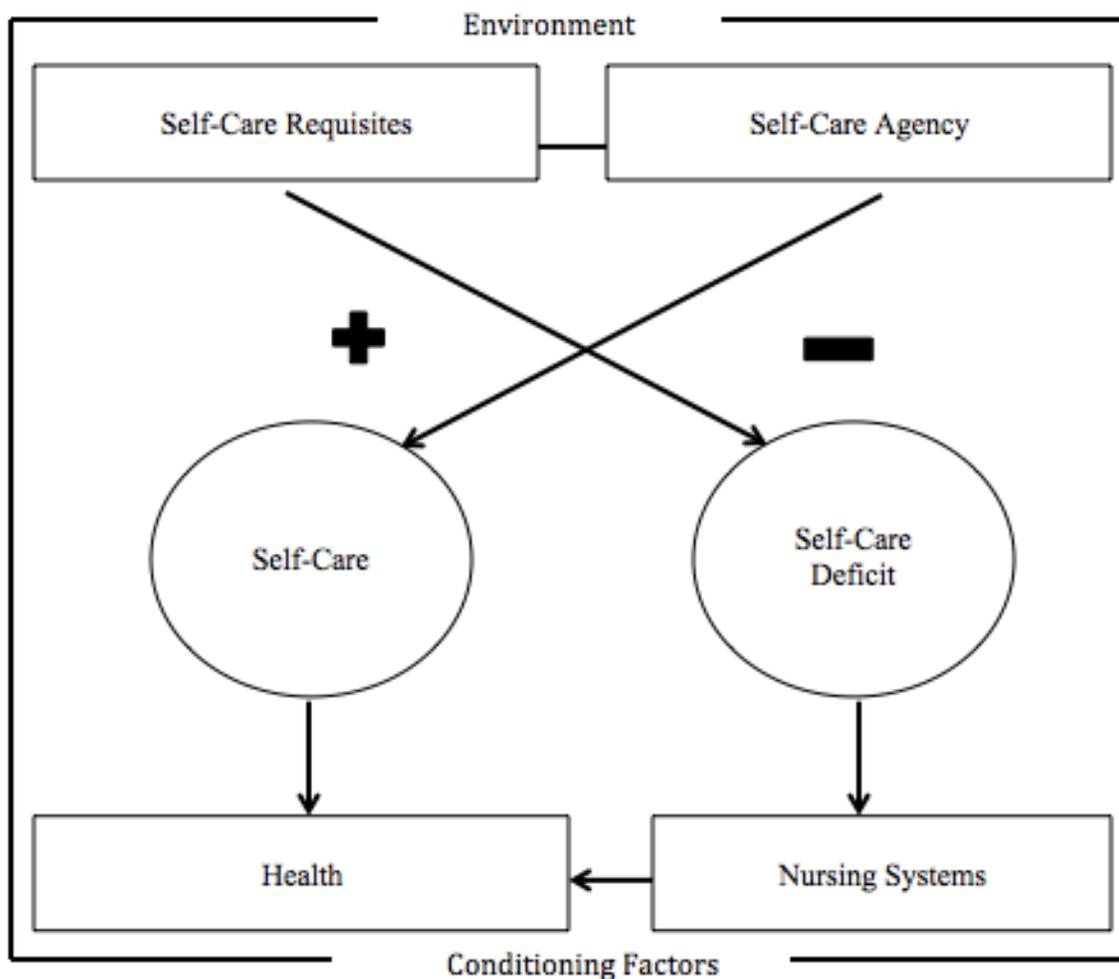
In order to acquire theoretical lenses through which to view self-care, compassion fatigue, and burnout; it is important to first examine the theoretical bases behind each. This section begins by illuminating the theories surround self-care, compassion fatigue, and burnout; and ends with the limitations of this study and a definition of the terms used throughout this research.

### **Self-Care**

Self-Care theory was pioneered by nurse Dorothea Orem in the 1950's (Renpenning & Taylor, 2003). Orem found that, "self-care is the personal care individuals require each day to regulate their own functioning and development" (Orem, 2001). Her theory concerns a focus on nursing as a helping profession that seeks to provide tools appropriate to client self-care. When considering that any helping professional (social workers included) can also move into the role of client, this theory is applicable to self-care with respect to social workers' personal lives.

The theory of self-care is comprised of three conceptual elements. They are self-care, self-care requisites, and self-care agency (Denyes, Orem, & SozWiss, 2001). A theoretical model is pictured in Figure 1. Self-care requires that a person be attuned to the physical, mental, and emotional functions that are essential for their own optimal life functioning and attend to these needs deliberately (Denyes et al., 2001). Identifying and employing mechanisms to address self-care needs results in, "deliberately produced care systems of therapeutic quality," that "regulate human functioning and human development within norms" (Denyes et al., 2001). Self-care is considered an evolving process that stretches from birth to death and evolves as a person's needs change across the life cycle (Allison, 2007; Orem, 2001).

These needs can also be called self-care requisites (Orem, 2001). They are "essential or desired input[s] to an individual or the individual's environment in order to maintain or optimize human functioning" (Orem, 1978). Self-care requisites may be either considered essential enduring and vital during all stages of the life cycle, or situation-specific and contingent on immediate internal or external conditions (Orem, 2001). Essential enduring self-care requisites are life sustaining and developmentally crucial items, for example the



**Figure 1. Theory of Self-Care model. Source: Orem, D. E. (2001). *Nursing: Concepts of practice (6th ed.)*. St. Louis, MO: Mosby.**

need to feed oneself, rest, and the developmental ability to learn (Denyes et al., 2001). Situation-specific requisites are those that arise either expectedly or unexpectedly, such as illness, injury, or developmental disorders to which a person must adapt (Denyes et al., 2001).

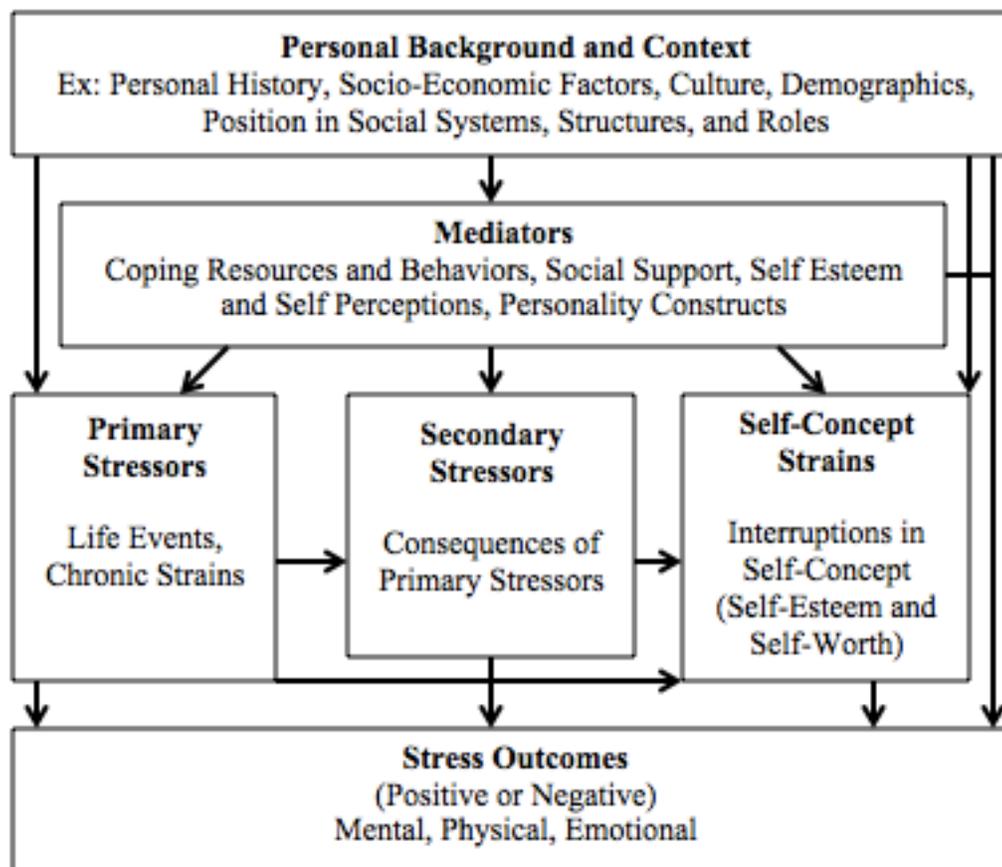
In order to fulfill self-care requisites, a person must possess what is known as self-care agency (Orem, 2001). Self-care agency is a person's self-perceived and acknowledged ability to give self-care. This includes awareness of the requisite, the operational power to act on a specific requisite, and mental and physical capabilities, orientations, and dispositions that either positively or negatively affect outcomes (Orem, 2001). It is through activation of self-care agency and the deliberate performance of self-care actions that a person may ultimately achieve well-being, or, "a perceived condition of personal existence including

persons' experiences of contentment, pleasure, and kinds of happiness, as well as spiritual experiences, movement to fulfill one's self-ideal, and continuing personal development" (Orem, 2001). In some cases, self-care may seem or become impossible due to actual or perceived self-care limitations (Orem, 1978). It is when a person finds difficulty in caring for themselves that a deficit is that may require professional intervention such as nursing or social work (Orem, 2001).

### **Compassion Fatigue**

A stressor is a, "demand, situation or circumstance that disrupts a person's equilibrium and initiates the stress response of increased autonomic arousal" (Lloyd, King, & Chenoweth, 2002, p. 256). Adverse psychological outcomes such as compassion fatigue due to stressors may be increased for those who work in the caring professions, such as social work (Figley, 2002b). In addition, stressors may also cause "emotional and physiological reactions" (Lloyd et al., 2002, p. 256). Known as "the cost of caring," compassion fatigue has also been described interchangeably in research and literature through the terms secondary traumatic stress and vicarious trauma (Figley, 1995; Stamm, 2010). Compassion fatigue is considered a component of burnout that occurs when levels of exhaustion, frustration, anger, depression, and secondary traumatic stress are elevated (Stamm, 2010).

Compassion fatigue can best be viewed through the stress process framework model presented in Figure 2 (Pearlin, 1989), consisting of focus on both the psychological and physiological stress in social service practitioners' lives (Adams et al., 2006; Boscarino, 2004; Figley, 1995; Harr & Moore, 2011; Thoits, 1995). This stress process framework is comprised of the elements of stressors, stress mediators, and stress outcomes (Pearlin, Menaghan, Lieberman, & Mullan, 1981). Stressors begin as conscious or unconscious experiences or circumstances that become difficult, precarious, or menacing (Pearlin, 1989; Pearlin et al., 1981). These experiences or circumstances may be external and environmentally or organizationally endemic. In turn, they may also be internal and spurred biologically or psychologically (Pearlin et al., 1981; Thoits, 1995). Stressors are delineated into two main areas, those caused by life events and those caused by chronic strains (Pearlin, 1989).



**Figure 2. Stress process framework model. Source: Pearlin, L. I. (1989). The sociological study of stress. *Journal of Health and Social Behavior*, 30(3), 241-256.**

Life-event stressors are experiences that may be expected or unexpected and require sudden adjustment and change (Pearlin, 1989). Chronic strains are problems and threats that are of a long lasting duration (Pearlin, 1989). Life-event stressors and chronic strains are not mutually exclusive, and have the potential to build upon each other and cause adverse cognitive shifts such as diminished self-concept and decreased feelings of mastery in the stressed person (Pearlin et al., 1981). However, stressors do not always lead to adverse outcomes (Pearlin, 1989; Pearlin et al., 1981). The intensity of stress, duration, and final stress outcomes largely depend on mediating resources such as social supports and coping mechanisms (Pearlin, 1989; Pearlin et al., 1981). Inadequate mediating resources contribute to maladaptive stress outcomes, increasing the likelihood of negative physical and psychological results (Pearlin, 1989).

## **Burnout**

The concept of burnout appeared in the mid-1970's, although its recognition as a valid psychological phenomenon and its effects as an occupational hazard did not occur until many years and much empirical research later (Maslach, 1993). Early research conducted by psychologist Herbert Freudenberger (1974) gave rise to the use of the term "burnout" to describe the diminished emotional functioning, mental exhaustion, and an eventual loss of concentration and effort that are hallmarks of burnout syndrome (Lambie, 2006; Maslach, 1993; Soderfeldt, Soderfeldt, & Warg, 1995). Initially, burnout was considered taboo in the human services fields. It was a social problem discussed quietly among professionals (Maslach & Schaufeli, 1993). Social psychologist Christina Maslach's subsequent work has largely been recognized as foremost in the field of burnout. From her research, a multidimensional perspective of burnout that considers both the work environment and individual factors emerged (Maslach, 1993; Soderfeldt et al., 1995).

Specifically, the multidimensional perspective views burnout's effects on the three areas of (a) emotional exhaustion, (b) depersonalization toward others, and (c) the practitioner's feelings of personal accomplishment (Maslach, Jackson, & Leiter, 1996). Emotional exhaustion can be most accurately described as a feeling of emotional depletion that results from the exchange between the helping professional and their clientele (Maslach, 1982). Constant interaction with those who are experiencing emotional traumas and other issues can be difficult and demanding for a social work practitioner (Maslach, 1993), as can difficult workplace environments (Schaufeli & Enzmann, 1998).

### **LIMITATIONS OF THE STUDY**

The sample was convenience based, studying only the BSW and MSW social work student population currently completing field internships at San Diego State University. As such, the sample size was small at 39. Self-reporting bias was also possible due to the personal nature of the material being researched.

### **DEFINITION OF TERMS**

Self-care is defined as self-nurturing methods that affirm and protect social workers as they undertake the care of others (Saakvitne & Pearlman, 1996). Charles Figley (1995),

elaborates by describing self-care as a social worker's tools and strategies that address the physical, psychological, professional, interpersonal, and spiritual needs of the practitioner (p. 3). Further, Dorothea Orem's Theory of Self-Care conceptualizes self-care as a deliberately performed result-seeking human regulatory function (Denyes et al., 2001).

Compassion fatigue is also known by the terms "secondary victimization, secondary traumatic stress, and vicarious traumatization" (Figley, 2002b). For the purposes of this study, it will be referred to exclusively as compassion fatigue (CF). Compassion fatigue is a state in which those in the helping professions are, "affected by the trauma of another" (Figley, 2002a). This includes mental, physical, and emotional disturbances caused by working closely with traumatized clients.

Maslach et al. (1996) define burnout as a "syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment that can occur among individuals who work with people in some capacity" (p.4). Burnout is characterized by feelings of emotional exhaustion (EE) indicative of the inability to continue to give of oneself psychologically, the development of depersonalization (DP) indicative of negative and cynical attitudes and feelings about clients, and reduced personal accomplishment (PA) indicative of negative self-evaluation with respect to client work (Maslach et al., 1996).

In conclusion, self-care is the manner in which a person addresses their individual needs in order to provide for optimal life functioning compassion fatigue is a trauma syndrome that can impair personal and professional functioning affecting the capacity and ability of the practitioner to perform work with clients and perhaps resulting in effects upon the practitioner's personal life; and burnout is a syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment that impairs the practitioner's ability to perform client work (Denyes et al., 2001; Figley, 1995; 2002b; Maslach et. al., 1996; Saakvitne & Pearlman, 1996). These definitions will serve as a basis of understanding the areas of self-care, compassion fatigue, and burnout with respect to the following conducted research.

## **CHAPTER 2**

### **REVIEW OF THE LITERATURE**

Self-care, compassion fatigue, and burnout are intimately intertwined within the field of social work (Maslach et al., 1996). The literature review seeks to examine self-care, compassion fatigue, and burnout from a standpoint of what is known about the three subject areas, explore more in-depth the components of each, and to illuminate their impact on and relevance to social work students in field internships. The literature review adds to reader knowledge of the three subject areas and provides a lens through which to view their effects and implications for social work students.

#### **SELF-CARE**

In spite of the known challenges of work within the social work field, there is scant research on actual methods of self-care and social workers' self-care practices within the field. Although it is clear that self-care is of utmost importance, the National Association of Social Workers (2009) cites that, "professional self-care has not been fully examined or addressed within the profession" (p. 268). However, it is widely recognized that self-care is essential to the work of caring for others (Weiss, 2004), and a vital component of preventing compassion fatigue and eventual burnout (Figley, 1995; Stamm, 2010).

Professional self-care is called, "an essential underpinning to best practice in the profession of social work" by the National Association of Social Workers (2009). Because social workers are at increased risk for the physical and emotional impact of professional stressors and burnout, professional self-care is of elevated importance for "ethical and professional behavior and providing competent services to clients across diverse settings" (Edelwich & Brodsky, 1980; National Association of Social Workers, 2009). Social workers face many potential stressors as they undertake the work of caring for others. These include factors related to the job and organization it is performed in, interactions with clients, or personal characteristics of the individual social worker (Soderfeldt et al., 1995). Personal characteristics that are influenced by stress include low levels of hardiness, an external locus

of control versus an internal focus on self-efficacy, poor self-esteem, and an avoidant coping style rather than a tendency to facing issues head-on (Maslach, Schaufeli, & Leiter, 2001).

High levels of stress raise the mortality risk of social workers (Ferraro & Nurridin, 2006). High stress also impairs professional effectiveness in the human services fields (Maslach, et al., 1996). The clear link between stress and poor physical and emotional health further underscores the importance of professional self-care and its study within the field of social work. Further underscoring the importance of students developing an understanding of self-care, research cites a lack of practice wisdom, experience, and education on the part of students concerning, “possible consequences to their mental and physical well-being” (Harr & Moore, 2011). A study on the personal lives of graduate students examining the impact of stress found that within the first six months of school the prevalence of stress upped the risk of physical illnesses and emotional phenomena such as anxiety, sleep disturbance, and depression (Gopelrud, 1980). On the whole, Social services workers are at an overall increased risk for depression due to the nature of their work (Siebert, 2004).

For students of social work in field practicums, there are several other considerations that may create an increased level of stress and lead to impairment. One of these is the inexperience of social work students as they approach what may be their first real work in the social work field. This inexperience represents the gap between “theory and practice” that may cause panic and disillusionment for social work students experiencing fieldwork for the first time (Skovholt, 2001). Anxiety and fear are not uncommon feelings for students who must take what they have learned and attempt to apply it practically in field settings, or to learn what they do not know in order to fulfill internship requirements.

### **COMPASSION FATIGUE**

Compassion fatigue is indicated by a caregiver’s lack of interest or diminished capacity for continuing to function as an empathetic helper (Adams et al., 2006). It usually most often occurs in areas of the field of social work in which practitioners work directly with traumatized clients, however, compassion fatigue is also rooted in stressful work environments and organizations such as the educational environment (Bell, Kulkarni, & Dalton, 2003; Maslach, 2003). While compassion fatigue can eventually lead to burnout (as it is a component of burnout syndrome), it additionally functions as a stand-alone construct that

can be directly tied to work done specifically with traumatized clients (Figley, 1995; Maslach, 2003; McCann & Pearlman, 1990; Saakvitne & Pearlman, 1996; Valent, 2002).

While organizational characteristics such as work environment may contribute to both compassion fatigue and burnout, respectively, exposure to trauma via vocationally-related items such as case files, training tools, or client interviews containing traumatic client stories may also contribute to compassion fatigue (Bell et al., 2003; Figley, 1995; Saakvitne & Pearlman, 1996; Sze & Ivker, 1986). Moreover, social workers in environments that directly serve clients who have had highly traumatic life experiences (such as child abuse and sexual assault) are at an elevated risk of compassion fatigue (Figley, 1995). Practitioner work environments in mezzo and macro areas of social work such as communities and public policy have also been identified as being of particular importance in the advancement of compassion fatigue (Sze & Ivker, 1986). Notably, age and experience are relevant to higher levels of stress, with young social workers and counselors being the most likely to show signs of compassion-fatigue related symptoms (Bell et al., 2003).

## **BURNOUT**

Burnout is a direct result of stress, which is also a major component of compassion fatigue (Figley, 1995; Stamm, 2010). This stress is a cumulative response to overload created by heavy workload, time pressures, job demands, severity of client problems, lack of work resources, or a lack of social and supervisory support (Bell et al., 2003; Figley, 1995; Maslach et al., 1996; Stamm, 2010). In addition, just as the personal characteristics of social workers may play a part in stress responses leading to poor physical health and compassion fatigue, they may also elevate a social worker's risk for experiencing burnout (Cunningham, 2004; Maslach et al., 1996).

In addition to the previously mentioned personality characteristics of low levels of hardiness, an external locus of control versus an internal focus on self-efficacy, poor self-esteem, and an avoidant coping style, the burnout phenomenon is also linked to neuroticism and Type-A behavior (Maslach et al., 2001). The latter Type-A personality is characterized by "competition, a time pressured lifestyle, hostility, and an excessive need for control" (Maslach et al., 2001). The pressure that social work interns are under to perform both

academically and in a field setting coupled with the high expectations of self and others may set the stage for Type-A traits to emerge (Maslach, et al., 2001).

In a recent three-year longitudinal study, Kim, Ji, and Kao (2011) found that burnout has a significant effect on the physical health of social workers after just one year. Kim et al. (2011) cite that “social workers with higher levels of burnout experienced a greater decline in overall physical health over a one-year period” (p. 264). Physical symptoms of burnout include, “headaches, gastrointestinal illness, high blood pressure, muscle tension, and chronic fatigue” (Maslach & Leiter, 1997). Gender has been found to be a predictor of issues pertaining to physical health and burnout, with female social workers reporting worse health outcomes such as exhaustion (Kim et al., 2011; Maslach et al., 2001; Rupert & Kent, 2007). In addition, a 20-year follow-up of a national sample of adults aged 25-74 found that high levels of psychological distress raised the overall male mortality risk due to ischemic heart disease and the female mortality risk due to cancer (Ferraro & Nurrudin, 2006). The ultimate consequences of burnout have been found to be an increase in depression, physical health effects, and an increase in career turnover (Kim & Stoner, 2008).

Burnout is, “a progressive loss of idealism, energy, and purposed experienced by people in the helping profession as a result of the conditions of their work” (Edelwich & Brodsky, 1980). Burnout occurs gradually, and research confirms that among graduate level students, social support and faculty-student interactions within the first 6 months of classes have a significant impact on student well-being (Goplerud, 1980; Grosch & Olsen, 1994; Maslach et al., 2001). This is of particular importance as findings prove that entry-level human service workers are the most at risk for burnout, and that lack of social support on the part of supervisors has also been clearly linked to burnout syndrome (Kim et al., 2011; Maslach et al., 2001).

With respect to the causes of burnout, low job decision, high job demands, and low social support are associated with poor mental health and emotional exhaustion (Evans et al., 2006). When considering job demands in the field of social work, emotional demands of relationships with clients and colleagues, the possibility of excessive overloads of work, and interpersonal conflicts figure prominently (Edelwich & Brodsky, 1980). In the realm of the social work intern, feelings of insufficient resources or being unready for the work of helping, long hours between internship and study, lack of autonomy, and poor relationships

with or micromanagement by immediate supervisors are factors attributed to work-related burnout that may be of particular relevance (Farber, 1983). Role conflict (conflicting demands) and role ambiguity (lack of information on how to do the job) have also been repeatedly shown to figure prominently in burnout syndrome (Maslach, et al., 2001).

Just as burnout can occur due to work-related factors, it can also be caused by the very organization in which a student is interning. If a student's field experience occurs in an organization that is perceived to have an absence of fairness where the key components of trust, openness, and respect are absent, this sets the stage for the building of burnout (Maslach & Leiter, 1997). Organizations that encourage teamwork and see workers as more than objects of utility are much less likely to promote burnout than are those that promote competition and are uncommitted to building the skills and abilities of workers (Maslach & Leiter, 1997). This is important from a standpoint of students being assigned to appropriately managed internship organizations by schools of social work. Another important consideration is the fit of the intern within the field placement and within the field of social work at large (Maslach & Leiter, 1997).

With a more complete understanding of self-care, compassion fatigue, and burnout, it is possible to understand and identify the importance of methods of self-care, the levels of compassion fatigue and burnout on the sample population of social work students, and the relevance of the predictors of demographic factors and self-care subscale measurement to incidence of compassion fatigue and burnout.

## **CHAPTER 3**

### **METHODS**

The Self-Care Questionnaire, Professional Quality of Life Survey (ProQOL-IV), and the Maslach Burnout Inventory Human Services Survey (MBI-HSS) were used to measure and the self-care practices, and levels of compassion fatigue and burnout in social work students participating in field practicums at San Diego State University (Maslach & Jackson, 1996; Saakvitne & Pearlman, 1996; Stamm, 2009). Participants included both undergraduates and graduate students. The Self-Care Questionnaire, ProQOL, and MBI-HSS each contain a number of different subscales that were used in exploring the research questions. Chapter 3 presents the study participant demographics, the reliability of the instruments used in this study, and the analysis methods used to address each of the research questions.

#### **DESIGN OF THE INVESTIGATION**

The study was guided by the following research questions:

- RQ1: What are the most common methods of self-care employed by social work students?
- RQ2: What are the overall reported levels of compassion fatigue among the sample population?
- RQ3: What are the overall reported levels of burnout among the sample population?
- RQ4: Do gender ethnic group, social work program age coursework concentration, number of years in school, hours worked per week, grade point average and plans for after graduation predict the subscales of the ProQOL-5 for a group of social work students?
- RQ5: Do gender ethnic group, social work program age coursework concentration, number of years in school, hours worked per week, grade point average and plans for after graduation predict the subscales of the MBI-HSS for a group of social work students?
- RQ6: Do the self-care subscales of physical, psychological, emotional, spiritual, relationship, workplace, and overall balance predict the subscales of the ProQOL-IV for a group of social work students?

- RQ7: Do the self-care subscales of physical, psychological, emotional, spiritual, relationship, workplace, and overall balance predict the subscales of the MBI-HSS for a group of social work students.

### RESPONDENT DEMOGRAPHICS

A total of 327 surveys were sent to social work students in field practicums attending San Diego State University. Forty surveys were returned resulting in a response rate of 12.2%; however, one survey response was deleted prior to analysis due to the majority of the data being missing. Respondents consisted of 35 females (89.7%) and 4 males (10.3%). Respondents were 25 years of age or under (n=14, 35.9%), 26-30 years of age (n=15, 38.5%) or 30 + years of age (n=10, 25.6%). Ethnically the respondents were a diverse group consisting of: Native Americans (n=2, 5.1%), Asian/Pacific Islanders (n=8, 20.5%), African Americans/Blacks (n=2, 5.1%), Chicano/ Mexican Americans (n=7, 17.9%), Other Hispanic/Latino (n=3, 7.7%), White/ Caucasians (non-Hispanic) (n=21, 53.8%), and those who identified as Other (n=1, 2.6%).

Participants were enrolled in one of seven different programs at SDSU, but the majority of participants were in the MSW 3 year program. Table 1 presents enrollment in the different SDSU programs. Within these programs, students concentrated on administration (n=15, 38.5%), or direct practice (n=24, 61.5%).

**Table 1. Participants' Social Work Program**

<i>Item</i>	N	%
BSW	8	20.5
MSW ASP	6	15.4
MSW 2 YEAR	11	28.2
MSW 3 YEAR	9	23.1
MSW 4 YEAR	1	2.6
MSW/JD	2	5.1
MSW/MPH	2	5.1

Students also spent a range of time at SDSU, but the majority had attended the school for 1-2 semesters (n=15, 38.5%). Table 2 presents the data for semesters attending SDSU.

**Table 2. Participants' Semesters at SDSU**

<i>Item</i>	N	%
1-2 Semesters	15	38.5
3-4 Semesters	9	23.1
5-6 Semesters	8	20.5
7-8 Semesters	7	17.9

Eleven students indicated they did not work (n=11, 28.2%), while 13 students worked between 1 and 20 hours or more per week (n=13, 33.3%). The largest percentage, 15 students indicated that they worked 20 or more hours a week (n=15, 38.5). Table 3 presents the hours worked for respondents. With respect to plans for after graduation, thirty-one of the participants (79.5%) intended or wanted to work full time after completing their program, 2 (5.1%) wanted to begin another educational program upon completion, 5 (12.8%) intended to take time off, and 1 student (2.6%) indicated he/she had other plans after completing the program.

**Table 3. Participants' Hours Worked Per Week**

<i>Item</i>	N	%
Did not work	11	28.2
1-20 hours per work	13	33.3
Over 20 hours per week	15	38.5

Grade point average (GPA) ranged from 2.51 to 4.00. None of the students had a GPA below 2.50, and the majority of students were between 3.26 and 3.50 (n=16, 41.0%). Table 4 presents the data for GPA.

**Table 4. Participants' Reported GPA**

<i>Item</i>	N	%
2.51-3.00	4	10.3
3.01-3.25	5	12.8
3.26-3.50	16	41.0
3.51-4.00	14	35.9

## **TREATMENT**

The study included both BSW and MSW students in field placements at San Diego State University. Approval was obtained from the university Institutional Review Board, and an electronic survey was distributed via e-mail to all BSW and MSW students in the San Diego State University School of Social Work who are in field internship placements. The survey consisted of three scales and nine demographic questions. Student consent was indicated via informed consent information posted on the first page of the survey. By clicking the 'submit' button, students indicated their consent for participation. For the purpose of response validity, internet protocol (IP) addresses were collected to ensure that there was no duplication of collected data. However, IP addresses were not linked to any identifying information for purposes of anonymity.

For the purpose of measuring student levels of self-care, the Self-Care Assessment was used (Saakvitne & Pearlman, 1996). To measure levels of compassion fatigue, the Professional Quality of Life Inventory (ProQOL-IV) was used (Stamm, 2009). And further, to measure levels of burnout, the Maslach Burnout Inventory Human Services Survey (MBI-HSS) was used (Maslach & Jackson, 1996).

## **SELF-CARE ASSESSMENT**

The Self-Care Assessment consists of seven self-care subscales addressing: physical, psychological, emotional, spiritual, relationship, workplace, and professional self-care (Saakvitne & Pearlman, 1996). There were two additional items addressing overall balance in work and between work and life. The two balance items used a different response scale and were treated as a separate subscale. It was important to assess the reliability of the subscales for this particular group of participants since reliability can be person and situation specific (Field, 2009). Also, there was no previously established reliability for this scale.

Reliability for this scale can be found in Table 5. It was not necessary to reverse code any of the items in the Self Care Survey subscales. Reliability was also assessed for the participants in this study and found to be acceptable to high as can be seen in Table 5. The lower Cronbach alpha for the balance subscale may be due the subscale containing only two items. This is because reliability is a factor of the number of participants as well as the number of items in a subscale (Field, 2009).

**Table 5. Self Care Assessment Subscale Reliability**

<i>Item</i>	<i>Study Cronbach Alpha</i>
Physical	.813
Psychological	.736
Emotional	.814
Spiritual	.847
Relationship	.777
Workplace/Professional	.755
Balance	.579

### **PROQOL-IV**

The second scale used in the study was the Professional Quality of Life Survey (ProQOL-IV) (Stamm, 2009). The ProQOL-IV consists of thirty questions divided into three subscales that measure compassion satisfaction (CS), burnout (BO), and secondary traumatic stress (STS). The CS scale is intended to measure the positive aspects of pleasure derived from the work of helping others, as well as to measure the negatives of compassion fatigue (CF) and secondary traumatic stress (STS) (Stamm, 2010). STS is representative of fear and trauma caused by helping traumatized clients, and can be comprised of both primary and secondary trauma (Stamm, 2010). BO consists of negative feelings of hopelessness and helplessness that may appear over time and can result in vocational impairment (Stamm, 2010).

The ProQOL-IV required a specific method for scoring the items and subscales. Five items (1, 4, 15, 17, and 29) had to be reverse scored. The items in the Compassion Satisfaction (CS), Burnout (BO), and Secondary Traumatic Stress (STS) subscales were then summed and a mean was calculated. Subscale scores were then converted to a z-score ( $z\text{score} = \frac{\text{score} - \text{mean}}{\text{standard deviation}}$ ). The z scores were then converted to a t-score ( $t\text{-score} = z\text{score} * 10 + 50$ ). These calculations put the ProQOL-IV on a scale of 0 to 100 with a mean of 50 and standard deviation of 10. Cronbach alpha reliability coefficients were also calculated for the three subscales of the ProQOL-IV and can be found in Table 6.

**Table 6. ProQOL-IV Subscale Reliability**

<i>Item</i>	<i>Study Cronbach Alpha</i>
Compassion Satisfaction (CS)	.876
Burnout (BO)	.718
Stress (STS)	.703

### **MBI-HSS**

The third scale used in the study was the Maslach Burnout Inventory Human Services Scale (MBI-HSS) (Maslach et al., 1996). The 22 item survey contains three subscales that measure emotional exhaustion (EE), depersonalization (DP), and personal accomplishment (PA). There were no reverse scored items on the MBI-HSS, and mean scores were calculated for the items in each subscale. Cronbach alphas were calculated for the participants in this study as can be seen in Table 7. As can be seen, Cronbach alphas were slightly lower for the EE and DP subscales but slightly higher for the PA subscale.

**Table 7. MBI-HSS Subscale Reliability**

<i>Item</i>	<i>Reported Reliability</i>	<i>Study Cronbach Alpha</i>
Emotional Exhaustion (EE)	.90	.872
Depersonalization (DP)	.79	.637
Personal Accomplishment (PA)	.71	.778

### **DATA ANALYSIS PROCEDURES**

Data was analyzed using SPSS for Windows, version 20.0. Descriptive statistics were gathered to provide information about respondents including gender, ethnic/racial group, age category, social work program, concentration, years attending SDSU, average number of years worker per week, grade point average at the end of the last semester in school, and plans after graduation. Results for the seven research questions are presented in the next chapter.

## **CHAPTER 4**

### **RESULTS**

The purpose of this study was to assess the preferred self-care methods used by social work students, the overall levels of reported compassion fatigue and burnout; and, using descriptive variables, to identify predictors of the subscales of the ProQOL-IV and MBI-HSS (Maslach & Jackson, 1996; Stamm, 2009). Self-care measures indicate how individuals report they take care of themselves physically, emotionally, spiritually, psychologically, relationship-wise, in the workplace, and maintain balance in order to be effective in their personal and professional lives (Saakvitne & Pearlman, 1996). Compassion fatigue may happen quickly and includes symptoms of helplessness, confusion, and emotional isolation from support systems (Stamm, 2010). Burnout is more gradual and addresses symptoms of job strain, gradual loss of idealism, and lower personal achievement (Maslach et al., 1996).

#### **RESEARCH QUESTION 1**

The first research question posed by this study was as follows: What are the most common methods of self-care employed by social work students in field internship practicum placements? Using the Self-Care Assessment, mean scores were calculated on each of the seven areas of self-care (Saakvitne & Pearlman, 1996). The means were then rank ordered to illustrate from highest to lowest how social work students cared for themselves. The items on the Self Care Assessment are scored as follows: I do this Frequently (4), I do this Occasionally (3), I Barely or Rarely Do This (2), I Never Do This (1), and This Never Occurred to Me (0). Lower mean scores indicate participants do this never or rarely. It should be noted that on average student responses fell between (2) and (3), or between 'I Barely or Rarely Do This' (2), to 'I Do This Occasionally' (3). Table 8 illustrates these average mean scores. Table 8 illustrates student rank-order means for self-care.

Means for the work and professional, emotional, balance, physical, relationship, spirituality, and psychological domains of the Self-Care Assessment were calculated and rank-ordered by frequency (Saakvitne & Pearlman, 1996). The area of work and professional

**Table 8. Rank Order Means for Self-Care**

<i>Item</i>	<i>Rank</i>	<i>Mean</i>	<i>Std Dev</i>	<i>Range</i>
Work/Professional	7	2.99	.44	2.00-3.82
Emotional	6	2.93	.54	1.56-3.78
Balance	5	2.91	.57	1.00-4.00
Physical	4	2.88	.47	1.50-3.83
Relationship	3	2.82	.52	1.67-3.89
Spirituality	2	2.66	.59	1.45-3.91
Psychological	1	2.30	.48	.77-3.23

self-care includes items such as taking a break during the day, taking time to get to know co-workers, having the time to complete tasks, not taking work home, working on exciting and rewarding tasks, setting limits with clients and colleagues, having a balanced work or caseload, getting supervision and consultation, having a peer support group, negotiating for needs at work, and having a comfortable work space.

Physical self-care consists of items such as eating regularly and healthfully, exercising, getting regular medical care for prevention, getting medical care when needed, taking time off when sick, getting massages, taking time to be sexual alone or with a partner, getting enough sleep, wearing clothing that is liked, and taking vacations. Relationship self-care includes items such as scheduling regular dates, making time to see friends, calling or seeing relatives, staying in contact with faraway friends, enlarging social circles, and asking for help when needed. Spiritual self-care consists of items such as making time for spiritual reflection, spending time in nature, finding a spiritual connection, meditation or prayer, and reading inspirational literature or listening to inspirational music. The emotional, balance, and psychological domains of self-care are discussed below.

The highest mean score was students keeping their workplace and professional lives in order, while psychological self-care was the lowest score on average (most often indicated by 'I Barely or Rarely Do This'). The low scores on psychological self-care indicate social

work students do not generally take mental health days, make time away from interruptions, pay attention to their inner lives, or participate in personal psychotherapy. Social work students were better at assessing their emotional self-care through staying in contact with others, loving themselves, identifying comforting activities, and finding things that make them laugh. These students rarely or occasionally had balance in their lives in work or in family relationships. Based on these findings, students were primarily concerned with keeping their workplace and professional lives in order, taking care of their emotional needs secondarily.

Where balance was concerned, results indicated that students strove for balance between their internship tasks and the amount of time that they had to complete those assigned tasks. Students' striving for balance was also indicated among work, family, relationships, play, and rest. This is reflected in the lower mean scores for physical, relationship, spirituality, and psychological self-care. Notably, psychological self-care ranked last of the mean scores. This indicates that an emphasis on students' professional lives stands inversely compared to the ways in which they care for themselves via actions like taking time away from telephones, email, and internet, making time for self-reflection, noticing their inner experiences, utilizing psychotherapy or journaling techniques, minimizing stress in their lives, and performing extra-curricular volunteering or reading literature unrelated to work or school (Saakvitne & Pearlman, 1996). Overall these results show that students experienced difficulty in creating work/life balance, with their focus being mainly on their professional life and less on personal self-care.

## **RESEARCH QUESTION 2**

The second research question posed by for this study was as follows: What are the overall reported levels of compassion fatigue among social work students in field internship practicum placements?

The second research question asked what the overall levels of compassion fatigue were for social work students. Means and standard deviations were calculated for each of the three subscales contained in the ProQOL-IV. The subscales of the ProQOL-IV include compassion satisfaction (CS), burnout (BO), and secondary traumatic stress (STS). The highest mean score reported was CS at 51.12, and this indicates that these students feel that

they are able to do their work well (Stamm, 2010). The second highest mean score was BO, at 51.00, indicating that students score slightly above average for burnout. Of the three scales STS held the lowest mean at 50.94, which is the average score for the subscale indicating that students are in the normal range for secondary traumatic stress. Table 9 illustrates the means for the ProQOL-IV.

**Table 9. Means for ProQOL-IV**

<i>Item</i>	<i>Mean</i>	<i>Std Dev</i>	<i>Range</i>
Compassion Satisfaction (CS)	51.12	7.12	29.88-62.38
Burnout (BO)	51.00	7.85	34.57-72.69
Secondary Traumatic Stress (STS)	50.94	8.18	34.38-67.03

Overall, student scores indicate that they are happy with their work in the helping profession as evidenced by CS representing the highest mean score at 51.12, which is slightly higher than the average scale mean score of 50.00 (Stamm, 2010). However, the second highest mean score was BO at 51.00, which is only slightly above the average of 50.00 but indicative of student feelings of burnout to include disconnection with others, overwhelm with the amount of work required of them, exhaustion, unhappiness, and feeling separated from who they ultimately want to be (Stamm, 2010). STS was the lowest mean score at 50.94, falling near the average scale mean score of 50 (Stamm, 2010). This indicates that students are not suffering from secondary work-related trauma or as a result of traumatic educational materials being presented (Stamm, 2010). Overall, these results show that students are happy with their work, yet display increased burnout. It is not clear if the burnout is being caused more by their field internships or their status of students and the demands of academic life.

### **RESEARCH QUESTION 3**

The third research question posed by this study was as follows: What are the overall reported levels of burnout among social work students in field internship practicum placements?

The third research question sought to find the overall reported levels of burnout among social work students in field internship practicum placements. Measurement of burnout was achieved through the calculation of means and standard deviations for each of the three subscales of the MBI-HSS (Maslach & Jackson, 1996). These subscales were emotional exhaustion (EE), depersonalization (DP), and personal accomplishment (PA).

Table 10 illustrates means and standard deviations for the MBI-HSS. Student results show that they fall low on the subscales for EE and DP, indicating that they are not suffering from emotional exhaustion or depersonalization (Maslach et al, 1996). However, low mean scores on the PA subscale indicate higher degrees of burnout (Maslach et al., 1996).

**Table 10. Means for MBI-HSS**

<i>Item</i>	<i>Mean</i>	<i>Std Dev</i>	<i>Range</i>
Emotional Exhaustion (EE)	2.35	1.10	.33-4.44
Depersonalization (DP)	1.09	.90	.00-4.00
Personal Accomplishment (PA)	4.43	.84	2.63-6.00

Results indicate that overall, students scored low on the EE and DP constructs of the burnout syndrome. This means that students do not feel emotionally overextended or exhausted by their work, and do not view their clients in an unfeeling or impersonal way (Maslach & Jackson, 1996). However, with respect to PA, students' lower mean score of 4.43 out of a scale average of 34, they are experiencing a higher degree of burnout via low feelings of competence and achievement in their work (Maslach & Jackson, 1996). This is because the PA subscale is an independent indicator of burnout (Maslach & Jackson, 1996).

Overall, these results show that students in the sample population are experiencing increased burnout based on their perceived personal achievement. This indicates that students are worried about doing a good job, understanding and relating to their clients, helping in an effective manner, the atmosphere that they create with recipients, creating a positive influence in clients' lives, having the energy to approach their work, accomplishing worthwhile things in their work, and dealing with emotional problems in their work calmly (Maslach & Jackson, 1996).

#### RESEARCH QUESTION 4

The fourth research question posed by this study was as follows: Do gender, ethnic group, social work program, age, coursework concentration, number of years in school, hours worked per week, grade point average and plans for after graduation predict the subscales of the ProQOL-IV for social work students in field internship practicum placements?

The fourth research question asked if demographic variables (gender, ethnic group, social work program, age, coursework, concentration, number of years in school, hours worked per week, grade point average and plans for after graduation) would be statistically significant predictors of the subscales of the ProQOL-IV. The subscales of the ProQOL-IV include compassion satisfaction (CS), burnout (BO), and secondary traumatic stress (STS). Multiple linear regression was used to determine whether or not the descriptive variables were statistically significant predictors of CS, BO, or STS. The assumptions of multiple regression were assessed using normality, skewness, and kurtosis; and the data was found to meet the assumptions. Inspection of the scatter plots and standardized residual plots indicated there were no outliers, and the residual plot was reasonably rectangular in shape with scores concentrated in the center and meeting multi-collinearity expectations through inspection of the variance inflation factor (VIF). This indicated that there were no inter-correlations within the independent variables. Thus, even with a small sample size, the data met the assumptions of linear regression.

The first variable to be tested was CS. Results indicated GPA was a statistically significant predictor of CS,  $R=.446$ ,  $R^2=.200$ ,  $R^2_{adj}=.179$ ,  $F(1, 37) = 9.273$ ,  $p=.004$ . It should be noted that GPA had a negative relationship to CS, indicating as one went up the other variable went down. GPA accounted for 20.0% of the variance in CS. Table 11 presents the coefficients for this analysis.

**Table 11. Regression Coefficients for CS**

<i>Item</i>	<i>B</i>	$\beta$	<i>t</i>	<i>p</i>	<i>Bivariate</i>	<i>Partial Corr</i>
1 GPA	-3.324	-.448	-3.045	.004	-.448	-.448

The second variable to be tested for predictors was BO. Results of the multiple regression indicated there was a 2 step model with social work program entering on the first

step and social work program and GPA entering on the second step resulting in a significant model for BO,  $R=.525$ ,  $R^2=.276$ ,  $R^2_{adj}=.236$ ,  $F(1, 37) = 6.861$ ,  $p=.00$ . Social work program accounted for 13.2% of the variance in BO and GPA accounted for 14.4% of the variance in BO. It should be noted that social work program was negatively related to BO, indicating that as one variable went up the other variable went down. GPA was positively related to BO. Table 12 presents the coefficients for this analysis.

**Table 12. Regression Coefficients for BO**

	<i>B</i>	$\beta$	<i>T</i>	<i>p</i>	<i>Bivariate</i>	<i>Partial Corr</i>
SW Program	-1.750	-.363	-2.368	.023	-.363	-.363
SW Program	-1.935	-.401	-2.812	.008	-.363	-.424
GPA	3.127	.382	2.679	.011	.342	.408

The third variable to be tested was STS, or secondary traumatic stress. When this variable was used as the dependent or predicted variable and the descriptive data was used as the predictors, no variables entered the model and there were no predictors of STS.

The fourth research question asked if students' demographic variables were statistically significant predictors of the subscales of the ProQOL-IV (Stamm, 2009). The ProQOL-IV has three subscales, compassion satisfaction (CS), burnout (BO), and secondary traumatic stress (STS). Multiple linear regression was used to test the demographic variables of gender, ethnic group, social work program, age, coursework, concentration, number of years in school, hours worked per week, grade point average, and plans for after graduation to determine if they were statistically significant predictors of the ProQOL-IV. When considering students' CS, or the feeling that they do their work well and derive pleasure from it (Stamm, 2010), grade point average proved to be the only statistically significant predictor of CS. This was a negative correlation, indicating that when one variable went up the other variable went down.

With respect to BO, or the cumulative negative feelings of hopelessness, ineffectiveness, and eventual job impairment, the demographic factors of student social work program and grade point average were found to be statistically significant predictors of BO.

And finally, considering STS, or secondary exposure to trauma or trauma-containing materials, there were no statistically significant predictors of STS found in student demographic variables (Stamm, 2010). Overall, these results show that concentrating on the achievement of a high grade point average encourages a diminishment in student compassion satisfaction. Additionally, the length and format of the social work program that they are in and their grade point averages are significant predictors of burnout.

### RESEARCH QUESTION 5

The fifth research question posed by this study was as follows: Do gender, ethnic group, social work program age coursework concentration, number of years in school, hours worked per week, grade point average and plans for after graduation predict the subscales of the MBI-HSS for a group of social work students in field internship practicum placements?

Research question five tested the emotional exhaustion (EE), depersonalization (DP), and personal achievement (PA) subscales of the MBI-HSS to determine whether or not the descriptive variables of gender ethnic group, social work program age coursework concentration, number of years in school, hours worked per week, grade point average and plans for after graduation would be statistically significant predictors of each subscale. Multiple linear regression was used to test for predictive variables and the assumptions of regression were assessed prior to analysis. Results of the analysis found different predictors for each of the subscales. When the EE subscale was used as the dependent variable, gender was the only significant predictor and accounted for 18.2% of the variance in EE,  $R=.427$ ,  $R^2=.182$ ,  $R^2_{adj}=.160$ ,  $F(1, 37) = 8.253$ ,  $p=.007$ . Table 13 presents the coefficients for this analysis and for gender.

**Table 13. Regression Coefficients for EE**

<i>Item</i>	<i>B</i>	$\beta$	<i>t</i>	<i>p</i>	<i>Bivariate</i>	<i>Partial Corr</i>
1 Gender	-1.529	-4.27	-2.873	.007	-.427	-.427

The second subscale to be tested was DP. Descriptive variables were again used as the predictors and DP as the dependent or predicted variable. Results indicated gender was a

predictor of DP and accounted for 13.2% of the variance in DP,  $R=.363$ ,  $R^2=.133$ ,  $R^2_{adj}=.109$ ,  $F(1, 37) = 5.631$ ,  $p=.023$ . Table 14 presents the coefficients for this analysis and for gender.

**Table 14. Regression Coefficients for DP**

<i>Item</i>	<i>B</i>	$\beta$	<i>t</i>	<i>p</i>	<i>Bivariate</i>	<i>Partial Corr</i>
1 Gender	-1.067	-.363	-2.373	.023	-.363	-.363

The secondary personal achievement scale (PA) was tested next using the descriptive variables as the predictors. Results of the analysis indicate grade point average was a significant predictor of PA,  $R=.366$ ,  $R^2=.416$ ,  $R^2_{adj}=.150$ ,  $F(1, 37) = 7.730$ ,  $p=.008$ . Grade point average accounted for 17.3% of the variance in PA. Table 15 presents the coefficients for this analysis.

**Table 15. Regression Coefficients for PA**

<i>Item</i>	<i>B</i>	$\beta$	<i>t</i>	<i>p</i>	<i>Bivariate</i>	<i>Partial Corr</i>
1 GPA	-.366	-.416	-2.780	.008	-.416	-.416

The fifth research question asked if students' demographic variables of gender, ethnic group, social work program, age, coursework, concentration, number of years in school, hours worked per week, grade point average, and plans for after graduation were statistically significant predictors of the three subscales of the MBI-HSS (Maslach & Jackson, 1996). The subscales are emotional exhaustion (EE), depersonalization (DP), and personal achievement (PA). Multiple linear regression was used to test for each of the demographic variables as predictors of each MBI-HSS subscale. From this testing, gender emerged as a predictor of both EE and DP. This holds with research findings that gender has been found to have a link to both EE (female) and DP (male) (Puranova & Muros, 2010).

Finally, grade point average was found to be the only significant demographic predictor of the PA subscale of burnout. Again, students' feelings of personal achievement appear to be directly tied to how well they are doing academically. Overall, these results indicate that students may experience emotional exhaustion and depersonalization based on

their gender, and that they are very concerned with their grade point averages as a means of gauging their personal achievement.

### RESEARCH QUESTION 6

The sixth research question posed by this study was as follows: Do the self-care subscales of physical, psychological, emotional, spiritual, relationship, workplace, and overall balance predict the subscales of the ProQOL-IV for a group of social work students in field internship practicum placements?

The sixth research question asked if the subscales of the Self-Care Questionnaire (physical, psychological, emotional, spiritual, relationship, workplace, and overall balance) predict scores on the ProQOL-IV for a group of social work students in field internship practicum placements (Saakvitne & Pearlman, 1996; Stamm, 2009). A stepwise multiple linear regression was used to test for predictors of the CS, BO, and STS subscales of the ProQOL-IV. When the CS subscale was tested, there was one predictor variable, workplace, and this variable accounted for 12.4% of the variance in CS,  $R=.353$ ,  $R^2=.124$ ,  $R^2_{adj}=.101$ ,  $F(1, 37) = 5.251$ ,  $p=.028$ . Table 16 presents the coefficients for this analysis.

**Table 16. Self-Care Regression Coefficients for CS**

<i>Item</i>	<i>B</i>	$\beta$	<i>t</i>	<i>p</i>	<i>Bivariate</i>	<i>Partial Corr</i>
1 Workplace	5.623	.353	2291	.028	.353	.353

The second subscale to be tested was the BO subscale of the ProQOL-IV. Results indicate workplace satisfaction was the only predictor of BO and accounted for 44.3% of the variance in BO. The model for BO was statistically significant,  $R=.666$ ,  $R^2=.443$ ,  $R^2_{adj}=.428$ ,  $F(1, 37) = 26.464$ ,  $p<.000$ . The relationship between workplace satisfaction and BO was fairly strong ( $r=-.666$ ). Table 17 presents the coefficients for this analysis.

**Table 17. Self-Care Regression Coefficients for BO**

<i>Item</i>	<i>B</i>	$\beta$	<i>t</i>	<i>p</i>	<i>Bivariate</i>	<i>Partial Corr</i>
1 Workplace	-11.712	-.666	-5.428	<.000	-.666	-.666

The secondary traumatic stress subscale (STS) was the third subscale of the ProQOL-IV to be tested. Results indicated there was a statistically significant model,  $R=.501$ ,  $R^2=.251$ ,  $R^2_{adj}=.230$ ,  $F(1, 37) = 12.371$ ,  $p=.001$ . There was only one predictor variable and that was overall life balance, and this variable accounted for 25.1% of the variance in STS. Table 18 presents the coefficients for the analysis of STS.

**Table 18. Self-Care Regression Coefficients for STS**

<i>Item</i>	<i>B</i>	$\beta$	<i>t</i>	<i>p</i>	<i>Bivariate</i>	<i>Partial Corr</i>
1 Life Balance	-7.163	-.501	-3.517	.001	-.501	-.501

The sixth research question asked if the Self-Care Assessment's subscales of physical, psychological, emotional, spiritual, relationship, workplace, and overall balance predict the subscales of the ProQOL-IV (Saakvitne & Pearlman, 1996; Stamm, 2009). Using stepwise multiple linear regression, the Self-Care Assessment's scales were tested for predictors of the three subscales of the ProQOL-IV: compassion satisfaction (CS), burnout (BO), and secondary traumatic stress (STS). Workplace was discovered to be the only significant predictor for both CS and BO. When considering that workplace is intimately tied to overall worker satisfaction, this is important for the placement of social work students in appropriate field internships that promote compassion satisfaction based on their interests, skills, and abilities in order to promote and sustain students' satisfaction with their work as helpers and to prevent burnout from setting in. With respect to STS, one predictor variable was found, overall life balance (Maslach & Leiter, 1997).

The correlation here was negative, meaning that when balance goes up, STS goes down. This is important from the standpoint that students are better equipped to handle traumatic client work and traumatic situations when their lives are stable across personal and professional realms. Overall, these results indicate that the workplace is of importance when encouraging student compassion satisfaction and in seeking to prevent burnout.

### RESEARCH QUESTION 7

The seventh research question posed by for this study was as follows: Do the Self-Care Assessment subscales of physical, psychological, emotional, spiritual, relationship,

workplace, and overall balance predict the subscales of the MBI-HSS for a group of social work students in field internship practicum placements (Maslach & Jackson, 1996; Saakvitne & Pearlman, 1996)?

The seventh research question inquired as to whether the Self-Care Assessment subscales of physical, psychological, emotional, spirituality, relationships, workplace, and overall balance were statistically significant predictors of the EE, DP, and SP subscales of the MBI-HSS (Maslach & Jackson, 1996; Saakvitne & Pearlman, 1996). Stepwise multiple linear regression was used to test for significant predictors. The assumptions were assessed and the data found to be acceptable for analysis. When physical, psychological, emotional, spiritual, relationship, workplace, and overall balance were used in a regression model, a significant model was developed,  $R=.395$ ,  $R^2=.156$ ,  $R^2_{adj}=.133$ ,  $F(1, 37) = 8.836$ ,  $p=.013$ . The only self-care subscale that was a predictor of EE was the workplace subscale, and this accounted for 15.6% of the variance in EE. Table 19 presents the coefficients for this analysis.

**Table 19. Self-Care Regression Coefficients for EE**

<i>Item</i>	<i>B</i>	$\beta$	<i>t</i>	<i>p</i>	<i>Bivariate</i>	<i>Partial Corr</i>
1 Workplace	-.973	-.395	-2.815	.013	-.395	-.395

The second subscale of the MBI to be tested was depersonalization (DP). Analysis indicated that none of the self-care variables (physical, psychological, emotional, spirituality, relationships, workplace, and overall balance) were statistically significant predictors of DP.

When the personal satisfaction (PS) subscale of the MBI was tested using stepwise multiple linear regression, the workplace subscale of the Self-Care Assessment was the only statistically significant predictor of PS,  $R=.416$ ,  $R^2_{adj}=.150$  ( $1, 37$ ) = 7.685,  $p<.009$ . Scores on the workplace subscale accounted for 17.2% of the variance in PS. Table 20 presents the coefficients for this model (Saakvitne & Pearlman, 1996).

The seventh and final research question asked if the Self-Care Assessment Subscales (Saakvitne & Pearlman, 1996) of physical, psychological, emotional, spiritual, relationship, workplace, and overall balance predict the three subscales of the MBI-HSS (Maslach & Jackson, 1996). The MBI-HSS's three subscales are: emotional exhaustion (EE),

**Table 20. Self-Care Regression Coefficients for PS**

<i>Item</i>	<i>B</i>	$\beta$	<i>t</i>	<i>p</i>	<i>Bivariate</i>	<i>Partial Corr</i>
1 Workplace	.785	.415	2.772	.009	.415	.415

depersonalization (DP), and personal achievement (PA). Stepwise multiple linear regression was used to test for predictors. The only significant Self-Care Assessment predictor of EE was the workplace subscale. This indicates that students may lessen EE by attending to Self-Care Assessment items such as taking the time to get to know co-workers, managing time effectively to ensure that work isn't taken home, regular consultation with supervisors, increased peer support, setting limits with clients and colleagues, achieving balance in cases and workload while ensuring enough time to complete tasks, and ensuring that their work space is comfortable and comforting (Saakvitne & Pearlman, 1996).

Where DP was concerned, there were no predictors based on the Self-Care Assessment variables. And finally, in respect to PA, the workplace subscale of the Self-Care Assessment was the only significant predictor. This was a positive correlation, indicating that when students' work lives are in order they are more likely to display increased PA. Overall, these results show that students' workplace self-care balance and work satisfaction represent a significant means of lowering or preventing burnout.

## CHAPTER 5

### DISCUSSION AND RECOMMENDATIONS

In discussing the results of this study, Chapter 5 seeks to bring together the findings with tangible ways of addressing their implications for social work students in field internships and the institutions in which they learn and are placed in field internships. Field internships prepare students for the application of their skills as certified social work practitioners; while schools of social work must provide adequate tools, education, and guidance for students via curriculum as students approach real-world environments and situations. Although some elements of stress and burnout may depend on student personality traits and individual situations, recent views of burnout assign responsibility to occupations themselves and the organizations in which individuals work (Maslach & Leiter, 1997).

From an individual perspective, central to both the practical application and learning aspects of social work students in the field and academic environments is the social work student as a person who must rise to the challenges presented to them. In order to achieve this, students must first understand their own physical, emotional, and psychological self-care needs and identify strategies through which they can remain balanced personally and professionally to manage stress and prevent burnout. Institutions of social work education can play a key role in addressing self-care, compassion fatigue, and burnout by developing more robust curricula in order to address areas as indicated by the results and predictors that this study revealed.

Most students begin social work instruction by enrolling in an 'Introduction to Social Work' course at the outset of formal training. It is here that faculty and staff can help establish student fit for the field of social work via the use of assessment tools. Curriculum changes could also include producing components that emphasize the preliminary exploration of social work career avenues at the bachelor's level to address potential student fit in different types of organizations, and to underscore the desirability of post-graduation employment opportunities. During this time, instructors and students can begin to identify areas of student social work interest with an eye on future field practicum opportunities.

Earlier identification of student interest areas may help schools of social work to develop more tailored placements, and help prevent burnout by allowing students to feel some measure of control over where they are placed (Maslach & Leiter, 1997). Additionally, student concerns about their placement sites should be addressed fully.

Through curriculum, schools can also help students to develop a more complete understanding of themselves as potential practitioners and an understanding of their personality traits and learning styles. Items such as the Meyers-Briggs Type Inventory may provide key insight into students' individual personality characteristics and how they work with others as a base for future professional skill building. Creating an opportunity for interaction as a cohort in a private setting (potentially online) and making supervisory contact resources more available are means of addressing student social support. If the student's fit within the field of social work is found by the student not to be optimum, transition assistance to another field of study should be made clearly accessible.

Once placed in a field internship, a full organizational assessment completed by students can assist them in developing a more complete understanding of the organization and to determine their own job fit. Since students won't have the full experience of the agency in which they are placed at the outset, perhaps assessment should come in the beginning of the placement and after a few months of work. This could also help students to identify what they desire in their future work and to determine the type of organization in which they want to work after graduation. The assessment should not only provide an overview of the organization itself, but also of the skills learned during the internship and areas of mastery or areas for increased concentration.

Another component to be considered is field curriculum designed to address professional skills in the workplace to enhance student feelings of self-efficacy, with a focus on skill building as opposed to grading to alleviate concern with grade point average while learning. Previous research by Albert Bandura (1989) found a strong link between self-efficacy and stress, with those who feel more competent and able to handle issues demonstrating a greater ability to cope (as cited in Cherniss, 1993). Within this field curriculum portion, interpersonal skills such as giving and receiving feedback, handling workplace stress, conflict management, establishing appropriate workplace relationships and boundaries, workplace comfort and safety, and time management would be appropriate.

Targeting these areas would serve to enhance students' self-efficacy in task completion, interpersonal, and overall organizational domains (Cherniss, 1993).

Finally, the research results show that students may push themselves to their limits emotionally, physically, and psychologically in order to achieve in both the workplace and academically. An early self-care curriculum component included in both bachelor's and master's level education to include self-care theory and methods, trauma and trauma resource training, stress theory and stress inoculation methods, and an exploration of causes and symptoms of burnout is vital to helping students understand and address their self-care needs. This would ideally promote a complete student self-care assessment addressing the five areas of self-care and a wider discussion of healthy ways in which to manage stress, trauma, and prevent burnout (Saakvitne & Pearlman, 1996). Here, the integration of technology in order to reach technologically savvy students could prove useful and efficient; for instance, a phone or internet-based mood tracking application, meditation, or health and fitness program. Partnership with campus health services could make items such as these available to all students.

While most people have an intuitive idea of what self-care is and how to perform it, others have difficulty in identifying its components and attending to it in meaningful and personalized ways (Harr & Moore, 2011). Accessible counseling and crisis resources available on campuses and in the wider community are also an integral part of helping students to care for themselves. Community partnerships for addressing the mental health of social work students specifically could potentially be researched and constructed. By attending to the issues of self-care, compassion fatigue, and burnout on a continuum from the start to finish of a student's social work program, it is possible that institutions of social work education can create an organizational environment that aids in compassion fatigue and burnout prevention that extends worker health and career longevity after graduation. However, more research is needed concerning the effectiveness of the aforementioned proposed methods of intervention. Additionally, the study of larger sample populations (possibly via cohort sample) will extend the strength and significance of the research results found by this study.

## REFERENCES

- Adams, R. E., Boscarino, J., & Figley, C. R. (2006). Compassion fatigue and psychological distress among social workers: A validation study. *American Journal of Orthopsychiatry*, 76(1), 103-108.
- Allison, S. E. (2007). Self-care requirements for activity and rest: An Orem nursing focus. *Nursing Science Quarterly*, 20(1), 68-76.
- Bandura, A. (1989). Perceived self-efficacy in the exercise of personal agency. *The Psychologist: Bulletin of the British Psychological Society*, 2, 411-424.
- Bell, H., Kulkarni, S., & Dalton, L. (2003). Organizational prevention of vicarious trauma. *Families in Society: The Journal of Contemporary Human Services*, 84(4), 463-470.
- Boscarino, J. A. (2004). Posttraumatic stress disorder and physical illness: Results from clinical and epidemiologic studies. *Annals of the New York Academy of Sciences*, 1032(1), 141-153.
- Cherniss, C. (1993). Role of professional self-efficacy in the etiology and amelioration of burnout. In C. Maslach, W. B. Schaufeli, & T. Marek (Eds.), *Professional burnout* (pp. 135-149). Washington, DC: Taylor & Francis.
- Cunningham, M. (2004). Teaching social workers about trauma: Reducing the risks of vicarious traumatization in the classroom. *Journal of Social Work Education*, 40(2), 305-317.
- Denyes, M. J., Orem, D. E., & SozWiss, G. E. (2001). Self-care: A foundational science. *Nursing Science Quarterly*, 14(1), 48-54.
- Edelwich, J., & Brodsky, A. (1980). *Burn-out: Stages of disillusionment in the helping professions*. New York, NY: Human Sciences Press.
- Evans, S., Huxley, P., Gately, C., Mears, A., Pajak, S., Medina, S., ... Katonia, C. (2006). Mental health burnout and job satisfaction among mental health social workers in England and Wales. *British Journal of Psychiatry*, 188(1), 75-80.
- Farber, B. A. (1983). Introduction: A critical perspective on burnout. In A. Goldstein & L. Krasner (Eds.), *Stress and burnout in the human service professions* (pp. 1-20). Elmsford, NY: Pergamon Press.
- Ferraro, K., & Nurridin, T. (2006). Psychological distress and mortality: Are women more vulnerable? *Journal of Health and Social Behavior*, 47(3), 227-241.
- Field, A. (2009). *Discovering statistics using SPSS* (3rd ed.). Thousand Oaks, CA: Sage.
- Figley, C. R. (1995). Compassion fatigue as secondary traumatic stress disorder: An overview. In C. R. Figley (Ed.), *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized* (pp. 1-20). New York, NY: Brunner-Routledge.

- Figley, C. R. (2002a). Compassion fatigue: Psychotherapists' chronic lack of self care. *Journal of Clinical Psychology, 58*(11), 1433-1441.
- Figley, C. R. (2002b). Introduction. In C. R. Figley (Ed.), *Treating compassion fatigue* (pp. 1-7). New York, NY: Brunner-Routledge.
- Freudenberger, H. (1974). Staff burnout. *Journal of Social Issues, 30*(1), 159-165.
- Gopelrud, E. N. (1980). Social support and stress during the first year of graduate school. *Professional Psychology, 11*(2), 283-290.
- Grosch, W. M., & Olsen, D. C. (1994). *When helping starts to hurt*. New York, NY: Norton.
- Harr, C., & Moore, B. (2011). Compassion fatigue among social work students in field placements. *Journal of Teaching in Social Work, 31*(3), 350-363.
- Kim, H., & Stoner, M. (2008). Burnout and turnover intention among social workers: Effects of role stress, job autonomy, and social support. *Social Work in Health Care, 32*(3), 5-25.
- Kim, H., Ji, J., & Kao, D. (2011). Burnout and physical health among social workers: A three-year longitudinal study. *National Association of Social Workers, 56*(3), 258-268.
- Lambie, G. W. (2006). Burnout prevention: A humanistic perspective and structured group supervision activity. *Journal of Humanistic Counseling, Education, and Development, 45*(1), 32-44.
- Lloyd, C., King, R., & Chenoweth, L. (2002). Social work, stress and burnout: A review. *Journal of Mental Health, 11*(3), 255-265.
- Maslach, C. (1982). *Burnout: The cost of caring*. Englewood Cliffs, NJ: Prentice-Hall.
- Maslach, C. (1993). Burnout: A multidimensional perspective. In C. Maslach, W. B. Schaufeli, & T. Marek (Eds.), *Professional burnout* (pp. 19-32). Washington, DC: Taylor & Francis.
- Maslach, C. (2003). *Burnout: The cost of caring*. Cambridge, MA: Malor Books.
- Maslach, C., & Jackson, S. E. (1996). Maslach Burnout Inventory Human Services Survey (MBI-HSS). In C. Maslach, S. E. Jackson, & M. P. Leiter (Eds.), *MBI Manual* (3rd ed., n.p.). Mountain View, CA: CPP, Inc.
- Maslach, C., & Leiter, M. (1997). *The truth about burnout: How organizations cause personal stress and what to do about it*. San Francisco, CA: Jossey-Bass.
- Maslach, C., & Schaufeli, W. B. (1993). Historical and conceptual development of burnout. In C. Maslach, W. B. Schaufeli, & T. Marek (Eds.), *Professional burnout: Recent developments in theory and research* (pp. 1-18). Washington, DC: Taylor & Francis.
- Maslach, C., Jackson, S. E., & Leiter, M. (1996). *Maslach burnout inventory manual*. Palo Alto, CA: Consulting Psychologists Press.
- Maslach, C., Schaufeli, W. B., & Leiter, M. (2001). Job burnout. *Annual Review of Psychology, 52*(1), 397-422.

- McCann, L., & Pearlman, L. A. (1990). Vicarious traumatization: A framework for understanding the psychological effects of working with victims. *Journal of Traumatic Stress, 3*(1), 131-149.
- National Association of Social Workers (2009). Professional self-care policy. In S. Lowman & L. M. O'Hearn (Eds.), *Social Work Speaks: National Association of Social Workers Policy Statements 2009–2012* (8th ed., pp. 268–272). Washington, DC: National Association of Social Workers Press.
- Orem, D. E. (1978). Nursing theories and their function as conceptual models for nursing practice and curriculum development. In K. M. Renpenning & S. G. Taylor (Eds.), *Self-care theory in nursing: Selected papers of Dorothea Orem* (pp. 108-116). New York, NY: Springer.
- Orem, D. E. (2001). *Nursing: Concepts of practice* (6th ed.). St. Louis, MO: Mosby.
- Pearlin, L. I. (1989). The sociological study of stress. *Journal of Health and Social Behavior, 30*(3), 241-256.
- Pearlin, L. I., Menaghan, M. A., Lieberman, M. A., & Mullan, J. T. (1981). The stress process. *Journal of Health and Social Behavior, 22*(4), 337-356.
- Puranova, R. K., & Muros, J. P. (2010). Gender differences in burnout: A meta-analysis. *Journal of Vocational Behavior, 77*(2), 168-185.
- Renpenning, K. M., & Taylor, S. G. (2003). Introduction. In K. M. Renpenning & S. G. Taylor (Eds.), *Self-care theory in nursing: Selected papers of Dorothea Orem* (pp. xix-xxv). New York, NY: Springer.
- Rupert, P. A., & Kent, J. S. (2007). Gender and work differences in career-sustaining behaviors and burnout among professional psychologists. *American Psychology Association, 38*(1), 88-96.
- Saakvitne, K. A., & Pearlman, L. A. (1996). *Transforming the pain: A workbook on vicarious traumatization*. New York, NY: W. W. Norton Co.
- Schaufeli, W. B., & Enzmann, D. (1998). *The burnout companion to study and practice: A critical analysis*. London, UK: Taylor & Francis.
- Siebert, D. C. (2004). Depression in North Carolina social workers: Implications for practice and research. *Social Work Research, 28*(1), 30-40.
- Skovholt, T. M. (2001). *The resilient practitioner: Burnout prevention and self-care strategies for counselors, therapists, teachers, and health professionals*. Boston, MA: Allyn & Bacon.
- Soderfeldt, M., Soderfeldt, B., & Warg, L. (1995). Burnout in social work. *Social Work, 40*(5), 638-646.
- Stamm, B. H. (2009). *Professional quality of life: Compassion satisfaction and fatigue scale*. Retrieved from [http://www.proqol.org/uploads/ProQOL\\_5\\_English.pdf](http://www.proqol.org/uploads/ProQOL_5_English.pdf)
- Stamm, B. H. (2010). *The concise ProQOL manual*. Retrieved from [http://proqol.org/uploads/ProQOL\\_Concise\\_2ndEd\\_12-2010.pdf](http://proqol.org/uploads/ProQOL_Concise_2ndEd_12-2010.pdf)

- Sze, W. C., & Ivker, B. (1986). Stress in social workers: The impact of setting and role. *Social Casework, 67*(3), 141-148.
- Thoits, P. A. (1995). Stress, coping, and social support processes: Where are we? What next? *Journal of Health and Social Behavior, 35*(extra issue), 53-79.
- Valent, P. (2002). Diagnosis and treatment of helper stresses, traumas, and illnesses. In C. R. Figley (Ed.), *Treating compassion fatigue* (pp. 17-38). New York, NY: Brunner-Routledge.
- Weiss, L. (2004). *Therapists guide to self-care*. New York, NY: Brunner-Routledge.