Resilient Retreat, Inc.



RESILIENTRETREAT

Compassion Satisfaction and Fatigue for First Responders and Helping Professionals During COVID-19

2020



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Summary

In an effort to understand current levels of compassion satisfaction (*the positive emotions experienced from helping others at work*) and compassion fatigue (*the negative emotions individuals feel from helping others at work*), first responders and helping professionals throughout the community were invited to complete a confidential online survey. Demographic information, as well as input on specific services that respondents felt would be helpful in dealing with their work-related stress were also collected. Surveys were completed by 239 individuals from a variety of helping professions, including but not limited to medical, law enforcement, non-profit, fire/EMS, education, mental health, and human services staff.

The majority of participants reported that they "often" experience most of the items measuring compassion satisfaction. Advocates reported the highest levels of compassion satisfaction while law enforcement reported the lowest. The average score reflected a "moderate" score of compassion satisfaction for all professional disciplines.

Compassion fatigue consists of two elements: burnout and secondary traumatic stress. Firefighters/EMS reflected the highest levels of burnout, while advocates reported the lowest. School personnel reported the highest level of secondary traumatic stress, while law enforcement reported the lowest. Overall, 50% of local first responders/helping professionals reported experiencing compassion fatigue, with 50.4% reporting moderate to severe burn-out and 48.9% reporting moderate to severe secondary traumatic stress.

Since the onset of COVID-19, 62% of first responders/helping professionals reported that their personal lives have been harder and 74% reported their professional life has been made more difficult. Approximately 25% of respondents shared that they are currently seeking supportive services to help them cope with the stress of the pandemic. Services targeted to helping the body and spirit were selected as the most helpful by respondents. However, a majority of participants stated that they would also find benefit in services related to the mind.

With over half of those surveyed reporting compassion fatigue, this report illustrates the importance of providing services to our helping professionals and first responders who are currently experiencing the negative impact of current world circumstances coupled with their on-going professional demands. While the majority of respondents experience satisfaction in their work, this data shows that the struggle with compassion fatigue has a negative impact on the individuals and, in turn, on those whom they serve. Resilient Retreat is poised to assist with mitigating these impacts and will continue to provide evidence-based programs designed to this end. The impact of these services in countering the negative effects of compassion fatigue is critical to the creation of a healthier community where not only our helping professionals thrive, but those who they serve receive the highest quality of services.



Introduction

Resilient Retreat, Inc. is a new and innovative approach to help those impacted by trauma and abuse. A vast array of inter-disciplinary evidence-based programs are currently being offered to address the impact of trauma on the mind, body, and spirit (e.g., journaling, art therapy, neurofeedback, equine therapy). Resilient Retreat is also currently building a retreat center that will offer these programs in a comforting three-to-five day retreat. Free programming will be offered to abuse survivors (e.g., domestic violence, child abuse, sexual violence) and first responders/helping professionals who witness trauma everyday in the workplace (e.g., advocates, fire fighters, mental health professionals). Moreover, Resilient Retreat offers community trainings on trauma-informed care and compassion fatigue on a sliding scale fee. Resilient Retreat, Inc.'s operation and programming is based out of Sarasota, Florida.

To understand how much first responders/helping professionals in our community experience compassion satisfaction (i.e., the positive emotions experienced from helping others at work) and compassion fatigue (i.e., the negative emotions individuals feel from helping others at work), first responders/helping professionals from many non-profit and government agencies were invited to participate in an online survey. Compassion fatigue is broken into two parts: (1) Burnout (i.e., slow onset of feelings of hopelessness, that one's work has little positive impact, and difficulties in dealing with work) and (2) Secondary traumatic stress (i.e., rapid onset of symptoms that mirror posttraumatic stress disorder, such as nightmares, difficulty sleeping, and flashes of intrusive images and/or thoughts, due to secondary exposure to extremely or traumatically stressful events). This survey also asked first responders/helping professionals to provide demographic information and to identify specific services related to the mind, body, and spirit that would be helpful to them in dealing with work-related stress.

The survey was administered as a confidential online survey through Google Forms from June-September 2020. A link to the survey was disseminated to supporting agencies. Employees from the following agencies responded: Venice Fire Department, North Collier Fire Department, Riley County Police Department, Longboat Key Fire, Resilient Retreat, Children First, Harvest House, Visible Men Academy, Safe Place Rape Crisis Center, Sarasota Memorial Hospital, Step Up Suncoast, Easterseals, Operation PAR, Safe Children Coalition, Forty Carrots, Gulf Coast Medical Group, The Lean on Me Project, Florida Department of Health, St. Vincent de Paul CARES, Florida Firefighter Safety & Health Collaborative, Greater Naples Fire Department, Pines of Sarasota, Penn Medicine, CenterPlace Health, Teen Court of Sarasota, Sarasota Medical Pregnancy Center, Sheriff's Office, Department of Health, City of Sarasota, VA, TJUH, Bressler Counseling, NAMI, Sanibel Fire Rescue, Westcoast Black Theatre Troupe, Mothers Helping Mothers, First Step, The Haven, Unidos Now, and The Bay Park Conservancy. Additional agencies may have responded; however, some survey responses lacked an agency name, and therefore, they are not reflected in the agencies listed above.



The results of this survey will inform (1) the extent to which first responders/helping professionals experience compassion satisfaction and compassion fatigue, and (2) the impact of COVID-19 on first responders/helping professionals, and (3) the specific services related to the mind, body, and spirit that first responders/helping professionals believe would be helpful to them in dealing with work-related stress. Findings will be used to guide the efforts of Resilient Retreat, Inc. to address the impact of compassion fatigue and promote compassion satisfaction in first responders/helping professionals in our area.



Survey Data Report

1. Response Rate

First responders/helping professionals were invited to participate in a survey on compassion satisfaction, compassion fatigue (i.e., burnout and secondary traumatic stress), and specific services related to the mind, body, and spirit to help them deal with work-related stress.

239 first responders/helping professionals participated in the survey. Respondents could choose the questions they wished to answer and could exit the survey at any point. Accordingly, the number of responses presented in the following tables vary by question because some participants chose to skip some of the questions. However, most respondents completed the entire survey.

In Table 1, we present the response rate broken down by type of position. Medical professional had the highest response rate (25.1%) and law enforcement (1.3%) had the lowest response rate.

Table 1: Response Rate (N=235)			
	N	%	
Position			
Medical professional	59	25.1%	
Mental health professional	38	16.2%	
Fire/EMS	34	14.5%	
Advocate	33	14.0%	
School personnel/teacher	31	13.2%	
Human services professional (e.g., case manager)	15	6.4%	
Law Enforcement	3	1.3%	
Other (e.g., non-profit professional)	22	9.4%	



2. Participant Demographic Information

In Table 2, we present demographic characteristics of participants. Survey respondents were most likely to identify as woman (78.9%). The average age of participants was 45.3 years old and most identified as White (90.6%).

Table 2: Participant Demographics (N=237)			
	N	%	
Gender Identity			
Woman	187	78.9%	
Man	49	20.7%	
Other	1	0.4%	
Age Range			
18-24	4	1.7%	
25-30	18	7.7%	
31-35	29	12.4%	
36-40	29	12.4%	
41-45	32	13.7%	
46-50	50	21.4%	
51+	72	30.8%	
Race			
White	212	90.6%	
Black or African American	8	3.4%	
Asian	3	1.3%	
American Indian or Alaska Native	1	0.4%	
Other	10	4.3%	



3. Reports of Compassion Satisfaction

Participants answered questions about their compassion satisfaction on a scale of 1 to 5 (1=never, 5=very often). Higher scores on this scale represent a greater satisfaction related to participants' ability to be an effective helper in their job.

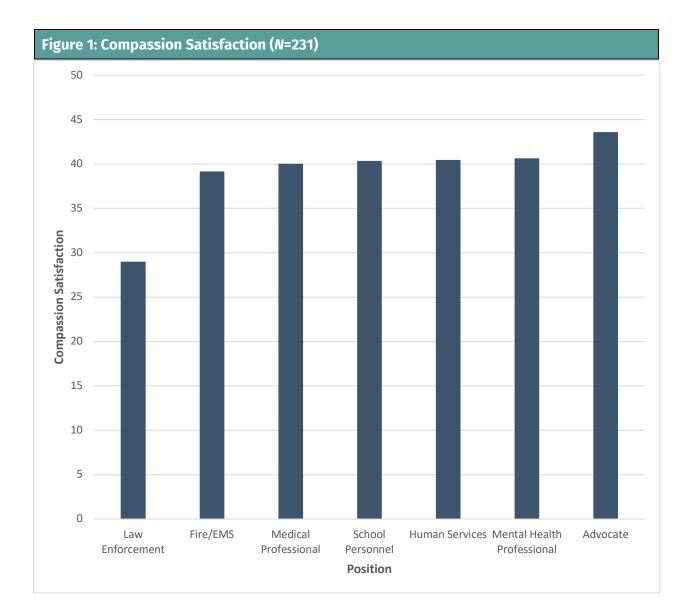
In Table 3, we present the responses for each item of the compassion satisfaction measure. The majority of participants reported that they "sometimes" or "often" experience most of the compassion satisfaction items. An overall average score was calculated for compassion satisfaction (*M*=40.7). Average scores for compassion satisfaction are considered low if 22 or less, moderate if between 23 and 41, and high if 42 and above. Thus, the average score suggests first responders who participated in the survey rank as moderate on compassion satisfaction.

Table 3: Compassion Satisfaction (N=237)					
	Never	Rarely	Sometimes	Often	Very Often
	N (%)	N (%)	N (%)	N (%)	N (%)
I get satisfaction from being	-	1	14	97	125
able to help people		(0.4%)	(5.9%)	(40.9%)	(52.7%)
I feel invigorated after	-	15	85	92	44
working with those I help		(6.4%)	(36.0%)	(39.0%)	(18.6%)
I like my work as a helper	-	5 (2.1%)	27 (11.5%)	102 (43.4%)	101 (43.0%)
I am pleased with how I am able to keep up with helping techniques and protocols	1 (0.4%)	13 (5.5%)	59 (25.1%)	119 (50.6%)	43 (18.3%)
My work makes me feel	-	11	56	96	73
satisfied		(4.7%)	(23.7%)	(40.7%)	(30.9%)
I have happy thoughts and feelings about those I help and how I could help them	1 (0.4%)	4 (1.7%)	56 (23.6%)	120 (50.6%)	56 (23.6%)
I believe I can make a	-	9	34	94	100
difference through my work		(3.8%)	(14.3%)	(39.7%)	(42.2%)
I am proud of what I can do to help	-	-	36 (15.2%)	88 (37.1%)	113 (47.7%)
I have thoughts that I am a	1	13	76	108	39
"success" as a helper	(0.4%)	(5.5%)	(32.1%)	(45.6%)	(16.5%)
I am happy that I chose to do	-	9	26	82	119
this work		(3.8%)	(11.0%)	(34.7%)	(50.4%)



3A. Comparison of Position for Compassion Satisfaction

An average score was created for compassion satisfaction for each type of position. In Figure 1, we present the average score for compassion satisfaction for each position. Advocates reported the highest levels of compassion satisfaction (*M*=43.6), while law enforcement reported the lowest (*M*=29). Advocates ranked as <u>high</u> on compassion satisfaction (i.e., scores over 42) while law enforcement, fire/EMS, medical professional, school personnel, human services, and mental health professional ranked as <u>moderate</u> on compassion satisfaction (i.e., scores between 23 and 41).





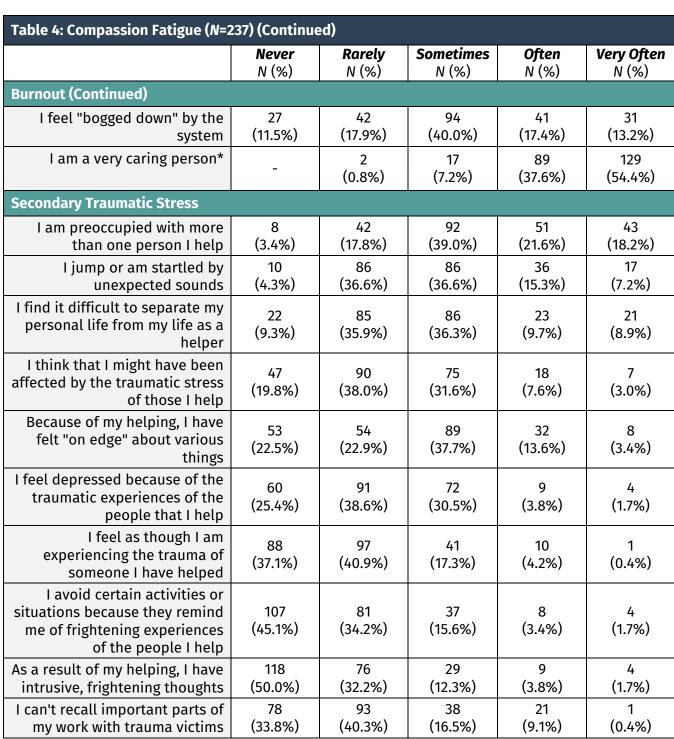
4. Reports on Compassion Fatigue

Participants answered questions about their compassion fatigue on a scale of 1 to 5 (1=never, 5=very often). Compassion fatigue consists of 2 elements: Burnout and secondary traumatic stress. Higher scores on this scale mean that individuals are at higher risk for burnout or are reporting higher levels of traumatic stress symptoms.

In Table 4, we present the responses for each item of the compassion fatigue measures. The majority of participants reported that they "sometimes" or "often" experience most of the burnout items and "sometimes" or "rarely" experience the secondary traumatic stress items. Overall average scores were also calculated for burnout (M =23.4) and secondary traumatic stress (M =23.6). Average scores for burnout and secondary traumatic stress are considered low if 22 or less, moderate if between 23 and 41, and high if 42 and above. Thus, the average scores suggest first responders/helping professionals that responded to the survey ranked as <u>moderate</u> on burnout and <u>moderate</u> on secondary traumatic stress.

Overall, 50.4% of first responders/helping professionals reported moderate to severe burnout and 48.9% of first responders/helping professionals reported moderate to severe secondary traumatic stress. This suggests that roughly 50% of local first responders/helping professionals are experiencing compassion fatigue.

Table 4: Compassion Fatigue (N=237)					
	Never	Rarely	Sometimes	Often	Very Often
	N (%)	N (%)	N (%)	N (%)	N (%)
Burnout					
I am happy*	-	2 (0.8%)	67 (28.3%)	118 (49.8%)	50 (21.1%)
I feel connected to others*	-	11 (4.7%)	70 (29.9%)	96 (41.0%)	57 (24.4%)
I am not as productive at work because I am losing sleep over traumatic experiences of a person I helped	86 (36.3%)	106 (44.7%)	40 (16.9%)	5 (2.1%)	-
I feel trapped by my job as a	100	61	50	19	6
helper	(42.4%)	(25.8)	(21.2%)	(8.1%)	(2.5%)
I have beliefs that sustain me*	5	9	56	78	86
	(2.1%)	(3.8%)	(23.9%)	(33.3%)	(36.8%)
I am the person I always	2	16	90	91	38
wanted to be*	(0.8%)	(6.8%)	(38.0%)	(38.4%)	(16%)
I feel worn out because of my	13	40	99	54	30
work as a helper	(5.5%)	(16.9%)	(41.9%)	(22.9%)	(12.7%)
I feel overwhelmed because my	18	46	99	48	26
work load seems endless	(7.6%)	(19.4%)	(41.8%)	(20.3%)	(11.0%)

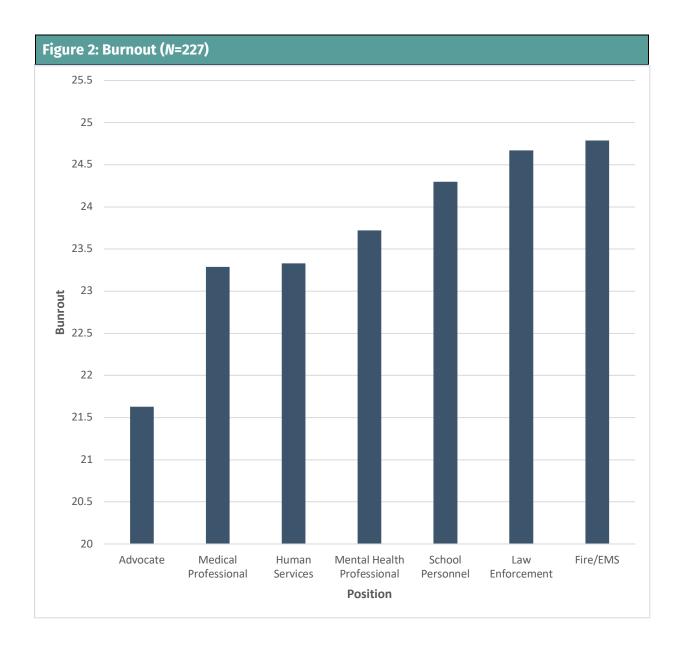


*Items are reverse scored, where a score of a 1 = a score of a 5. Scientifically, the measure works better when these questions are asked in a positive way though they can tell us more about their negative form.



4A. Comparison of Position for Burnout

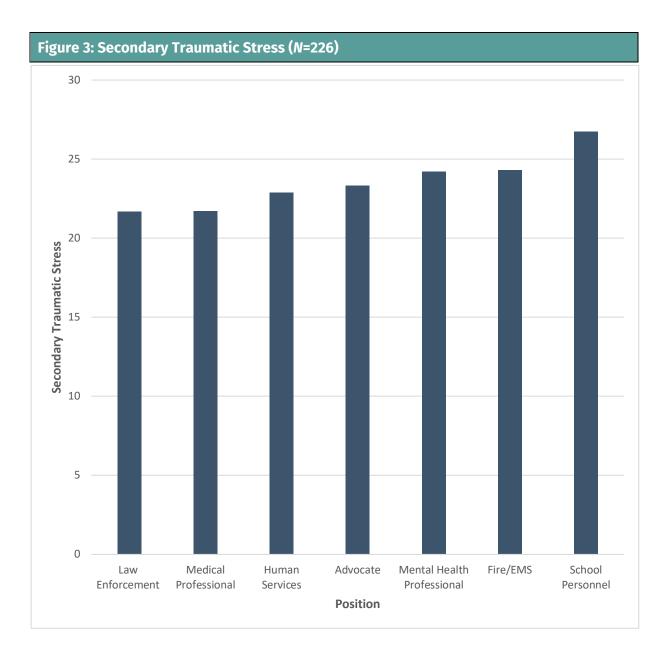
An average score was created for burnout for each type of position (e.g., advocate, fire fighter). In Figure 2, we present the average score for burnout for each position. Fire/EMS reported the highest levels of burnout (*M*=24.8), while advocates reported the lowest (*M*=21.6). Advocates ranked as <u>low</u> on burnout (i.e., scores 22 and below) while medical professionals, human services, mental health professionals, school personnel, law enforcement, and fire/EMS ranked as <u>moderate</u> on burnout (i.e., scores between 23 and 41).





4B. Comparison of Position for Secondary Traumatic Stress

An average score was created for secondary traumatic stress for each type of position. In Figure 3, we present the average score for secondary traumatic stress for each position. School personnel reported the highest levels of secondary traumatic stress (*M*=26.7), while law enforcement reported the lowest (*M*=21.7). Law enforcement, medical professionals, and human services ranked as <u>low</u> (i.e. scores 22 and below) on secondary traumatic stress while advocates, fire/EMS, mental health professional, and school personnel ranked as <u>moderate</u> on secondary traumatic stress (i.e., scores between 23 and 41).





5. Impact of COVID-19

Participants answered a series of questions about how COVID-19 has impacted their personal and professional lives. Participants also answered questions about services to help assist during the pandemic.

In Table 5, we present the responses for each of the questions. Since COVID, 62% of first responders/helping professionals reported their personal life has been harder and 75% reported their professional life has been harder. Roughly 24% of first responders/helping professionals are currently looking for services to cope with the stress of the pandemic.

Table 5: Impact of COVID-19 (N=235)					
Personal					
	Easier	About the Same	Harder		
	N (%)	N (%)	N (%)		
Since COVID, my personal life	6	83	146		
has been:	(2.6%)	(35.3%)	(62.1%)		
How has COVID impacted your personal life? If so, how?*	 (1.0.0) (0.1.10) (0.1.10) "I feel as though I am in this constant internal battle between feeling confident that we are going to beat this virus and also a sense of hopelessness for this nation and world. This internal struggle seems to be shared by many of my clients as well." "Caregiving for aging in-laws has been difficult with numerous ER visits, hospital stays, and no visitors. Cancelling vacations, holidays, birthday gatherings, missing work due to quarantine. Just found out today nephews were exposed during therapy. They have to miss camp for two weeks and someone has to miss work to care for them. This is exhausting." "Yes. My personal/social life has changed, it has impacted my children (school and friendships), it has impacted my spouse's job. It is a challenging time." "I have a [confidential] son that has some learning disabilities and because he has not had school or interaction with classmates or friends his mental health has been deteriorating. It's heartbreaking because he has social anxiety already and has worked so hard to build good relationships and I feel it's going to be hard to build 				
Professional					
	Easier	About the Same	Harder		
	N (%)	N (%)	N (%)		
Since COVID, doing my job	10	37	173		
has been:	(4.3%)	(15.9%)	(74.6%)		



	• "We can't close	e, because we are an esse	ential service. So I go
How has COVID impacted your professional life? If so, how?*	 to work and talk about [confidential] all day. But we also aren't supposed to be close to anyone who isn't in our household. I live alone. I can't travel, have sex, go dancing, or do any of the positive things that used to help my mind feel free from work, or that used to engage my body and sexuality in non-traumatic ways. I'm just alone, and the only things we are allowed are capitalism and work. No joy, no intimacy, no hugs from friends. All of the work/life balance messaging we get in normal times don't apply now. I'm living only to bring labor to an NGO. I miss experiencing human touch." "Yes. I have found that I have experienced increased anxieties related to caring for COVID patients mostly in that I am worried about potentially exposing my own family and those I care about that did not choose this career path." "My ability to connect with clients is made easier with the advent that I am able to better empathize with an issue we are all facing together." "During the first months of COVID, I was able to work more from home. This made a big positive difference in my life. I felt that my quality of life increased during that time. I am now back to office 40 hours a week and I am having a hard time. It just seems like too much at once. I discovered that more flexible schedule and work from home can make a big difference in the way I perform and feel about my job." 		
Services Needed			
	Yes N (%)	No N (%)	Other N (%)
Are you looking for services to help you personally or professionally through this pandemic?	57 (24.8%)	168 (73.0%)	5 (2.2%)
Do you have time to seek out services?	45 (45.9%)	52 (53.1%)	1 (1.0%)
	One Time Service N (%)	Short-term program N (%)	Long-term program N (%)
Are you looking for a:	6 (9.5%)	29 (46.0%)	18 (28.6%)

*Note: Due to space limitations, quotes were not provided from all of the 235 participants. Quotes were selected that represented common themes described by participants. Quotes from all 235 participants are available by request.



6. Reports on Services

Participants answered one question (i.e., *Would any of the following be helpful to you in dealing with stress related to your work?*) regarding specific services being helpful to them in dealing with work-related stress (0=no, 1=yes).

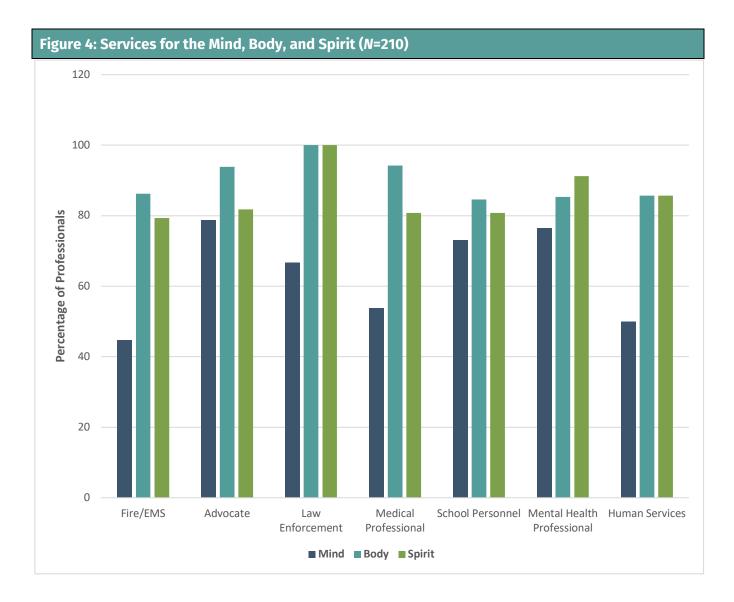
In Table 6, we present the responses for each item of the possible services, which is further broken down into mind, body, and spirit services. Overall, 64.3% were interested in services related to the mind, 90% in services related to the body, and 83.8% in services related to the spirit. Thus, the majority of first responders/helping professionals reported that body and spirit services would be most helpful to them in dealing with work-related stress.

Table 6: Services Related to the Mind, Body, and Spirit (N=210)			
	Interested N (%)		
Mind			
Mindfulness exercises	85 (40.5%)		
Neurofeedback	58 (27.6%)		
Support Services (e.g., counseling, a kind listening ear)	55 (26.2%)		
Therapy with horses	53 (25.2%)		
Therapy dog	51 (24.3%)		
Support groups	29 (13.8%)		
Body			
Massage	172 (81.9%)		
Exercise classes	104 (49.5%)		
Nutrition cooking	79 (37.6%)		
Classes on good sleep practices	49 (23.4%)		
Classes on the impact of stress on the body	38 (18.1%)		
Spirit			
Experiences in nature	110 (52.4%)		
Music	89 (42.4%)		
Meditation	89 (42.4%)		
Yoga	88 (41.9%)		
Art	63 (30.0%)		
Gardening	58 (27.6%)		
Faith	51 (24.3%)		



6A. Comparison of Position for Services

Percentages were calculated for each of the categories of services (i.e., mind, body, and spirit) for each type of position. In Figure 4, we present the percentage of people interested in each type of service category for each position. Overall, most positions reported that services related to the body would be most helpful and services related to the mind would be least helpful.





Use of Findings and Next Steps

The report findings illustrate the importance of providing services to first responders/helping professionals who experience compassion fatigue (i.e., burnout and secondary traumatic stress). The results will inform Resilient Retreat, Inc. about:

- 1. The extent to which first responders/helping professionals experience compassion satisfaction and compassion fatigue. Roughly 50% of first responders are experiencing moderate to severe burnout and/or secondary traumatic stress.
- 2. The extent to which the COVID-19 pandemic has impacted the well-being of our first responders/helping professionals. The results suggested that 74% of professionals reported their job has gotten harder since COVID-19.
- 3. The specific services related to the mind, body, and spirit that first responders believe would be helpful to them in dealing with work-related stress.
- 4. Future ways Resilient Retreat, Inc. may address the impact of compassion fatigue on first responders/helping professionals in our community.

The present study had several limitations. First, the present study only assessed compassion fatigue, burnout, and secondary traumatic stress from 239 first responders/helping professionals. Second, the data was particularly sparse from law enforcement. Future research should continue reaching out to first responders/helping professionals to better understand their unique challenges and needs, especially the unique challenges presented with COVID-19.

We welcome any questions or comments regarding this report. Please contact Sidney Turner, Ph.D., (<u>Sturner@resilientretreat.org</u>) with your feedback.



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