THE RELATIONSHIP BETWEEN SELF-CARE AND BURNOUT, COMPASSION SATISFACTION, AND SECONDARY TRAUMATIC STRESS AMONG HIGHER EDUCATION FACULTY MEMBERS

by

Ramón Jose Velez-Cruz

Liberty University

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

Doctor of Education

School of Behavioral Sciences

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APPROVED BY:

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ABSTRACT

This study used a quantitative correlational method to examine the correlation between self-care, burnout, compassion satisfaction, and secondary traumatic stress among higher education faculty members across multiple disciplines. One hundred and fifty-one participants from two higher education institutions and Listservs provided feedback for the study. Participants completed a demographics questionnaire and two surveys, the National Alliance in Mental Illness Self-care instrument and the Professional Quality of Life scale. Results showed collectively significant results between self-care and burnout, compassion satisfaction, and secondary traumatic stress. Physical self-care and emotional self-care had significant, positive relationships with compassion satisfaction. Physical self-care and emotional self-care had significant, negative relationships on burnout, while physical self-care and emotional self-care had significant, negative relationships on secondary traumatic stress. Psychological self-care, spiritual self-care, and workplace self-care were not significant predictors for compassion satisfaction, burnout, or secondary traumatic stress.

Keywords: burnout, compassion fatigue, compassion satisfaction, faculty, higher education, self-care.

Dedication

I dedicate this study to all the self-less educators who use their lives to create endless opportunities for their students. I especially dedicate this to my mom, an educator of over 40 years. "To teach is to touch a life forever." God bless you all.

Acknowledgements

First and foremost, I would like to thank my Lord and Savior, Jesus Christ, for granting me the strength, knowledge, capability, and opportunity to undertake this research study and to persevere and complete it successfully. Without His blessings, this achievement would not be possible.

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“Though the fig tree does not bud and there are no grapes on the vines, though the olive crop fails and the fields produce no food, though there are no sheep in the pen and no cattle in the stalls, yet I will rejoice in the Lord, I will be joyful in God my Savior. The Sovereign Lord is

my strength; he makes my feet like the feet of a deer; he enables me to tread on the heights" (Habakkuk 3:17-19, New International Version).

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CHAPTER ONE: INTRODUCTION

Overview

The topic of this study involved the need for faculty members to engage in self-care strategies to prevent issues with burnout, secondary traumatic stress, and compassion satisfaction. Discussion about the effects of burnout, compassion satisfaction, and secondary traumatic stress on higher education faculty members and their job responsibilities was also included in the study. The specific effects reviewed include emotional issues, the function of empathy in education, influence on students, burnout, and self-care strategies. The importance of promoting self-care strategies among higher education faculty and the study's significance to research and practice will also be discussed. Lastly, the study included information regarding how self-care strategies may be incorporated to prevent issues with compassion fatigue and burnout. A quantitative correlational design was used to examine the relationship between self-care, compassion satisfaction, and compassion fatigue among higher education faculty members.

Background

Yang et al. (2009) found teaching to be one of the most demanding occupations, with levels of stress similar to those experienced by police officers, paramedics, and social workers. Faculty members span many disciplines within higher education, including accounting, business, computer science, hospitality, student life skills, science, and mathematics. Faculty members within higher education often juggle many roles and responsibilities in their everyday work, and many may hold responsibilities outside of teaching that also require working closely with others. Faculty members may need to motivate students, serve as academic advisors and counselors, manage interns, perform administrative duties, and mentor fellow faculty members (Austin & Sorcinelli, 2013; Harrison & Killion, 2007).

When faculty members work closely with students in various capacities, they mimic the caregiving roles of social workers and some medical professionals. According to Mullen et al. (2018), such roles, in addition to teaching responsibilities, can lead to compassion fatigue, stress, and overall diminished wellbeing in teachers. Without self-care strategies, educators may be at risk for increased levels of burnout and compassion fatigue and decreased levels of compassion satisfaction. Two distinct wellness concepts are linked to emotional and physical wellbeing in educators: burnout and compassion fatigue (Burke & Greenglass, 1995; Hatcher et al., 2011). Compassion dissatisfaction and compassion fatigue among higher education faculty members are becoming more widespread.

Additionally, researchers believe the number of students who are experiencing some form of emotional distress is increasing, which may affect the students' professors (Glass, 2016). The mental health of students in higher education is becoming a public health concern (Brunner et al., 2014). Students come to college with emotional issues, and consequently, conversations between students and faculty members may be focused on the emotional distress and multifaceted life problems students bring to college, in addition to academic concerns (Brunner et al., 2014). Examples of these problems include navigating the university, roommate conflicts, career guidance, and adjusting to the academic rigor of higher education (Brunner et al., 2014).

Problem Statement

Few researchers have examined the emotional consequences of teacher stress and more specifically focused on the emotional consequences of stress in postsecondary educators (Watts & Robertson, 2010). Research on compassion fatigue in higher education faculty members is scarce and is mainly limited to Stove's (2014) research on student affairs professionals and Bernstein Chernoff's (2016) research on student conduct professionals. The lack of research on

compassion satisfaction and compassion fatigue of faculty members presents a problem. Researchers noted educators' emotional exhaustion or loss of compassion toward students and their job related directly to teaching-specific stressors (Roeser et al., 2012). Researchers suggested the primary stressors of teachers are the socioemotional demands of working with more than 30 students at once and managing other institutional demands (Unterbrink et al., 2012). Compassion fatigue has been researched in other helping professions; however, research is needed on the connections between self-care, compassion satisfaction, and compassion fatigue (i.e., burnout and secondary traumatic stress) in higher education faculty members to better understand the relationship between these factors in this population (Raimondi, 2019).

An educator's stress may impair personal and professional abilities, as well as compromise efficiency, which can negatively influence student achievement (Klusmann et al., 2016). Aversive emotional capability is most comprehensively encapsulated by the phenomenon of compassion fatigue, which includes burnout and secondary traumatic stress. Compassion fatigue may lead to negative approaches toward others (i.e., depersonalization) and a growing feeling of work-related dissatisfaction (i.e., diminished personal and work accomplishment; Watts & Robertson, 2010).

Purpose Statement

The purpose of this quantitative correlational study was to investigate the relationship between self-care, burnout, compassion satisfaction, and secondary traumatic stress among higher education faculty members across multiple disciplines. The sample included faculty members at postsecondary institutions. Variables of interest included self-care, compassion satisfaction, and compassion fatigue (i.e. burnout and secondary traumatic stress). Findings from this study may add to the research on compassion satisfaction and fatigue among higher

education faculty and help inform faculty and administrators of the importance of self-care. Additionally, they may provide possible strategies to reduce burnout based on compassion fatigue.

Significance of the Study

Educators, no matter the subject, are often drawn to teaching because of a core yearning to make a direct and positive change in the lives of other individuals (Bartholomew et al., 2014). Because of their altruism, educators often put their own emotional needs and self-care aside while encouraging, advising, teaching, and mentoring their students (Cardinal, 2013). Setting aside their own emotional needs and self-care may take a toll if not judiciously monitored and balanced. The effects of ignoring self-care can manifest in unforeseen ways, such as in the type of language used with students, how much attention is dedicated to students, and how classroom performance is managed (Harris et al., 2016). Self-care actions aimed at taking care of oneself physically, mentally, and emotionally allow the best of a person to be revealed and shared with others. Self-care may also help teachers remember the yearning that directed them to education in the first place, such as being dedicated to making a positive difference through teaching others (Tan, 2011). Findings of this research may allow higher education faculty members to see the effects of self-care and possible strategies to reduce burnout, compassion satisfaction, and secondary traumatic stress.

Research Questions and Null Hypotheses

The study sought to answer the following research questions:

RQ1: Is there a significant predictive relationship between self-care (physical, psychological, emotional, spiritual, and workplace) as measured by the National Alliance on

Mental Illness Self-Care Inventory and compassion satisfaction among faculty members, as measured by the Professional Quality of Life compassion satisfaction subscale?

Predictor variables: Self-care frequency (physical, psychological, emotional, spiritual, and workplace), as measured by the National Alliance on Mental Illness Self-Care Inventory. Criterion variable: Compassion satisfaction as measured by the Professional Quality of Life compassion satisfaction subscale.

RQ2: Is there a significant predictive relationship between self-care (physical, psychological, emotional, spiritual, and workplace) and burnout among faculty members, as measured by the Professional Quality of Life burnout subscale?

Predictor variables: Self-care frequency (physical, psychological, emotional, spiritual, and workplace). Criterion variable: Burnout, as measured by the Professional Quality of Life compassion satisfaction subscale.

RQ3: Is there a significant predictive relationship between self-care (physical, psychological, emotional, spiritual, and workplace), as measured by the National Alliance on Mental Illness Self-Care Inventory, and secondary traumatic stress among faculty members, as measured by Professional Quality of Life secondary traumatic stress subscale?

Predictor variables: Self-care frequency (physical, psychological, emotional, spiritual, and workplace). Criterion variable: Secondary traumatic stress, as measured by the Professional Quality of Life compassion satisfaction subscale.

The following null hypotheses were tested:

***H*$_0$1:** There is not a significant predictive relationship between self-care (physical, psychological, emotional, spiritual, and workplace) and compassion satisfaction among faculty members.

***H*0*2*:** There is not a significant predictive relationship between self-care (physical, psychological, emotional, spiritual, and workplace) and burnout among faculty members.

***H*0*3*:** There is not a significant predictive relationship between self-care (physical, psychological, emotional, spiritual, and workplace) and secondary traumatic stress among faculty members.

This study used a quantitative methodology to examine the predictive relationship between scores on a validated self-care instrument, the National Alliance on Mental Illness (NAMI) Self-Care Inventory, and levels of compassion satisfaction, burnout, and secondary traumatic stress, using the Professional Quality of Life (ProQOL) scale. The researcher will conduct a series of multiple linear regression analyses to examine any predictive relationships.

Definitions

The following terms are defined for use in this study:

1. *Burnout* - Burnout is a protracted reaction to prolonged emotional and relational stressors on the job. Burnout can lead to fatigue, disparagement, and professional inefficacy (Maslach & Leiter, 2016).
2. *Compassion fatigue* - Compassion fatigue refers to a diminished aptitude for empathy in those who care for others (Lynch, 2018). For the purposes of this study, compassion fatigue consists of burnout and secondary traumatic stress.
3. *Compassion satisfaction* - Compassion satisfaction refers to the feeling of fulfillment derived from empathizing with and helping others (Ledoux, 2015).
4. *Faculty member* - A faculty member is an individual who leads classroom-learning experiences in an interprofessional manner in the academic disciplines. Faculty members may have roles in addition to teaching, that include advising, administrative

duties, and serving on department and university committees (Austin & Sorcinelli, 2013).

5. *Secondary traumatic stress* - A natural but unsettling effect of working with traumatized clients. It is a set of noticeable responses to working with individuals who have been traumatized and emulates the signs of posttraumatic stress disorder (Figley, 1995).
6. *Self-care* - Self-care refers to self-focused curative activities designed to protect against the undesirable effects of working with closely and in supportive roles with individuals (Salloum et al., 2015).

Assumption of the Study

The following were assumed in this study:

1. The ProQOL scale is an accurate measure of compassion satisfaction and compassion fatigue among faculty participants.
2. The NAMI Self-Care Inventory is an accurate measure of frequent self-care practices.
3. The questions designed to measure compassion satisfaction and compassion fatigue accurately measure the constructs.
4. Frequency of self-care has an impact on compassion satisfaction and compassion fatigue.
5. Self-care is a preventative measure in faculty burnout.
6. All participants in this study will participate honestly and voluntarily.

Summary

The purpose of this quantitative correlational study was to investigate the relationship between self-care, burnout, compassion satisfaction, and secondary traumatic stress among higher education faculty members across multiple disciplines. It is not known how self-care, burnout, compassion satisfaction, and secondary traumatic stress are related in higher education faculty members. Findings from this study may extend research on compassion satisfaction and compassion fatigue and help inform faculty and administrators in higher education of the importance of self-care to reduce burnout based on compassion fatigue. Tan (2011) discussed how self-care activities aimed at taking care of oneself physically, mentally, and emotionally allow the best of a person to be revealed to and shared with others. A quantitative correlational design will be used to examine the relationship between self-care, burnout, compassion satisfaction, and secondary traumatic stress among higher education faculty members.

CHAPTER TWO: LITERATURE REVIEW

Overview

The literature review explores the education system and the binary pillars of students and educators. Discussion regarding higher education professionals, faculty members, and job responsibilities are also included in the review of literature. The specific effects reviewed include emotional needs, function of empathy in education, and influence on students and self-care strategies. Promoting self-care strategies among professionals, alongside the important features and important effects is also reviewed. The significance in the self-care research, and positive and negative effects of self-care strategies will be also be addressed. Lastly, the review includes information regarding how self-care strategies may be incorporated to prevent issues with compassion satisfaction and compassion fatigue. The review focuses primarily on faculty members in the area of prevention and intervention efforts for compassion satisfaction and compassion fatigue within higher education.

Conceptual Framework

The affiliation individuals have with their job, and the problems that may ascend when that connection goes awry, are documented as an important phenomenon of the modern age. The term burnout is considered vital and contentious in the research field because of the suggestive power of the term to capture the truths of an individual's occurrences in the workplace (Maslach et al., 2001). Freudenberger's (1975) introduction of the term burnout, describing exhaustion seen amid caregiving professions such as nurses, social workers, or teachers, is now over 30 years old. Initial articles related to burnout were written by Freudenberger, a psychiatrist occupied in an alternative health care agency, and by Maslach (1976), a social psychologist who studied emotions in the job place. Freudenberger delivered direct interpretations of the process

by which he and others faced emotional exhaustion and a loss of commitment and inspiration. He labeled it with a term used colloquially to signify the results of chronic drug abuse: burnout. Maslach et al. (2001) cross-examined a widespread of human services workers about the emotional anxiety of their jobs and revealed coping strategies had significant suggestions for individual's work identity and job performance. Burnout research had its roots in caregiving and service occupations, in which the core of the job was the relationship between the provider and recipient of the service (Maslach & Leiter, 2008). This interpersonal context of the job meant, from the beginning, burnout was studied not so much as an individual stress response, but in terms of an individual's relational transactions in the workplace. This interpersonal context focused attention on the individual's emotions, and on the motives and values underlying their work with recipients. Work stress has been acknowledged as an important professional hazard, which may impair bodily health, mental well-being, and employment functions (Maslach & Leiter, 2008). The amount of work stress faced by individuals may lead to burnout. Burnout is a dysfunctional condition both working individuals and organizations would like to modify. Growing concerns have led researchers to examine why burnout in workers may exist (Maslach & Goldberg, 1998). Maslach and Jackson's (1981) initial research concentrated just on burnout, which established a psychological syndrome that included an extended reaction to chronic personal stressors on the job. Nevertheless, studies on the psychological well-being of faculty members in higher education are very limited (Garcia et al., 2008). Faculty members face stresses, such as research, outreach programs, and other duties, as assigned. Many of these demands may expose faculty to burnout, lack of compassion satisfaction, and secondary traumatic stress. Burnout distresses the physical health and emotional and social health of faculty

members, but it is still uncertain how it may impact their compassion satisfaction and compassion fatigue (Alves et al., 2019).

Faculty members who may provide career and academic advice may be recommended to follow the guidelines of a college advisor for development and implementation of their curriculum and services. The National Academic Advising Association (NACADA) requires advising programs include direct services (e.g., core curriculum, student academic/career planning; Himes, 2014). The NACADA ideologies offer opportunities for faculty members to implement the core curriculum, which includes psychoeducational teachings, proposed to aid students, knowledge attainment, and outlooks and skills appropriate for their college development. The individual academic and career planning section supports faculty members to assist students in achieving their personal academic and career goals and in developing their academic and career plans (Himes, 2014). Alongside planning, faculty members must also adhere to creating weekly lesson plans, spanning 16 weeks per semester, to cover various academic skills topic. Stress often appears as a result of this combined workload (Galy et al., 2012). Therefore, faculty members advisors need to apply self-care strategies to prevent compassion fatigue and increase compassion satisfaction in their own work life (Showalter, 2010).

Employment in higher education, as a faculty member, may provide satisfying experiences. However, higher education teaching and advising may also be stressful and may deteriorate a faculty member's emotional well-being (Oliveira Filho et al., 2012). Faculty members experience similar demands to those described by teachers at other levels of education (Oliveira Filho et al., 2012). Different burdens, such as academic research, program outreach, and services to their universities are particularly associated to faculty member workload. The

effects of this work on faculty members' psychological well-being has not been studied in detail. However, losses in their quality of life highly distress other individual's lives and their quality of instruction (Tabeleão et al., 2011). Thus, efforts should be made to preserve faculty members' psychological well-being. Researchers argue a constant exposure to occupational stress (e.g., high work demand and low resources) may cause compassion fatigue, decrease compassion satisfaction, and possible burnout syndrome (Bakker & Demerouti, 2007). The issues of psychological well-being in faculty members is articulated by emotive exhaustion, which often results in negative behavior, unfriendliness from students, and damaging evaluation of their faculty role (Maslach et al., 2001). Researchers revealed addressing teacher stress on the job remains a significant challenge in education, despite the crucial role of educators in fostering students' academic learning and social-emotional well-being (Mullen et al., 2018). Without the practice of self-care strategies, educators may be at risk of burnout, compassion fatigue, and decreased compassion satisfaction.

Related Literature

This review of literature explores the concerns of compassion fatigue, compassion satisfaction, and self-care strategies among various occupations, with emphasis on education professions. Effects of compassion fatigue, maintaining compassion satisfaction, promoting self-care, and stress management are also explored. Promoting self-care is reviewed in terms of the roles and efforts of prevention and intervention related to compassion satisfaction and compassion fatigue among faculty members in higher education. Considering the need for positive emotional well-being, protective factors are explored in the section of organizational involvement. Prevention and intervention are also explored within higher education concerning possible deficit of skilled professionals. Information regarding how higher education professions

are dealing with the issues of burnout, compassion satisfaction, secondary traumatic stress, and self-care strategies among its faculty members is addressed, in addition to self-care strategies and prevention and intervention efforts. The purpose of this review and study is to demonstrate the need for self-care intervention in the area of compassion satisfaction and compassion fatigue and prevention. In addition, this review will explore how faculty members may implement prevention and intervention strategies and lead efforts in educating and intervening self-care strategies to prevent burnout, increase compassion satisfaction, and reduce secondary traumatic stress.

Self-Care

Psychological well-being of individuals is not yet considered mainstream in the business world. A positive psychological experience is associated with self-care. The term self-care surfaced in the popular, modern westernized world (Faveere, 2018). Self-care is often endorsed as a curative or protective activity against the undesirable effects of working with distressed individuals (Salloum et al., 2015). Its practice is hypothesized as the engagement in thoughts, moods, and behaviors that preserve and encourage physical, emotional, collective, and spiritual well-being (Tan & Castillo, 2014).

A common statement from caretakers in their interaction with clients, patients, or students is the statement, “You need to make sure to take care of yourself, eat healthy, get good rest, and reduce your worries.” Educators, like other caregiving professionals, are often remised in taking their own advice about emotional and physical wellness. Educators believe they can handle the stresses of work and personal lives, and they do not need to be concerned with their own wellness because it does not affect their professional practice. In daily work, caretaking professionals encounter students, clients, and patients who experience tremendous struggle.

Caretakers are their confidants and reverberators of feelings. The essence of teaching and counseling is to regularly beckon the vigor to engage with another individual's sentiments, while simultaneously balancing one's own private experiences and trials outside of the workplace (Bradley et al., 2013).

Although self-care may be easily discussed in a conversation about emotional and physical well-being, even experts in the counseling field found it challenging to manage self-care. Jeffrey Kottler styled his challenges of giving good client care while feeling distraught as, "There is not a day that goes by that I do not feel impaired in some way, hopefully not to the point that I hurt others, but at least to the point that my levels of competence are diminished" (Kottler & Hazier, 1996, p. 100). Even conspicuous historical figures in the field of psychotherapy, such as Carl Rogers, mentioned having trouble with handling self-care and client care; he stated, "I have always been better at caring for and looking after others than I have in caring for myself" (Rogers, 1995, p. 80).

Self-care encourages an individual's well-being in a variety of settings, from daily living to workplaces, to educational environments; it may vary extensively from individual to individual (Ogaswara et al., 2013). Self-care is unique to each individual and may involve various activities such as personal reflection, connecting with others, building professional skills, or participating in physical activities. Scholars in current higher education settings must accept a pledge to self-care that centers on the body, mind, and sentiments, alongside with a nourishing work-life steadiness.

Self-care is not "selfish care" or "self-centered care" (Tan, 2011). Self-care can be an opposing term for many professionals. The term has been misconstrued with being indulgent, egocentric, and entitled; however, focusing on oneself does not necessarily mean one is selfish.

Dr. Henry Cloud and Dr. John Townsend (2017) shared what selfish really means. Selfishness has to do with a fascination on one's individual demands and longings, to the disadvantage of others and the marginalization of one's responsibility to love others. The difference that makes a behavior selfish is the disrespect for individuals to one's own benefit (Cloud & Townsend, 2017).

> Self-care for the counselor; however, refers to healthy and wise strategies for taking good care of oneself as a counselor in order to manage stress well and prevent burnout... It is... loving and wise to engage in proper self-care that eventually leads to the helping and healing of others. (Tan, 2011, p. 19)

Perception of Self-Care

Although those in caregiving roles understand the need for self-care, many struggle to practice it. For example, nurses reported busy schedules, culpability, and the unwarranted demands of being a caregiver, worker, friend, and family member undermined their self-care plans (Wilson & Grams, 2007). Individuals in the field of clinical psychology shared obstacles to self-care, stating time spent on nonwork endeavors elicited feelings of blame (Kapadia, 2014). Individuals' perceptions of self-care created confusion over their profession's unreliable self-care messages.

Although self-care is of great importance, occupational responsibilities and professional development still take precedent for many individuals (Kapadia, 2014). Importance of self-care and careful consideration to self-care programming details are also vital factors in insights of and participation in self-care for psychology professionals (Burkhart, 2014). Among other professions, self-care was not explicitly named, but professionals reflected on the way their

health and well-being could not be discussed due to a deficiency in time and the expectations communicated by the school (Kligler et al., 2013).

Types of Self-Care

Self-care is an individual matter; everybody's method may be distinctive. The type of self-care relies on what an individual does at work and in their personal life to look after one's all-inclusive well-being so they can meet personal and professional obligations. Researchers found different characteristics to self-care and paradigm strategies that are useful. For example, workplace self-care involves activities that assist individuals at the professional level (Kravits et al., 2010; Skovholt & Trotter-Mathison, 2014). Physical self-care helps individuals stay fit and healthy with enough energy to continue working (Kravits et al., 2010; Skovholt & Trotter-Mathison, 2014). Psychological self-care helps individuals feel clear headed and able to intellectually engage with challenges in personal and professional settings. Emotional self-care allows individuals to safely experience a full range of emotions (Kravits et al., 2010; Skovholt & Trotter-Mathison, 2014). Spiritual self-care allows individuals to have a sense of perspective beyond the day-to-day life. Relationship self-care allows individuals to maintain supportive, healthy relationships and ensure individuals have diversity in their relationships, so they have meaningful social connections (Kravits et al., 2010; Skovholt & Trotter-Mathison, 2014).

Self-Care Priority

Self-care priority preserves the capability to aid others (Bradley et al., 2013). Working in a caretaker role can be both satisfying and challenging. The multifaceted requests of caring for students, clients, patients, and their families necessitates professionals to make self-care a priority. A good starting point includes having a self-care strategy, which addresses individual gifts and trials, including physical, emotive, cognitive, interpersonal, and spiritual factors.

Self-care strategies, such as recognizing skilled and personal strengths, or applying mindfulness and stress decreasing skills, may improve self-awareness. This promotes individual growth, which decreases the hazard of compassion fatigue and increases compassion satisfaction. By increasing individual self-understanding and attaining a clear view of one's own personality (e.g., views, beliefs, inspirations, and emotions), professionals across many occupations may improve their aptitude to be accustomed to their own emotional state. When a professional's private well-being is cautiously tended and stressors are managed, positive results such as work commitment, better empathy for others, personal gratification, and resilience often are the outcomes (Smit, 2017).

Adverse Effects of Poor Self-Care

There is adequate evidence to suggest practiced self-care may help to assuage many difficult employment circumstances; however, if no self-care plan is implemented, professionals may have adverse effects (Smullens, 2015). Professional educators are not immune to the effects of individual life events or to the impact of the work with often traumatized people, contrary to what many caretaker professions believe. Professionals who possess little to no self-care habits may be at risk of having adverse effects of poor self-care. Caretaker professionals tend to feel less fulfilled in their personal lives when dealing with hectic life events and not implementing self-care strategies. Those who have caretaker responsibilities in their daily work duties are more likely than those in noncaretaker jobs to be at risk for compassion fatigue, depression, and other emotional and physical problems (Hoe et al., 2013, 2014).

Self-Care Within Self-Compassion

Self-care within self-compassion supports psychological well-being for the working professional. Caretakers, especially therapists and counselors, are consistently open to stressful

situations and devastating emotions that may, over time, end in compassion fatigue or burnout. Although caretakers may normally promote self-care, many struggle to employ such wellness practices habitually, placing themselves at augmented risk for burning out or compassion fatigue. Compassion is vital to the caretaker role, as it allows caretakers to cultivate a healing relationship imperative for change; though, it is often tough to channel this compassion internally. Evolving an attitude of self-compassion and mindfulness in the framework of self-care may create space for a reliable, kind reaction to the difficulties intrinsic to caretaking (Coaston, 2017). Self-compassion consists of self-kindness, shared humanity, and mindfulness, and is characterized by tenderness with oneself when confronted with a professed sense of insufficiency or disappointment. Self-compassion is not based on an assessment of the self; self-compassion develops the path to connecting to one's self. The idea of self-compassion is consistent with the idea of self-acceptance (Neff & Costigan, 2014).

Gratification of Helping Others

Professionals experience pleasure from assisting others, known as compassion satisfaction. This is seen when individuals assist or care for others and end up feeling blissful from their work. Examples include when a nurse discharges a patient who has been ill for weeks, a therapist who has seen their client progress through therapy, or a teacher who sees their student improve their discipline. Many workplaces are theoretically compassionate arenas in nature, due to happenings in employees' personal lives or to administratively encouraged instances (Rynes et al., 2012). Compassion is vital in an educational setting. The educational workplace, which consists predominantly of teachers conveying care, affection, compassion, and sympathy toward their students, is the model site for nurturing compassion (Eldor & Shoshani, 2016). Examining educators as compassion receivers is significant, given current affective research in

organizational psychology, which has shown emotions exist between employees at work and even influence structural outcomes (Robinson et al., 2013).

Although many caretaking professions experience compassion satisfaction, higher education individuals are at higher risk of losing their compassion satisfaction as a result of the constant turnaround of students seen and taught in a single day. Researchers found higher education professionals should attempt to move toward compassion satisfaction, where individuals continue to pilot the worrying situations but have progressive outcomes for both the student and the professional (Raimondi, 2019). Levels of compassion satisfaction must be protected to avoid compassion fatigue among higher education professionals (Dunn & Rivas, 2014; Van Hook & Rothenberg, 2009). This may be accomplished by demonstrating better empathic concern to aid other individuals and understand alternative views of their issues. Often, this drops the higher education professional's perception of their own exhaustion (Snyder & Cistulli, 2009). Rather than concentrating on how difficult a student interaction is, higher education professionals could converse what necessities were met and celebrate the small wins. In a service industry where higher education professionals are acculturated to only see themselves in serving and caring for others, they need to develop their capacity to appreciate their own work (Snyder & Cistulli, 2009). Additionally, by redirecting the stress that comes from working with those who are suffering toward positive outcomes, those in caretaking professions may enjoy a sense of fulfillment as their clients, patients, or students' transition from being victims to survivors (Raimondi, 2019).

Stress Management

Stress management may change the role of workplace stress (Andrew et al., 2016). Professionals in the field of higher education, nursing, and social work feel stress to pursue

objectives related to several domains. Professionals may feel a sense of inherent motivation to pursue goals related to their areas, even when workplaces do not highlight performance in a specific domain. The need to do well in numerous, assorted areas associated to counseling, teaching, engagement, and research creates a condition in which professionals often must make tough decisions about how to spend their time; this often leads to cutting out self-care.

Displacing self-care activities and engaging in numerous stressful activities may also result in focus being placed on some role facets while others become ignored, which may cause occupational role-related stress (Andrew et al., 2016). It is best for a professional to understand the importance of achieving a role balance to manage stress. Achieving role balance may not only reduce stress and avoid issues of compassion satisfaction and fatigue, but it may also increase workplace productivity across the multiple job responsibilities (Andrew et al., 2016).

Causes and Effects of Secondary Traumatic Stress

Educators are taking on the role of "emotional mediators," which may cause what researchers call "dual stress," where educators may experience symptoms of both primary and secondary stress (Berger et al., 2016). The U.S. Department of Education recently recognized the potential for secondary traumatic stress in educators, predominantly as an outcome of traumatic happenings, such as natural disasters or school shootings (Hydon et al., 2015). Stress contains dealings between a stressor, the professed ability of the individual to accomplish an anticipated outcome, and the individual's managing response (Hydon et al., 2015). Stress is linked to various health issues, such as heart disease, immune deficiency, musculoskeletal disorders, gastrointestinal difficulties, respiratory disorders, sleep dysfunction, as well as many psychological disorders (Dugan & Barnes-Farrell, 2017).

Modern life is full of discomforting time limits and challenges. Most individuals find stress to be an ordinary and normal part of life. Stress does not always have a negative connotation. Stress within one's assistance zone may inspire an individual to do their best, help the individual perform under stress, or even keep the individual safe when susceptibility arises. When stress become overwhelming, it may harm one's well-being, mood, relationships, and quality of life (Colacion-Quiros & Gemora, 2016). Stress that affects one's life may also lead to compassion and work fatigue. This refers to the adverse effects of working environments, where stressors seem inevitable and sources of job displeasure and liberation from stress seem unavoidable (Khoramabadi et al., 2014).

Eeagan and Garvey (2015) suggested factors that impact stress: time restriction stress, arising from managerial responsibilities and general duties like bookkeeping, meetings, and disruptions; professional identity stress, which relates to keeping a professional image in the scholarly arena; stress from student contact, such as student assessments, teaching and advising/counseling; and stress in professional recognition or rewards, such as inadequate appreciation.

Compassion Satisfaction

Compassion satisfaction, an aspect of compassion fatigue, is a well-studied occurrence in the helping professions (e.g., educators, nurses, therapist, and social workers). Compassion satisfaction is the satisfaction an individual may originate from helping and subsidizing to the good of others (Ledoux, 2015). Compassion is instinctive in human beings. Compassion may be defined as a deep mindfulness of the distress of another person, coupled with the desire to eliminate the stressor. Recently, it has become progressively relevant in circumstances where an

ostensible awe-inspiring absence of compassion or stressful event within the caretaker's personal life allowed great hurt to come to patients, students, and clients (Baverstock & Finlay, 2016).

Avoiding Compassion Fatigue

Compassion fatigue defines what may happen when those whose responsibility it is to offer care for others experience a diminished aptitude for empathy (Lynch, 2018). The disadvantages of compassion fatigue in caretaking roles, specifically higher education roles, consist of emotional exhaustion, disconnection, and depersonalization, which eventually lead to poor job satisfaction and burnout. This stress may cause professionals to leave the field of higher education (Stoves, 2014). Researchers wonder why this occurrence happens. Experts in the field revealed college counseling centers may be observed as a place for students in distress; however, campus counseling centers are underutilized (i.e., not available to students) by student populations with the most emotive needs (Glass, 2016). Thus, instructors and faculty end up supporting students with emotional needs, even though many of them are not specifically trained to do so.

Higher education professionals are an added group prone to compassion fatigue because the caregiving nature of their work is comparable to other health services employees (Stoves, 2014). More students are arriving in higher education institutions with profound emotional needs, and student affairs professionals are habitually ill prepared to deal with the effects of helping students regarding their personal well-being. Compassion fatigue is well researched in other serving fields, and higher education should join the research and interventions, as appropriate, to avert compassion fatigue (Bernstien Chernoff, 2016; Brunner et al., 2014).

Enhanced self-care is the foundation of compassion fatigue deterrence. Researchers noted professionals need to prudently and scrupulously evaluate their own life situation and analyze the balance (Abramson, 2015). There is often talk about work life equilibrium; however, to cultivate one's compassion, they must recognize compassion drainers (e.g., work overload, stress). These may come from home or work. Many professionals have other life pressures to handle. For example, many are in the "panini generation," caring for both children and aging parents (Abramson, 2015; Baverstock & Finlay, 2016).

Compassion fatigue and stress may result in burnout. Burnout is categorized by feelings of bleakness, discontent, disconnectedness, being overwhelmed, fatigued, being out of touch with one's personal identity and inattentiveness to the occupational environment (Baverstock & Finlay, 2016). The undesirable feelings leading to compassion fatigue and subsequent burnout may have a slow onset, implying, if accepted, the situation might be enhanced. Burnout does not necessarily stem directly from the student/client/patient work, rather, it may be caused by the other work responsibilities, such as administrative duties, meetings, etc. (Baverstock & Finlay, 2016; Hallsten, 2017).

Burnout

With recent modifications in the area of postsecondary education, educators are challenged with increasing workplace projects, which leads to an upsurge in work stress-related problems (King-White & Rogers, 2018). Researchers have shown burnout represents a critical disruption in an individual's connection with work, resulting in a stage of fatigue in which one's occupational worth and capability to perform are doubted (Johnstone et al., 2016). Burnout may negatively affect personal life, as well as employers, in terms of reduced work eminence, patient/client contentment, and worker retention (Johnstone et al., 2016). One of the major

subsidizing factors to educator attrition is burnout, or unnecessary stresses that can cause a teacher to depart from the field. Plenty of research exists about the phenomenon; however, discussions within it have not included in-depth analyses from a compassion fatigue among the group of educators (Davis & Palladino, 2011).

Examining the significance of burnout, compassion fatigue, and self-care strategies among faculty, King-White and Rogers (2008) shared current changes in the field of higher education. Faculty are confronted with cumulative workplace assignments, which leads to an increase in work stress-related issues that obstruct health and wellness and efficiency.

Initial works of Maslach (1976) recognized burnout as an individual's experience as it relates to stress. This stress derives from personal relationships, which may be emotionally arduous and one-sided. The intent of the relationship is to benefit students, and due to this dynamic, the faculty member experiences a role that is exhausting by definition.

Work and Home Balance

Occupational stress may have harmful effects on educator job performance. For example, stressed educators are less confident in their work planning and classroom management, more likely to experience exhaustion, and more recurrently leave teaching, all of which undermine the classroom atmosphere ranging from K-12 to higher education (Klassen & Chiu, 2011). Work-life balance denotes the ideology of well-functioning collaboration between work, individual, and family life. This means the joint influence of the work and individual life compete with one other (Nitzsche et al., 2013). Often, individuals in caretaker roles may find disparity in their work and home life balance, which may eventually alter their self-care plans and then indirectly affect the levels of compassion satisfaction and compassion fatigue. Lack of time is a cause of modern stress, resulting from increased sociocultural burdens toward promptness, productivity, and

attainment in the three major life fields (i.e., leisure, work, home/family). The perception of time demands creates a condition where it is difficult for many individuals to find intervals to rest and recuperate from the pressures of life.

Researchers investigated the differences between leisure time and deliberate self-care to improve work/life balance (Dugan & Barnes-Farrell, 2017). Self-care exists when individuals recognize the need for recovery from the stresses created by work/life balance (i.e., accomplishing work responsibilities and home tasks). Individuals who practice self-care take breaks by briefly concluding their work and relaxing by removing themselves with the measured purpose of reinstating their psychobiological coordination to a more ideal state of comfort and functionality (Dugan & Barnes-Farrell, 2017). Researchers hypothesized downtime in the leisure domain somewhat in a different way because leisure does not assist with personal exertion that drains resources in the similar way paid work and family work do (Dugan & Barnes-Farrell, 2017). Thus, it does not necessitate the same cognitive-behavioral approaches for preserving resources. Leisure downtime happens when an individual participates in leisure that is curative in nature, branded by the involvement of physical relaxation and psychological detachment, and thus favorable to recovery (Park & Iacocca, 2014). Leisure downtime may be measured by a self-care plan when it is used to counter poor experiences in the other life domains, known as leisure payment (Dugan & Barnes-Farrell, 2017; Park & Iacocca, 2014).

Family Unit

When not handled appropriately with self-care, occupational stress may lead to physical illness, as well as psychological distress and mental illness. Professionals may see an increase in occupational stress, which has been connected to job insecurity and labor intensity (Moeller & Chung-Yan, 2013). This leads to greater interpersonal struggles and can have an impact on

family mental health. Family functions of the working professional may be affected due to professionals bringing home their work-place stressors and not knowing how to balance their psychological well-being (Moeller & Chung-Yan, 2013). This has a definite impact on stress since some individuals may count on the family unit to work with their self-care strategies and interventions (Bhui et al., 2016).

Organizational Involvement

Well-being at work and work-related stress are currently vital policy issues. Educator occupational well-being is defined as a positive responsive state subsequent from harmony between the amount of specific ecological factors on the one hand, and individual needs and expectations of educators on the other (Surawics, 2014). Well-being at work is often analyzed by an individual's occupation satisfaction, moods of self-efficacy, work stress or exhaustion, and organizational pointers, such as sick time and employee retention (Beshai et al., 2016; Surawocs, 2014).

The professionals in caretaker roles often have an occupational responsibility with a high occurrence of work-related stress. This may lead to continual physical and mental health complications in caretakers. It may also distress the health and well-being of individuals and enact an economic burden on the public budget, in terms of professional turnover and sickness absence. This phenomenon has been extremely prevalent in the education arena (Naghieh et al., 2015). Most assessed interferences for the well-being of educators are focused at the individual level and so do not face the foundations of stress in the workplace. Organizational level interventions are a probable solution to the issue (Surawics, 2014).

Ethical Consideration

A gap in occupational training and workplace education currently exists for educators (Mullen et al., 2017). Those preparing to become educators often receive instruction on pedagogy, classroom management, and other topics related to the work of teaching; however, they often do not receive training about the "other" role of educators, which is that of counselor (Mullen et al., 2017). Aspiring educators also do not often receive training about the importance of self-care and its effects on their work and stakeholders. Caretaker occupations are charged with preparing students, patients, and clients (whether they are individuals, groups, communities, or entire organizations) to face difficulties of their life. Part of that accountability includes a specialized and ethical responsibility to educate individuals in the practice of self-care (Newell & Nelson-Gardell, 2014). Often, the ethical responsibility of educating individuals on self-care falls on educators of specific caretaking fields or work administration of those in caretaking roles (Newell & Nelson-Gardell, 2014).

Caretaker roles must also take into consideration the importance of ethical consideration and standards that may be applicable to their specific line of work (Kurkowski, 2018). For example, the National Association of Social Workers Code of Ethics (2008) informs professionals their principal responsibility is to their clients. The specific standard, Standard 1.01, does not provide guidance on what to do when compassion fatigue exists and creates challenges with professional accountabilities to their clients or to the employer and the profession of social work. Although it is not clearly detailed in the code of standard and ethics, researchers submit self-care is an ethical responsibility, indirectly required by Standard 1.01 and other ethical duties to which social workers adhere (Sewpaul, 2014). Conversely, the American Counseling Association highlights the importance of a counselor monitoring their own

impairment. This includes emotional problems that may limit their professional responsibilities (American Counseling Association, 2014).

Monitoring Deficiencies

Not only is taking time to practice self-care challenging for those in caretaking roles, but it is also challenging for them to recognize personal deficiencies and struggles. Often, the work involved in caring for others sabotages individuals' self-awareness. Some challenges, including addictions, develop gradually and seem insignificant to the individual. It may be tough for a caretaker to distinguish when drinking occurrences have advanced to the point at which they are disturbing their work and personal life balance. Denial can often cause caretakers to become ineffective in their work. A caretaker may be in denial about an issue because it is too difficult (psychosomatically or socially) to confess to having their own personal problem. One method caretakers may use to raise consciousness of possible deficiencies is to conduct periodic self-assessments of their meticulousness of their life issues (Sawdon et al., 2017).

Ongoing supervision is a vibrant tool for raising mindfulness about the occurrence and possible influences of a caretaker deficiency (Botha et al., 2015). While an administrator's role does not comprise of providing therapy, administration does have an accountability to monitor employees' issues that may affect interactions with students, patients, or clients. Ideally, the caretaker has a trusting relationship with their administration, making it easier for members of administration to address possible deficiency apprehensions with supervisees (Botha et al., 2015). Administration may impose curative or disciplinary actions, which may include suspension or discharge, if a caretaker does not take suitable action to address worries affecting students, patients, or clients (Newell & Nelson-Gardell, 2014).

Higher Education Professionals

Traditionally, individuals are aware of the role of a faculty member. Faculty members at the university level may be required to engage in research, provide service to the university, and advise their students (Bailey et al., 2015). Some universities and community colleges also have a specific faculty advisor role. The role is a hybrid position held by full-time faculty members who serve as faculty by teaching sections of a freshmen seminar-based course during the fall and spring semesters, while also serving their students as their academic advisors (Hardin, 2015). Some faculty advisors also work in student services (or student affairs) during the summer months and between the fall and spring terms, where they function as academic advisors and as student orientation facilitators (Hardin, 2015). Although these types of job responsibilities occur at universities, this role is also unique to the community colleges. The dual roles define the hybrid nature of the faculty advisor position. This position is a connection between academic affairs and student affairs divisions. Historically, in higher education settings, student affairs and academic affairs have customarily and traditionally been distressed by the contradictory understandings of each other's organized role and the logical division of labor among the two (Gulley & Mullendore, 2014). Faculty members work alongside student affairs representatives, administration, and students. Student affairs is a canopy term for higher education representatives who work with students outside of the classroom (Sarnicki, 2019). Those who work in student affairs construct compassionate connections with the students they serve. Being emotionally impacted by the students' problems is a normal result (Long, 2012). The stresses and expectations placed on student affairs professionals may lead to anxiety, burnout, absence of work-life balance, and reduced job fulfillment (Burke et al., 2016). The burnout often comes as a result of the student affairs professionals' roles and responsibilities. Reisser (2002) noted student

affairs professionals are aiding professionals who feel accountable for meeting the requests of the students, those of the distressed staff, and those of the organization itself.

Faculty, students, and staff intertwine a complex web of connections and conversations student affairs representatives hope will lead to students registering for classes, completing academic credentials, and becoming world changers (Lee et al., 2015). Faculty and staff also experience the fundamental value of serving individuals of all ages to help them accomplish their academic and career goals, often maintaining personal connections past graduation, which serve to connect faculty and staff to the vocation and meet their desire to serve (Burke et al., 2016). Student affairs professionals, including faculty advisors, individually and collectively get overwhelmed by the everyday minutia of work and families, disregarding one of the most important facets of their responsibilities: taking care of themselves (Burke et al., 2016). Finding a steady balance and engaging in self-care is a requirement in the field of higher education, particularly student affairs. Positions in higher education, specifically in student affairs, require day-to-day continuous interaction with people from all backgrounds and life experiences. Each interaction brings a unique set of opportunities and desires related to the student affairs professional's special role at the college (Miller, 2016).

The field of higher education entertains the notion of self-care. Higher education associations have recently started to discover strategies to support and promote the well-being and emotional health of students and the experts who serve them (Miller, 2016). Although the resources provided by higher education associations are helpful for faculty and staff members, there is a need for higher education administration to better direct the ever growing density of the profession and the aggregate demands being placed on faculty and staff at all points by students and their families. Members of leadership need to learn to advocate for supportive resources that

aid the staff members who serve in these high stress-carrying roles (Miller, 2016). Higher education professionals currently experience growing stresses resulting from the altering needs of students (e.g., academic, mental health, remedial, career and developmental, and multicultural needs) and the competitive postsecondary education environment (e.g., competing with other public, private, and for-profit institutions for students and faculty; Marshall et al., 2016).

Higher education faculty members are often subject to contradictory demands, long work hours, and public criticism, and they are not often acknowledged for their work (Sandeen & Barr, 2009). They are frequently physically and expressively fatigued by the end of any academic year or semester. Student affairs professionals may suffer from poor work life steadiness, the feeling an individual has when they dedicate more vigor in one area while overlooking other areas, resulting from trying to meet demands, expectations, and conditions (Sandeen & Barr, 2009). Organizing higher education faculty members to obtain personal growth opportunities through self-care practice is imperative. Additionally, professional growth through mindfulness practices may possibly help with stress management and avert burnout and professional discontentment, which may be essential for improving work-life balance and lessening attrition (Hays et al., 2015).

Professional Discontentment

Research exists on professions typically seen as demanding, such as those with low rank, control, or incentive, as well as other challenging occupations, such as nursing, public safety, counseling, and teaching. Very little research exists on the strains experienced by those in higher education; however, researchers have recently become more interested in the work of higher education professionals (Mark & Smith, 2012). Researchers stated higher education professionals readily study other groups, yet rarely study themselves (Ganster & Rosen, 2013).

This may be due to the observation that while academic work is not exceedingly paid, it is seen as highly independent and control is often grasped as a safeguard to occupational stress (Shin & Jung, 2014).

Researchers stated stress levels in higher education institutions are high compared to many other professions, and stress has amplified considerably over the last decade and a half (Antoniou et al., 2013). Additionally, researchers suggest the tenacious demands of academic life are likely to lead to negative consequences, such as professional discontentment (Antoniou et al., 2013). Higher education faculty members have many challenging roles such as teaching, counseling, researching, seeking funding, grading, and meeting seminar and institutional obligations (Mark & Smith, 2012). In addition to the growing workplace demands of these professionals, there is also a link to low self-care strategies, which may also amplify the workplace stressors (Boccio et al., 2016). Over the past few decades, higher education institutions globally have witnessed considerable variations, including growth, internationalization, and cumulative demands for remarkable instructional superiority. There was also an increase of research quantity in surroundings that have also seen heightened competition for students, faculty, and college resources. Consequently, these variations have subsidized to a highly challenging academic occupation climate that pose trials for professional and personal development in higher education faculty (i.e., college research, counseling and teaching; Boccio et al., 2016).

Professional discontentment among higher education faculty members may have possible destructive influences on student education and, ultimately, institutional efficiency (Barkhuizen et al., 2014). Researchers shared the challenging employment climate in higher education creates a potential to damage personal and professional capabilities of faculty, reduce their efficiency,

and lead to burnout experiences involving pessimism and job satisfaction (Sabagh et al., 2018). This may also put a strain on a faculty members' mental and physical fatigue (Byrne et al., 2013; Mark & Smith, 2012; Watts & Robertson, 2010). Job dissatisfaction, compassion fatigue, and possible burnout may lead many professionals to leave their occupation. Researchers found one of the most noteworthy underwriting factors to educator erosion is burnout, or excessive stresses that can cause a teacher to leave the field, causing a deficit of skilled professionals (Davis & Palladino, 2011).

In higher education, especially in the role of a faculty advisor, the capability to be observant to and empathetic toward the fullness of one's life, including the inner mental life, other individuals (e.g., students), and the deliberate and natural worlds, is arguably the must-have of the role. Scientifically, research is only at the beginning to comprehend how self-care and compassion toward the inner, other, and outer domains of experience develop across the life span, or how such confident human qualities are cultivated in families, colleges, and communal surroundings (Goleman, 2013). An increasing amount of evidence exists suggesting preparation in thoughtful practices (e.g., self-care or compassion meditation practices) may facilitate the growth of mindful consciousness and empathy in adults. Increased mindful consciousness, a form of self-care, may help with issues of professional discontentment, compassion fatigue, and overall stress reduction (Hofmann et al., 2011).

Researchers define mindfulness as a set of practices that nurture the parameter of attention and executive function (e.g., working memory, response inhibition, and mental elasticity; Flook et al., 2015). Mindfulness meditation practices are done by asking individuals to bring consciousness to attentional matters, such as inhalation and exhalation of breath, focused thoughts or feelings, or various outside stimuli and engagement of self-regulatory behavior.

Mindfulness practices are theorized to lead to developments in awareness, self-care, and emotion regulation over time and with cumulative challenge and engagement (Flook et al., 2015).

Possible Antecedents of Issue at Hand

Jobs in which the main responsibility is to care for others demand role assessments. For faculty, role assessment may include role uncertainty, role battle, capability, quantitative difficulties, total number of advisee/students taught in one faculty members classes, overqualification, and stress for productivity. Support from colleagues and members of the administration, as well as job control, decision making, role transparency, reward, and availability of growth opportunities are evaluated as job resources (Sabagh et al., 2018). Positivity, work self-determination, character, perceived capability, humor, and emotional labor are personal factors that may help individuals in a caretaking role to avoid compassion fatigue and further expand on compassion and job satisfaction (Sabagh et al., 2018).

Summary

The effects of burnout, compassion fatigue, secondary traumatic stress, and self-care strategies are well established. These studies examined ways in which workplace demands, as well as negative coping and attributional behaviors, were associated with high levels of depression and anxiety, and low job satisfaction in higher education professionals (Mark & Smith, 2012). Literature was reviewed to explore the commonness and links of compassion fatigue, compassion satisfaction, and self-care plans among professionals, especially those working in postsecondary education. Researchers revealed unaddressed symptoms of compassion fatigue may increase an educator’s risk of burnout, while indications of compassion satisfaction may diminish burnout risk (Bettini et al., 2017). Researcher suggest self-care balance is essential to be a virtuous person and a more valued professional (Carpenter, 2013).

CHAPTER THREE: METHODS

Introduction and Overview

The purpose of this quantitative correlational study was to investigate the relationship between self-care, burnout compassion satisfaction, and secondary traumatic stress among higher education faculty members across multiple disciplines. This chapter depicts the design of the study, the variables studied, and ethical considerations. It includes the sample size, power analyses, and inclusionary and exclusionary standards for the participants, as well as demographics. It fosters descriptions of the instruments, psychometrics pertaining to validity and reliability of the instrument, as well as research methods and the data collection process, followed by assumptions and data analyses procedures.

The researcher intended to use a variable-centered methodology to examine the correlation of self-care on burnout, compassion satisfaction, and secondary traumatic stress, which may affect those who work in higher education. This type of quantitative method searches and examines the relationship of variables (Laursen & Hoff, 2006). A well-structured variable-centered method allows researchers to define associations among variables. For example, "The focus of interest is the relation between individuals' positions on latent dimensions, statistically studied across individuals" (Magnuusson, 2003, p. 14).

Researchers conduct quantitative studies and use survey research to define, explain, and explore phenomena (Sapsford, 2006). This study focused on the relationship between self-care, burnout, compassion satisfaction, and secondary traumatic stress in university and community college faculty members. The chapter concludes with ethical considerations, reliability, and validity.

Design

This research used a quantitative correlational research design with a survey approach to examine the relationship between self-care on burnout, compassion satisfaction, and secondary traumatic stress among faculty members. Quantitative correlational research is most applicable when testing the association between numerically measurable constructs (Howell, 2013). A quantitative method was selected over a qualitative method due to the use of numerically quantifiable variables of interest. Quantitative research is used to examine the needs of specific populations (Heppner et al., 2016). A correlational design is applicable to test two-way associations and predictive relationships between variables. A quasiexperimental or experimental research design was deemed not applicable because participants will not be randomly assigned to treatment or control groups (Bordens & Abbott, 2012). A survey research approach was selected to record the responses through use of previously validated self-report instruments.

Research Questions and Null Hypotheses

The study seeks to answer the following research questions:

RQ1: Is there a significant predictive relationship between self-care (physical, psychological, emotional, spiritual, and workplace), as measured by the National Alliance on Mental Illness Self-Care Inventory, and compassion satisfaction among faculty members, as measured by the Professional Quality of Life compassion satisfaction subscale, among faculty members?

Predictor variables: Self-care frequency (physical, psychological, emotional, spiritual, and workplace), as measured by the NAMI Self-Care Inventory. Criterion variable: Compassion satisfaction as measured by the ProQOL subscale.

RQ2: Is there a significant predictive relationship between self-care (physical, psychological, emotional, spiritual, and workplace) and burnout among faculty members, as measured by the Professional Quality of Life burnout subscale among faculty members?

Predictor variables: Self-care frequency (physical, psychological, emotional, spiritual, and workplace), as measured by the NAMI Self-Care Inventory. Criterion variable: Burnout, as measured by the ProQOL subscale.

RQ3: Is there a significant predictive relationship between self-care (physical, psychological, emotional, spiritual, and workplace), as measured by the National Alliance on Mental Illness Self-Care Inventory, and secondary traumatic stress among faculty members, as measured by Professional Quality of Life secondary traumatic stress subscale?

Predictor variables: Self-care frequency (physical, psychological, emotional, spiritual, and workplace), as measured by the NAMI Self-Care Inventory. Criterion variable: Secondary traumatic stress, as measured by the ProQOL subscales.

The following null hypotheses will be tested:

***H*$_0$1:** There is not a significant predictive relationship between self-care (physical, psychological, emotional, spiritual, and workplace) and compassion satisfaction among faculty members.

***H*$_0$2:** There is not a significant predictive relationship between self-care (physical, psychological, emotional, spiritual, and workplace) and burnout among faculty members.

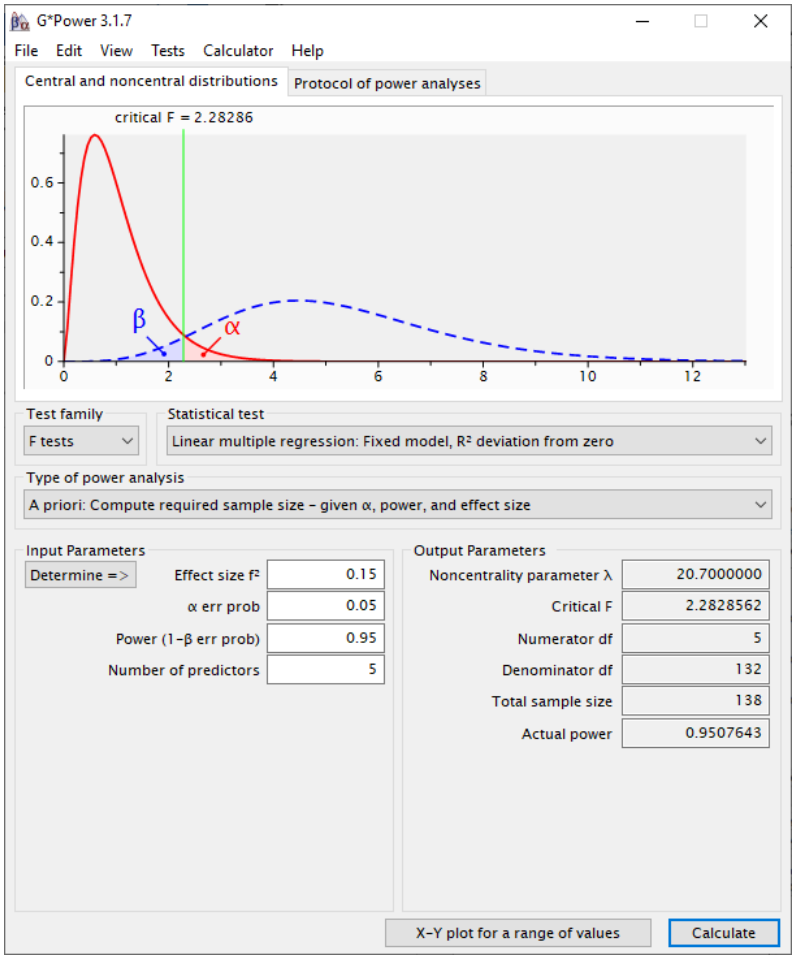
***H*$_0$3:** There is not a significant predictive relationship between self-care (physical, psychological, emotional, spiritual, and workplace) and secondary traumatic stress among faculty members.

Participants and Setting

Participants in this study were drawn from a convenience sample of faculty members at postsecondary education institution research sites. Faculty members were selected from two different types of higher education institution, public and private. One is identified as Christian. The researcher asked academic deans or program chairs to send reminders after the initial solicitation message. All participants were over the age of 18 and a faculty member. Academic advisors who were not faculty members were not considered as participants. A recruitment letter included an informed consent form and the purpose of the study. Participants learned the purpose of this study was to assess self-care participations and its impact on faculty member's level of compassion satisfaction and compassion fatigue.

An a priori power analysis was calculated through G*Power software (Faul et al., 2013) to examine the minimum sample size requirements (see Figure 1). The researcher used statistical multiple linear regression analyses to indicate the relationship between self-care on compassion satisfaction and compassion fatigue (burnout and secondary traumatic stress). Self-care contained five separate subscales—physical, psychological, emotional, spiritual, and workplace. The researcher sought a medium effect size for the study, since a medium effect size is typically accepted in psychological research (Schäfer & Schwarz, 2019). Using conventional parameters for alpha ($\alpha = .05$) and power (.95), it was determined that a minimum of 138 participants would be sufficient for the data collection.

Figure 1. Power analysis for multiple linear regression.



Instrumentation

For this study, the researcher administered a demographic questionnaire (see Appendix A), the ProQOL (see Appendix B), and the NAMI Self-Care Inventory (see Appendix C).

Demographic Questionnaire

The demographic questionnaire consisted of a series of items to describe the sample. The questionnaire contained questions about gender, age, level of education, level of education taught, and years of experience teaching. In addition, questions regarding employment were asked, such as experience as faculty, teaching part-time or full-time,

teaching undergraduate/graduate students, and teaching online, face-to-face, or both modalities. Data were used for descriptive purposes.

Professional Quality of Life Scale

The ProQOL was used because it collects data directly linked to compassion satisfaction and compassion fatigue (burnout and secondary traumatic stress). This tool is a 30-item self-care report instrument. The ProQOL was adopted by the researcher because it addresses all areas interested in the study. This instrument used 5-point Likert scale responses that indicated an individual's level of confidence in his or her counseling ability. The options were: 1 (Never), 2 (Rarely), 3 (Sometimes), 4 (Often), and 5 (Very Often). Each subscale score ranged from 10-50. The ProQOL had individual subscales built into the scale. The burnout subscale had 10 questions: Questions 1, 4, 8, 10, 15, 17, 19, 21, 26, and 29. Questions 1, 4, 15, 17, and 29 were reverse scored, based on the ProQOL instructions. The compassion satisfaction subscale had 10 questions: Questions 3, 6, 12, 16, 18, 20, 22, 24, 27, 30. The secondary traumatic stress subscale had 10 questions: Questions 2, 5, 7, 9, 11, 13, 14, 23, 25, 28. Scores were obtained by adding the responses to all subscale items.

Construct validity was established through use of a confirmatory factor analysis (Stamm, 2010). In addition, the reliability measures found for the ProQOL were reported as the following:

- Compassion Satisfaction $\alpha = .88$
- Burnout $\alpha = .75$
- Secondary traumatic stress $\alpha = .81$

National Alliance on Mental Illness Self-Care Instrument

The NAMI Self-Care Instrument was used because it allows the participant to rate areas of self-care frequency. This tool is a 56-item self-report instrument. The NAMI Self-Care Instrument was adopted by the researcher because it addressed all areas of interest for the study. This measurement used 5-point Likert scale responses that indicated an individual's level of confidence in his or her counseling ability with five dimensions—physical, psychological, emotional, spiritual, and workplace. The Likert scale points correspond to: 1 (It Never Occurred to Me), 2 (Never), 3 (Rarely), 4 (Occasionally), and 5 (Frequently). For the purposes of this study, the subscales were used as predictor variables. The subscale addressed physical, psychological, emotional, spiritual, and workplace/professional self-care. Each subscale was computed by totaling the respective items comprising the variable. Each subscale was a continuous measurement. The physical self-care had 14 questions and totals ranged from14.00 to 70.00; the psychological self-care subscale had 12 questions and totals ranged from12.00 to 60.00; the emotional self-care subscale had 8 questions and totals ranged from 8.00 to 40.00; the spiritual self-care subscale had 11 questions and totals ranged from 11.00 to 55.00; and the workplace/professional self-care subscale had 11 questions totals ranging from 11.00 to 55.00. Total scores for all subscales ranged from 56.00 to 280.00.

Ethical Considerations

Ethical considerations for this study included participants' informed consent, addressing participants' choice to elect whether to participate or not, and their choice to withdraw from the study at any time without penalty. The study was submitted to the institutional review board (IRB) for approval. Once the study was approved, the researcher solicited potential participants by contacting academic deans and program chairs of various disciplines and higher education institutions to share the survey with their faculty members. Additionally, the researcher sought

participants through a mailing list for community college and university professors (Listservs) that has faculty members (CESNET) as subscribers. The announcement included a link to an informed consent letter, followed by the online anonymous Qualtrics survey and the instruments used. It is believed participants did not experience additional distress than they would normally experience when reflecting on their workplace experiences, and thus did not require debriefing. The researcher stored collected data in a secure digital location, in a locked office. The researcher and the researcher's dissertation chair are the only ones to have access to this location. The files will be kept for 3 years, then permanently deleted.

Procedures

First, the researcher sought IRB approval through four higher education institutions to collect data. The researcher sent inquiring e-mails to academic deans and program chairs at the two selected universities to distribute the online, anonymous Qualtrics survey to faculty members at the appropriate IRB-approved research site. Participants were also acquired through Listservs. Participants who qualified for this study were 18 years or older and faculty members teaching at a community college or university. The researcher did not use a personal email address to send e-mails to participants, nor did the researcher interact with the participants. There was no face-to-face interaction with the participants. The researcher recruited participants, continually, until the identified minimum number of participants was reached for research validity. Minimal risk was involved in participation. The main risk was some of the questions may have made participants feel uncomfortable. If a participant experienced discomfort, they could have exited the survey at any time, without penalty. The researcher did not know any identifying information about the participants. Additionally, names or location of their residence were not requested.

The recruiting e-mail sent to academic deans, program chairs, and the Listserv included an anonymous Qualtrics online survey link. This link included the informed consent form and survey. Participants who were 18 years or older and who then-currently held a faculty member title were asked to participate. Once the participant agreed to participate, they clicked on the "Next" button to partake in the study's online anonymous Qualtrics survey. Upon reviewing the informed consent, participants who agreed to participate completed the demographics questionnaire, the ProQOL, followed by the NAMI Self-Care Instrument.

Predata Analysis

The research used IBM SPSS Statistics 26 to calculate all statistical analyses. Data were examined for missing values. Participants who did not complete most of the questionnaire were removed from further inferential testing. Univariate outliers and multivariate outliers were assessed on the data set. Univariate outliers were identified through use of standardized values (*z*-scores). *Z*-scores on the variables of interest exceeding the threshold ± 3.29 standard deviations from the mean were considered outliers and the cases were removed from further inferential testing. Multivariate outliers were identified through use of Mahalanobis distances and comparing the values to the critical chi-square statistic. Once the sample size was finalized, descriptive statistics were used to examine the trends of the nominal variables and continuous variables. Frequencies and percentages were used for the nominal-level variables. Means and standard deviations were used for continuous-level data.

Cronbach's alpha tests of reliability and internal consistency were conducted on the self-care (NAMI), compassion satisfaction (ProQOL), burnout (ProQOL), and secondary traumatic stress (ProQOL) variables. Cronbach's alpha provided mean correlations between each pair of survey items and the number of items representing the scales (Brace et al., 2013). The strength of

the alpha coefficients was interpreted through the guidelines developed by George and Mallery (2016), where $\alpha \geq .9$ is excellent, $\alpha \geq .8$ is good, $\alpha \geq .7$ is acceptable, $\alpha \geq .6$ is questionable, $\alpha \geq .5$ is poor, and $\alpha < .5$ is unacceptable. Seven of the scales met the acceptable threshold for internal consistency ($\alpha > .70$): physical self-care **(**$\alpha = .79$), psychological self-care ($\alpha = .76$), emotional self-care ($\alpha = .69$), spiritual self-care ($\alpha = .83$), and workplace self-care ($\alpha = .78$).

The ProQOL's three subscales met the acceptable threshold for internal consistency ($\alpha > .70$): compassion satisfaction ($\alpha = .91$), burnout ($\alpha = .79$), and secondary traumatic stress ($\alpha = .81$). Emotional self-care was only slightly below the .70 threshold; therefore, the findings were interpreted with a level of caution for this scale.

The research questions were addressed through use of multiple linear regressions. A multiple linear regression is an applicable statistical tool when testing the relationship between a group of predictor variables on a continuous-level criterion variable (Tabachnick & Fidell, 2013). The predictor variables corresponded to the subscales of self-care: physical, psychological, emotional, spiritual, and workplace. The continuous criterion variables corresponded to compassion satisfaction, burnout, and secondary traumatic stress.

Laerd Statistics (2018) suggested the following assumptions should be verified for a multiple linear regression: (a) the criterion variable is a continuous measurement; (b) there are two or more predictor variables which are either continuous, ordinal, or nominal; (c) independence of observation; (d) absence of outliers; (e) absence of multi-collinearity between predictor variables; (f) univariate and multivariate normal distributions; and (g) univariate and multivariate homoscedasticity of residuals, or equal error of variances (Laerd, 2018). The first three assumptions are largely a matter of research design (Warner, 2013, p. 438). For this study, the researcher ensured the criterion variables were continuous and that multiple predictors were

being examined. Absence of outliers was tested in the preliminary data analysis section through use of standardized values. Absence of multicollinearity corresponds to the assumption the independent variables are not highly correlated with each other. This assumption was tested through the multiple linear regression using variance inflation factor (VIF) and tolerance statistic. To meet the absence of multicollinearity assumption, VIF values should not exceed 10 and tolerance statistics should not be less than .10 (Garson, 2012, 2013, p. 125). Univariate and multivariate normality and homoscedasticity were tested through examination of P-P scatterplots and residuals scatterplots.

Reliability and Validity

In quantitative research, reliability and validity are closely related. For the results to be valid in any study, they must be reliable (Heppner et al., 2016, p. 296). Assessment instruments must be both reliable and valid for this study's results to be credible. Thus, reliability and validity were examined and conveyed, and references were cited for each assessment instrument used to measure the study's outcomes. Assessment instruments in this study included NAMI Self-Care Instrument and ProQOL. Because the NAMI Self-Care Instrument's reliability and validity is not adequate, Cronbach's alpha was used to measure the internal consistency.

To ensure reliability and validity in this study, only a few variables were used. Statisticians warn researchers about using too many variables in certain research areas, since researchers may accidentally find significant results (Heppner et al., 2016, p. 92). To ensure the relationship between constructs is effectively measured, statisticians share it is best to assess the constructs of interest with correlational designs (Heppner et al., 2016, p. 295). Since there was more than one variable being examined, a multiple linear regression statistical analysis was used. This study included scores on a validated instrument (ProQOL) and perception variables, as

assessed by participants, to explore the relationship among self-care, compassion satisfaction, and compassion fatigue.

The three subscales in the ProQOL measured separate constructs (self-care, compassion fatigue and burnout). The compassion fatigue scale was different. The subscale correlations revealed 2% shared variance (r= -.23; co-σ= 5%; n= 1187) with secondary traumatic stress and 5% shared variance (r= -.14; co-σ= 2%; n= 1187) with burnout. Although there was shared variance between burnout and secondary traumatic stress, the two subscales measured distinctive constructs with the shared variance, likely repeating the distress that was expected in both settings. The shared variance between these two scales was 34% (r= .58; co-σ= 34%; n= 1187). The scales both measured negative affect but were clearly dissimilar; the burnout scale did not address apprehension, while the secondary traumatic stress scale did (Stamm, 2010).

Missing Data

Data were assessed for missing values. Incomplete responses from the survey were removed from the final data set. Random missing data were imputed through mean imputation (Manly & Wells, 2015). It was determined that if the data were missing at random, it was replaced with the mean of the remaining data. Nonrandom missing data were removed through listwise deletion (Pepinsky, 2018). This means if it was determined data were not missing at random, the entire record of values was deleted.

After incomplete responses were eliminated, the 182 participants who completed the survey were tested for missing data. Out of the 182 participants, 40 participants showed missing data, and through inspection, it was determined to be random for 12 of the participants. Two participants had more than two missing answers. It was determined the amount of nonmissing data were not valid scores, and the 28 cases were eliminated from the final analysis (Acock,

2005). The 28 cases were eliminated due to three or more missing answers. For the other 12 participants who had one or two missing values, missing data were replaced through mean imputation. The 12 participants appeared to have missing values on one or two questions of the two instruments used. Based on the 12 cases missing one or two questions, it was determined the missing data were random and replacing the data would not compromise final values (Acock, 2005). The final data set used in the final analysis had an *n* of 154 participants. Based on the a priori analyses, the research needed a minimum of 138 participants; therefore, the total participant amount of 154 was enough.

Independence of scores was ensured through the design of the study. Information about the study and the links to the surveys was emailed to academic deans, who disseminated the survey to their faculty members and those subscribed to Listservs for faculty members. It was assumed participants completed the survey honestly and independently, which added to the validity of this study. The pool of participants was created through selecting participants who were currently employed at a community college or university where academic deans or program chairs were willing to send the information to their faculty members. Other participants were selected from members subscribed to Listservs that were directed towards faculty members. This may have eliminated certain unavailable participants; however, this does not automatically avert the results from being generalizable (Heppner et al., 2016, p. 181-182). While participants in this study explored their experiences of compassion satisfaction and compassion fatigue, they were recruited from IRB-approved higher education institutions. Thus, generalizability was limited to research site participants and online participants.

Both the NAMI Self-Care and ProQOL instruments used in this study were based on self-report from participants. While this information is important, there may be some concerns about

the truthfulness of the data collected from participants. For the purposes of this study, the researcher believed the participants responded honestly; however, there may be some bias involved, which is inherent in self-reported assessments (Park et al., 2016).

Threats to external validity correspond to limitations within the research that can affect the generalization of findings to the greater population. Through use of a convenience sampling method, selection bias limited the generalizability of findings. A convenience sample was drawn from faculty members at the postsecondary education institution research sites. The researcher used caution in the interpretation of the findings and did not automatically extrapolate the findings to the greater population. Statistical conclusion validity can also affect the external validity of the findings. Threats to statistical conclusion validity correspond to violations of assumptions (Heppner et al., 2008).

Threats to internal validity correspond to biases in the methodology. The selection of a quantitative method can limit the exploration of underlying perceptions, which is typically analyzed in a qualitative design. Respondents may not be truthful in their responses to survey questions. Participants were made aware their involvement in the study was purely voluntary and their survey responses were being collected confidentially. There was also potential for confounding variables to alter the relationships discovered in the data analysis process. The researcher provided suggestions of variables to examine for future research.

Summary

The purpose of this quantitative correlational study was to investigate the relationship between self-care, burnout compassion satisfaction, and secondary traumatic stress among higher education faculty members across multiple disciplines. In this chapter, the methodology for the proposed study was explained. The research design was identified and justified. The population

and sample were defined, and the power analysis used to identify the minimum sample size was discussed. Lastly, instrumentation and data collection procedures were presented, and data analysis procedures were described.

CHAPTER FOUR: RESULTS AND ANALYSIS

Overview

The purpose of this quantitative correlational study was to investigate the relationship between self-care, burnout, compassion satisfaction, and secondary traumatic stress among higher education faculty members across multiple disciplines. This chapter includes data findings and analyses. A series of multiple linear regressions were conducted to address the research questions. Statistical significance was evaluated at the conventionally accepted level, $\alpha = .05$.

Descriptive Findings

A total of 182 participants entered the survey process. Twenty-eight original participants did not respond to a significant portion of the surveys. This reduced the sample to 154 cases. One low univariate outlier was identified for a low physical self-care score and one high univariate outlier was identified for a high secondary traumatic stress score. An additional multivariate outlier was removed through Mahalonobis distances. These reductions lowered the final sample to 151 cases. The demographic data are summarized in Table 1.

Table 1

Frequency Summary for Demographic Variables (n= 151)

Variable	*n*	%
Gender		
Male	41	27.2
Female	95	62.9
Transgender male	3	2.0
Transgender female	1	0.7
Other	11	7.3
Age		
18-24	2	1.3
25-34	39	25.8
35-44	43	28.5
45-54	38	25.2
55-64	24	15.9
65 or older	5	3.3

Ethnicity		
White	72	47.7
Black or African American	22	14.6
Asian	9	6.0
Hispanic	34	22.5
Other	14	9.3
Education Level		
Bachelor’s	4	2.6
Master’s	74	47.7
Doctorate	72	49.0
Other	1	0.7
Higher education taught		
Undergraduate	76	50.3
Graduate	43	28.5
Both	32	21.2

Main teaching modality		
Face-to-face	54	35.8
Online	36	23.8
Both	61	40.4
Experience teaching		
0-5	60	39.7
6-10	32	21.2
11-15	31	20.5
16-20	16	10.6
21+	12	7.9
Type of teacher		
Full-time	92	60.9
Part-time	59	39.1

Study Variables

Table 2 contains a summary of descriptive statistics for the study variables.

Table 2

Descriptive Statistics for Study Variables

Variable	*n*	*Min*	*Max*	*M*	*SD*
NAMI Self-Care					
Physical self-care	151	36.00	70.00	53.68	6.62
Psychological self-care	151	30.00	56.00	43.55	5.92
Emotional self-care	151	19.00	39.00	30.92	4.40
Spiritual care	151	26.00	55.00	42.68	6.76
Workplace self-care	151	26.00	54.00	41.51	5.77
ProQOL					
Compassion satisfaction	151	26.00	50.00	40.64	6.28
Burnout	151	10.00	37.00	22.52	5.15
Secondary traumatic stress	151	12.00	40.00	23.64	5.79

Scale Reliability (Cronbach's Alpha)

Seven of the scales met the acceptable threshold for internal consistency ($\alpha > .70$). Emotional self-care was only slightly below the .70 threshold; therefore, findings were interpreted with a level of caution for this scale. Table 3 presents the Cronbach's alpha for the scales.

Table 3

Cronbach's Alpha for Scale Variables

Variable	Number of items	α
NAMI Self-Care		
Physical self-care	14	.79
Psychological self-care	12	.76
Emotional self-care	8	.69
Spiritual care	11	.83
Workplace self-care	11	.78
ProQOL		
Compassion satisfaction	10	.91
Burnout	10	.79
Secondary traumatic stress	10	.81

Data Analysis Procedures

An *F* test was used to examine the collective predictive relationship of self-care on the criterion variables. Individual *t*-tests examined the association of each predictor variable on the criterion variable. The multiple linear regression coefficient of determination, R_2,

describes the amount of variance in the criterion variable due to the predictor variable. Statistical significance will be evaluated at the conventional parameter, $\alpha = .05$.

Multiple linear regressions were used to address the research questions and the associated hypothesis tests. According to Laerd Statistics (2018), the assumptions for the multiple linear regression analyses include:

1. There must be one criterion variable measured at the continuous level.
2. There must be two or more predictor variables measured either at the continuous or nominal level.
3. There must be independence of observations.
4. There must be no significant outliers.
5. There must be absence of multicollinearity.
6. The residuals (errors) must be approximately normally distributed.
7. There must be homoscedasticity of residuals, or equal error variances.

The first assumption was met due to one continuous criterion variable being used for each research question. The criterion variables corresponded to compassion satisfaction, burnout, and secondary traumatic stress.

The second assumption was met due to multiple predictor variables being examined in the research. The predictor variables corresponded to the five variables on the NAMI Self-Care Inventory (physical, psychological, emotional, spiritual, and workplace).

The third assumption, independence of observations, assessed whether there was any autocorrelation between observations. This assumption was evaluated using the Durbin-Watson test statistic. Durbin-Watson values close to two indicate the assumption is met. The criterion

was met for regression one (Durbin-Watson= 2.03), regression two (Durbin-Watson= 2.09), and regression three (Durbin-Watson= 1.84).

The fourth assumption, absence of outliers, was identified during the preliminary data cleaning procedures. One outlier was identified as a univariate outlier for a low self-care score. A multivariate outlier was identified through Mahalanobis distances.

The fifth assumption, absence of multicollinearity, was identified through use of VIFs. The VIFs for the predictor variables were all below 10, suggesting the assumption was met. Table 4 presents the VIFs for the predictor variables.

Table 4

Variance Inflation Factors (VIFs) for Predictor Variables

Variable	VIF
NAMI Self-Care	
Physical self-care	2.22
Psychological self-care	2.15
Emotional self-care	2.36
Spiritual care	2.09
Workplace self-care	1.81

The sixth assumption, normality of residuals, was tested by evaluating P-P plots for each regression model. Each of the normal P-P plots closely followed the normality trend lines, indicating the assumption of normality was met (see Figures 2-4).

Figure 2

Normal P-P Plot for Compassion Satisfaction

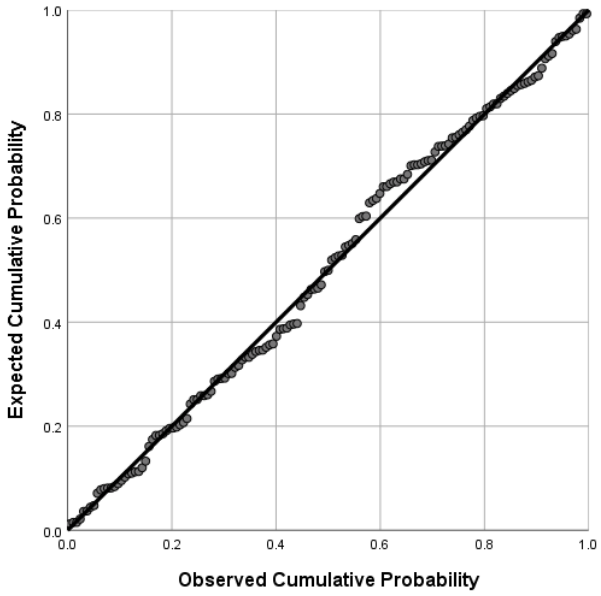


Figure 3

Normal P-P Plot for Burnout

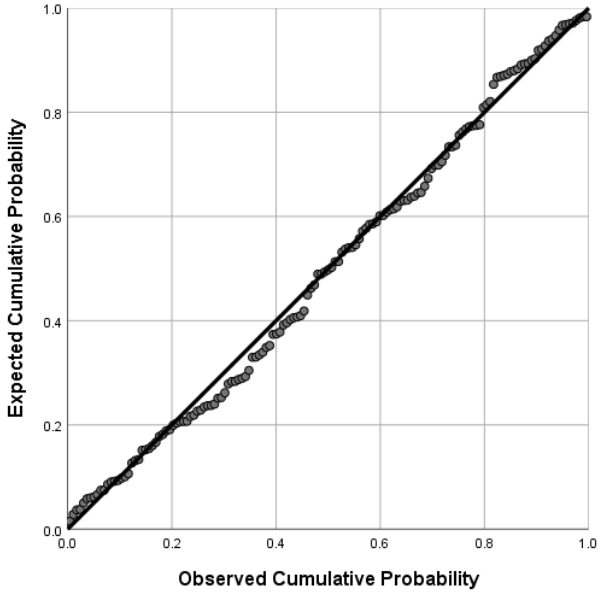
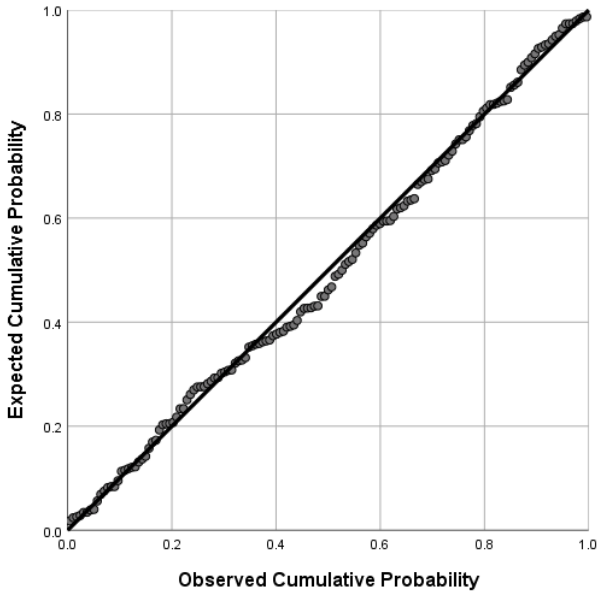


Figure 4

Normal P-P Plot for Secondary Traumatic Stress



The seventh assumption, homoscedasticity, was assessed by examining the residual scatterplots. Due to random spread in the scatterplots, the assumption was met. Figures 5-7 present the residuals scatterplots.

Figure 5

Residuals Scatterplot for Compassion Satisfaction

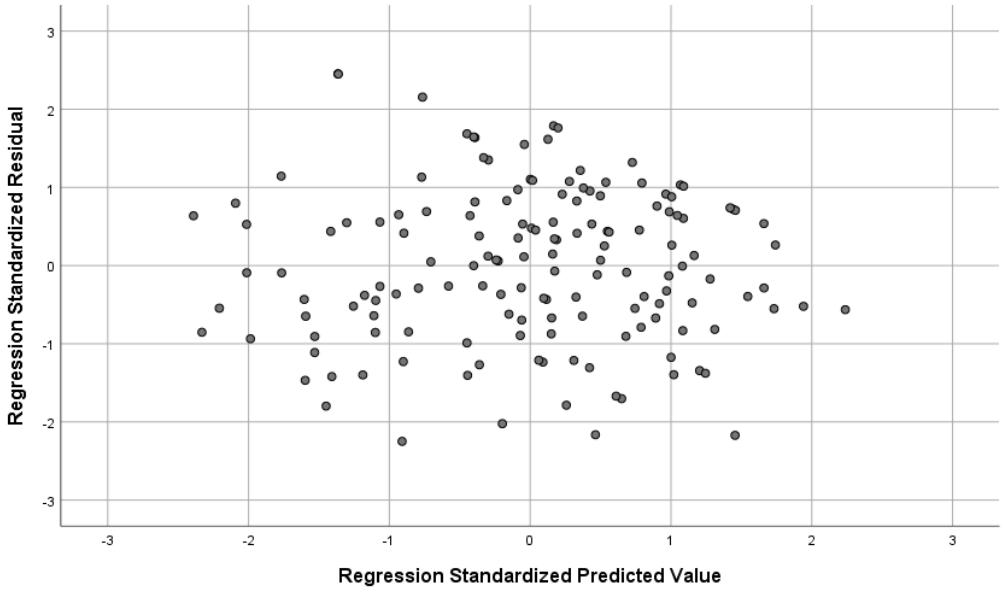


Figure 6

Residuals Scatterplot for Burnout

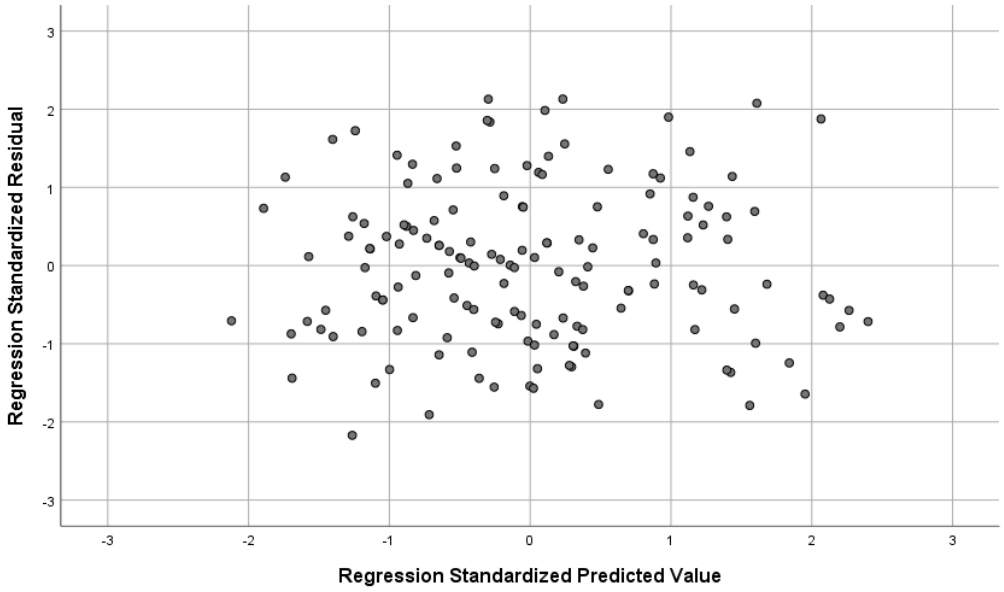
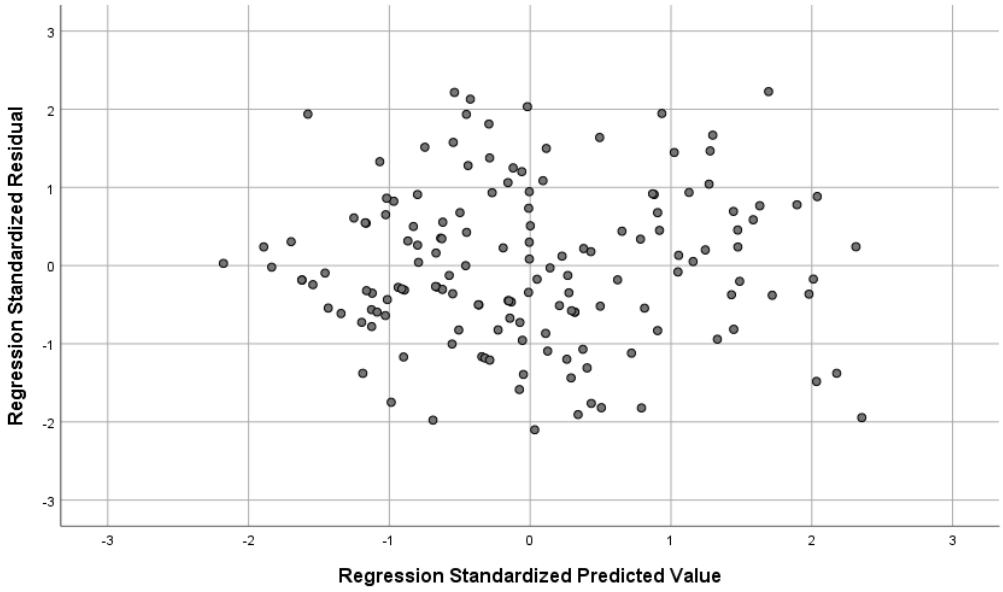


Figure 7

Residuals Scatterplot for Secondary Traumatic Stress



Results

A quantitative correlational method was conducted to examine the correlation between self-care, burnout, compassion satisfaction, and secondary traumatic stress among higher education faculty members across multiple disciplines with a total of 151 participants (*n*= 151).

RQ1: Is there a significant predictive relationship between self-care (physical, psychological, emotional, spiritual, and workplace), as measured by the National Alliance on Mental Illness Self-Care Inventory and compassion satisfaction among faculty members, as measured by the Professional Quality of Life compassion satisfaction subscale among faculty members?

***H*0 1:** There is not a significant predictive relationship between self-care (physical, psychological, emotional, spiritual, and workplace) and compassion satisfaction among faculty members.

A multiple linear regression was conducted to examine the predictive relationship between self-care (physical, psychological, emotional, spiritual, and workplace) and ProQOL compassion satisfaction to address Research Question 1. The five self-care factors in

combination significantly predicted compassion satisfaction, $F(5, 145)= 21.03$, $p < .001$, $R^2 = .420$. The coefficient of determination (R^2) indicated 42.0% of the variance in compassion satisfaction can be explained by self-care (physical, psychological, emotional, spiritual, and workplace). This is a large effect size. Physical self-care ($B= 0.25$, $t= 2.80$, $p= .006$) and emotional self-care ($B= 0.36$, $t= 2.59$, $p= .011$) had significant, positive relationships on compassion satisfaction. Psychological self-care, spiritual self-care, and workplace self-care were not significant predictors in the model. Due to the statistical significance of the collective model, the null hypothesis for Research Question 1 (H_01) was rejected. Table 5 presents the multiple regression findings for Research Question 1.

Table 5

Multiple Regression for Self-Care Predicting Compassion Satisfaction

Predictor	*B*	SE	*B*	*t*	*p*
Physical self-care	0.25	0.09	.26	2.80	.006
Psychological self-care	-0.01	0.10	-.01	0.10	.921
Emotional self-care	0.36	0.14	.25	2.59	.011
Spiritual self-care	0.14	0.09	.15	1.61	.110
Workplace self-care	0.10	0.09	.09	1.08	.281

Note. Model $F(5, 145)= 21.03$, $p < .001$, $R^2 = .420$

RQ2: Is there a significant predictive relationship between self-care (physical, psychological, emotional, spiritual, and workplace) and burnout among faculty members, as measured by the Professional Quality of Life burnout subscale among faculty members?

***H*$_0$2:** There is not a significant predictive relationship between self-care (physical, psychological, emotional, spiritual, and workplace) and burnout among faculty members.

A multiple linear regression was conducted to examine the predictive relationship between self-care (physical, psychological, emotional, spiritual, and workplace) and burnout to address Research Question 2. The five self-care factors in combination significantly predicted burnout, $F(5, 145)= 33.39$, $p < .001$, $R^2 = .535$. The coefficient of determination (R^2) indicated 53.5% of the variance in burnout can be explained by self-care (physical, psychological, emotional, spiritual, and workplace). This is a large effect size. Physical self-care ($B= -0.15$, $t= -2.30$, $p= .023$) and emotional self-care ($B= -0.42$, $t= -4.13$, $p < .001$) had significant, negative relationships on burnout. Psychological self-care, spiritual self-care, and workplace self-care were not significant predictors in the model. Due to the statistical significance of the collective model, the null hypothesis for Research Question 2 ($H_0 2$) was rejected. Table 6 presents the multiple regression findings for RQ2.

Table 6

Multiple Regression for Self-Care Predicting Burnout

Predictor	*B*	SE	*β*	*T*	*p*
Physical self-care	-0.15	0.07	-.19	-2.30	.023
Psychological self-care	-0.02	0.07	-.03	-0.33	.741
Emotional self-care	-0.42	0.10	-.36	-4.13	<.001
Spiritual self-care	-0.12	0.06	-.16	-1.94	.055
Workplace self-care	-0.11	0.07	-.12	-1.60	.111

Note. Model $F(5, 145) = 33.39$, $p < .001$, $R^2 = .535$

RQ3: Is there a significant predictive relationship between self-care (physical, psychological, emotional, spiritual, and workplace), as measured by the National Alliance on

Mental Illness Self-Care Inventory and secondary traumatic stress among faculty members, as measured by ProQOL secondary traumatic stress subscale?

***H*0*3*:** There is not a significant predictive relationship between self-care (physical, psychological, emotional, spiritual, and workplace) and secondary traumatic stress among faculty members.

A multiple linear regression was conducted to examine the predictive relationship between self-care (physical, psychological, emotional, spiritual, and workplace) and secondary traumatic stress to address Research Question 3. The five self-care factors in combination significantly predicted secondary traumatic stress, $F(5, 145)= 17.70$, $p < .001$, $R^2 = .379$. The coefficient of determination (R^2) indicated 37.9% of the variance in secondary traumatic stress can be explained by self-care (physical, psychological, emotional, spiritual, and workplace). This is a medium effect size. Physical self-care ($B= -0.18$, $t= -2.15$, $p= .033$) and emotional self-care ($B= -0.42$, $t= -3.16$, $p= .002$), had significant, negative relationships on secondary traumatic stress. Psychological self-care, spiritual self-care, and workplace self-care were not significant predictors in the model. However, due to the statistical significance of the collective model, the null hypothesis for Research Question 3 ($H_0 3$) was rejected. Table 7 presents the multiple regression findings for Research Question 3.

Table 7

Multiple Regression for Self-Care Predicting Secondary Traumatic Stress

Predictor	*B*	SE	*β*	*t*	*p*
Physical self-care	-0.18	0.09	-.21	-2.15	.033
Psychological self-care	0.04	0.09	-.04	0.45	.654
Emotional self-care	-0.42	0.13	-.32	-3.16	.002

Spiritual self-care	-0.12	0.08	-.14	-1.48	.142
Workplace self-care	-0.09	0.09	-.09	-1.00	.321

Note. Model $F(5, 145) = 17.70$, $p < .001$, $R_2 = .379$

Summary

The purpose of this quantitative correlational study was to investigate the relationship between self-care, burnout, compassion satisfaction, and secondary traumatic stress among higher education faculty members across multiple disciplines. In this chapter, findings of the data collection and analyses were presented, descriptive statistics were presented regarding demographics and variables of interest, and a series of multiple linear regressions were discussed that addressed the research questions. Collectively, the five self-care factors significantly predicted compassion satisfaction, burnout, and secondary traumatic stress. However, in examining the beta weights, it appeared physical self-care and emotional self-care were responsible for the variances in each model. The three null hypotheses for the research questions were rejected. In Chapter 5, findings of the data analysis continue to be explored in relation to the reviewed literature.

CHAPTER FIVE: DISCUSSION

Overview

The purpose of this quantitative correlational study was to investigate the relationship between self-care, burnout, compassion satisfaction, and secondary traumatic stress among higher education faculty members across multiple disciplines. The results will allow higher education faculty members to see the effects of self-care and possible strategies to reduce burnout, compassion satisfaction and secondary traumatic stress.

Specifically, the researcher sought to answer the following research questions:

1) Is there a significant predictive relationship between self-care (physical, psychological, emotional, spiritual, and workplace), as measured by the National Alliance on Mental Illness Self-Care Inventory, and compassion satisfaction among faculty members, as measured by the Professional Quality of Life compassion satisfaction subscale?

2) Is there a significant predictive relationship between self-care (physical, psychological, emotional, spiritual, and workplace) and burnout among faculty members, as measured by the Professional Quality of Life burnout subscale?

3) Is there a significant predictive relationship between self-care (physical, psychological, emotional, spiritual, and workplace), as measured by the National Alliance on Mental Illness Self-Care Inventory, and secondary traumatic stress among faculty members, as measured by Professional Quality of Life secondary traumatic stress subscale?

Prior to analyzing the results, the first null hypothesis suggested there was not a significant predictive relationship between self-care (physical, psychological, emotional, spiritual, and workplace) and compassion satisfaction among faculty members. The second null hypothesis suggested that there was not a significant predictive relationship between self-care

(physical, psychological, emotional, spiritual, and workplace) and burnout among faculty members. The last null hypothesis suggested there was no significant predictive relationship between self-care (physical, psychological, emotional, spiritual, and workplace) and secondary traumatic stress among faculty members.

Effect sizes are the most important outcome of quantitative studies. Effect sizes highlight the practical significance of results and can be used to determine the sample size for follow-up research, or for examining effects across studies. The larger the effect size, the stronger the relationship between variables. (Lakens, 2017). This study revealed significant effect sizes for all research questions. Research question one ($R2 = .420$) and research question two ($R2 = .535$) had a large effect size and research question three ($R2 = .379$) had a medium effect size. These effect sizes means the study's significant results are very important for policy change and practical changes that educators in higher education can make.

Summary of Results for Research Question One

The results of a multiple linear regression conducted showed a significant predictive relationship between self-care (physical, psychological, emotional, spiritual, and workplace) and compassion satisfaction. The five self-care factors in combination significantly predicted compassion satisfaction, $F(5, 145)= 21.03$, $p < .001$, $R2 = .420$. The coefficient of determination ($R2$) indicated that 42.0% of the variance in compassion satisfaction can be explained by self-care (physical, psychological, emotional, spiritual, and workplace). Physical self-care ($B= 0.25$, $t= 2.80$, $p= .006$) and emotional self-care ($B= 0.36$, $t= 2.59$, $p= .011$) had significant, positive relationships on compassion satisfaction. Psychological self-care, spiritual self-care, and workplace self-care were not significant predictors in the model. Therefore, the null hypothesis

stating there was not a significant predictive relationship between self-care (physical, psychological, emotional, spiritual, and workplace) and compassion satisfaction among faculty members was rejected.

Discussion of Results for Research Question One

It is vital to note the significant relationship between self-care (physical, psychological, emotional, spiritual, and workplace) and compassion satisfaction. The results for Research Question 1 are powerful. These results suggested that faculty who practice physical and emotional self-care are more likely to experience more compassion satisfaction. Not only does this allow faculty to provide positive experiences for their students, but it also helps faculty members find gratitude in their work, often creating a sense of loyalty to the organization and the career. These results also revealed the impact of self-care to combat emotional exhaustion, disconnection, and depersonalization, which eventually lead to poor job satisfaction, in turn impacting educator retention among institutions. According to the literature reviewed, unaddressed symptoms of compassion fatigue may increase an educator's risk of burnout, while indications of compassion satisfaction may diminish burnout risk (Bettini et al., 2017). Thus, self-care can help increase compassion satisfaction. Actively planning and engaging in various forms of self-care could improve an educator's compassion satisfaction and may help workplace productivity and responsibilities (Andrew, Richards, & Lévesque- Bristol, 2016). This study added to previous studies, suggesting self-care balance is necessary to be a respected professional (Carpenter, 2013).

This study's results also impact students. Although the study was focused on the impact of self-care strategies on the well-being of educators, the results suggest secondary benefits to students. Students benefit much greater from faculty members who enjoy their work, and who

have compassion for others. Students who connect, positively, with their faculty members are more likely to persist through their degree programs and attain educational goals; therefore, faculty members who practice self-care and enjoy its benefits pass those benefits onto their students (Castor et al., 2019).

Extant literature explores the commonalities and links of compassion fatigue, compassion satisfaction, and self-care plans among professionals, especially those working in postsecondary education. An ostensible absence of compassion, or an occurrence of a stressful event within the caretaker's personal life, can create great hurt to come to patients, students, and clients (Baverstock & Finlay, 2016). Findings in this study support the existing literature. Thus, it can be concluded that self-care will help increase compassion satisfaction.

Participants' responses indicated emotional and physical self-care had a significant impact on compassion satisfaction, whereas psychological, spiritual, and workplace self-care did not. It is critical for immediate supervisors/administration to be aware of the forms of self-care. Knowing this information may allow for an implementation of special programs or initiatives to increase a faculty member's well-being. Physical and emotional self-care is the most popular form of self-care among higher education faculty members because they may be more familiar with what constitutes emotional and physical self-care. Medical professionals regularly promote the benefits of physical activity for overall well-being, making physical self-care one of the strategies in the limelight (Richards et al., 2010); therefore, as results show in this study, individuals are more likely to deal and cope with emotions and engage the body in physical activities. Similarly, higher education institutions commit copious resources to focus on the emotional well-being of students and those who serve them.

Promoting emotional well-being has become one of the major concerns in many higher education institutions, suggesting these institutions may provide professional development on well-being, focusing on self-care, but not all different dimensions that exist. Self-care supports an individual's well-being in a variety of situations, from everyday living to workplaces to educational settings; it may vary extensively from person-to-person (Ogaswara et al., 2013). Individuals may not see attending religious service as self-care, but rather as an obligation. Not everyone has the same understanding and definition of self-care, especially knowing the varieties of self-care that exist. Self-care is specific to each individual and may involve various undertakings, such as connecting with others, spiritual reflection, building career skills, or partaking in physical activities. Self-care, and the understanding of what constitutes self-care, is a distinct matter; each person's method may be unique. The type of self-care relies on what an individual does in their occupational and personal life to look after one's all-inclusive well-being, so that they can meet individual and professional responsibilities. These results may encourage faculty and higher education administration to seek further training programs to learn about other dimensions of self-care and the positive impact on compassion satisfaction.

Summary of Results of Research Question Two

A multiple linear regression was conducted to assess the predictive relationship between self-care (physical, psychological, emotional, spiritual, and workplace) and burnout. The five self-care factors in combination significantly predicted burnout, $F(5, 145)= 33.39$, $p < .001$, $R^2 = .535$. The coefficient of determination (R^2) indicated that 53.5% of the variance in burnout can be explained by self-care (physical, psychological, emotional, spiritual, and workplace). Physical self-care ($B= -0.15$, $t= -2.30$, $p= .023$) and emotional self-care ($B= -0.42$, $t= -4.13$, $p < .001$) had significant, negative relationships on burnout. Psychological self-care, spiritual self-care, and

workplace self-care were not significant predictors in the model. Due to the statistical significance of the collective model, the null hypothesis for Research Question 2, stating there was not a significant predictive relationship between self-care (physical, psychological, emotional, spiritual, and workplace) and burnout among faculty members, was rejected.

Discussion of Results for Research Question Two

Engaging in self-care is negatively related to burnout among faculty. These results were not unexpected. As seen in the literature reviewed, due to current adjustments in the area of postsecondary education, faculty members are challenged with increasing workplace projects, which can lead to increased work-related stress and matters that obstruct health and wellness and burnout (King-White & Rogers, 2018). Lack of self-care engagement will amplify these problems. The results provide a powerful message to higher education faculty members and administration. They suggest self-care, taking care of one's physical and emotional well-being, will allow faculty members to eliminate possible negative disruptions in their work, often associated with burnout. With proper self-care engagement, higher education faculty members may see decrease in occupational stress (Moeller & Chung-Yan, 2013). Immediate supervisors of faculty members may want to discuss their employees' self-care practices to best support them in the workplace. This is important because not only does this allow faculty to provide positive experiences for their work-life, but it also helps faculty members find appreciation in their labor, often creating longevity in their position with low risk of burnout.

Additionally, stress will increase the likelihood of occupational burnout, a syndrome that involves depersonalization, emotional exhaustion, and a sense of low personal accomplishment (Rosenberg & Pace, 2006). These findings highlight the importance of self-care for those in professional caregiving fields (Shapiro et al., 2007). These results show the importance of how a

belief of decreased efficacy or the reduction of personal accomplishment can have a negative impact on one's identity as an educator. The individual may refer to one's self as having lack of achievement and decreased productivity at work without proper self-care (Maslach, 2001).

Like Research Question 1, emotional and physical self-care revealed significance within burnout, compared to psychological, spiritual, and workplace self-care. Again, participants may not know the differences in self-care activities or may not engage in the other type of self-care activities. Perhaps a portion of the participants did not know what to consider psychological, spiritual, or workplace self-care, and maybe those that did were few. As stated earlier, participants may view spirituality as an obligation, and not something used deliberately for self-care. Also, participants may view workplace self-care (e.g., training, networking with peers) as strategies to improve career success and not necessarily self-care. Individuals may not consider organizing their workspace to be an act of self-care, rather a chore in the workplace.

While all dimensions of self-care of individuals are not yet considered mainstream in the occupational world, the understanding and definitions of what self-care activities are may need reconsideration. These are all things that may be addressed with special workshops for faculty members. This study's findings suggest it is apparent participants prioritize physical and emotional self-care when thinking of possible activities they can do to engage in self-care. For those participants, it is easier to exercise, get regular medical care when necessary, take a nap, or spend time with loved ones, than participate in a spiritual community or take breaks throughout the workday. Individuals may also find it easier to engage in comforting activities that are familiar and quick to access. Administration may encourage faculty to engage in physical and emotional self-care since it tends to be more easily accomplished. Finally, participants may

confuse or intermingle emotional and psychological self-care, leading to a false correlation with higher emotional self-care and lower psychological self-care.

Summary of Results for Research Question Three

The results of Research Question 3, completed through a multiple linear regression, revealed the predictive relationship between self-care (physical, psychological, emotional, spiritual, and workplace) and secondary traumatic stress. The five self-care factors in combination significantly predicted secondary traumatic stress, $F(5, 145)= 17.70$, $p < .001$, $R^2 = .379$. The coefficient of determination (R^2) indicated that 37.9% of the variance in secondary traumatic stress can be explained by self-care (physical, psychological, emotional, spiritual, and workplace). Physical self-care ($B= -0.18$, $t= -2.15$, $p= .033$) and emotional self-care ($B= -0.42$, $t= -3.16$, $p= .002$), had significant, negative relationships on secondary traumatic stress. Psychological self-care, spiritual self-care, and workplace self-care were not significant predictors in the model. Due to the statistical significance of the collective model, the null hypotheses for Research Question 3, stating there was not a significant predictive relationship between self-care (physical, psychological, emotional, spiritual, and workplace) and secondary traumatic stress among faculty member, was rejected.

Discussion of Results for Research Question Three

The results regarding Research Question 3 impact how practicing self-care activities lower secondary traumatic stress. These results show as participants value self-care activities, their levels of secondary traumatic stress tremendously lower. Eating regularly, taking time off when sick or tired, and providing affirmation to one's self are just some examples of how regular self-care decreases stress. This is vital to realize for faculty members and administration alike. Often, individuals may feel guilty about taking time off work, due to pressing deadlines and

delayed workloads. However, by not taking the time to practice self-care, faculty members are at a higher risk of suffering from secondary traumatic stress. Administration may promote a work-place culture where self-care is encouraged or even mandated. This may help faculty members not feel guilty about taking time for physical and emotional self-care. Previous researchers showed engaging in numerous stressful activities may also result in focus being placed on some role-facets, while others become ignored, which may cause occupational role-related stress (Andrew et al., 2016). This supports previous research that revealed having low self-care activities increases work-related stress (Boccio et al., 2016). By taking care of one's body through self-care, educators can lower stress, which may lower stress related health issues. An institution's human resource department may examine these findings and promote the use of paid time off and available sick leave.

Individuals who practice self-care and take breaks by briefly concluding their work, relaxing, and stepping away with the measured purpose of reinstating their psychobiological direction reach a more ideal state of relief and functionality in their everyday life (Dugan & Barnes-Farrell, 2017). Faculty members and administration may implement or suggest certain times in the day in which they can take a mandated break. This result further adds to the previous researchers' findings of self-care by bringing awareness of the positive impact of self-care practices (Hays et al., 2015). By taking care of one's self, one is more likely to live a healthier and less stressful life, often caused by secondary traumatic stress. Although professional discontentment among higher education faculty members may have possible disparaging effects on student education and institutional effectiveness, research revealed the possible antecedent to this issue (Barkhuizen et al., 2014).

Like Research Questions 1 and 2, emotional and physical self-care proved to be significant within secondary traumatic stress, compared to spiritual, psychological and workplace self-care. More specifically, physical and emotional self-care tended to have more significant impact on self-care among the participants surveyed. Participants may only have been aware of typical self-care ideologies shared by society. Also, physical and emotional self-care were vital to an individual's overall well-being. Individuals may only have been aware of self-care strategies done through exercise, by identifying certain feelings, or through their inner conscious and intellect. Moreover, individuals may be too busy to do any other type of self-care, or other things may be considered leisure to them, rather than self-care.

Physical self-care will not only help individuals avoid or overcome burnout, but it can also increase overall health. Like previous findings, providing the space and opportunity within an institution to engage in self-care may help higher education institutions deal with faculty retention, and well as faculty engagement. Faculty members who are physically healthy tend to miss less work caused by illness. Fewer workdays missed will lead to a stronger feeling of emotional well-being, due to the lack of anxiety caused by missed work responsibilities accruing during an absence. Physical self-care tends to be the most direct form of self-care, and it comes to making sure an individual's body is healthy and well-cared for. Individuals may focus a significant amount of time on rest, nutrition, and exercise. This may lessen changes of maladies and serious illness. Individuals may also see lower medical costs because of better health and regular physical self-care can help individuals live and work longer.

Emotional self-care is the commitment of caring for one's emotional health in order to practice overall emotional well-being. This type of self-care allows individuals to get in touch with their emotions. Examining the significance in emotional self-care may show these participants to have a higher emotional quotient. They may also pick up on strife of others (students/colleagues) and be more comfortable sharing resources about self-care. These results may allow faculty members to be an ally to various groups of students, by creating higher self-esteem and a sense of security in students. Students and colleagues who feel safe within the institution tend to persist through the institution, suggesting a large impact of self-care on the faculty member and those surrounding him/her. An emotionally strong faculty member can encourage colleagues to find comfort and success in their work at the institution, as well as provide a safe place for students to persist through degree programs that can lead to personal and career success.

Participants in this study completed the necessary surveys to examine the difference between all self-care ideologies. However, as the five self-care variables are broken down, many participants may not have considered self-care to be possible within a workplace setting, many may have confused emotional and psychological healthcare, or individuals may not feel comfortable answering questions about their spiritual self-care or psychological well-being. Emotional and physical self-care activities can play a valued role in professional quality of life. These findings suggest higher education faculty members may have the prospect to upkeep healthier versions of themselves by attending to their emotional and physical self-care needs. Findings also indicate faculty members understand the need for and importance of self-care, be it for physical wellness or overall well-being; however, they may lack deep understanding of the various facets and possibilities for self-care. It is vital for

administrators and supervisors to encourage and educate their faculty members to engage in self-care. This may be accomplished by creating a culture that rewards and supports taking time for various self-care activities.

Limitations

This study had limitations. First, the instruments used in this study had multiple sections labeled as "other." Participants did not have the option to type in a response to indicate what kind of self-care activity they engaged in. Allowing the participants to type in their responses may have shed light on what type of self-care activities higher education faculty members use to combat burnout, compassion fatigue, and secondary traumatic stress. Having the "other" category may have confused many participants. Participants may have not realized "other" signified other activities of self-care not mentioned in the survey options. Additionally, the NAMI Self-Care Instrument does not have statistical validation, considering the survey items are related to self-reporting; however, Cronbach's alpha was used to measure the internal consistency. Participants may have limited what they chose to self-disclose or may have been confused by some of the questions.

Secondly, as of March 2020, the World experienced the COVID-19 virus pandemic. The effects of the global pandemic may have impacted the results of the survey. The COVID-19 pandemic is the largest global public health challenge of this century (Knipe et al., 2020). With a nonexistent effective vaccine, government systems worldwide are trying to contain the illness using public health actions, including social distancing and self-quarantining. Concerns about the pandemic and subsequent safety measures, such as quarantine, social distancing, and modified work modalities or availability may negatively affect one's mental health—particularly since many experienced stay-at-home orders. Given the severity of the pandemic, this may have added

stressors to many participants to increase or decrease self-care activities. Being at home possibly created an increase in the amount of stress indicated in the survey.

The third study limitation included participants with possible backgrounds in mental health, therapy, and education. It is possible many participants who completed the survey recognized the importance of self-care. Their recognition and background may have contributed to their strong values and their high levels of compassion satisfaction, while having low levels of burnout and secondary traumatic stress.

The fourth limitation of this study involved gender of participants. Education is a field dominated by females, as seen in the descriptive statistics. This may not provide an accurate or broad view of all higher education faculty members, especially since most of the participants were females. Further research may explore specific genders, focusing on whether there are any correlations regarding self-care and burnout, compassion satisfaction, and secondary traumatic stress.

The fifth limitation of this study was its focus on higher education faculty members. Therefore, the results have limited generalizability to other educational settings, such as educators in career and technical programs or K-12 education. Although it may be possible to generalize the results to other settings, further studies should be done in other pedogogical areas to assess if the results of this study may be replicated. Moreover, this study included participants who worked both full time and part time as faculty members in higher education. Those who work part-time may differ in their scores, compared to those who have a larger workload.

Lastly, all research questions proved to be statistically significant in the subarea of emotion; however, spiritual and workplace self-care were not. This may be due to society's basic understanding of self-care ideologies. The concept of self-care and self-efficacy lacks

consistency and precision across the existent literature. Allied concepts, including self-care and self-efficacy, are used interchangeably and often intersect. Members of society may not fully understand different areas of self-care (Eller et al., 2018).

Implications from Study Results

These results suggest that adopting policy changes to create a culture of self-care within their institutions could be beneficial to faculty members. Faculty members who belong to an institution and work for leaders who embody the importance of self-care would likely be more apt to participate in self-care activities. Institutions/administrators may consider implementing a top-down approach to self-care. Providing opportunities for and encouraging others to partake in self-care activities is an excellent way to help faculty members avoid burnout and enjoy increased compassion satisfaction; however, exhibiting positive examples of how to care for one's self, both physically and emotionally, can strongly encourage others to take self-care seriously.

Collectively, several strategies to create a culture of self-care exist. Administrators could attempt to implement techniques to provide and encourage faculty members to recognize and address issues of possible burnout or secondary traumatic stress and levels of compassion satisfaction, with an emphasis on physical and emotional self-care. For example, various self-care opportunities may be offered to faculty members. Administration may want to provide access for faculty members to use on campus exercise facilities or team up with community partners to provide discounted activities to help promote all dimensions of self-care among faculty. Scheduled events could take place, allowing faculty members to not only participate in physical self-care but also connect with colleagues, providing emotional self-care. Such activities might include foot/wheelchair races, yoga classes, mindfulness workshops, volunteering to

conduct beach, or public land clean-up. Administration may also provide time for these activities to be done; for example, providing extra time away from work during the workday for self-care, or accruing hours for later time off by participating in self-care activities.

Additionally, administration may want to provide additional professional development or seminars for their faculty focused on types of self-care. This may be done by providing specific faculty certificates surrounding the well-being and the dimensions of self-care. This may add to the general understanding of self-care and the variety of activities in which faculty can participate. Compensation or recognition may also be provided to motivate faculty to explore this type of professional development at their institution. Faculty members could accrue points or rewards by participating in or logging specific amounts of self-care activities within a specified time. Providing dedicated space for faculty members to engage with colleagues or eat lunch away from their workspace would also add to variety in options in which a faculty member can choose to practice self-care. In all, faculty member who engage in emotional self-care will be able to safely experience a full range of emotions and practicing physical self-care will help individuals stay fit and healthy, with enough energy to continue working.

Recommendations for Future Research

Because this was a correlational study, causality cannot be established between self-care and the variables examined; however, various relationships among the variables examined were identified. Further research is needed to examine self-care regarding burnout, compassion satisfaction, and secondary traumatic stress among various levels of educators, not just those working in higher education. Implementing this study with a more diverse participant population (e.g., participants ranging from roles in the K-12 setting to graduate schools) is also necessary to compare findings. Each level of teaching may have different workloads and identifying possible

preventative measures for burnout and stress in educators could alter how current educators at all levels approach their work.

Future researchers could examine the impact of burnout, compassion satisfaction, and secondary traumatic stress on attrition. They could also examine how institutional administrators address issues of burnout and attrition to assess if the promotion of self-care is used as a measure to retain members of faculty and staff. Another area for future study includes assessing the effects of different types of self-care on burnout and secondary traumatic stress. As aforementioned, it may be beneficial to implement various specific self-care programs within institutional settings and administer a pretest and postsurvey to measure the usefulness of different self-care strategies to prevent burnout and secondary traumatic stress. Researchers may get a better view of a faculty member's self-care activities to examine if certain activities correlate with burnout, compassion satisfaction, and secondary traumatic stress. This future study could also assess the effectiveness of institutionally sanctioned self-care on occurrences of burnout and secondary traumatic stress.

Other future studies might focus on the effects of personality on experienced burnout and secondary traumatic stress. The studies could research the specific personality traits of educators who report less intense symptoms of burnout and secondary traumatic stress, and those who experience more intense symptoms. Studies could seek to assess if personality alone could affect one's experience of burnout or secondary traumatic stress.

Additionally, other researchers may want to conduct this study to assess any similarities and/or differences between full-time faculty members and part-time faculty members. Studies like this one could focus solely on either full-time faculty members and/or part-time faculty members to identify if work status and workload affect burnout and secondary traumatic stress,

while also assessing if provided workplace self-care support programs affect levels of burnout and secondary traumatic stress.

Self-care is positively associated with better physical function, mental health, and quality of life. It also helps reduce symptom distress. Bressi et al. (2017) noted lack of knowledge is the most momentous barrier to practicing self-care. Evidence is needed to determine what populations of educators require intervention by administration to increase self-care. It may be that, regardless of intervention, people's confidence in their self-care ability increases as they successfully perform healthy self-care behaviors. Further research may also examine why psychological self-care, spiritual self-care, and work-place self-care were not significant predictors in the model for all research questions.

Summary

The purpose of this quantitative correlational study was to investigate the relationship between self-care, burnout compassion satisfaction, and secondary traumatic stress among higher education faculty members. In this chapter, the summary and discussion of results of each research question, the limitations, and recommendations for future research were presented.

While burnout and secondary traumatic stress continue to be issues for educators due to the nature of the job and the educational system, self-care remains an essential aspect of burnout and secondary traumatic stress prevention and increased compassion satisfaction. This study revealed the significance of the relationship between emotional and physical self-care with burnout, compassion satisfaction, and secondary traumatic stress. This adds to future research in hope for a better understanding of the variety of existing self-care areas.

Educators would benefit from finding a self-care program to meet their personal needs to relieve stress, decrease bodily and emotional signs of burnout, and encourage wellness. As seen,

emotional and physical self-care practices appeared to lower burnout, secondary traumatic stress, and increase compassion satisfaction. Educators who begin to identify what they have control over, and what is not in the jurisdiction of their control, may notice a decrease in symptoms of burnout and secondary traumatic stress, while increasing compassion satisfaction. This may have a positive effect on students and a surge in effectiveness of higher education institutions and their respective faculty.

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Appendix A: Demographics Survey

1. What is your gender?

   a. Female

   b. Male

   c. Transgender Male

   d. Transgender Female

   e. Gender Variant/Nonconforming

   f. Not Listed

   g. Prefer Not to Answer

2. What is your ethnicity?

   a. Hispanic, Latino, or of Spanish origin

   b. American Indian or Alaska Native

   c. Asian d. Black or African American

   d. Native Hawaiian or Other Pacific Islander

   e. White

   f. Other

3. Please indicate age:

   a. 18-24 years old

   b. 25-34 years old

   c. 35-44 years old

d. 45-54 years old

e. 55-64 years old

f. 65 years old or older

4. What is your education level?

a. Bachelor's degree

b. Master's Degree

c. Doctorate Degree

d. Other

5. What level of higher education do you teach?

a. Undergraduate

b. Graduate

c. Both

6. What is your main teaching modality?

a. Face-to-face

b. Online

c. Both

7. How long have you been teaching as a faculty member?

a. 0-5 years

b. 6-10 years

c. 11-15 years

d. 16-20 years

e. 21+ years

8. Are you a full-time faculty member or adjunct (part-time)?

a. Full-time

b. Adjunct (part-time)

Appendix B: ProQOL

Professional Quality of Life Scale (ProQOL)

Compassion Satisfaction and Compassion Fatigue
(ProQOL) Version 5 (2009)

When you *[help]* people you have direct contact with their lives. As you may have found, your compassion for those you *[help]* can affect you in positive and negative ways. Below are some questions about your experiences, both positive and negative, as a *[helper]*. Consider each of the following questions about you and your current work situation. Select the number that honestly reflects how frequently you experienced these things in the *last 30 days*.

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

_____ 1. I am happy.
_____ 2. I am preoccupied with more than one person I *[help]*.
_____ 3. I get satisfaction from being able to *[help]* people.
_____ 4. I feel connected to others.
_____ 5. I jump or am startled by unexpected sounds.
_____ 6. I feel invigorated after working with those I *[help]*.
7. I find it difficult to separate my personal life from my life as a *[helper]*.
8. I am not as productive at work because I am losing sleep over traumatic experiences of a person I *[help]*.
9. I think that I might have been affected by the traumatic stress of those I *[help]*.
10. I feel trapped by my job as a *[helper]*.
_____ 11. Because of my *[helping]*, I have felt "on edge" about various things.
_____ 12. I like my work as a *[helper]*.
_____ 13. I feel depressed because of the traumatic experiences of the people I *[help]*.
_____ 14. I feel as though I am experiencing the trauma of someone I have *[helped]*.
_____ 15. I have beliefs that sustain me.
_____ 16. I am pleased with how I am able to keep up with *[helping]* techniques and protocols.
_____ 17. I am the person I always wanted to be.
18. My work makes me feel satisfied.
19. I feel worn out because of my work as a *[helper]*.
20. I have happy thoughts and feelings about those I *[help]* and how I could help them
_____ 21. I feel overwhelmed because my case [work] load seems endless.
_____ 22. I believe I can make a difference through my work.
23. I avoid certain activities or situations because they remind me of frightening experiences of the people I *[help]*.
_____ 24. I am proud of what I can do to *[help]*.
_____ 25. As a result of my *[helping]*, I have intrusive, frightening thoughts.
_____ 26. I feel "bogged down" by the system.
_____ 27. I have thoughts that I am a "success" as a *[helper]*.
_____ 28. I can't recall important parts of my work with trauma victims.
_____ 29. I am a very caring person.
_____ 30. I am happy that I chose to do this work.

YOUR SCORES ON THE PROQOL: PROFESSIONAL QUALITY OF LIFE SCREENING

Based on your responses, place your personal scores below. If you have any concerns, you should discuss them with a physical or mental health care professional.

Compassion Satisfaction _____

Compassion satisfaction is about the pleasure you derive from being able to do your work well. For example, you may feel like it is a pleasure to help others through your work. You may feel positively about your colleagues or your ability to contribute to the work setting or even the greater good of society. Higher scores on this scale represent a greater satisfaction related to your ability to be an effective caregiver in your job.

If you are in the higher range, you probably derive a good deal of professional satisfaction from your position. If your scores are below 23, you may either find problems with your job, or there may be some other reason—for example, you might derive your satisfaction from activities other than your job. (Alpha scale reliability 0.88)

Burnout_____

Most people have an intuitive idea of what burnout is. From the research perspective, burnout is one of the elements of Compassion Fatigue (CF). It is associated with feelings of hopelessness and difficulties in dealing with work or in doing your job effectively. These negative feelings usually have a gradual onset. They can reflect the feeling that your efforts make no difference, or they can be associated with a very high workload or a non-supportive work environment. Higher scores on this scale mean that you are at higher risk for burnout.

If your score is below 23, this probably reflects positive feelings about your ability to be effective in your work. If you score above 41, you may wish to think about what at work makes you feel like you are not effective in your position. Your score may reflect your mood; perhaps you were having a "bad day" or are in need of some time off. If the high score persists or if it is reflective of other worries, it may be a cause for concern. (Alpha scale reliability 0.75)

Secondary Traumatic Stress_____

The second component of Compassion Fatigue (CF) is secondary traumatic stress (STS). It is about your work related, secondary exposure to extremely or traumatically stressful events. Developing problems due to exposure to other's trauma is somewhat rare but does happen to many people who care for those who have experienced extremely or traumatically stressful events. For example, you may repeatedly hear stories about the traumatic things that happen to other people, commonly called Vicarious Traumatization. If your work puts you directly in the path of danger, for example, field work in a war or area of civil violence, this is not secondary exposure; your exposure is primary. However, if you are exposed to others' traumatic events as a result of your work, for example, as a therapist or an emergency worker, this is secondary exposure. The symptoms of STS are usually rapid in onset and associated with a particular event. They may include being afraid, having difficulty sleeping, having images of the upsetting event pop into your mind, or avoiding things that remind you of the event.

If your score is above 41, you may want to take some time to think about what at work may be frightening to you or if there is some other reason for the elevated score. While higher scores do not mean that you do have a problem, they are an indication that you may want to examine how you feel about your work and your work environment. You may wish to discuss this with your supervisor, a colleague, or a health care professional. (Alpha scale reliability 0.81)

WHAT IS MY SCORE AND WHAT DOES IT MEAN?

In this section, you will score your test so you understand the interpretation for you. To find your score on **each section,** total the questions listed on the left and then find your score in the table on the right of the section.

Compassion Satisfaction Scale

Copy your rating on each of these questions on to this table and add them up. When you have added then up you can find your score on the table to the right.

3. ____
6. ____
12. ____
16. ____
18. ____
20. ____
22. ____
24. ____
27. ____
30. ____

Total: ____

The sum of my Compassion Satisfaction questions is	And my Compassion Satisfaction level is
22 or less	Low
Between 23 and 41	Moderate
42 or more	High

Burnout Scale

On the burnout scale you will need to take an extra step. Starred items are "reverse scored." If you scored the item 1, write a 5 beside it. The reason we ask you to reverse the scores is because scientifically the measure works better when these questions are asked in a positive way though they can tell us more about their negative form. For example, question 1. "I am happy" tells us more about the effects of helping when you are *not* happy so you reverse the score

You Wrote	Change to
	5
2	4
3	3
4	2
5	1

*1. ____ = ____
*4. ____ = ____
8. ____
10. ____
*15. ____ = ____
*17. ____ = ____
19. ____
21. ____
26. ____
*29. ____ = ____

Total: ____

The sum of my Burnout Questions is	And my Burnout level is
22 or less	Low
Between 23 and 41	Moderate
42 or more	High

Secondary Traumatic Stress Scale

Just like you did on Compassion Satisfaction, copy your rating on each of these questions on to this table and add them up. When you have added then up you can find your score on the table to the right.

2. ____
5. ____
7. ____
9. ____
11. ____
13. ____
14. ____
23. ____
25. ____
28. ____

Total: ____

The sum of my Secondary Trauma questions is	And my Secondary Traumatic Stress level is
22 or less	Low
Between 23 and 41	Moderate
42 or more	High

Appendix C: NAMI Self-Care Instrument

Removed to comply with copyright. Inventory can be accessed, here:

https://www.nami.org/getattachment/Extranet/Education,-Training-and-Outreach-Programs/Signature-Classes/NAMI-Homefront/HF-Additional-Resources/HF15AR6SelfCare.pdf

Appendix D: Informed Consent

RESEARCH PARTICIPANT CONSENT FORM

Impact of Self-Care on Burnout, Compassion Satisfaction and Secondary Traumatic Stress Among Higher Education Faculty Members

Ramon Velez-Cruz, Doctoral Candidate

Liberty University

Community Care and Counseling

Thank you for your interest in this study! I am extremely grateful of the time and effort you take to participate in this research. The purpose of this study is to explore how self-care frequencies correlate with burnout, compassion satisfaction and secondary traumatic stress among higher education faculty members.

Procedures

If you continue, you will be provided with an online survey link and asked to answer questions. Your answers will remain anonymous. Participation in this study is voluntary; even if you begin the study, you may decide to leave the survey at any time. To be eligible to participate in this study, you must be currently employed by a community college or university as a faculty member.

Duration of participation in this study is estimated to take 30 minutes. Minimal risk is involved in participation. The main risk is that some of the questions may make you uncomfortable. If you experience discomfort, you can always exit the survey at any time, without penalty. No compensation will be provided.

Your online Qualtrics survey will be anonymous. I will protect your confidentiality by storing your data securely on a password protected computer, within an external hardware in a locked office. Only my dissertation chair and I will have access to the data. The data will be anonymous as you will not be asked for any classifying information. Be assured the IP addresses will not be tracked or recorded as a part of this research. Only summarized data may be presented at meetings or in publications. Data files will be kept for three years, then permanently deleted from all hardware and computers.

Risks and Benefits

There are no anticipated risks in this study. If you do encounter discomfort with this survey, please remember that you may exit the survey at any time. The benefit of this study is contributing to supporting faculty with self-care frequencies.

Online Data Collection

This study has been approved by the Liberty University Institutional Review Board (IRB). IRB approval is indicative only of the fact that procedures implemented by this study adequately protect the rights and welfare of participants. While your data will remain private unless otherwise required by law, please remember that absolute confidentiality cannot be guaranteed

due to the nature of the Internet and computer use. To best ensure confidentiality, please be sure to close your browser when you are finished.

Questions or Concerns

Contacts involved in research are as follows: Ramon Velez-Cruz, rvelezcruz@liberty.edu

Contact person for any questions or concerns regarding research participation: Dr. Vasti Holstun, vholstun@liberty.edu

IRB contact:

By clicking "continue" below, you are

(a) indicating that you have read the information about this study;

(b) providing consent to participate in the study; and,

(c) indicating that you are at least 18 years of age If you do not wish to participate in this study, please decline participation by closing the window.

Appendix E: Recruiting Letter for Participants

Hello, faculty!

My name is Ramon Velez-Cruz. I am a doctoral candidate in the School of Community Care and Counseling at Liberty University. I am welcoming you to partake in my dissertation research study. The purpose of this study is to explore how self-care frequencies correlate with burnout, compassion satisfaction and secondary traumatic stress among higher education faculty members.

You are eligible to participate in this study if:

- You are 18 years of age or older and currently teaching at a postsecondary institution.

Participants will be asked to complete an anonymous survey. It should take approximately 30 minutes to complete the survey. A consent document is provided as the first page of the survey. The consent document contains additional information about my research. You will review the consent form and then proceed to the actual survey. After you have read the consent form, please click the next button to proceed to the survey. Doing so will indicate you have read the consent information and would like to take part in the survey.

If you are interested in participating, please click on the link below:

[survey link]

Thank you for considering participating in my study and for continuing to enhance your professional field!

Wishing you continued success,

Ramon Velez-Cruz

Doctoral Candidate, Liberty University

Appendix F: Recruiting Letter for Participants Follow Up

Hello, faculty!

My name is Ramon Velez-Cruz. I am a doctoral candidate in the School of Community Care and Counseling at Liberty University. I am welcoming you to partake in my dissertation research study. The purpose of this study is to explore how self-care frequencies correlate with burnout, compassion satisfaction and secondary traumatic stress among higher education faculty members.

This follow-up e-mail is being sent to remind you to complete the survey if you would like to participate and have not already done so.

You are eligible to participate in this study if:

- You are 18 years of age or older and currently teaching at a postsecondary institution.

Participation will be completely anonymous. It should take approximately 30 minutes to complete the survey. A consent document is provided as the first page of the survey. The consent document contains additional information about my research. You will review the consent form and then proceed to the actual survey. After you have read the consent form, please click the next button to proceed to the survey. Doing so will indicate you have read the consent information and would like to take part in the survey.

If you are interested in participating, please click on the link below:

[survey link]

Thank you for considering participating in my study and for continuing to enhance your professional field!

Wishing you continued success,

Ramon Velez-Cruz

Doctoral Candidate, Liberty University

Appendix G: Permission to Use the Instruments

Permission to Use the ProQOL

Thank you for your interest in using the Professional Quality of Life Measure (ProQOL). Please share the following information with us to obtain permission to use the measure:

Please provide your contact information:

Email Address

[redacted]

Name

Ramon Velez-Cruz

Organization Name, if applicable

Country

United States

Please tell us briefly about your project:

Hello, I will be examining self-care, compassion fatigue, compassion satisfaction and burnout among faculty at the higher educational level.

What is the population you will be using the ProQOL with?

Faculty members (professors) who teach at community colleges and universities.

In what language/s do you plan to use the ProQOL?

Listed here are the languages in which the ProQOL is currently available (see https://proqol.org/ProQol_Test.html). If you wish to use a language not listed here, please select "Other" and specify which language/s.

English

The ProQOL measure may be freely copied and used, without individualized permission from the ProQOL office, as long as:

- **You credit The Center for Victims of Torture and provide a link to www.ProQOL.org;**
- **It is not sold; and**
- **No changes are made, other than creating or using a translation, and/or replacing "[helper]" with a more specific term such as "nurse."**

Note that the following situations are acceptable:

You can reformat the ProQOL, including putting it in a virtual format
You can use the ProQOL as part of work you are paid to do, such as at a training; you just cannot sell the measure itself

Does your use of the ProQOL abide by the three criteria listed above? (If yes, you are free to use the ProQOL immediately upon submitting this form. If not, the ProQOL office will be in contact in order to establish your permission to use the measure.)

Yes

RE: NAMI Self-Care Instrument Permission

marcom <marcom@nami.org>
Fri 8/30/2019 11:47 AM
To: V[redacted]

Hi Ramon,

This request is approved!

Thanks,
Luna

From: Velez-Cruz, Ramon
Date: 8/29/2019 1:17:50 PM
Hello,

I am currently a doctoral candidate at Liberty University. I hope to use the NAMI self-care instrument for my dissertation. I will be studying the levels of compassion fatigue, compassion satisfaction, burnout and self-care strategies among faculty members (professors) who teach at community colleges and universities. I have included a copy of your instrument to this e-mail.

May I please have permission to use your instrument?

Thank you,
Ramon Velez

Conversation ID: 7e995475-ca90-11e9-9b32-a4b3ab7b2a43 7e995475-ca90-11e9-9b32-a4b3ab7b2a43 5a372c3

Appendix H: IRB Approval

Date: 4-16-2020

IRB #: IRB-FY19-20-84
Title: Impact of Self-Care on Burnout, Compassion Satisfaction and Secondary Traumatic Stress Among Higher Education Faculty Members
Creation Date: 1-30-2020
End Date:
Status: Approved
Principal Investigator: Ramon Velez-Cruz
Review Board: Research Ethics Office
Sponsor:

Study History

Submission Type Initial	Review Type Exempt	Decision Exempt

Key Study Contacts

Member Vasti Holstun	Role Co-Principal Investigator	Contact vholstun@liberty.edu
Member Ramon Velez-Cruz	Role Principal Investigator	Contact rvelezcruz@liberty.edu
Member Ramon Velez-Cruz	Role Primary Contact	Contact rvelezcruz@liberty.edu